Agenda Item No: 9

THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID-YEAR REPORT 2017-18 ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS

To:	**Adults Committee**
Meeting Date:	**8th March 2018**
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) mid year report for 2017/7 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 and Older People Mental Health.**

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1.0 EXECUTIVE SUMMARY

1.1 This report is a mid year update on the performance of CPFT in 2017-18.

1.2 The Committee is asked to note:

- Achievement against the Section 75 Action plan
- Performance against activity targets
- Position against financial targets.

2.0 BACKGROUND

2.1 This report is 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 This report covers the following areas:

- Update on the reorganisation of services
- Review of Mental Health Section 75 Work Plan for Q1 and Q2 for 2017-18
- Activity 2016-17
- Staffing
- Care Packages Budgetary Performance
- Policing and Crime Act 2017 and impact on the Approved Mental Health Professional Service
- Risks and mitigations
- Changes in management
- Alignment with Corporate Priorities

3.0 REORGANISATION OF SERVICES

3.1 The last report to the Adults Committee in September 2017 reported on the work 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. The new operating model is included below.

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		Adults Early Help / or PRISM social care staff (tba) (may do full Care Act assessment & separate eligibility assessment)		Has Care Act needs on initial assessment

assessment		Mental Health Reablement Services (under development out of existing resources)			
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					

3.2 It was noted that this work sat 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.

3.3 This work is ongoing and has continued and the digital development of the Care Act compliant assessment and eligibility is nearing completion with the road testing of the new forms under way. This represent a major stride forward and means that every assessment undertaken in the Trust will be Care Act compliant.

3.4 Work is underway on the development of the care and support plans in RiO, the Trust's patient information system, to ensure Care Act compliance. This is likely to be quicker than the work on the assessments being more straightforward. The change remains not to increase the administrative burden on front line staff which takes them away from patient/ service user contact.

3.5 Within the care and support section the functionality to capture care costings is being developed which this will allow for a complete overview of service users information including: assessment, eligibility criteria, care and support plans, finance (care costings) and reviews. This will be invaluable development for professionals regarding review scenarios as they will be able to view all the service users' information on one system.

3.6 Phase 1 of PRISM was completed at the end of 2017. There are now PRISM services in virtually all GP practices in the County. The work to develop social care services at Tiers 1 and 2 of the above model is progressing through PRISM Phases 2 and 3.

3.7 Phase 2 brings in social work and social care to the model: providing support for people stepping down from secondary care to the care of their GP. This might include assistance on housing, employment, social networks and generally sign posting people to general services. Two vignettes of real cases are attached as appendix 1 to give a flavour of who might make use of this service and the power of the input of social care. A proposal is being put together to use a proportion of the £340k Transformation funding to pilot Social care Support Workers within PRISM which would create an early intervention/prevention Social care pathway.

3.8 Key to the success of phase 2 are the links with the Council's Adult Early Help (AEH) team. The AEH team manager has been fully involved with all the above developments including PRISM. For example "read only" facilities on RiO has been put in place using Trust "honorary contracts" for Council staff in the AEH Team, thereby complying with Trust Information Governance rules.

3.9 Phase 3, which is being implemented simultaneously with Phase 2, is the redesign of the Trust's adult locality teams (in which the mental health social work services sit), aligning locality teams with the PRISM teams, thereby enhancing the overall provision of community mental health services to people in the Cambridgeshire and Peterborough area.

3.10 Over the last year, Mental Health reablement services have been 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.

3.11 Two different Reablement models are in place currently across Peterborough and Cambridge. The Peterborough model is a stand-alone team consisting of social care staff, and focusing upon Care Act, whilst the Cambridgeshire model is integrated across Older People's Mental Health (OPMH) and Adult Mental Health (AMH). Both models are currently being evaluated in terms of outcomes for service users and any potential cost savings that could be achieved from both models. This evaluation will be completed by the end of March 2018 with the learning being used to inform the model to be implemented across both Cambridge and Peterborough from April 2018.

3.12 To evaluate the impact on social workers of the new system the management of the Mental Health Services decided to participate in research commissioned by the Department of Health Work Chief Social Worker called 'Social Work for Better Mental Health'. This used two tools: "How are We Doing" initiatives and "Making the Difference Together".

