

**THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST 2016/17
ANNUAL REPORT ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES
FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS.**

To: **Adults Committee**

Meeting Date: **14th September 2017**

From: **Wendi Ogle-Welbourn, Executive Director - People and Communities, Cambridgeshire and Peterborough**

Electoral division(s): **All**

Forward Plan ref: **For key decisions *Key decision:* No**

Purpose: **The Committee is asked to consider the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) Annual Report for 2016/17 on the delivery of the Council's delegated duties under the Section 75 Agreement.**

Recommendation: **The Committee is asked to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult Mental Health.**

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1.0 EXECUTIVE SUMMARY

1.1 This report summaries the performance of CPFT for 2016-17. It shows strong performance in all key areas with a few exceptions which are described in the body of the report.

1.2 The Committee is asked to note:

- Achievement against the Section 75 Action plan
- Strong and improved performance against activity targets
- Strong performance against financial targets, including a significant requirement for efficiencies in costed care packages

The Committee is asked to note the priorities followed through to 2017-18 which, in particular, include.

- The start of the second phase of the social care re-organisation which addresses the need for Care Act compliance across CPFT, not just amongst social workers
- The development of a business case to support implementation of the Care Act by providing more social care resource at the front line.
- Work to refine the performance and activity data collected.

2.0 BACKGROUND

2.1 This is the annual report for 2016-17 presented to the Adults Committee under the Mental Health Section 75 Partnership Agreement between the Council and CPFT. Under the Agreement, which was signed in December 2014, the Council has delegated the delivery of mental health services and delegated specified duties to CPFT for people over 18 years with mental health needs. The reason for the Council and CPFT coming together in a partnership is to deliver an integrated health and social care service which is so well co-ordinated that it appears to services users and carers it is being delivered by 1 organisation - seamlessly.

2.2 While it is possible for councils to delegate service responsibility for day to day delivery of functions to the NHS, it is not possible for councils to pass legal responsibility for the provision of an Approved Mental Health Practitioners (AMHP service) to the NHS. AMHPs are responsible for assessment under the Mental Health Act and the Mental Capacity Act. In practice, this means that the Council holds responsibility for ensuring the sufficiency and quality of the AMHP service. AMHPs who are social workers hold Council contracts of employment and are seconded under the Section 75 agreement into the Trust. Health professionals e.g. nurses and occupational therapists can qualify as AMHPs.

2.3 This report covers the following areas:

- Reorganisation of services
- Review of Mental Health Section 75 Work Plan for 2016-17
- Activity 2016-17
- Staffing
- Care Packages Budgetary Performance
- Priorities for 2017-18
- New Legislation: Policing and Crime Act 2017
- Risks
- Alignment with Corporate Priorities

3.0 REORGANISATION OF SERVICES

- 3.1 In October 2016, Members were informed of the intention to redesign the operating system for social work within CPFT to strengthen the implementation of the Care Act and align mental health services with the Transforming Lives model. This workstream sits within a wider reorganisation in the mental health services to establish an enhanced primary care mental health service – called PRISM. The aim of PRISM is to increase early intervention and provide preventative services that can reduce the pressure on the integrated health and social care locality mental health teams for assessments. This particularly relates to individuals who can be supported effectively in the community without input from more specialist mental health services provided by CPFT that are needed by people with the most complex needs.
- 3.2 Stage 1 of the reorganisation, completed in February 2017, aimed to put in place a management structure that has a direct line of accountability to the Council through the Director of Service Integration (joint appointment between Councils and the Trust) to the Executive Director - People and Communities and the CPFT Chief Executive. The reorganisation was cost neutral, achieved by removing a layer of management (the “social care leads”) and increasing the team manager roles that now report directly to two Heads of Services: Head of Service Older People Mental Health and Head of Service Adult Mental Health. The structure has been well received as it has strengthened front line operational and professional management, bringing the team managers into an extended management team. This has created more career opportunities for mental health social workers across the service.
- 3.3 Stage 2 of the reorganisation is focussed on designing and implementing the new operating pathway. This is described at a very high level in the following diagram. The key criteria relate to whether an individual has needs that require assessment or response under the Care Act. Completion is scheduled for end of 2017-18.
- 3.4 Diagram 1: High level view of new Operating Pathway

GP Referral/ Self Referral				
PRISM Health assessment incorporating high level Care Act Screening				
Outcome: Eligible for secondary/(specialist) Mental Health Tier 3		Outcome: Care Act needs but no/limited health need identified Tier 2		Outcome: No Care Act needs identified on initial assessment Tier 1
Detailed Care Act Screening (within Core2 assessment) & separate eligibility assessment		Adults Early Help / or PRISM social care staff (tba) (may do full Care Act assessment & separate eligibility assessment) Mental Health Reablement Services (under development out of existing resources)		Has Care Act needs on initial assessment
Support plan etc (CPA/Care Act)		Brief intervention by Adults Early Help Team, Reablement, or PRISM social care staff (tba)	Information and advice or signposting	Need for Information, advice or signposting
At any stage the PRISM and Adults Early Help can loop back into adults locality teams for advice and support				
References to “tiers” is to the Transforming Lives model				

