

ANNUAL REPORT OF MENTALHEALTHSERVICESPARTNERSHIP 2014-15

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Contents

- 1. Section 75 Agreement**
- 2. Overview of 2014-15**
- 3. Leadership and Governance**
- 4. Service Developments**
- 5. Professional Leadership and Supervision**
- 6. CareAct and Transforming Lives**
- 7. Delayed Transfers of Care**
- 8. Finance**
- 9. Compliments and Complaints**
- 10. Mental Health Act**
- 11. Performance**

1. Section 75 Agreement

- 1.1 The purpose of this Annual Report is to review the provision of social work across 2014-15 within the Mental Health Services for Adults and Older People within Cambridgeshire which are integrated within CPFT under a newly refreshed section 75 Partnership Agreement. The agreement sits within the umbrella of the priorities of the Health and Wellbeing Board's Health & Wellbeing Strategy 2012-17. This is the first Annual Report to the Adults Committee under this agreement.
- 1.2 The Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) signed an updated and revised partnership agreement for the delivery of mental health services for adults over the age of 18 in October 2014. The Partnership is governed by Section 75 of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and is commonly referred to as a "section 75 agreement". This is one of a number of such agreements between the Council and the local NHS. The Act contains powers enabling NHS bodies (as defined in section 275 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise certain NHS functions.
- 1.3 The purpose of the Agreement is to provide a framework under which the Council delegates to CPFT the exercise of its functions in connection with the delivery of mental health services for adults.
- 1.4 The reason for entering into such an arrangement is because the Council and CPFT believe that the provision of integrated health and social care services will improve the outcomes for individuals with mental health needs. This is achieved through the delivery of seamless services, single assessments, care and support planning, and risk assessment and risk management.
- 1.5 The s75 Agreement sets out the following:

"The key objective is to secure better outcomes in respect of the Services for the adults and older adults within the Resident Population within the resources allocated by the Partners for this purpose. The Partners shall work together in the context of the strategic governance arrangements set out in Schedule 5 (Governance) to ensure that the aims and objectives of the Agreement are met."

The overarching objective of this agreement is to efficiently and effectively deliver social care outcomes within the Trust's mental health and social care service.

Where appropriate and beneficial and in agreement by the Partners this will occur through an integrated care processes.

Benefit will be measured through performance and service user reports based on:

- *breaking down cultural barriers between health and social care*
- *economic efficiency and the demonstration of the best use of resources*
- *clarity and seamlessness of social care functions within pathways*
- *access and improved service user experience*

The definition of integrated care for the purposes of this agreement means: a combined health and social care service. The health and social care staff will work together to deliver a seamless service. This assumes that integration of assessment, interventions care, and support services for those people experiencing emotional, psychological distress and mental ill health”.

- 1.6 In summary, the reason for the two organisations coming together in a Partnership is to deliver a combined health and social care service that is seamless to the patient/service user. It also encompasses support for their carers.
- 1.7 While it is possible for the Local Authority to delegate responsibility for day to day delivery of functions to the NHS, it is not possible for the Local Authority to pass legal responsibility for those functions relating to the approval of approved mental health practitioners (AMHPs).
- 1.9 This report identifies the significant improvements which have been made for service users over the last year, the challenges we face and our joint vision for the year ahead.

2.0 Overview of 2014-15

- 2.1 CPFT's vision is “to give those people who need our services the best possible chance to live a full and happy life, despite their condition or circumstances”. This is based on the following three principles:
 - **Recovery**- empowering users of services to achieve independence
 - **Integration** –working closely with our partners to develop pathways of care that are integrated, person-centred care, and delivered close to people's homes principally in non-institutional settings.
 - **Specialist services**—continuing to be one of England's leading providers of key specialist mental health services with particular expertise in eating disorders, children and young people's mental health, autistic spectrum disorders and female personality disorders.

- 2.2 These principles are restated here to show the synergy between CPFT and the underlying principles within the Care Act 2014 and the read across with the Council's Transforming Lives programme, although the language used may be slightly different.
- 2.3 It is important to note that the priorities of the Partnership seek to reflect both Trust and Council priorities. The annual work plan and the regular monitoring meetings and quarterly governance boards are key in the oversight for both parties of the operation of the Partnership.
- 2.4 2014-15 was a year of major development for the Trust and this is described below highlighting opportunities for mental health services.
- 2.5 **Uniting Care Partnership (UCP)** is a partnership between CPFT and Cambridgeshire University Hospitals Trust (Addenbrookes) to deliver Integrated *Health* Care for Adults and Older People in Cambridgeshire and Peterborough. UCP was awarded the contract for these services towards the end of 2014 for mobilization on 1st April 2015. The contract puts in place a "prime contractor" model whereby the commissioning of pathways of care for this client group is the responsibility of this Partnership. The two partners in UCP also are key providers along with the other acute hospital trusts in Cambridgeshire. This has meant for CPFT that community services for this client group transferred across to the Trust at the end of March 2015 from the Cambridgeshire Community Services NHS Trust, almost doubling the income and number of staff in CPFT. The two partner organisations to the bid have established the *Uniting Care Partnership LLP* which will act as the integrator that oversees the operation of the whole system.
- 2.6 The UCP development is described here because within the UCP portfolio of services is the health services for Mental Health Older People that are provided by CPFT. Situated within these services include social care services that sit within the Section 75 Agreement. To note Adult Mental Health Services (defined as adults of working age) is not within the UCP remit.
- 2.7 It is to be emphasized that the UCP development does not alter the Section 75 agreement and this agreement remains with CPFT.
- 2.8 The relevance of UCP to the Mental Health Partnership between the Council and CPFT lies in the alignment of the wider social care services with UCP services and the interface between specialist MH social care services and generic OP social care services. This is not just about geographical alignment—which in itself is not straightforward—but is about taking the opportunity to look at the deployment of specialist mental health social care resources for older adults in the context of the Care Act 2014 and the Transforming Lives Programme. A task and finish group between the Council and CPFT has

