

Agenda Item No: 5

THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID YEAR REPORT 2018/19 ON THE DELIVERY OF THE COUNCILS' DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS

To: Adults Committee

Meeting Date: 21 March 2019

From: Julie Frake-Harris – Director of Operations
Cambridgeshire and Peterborough NHS Foundation Trust.

Electoral division(s): All

Forward Plan ref: N/A *Key decision:* No

Purpose: This is the mid-year report by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for 2018/19 on the delivery of PCC and CCC delegated duties under the Section 75 Agreement.

Recommendation: The Committee is asked to note progress and developments 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 BACKGROUND

- 1.1 This report updates the Committee on performance under the Mental Health Section 75 Partnership Agreement between the Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Under this Agreement, the Council has delegated the delivery of mental health services and specified duties to CPFT for people over 18 years with mental health needs. The intention is to ensure delivery of 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 one organisation - seamlessly.
- 1.2 This report covers the following areas:
- Update on the reorganisation of services
 - Review of Mental Health Section 75 Work Plan for Q3 for 2018-19
 - 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 arrangements
 - Alignment with Corporate Priorities
 - Revision of the MH Section 75 Partnership Agreement April 2014 with a new Agreement to be signed off 31 March 2019

2.0 REORGANISATION OF SERVICES

- 2.1 Within the previous report, the description of the Primary Care Mental Health Service (formerly known as PRISM) was provided. The Primary Care Mental Health Service is focussed on adults of working age and continues to work well as the front door to Mental Health Services, taking a prevention and enablement approach. The Primary Care Mental Health Service links with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Early Adult Help and they complete regular discussions and case meetings. The Mental Health (MH) Social Work business case is currently on hold whilst further work takes place to determine the best model of approach given the learning from implementation of the Primary Care Mental Health Service.
- 2.2 From an Older Person's Mental Health (OPMH) perspective, links with referrers, Adult Early Help and the OPMH leads have been established and are utilised regularly. Advice and joint working arrangements are in place to ensure people get the right help from the right professionals at the right time.
- 2.3 CPFT's redesign of the Adult Mental Health Locality Teams consultation has been completed and staff are in post. This has not had a significant practical impact on the Social Work and Social Care agenda to date. The redesign aligned adult community mental health services away from pathways to GP patch populations and was based on the fundamental change in how CPFT manage referrals into secondary care following the introduction of the Primary Care Mental Health Service.

2.4 At this time, the Trust is tendering for a new electronic patient record system to upgrade RiO, which has held back the implementation of the Care Act compliant assessment and care and support tools. However, consideration is being given to utilising the Local Authority's Care Act paperwork and eligibility tools in the interim period. The challenge of increased administrative tasks for front line clinical staff continues, and this will have to be closely monitored and added to the agenda of Section 75 work streams.

2.5 Reablement continues to be delivered across the Trust with the two models. The model in Peterborough is a standalone mental health team that delivers a Care Act compliant service that is age inclusive. Within Cambridgeshire, the Support Time Recovery (STR) workers are based within the multi-disciplinary teams and input into an integrated reablement service. The work enables people to realise their own goals, with the use of motivational skills by the Support Workers.

3.0 REVIEW OF THE MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT AND WORK PLAN

3.1 The Section 75 Partnership Agreement is under negotiation and a work plan is being developed to align the work across both Local Authorities. It is expected that over the next 12 months, each of the current workstreams listed below will be completed with work being led by a Professional Lead in conjunction with CPFT and both local authorities. It is hoped that the Professional Lead post will be recruited to by April 2019.