- 3.5 Extensive work has been carried out to agree a new CPFT wide core (basic) assessment to incorporate the Care Act assessment in order to ensure that all CPFT assessments (not just those carried out by social workers) are Care Act compliant. This is about to be trialled on the Trust's patient information system.
- 3.6 A business case is being developed for social care resources for Tiers 1 and 2 of the model. This will be taken to the Integrated Commissioning Board to ensure that people get the services they need as early as possible in the course of their mental health problem. This will reduce referrals to specialist services at Tier 3 which are likely to take them away from their friends and families if they are to be treated. Apart from increasing providing wellbeing for the individual, this is of benefit to both health and social care, helping to ensure that services are used more appropriately. The mental health part of the pathway will include Adult Early Help Team which is well- established.
- 3.7 Mental Health reablement services are being developed through a re-focussing of the work of the Council funded support workers who sit within the Trust under the Section 75 agreement. In the mental health context, reablement is focussed on helping people to maximise their independence, working with them on a time limited basis to meet their own goals. This can involve family work, facilitating local connections and networks, supporting people into activities that they enjoy – including the CPFT run Recovery College and supporting a return to employment.
- 3.8 In parallel with the development of the model, CPFT and Council management information staff are working on how the Council short and long term activity indicators (the SALT measures) can be recorded and reported on. This is not simple because the PRISM service will record its activity on the primary care system. This is work in progress.

4.0 REVIEW OF MENTAL HEALTH SECTION 75 WORK PLAN for 2016 - 2017 (Appendix 1)

- 4.1 Appendix 1 to this paper is the year end report on the work plan for 2016-17. Progress over the year has been tracked by the Mental Health Governance Board. Comments below relate to those items that are red 'rag rated' at the end of the year and those where there has been deterioration since Quarter 2. It should be noted that the plan is a single combined plan for both CCC and Peterborough City Council and where there are items specific to one of the two councils as noted in the text.
- 4.2 Comments on CCC items rag rated red at year end:
- Completion of carers' records: this is red reflecting the poor performance (under 10% of all patient records have a carer record/ nil return recorded) at the year end. This indicator is on the Trust Board Assurance Framework and has been made top priority by the Trust and Commissioners with the aim of achieving a green rating this year. The Trust has set its target based on everyone using Trust services. This extends the target considerably because previously it had been based on the numbers of service users in receipt of council funded care packages.
 - Take up of direct payments is below target: see section 4 below.
 - Securing recurrent funding for the Recovery College has proved difficult. Both Council and CCG commissioners are working with the Trust on a plan for the Recovery College.
- 4.3 Comments where rag rating has declined between Q2 and year end:

- Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DOLS) – there have been a number of legal challenges on the CCC side this year which while none were upheld against the Council, highlighted some practice issues across the wider multidisciplinary teams. There has been strong progress in the mental health services since with training provided by both the Trust and Council and case discussion in the Mental Health Social Work Forum. This has highlighted that more work is required in other parts of the Trust to raise awareness and confidence in dealing with capacity issues. These services often look to the MH social workers to guide and advise. This is outside the scope of the MH Section 75 but MH social workers have up to now been seen as the lead on the MCA. The Trust is addressing this through a robust training programme on MCA.
- Review of s135, s136 policies – this work needs to be revisited because of new legislation (see section 8 below). Work is in hand being led by the Crisis Concordat locally.

5.0 ACTIVITY 2016-17 (Appendix 2)

- 5.1 Appendix 2 to this report sets out the performance under the Section 75 Partnership Agreement for this year. This is based on the cycle of assessment, support planning and review. As reported before, social workers within the locality mental health teams do all of these activities, often together with other members of the multidisciplinary teams. It is challenging to reflect this activity and activity related to duty/intake functions of the team and the complexity of some of the casework that is allocated to social workers – especially cases involving wider family issues or legal challenge is not captured in full within this data. At the current time, despite exploration, it is not possible to address this within MOSAIC or the CPFT information systems.
- 5.2 Since last year's report, a considerable amount of work has gone into resolving some of the systems issues that were preventing collection of data about key performance indicators. Most of these had been addressed by the year end and this can be seen in the increase in recorded percentage by the year end on line 4. Early engagement with the MOSAIC programme is key to ensuring that this is maintained.
- 5.3 During this year, for the first time, CPFT has been able to report on the total number of initial (core) assessments completed per month by named, Section 75 funded social workers (line 2A Appendix 2). This will be tracked to see if the new PRISM services have any impact on the numbers of assessments. The items below cross reference to the Performance indicators in Appendix 2. Reference numbers cross reference to the ID number in the first column. Comments are made only where targets have not been met.
- 5.4 Care plans with social goals – created/updated (Lines 18a and 18b). The accuracy of the data will be checked during the year with the intention of starting to understand the wider social care activity beyond commissioned care packages. No targets were set for these lines because it is not possible until we have at least two years data to set meaningful targets.
- 5.5 Reduction in bed delays of transfers of care: the number of Adult and OPMH bed days lost, which are attributable to LA (Line 1). This relates to delays in psychiatric hospitals for social care reasons. A total of 566 days were lost, relating to 7 patients. There is no target: The

aim is to keep these to zero.