been established to guide this work.

- 2.9 **Out of Hours Services:** a key component of out of hours mental health services are the Crisis and Home Treatment Teams. These were part of the range of community-based services introduced into mental health in the UK at the end of the 1990s as part of a National Service Framework for Mental Health.
- 2.10 The original model envisaged multidisciplinary teams including social care staff and teams that operated 24/7. In many areas the out of hours AMHP service has been incorporated into these teams and it is the view locally that this would be a model that would enable the out of hours rota to move into CPFT. This would require NHS Commissioners to commission the teams to work 24/7.
- 2.11 This is a key issue for the 2016-17 commissioning round with Cambridgeshire & Peterborough Clinical Commissioning Group.
- 2.12 **Parity of Esteem:** parity of esteem between mental health and physical health has been a welcome headline over the last few years and recognizes that Mental Health, in times of reduced levels of resources, has often lost out to physical healthcare.
- 2.13 At commissioning level it is important that this principle remains and is put into practice. At service delivery level, the challenge is to join up practice so that individuals' care and support plans address the range of issues facing service users. This speaks to the heart of personalised care and requires closer working between secondary specialist services in CPFT (including social care) and primary care services.
- 2.14 **Recovery pathways:** CPFT was one of the first Trusts within the UK to embrace recovery and has along established Recovery College – called “Recovery College East” which operates from the Gloucester Centre in Peterborough and from the Ida Darwin Hospital site in Cambridgeshire. CPFT has also developed over the years a “peer support” programme that offers time limited employment to service users graduating from the Recovery College.
- 2.15 CPFT has set itself a target this year (2015-16) to develop alternative forms of funding for the College and to evaluate whether it would be advantageous to the College to be established as a separate entity from CPFT. The College is also seeking to consolidate and formalise relationships with local colleges and with Anglia Ruskin University.
- 2.16 The CPFT Board at the time of writing is updating its Recovery Strategy, positioning the Recovery College within the pathway to employment for service users. This is a key area of joint working with the Council and Members will recognise this as a component of the Transforming Lives pathway.

- 2.17 **Preparing for the Care Act:** the Trust, through the Council's Programme Board, has been working to prepare for the new duties that came into effect on 1st April 2015. Key areas of work include:
- Introduction of wellbeing assessments
 - Assessments Carers rights
 - Changes to adult safeguarding
- 2.18 There has been extensive training for seconded staff, discussions at Trust Board, and changes to the Trust's Board Assessment Framework to reflect new areas of responsibility. There is a Care Act Programme Board within the Trust.
- 2.19 **Transforming Lives:** closely aligned to the Care Act is the Council's programme to strengthen independence and wellbeing. The Trust is seeking to deliver this through its forthcoming updated Recovery Strategy (referred to above).
- 2.20 **Care Homes:** the availability of care home places across the spectrum from Council funded residential care to NHS funded continuing care remains challenging locally and can result in delays in patients being discharged from hospital.
- 2.21 Tight discharge planning processes and review have to date managed the situation. Within adult mental health care homes are relatively little used. However for dementia patients, the lack of specialist homes remains a challenge in the County.
- 2.22 Health commissioners, the Council, and CPFT are looking at ways to increase the supply of such placements. While UCP should reduce levels of demand by the provision of more targeted and proactive care in the community, it is feared that this impact may be outweighed by the projected increase in the population of older people locally.
- 2.23 **Systems Transformation and Strategy Development:** local health and Council partners have come together to work as a system to address key issues locally. The Systems Transformation Board has five work streams of which one is about mental health (but not children's mental health that sits under the Children's work stream).
- 2.24 The challenge for this Board is to bring together the separate Council strategies, public health mental health strategies and the CP CCG strategy in such a way that objectives can be translated into a joint commissioning plan. A single approach would be welcomed in the mental health services that work across the whole of Cambridgeshire and Peterborough.
- 2.25 **Best value for resources:** Finally with continuing reductions in funding for

health and social care mental health services have had to take a share of reductions in funding although the Council has sought to shelter these services as far as possible. This is unlikely to continue. These services continue to review closely all packages of care – and to challenge assumptions that a service is for life. There is also a lot more work to be done to promote the take up of direct payments which often result in a more economic use of resources as support is more closely tailored to an individual's needs. To achieve best value requires very close working between Commissioners in the Council and social care staff seconded into the Trust and tight administrative systems to ensure the correct processing of packages of care. It is our belief that this joint working has grown much stronger over the recent period and there is a good foundation on which to go forward.