3.13 The report was commissioned by the Mental Health Commissioner in Cambridgeshire County Council to assess the impact of the re-organisation of the social work services that sit under a section 75 agreement in the Trust. The "salad not soup" Reorganisation was discussed at a Trust Board in July 2015 and the work started in the Autumn 2015. Peterborough City Council social workers were not part of this as their services were not directly reorganized under this programme.

3.14 The process of evidence gathering was part of the national Social Work for Better Mental Health (SWfBMH) initiative which was commissioned by the Chief Social Worker, Lyn Romeo, from the College of Social Work. The resources and approach of SWfBMH are described in the detail of the attached report. Similar pieces of work have been carried out across other Mental Health Social Work services – some that sit within NHS trusts, and some that are within councils – and an overarching report of the findings is being written at the moment for the Department of Health.

3.15 The author of the report, Karen Linde, is an independent consultant working for this programme. She worked with mental Health social workers and managers over a one year period. They were asked to carry out a self assessment of their role and their work as social workers in order to inform plans for the future of social work in mental health. Cambridge has undertaken recent changes to strengthen Social work oversight and management and this piece of work was expected to both benchmark the culture 'as experienced', reflect on the relevance of the changes and inform future development and evaluation. Managers and frontline staff from differing teams met over three sessions to undertake the self-assessment and to consider the impact of recent changes.

The report sets out key messages under the following headings:

- Professional leadership
- Integration
- Social Work Role
- Professional Support
- Performance and Evaluation

3.16 This report will be used to evaluate the impact of the re-organisation. An action plan is being developed addressing the key areas highlighted in the report, based in the headings set out above. The draft action plan will be presented to the Mental Health Social Care Forum in February 2018. The recommendations from the action plan will be implemented from March/April 2018 and, having been confirmed, will be included in the next MH Section 75 report to the Adults Committee. .

A copy of the full report is available on request. Contact: katrina.anderson@cpft.nhs.uk

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

4.1 Appendix 1 to this paper is the reports for Quarters 1 and 2 of the 2017-18 work plan. 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 1. It should be noted that the plan is a single combined plan for both Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) 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:

- Take up of Direct Payments is below target. A re-launch of the process is still awaiting together with training for staff.

- Continuing Healthcare continues to require considerable joint working with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and there is still a significant back log of Mental Health cases awaiting completion of a Decision Support Tool (DST).

4.3 Comments where rag rating has declined between Q1 and Q2

- Work has progressed well on all other key targets in the Section 75 work plan with a significant number of areas noted as 'blue' (completed) or 'green' (on track). Where there are areas shown as 'amber' work is progressing to achieve 'green' in the next quarter.

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 the MOSAIC social services data system 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. However, there remain issues with the validity of the data, particularly in relation to CCC. RV1 – Proportion of planned service user re-assessments actioned by the due date (Statutory Reviews). Although, both AMH and OPMH appear to be exceeding the target (92% AMH and 77% OPMH), the numbers appear to be disportionately low. The accuracy of the loading of the data continues to be an issue but it is now accepted that the effort to resolve the remaining issues is not justified at this point given the imminent move to the new MOSAIC system.

5.3 The number of Delayed Discharges within Adult and Older People's Mental Health for December demonstrate days lost attributable to the Local Authority at 17 and to both Local Authority and Health (Both) at 87 days (2 people). A total of 291 days were lost up to and including December 2017, attributable to 10 patients. The target is 0.

5.4 CCC. 1C Part 1 Local – Proportion of eligible social care users receiving Self Directed Support

- The target for this indicator is 93% and are achieving 87% across the Mental Health services (84% AMH and 100% OPMH). Since the availability of a new descriptor in 201718, we have seen a continual improvement against the target of 93% with AMH achieving 84% and OPMH 100%. As AMH migrate to the automated payment system we would expect to see the % improve towards the end of the financial year.

5.5 CCC. 1C part 2 Local – Proportion of eligible social care users receiving direct payment

- This indicator has a 24% target and at present we are only achieving 7% (4% AMH and 20% OPMH)

- Due to the contractual nature of AMH Supported Living Services direct payments cannot be offered (housing and support are provided as a single package, removing the option of more individualised care package commissioning and provision) this has historically resulted in poor performance against this indicator, resulting in poor performance particularly in the South. However, the supported living contract has just been re-specified and a new provider has been appointed. The new specification for the contract has separated the accommodation provision from the support. As a result we would expect to see an improvement in this indicator over the next year.