- 5.6 Proportion of eligible social care users receiving self-directed support: target 93% vs average achieved for the year of 68% (Item 1c Part 1 Local). The data indicates that services have struggled to reach this target. However this indicator is linked to a service descriptor in the Council system that was not linked to the Supported Living Services, leading to an under reporting of this activity. CCC has recently provided CPFT with a new descriptor that rectifies this and as a result a significant improvement can be seen from December (72%) to March figure of 86%. We should continue to see an improvement during 2017/18.
- 5.7 Proportion of eligible service users receiving Direct Payments (Item 51c Part 2). Target 24% average for year 9%. Nationally, the take up of direct payments in mental health is low. In addition, locally, it is not possible to arrange direct payments for a significant proportion of our service users who are placed in Metropolitan Housing units because the housing and the support are provided as a single package, removing the option of more individualised care packages/commissioning. The supported living component of the contract have just been re-specified and re-tendered. Through the specification the accommodation and support are separated. Therefore it is likely that there will be an improvement in performance on this indicator in the forthcoming year.
- 5.8 Number of service users with no review date (Item 8b RV3). There is no target for this, but it should be noted that these figures are taken from AIS, the Council's system, and relate to service users with care packages only. It has not always been possible to close down reviews where decisions on funding from the CCG are open. This has been an ongoing issue over 16-17 due to the review of the Joint Funding Tool, used to decide funding splits between CCG and the Council. However it is possible to monitor reviews via the social work in house manual system and other available reports. This allows the service to ensure that reviews across social work caseloads are timely.
- 5.9 The number of carers' assessments completed for carers of CCC patients (Item 13). No target was set for this for 2016-17 but as noted above performance is very low. A target of 60 percent of the active caseload at month end, to have a carer recorded has now been set. The data will be cleansed to ensure that the active cases where there is no carer to be recorded will be excluded from the denominator. It is likely that a significant number of people for whom this applies have been included to date. The performance data is therefore incorrect. CPFT and Commissioners have prioritised improvement in respect of this indicator through 2017-18. The improvement of carers assessment, information, advice and guidance and support where it is assessed as being required and the carer is eligible has also been prioritised by CPFT and commissioners in-year.

6.0 STAFFING

- 6.1 On 31st March 2017 there were 17.48 whole time equivalent (wte) vacant social work posts across the CCC area. The high number was the result of holding vacancies while the restructure was completed. This was to ensure that nobody was left without a post following the restructure. The vacant posts have been released for recruitment in batches since late February 2017. It has been possible to recruit 6.0 whole time equivalent (wte) staff, reducing the number of vacancies to 11.5 wte. While the vacancies were held and during recruitment, a number of agency staff were engaged to cover the work. The table at 6.2 below sets out the vacancies at the year end and the vacancies at the time of writing.

6.2

	Total vacancies July 2017	Total vacancies 31st March 2017
	WTE	WTE
CCC		
Mental Health social work manager	0.00	1.00
Senior social workers	2.00	4.73
Social workers	4.00	5.00
Total	6.00	10.73
CPFT		
Support worker	2.50	1.00
Discharge planning	1.00	2.85
South Finance & Admin Support	1.00	1.90
North Finance & Admin Support	1.00	1.00
Total	5.50	6.75
GRAND TOTAL	11.50	17.48

- 6.3 The staff funded by the Council under the Section 75 agreement are either employed by CCC directly and seconded to the Trust, or are employed on CPFT contracts with the cost being recharged to the Council. The budget includes management, social workers, AMHPS, support workers and administration. The outturn figure for the budget was an underspend of £202,872 on a total budget of £3,072,633 (6.6%: 15/16 6.4%). The underspend stays with the Council.
- 6.4 In addition to the posts above there is NHS funding for 3 AMHPs to sit within the new First Response Service. These posts have not yet been filled.
- 6.5 CCC and the Trust have been joint participants in the national Think Ahead Social Work training programme which lasts two years. The programme gives newly qualified social workers extra support during their first year of employment to help them develop their skills, knowledge and professional confidence. There is no obligation to offer employment at the end of year two, but it is anticipated that there are likely to be vacancies. It has been agreed to continue with the programme and take 4 more Think Ahead participants from cohort 2. Think Ahead fund the training and a Band 7 Social Work Consultant who is responsible for the students. Year 1 of the first Cohort has just finished and the 4 newly qualified social workers now move to Year 2 where they complete a masters degree and complete the assessed and supported year in employment.

7.0 CARE PACKAGES BUDGETARY PERFORMANCE

- 7.1 The initial savings target for the Independent Sector Provider budget for 2016-17 was £1.253m. This figure was achieved early in the year and a stretch target was agreed with commissioners increasing the target to £1.353m. In addition the allowance for demography of £629,000 was unspent. See table at 7.2 below. It is unlikely that this will be repeated this year because a significant proportion of the potential savings will have been realised.
- 7.2 Contributions to the cost of care packages from the NHS have increased during 2016-17 (both continuing care and joint funded packages for people with entitlement to free aftercare under s117 of Mental Health Act).

7.3 Delivery of the efficiencies summarised above, required a reduction in the number of new packages including new admissions to nursing home and residential placements for adults under age 65. The total number of packages was reduced by 14 percent (61). See the table below.

7.4

	Community based support	Direct Payments	Home & Community Support	Nursing placements	Residential placements	Supported accommodation	Total
April 2016	28	21	203	12	56	130	450
New packages	5	1	28	7	15	26	82
Ended packages	-10	-7	-68	-8	-17	-33	-143
March 2017	23	15	163	11	54	123	389

7.5 A target to reduce the use of residential care to a minimum, making better use of supported accommodation where individuals have their own tenancies and a greater degree of independence was agreed with Commissioners during 20-16/17. This requires a greater and more flexible supply of supported accommodation than is presently available. In support of this, the existing service is subject to a re procurement which will be mobilised from November 2017.

7.6 The position for Older People Mental Health also shows a significant reduction – 15 percent (45) - in the number of care packages - see the table below.