3.0 Leadership and Governance

- 3.1 The social care services that sit under the section 75 agreement are overseen by the Trust's Executive Director of Service Integration. The first postholder left in June 2014, and following a 4 month gap covered by an Interim the current postholder took up post in October 2014. This has meant that some areas of work have proceeded more slowly than would have been desired.
- 3.2 During 2013-14 a review was carried out of the management of social care in the Trust. This resulted in the establishment of 2 Heads of Social Work and Social Care covering each local authority area, and in Cambridgeshire there are now two Social Care leads for Adults. At that time it was decided not to have a separate social care lead for Mental Health Older People (MHOP).
- 3.3 With the level of change associated with the new UCP contract (which came into effect on 1st April 2015), UCP were asked and agreed to fund a Social Care Lead for Older Peoples Mental Health to strengthen the social care input to these services. This post will be key in driving up performance in the OP services (this is noted more in section 11 Performance below).
- 3.4 Despite the level of change over the last year the managers within social care in the Trust have engaged fully in the Care Act and Transforming Lives programmes and retaining the tie to the Local Authority is very important to Social Work staff in the Trust.
- 3.5 A joint governance structure including a Section 75 Board has been established with various sub committees to oversee quality, performance, finance, and outcomes. These include Monthly Finance and Performance Meetings that cover staffing budgets, performance indicators including ASCOF¹ measures, care packages/commissioning budgets, s75 monitoring meetings and a quarterly MH

¹ ASCOF = Adult social care outcomes framework

Governance Board.

- 3.6 Tounder score the importance of the performance of the services, the Trust Board Assurance Framework from 1st April 2015 has included the ASCOF measures and other key social care indicators.

4.0 Service Developments

- 4.1 Workforce Overview:** in common with most mental health services across the country there is a shortage of newly qualified mental health nurses and of approved mental health practitioners (AMHPs) who historically were social workers but since the 2007 mental health legislation can be from other clinical professions. The AMHP role is a statutory role and statutory duty of the local authority that cannot be delegated to the NHS. An AMHP is required (with two section 12 approved doctors) to detain a patient under the Mental Health Act. Provision has to be 24/7 and there are two rotas: a daytime core hours rota run by CPFT and an out of hours rota run by the Council directly.
- 4.2 The Council and CPFT have discussed for sometime bringing the two rotas together, within existing resources. This is challenging for CPFT partly because of the issues about the wider out of hours services (see above under Out of Hours) and also because of the issues of recruitment and retention of AMHPs.
- 4.3 The terms and conditions of AMHPs are set by the Council and these are being reviewed currently as part of the wider review of social care salaries. It is acknowledged that current arrangements are a major contributing factor towards difficulty in recruitment and retention.
- 4.4 It has recently been agreed by the Council and CPFT to step up the promotion of AMHP training to other professions working within CPFT. The Council will fund backfill for individuals while undergoing training.
- 4.5 The Council and CPFT were successful in their joint bid to be a "Think Ahead" pilot site. This is a similar initiative to "Teach First" to train up more mental health social workers. However one can only train as an AMHP after two years post qualification as a social worker. Both these initiatives will help increase the supply of AMHPs in the medium term. It is hoped that the reviews of salaries and terms and conditions will help immediate issues.

Total CPFT employed WTE adult mental health	22
	9

Total CPFT employed WTE older people mental health	
Total	32
Total CCC employed staff WTE adult mental health	31
Total CCC employed staff WTE older people mental health	9
Total	40
Total S 75 staff adult and older people mental health funded by CCC	72

(Source: Section 75 Agreement Schedule 3)

4.6 The social workers who are seconded into the Trust by the Council, if not AMHPs when initially recruited, will follow a career pathway to enable them to complete the AMHP training.

4.7 **Re-ablement project:** The Council funds support worker posts within teams, and currently, CPFT and the Council are setting up a pilot within Huntingdon Adult Mental Health Team to utilize the support workers in a re-ablement/recovery model, in line with Transforming Lives and the Care Act prevention model.

4.8 **Mental Health Older People Services and UCP:** With the forthcoming changes in the provision of health services for older adults including Mental Health Older Adults it was decided before the year end to set up a series of Task and Finish groups, chaired by Charlotte Black, Service Director to view the Service User journey within the new Older Peoples pathway within Uniting Care, to ensure that the social care workforce was deployed in the right places to ensure people get the right care at the right time by the right people. This work will continue into the new financial year.

5.0 Professional Leadership and Supervision

5.1 Professional leadership, supervision and appraisal are provided throughout the Trust by the Heads of Social Care and 2.5 wte Social Care Leads. These staff also endeavour to provide professional supervision for the AMHPs within the Council run Emergency Duty Team to the extent that resources allow.

5.2 These seconded social workers will this year organise objectives using the Council's appraisal process which is felt to align more closely to the work of these staff.