5.6 Number of service users with no review date (Item 8b RV3). There is no target for this and we continue to struggle to get accurate data. This will continue to be monitored and recorded manually.

5.7 The number of carers assessments completed for CCC patients (item 13) remains low, although shows some improvement on the year end figure for 16/17 (122 at the end of 16/17, compared with 156 as at December 2017). Some data cleansing has taken place over the year and a change to the denominator, further investigations are taking place to explain why the numbers remain relatively low.

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 were released for recruitment in February 2017.

	TOTAL VACANCIES JANUARY 2018 2017 WTE	**TOTAL VACANCIES 31ST MARCH 2017** WTE
CCC		
MENTAL HEALTH SOCIAL WORK MANAGER	0.00	1.00
SENIOR SOCIAL WORKERS	1.00	4.73
SOCIAL WORKERS	1.00	5.00
TOTAL	***2.00***	***10.73***
CPFT		
SUPPORT WORKER	4.50	1.00
DISCHARGE PLANNING	0.00	2.85
SOUTH FINANCE & ADMIN SUPPORT	0.00	1.90
NORTH FINANCE & ADMIN SUPPORT	0.00	1.00
TOTAL	***4.50***	***6.75***
GRAND TOTAL	**6.50**	**17.48**

6.2 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, Approved Mental Health Professionals (AMHPs), support workers and administration. The outturn figure for the budget was an underspend of £165,635, 5.2% of the budget (December 2017) £3,153,796.

6.3 In addition to the posts above there is NHS funding for 3 AMHPs to sit within the new First Response Service. These posts have now all been filled.

6.4 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 For 2017/18, CPFT have been tasked with delivering a total savings requirement of £1.463m across Adult Mental Health (AMH) and Older People's Mental Health (OPMH). The total budget available for 2017/18 is £9.639m.

7.2 The December snapshot of Mental Health cost of care shows an overall overspend against budget of £1.461m (15.2%), based on current commitments. Taking into account finance adjustments for forecast business planning savings delivery, demography (expected growth in SU's), additional savings impacting on net cost of care and other mitigations, the adjusted forecast position is an overspend of £598k (6.2%).

7.3 There are a number of areas that are being targeted to achieve this savings target, some of which include income recovery from the CCG (Section 117 and CHC funding), reduction in nursing home/residential placements and step down from residential placements, where appropriate.

7.4 The current forecast position for AMH, broken down by type of care is shown in the table and graph below (December 2017):