7.7

	Day Care	Direct Payments	Domiciliary Care	Nursing placements	Residential placements	Other (incl Respite)	Total
April 2016	4	16	59	166	58	3	306
New packages	4	8	31	38	31	5	117
Ended packages	-4	-8	-45	-68	-33	-4	-162
March 2017	4	16	45	136	56	4	261

7.8 In Older People Mental Health, the strategy remains to promote independence and delay admission to care homes to bring lengths of stay in line with national averages. This requires alternatives to be available to support people at home (both health and social care provision). Access to the general council reablement services and the role and use of support workers are being reviewed to step up the use made of these services. Targets for a third year of efficiencies have been agreed with Commissioners for 2017-18.

8.0 PRIORITIES FOR 2017-18

8.1 The table below sets out the priorities set for 2017-18.

1. Continuation of the Social Work Programme:
 - Shift in focus to the organisation of the Peterborough Service in the context of the increasing working together across the two Councils.
 - Review of support planning tool (in the new operating model)
 - Rolling out the model of reablement across all of CCC area
 - Complete the Social Work for better Mental health programme
 - Complete the work to develop tier 1 pathway that aligns with PRISM
 - Achieve additional funding to develop tier 2 pathway via Business Case to Integrated Commissioning Board
 - To record SALT indicators based on the new pathways (preparatory work in 17-18 to take effect from 18-19)
2. To work with the two Councils to develop a single audit cycle for routine quality checks
3. To embed the work to support Carers in clinical practice including young carers/ young people with a parent with mental health problems:
 - Improve performance on identification of Carers
 - Continue with Triangle of Care
 - Think Family programme (CCC)
4. Direct Payments – improve take up
5. Implementation of Policing and Crime Act 2017
 - Review responsiveness of AMHPs including interface with EDT
 - Interface with the new First Response Service
6. Review of AMHP training arrangements
7. To assess and realise the opportunities for improved service delivery presented by the implementation of MOSAIC
8. Completion and operationalisation of the joint funding tool
9. New section 75 agreement to be in place for 1st April 2018 delivering the following improvements:
 - Care Act and new operating model
 - Interface of OPMH social work with locality teams in CCC
 - Prison service in Peterborough (see above)
 - Safeguarding including relationship with MASH
 - Carers
 - Employment Strategy including development of Recovery College as a core component within the mental health pathway
 - New performance and activity schedules including targets.
10. Increase in supported accommodation to reduce residential care for Adult MH.

9.0 NEW LEGISLATION: POLICING AND CRIME ACT 2017

- 9.1 The Policing and Crime Act 2017 (PCA) received Royal Assent on 31 January 2017. This legislation makes provision across a very broad range of areas affecting police and crime,

and includes a number of provisions concerning the police interaction with mental health services. Guidance was due to be published in May 2017 but this has been delayed into the Autumn at which point the new arrangements must be established.

- 9.2 The local Crisis Concordat Board has been overseeing the planning for implementation of new arrangements. Key relevant areas to note are:
- New reduced time limits the time that individuals can be detained under Section 136 –of the Mental Health Act. Section 136 allow the Police to take someone with a mental health problem to a place of safety if they believe that the person needs care or control.
 - New definitions of a place of safety.
 - Police stations must never be used as a place of safety for people under age 18 and only in exceptional circumstance for adults.
 - Implied new requirements for responsiveness of AMHPs.

- 9.3 Specific actions for CPFT are noted in paragraph 7.2 above (point 6).

10 ALIGNMENT WITH CORPORATE PRIORITIES

10.1 Developing the local economy for the benefit of all

- 10.1.1 Progress towards improved performance of services and outcomes for people with mental health problems will contribute to the development of the local economy, benefiting everyone living and working in Cambridgeshire and Peterborough. Improved performance against the employment performance target (Appendix 2 Item 9a) is of particular importance.

10.2 Helping people live healthy and independent lives

- 10.2.1 This report relates to how the Council's duties to support people who are vulnerable due to their mental health needs are met. The service it accounts for comprises a key part of the overall strategy of ensuring people with mental health needs are supported to live healthy and independent lives.

10.3 Supporting and protecting vulnerable people

- 10.3.1 This report relates to services that provide support and protection to vulnerable people.

11.0 SIGNIFICANT IMPLICATIONS

11.1 Resource Implications

- 11.1.1 This report includes detail of the financial context and the expectations in terms of delivering savings as part of CCC Business Plan 2016/17.

11.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- 11.2.1 There are no significant implications within this category.

11.3 Statutory, Risk and Legal Implications

- 11.3.1 Many of the duties delegated to CPFT are statutory duties and have financial implications. As these duties have been delegated to CPFT, if they are not delivered effectively, the Council will ultimately be held responsible for any failures in practice and will be subject to

any financial consequences. Therefore priority is given to ensuring that there is a strong partnership between the Trust and Commissioners. This is supported by monthly operational meetings which are attended by Commissioners and quarterly Governance Board meetings with the Trust Chief Executive attends.

11.4 Equality and Diversity Implications

11.4.1 There are no significant implications within this category.

11.5 Engagement and Consultation Implications

11.5.1 There are no significant implications within this category

11.6 Localism and Local Member Involvement

11.6.1 There are no significant implications within this category.

11.7 Public Health Implications

11.7.1 The work delivered by CPFT under the Agreement contributes directly and indirectly to the achievement of Public Health Mental Health Outcomes, for example in relation to wellbeing, mental health and work, and mental health and homelessness – of people with mental health problems and their carers. .