6.0 Care Act and Transforming Lives

- 6.1 The Trust Board took a paper from the Director of Service Integration at the end of 2014 on the Care Act 2014. As a result the Trust is funding an additional post to provide business and programme support to include a Trust Care Act Programme Board to accelerate delivery of required changes.
- 6.2 Kim Dodd, Council Head of Mental Health and Lynne Denton Head of Social Work and Social Care (Cambridgeshire) completed joint sessions for the managers within CPFT and these sessions were well received with positive feedback from participants. Managers notable to make the initial dates have asked for further sessions.
- 6.3 Work has been completed to upgrade the assessment, care and support planning documentation, and this will be organized on the RIO IT system. The Trust will also have a Social Work and Social Care page on the Intranet with all the links, and documents relating to the Care Act and Transforming Lives.

7.0 Delayed Transfers of Care

- 7.1 A weekly validation meeting has been introduced during this year which has resulted in continuing improvements in the data, which is more robust and the numbers of delays due to social care has been reduced. This is achieved by a weekly meeting of a member of the Social Care Leadership, Modern Matron, Ward Managers, and Discharge Co-ordinators, who discuss all people on the ward, their legislative status, current situation, and plan for discharge. Once all assessments are completed (including Continuing Health Care/Joint Funding Tool), and the person is fit for discharge, the delay and coding is agreed. The improvement can be seen in the data in the appendix.
- 7.2 The next phase of the plan, which will commence in June, is for the Papers 1 and 2 (Section 2 and 5) to be utilized.

8.0 Finance

- 8.1 As noted above arrangements are in place to monitor both the staffing budget and care packages budgets together to ensure that there is no disconnect between the "micro-commissioners" (i.e. the teams social workers in the Trust) and the Head of Mental Health in the local authority who holds the budgets for care packages. The processes to monitor budgets monthly and to ensure prompt raising of invoices for recharges between our organisations have been tightened and will result in better monthly reporting of budgets versus spend.
- 8.2 The staffing budget for 2014-15 was £1.2m and year end spend was £1.1m with a under-spend of £75,000. Staffing vacancies are tracked on a monthly basis and over the last year there have been some changes in the use of posts when a post has fallen vacant.

- 8.3 Care packages budgets are tracked separately as the information is held on the Council's systems (for OP input by the Council, and for Adults input by staff within the Trust). A panel system operates to approve packages of care. All figures quoted here are net of client contributions.
- 8.4 The total spend on packages for Adults was in 2014-15 £4.5m which was an underspend against budget of £500,000. Projections to date in 2015-16 do not show this underspend continuing. There were 111 adults in residential care placements and 211 individuals receiving packages in their home – including direct payments. It would be our aim to reduce the use of residential care for this client group but this is constrained by a shortage of alternative supported accommodation. It should be noted that there is a small number of clients over age 65 who are still under Adults services to ensure continuity of care.
- 8.5 The budget for care packages for older adults (aged over 65) was originally at the start of 2014-15 £4.7m and this was increased to £6.3m on account of the transfer of a number of clients from the Older People Locality Teams to secondary mental health. The actual spend for the year was £6.5m.
- 8.6 The cases moved across included all clients in dementia nursing team, many of have not ever been known to Mental Health Services, and clients who are under s117 of the Mental Health Act². This has brought the number of cases up to 500 plus and has put a strain on the teams to deliver the required number of reviews. To assist with completion of reviews, the Council employed two additional locum social workers and this has helped considerably as the figures in the appendix show. As noted in the covering paper, the creation of a new management post funded by UCP, Social Care Lead MHOP will also provide more supervision capacity in this part of the service.
- 8.7 Reviews are a key mechanism for not just ensuring the wellbeing of residents receiving services, but also to control costs. During the last year a "joint funding tool" was agreed between the Council and CCG. Recently work has been ongoing to develop a tool and process to discharge clients from s117, and to ensure the appropriate application of NHS funded continuing health care.

9.0 Compliments and Complaints

- 9.1 Work continues to ensure that all the compliments and complaints within the Trust that have social care aspects, are shared with the Council. The Trust will share the quarterly report that is presented to its Quality, Safety and Governance Board Committee.

²S117 is an entitlement to aftercare for patients who have been detained in hospital under s3 MHA – all such care is free regardless of whether this is local authority or NHS provided.

- 9.2 During 2014-15 there have been two recent complaints logged with the Local Government Ombudsman, with joint investigations in line with the Section 75 agreement.

10.0 Mental Health Act

- 10.1 Data is currently reported monthly but it is proposed to review this in the early part of 2015-16 to consider using the more in-depth analysis carried out each quarter for the Trust Board's Quality, Safety and Governance Sub Committee.
- 10.2 A hot issue at the moment is the use of Section 136 of Mental Health Act. This section allows a police officer "to remove an apparently mentally disordered person from a public place to a place of safety". Until mid January 2015, the Trust operated two s136 suites – at Peterborough Hospital and at Fulbourn Hospital. However the suite in Peterborough did not confirm to safety standards and has been closed. The impact of the closure is being closely monitored by the Trust and Police.

