

THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST
2014/15 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: **7 July 2016**

From: **Adrian Loades, Executive Director: Children, Families and Adults Services**

Electoral division(s): **All**

Forward Plan ref: ***Key decision:* No**

Purpose: **The Committee is asked to consider the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) Annual Report for 2015/16 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 BACKGROUND

- 1.1 This is the second annual report provided to the Adults Committee following the signing in December 2014 of the Section 75 partnership agreement. Under the agreement, the Council delegates its duties for people over 18 years with mental health needs to CPFT.
- 1.2 This report covers the following areas:
- Care Act 2014
 - Quality Assurance and Audit
 - Financial Performance
 - Performance Activity
 - Workforce
 - Older People's Mental Health and Uniting Care
 - Priorities for 2016-17
- 1.3 In summary, the reason for the County Council and CPFT coming together in a partnership is to deliver an integrated health and social care service that is seamless to the patient/service user. This also encompasses support for their carers. 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).

2.0 CARE ACT 2014

- 2.1 The work to implement the Care Act within the Trust has accelerated over the last 6 months as the complexities of the relationship between new duties for local authorities, especially the duty of wellbeing, have become clear. The complexity is because historically, services within mental health trusts have been run under an operating system called the "Care Programme Approach" (CPA) and local authority care management duties have been subsumed into this. This has meant that there is no systematic way of ensuring that individuals who do not meet CPA thresholds receive a Care Act assessment where they are so entitled.
- 2.2 A new operating system for social work within the Trust is under discussion at the moment, focussed on ensuring effective implementation of the Transforming Lives approach and ensuring practice is Care Act compliant. This will mean putting in place a discreet social care led management structure for social workers and local authority funded support workers that reports to the Council via the jointly funded Director of Service Integration. Staff will be consulted about new arrangements over the Summer and into the Autumn 2016.
- 2.3 A full programme of training related to Care Act and Transforming Lives has been in place over the course of this year, focussed largely on social work staff, although with some training for the wider Trust management staff, who currently manage social work staff. The need for such training for these staff will change as the management of social work staff moves to social workers. In line with the rest of Adults Services, mental health is part of the Council's quality assurance and audit programme. CPFT completed two audits this year and a third is planned, which will review the quality of support planning and case recording.

3.0 QUALITY ASSURANCE AND AUDIT

- 3.1 The focus in 2015-16 has been on the Adult Social Care Outcomes Framework (ASCOF) measures (see Performance Section) and developing recording systems for carers' activity. To progress the delivery of the outcomes identified in the Care Act further, particularly in the area of wellbeing as defined by the Act and Transforming Lives, requires a significant change in the Mental Health operating model which is currently related to the Care Programme Approach. Addressing this is a key deliverable in the Section 75 work plan for 2016-17.
- 3.2 The Trust Board signed off its "Building Recovery and Resilience, Promoting Self Management and Wellbeing" Strategy in January 2016. This encompasses many of the actions needed under both ASCOF, the Care Act and Transforming Lives – for example to drive up performance on getting people back to employment.
- 3.3 The Trust carried out an audit of its records of service users entitled to free after care (after being in hospital) under Section 117 of the Mental Health Act, matching records with the Council's records. The audit comprised a 100% check of all service users in this category and no errors were found. The Trust's internal auditors have been asked to give an independent view of the robustness of the Section 117 systems to provide further assurance to the Council and Trust.
- 3.4 The second audit, carried out by the Council's Quality Assurance lead in the last quarter of 2015-16, was of supervision of social workers. This was done by way of a survey of all mental health social workers and the response rate was 89%. The audit showed strong supervision in place and the importance and time given to it by supervisees and supervisors. There were some comments about the challenges of "dual supervision", where line management is from a non social worker together with professional supervision. The new management arrangements referred to previously will bring management and professional supervision into one place.
- 3.5 Strong supervision is crucial to effective social work; hence the importance accorded to this by the Council and the Trust. Supervision is the key method for quality assuring that the Care Act is being implemented properly. Social workers are appraised annually using the Council's system.

4.0 FINANCIAL PERFORMANCE

- 4.1 A key priority in last years work plan was "*Improved budgetary monitoring and authorisation in the context of Transforming Lives and Council business planning for 2020*". New monitoring and authorisation procedures have been put in place across adults and older people for both staffing budgets and care packages budgets. This includes responsibility for tracking the care packages by independent support providers (ISPs).
- 4.2 Outturn figures for 2015-16 are:
- Staffing: £173,000 underspent (6.4% of the budget)
 - Adults Mental Health (18-65 years) care packages: £61,000 underspent (1.25% of budget)
 - Older People Mental Health (65 years and over): £74,000 overspent (0.98% of budget)
- 4.3 The staffing budget underspend largely arose in the first half of the financial year due to difficulties in recruiting staff. The situation changed in the second part of the year

as a direct consequence of the Council's decision to review and improve terms and conditions for Council social work staff.