Source Documents	Location
<i>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust (2014)</i>	deborah.cohen@cpft.nhs.uk and Fiona.davies@cambridgeshire.gov.uk
<i>Being mindful of Mental Health – Role of the Local Government</i>	https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing



Cambridgeshire
County Council

Year End



MENTAL HEALTH SECTION 75 COMMITMENTS -: 2016 - 2017 PLAN of WORK

On track G

Imminent action expected A

Off track - risk to project completion R

Pipeline B

Item	Deliverable/Activity					
1.0	Care Act and Transforming Lives (CCC) /ASC Transformation Programme (PCC)	Actions	Lead Managers	Q2	Year End	Notes
a	All assessments completed to Care Act and CCC/PCC standards	To be tracked through monthly Social Care and Savings Board and quality assessed through periodic reports from the Panels and through audit using Council's QA too.	HOSW and SCLs (replaced by Team managers mid year)	G	G	A number of attempts had been made to "bolt on" changes to key CPA documentation within the Trust to make the CPA process Care Act compliant. It became apparent that this was not possible. In addition in Spring 2016 the CCG commissioned the Trust to develop a Primary Care Mental Health service which meant that the Trust would be offering services to those not eligible for CPA. These two factors were the drivers for setting up the Social Work Reorganisation Programme which, following three months of consultation in the Trust, started in September 2016 with a new strengthened, social work specific management structure. This plan of work was constructed before the programme so it does not reflect the programme and the four workstreams in the programme. The first work-stream is redesigning the customer journey to match the Transforming Care (CCC) / 3 tiers model (PCC). At the year end the operating model was agreed and a new Care Act compliant Core 2 assessment was being trialled in paper before updating Rio. This means ALL CPFT CPA assessments are Care Act compliant regardless of who is carrying them out.

b	Prevention and signposting completed to Care Act and Council standards	A continuing programme of roadshows and workshop will be run across the forthcoming year building on the March 2016 in which the new QA tools introduced. The Roadshows will focus on the process for Social Workers initially. After 3 months the aim is to roll out to care co-ordinators with Team Managers involved.	HOSW and SCLs (replaced by Team managers mid year)		G	A great deal of preparatory work had been done by 31st March 2017 to build into the new operating model the interface with the Adults Early Help Team (CCC) and See and Solve (PCC). This work will continue in 17-18 within PRISM Phase 2. See below for Reablement
c	Support planning completed to Care Act and Council standards				G	Existing quality control processes in place to monitor support plans and reviews. However it is planned in the latter part of 2017 to move on to reviewing the actual support plans and reviews used for CPA against Care Act standards.
d	Reviews completed to Care Act and Council standards	Through initial audits and learning to establish a baseline - with All Social Work assessments being complaint - then move onto all care co-ordinators			G	Reviews - see 1c above CCC - The quality assurance process and the audits for SW cases with commissioned packages commenced in July 2016 and has been rolled out into PCC as well.
e	Eligibility evaluated against Care Act and Council standards	Initial audit process and learning			G	Eligibility addressed above as part of assessment and is built into new pathway.

f	Ongoing CPFT staff training plan and programme	Training plan to be developed	HOSW, SCLs and L&D	G	G	The Social work Forum now combines PCC and CCC social workers, and support staff and meets 5 times a year. This has been very well attended and the PSWs and Heads of Quality are invited to participate/use the forums to disseminate updates etc. One of the workstreams of the reorganisation is L&D. This is being worked up between CPFT and CCC and it is hoped 17-18 to engage PCC in a three way partnership.
g	Amendments to Rio to support recording of Care Act requirements	RIO team to enable the Tmodel to be uploaded onto RIO	RIO/Performance Manager	G	G	See 1a above.
h	Carers are supported	Audit of Carers assessments, support plans and reviews against standards	Associate Director Service Integration	G	R	Triangle of care has rolled out across the Mental Health directorate, and new trajectory set in trust quality standards. Carer record in situ to monitor carers in the Trust and the no. of carer assessments / support plans. Additional support on performance through Directorate meetings. This is has been slow to take up and the Trust Board have made this a top priority in acknowledgement that performance stats are poor.
i		Implementation of the Triangle of Care programme			G	Implemented fully across MH Services in the Trust

j	Review of social care pathway within CPFT including access, referral criteria within CPFT and links to community organisations	to implement the Building Resilience and Recovery Strategy: developing Recovery pathways. To implement the Compact to strengthen the partnership between the Trust and voluntary/community organisations to promote recovery and wellbeing	Heads of Social Work. And Recovery Manager	G	G	Building Resilience and Recovery Strategy: developing Recovery pathways has been implemented and action plan in progress and governed through recovery board.. Compact implemented to strengthen the partnership between the Trust and voluntary/community organisations and promote recovery and wellbeing
k	Embed mental health reablement approaches within the Trust	CCC: to reinvigorate the reablement pilots in Huntingdon and Fens PCC: to embed the newly established reablement team	Heads of Social work	A	A	PCC - This is progressed and reablement team has mobilised. Issues recruiting a team manager. Secondment of an internal manager within CPFT in place at the moment. CCC - reablement model is embedded within the teams using the support workers.
l		To agree and track outcome measures for users of the reablement services and report on these	PCC Head of Social Work & MH Commissioner CCC Head of Social work OPMH	A	A	PCC -this is now operational and a service spec and KPIs to be drafted CCC- In progress - through the Social Work reorganisation Programme Board