11.0 Performance

- 11.1 Performance reporting of social care outcome indicators is a national statutory requirement and is part of the Section 75 Partnership Agreement (in Schedule 2) between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust. These requirements are set out in the Adult Social Care Outcomes Framework (ASCOF) and the Council's Performance Framework. The report for the year 14-15 is attached to this report. Mental Health Act activity for AMHPS is included in this appendix.
- 11.2 The Trust has struggled in the past with the timely provision of monthly activity and performance data but has worked hard to try to improve this which can be seen in most of the statistics in the Appendix. This has included internal strengthening of the Information Management Team in the Trust, adaptation to the Trust's patient information system Rio to make social care data fields mandatory, and arising of the importance of these indicators by inclusion of the key ASCOF indicators in the Trust's Business Assurance Framework. While we believe this represents considerable progress in terms of the recording of information, significant more work is required to have managers use this data to highlight areas requiring attention.
- 11.3 The following bullet points are headlines from the data that is attached as the appendix to this report.
- There has been a significant reduction in the Delayed Transfers of Care attributed to Social Care – from 248 bed days in April 2014 to 149 bed days in March 2015.

- NI132 Timeliness of Social Care Assessments: 100% in Adult Mental Health and in Older Peoples Mental Health above the target (86%) with the exceptions of Fenland and S Cambs teams that ended the year at 84%. Work continues to ensure all teams are above target.
- NI133, Timeliness of Social Care Packages following Assessment: the main area of concern relates to Older Peoples Mental Health. The reasons for this are 1) Issues in waits for care providers, for both home care and residential and nursing care, especially for people with challenging behaviours and 2) there is difficulty in finding local residential and nursing care provision.
- The take up of direct payments is below the target of 25% in most teams and particularly low in services for older people. The highest take up is in Fenland Adult Mental Health Team of 41% and lowest being 0% in South Cambs Older Peoples Mental Health Team). This is acknowledged as an area to focus upon and recognised that team members in all teams are not fully equipped and conversant with Direct Payments. There will be training organised by the Council for all teams, including the new more streamlined processes for Direct Payments.
- D40 Clients Receiving a Review: within Adult Mental Health Teams there continue to be capacity and demand issues, however there are slow continuous improvements each month. Support from the social care leads and administrators have helped managers of the integrated teams prioritize review work where there is particular pressure of numbers.
- ASCOF Indicator 1F Proportion of adults in contact with Secondary mental health services in paid employment: the recording of this indicator has improved considerably with Rio reporting a year end figure of 11.4.1% compared to 5% in 13-14. However the year end figure may reduce marginally as the return from the Trust will be consolidated with figures for all Cambridgeshire residents including those placed out of county.
- ASCOF Indicator 1H Proportion of adults in contact with secondary services living independently, with or without support: Rio is reporting a year end figure of 78.1% compared to 29.1% in 13-14 which was clearly an under reporting of the true position. The same caveat about the final year end position applies as to 1F above.
- Section 117: The Trust has put in place a new Register of patients on s117 of MHA (entitlement to after care for patients who have been detained in hospital under s3 MHA – all such care is free regardless of whether this is local authority or NHS provided). Validation of the Register continues, and a new Standard Operating Procedure is in place to review patients on s117 to see if there is an ongoing requirement for after-care.

- Mandatory Training on Adult Safeguarding is on target at 97% of all staff within CPFT.
- 11.4 It can be seen from the data below that there are particular issues within the older people mental health teams, in part relating to the transfer of cases in this year (see para 8.6 above). As noted above a new post, Social Care Lead Mental Health Older People's Services has been created to work across both Cambridgeshire and Peterborough. This will strengthen supervision capacity and be focused on driving up these performance areas.
- 11.5 There are ongoing challenges in this area for the Partnership. The Trust would like to align as far as possible its reporting to each of the two local authorities with which it has section 75 agreements. Some work has started to consider this.
- 11.6 It is agreed that more use might be made of Trust internal reports with some marginal changes to these reports so that issues for the two local authorities are more explicit. This is a task for the Director of Service Integration.
- 11.7 The data reported here is for social work activity, some times undertaken by staff who are from other professions working in the integrated teams. However it should be noted that this does not capture all social care work which is wider than the performance indicators in the section 75 agreement.
- 11.8 Finally the overall capacity of the community mental health teams generally has continued to be stretched by increasing demand. This impacts on the whole service. The shortage of AMHPs across the County referred to above, means that to fill rotas social workers who are AMHPs are being pulled out of team work (assessments, support planning, reviews). This will be a key challenge for 2015-16. There are various indicators to try to measure activity in the teams and the tables below show the increase in contacts and referrals. Neither of these however gives a measure of the acuity of the patients/ service users being seen in the teams. To measure this would require audit/deep dive into the work of the teams. It should be noted that the figures below are for all staff working in the teams. Referrals are to the team and not to a specific profession.