- 4.4 From September 2015, the Trust has been working on its savings programme in line with the Council's Business Planning process and has put in place measures to deliver these savings from 16-17. The savings targets for 16-17 are £624,000. There are three priority workstreams for 16-17 which will be supplemented by other longer term workstreams that are being developed. The three immediate priorities are as follows:
1. Accommodation and Residential/Nursing Care Project
 2. Review and discharge from section 117 Mental Health Act
 3. Adults with early onset dementia
- 4.5 The approach is to work through the list of current care packages, while at the same time using quality assurance and training to develop a strengths based approach to support planning for new clients that aims to maintain the independence of the service user in their own home for as long as possible. This requires co-production with the service user and their families, and draws on core social work competencies and gives rise to the question as to whether support planning for services under the Care Act should only be undertaken by social work staff. This is a question under consideration as part of the review described previously.

5.0 PERFORMANCE ACTIVITY

- 5.1 Performance reporting of adult social care outcome indicators is a national statutory requirement and is part of the Section 75 Partnership Agreement. These requirements are set out in the Adult Social Care Outcomes Framework (ASCOF) – Appendix 1.
- 5.2 This is the last year of reporting on this same data set. A new data set that is in line with the new "Short and Long Term Return "(referred to as SALT return) that has been compiled by the Health & Social Care Information Centre to ensure that data sets align with Care Act requirements. This is a further driver to change the operating model for social work.
- 5.3 The Trust has struggled in the past with the timely provision of monthly data, but this has improved over 16-17, especially in relation to the ASCOF data (Appendix 1) which has been prioritised. However, reporting the other data set in the Performance Framework over a large part of the last financial year, has been a challenge due to CCC and CPFT having separate and unlinked IT systems and reporting errors which have taken time to investigate. This prevented administrative staff from being able to carry out their work in a timely manner causing a backlog of assessments and reviews that needed to be loaded onto the system. A considerable amount of management time has been dedicated to resolving these issues since the problem came to light in November 2015. CPFT and CCC performance teams have worked together and the issues are largely resolved, or an alternative solution has been found. Additional administrative support has been provided to address the backlog before the end of the financial year. This has required considerable effort to recover lost data in the first 8 months of the year, which impacts particularly on cumulative measures of activity rather than on year-end figures (for example, the number of outstanding reviews at the year end).
- 5.4 Performance on employment and settled accommodation is strong against national benchmarks. During 2015-16, a new carers record was set up on Rio, the Trust's information system. At the year end, the percentage of service user records with a

completed carers record was under 10% across all client groups. 2016-17 will be the first full year of having this new record to complete and there will be a major drive to improve performance. More detail is given on these areas in Appendix 1, which is an internal report to the Business and Performance Committee of the Trust Board.

- 5.5 The level of Delayed Transfers of Care attributed to Social Care has ranged between 65 days in April 2015 to a peak of 198 days in January 2016. Delays relate principally to individuals with learning disabilities (LD) in the Trust's specialist LD/MH beds awaiting specialist placements.
- 5.6 Although the data for self directed support (SDS) and direct payments is not complete, it is known within services that the take up of direct payments remains low and this needs renewed effort to improve performance. For Adult Mental Health, 8% of service users overall received a direct payment at the year end. This ranges from 39% in the Fenland Team to 3% in the South Team, which is the team with the largest number of service users. In Older People Mental Health Teams, 15% of service users had direct payments, with 31% in the South Cambs Team and 6% in Huntingdonshire Team.
- 5.7 Work to reduce the number of outstanding reviews (i.e. past due date) continues and whilst this performance has improved from previous years, more progress needs to be made. Adult Mental Health (AMH) had 131 outstanding reviews at the end of March, against a total of 460 service users. This meant that on 31 March 2016, AMH had 28% of its service users with an outstanding review. The position in Older People's Mental Health (OPMH) is that on 31 March reviews were outstanding for 143 out of 309 service users, which would indicate that 46% of reviews were incomplete. Within the 46% is a high degree of variation between the teams, which is being investigated further to understand if this is data quality or a performance issue. A request has been made to the Trust's Internal Audit team to complete an audit of the recording systems for reviews and the quality of the data to their work programme for 16-17.
- 5.8 The reported proportion of service users receiving self directed support is low because AMH is not currently able to access the automated payments system in the Council. It is proposed to move onto this system during 2016-17.