	To increase the take up of direct payments	To review what services exist including commissioning a personal assistants service for service users to use	Mental health commissioners	R	R	CCC very low take up because of issues in way Direct Payments are organised and support (issue across all of Adults)
				A	A	PCC performance is better than CCC.
2.0	Workforce and Staff					
a	Implementation of Think Ahead in CCC and review of whether and how this might be extended to PCC	Recruitment of first cohort of students in September 2016	L&D/MH Commissioners	G	G	Planning cohort 2 - original plan was that PCC to take half the students - not the case - CCC taking all students.
b	Review of L&D and the delivery of training	Inclusion of social workers in the Trust who are not under the section 75 into training and development for social work staff.	Heads of Service/General Managers	G	G	All social workers are invited to the MH social Work forums - for CPD. New Training and development plan open to all.
c		Programme of mental health social work forums be run in both CCC and PCC	DC, Heads of social work	A	G	The Social work Forum now combines PCC and CCC social workers, and support staff
d		Increase in number of professional staff other than social workers taking up AMHP training	COO / DC	A	A	For 17-18 there a number of non social workers who have expressed interest in the taster training but it is yet to be seen how many take up the training. Very actively promoted by new L&D manager. But not against national standards CPFT is stand out.

e		To review the use of local authority funding placed in the Trust for L&D services	Heads of Social Work/Head of SI/L&D Managers in the Councils	A	G	CCC Above superseded by the partnership now being put in place by the new Trust Head of L&D with the LA Heads of L&D. At time of writing discussions underway for CCC to use Trust L&D tracker system Tutara. Reciprocal arrangement regarding access to training in place – to consider linkage to Recovery College. To be included in s75 review below
f		To review the interface of the L&D service with the PCC Council service and work across with both Councils to try to align training for MH social work staff	Heads of Social Work/Head of SI/L&D Managers in the Councils	A	A	PCC As above but working behind CCC.
g	CCC: Ensure that the current structures are fit for purpose to deliver the Care Act and TL programmes and Savings requirements	To review the management arrangements and structures in Adult MH learning from the change in structure in OPMH during 15-16	DC/HoSW/AD Transformation	G	G	Completed. Working with the Social Work for Better Mental Health programme to evaluate the reorganisation - programme commissioned nationally by Lyn Romeo Lead social worker in DH.
h	CCC: Ensure best use of AMHP and social work resources is being made and is delivered as close to the team working with the client as possible.	CCC: Review of deployment of AMHPS within the teams and the mix of duties between mental health act work, care coordination, and care packages work.	Heads of Social Work/Head of SI	A	A	Part of the transformational work within the Social work transformation programme. To be revisited in light of Policing and Crime Act 2017 in 17-18

i		CCC: to review the supervision structures within the teams against Council standards (ratios of supervisors to supervisees etc)	Head of Social Work CCC	G	G	Audited in year.
j	PCC: work with the social work and PALT teams together and separately to strengthen seamlessness of service delivery for clients	PCC: commission programme of organisational development to bring the social work team and the PALT closer together.	Head of Social Work PCC and CPFT HR	G	A	Regular meetings are in progress, and process implemented. ongoing work to rethink MDT working and collaboration >Also to bring social work leadership to be more present in PALT As CCC and PCC move closer together to revisit. Major recruitment problems in PCC
k	PCC: To ensure Social Work Service in HMPP Peterborough and Peterborough Approved Premises is Care Act compliant	To review Standard Operating policy and update as necessary. To develop a service specification and formalise KPI's	PCC Head of Social Work	G		To be reported in separately. Big risk in that there is only one standalone worker so service would stop if anything happened to that one worker. Under consideration by Commissioners.
3.0	Financial Management and Authorisation					
a	Robust authorisation and financial monitoring systems agreed and implemented	Review of procedures incorporated into the Savings programme (CCC) Review of procedures carried out in 15-16 (PCC)	Head of Social Work (CCC)	G	G	Monthly met with Accountant and PCC 2-weekly saving project meeting and the same for CCC Savings and Performance Monthly Boards operational since April 2016.
b	Implementation of Savings Programme	To be tracked through separate processes		G	G	Achieved for 2016-17 for both Councils

c	Budgetary forecasting: agreed improvements in place and monitored	Forecasts to be updated each month for the relevant monitoring meeting. Any over/underspend in excess of 10% of budget to be reported asap to the relevant Council.	DC/Heads of Social Work	G	G	CCC - Re-establish a monthly operational finance meeting to monitor staffing and cost of care. 1st meeting due 31st August.
				G	A	PCC - flow of activity and finance information not consistent from the Council.
4.0	Performance and information reporting/systems					
a	Links to Council systems in place - work started in 15-16 to continue.	CCC: improvement to the links to the AIS system to be made thereby reducing the time lag in recording mental health activity on the council systems. To progress the use of the electronic automated system for Adult MH (already in use for OPMH). PCC: To keep under review admin capacity to ensure timely recording of care packages on FWI.	Social Care leads/Business & Performance Manager/CPFT Head of information	A	G	CCC - By year end major improvement in data quality due to moving data between systems etc.
				A	R	PCC - activity reports from FWI ceased in Nov 2016.
b	Improvement in performance reporting to the two Councils	To report monthly on the refreshed common KPI set across both councils	Heads of Social Work	A	A	In progress - actions needed by Business Intelligence team but great improvements already made in development

c		Using the new Trust data warehouse - social care KPIs reported on at QSG and also taken down to team manager level	Heads of Social Work	G	G	Now operational and monitored through supervision
d		Existing highlights reports to be developed and refined further and to be available for monthly monitoring meetings with the Councils.		G	G	Reported through Service Integration directorate
e	Agreed quality assurance framework implemented and reported on regularly.	See Care Act section above.				
5.0	Section 117					
a	Sign off of single Operational policy across PCC, CCC, CCG and CPFT (This is NOT about the funding of Care packages)	Policy completed in March 2016 and in sign off stage	MH Legislation Manager	G	G	Decided that this was to be a CPFT policy only and that a separate policy for the funding of packages to be put in place between CCG and the two Councils. CPFT policy signed and training has been run for staff. Tracking of implementation to continue in 2017-18.