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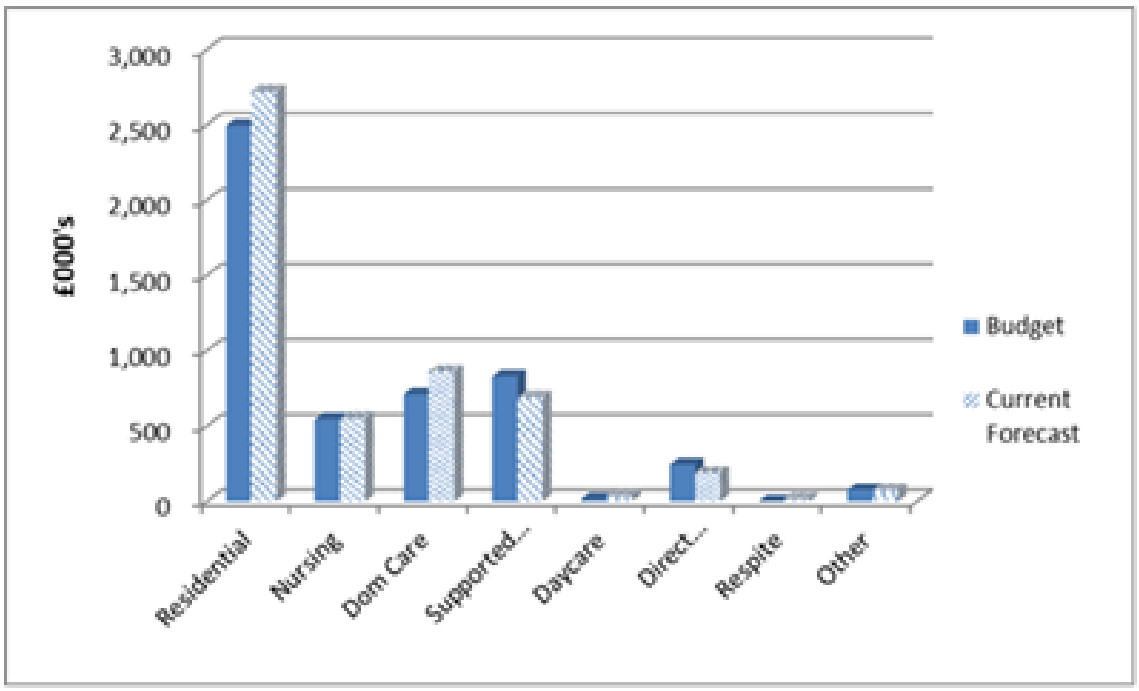
Activity	Budget	Apr	Q1	Q2	Oct	Nov	Dec	Current FO Var	Change from Nov
Residential	2,493	2,528	2,720	2,677	2,699	2,767	2,721	228	-46
Nursing	544	606	591	563	563	563	552	8	-11
Dom Care	709	844	825	808	836	850	861	153	11
Supported Accommodation	828	799	712	704	711	751	689	-139	-62
Daycare	15	37	37	37	37	37	36	22	-1
Direct Payments	245	217	205	193	193	188	189	-56	2
Respite	0	0	0	35	35	16	16	16	0
Other	75	71	72	75	75	75	75	-0	-0
	4,909	**5,102**	**5,162**	**5,093**	**5,150**	**5,248**	**5,141**	**232**	**-107**
Health Contributions	-54	-43	-16	-19	-16	-16	-16	38	0
FNC	0	-57	-57	-55	-55	-55	-51	-51	4
Client Contributions	-314	-318	-319	-308	-308	-300	-296	18	4
	-368	**-418**	**-392**	**-382**	**-379**	**-371**	**-363**	**5**	**8**
Total	**4,541**	**4,684**	**4,770**	**4,711**	**4,772**	**4,877**	**4,778**	**237**	**-99**



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 continues to be implemented However, there are significant overspends on residential (£228k) and dom care (£153k), although this is partially offset by an underspend on supported accommodation (-£139k). Nursing care and client contributions are roughly in line with budget expectations

Changes in package numbers by care type for the year to date are shown in the table below:

Values	Residential	Nursing	Dom Care	Supp Acc	Direct Payments	Other	Respite	Day Care	Grand Total
Sum of April Total	**66**	**16**	**200**	**136**	**19**	**21**	**0**	**2**	**460**
Sum of May In	7	2	10	6	0	8	0	1	34
Sum of May Out	-2	-1	-27	-13	-2	-6	0	0	-51
Sum of May Total	**71**	**17**	**183**	**129**	**17**	**23**	**0**	**3**	**443**
Sum of June In	7	1	9	5	1	0	0	0	23
Sum of June Out	-3	-2	-9	-8	-2	-12	0	0	-36
Sum of June Total	**75**	**16**	**183**	**126**	**16**	**11**	**0**	**3**	**430**
Sum of July In	4	1	5	8	0	2	1	0	21
Sum of July Out	-5	-1	-7	-1	-1	-2	0	0	-17
Sum of July Total	**74**	**16**	**181**	**133**	**15**	**11**	**1**	**3**	**434**
Sum of Aug In	2	1	5	4	0	1	0	0	13
Sum of Aug Out	0	-1	-8	-7	-1	0	0	0	-17
Sum of Aug Total	**76**	**16**	**178**	**130**	**14**	**12**	**1**	**3**	**430**
Sum of Sep In	2	0	6	0	1	0	0	0	9
Sum of Sep Out	-4	0	-10	-1	-1	-1	0	0	-17
Sum of Sep Total	**74**	**16**	**174**	**129**	**14**	**11**	**1**	**3**	**422**
Sum of Oct In	3	0	5	0	0	0	0	0	8
Sum of Oct Out	-3	0	-1	-2	0	-1	0	0	-7
Sum of Oct Total	**74**	**16**	**178**	**127**	**14**	**10**	**1**	**3**	**423**
Sum of Nov In	3	0	5	1	1	4	0	0	14
Sum of Nov Out	-1	0	-6	0	-1	-1	-1	0	-10
Sum of Nov Total	**76**	**16**	**177**	**128**	**14**	**13**	**0**	**3**	**427**
Sum of Dec In	1	1	11	103	1	1	0	0	118
Sum of Dec Out	-2	-1	-6	-115	-2	-4	0	0	-130
Sum of Dec Total	**75**	**16**	**182**	**116**	**13**	**10**	**0**	**3**	**415**

7.6

- Total package numbers have reduced from the start of the year by a net 45 packages. The majority of the reductions have come in low cost packages, and so have had limited impact on the overall position.