1. **Legal Agreement:** A robust legal Agreement that will support effective partnership working and protects the interests of all parties in place from 1 April 2019.
2. **Social Care Delivery Model:** Variation in practice across Cambridgeshire and Peterborough reduced: (First step: work up project plan integrating 3 – 8 below and including any additional actions required).
3. **Management Arrangements:** Effective management/leadership arrangements in place
4. **Carers:** A consistent approach to carers assessment in place with assessments being completed by CPFT Mental Health practitioners for those whose cared for person is supported by CPFT
5. **Complaints:** Complaints are managed effectively and within the timescales and requirements set for Local Authorities and Members/MP Enquiries and Freedom of Information Requests are managed effectively and within the timescales and requirements set for local authorities.
6. **Financial Quality Assurance (Panel):** Processes are consistent with ASC standards and ensure the best outcomes for clients.
7. **Information Sharing:** An information sharing agreement is in place which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.
8. **Safeguarding:** Safeguarding processes are effective and delivered within the timescales and standards/requirements set for local authorities.
9. **Care Act Assessments:** Care Act assessments are carried out consistently.
10. **Allied Mental Health Professional Service:** CCC and PCC AMHP services are robust and cost effective; arrangements for 2019 Christmas period are robust.

3.2 **Key Achievements since the Previous Report**

1. The Quality and Assurance Panel arrangements continue to work successfully, from a Mental Health perspective, ensuring the strength-based approach and legislation are fully considered.
2. Reviews continue to be completed in a timely fashion and agreement reached with our Clinical Commissioning Group colleagues to bring times of reviews together to ensure all the funding tools are also completed at those reviews to ensure service users do not have a disjointed approach.
3. We have worked through a new Professional Lead structure that we are now implementing with social care being embedded within the operational directorate structure rather than alongside them to achieve a fully integrated approach. This has been a positive change.

4.0 **ACTIVITY Q3 2018/19**

4.1 **Cambridgeshire County Council**

- 4.1.1 Implementation of Mosaic has led to some changes with reporting performance and activity. Work to address the problems so that a robust Q3 report can be provided is underway.
- 4.1.2 The pending Continuing Health Care cases have reduced from 46 to 30 and work continues with our Cambridgeshire County Council & Clinical Commissioning Group colleagues to manage this process.
- 4.1.3 Delayed Transfer of Care (DTOC): Although the report in appendix 1 shows 38 bed days lost for November and 93 bed days lost for December, it remains difficult to report accurately on DTOC as some of these are attributable to other authorities and services.
- 4.1.4 The actual DTOC numbers for CCC mental health services are 36 bed days lost for November and 62 bed days lost for December. There were no mental health DTOCs reported for October.
- 4.1.5 Issues with service descriptors in Self Directed Support has meant that previously it was reported as under target. This has now been rectified and has been backdated to the start of this financial year. We are now performing above target for this indicator at 99%.
- 4.1.6 The proportion of Adults in contact with secondary mental health care services in paid employment (CPA only) aged 18-69 was 14.1% in December 2018 against a target of 12.5%.
- 4.1.7 The proportion of Adults in contact with secondary mental health care services living independently with or with support (CPA only) aged 18-69 was 81.3% in December 2018 against a target of 75%.
- 4.1.8 Targets for 2019/20 are currently being agreed as part of the new Section 75 Partnership Agreement (2019/20).

4.2 Peterborough City Council

- 4.2.1 The proportion of Adults in contact with secondary mental health care services in paid employment (CPA only) aged 18-69 was 13.2% in December against a target of 12.5%.
- 4.2.2 The proportion of Adults in contact with secondary mental health care services living independently with or with support (CPA only) Aged 18-69 was 83% in December against a target of 75%.
- 4.2.3 Targets for 2019/20 are currently being agreed as part of the new Section 75 Partnership Agreement (2019/20).

5.0 STAFFING

5.1 Cambridgeshire County Council

	Total Vacancies March 2018	Total Vacancies December 2018
Professional Lead	New Post*	0.71
Senior Social Workers	2.0	1.00
Senior Social Worker (AMHP only)	New Post	0.60
Social Workers	3.0	1.00
Support Workers	4.5	4.50
Resource Workers	1.0	1.00
Admin Support	2.0	0.50
Total	12.5	9.31

**Replaces Associate Director Operations Social Work and Social Care role across PCC/CCC (0.29/0.71 wte. See 8.1 below.)*