b	Implement the new Section 117 policy and procedures	Training and audit cycle to be established. To note the savings component of this work removed.	Head of SI and MH Legislation Manager	G	G	Training sessions (which covered legal framework, as well as introduction to the new procedures) were delivered in 3 localities during October 2016. Follow up training sessions with Doctors are scheduled for Dec 16/Jan 17. The E-learning module will go live by the end of Dec 2016. On-going data quality checks are carried out by the MHA Admin Team and Social Care Business Manager. A RiO s117 module is being developed with the aim of recording the information around s117 eligibility status, details of after care provided, review and discharge - as part of the Electronic Patient Information System and ensuring the accessibility of the register to the teams and the timely update of patients s117 status as part of their regular care planning reviews.
6.0	Mental Capacity Act and DOLS					
a	MCA Multi agency policy and practice	Review the policy in the light of challenges received in 2015	MH Commissioner, MH Legislation Manager and Council MCA leads	G	A	Policy review is lead by CCC and is in its final stages, with the aim of completing the review by the end of December 2016. CPFT developed an internal procedural guidance to staff on capacity and BI assessments. Marked Amber as this needs more consideration in context of the community (non MH) services run by CPFT.
b		Ensure regular updates on issues relating to applications to the Court of Protection are in place and on the joint management of legal challenges relating to MCA and DOLS	MH Legislation Manager and Council MCA leads	G	G	Cross Organisational MCA/DoLS meeting was re-established. Councils Leads and CPFT MH Legislation Manager are in regular contact and updates are being cascaded to staff in all organisations.

c		Training on DOLS /MCA and interface with the MHA (booked for 10th May 2016)	MH Legislation Manager and Council MCA leads	G	G	A MCA/DoLS/MHA interface cross organisational workshop was commissioned by CPFT and delivered by 39 Essex Chambers. Information was cascaded to staff and will form part of the multi agency policy review. CPFT is closely working with Council Leads and delivering joint training in key areas. Following a training session with the Integrated Care Team in Nov 2016 - more case-specific sessions have been held with both teams/services. Risk to the Trust re DOLS/MCA elevated via internal Clinical Governance processes.
d		Audit to be carried out	MH Legislation Manager and ADO (Operations) and Information Manager	A	A	-Internal Audit completed in Feb 2017 and there is a year to implement the recommendations. Carried forward to 17-18.
7.0	Policies and Procedures					
a	Update and review a range of policies that relate to social work/social care	Review the new Section 135, Section 136 policies	Heads of social work/Head of SI	G	A	Likely to need review in light of Policing and Crime Act 2017 when the guidance is published (expected now in Sept 2017). Task and Finish Group set up by the Crisis Concordat locally who will oversee this.
b		Review operation of the new AMHP approval and re-approval policy.		G	G	Completed. To be reviewed in 17-18
8.0	OPMH					

a	CCC Embed new arrangements in the integrated care directorate	Sign off of new operating policy	Heads of social work	G	G	within the Social Work Reorganisation
b		Policy regarding use of CPA and working with clients with identified mental health needs who are not on CPA		G	G	within the Social Work Reorganisation
c		Commissioning of a wider range of care options to reduce the use of care homes	MH commissioners	A	G	Work to understand and scope the issue under way led by Commissioning
d	PCC: placeholder for Vertical integration work			B	B	Work to progress this suspended.
9.0	Section 75 Agreement 16/17					
a	Agreements updated	Updates to the two s75s signed off via the MH Governance Boards and Trust Board	DC/MH Commissioners	A	B	Work has commenced to review and rewrite common s75 agreements across both Councils for 17-18. Target completion date is 31st March 2018
10.0	Employment					
a	To support service users in their recovery journey and to improve on employment ASCOF measures	To continue the work with ARU to develop a sustainable funding base for the Recovery College as a platform for expansion	Recovery Manager	R	R	Although a lot of work done over last 6 months this has not yielded new funding streams. New approach required. Trust recruited in April 2017 a Charity manager and some preliminary work at the y/e to scope out how local Commissioners can input. Each operational director in CPFT agreed to fund a post in May 2017 recurrently which has staved off the immediate funding crisis.

b		To continue to promote and expand the peer worker programme both within and externally to the Trust	Recovery Manager	R	A	Business plan to CCC to establish a peer-run befriending service. This scheme not viable within the CCC requirements for cash rates of return on investment. Other ideas under consideration but these are not quick to implement. Funding from CCG for 4 peer workers in Children's services. To rethink the approach in context of wider Employment pathways (below).
c		To develop an employment plan and clear pathway for service users to external employment	Head of MH Commissioning Heads of Service	A	G	CCC and PCC: Strategic development of employment pathways - on agenda of new Interim Head of Mental Health. Number of meetings have been held on back of the Green Paper on Employment and the MH Commissioner has put in place a relationship with local DWP to build on the Green Paper. Work to carry on into 2017-18 and beyond.
d		To implement the Trust's Volunteering Strategy working closely with the Volunteer Centres	Will be new Associate Director - Patient, Service User and Stakeholder Partnership with the Volunteer managers.	A	A	CPFT internal volunteering programme up and running and very successful. Next stage is to link volunteering (outside CPFT) into an employment and wellbeing strategies. Externally the Volunteer Centres closed in 16-17 so need to forge new links with the new arrangements.
11.0	To map need for Accommodation - CCC Commissioners					