- Residential package numbers have decreased by 1 since November, and this is reflected by in a £46k reduction in the outturn overspend.

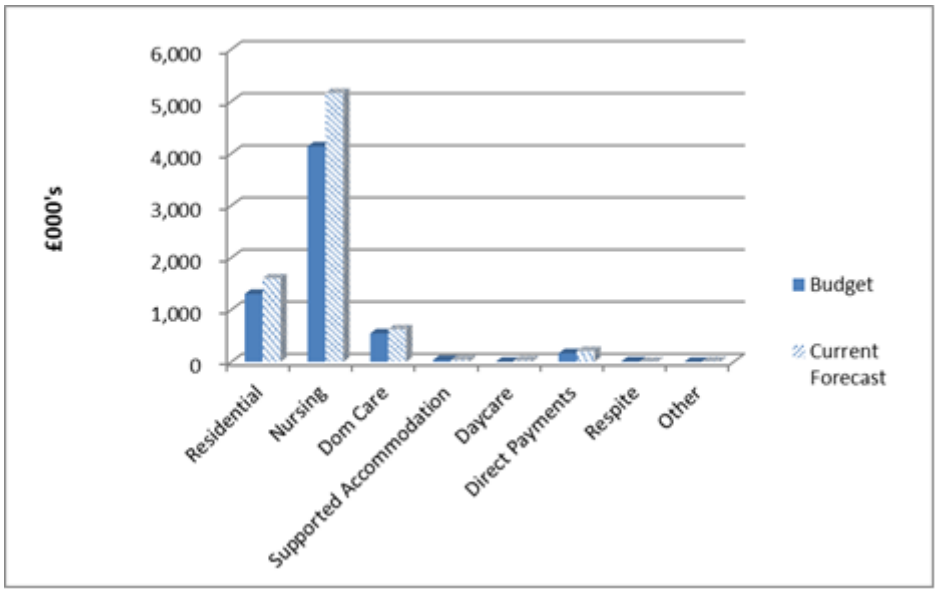
- Dom care package numbers have been reducing since the start of the year, but there was a net increase of 5 packages in December. 5 of the 'new' packages relate to Chaston Road, which is no longer categorised as supported accommodation, and so have corresponding package reductions within that care category. The overall forecast has increased by £11k.

- It should be noted that the high number of supported accommodation ins and outs in December are due to the change of provider following the supported accommodation retender, and there have been 5 transfers to dom care, as highlighted above. The overall forecast has reduced by £62k, but a large element (£40k) is the removal of the incorrectly recorded prior year cost that was identified in last month's report.

7.7 The current position of OPMH shows £1.224m overspend (based on the November snapshot). The overall position has worsened by £102k from November, and is £19k worse than at the start of the year.

The current forecast position, broken down by type of care is shown in the table and graph below:

Activity	Budget	Apr	Q1	Q2	Oct	Nov	Dec	Current FO Var	Change from Nov
Residential	1,305	1,433	1,406	1,593	1,610	1,546	1,602	297	56
Nursing	4,136	5,206	5,021	5,019	5,033	5,077	5,162	1,026	84
Dom Care	546	583	711	639	659	638	626	80	-12
Supported Accommodation	38	36	36	36	36	36	38	0	2
Daycare	3	3	4	12	12	26	28	25	2
Direct Payments	165	194	194	199	213	208	208	43	0
Respite	10	0	8	3	4	3	6	-5	3
Other	0	0	10	5	5	13	12	12	-1
	6,204	**7,455**	**7,389**	**7,506**	**7,572**	**7,549**	**7,682**	**1,478**	**133**
Health Contributions	0	0	0	0	0	0	0	0	0
Client Contributions	-1,106	-1,152	-1,259	-1,281	-1,336	-1,329	-1,360	-254	-31
	-1,106	**-1,152**	**-1,259**	**-1,281**	**-1,336**	**-1,329**	**-1,360**	**-254**	**-31**
Total	**5,098**	**6,303**	**6,131**	**6,225**	**6,236**	**6,220**	**6,322**	**1,224**	**102**



7.8 There are significant overspends on residential (£297k) and nursing (£1.026m), although this is partially mitigated by a corresponding underspend on client contributions (-£254k).