6.0 WORKFORCE

- 6.1 A wide range of training was delivered to staff over the last year by both the Council and the Trust. This work continues and key developments to note are:
- The Trust and Council have made an appointment jointly with Think Ahead to the first Mental Health Social Work Consultant post
 - The AMHP programme had a very successful inspection by the Health Care Professions Council (HCPC) last June
 - The policy on the Warranting of Approved Mental Health Practitioners was updated and adopted across both Peterborough City Council and the County Council.
- 6.2 There has been a drive to improve recruitment and retention strategy for Mental Health social workers and AMHPs as part of the Council's Recruitment and Retention Strategy. This has been led by the Council who, during 2015-16, reviewed terms and conditions of social workers. The Trust has very quickly experienced an upturn in recruitment to vacancies, although there was an under-spend on the staffing budget for the year.

6.3 Staff establishment under the section 75 agreement

Total CPFT employed WTE adult mental health	22
Total CPFT employed WTE older people mental health	9
Total	31
Total CCC employed staff WTE adult mental health	31
Total CCC employed staff WTE older people mental health	9
Total	40
Total S75 staff Adult and Older People Mental Health funded by CCC	71

(Source: Section 75 Agreement Schedule 3)

7.0 OLDER PEOPLE MENTAL HEALTH SERVICES (OPMH) AND UNITING CARE

7.1 Last year's annual report included a section on the UnitingCare (UC) contract. Council mental health services were outside the UnitingCare arrangements. The relevance of UC to the Mental Health Partnership between the Council and CPFT was related to the need to review the deployment of OPMH social work and social care assistant staff within the new Locality and Neighbourhood Team management structure.

7.2 Following a series of task and finish group meetings, run jointly between the Council and CPFT with full participation of staff, it was agreed that the OPMH staff should be situated at locality level (3 localities were planned for Cambridgeshire) rather than in the Neighbourhood Teams which would have distributed the expertise across 12 teams. The UnitingCare contract ended in December 2015 and it is hoped that the Neighbourhood Team infrastructure that has been set up will continue. More work is in progress to form the locality specialist teams which are not as well developed as the Neighbourhood Teams. It is planned to bring together the OPMH staff for a one year on review.

7.3 Line management arrangements were changed during this process and in OPMH line management is by social work managers reporting to the Director of Service Integration.

8.0 PRIORITIES FOR 2016-17

8.1 The redesign of the Mental Health operating model referred to above, has started. This will change the way in which Council services are managed within CPFT and the model of integration, with a move towards line management of social care staff by line managers with a social care background.

- 8.2 The new proposed operating model will decouple Care Act work from care programme work – bringing it together where appropriate - but allowing a divergence where individuals may require tier 1 or tier 2 (Transforming Lives) type interventions.
- 8.3 These changes will require a significant change in approach and professional practice. This has started with support from the Council's Quality and Assurance lead as part of work on the implementation of Transforming Lives. This will inform a new workforce strategy.
- 8.4 The Mental Health Services has a savings target of £624,000 to meet in 2016-17, which is a main plank of work for this year. Clarifying the boundary and putting transparent processes in place between Local Authority and NHS funded packages is being taken forward by Commissioners with whom the Trust works closely.

9.0 ALIGNMENT WITH CORPORATE PRIORITIES

9.1 Developing the local economy for the benefit of all

- 9.1.1 The employment ASCOF measure should contribute in supporting individuals with mental health issues to access employment.

9.2 Helping people live healthy and independent lives

- 9.2.1 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 relates to is a key component of ensuring people with mental health needs are supported to live health and independent lives.

9.3 Supporting and protecting vulnerable people

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

10.0 SIGNIFICANT IMPLICATIONS

10.1 Resource Implications

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

10.2 Statutory, Risk and Legal Implications

- 10.2.1 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.

10.3 Equality and Diversity Implications

- 10.3.1 There are no significant implications within this category.

10.4 Engagement and Consultation Implications

10.4.1 There are no significant implications within this category.

10.5 Localism and Local Member Involvement

10.5.1 There are no significant implications within this category.

10.6 Public Health Implications

10.6.1 The work delivered by CPFT under the Agreement contributes directly and indirectly to the achievement of the Public Health Mental Health Outcomes, for example in relation to Carers wellbeing, mental health and work and mental health and homelessness.