5.2 Think Ahead Mental Health Social Work Programme

- 5.2.1 This CCC programme has been effective in fast track training graduates to become qualified Social Workers in one year and providing posts for one year for their ASYE (Assessed and supported year in employment) after training.
- 5.2.2 Cohort 1: 2 are now in permanent CCC Mental Health Social Worker posts having completed their ASYE and one is now in a CPFT Mental Health Practitioner post.
- 5.2.3 Cohort 2: 3 students are now in one-year fixed term posts for their ASYE and studying towards their Masters degree. 2 are in CCC posts and 1 has been seconded to PCC.
- 5.2.4 Cohort 3: 3 students are currently studying towards their Social Work degree and will finish their ASYE/Masters Degree in September 2020.
- 5.2.5 The decision has been taken to discontinue working with this programme, due to the unfortunate but necessary budget constraints at this time. At a time when we need to be recruiting experienced social workers/AMHPs (Approved mental health professional), vacancies are being held to accommodate the students' ASYE year.

5.3 Peterborough City Council

	Total Vacancies March 2018	Total Vacancies December 2018
Professional Lead	New Post*	0.29
Team Leader	1.00	1.00
Senior Practitioner	1.00	0.00
Social Workers	2.32	4.62
Support Workers	3.20	3.40
Total	7.52	9.31

*Replaces Associate Director Operations Social Work and Social Care role across PCC/CCC (0.29/0.71 wte. See 8.1 below.)

5.4 Staffing in Peterborough remains a concern and recruitment campaigns remain ongoing. Currently expecting 2x Social Workers to be recruited into post by March 2019.

6.0 CARE PACKAGES BUDGETARY PERFORMANCE

6.1 Cambridgeshire County Council

For 2018/19, Mental Health has a total budget for cost of care of £10.197m. The December snapshot of Mental Health cost of care shows an underspend of 46K based on current commitments.

Monthly Forecasts	Budget	Apr	Q1	Q2	Oct	Nov	Dec	Variance
AMH	4,448	4,271	4,387	4,696	4,751	4,569	4,580	132
OPMH	5,749	5,825	5,595	5,570	5,488	5,611	5,571	-178
Total	10,197	10,096	9,982	10,266	10,239	10,180	10,151	-46

6.2 Adult Mental Health

The current position of £132k overspend is based on the December snapshot from the Automated Financial Management system and the Adult Mental Health manual commitment record. The significant underspend on residential care (-£307k) is offset by overspends on nursing (£165k) and supported Living (£339k). Gross cost of care is currently £147k overspent. See Table below.

AMH Activity	Budget	Q1	Q2	Oct	Nov	Dec	Variance	Change from Nov
Residential	2,628	2,474	2,435	2,494	2,337	2,321	-307	-17
Nursing	457	617	622	622	593	623	165	30
Dom Care	857	911	802	797	799	806	-50	8
Supp Living	792	803	1,132	1,139	1,140	1,131	339	-9
Day Care	42	13	8	11	8	8	-34	0
Dir Payments	175	199	212	211	211	209	34	-2
Other	28	9	30	28	28	28	0	0
	4,980	5,026	5,241	5,302	5,116	5,127	147	10
Health Cont	-178	-172	-99	-98	-98	-98	79	0
FNC	-57	-57	-85	-85	-85	-85	-28	0
Client Conts	-298	-412	-361	-367	-364	-364	-66	0
	-532	-641	-545	-550	-547	-547	-15	0
Total	4,448	4,385	4,696	4,752	4,569	4,580	132	11

There has been a reduction of service user numbers during the year. Changes in package numbers by care type for the year to date are shown in the table below:

Period	Day Care	Direct Payments	Dom Care	Nursing	Residential	Other	Supported Living	Grand Total
Sum of Apr	5	13	160	15	67	4	128	392
Sum of May	3	15	167	18	72	4	128	407
Sum of June	2	15	164	17	71	4	135	408
Sum of July Total	2	16	163	18	71	3	132	405
Sum of Aug Total	2	16	159	17	70	3	132	399
Sum of Sep Total	2	15	152	17	69	3	132	390
Sum of Oct Total	2	15	153	17	72	4	134	397
Sum of Nov Total	2	15	147	16	66	4	134	384
Sum of Dec Total	2	15	148	17	65	4	133	384

6.3 Older People's Mental Health

The current position of £178k underspend is based on the December snapshot from Automated Financial Management system and the OPMH manual commitment record. The current position of £178k underspend is due to significant reductions in nursing commitments in the first quarter of the year. This is partially offset by an overspend against client contributions (£214k).