7.9 Changes in package numbers by care type are shown in the table below:

Values	Day Care	Direct Payments	Dom Care	Nursing	*Nursing Block**	Residential	*Residential Block**	Other	Respite	Grand Total
Sum of April	**4**	**16**	**55**	**127**		**46**		**2**	**3**	**253**
Sum of May In	1	1	7	8	*0*	2	*1*	0	0	19
Sum of May Out	-3	0	-5	-8	*0*	-1	*0*	0	0	-17
Sum of May	**2**	**17**	**57**	**127**	***0***	**47**	***1***	**2**	**3**	**255**
Sum of June In	0	0	6	7	*0*	3	*1*	2	0	18
Sum of June Out	-1	-2	-4	-6	*0*	-5	*0*	0	-1	-19
Sum of June	**1**	**15**	**59**	**128**	***0***	**45**	***2***	**4**	**2**	**254**
Sum of July In	1	0	2	0	*0*	3	*2*	0	0	6
Sum of July Out	0	0	-2	-4	*0*	-3	*0*	-1	0	-10
Sum of July Total	**2**	**15**	**59**	**124**	***0***	**45**	***4***	**3**	**2**	**250**
Sum of Aug In	1	0	4	5	*1*	6	*0*	0	0	16
Sum of Aug Out	0	-2	-3	-3	*0*	-1	*0*	0	0	-9
Sum of Aug Total	**3**	**13**	**60**	**126**	***1***	**50**	***4***	**3**	**2**	**257**
Sum of Sep In	0	1	4	4	*0*	1	*0*	0	0	10
Sum of Sep Out	0	0	-6	-6	*0*	0	*0*	0	0	-12
Sum of Sep Total	**3**	**14**	**58**	**124**	***1***	**51**	***4***	**3**	**2**	**255**
Sum of Oct In	0	2	6	4	*0*	0	*0*	0	0	12
Sum of Oct Out	0	-2	-7	-1	*0*	0	*0*	0	0	-10
Sum of Oct Total	**3**	**14**	**57**	**127**	***1***	**51**	***4***	**3**	**2**	**257**
Sum of Nov In	0	3	6	5	*0*	1	*1*	0	1	16
Sum of Nov Out	0	-3	-7	-6	*0*	-5	*0*	0	0	-21
Sum of Nov Total	**3**	**14**	**56**	**126**	***1***	**47**	***5***	**3**	**3**	**252**
Sum of Dec In	0	0	1	3	*0*	2	*0*	0	0	6
Sum of Dec Out	0	-1	-2	0	*0*	-1	*0*	0	0	-4
Sum of Dec Total	**3**	**13**	**55**	**129**	***1***	**48**	***5***	**3**	**3**	**254**

* Block bed packages only show placments made into block beds as these have avoided spot placements, and are exlcuded from total package numbers

7.10 Overall package numbers have increased by 1 since the start of the year, resulting from 103 new packages and 102 ended packages.

- Nursing packages have increased by 3 this month, and the forecast has increased by £84k.
- Residential packages have increased by 2 since the start of the year, and there was a net increase of 1 package since November. This has been reflected in a forecast worsening of £56k.
- Net domiciliary care packages have decreased by 1 this month, and the forecast has also decreased by £12k.
- It should be noted that 6 placements have been made into block beds since the start of the year.

7.11 Savings Target 17/18

- All requests for Social care funding are made to the Quality & Assurance Panel which closely scrutinises all funding requests for value for money, outcomes and quality. The panel also reviews and agrees all joint funded applications under S117 (with a representative from the CCG). The panel monitors and tracks spend, savings and cost avoidance. To date, cost avoidance of £384k has been recorded. This is below target. Intensive action is being taken to address the gap.