Table 2: Contacts for CHMT Teams from April 2012 to March 2015

	Apr 12- Mar 13	Apr 13- Mar 14	Apr 14- Mar 15
Central	4231	12741	14758
East Cambs CMHT	1087	2992	3610

FenlandCMHT	1230	2831	3209
HuntsCMHT	1914	6918	7939
South	4346	10444	11981
CambCity CMHT	1910	4605	6056
South Rural CMHT	2436	5839	5925
GrandTotal	8577	23185	26739

Table3: ReferralstoCMHTsfromApril2013to March2015

	Apr 12- Mar 13	Apr13- Mar 14	Apr 14- Mar 15
Central	1954	2382	2233
EastCambs CMHT	494	621	620
FenlandCMHT	758	662	633
HuntsCMHT	702	1099	980
South	1681	1238	1329
CambCity CMHT	728	618	655
South Rural CMHT	953	620	674
GrandTotal	3635	3620	3562

Note: accuracyofdatein2012-13tobetreatedwithcautionasdatawasmigratedbetweensystems inthis year.

Source	eferenc	Measure	Target	Team		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
CPFT	DTCOC	Reductionofbedday delaysotransfersof care		CPFT	# SUs	10	9	6	7	10	9	12	11	12	9	8	8
					Days	248	261	180	175	250	260	302	286	235	132	163	149
CCC	NI132	Timelinessof social care assessment	86%	Fenland MentalHealth	N	1	5	5	6	6	7	7	7	7	17	17	18
					D	1	5	5	6	6	7	7	7	7	17	17	18
					Performance	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
				Huntingdon MentalHealth	N	1	4	10	13	15	23	23	26	27	27	27	26
					D	1	4	10	13	15	23	23	26	27	27	27	26
					Performance	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
				South MentalHealth	N	10	15	21	26	30	32	37	36	39	40	40	39
					D	10	15	21	26	30	32	37	36	39	40	40	39
					Performance	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
				AdultMentalHealth	N	12	24	36	45	51	62	67	69	73	84	84	83
					D	12	24	36	45	51	62	67	69	73	84	84	83
					Performance	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
				City OP C.M.H.T	N	1	4	7	8	10	12	15	16	17	23	29	29
					D	1	4	8	9	11	13	16	17	18	24	30	30
					Performance	1	100%	88%	89%	91%	92%	94%	94%	94%	96%	97%	97%
				EastCambsOP C.M.H.T	N	1	1	2	4	4	4	5	5	6	9	11	9
					D	1	1	2	4	4	4	6	6	7	10	12	10
					Performance	1	1	1	1	1	100%	83%	83%	86%	90%	92%	90%
				Fenland OP C.M.H.T	N	2	3	4	7	9	9	10	14	14	16	17	16
					D	2	3	5	8	10	10	11	15	16	18	19	19
					Performance	100%	100%	80%	88%	90%	90%	91%	93%	88%	89%	90%	84%
				Huntingdon OP C.M.H.T	N	1	2	5	8	13	16	17	18	22	24	24	25
					D	2	3	6	9	14	17	18	19	23	25	26	27
					Performance	50%	67%	83%	89%	93%	94.1%	94%	95%	96%	96%	92%	93%

				South CambsOP C.M.H.T	N	0	2	3	6	8	8	10	13	14
					D	1	3	4	7	9	9	11	14	17
					Performance	0%	67%	75%	86%	89%	88.9%	91%	93%	82%
				OlderPeople MentalHealth	N	5	12	21	33	44	49	57	66	73
					D	7	14	25	37	48	53	62	71	81
					Performance	71%	86%	84%	89%	92%	92.5%	92%	93%	90%
CCC	NI133	Timelinessof social care packagesfollowing assessment	93%	Fenland MentalHealth	N	1	5	5	6	6	7	7	7	7
					D	1	5	5	6	6	7	7	7	7
					Performance	100%	100%	100%	100%	100%	100%	100%	100%	100%
				Huntingdon MentalHealth	N	0	0	4	7	10	14	14	16	17
					D	0	0	4	7	10	14	14	17	18
					Performance	#N/A	#N/A	100%	100%	100%	100%	100%	94%	94%
				South MentalHealth	N	9	16	21	26	29	31	35	35	36
					D	10	17	22	27	30	32	36	36	37
					Performance	90%	94%	95%	96%	97%	97%	97%	97%	97%
				AdultMentalHealth	N	10	21	30	39	45	52	56	58	60
					D	11	22	31	40	46	53	57	60	62
					Performance	91%	95%	97%	98%	98%	98%	98%	97%	97%
				City OP C.M.H.T	N	1	2	4	6	8	11	12	13	15
					D	1	2	4	7	9	12	13	14	16
					Performance	1	100%	100%	86%	89%	92%	92%	93%	94%
				EastCambsOP C.M.H.T	N	0	2	2	2	4	4	4	5	6
					D	0	3	3	3	5	5	5	6	7
					Performance	#N/A	67%	67%	67%	80%	80%	80%	83%	86%
				Fenland OP C.M.H.T	N	1	2	3	4	4	4	4	5	7
					D	1	3	6	8	8	8	9	11	13
					Performance	100%	67%	50%	50%	50%	50%	44%	46%	54%
				Huntingdon OP C.M.H.T	N	2	3	4	6	8	11	12	12	13
					D	3	4	5	9	12	16	17	17	21
					Performance	67%	75%	80%	67%	67%	68.8%	71%	71%	62%
				South CambsOP C.M.H.T	N	1	1	1	4	4	5	6	8	10
					D	1	1	2	5	5	6	7	9	11