Source Documents	Location
Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust (2014)	deborah.cohen@cpft.nhs.uk and noel.morrow@cambridgeshire.gov.uk
Building Recovery and Resilience, Supporting Self Management and Wellbeing Strategy	deborah.cohen@cpft.nhs.uk

BUSINESS AND PERFORMANCE COMMITTEE

REPORT

Subject:	Social Care Indicators - update
Date:	27 th April 2016
Author:	Jonathon Artingstall
Lead Director:	Scott Haldane

Executive Summary:

This paper provides an update to the committee on the ASCOF Social Care indicators, reporting against the requirements of the Care Act, and gives a brief outline on Section 75 reporting for 16/17.

Recommendations:

The committee is asked to note the content of this paper.

1. Introduction

Section 75 of the NHS Act 2006 makes provision for local authorities and NHS providers to enter into partnership arrangements in relation to certain functions, where it is likely that this arrangement will lead to improvements in these functions. As part of the Section 75 agreements between CPFT and Cambridge County Council (CCC) and Peterborough City Council (PCC), a range of performance measures are managed within the Trust.

Part of this arrangement includes indicators for the Adult Social Care Outcomes Framework (ASCOF). CPFT data is presented here to outline the Trust's contribution to these measures. Other social care and integration measures relating to the Care Act are outlined, and finally an outline is provided relating to PCC and CCC reporting arrangements moving forward into 2016/17.

2. ASCOF Indicators

The ASCOF indicators for Social Care are intended to support a number of key objectives. Overall, these objectives provide local councils with robust information to

monitor success of local interventions in improving outcomes. The four ASCOF domains are as follows:

Domain 1 – Enhancing quality of life for people with care and support needs

Domain 2 – Delaying and reducing the need for care and support

Domain 3 – Ensuring that people have a positive experience of care and support

Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

CPFT contributes with data from RiO towards ASCOF indicators relating people within secondary mental health services in employment (Indicator 1F) and service users living independently (Indicator 1H).

2.1 (Indicator 1F) Proportion of adults in contact with secondary mental health services in paid employment

The measure is defined as the number of adults aged between 18 and 69 who are receiving secondary mental health services and are on the Care Programme Approach (CPA). Within CPFT, the employment status completeness measure is included in the Clinical Dashboard for each patient on the caseload. Furthermore, the compliance with this measure is reported via the Integrated Performance report (IPR) through the PRE meeting and the Business and Performance committee.

Results for FY 15/16 are below, taking directly from the IPR.

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
11.8%	12.7%	11.9%	11.7%	12.4%	12.5%	12.3%	12.3%	13.7%	13.2%	12.7%	13.3%

Figure 1. Proportion of adults in contact with secondary mental health services in paid employment (March 16 IPR).

Benchmarking this data against the MHLDDS national picture (Nov 2015) suggests that CPFT has a higher than national average proportion of people in paid employment (CPFT 12.3% calculated locally, national average 10.5%). Further benchmarking across local authority data sources will be reported later in the year when updated data becomes available.

Additional analysis of employment status suggests that for the month of March 2016 the number of people eligible for this ASCOF measure was 1307. Of those, 205 people were in employment.

Of the eligible people reported as not in employment, a breakdown by age category is provided below.