OPMH Activity	Budget	Q1	Q2	Oct	Nov	Dec	Variance	Change from Nov
Residential	1,525	1,474	1,442	1,431	1,505	1,490	-36	-15
Nursing	4,543	4,149	4,210	4,215	4,200	4,179	-364	-21
Dom Care	594	662	624	577	575	572	-23	-3
Supp Living	43	44	44	44	45	45	3	0
Day Care	4	4	4	4	4	5	1	1
Dir Payments	247	259	222	216	216	198	-48	-18
Other	4	7	31	28	33	30	26	-3
	6,960	6,599	6,577	6,515	6,578	6,519	-441	-59
Health Cont	-65	-10	-10	-10	-16	-16	49	0
FNC	0	0	0	0	0	0	0	0
Client Conts	-1,146	-993	-997	-1,017	-950	-931	214	18
	-1,211	-1,003	-1,007	-1,027	-966	-948	263	18
Total	5,749	5,596	5,570	5,488	5,611	5,571	-178	-41

There has been a reduction in service user numbers during the year. Changes in package numbers by care type for the year to date are shown in the table below:

Period	Direct Payments	Dom Care	Nursing	Residential	Supported Living	Other	Grand Total
Sum of Apr	11	44	107	41	3	3	209
Sum of May	10	43	99	43	4	4	203
Sum of June	9	39	97	45	4	5	199
Sum of July Total	9	41	98	42	4	2	196
Sum of Aug Total	9	40	98	42	4	2	195
Sum of Sep Total	7	41	99	41	3	1	192
Sum of Oct Total	6	38	100	40	3	1	188
Sum of Nov Total	6	36	100	41	3	1	187
Sum of Dec Total	6	36	98	40	3	2	185

The current number of service users on the commitment record stands at 98, a reduction of 3 since the start of the financial year, broken down as follows:

Adult Mental Health S/U no.s	Start	Q1	Q2	Oct	Nov	Dec	Movement since start
Nursing	1	1	1	1	1	1	0
Residential	16	17	16	16	16	15	-1
Short Stay / Respite	1	0	0	0	0	0	-1
Direct Payments	35	34	31	31	30	29	-6
Homecare	42	43	46	45	45	45	3
Daycare	1	1	1	1	1	1	0
	96	96	95	94	93	91	-5
Client Income	86	81	77	77	76	74	-12
Health / Other Income	19	21	21	21	21	19	0
	105	102	98	98	97	93	-12
Unique Service User numbers	101	99	100	100	99	98	-3
Monthly movement of Unique S/U	0	0	2	0	-1	-1	-3

6.4 Older People's Mental Health

The current commitment stands at £453k for December

Older People Mental Health £'000	Start	Jun	Sep	Oct	Nov	Dec	Movement since start
Nursing	162	134	134	134	134	134	-28
Residential	222	225	223	223	238	237	15
Direct Payments	86	75	81	81	69	71	-14
Homecare	176	185	181	183	183	174	-2
Assistive Technology	0	0	0	0	0	0	0
	646	618	619	621	623	616	-29
Client Income	-87	-66	-65	-65	-66	-66	21
Health / Other Income	-88	-81	-84	-86	-102	-97	-10
	-174	-146	-149	-152	-167	-163	11
	471	472	470	469	456	453	-18
Monthly movement		2	-4	-1	-13	-3	-18

The current number of service users on the commitment record stands at 41.