CCC	1C part 1Local	Proportion of eligible social care users receiving self directed support	95%	South Mental Health	D	299	297	280	302	302	300	303	301	302
					Performance	88.6%	89.9%	90.0%	92.1%	92.1%	92.7%	93%	94%	94%
				Adult Mental Health	N	322	332	309	348	350	357	363	363	366
					D	361	367	342	377	378	382	387	384	387
					Performance	89.2%	90.5%	90.4%	92.3%	92.6%	93.5%	94%	95%	95%
				City OP C.M.H.T	N	39	44	34	49	51	51	48	50	50
					D	44	49	39	54	56	58	52	53	53
					Performance	88.6%	89.8%	87.2%	90.7%	91.1%	87.9%	92%	94%	94%
				East Cambs OP C.M.H.T	N	6	6	4	7	10	9	10	7	7
					D	9	9	7	10	13	10	12	9	9
					Performance	66.7%	66.7%	57.1%	70.0%	76.9%	90%	83%	78%	78%
				Fenland OP C.M.H.T	N	9	9	8	15	18	18	21	26	27
					D	9	10	9	16	19	19	22	27	28
					Performance	100.0%	90.0%	88.9%	93.8%	94.7%	94.7%	95%	96%	96%
				Huntingdon OP C.M.H.T	N	21	23	19	24	33	39	42	41	46
					D	21	23	19	24	34	40	44	42	47
					Performance	100.0%	100.0%	100.0%	100.0%	97.1%	97.5%	95%	98%	98%
				South Cambs OP C.M.H.T	N	25	28	24	30	31	34	35	35	39
					D	28	31	26	31	32	37	38	38	42
					Performance	89.3%	90.3%	92.3%	96.8%	96.9%	91.9%	92%	92%	93%
				Older People Mental Health	N	100	110	89	125	143	151	156	159	169
					D	111	122	100	135	154	164	168	169	179
					Performance	90.1%	90.2%	89.0%	92.6%	92.9%	92.1%	93%	94%	94%
				Fenland Mental Health	N	6	8	5	8	8	9	11	11	11
					D	22	26	21	26	26	27	27	26	26
					Performance	27.3%	30.8%	23.8%	30.8%	30.8%	33.3%	41%	42%	42%
				Huntingdon Mental Health	N	8	9	7	9	11	12	13	13	14
					D	40	44	41	49	50	55	57	57	59
					Performance	20.0%	20.5%	17.1%	18.4%	22.0%	21.8%	23%	23%	24%
				South Mental Health	N	16	14	9	14	14	13	12	11	12
					D	299	297	280	302	302	300	303	301	302
					Performance	5.4%	4.7%	3.2%	4.6%	4.6%	4.3%	4%	4%	4%

					Performance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9%	7
				Huntingdon OP C.M.H.T	N	2	2	2	2	3	3	3	
					D	21	23	19	24	34	40	44	
					Performance	9.5%	8.7%	10.5%	8.3%	8.8%	7.5%	7%	10
				South CambsOP C.M.H.T	N	4	5	4	6	6	6	6	
					D	28	31	26	31	32	37	38	
					Performance	14.3%	16.1%	15.4%	19.4%	18.8%	16.2%	16%	18
				OlderPeople MentalHealth	N	11	12	10	14	14	14	17	
					D	111	122	100	135	154	164	168	1
					Performance	9.9%	9.8%	10.0%	10.4%	9.1%	8.5%	10%	1
CCC	2A Part1	Permanentadmissionsto residentialandnursing carehomesaged18-64	Maximum 24 Annually	Fenland MentalHealth	Admissions	1	1	1	1	1	1	1	
				Huntingdon MentalHealth	Admissions	0	1	2	3	4	6	6	
				South MentalHealth	Admissions	2	3	3	4	4	4	6	
				AdultMentalHealth	Total	3	5	6	8	9	11	13	
CCC	2A Part2	Permanentadmissionsto residentialandnursing carehomesaged65+	Maximum 60 Annually	City OP C.M.H.T	Admissions	1	3	3	4	5	5	6	
				EastCambsOP C.M.H.T	Admissions	1	1	3	4	4	4	5	
				Fenland OP C.M.H.T	Admissions	1	1	2	3	4	4	7	
					Admissions								
					Admissions								
				Huntingdon OP C.M.H.T	Admissions	4	4	6	10	12	16	15	
				South CambsOP C.M.H.T	Admissions	2	1	2	2	2	7	8	
				OlderPeople MentalHealth	Total	9	10	16	23	27	36	41	