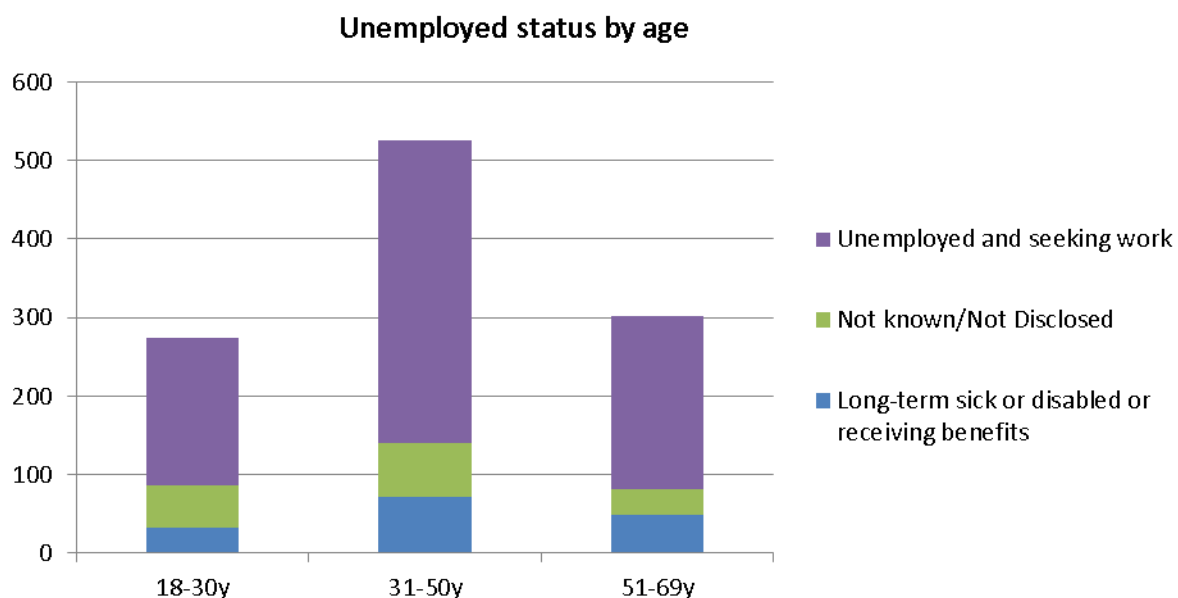


Figure 2. Unemployment breakdown by age

Included in this measure of negative performance are 144 (13%) people where the employment status is not recorded on RiO. Performance management continues to try and address these missing data via the Clinical Dashboard.

2.2 (Indicator 1H) Proportion of adults in contact with secondary mental health services living independently, with or without support

The settled accommodation indicator is constructed in a similar way to the employment measure, in that it includes people aged 18-69 who are on CPA. Furthermore, the performance management of completeness of this measure also is available to all clinicians via the Clinical Dashboard, and managed through the monthly PRE via the IPR.

Results for FY 15/16 are below, taking directly from the IPR.

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
79.1%	79.2%	80.0%	79.7%	80.2%	80.5%	80.9%	80.9%	79.8%	80.4%	79.6%	78.5%

Figure 3. Proportion of adults in contact with secondary mental health services living independently (March 16 IPR).

Further analysis for March 2016 breaks the percentage down further. Of the eligible cohort, 1212 people are reported as being in Settled Accommodation, with 170 recorded in RiO as non-settled or not applicable. Missing data (reported negatively) accounts for 10.5% of the cohort.

Of the 144 people in unsettled accommodation, 40% are aged between 18 and 30, 41% between 31 and 50 years old, and the remaining 19% between 51 and 69 years old.

(Please note, the 18-69 CPA cohort differs for the employment and accommodation calculations due to eligibility. For example, retired people are excluded from the employment calculation but included in the accommodation calculation).

Finally, through the development of the CPFT data warehouse, much more analysis is available around these measures. Requests for further information are welcomed.

3. Implementation of the Care Act requirements

The implementation of the Care Act requirements have progressed over the course of the year and CPFT are now able to capture and report compliance with the Care Act with respect to Carers activity. This has involved the development of data capture forms within RiO allowing clinical staff to enter data in a standard method around:

- Contact and demographic details of service users carers
- Compliance with offering those carers an appropriate carers assessment
- Details around the results of the carers assessment.

As with all new developments on RiO, reporting capabilities into the Trust data warehouse have been developed in parallel. For performance management purposes, the ability to report in a timely manner is essential.

Clearly, whilst there are performance challenges evident in the capture of this data, clinicians are being supported through this requirement with training, system support and the inclusion of this indicator on the Clinical Dashboard. Further progress will occur through 16/17.

4. Developments in Section 75 Reporting for 16/17

There are a number of other developments in data reporting relating to Social Care integration currently taking place.

A process of review, development and assurance is taking place across the range of Section 75 reporting requirements. Working with partners in both PCC and CCC, the Information and Performance department have reviewed the reporting requirements following changes to Social Care SALT changes. An effort has been made on both local authority sides to consolidation reporting requirements, where possible, whilst CPFT will comply with these requirements via the new data warehouse. This will provide assured and timely data for social care reporting, whilst giving CPFT the capability to continue to incorporation of social care indicators into the existing performance framework.

In parallel to this work, the Information and Performance department continues to review, modified and align local reporting of social care indicators with nationally produce figures. This process is required in order to ensure CPFT's true performance is reflected via information provided from the Health and Social Care Information Centre. Whilst differences currently do exist, work continues to understand the cause of these differences, and move towards explaining and removing variance.

Finally, as the Trust data warehouse development continues, local and national benchmarking capabilities will increase, allowing CPFT to measure and understand differences in performance of data across the health and social care domain.