a	To review the current accommodation offer for mental health and ensure that this is fit for purpose in relation to alternatives to Residential and Nursing Care.	Contract monitoring and performance - recommissioning of services and procurement and creating flexibility in the accommodation offer.	Commissioners CCC	A	A	PCC: work advanced on mapping and developing the current provision and identifying gaps. CCC: Review of Metropolitan Housing contract which is main provider of supported accommodation: to be reviewed and retendered with mobilisation on 01.09.16
b	To create a greater flow through in relation to Supported accommodation at Higher Level and lower level support arrangements and in line with the agreed pathway	To have a an agreed pathway and time frame in place and to ensure that this is monitored and reviewed	Commissioner and Operations	A	A	
c	To ensure that robust reviews of service users in accommodation based services takes place on annual basis with a view to move on and alternatives to supported accommodation services.	Social work teams to be tasked to undertake this work along the required outcome of the accommodation pathway	Operations CPFT	G	G	Built into reviews and panel processes
d	Develop and appropriate bid to create alternatives options for accommodation and support services	CPFT/CCC joint bid for Invest to save for accommodation Review the possibility of using contract levers to to flex the provider market	Commissioner and Operations	B	B	Not progressed

e

12.0	Social Care and Wellbeing Savings Programme	Tracked and monitored elsewhere				
13.0	Section 75 Agreements					
a	Agreements updated	Updates to the two s75s signed off via the MH Governance Boards and Trust Board	DC/MH Commissioners	A	A	- In progress for 17-18
b	Complaints processes	Bring together the Councils and CPFT complaints teams for at least 6 monthly review of joint working on joint/common complaints	Head of SI	G	G	The two teams meet quarterly.
c	Serious Incidents	To implement the recommendations of the review of 50 Sis (carried out for QSG) with respect to identification and investigation of social care and housing factors.	Head of SI	G	G	

d		Put in place close links to commissioners with respect to incidents and complaints relating to commissioned services.	G	G	G	
e	Review report signed off by Governance board (CCC)	Annual reports to be written for both Councils and taken through the appropriate committees/boards within the councils	DC/Heads of Social Work	G	G	Not requested by PCC

Section 75 Report - Top Level Figures - CCC

ID	Source	Indicator	Performance Measure	Frequency	Data Source	Target	Jun-16	Sep-16	Dec-16	Mar-17	Total/ average
1	CPFT	DTOC AS2C	Reduction in bed delays of transfers of care. This is the number of Adult and OPMH bed days lost, which are attributable to LA.	Monthly	RiO	County level target only	45	60	12	53	566/47
2	CCC	AS1	Number of assessments completed within 28 days of referral (From AIS)	Monthly	AIS	65.7%	100%	100%	100%	100%	92%
2a	CPFT	AS1 - Additional	Number of RiO Core2 Assessments completed per month by named, S75 funded social workers	Monthly	RiO	No target	78	47	41	42	662
4	CCC	1C Part 1 Local	Proportion of eligible social care users receiving self-directed support.	Monthly	AIS	93%	73%	72%	72%	86%	74%
5	CCC	1C Part 2 Local	Proportion of eligible social care users receiving direct payment.	Monthly	AIS	24%	9%	8%	9%	8%	9%
6	CCC	2A Part 1	Permanent admissions to residential care homes aged 18-64	Monthly	AIS	County level target only	0	0	0	0	1
6a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 18-64	Monthly	AIS	County level target only	0	0	0	0	0
7	CCC	2A Part 1	Permanent admissions to residential care homes aged 65+	Monthly	AIS	County level target only	1	2	0	0	20
7a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 65+	Monthly	AIS	County level target only	2	2	0	0	8

8	CCC	RV1	Proportion of planned service user re-assessments actioned by the due date – (Statutory Reviews)	Monthly	AIS	50.1%	98%	91%	96%	75%	92%
8a	CCC	RV2	Number of unplanned re-assessment events in the period	Monthly	AIS	No target	2	6	4	3	36
8b	CCC	RV3	No. of service users with no review date recorded	Monthly	AIS	0	427	426	520	493	448
9a	CPFT	1F	Proportion of Adults in contact with secondary mental health care services in paid employment - On CPA, Aged 18-69	Monthly	RiO	12.5%	12.3%	11.8%	11.7%	12.1%	12.1%
10a	CPFT	1H	Proportion of adults in contact with secondary mental health services living independently with or without support - On CPA, Aged 18-69	Monthly	RiO	75.0%	78.7%	79.1%	80.7%	82.3%	82.3%
11	CPFT	Complaints	Number of Complaints - social workers only	Quarterly	RiO	No target	3	0	1	2	6
12	CPFT	Workforce	Number of Vacancies (FTE) - social workers only	Quarterly	CPFT	No target	18.8	19.5	15.6	4.6	4.6
13	CPFT	Carers	No. of Carers assessments completed for carers of CCC patients	Monthly	RiO	No target	6	8	14	23	122
14	CPFT	Carers	No. of carer assessments eligible for a direct payment (in receipt of)	Monthly	TBC						
18a	CPFT	Unknown	Use of Care Plans with social care goals - created	Monthly	RiO		13	13	6	1	126
18b	CPFT	Unknown	Use of Care Plans with social care goals - updated	Monthly	RiO		10	9	10	6	108