- The panel is chaired by the Associate Director Operations, Social work and Social Care and membership includes a CCG representative and operational managers from both Health and Social care in CPFT. As the Mental Health Commissioner owns the budget, it is important that the Commissioner also attends the panel.

8.0 POLICING AND CRIME ACT 2017 AND IMPACT ON THE APPROVED MENTAL HEALTH PROFESSIONAL (AMHP) SERVICE

8.1 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 delayed and finally published in December 2017.

8.2 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 allows 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.

8.3 The new time limits mean that it is essential that the AMHP Service is sufficiently resourced and well organised / deployed to ensure that deadlines are complied with. It should be noted that the AMHP service is the legal responsibility of the Council and this responsibility cannot be delegated to the NHS although the NHS can oversee and manage the service on behalf of the Council.

8.4 To this end a review has been carried out of the organisation of the AMHP service, including the consolidation of day time rotas, and the preferred option is to be discussed further with staff before moving to implementation.

8.5 Discussions with the Emergency Duty Team (EDT) are also in progress to smooth out the hand over between EDT and the day time service which carries most activity as the EDT is there only for emergencies that arise out of hours and does not do planned mental health assessments. One single EDT service is operated across PCC and CCC and this is run by the Council, not by CPFT. CPFT have now recruited 3 AMHPs to the First Response Service (FRS). These AMHPs will support out of hours work and agreement has been reached with the EDT to provide professional support out of hours when the day time duty manager is not available.

9. RISKS

9.1 Achievement of the savings target remains the biggest operational and financial risk. This is largely due to the increasing acuity of the service users for which funding is being requested. A significant amount of work has gone into reviewing funded packages of care/residential placements across both OPMH and AMH for potential step down/reduction and this is starting to deliver some savings, although, as would be expected, the majority of OPMH service users are appropriately placed and step down not appropriate.

9.2 A significant proportion of the savings target is reliant upon income recovery in relation to S117 which is dependent on the outcome of the new Section 117 Joint Commissioning Tool and joint working with the CCG.

9.3 There remains a lack of supported accommodation in the North of the county and the availability of homecare providers in some areas has resulted in an increase in Delayed Transfers of Care (DTOCs) from the acute hospitals.

10. CHANGES IN MANAGEMENT OF THE MENTAL HEALTH SOCIAL WORK SERVICES

10.1 Following completion of the reorganisation of the mental health social work services that was reported to Members previously, and following the review within the two Councils to create a single management structure, the Council and Trust have reviewed the top management of the Mental Health Social Work Service. It has been decided that the functions of oversight in the Trust of the Section 75 can be undertaken in a different way by creating a single Associate Director Operations, Social Work and Social Care and Head of Profession in replacement of the Director of Service Integration thereby making the Director of Service Integration post redundant.

10.2 The new Associate Director post will report to the Director of Operations in the Trust with a dotted line to the Director of Adult Social Care. This post will also be a member of the Adult Social Care Directorate Management Team.

11. ALIGNMENT WITH CORPORATE PRIORITIES

11.1 Developing the local economy for the benefit of all

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. CPFT managers, clinicians and staff are working with commissioners to identify and implement actions and approaches that will support the attainment of employment outcomes. A bid will be made for national funding from the NHS for Individualised Personal Support (IPS), the best practice model for employment outcomes in mental health.

11.2 Helping people live healthy and independent lives

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.

11.3 Supporting and protecting vulnerable people

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

12. SIGNIFICANT IMPLICATIONS

12.1 Resource Implications

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

12.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

12.3 Statutory, Risk and Legal Implications

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.

12.4 Equality and Diversity Implications

There are no significant implications within this category.

12.5 Engagement and Consultation Implications

There are no significant implications within this category

12.6 Localism and Local Member Involvement

There are no significant implications within this category.

12.7 Public Health Implications

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

APPENDIX 1

On track G
Imminent action expected A
Off track - risk to project completion R
Pipeline B

Cambridgeshire County Council

Year En

PETERBOROUGH CITY COUNCIL

CPFT Cambridgeshire and Peterborough NHS Foundation Trust

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

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 complaint. 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 work streams 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 complaint 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 reoganisation 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 used 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 seemlessness 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 join 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 ned 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

Cambridgeshire and Peterborough NHS
NHS Foundation Trust

Cambridgeshire County Council

Section 75 Report - Top Level Figures - CCC

APPENDIX 2

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**