

CAMBRIDGESHIRE MENTAL HEALTH SECTION 75 PARTNERSHIP: ANNUAL REPORT 2018-19

To: **Adults Committee**

Meeting Date: **12 September 2019**

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

Electoral division(s): **Countywide.**

Forward Plan ref: **2019/042** *Key decision:* **Yes**

Purpose: **The purpose of this report is to update the Committee on service and financial performance, activity and outcomes under the Mental Health Section 75 Partnership Agreement 2018-19. As a significant focus for the year was to review and renew the Partnership Agreement, a report on the outturn of this work and the new Agreement is included.**

Recommendation: **The Committee is asked to:**

i) Agree the report as a full account of service and financial performance, activity and outcomes under the Agreement 2018-19.

ii) Approve the revised Agreement 2019-20.

<i>Officer contact:</i>		<i>Member contacts:</i>	
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1. BACKGROUND

- 1.1 Cambridgeshire County Council (CCC) has delegated the delivery of mental health services and specified duties, for people with mental health needs aged 18 years and over, to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006. This is known as 'The Mental Health Section 75 Partnership Agreement'/'The Agreement'. The intention is to enable delivery of an integrated health and social care mental health 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 updates the Committee on service and financial performance, activity and outcomes under the Agreement between Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

2. MAIN ISSUES

- 2.1 This section of the report covers the following areas:
- Service Activity 2018/19
 - Adults and Older Peoples Mental Health Staffing
 - Care Packages Budgetary Performance
 - Review Of The Mental Health Section 75 Partnership Agreement And Work Plan
- 2.2 **Service Activity 2018/19**
- 2.2.1 The backlog of NHS Continuing Health Care (CHC) cases is now updated and processes are in place to enable effective monitoring of case activity. This confirmed monitoring arrangement will enable both more effective case management and that of financial performance.
- 2.2.2 Delayed Transfers of Care (DTC): Attributable days to Older People Mental Health (OPMH) and Adult Mental Health (AMH) Mental Health Social Care were 28 in November, 31 in December 2018 and 28 in January 2019. There were none in February or March 2019.
- 2.2.3 The percentage of adults aged between 18 – 69 years in contact with secondary mental health care services who are on the Care Programme Approach (CPA), and in paid employment was 13.4% in March 2019 against a target of 12.5%. This is an increase in performance of 0.4%.
- 2.2.4 The proportion of adults aged between 18 and 69 years in contact with secondary mental health care services on CPA living independently with support, in March 2019 was 82.5% against a target of 75%. Performance has been maintained above target for 3 years.

2.3 Adults and Older Peoples Mental Health Staffing

2.3.1

	Total Vacancies December 2018	Total Vacancies March 2019
Professional Lead	0.71	0.71
Senior Social Workers	1.0	2.6
Senior Social Worker (AMHP* only)	0.6	0.6
Social Workers	1.0	2.0
Support Workers	4.5	3.7
Resource Workers	1.0	1.0
Admin Support	0.5	0.5
Total	9.31	9.51

**Approved Mental Health Professional*

2.3.2 The new post of Professional Lead for Social Work (contained within the table above) was successfully appointed to, with the postholder commencing employment within CPFT from the beginning of July 2019.

2.3.3 The Mental Health Social Work Service remains under pressure because of the small number of Approved Mental Health Professionals (AMHPs) practising in CCC. This small cohort of staff have to cover a duty roster 24/7 with 2 AMHPs on duty at all times. AMHPs can be either CCC or NHS employees and NHS employees have played an important part in providing cover. Three AMHPs have been newly warranted and the new recruitment process within the CCC has already had a positive outcome in attracting a part time AMHP (substantive). However, the previously reported reduction in the number of NHS AMHPs has continued and there has been a reduction in OPMH Senior Posts. This means that pressure on the rota continues, and a full time AMHP locum has been required to ensure that the rotas are covered. In terms of ensuring that the rota is covered in the future, the lack of senior social worker vacant posts means that further training and warranting of AMHPs will put pressure on the staffing budget.

2.4 Feedback from Service Users

The Mental Health Social Work service has received strong, positive feedback over the year. Some of the comments received are listed below:

2.4.1 Adult Mental Health (AMH)

- i) A social worker working for the Adult Cambridge Community Team (CALT) was nominated and won the first Adult Social Work Star Award. This was in acknowledgement of the work that she has done with a service user with a 20+ year history of non-engagement with services and for whom concerns had been expressed by a number of organizations including Health, Housing and the Police. Over a 2 year period, and using her skills along with a lot of resilience, commitment and professionalism, the Social Worker established a working relationship with the Service User. This is the first effective professional relationship the Service User has had. The Service

User had to be taken through a complex court of protection application. Despite this, the Social Worker has been able to work with the Service User sensitively, ensuring their relationship continues to develop. In a recent court hearing the judge made particular reference to the Social Worker's outstanding and intensive work with the Service User.

2.4.2 Older People's Mental Health (OPMH)

- i) 'I just wanted to say a massive thank you from all of us for your hard work and support since you took over my Dad's case. You have been absolutely great in explaining all the things that needed explaining and how you interacted with Dad. We really appreciate this'. This was a complex situation in which the views of the family (including Lasting Power of Attorney) were different to that of the Service User about what was needed. The Social Worker worked really hard with the family to increase their understanding of the support options and spent a lot of time with the Service User considering his capacity and supporting his decision making in creative ways. It was a really positive outcome that both the family and the service user were pleased with the plans made'.
- ii) A complex situation for an individual and family members emerged that led to a highly stressful situation that the Social Worker and Support Worker navigated and supported with a high level of skill and compassion. Feedback from the carers was that 'sometime things were very difficult for Dad. We managed to get through it with your help and guidance'.