Older People Mental Health S/U no.s	Start	Q1	Q2	Oct	Nov	Dec	Movement since start
Nursing	4	3	3	3	3	3	-1
Residential	8	8	8	8	8	8	0
Direct Payments	5	5	5	5	4	5	0
Homecare	19	20	21	22	22	21	2
Assistive Technology	0	0	0	0	0	0	0
	36	36	37	38	37	37	1
Client Income	27	29	26	25	24	25	-2
Health / Other Income	10	9	10	11	11	11	1
	37	38	36	36	35	36	-1
Unique Service User numbers	41	42	41	41	40	41	-1
Monthly movement of Unique S/U		0	-1	0	-1	1	0

7.0 Risks

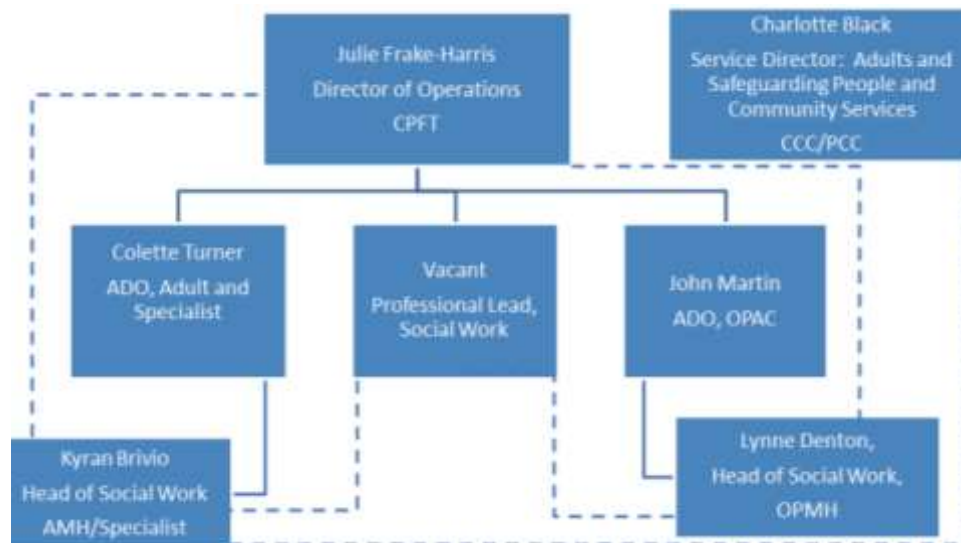
7.1 The lack of Homecare providers to provide packages of care to support service users at home is a significant risk to both service users' wellbeing and the budget. Commissioners are currently addressing this issue:

- A cost of care exercise is being undertaken with the Homecare market to determine current business models and the financial mechanisms/incentives that could increase capacity.
- The Discharge and Transition Block Cars contract has been extended to allow a further procurement exercise with the aim of delivering greater utilisation and effectiveness.
- The Framework for Homecare providers has opened recently to allow new providers to enter the market and deliver further capacity

7.2 The sustainability of the Approved Mental Health Practitioner (AMHP) duty rota remains a risk due to the low numbers of AMHPs across Cambridgeshire, which would compromise the ability to fulfil our statutory duties under the Mental Health Act. Currently there are not enough AMHP posts and funding to ensure on-going training and staff progression. The AMHP duty rota is currently being supported through deployment of a locum AMHP and a recruitment campaign for a substantive 0.6 WTE AMHP post is being progressed. This issue is being addressed through the Annual Development Plan to the Mental Health Section 75 Partnership Agreement with improvement of the AMHP structure being included as a key workstream.

8.0 Changes to Management Structure

8.1 The Associate Director of Social Work and Social Care post was initially agreed for one year, replacing the Director of Service Integration, the post holder left the service in September 2018. The post is under review with interim reporting arrangements in place to enable a more integrated approach within the Trust.



9. ALIGNMENT WITH CORPORATE PRIORITIES

9.1 A good quality of life for everyone

- 9.1.1 Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength based approach to enable people, utilising the recovery model.
- 9.1.2 The integrated social and health care model provides a holistic response for people and carers, to enable people live healthy and independent lives.

9.2 Thriving places for people to live

- 9.1.1 Mental Health services continue to deliver and improve against the performance targets, where the data is reliable, and from feedback from Service Users and Carers.
- 9.1.2 The utilisation of Direct Payments does help enable people have control over their care needs and how that is delivered, and Mental Health services are working with the Local Authorities in the developments regarding the user of the payment card method .

9.3 The best start for Cambridgeshire's Children

- 9.3.1 Mental Health services utilise the required legislation to safeguard and support vulnerable people, again the social and health care model enables a holistic response for people and carers.