CCC	D40	Clientsreceivingareview	80%	Fenland MentalHealth	N	8	10	11	12	14	16	17	16	16
					D	43	47	47	47	48	48	48	47	47
					Performance	18.6%	21.3%	23.4%	25.5%	29.2%	33.3%	35.4%	34.0%	34.0%
				Huntingdon MentalHealth	N	6	8	22	26	29	31	31	32	33
					D	73	74	79	80	82	90	90	92	94
					Performance	8.2%	10.8%	27.8%	32.5%	35.4%	34%	34.4%	34.8%	35.1%
				South MentalHealth	N	21	39	56	79	84	94	118	156	161
					D	353	379	355	355	355	355	360	359	362
					Performance	5.9%	10.3%	15.8%	22.3%	23.7%	26.5%	32.8%	43.5%	44.5%
				AdultMentalHealth	N	35	57	89	117	127	141	166	204	210
					D	469	500	481	482	485	493	498	498	503
					Performance	7.5%	11.4%	18.5%	24.3%	26.2%	28.6%	33.3%	41.0%	41.7%
				City OP C.M.H.T	N	13	22	36	43	50	55	58	63	70
					D	85	96	100	104	108	110	107	110	114
					Performance	15.3%	22.9%	36.0%	41.3%	46.3%	50%	54.2%	57%	61.4%
				EastCambsOP C.M.H.T	N	4	7	12	14	14	15	15	13	14
					D	41	43	43	46	48	46	50	46	47
					Performance	9.8%	16.3%	27.9%	30.4%	29.2%	32.6%	30.0%	28%	29.8%
				Fenland OP C.M.H.T	N	7	9	10	13	14	15	16	21	21
					D	48	46	47	57	60	60	64	76	77
					Performance	14.6%	19.6%	21.3%	22.8%	23.3%	25.0%	25.0%	28%	27.3%
				Huntingdon OP C.M.H.T	N	6	15	22	26	30	33	38	43	49
					D	54	62	63	64	75	86	87	95	102
					Performance	11.1%	24.2%	34.9%	40.6%	40.0%	38.4%	43.7%	45%	48.0%
				South CambsOP C.M.H.T	N	9	18	29	31	35	39	41	48	51
					D	52	59	62	62	62	65	66	71	78
					Performance	17.3%	30.5%	46.8%	50.0%	56.5%	60.0%	62.1%	68%	65.4%
				OlderPeople MentalHealth	N	39	71	109	127	143	157	168	188	205
					D	280	306	315	333	353	367	374	398	418
					Performance	13.9%	23.2%	34.6%	38.1%	40.5%	42.8%	44.9%	47%	49.0%
		Proportionofadultsin			N	332	335	339	345	345	346	345	367	382
					D	3301	3328	3335	3402	3407	3402	3399	3332	2724

CPFT	1H	contactwithsecondary mentalhealthservices livingindependently,with orwithout support	75.0%	AdultMentalHealth	Performance	73.6%	73.3%	73.4%	73.4%	73.3%	73.5%	73.5%	73.20%	72.61
CPFT	1H DQ	Numberofadultsin contactwithsecondary mentalhealthservices withnorecorded accommodationstatus (breakdownofall secondary MH services in NMDS proformaon (tab3)	0	AdultMentalHealth	Total	703	701	698	693	693	691	695	691	733

CPFT AMHP MHA ASSESSMENT ACTIVITY

April 2014 - March 2015

By Location	Camb	Fenland	Hunts	Pboro
No Admission - Community Support	60	7	26	2
No Admission - No further MH Involvement	26	5	12	2
CTO Initiated	12	2	8	1
CTO Recalled	0	0	0	
CTO Not Revoked	2	0	3	
CTO Revoked	11	1	1	1
CTO Renewed	0	1	0	
Refer to DoLS	1	0	0	
Informal Admissions	68	15	14	2
S2	132	31	37	6
S3	69	14	28	5
S4	0	3	0	
S7	0	0	0	
Formal Admissions	201	48	65	11
Total Assessments	381	79	129	24

By Gender	F	M	Total
No Admission - Community Support	67	53	120
No Admission - No further MH Involvement	25	46	71
CTO Initiated	17	18	35
CTO Recalled	1	4	5
CTO Not Revoked	8	4	12
CTO Revoked	11	12	23

No Admission - No further MH Involvement	0	4	16	1
CTO Initiated	0	1	3	
CTO Recalled	0	0	0	
CTO Not Revoked	0	0	2	
CTO Revoked	0	0	1	
CTO Renewed	0	0	0	
DoLS	0	0	0	
Informal Admissions	1	5	19	2
S2	4	7	31	4
S3	2	2	11	3
S4	0	0	0	
S7	0	0	0	
Formal Admissions	6	9	42	8
Total Assessments	8	25	107	15

ETHNICITY (as per census)	Cambs	Fens	Hunts	Pboro
A. White British	285	71	112	17
B. Irish	6	1	1	
C. Other White	24	5	3	2
D. Mixed White and Black Caribbean	3	0	1	
E. Mixed White & Black African	5	0	0	
F. Mixed White & Asian	3	2	0	
G. Other Mixed Background	3	0	2	
H. Indian	2	0	0	
J. Pakistani	6	0	4	
K. Bangladeshi	2	0	0	
L. Other Asian	5	0	4	
M. Black Caribbean	2	0	0	