10. SIGNIFICANT IMPLICATIONS

10.1 Resource Implications

Issues relating to ensuring sufficient capacity to ensure fulfilment of statutory responsibilities regarding the provision of a robust AMHP service are of significant

concern. Lack of resources for sufficient staff and training are significant contributory factors. This being addressed under the Annual Development Plan in the first instance.

10.2 Procurement/Contractual/Council Contract Procedure Rules Implications

No significant implications

10.3 Statutory, Legal and Risk Implications

Issues relating to ensuring sufficient capacity to ensure fulfilment of statutory responsibilities regarding the provision of a robust AMHP service are of significant concern. Lack of resources for sufficient staff and training are significant contributory factors. This being addressed under the Annual Development Plan in the first instance.

10.4 Equality and Diversity Implications

No significant implications

10.5 Engagement and Communications Implications

No significant implications

10.6 Localism and Local Member Involvement

No significant implications

10.7 Public Health Implications

No significant implications

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	N/A Name of Officer:
Have any engagement and communication implications been cleared by Communications?	N/A Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A Name of Officer:
Have any Public Health implications been cleared by Public Health	N/A Name of Officer:

Source Documents	Location
<p><i>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust</i></p> <p><i>Section 75 Agreement between Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust</i></p>	<p>Charlotte Black SH1210 Shire Hall Cambridge CB3 0AP</p>

Appendix 1

Section 75 Report – Top Level Figures - CCC

Source	Indicator	Performance Measure	Data Source	Target	Q1	Q2	Oct 18	Nov 18	Dec 18
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.	RiO	County level target only	0	0	0	38	93
CCC	AS1	Number of assessments completed within 28 days of referral (From AIS)	CCC AIS	65.7%	100%	100%	0%	0%	0%
CPFT	AS1 - Additional	Number of RiO Core2 Assessments completed per month by named, S75 funded social workers	RiO	No target	165	151	62	61	53
CCC	1C Part 1 Local	Proportion of eligible social care users receiving self-directed support.	CCC AIS	93%	99%	99%	99%	99%	99%
CCC	1C Part 2 Local	Proportion of eligible social care users receiving direct payment.	CCC AIS	24%	4%	4%	4%	5%	4%
CCC	2A Part 1	Permanent admissions to residential care homes aged 18-64	CCC AIS	County level target only	2	6	-	-	-
CCC	2A Part 1	Permanent admissions to nursing care homes aged 18-64	CCC AIS	County level target only	1	3	-	-	-
CCC	2A Part 1	Permanent admissions to residential care homes aged 65+	CCC AIS	County level target only	7	12	-	-	-
CCC	2A Part 1	Permanent admissions to nursing care homes aged 65+	CCC AIS	County level target only	10	18	-	-	-
CCC	RV1	Proportion of planned service user re-assessments actioned by the due date – (Statutory Reviews)	CCC AIS	50.1%	96%	100%	-	-	-
CCC	RV2	Number of unplanned re-assessment events in the period	CCC AIS	No target	5	-	-	-	-
CCC	RV3	Number of over due reviews.	CCC AIS	0	284	332	-	-	-
CPFT	1F	Proportion of Adults in contact with secondary mental health care services in paid employment - On CPA, Aged 18-69	RiO	12.5%	13.0%	11.9%	11.9%	12.6%	14.1%
CPFT	1H	Proportion of adults in contact with secondary mental health services living independently with or without support - On CPA, Aged 18-69	RiO	75.0%	81.6%	81.4%	81.9%	80.3%	81.3%
CPFT	Complaints	Number of Complaints - social workers only	RiO	No target	1	0	0	0	0
CPFT	Workforce	Number of Vacancies (FTE) - social workers only	CPFT	No target	5.0				0.0
CPFT	Carers	No. of Carers assessments completed for carers of CCC patients on CPA	RiO	No target	31	12	12	5	4
CPFT	Unknown	Use of Care Plans with social care goals - created	RiO		23	38	14	14	6
CPFT	Unknown	Use of Care Plans with social care goals - updated	RiO		43	58	12	20	16