2.4.3 In addition, CPFT have presented a PRIDE award to one of the Social Work Managers I Older People's Mental Health services. The award recognised the sensitive, proactive and tenacious handling of the situation in which the service user found themselves.

2.5. Care Packages Budgetary Performance

2.5.1 For 2018/19, Mental Health had a total budget for cost of care of £10.116m. The final position across Mental Health cost of care was an underspend of £9k.

2.5.2

Mental Health Activity	Budget	Q1	Q2	Q3	March	Variance
AMH	4,448	4,385	4,696	4,580	4,488	40
OPMH	5,668	5,596	5,570	5,571	5,619	-49
Total	10,116	9,981	10,266	10,151	10,107	-9

2.5.3 Adult Mental Health

2.5.4 The year-end position was an overspend of £40k against a budget of £4,448k. Efficiencies of £91k were achieved. The overall position was £217k worse than at the start of the year. A significant underspend on residential care (-£327k) was offset by overspends on nursing (£158k) and Supported Living (£163k). Gross cost of care was underspent by £143k. However, contributions from Health to funded packages of care, Funded Nursing Care (FNC) and client contributions all came in

below target. See table below.

2.5.5	AMH Activity	Budget	Q1	Q2	Q3	March	Variance
	Residential	2,628	2,474	2,435	2,321	2,301	-327
	Nursing	457	617	622	623	616	158
	Dom Care	857	911	802	806	771	-86
	Supp Living	792	803	1,132	1,131	956	163
	Day Care	42	13	8	8	12	-30
	Direct Payments	175	199	212	209	156	-19
	Other	28	9	30	28	25	-3
		4,980	5,026	5,241	5,127	4,837	-143
	Health Cont	-178	-172	-99	-98	-53	125
	FNC	-57	-57	-85	-85	-41	16
	Client Conts	-298	-412	-361	-364	-256	42
		-532	-641	-545	-547	-349	183
	Total	4,448	4,385	4,696	4,580	4,488	40

2.5.6 There has been a reduction in service user numbers during the year with the number of people in residential care decreasing by 5 from 67 to 62, the number of people receiving domiciliary support reducing by 17 from 160 to 143 and the number of people accessing day care reducing by 3 to 2. The number of people receiving nursing care increased by 2. Changes in package numbers by care for the year are shown in the table below.

Performance over the year demonstrates the strong emphasis on ensuring that resources are used as effectively as possible, being targeted at those in greatest need. See table below.

2.5.7	Period	Day Care	Direct Payments	Dom Care	Nursing	Residential	Other	Supported Living	Grand Total
	April	5	13	160	15	67	4	128	392
	May	3	15	167	18	72	4	128	407
	June	2	15	164	17	71	4	135	408
	July	2	16	163	18	71	3	132	405
	August	2	16	159	17	70	3	132	399
	September	2	15	152	17	69	3	132	390
	October	2	15	153	17	72	4	134	397
	November	2	15	147	16	66	4	134	384
	December	2	15	148	17	65	4	133	384
	January	2	13	146	17	63	3	131	375
	February	2	11	146	17	64	3	125	368
	March	2	11	143	17	62	2	120	357

2.5.8 Older People's Mental Health

2.5.9 The year-end position was an underspend of £50k against a budget of £5,658k. Efficiencies of £400k were achieved. The overall position was £206k better than at the start of the year. There were significant underspends on nursing (-£410k) and residential (-£114k) care, with more minor underspends on domiciliary care and direct payments. Gross cost of care was underspent by £628k. An overspend of £209k against health contributions reflects year-end reserves made in respect of the S117 dispute with Clinical Commissioning Group (CCG). It should be noted that as a result of FNC adjustment there has been a net reduction in budget of £81k since the mid-year report. £371k less than anticipated was recovered through client contributions.

2.5.10

OPMH Activity	Budget	Q1	Q2	Q3	March	Variance
Residential	1,525	1,474	1,442	1,490	1,411	-114
Nursing	4,462	4,149	4,210	4,179	4,052	-410
Dom Care	594	662	624	572	537	-57
Supp Living	43	44	44	45	55	13
Day Care	4	4	4	5	5	1
Direct Payments	247	259	222	198	175	-72
Other	4	7	31	30	14	10
	6,879	6,599	6,577	6,519	6,251	-628
Health Cont	-65	-10	-10	-16	144	209
FNC	0	0	0	0	0	0
Client Conts	-1,146	-993	-997	-931	-775	371
	-1,211	-1,003	-1,007	-948	-631	579
Total	5,668	5,596	5,570	5,571	5,619	-49

2.5.11 There has been a reduction in service user numbers during the year with the number of people accessing nursing care reducing from 111 to 97, the number accessing residential care reducing by 2 to 44. The outturn for supported living and domiciliary care essentially remained the same over the year. Changes in package numbers by care for the year are shown in the table below.

2.5.12 Performance over the year demonstrates the strong emphasis on ensuring that resources are used as effectively as possible, being targeted at those in greatest need.

2.5.13	Period	Direct Payments	Dom Care	Nursing	Residential	Supported Living	Other	Grand Total
	April	10	43	108	46	3	3	213
	May	10	43	100	47	4	4	208
	June	9	39	98	49	4	5	204
	July	9	42	99	46	4	2	202
	August	9	41	99	47	4	2	202
	September	8	43	100	46	3	1	201
	October	7	40	101	45	3	1	197
	November	7	38	101	46	3	1	196
	December	7	38	99	45	3	2	194
	January	7	37	97	46	3	3	193
	February	7	37	94	45	4	1	188
	March	7	44	97	44	4	2	198

2.6 Review Of The Mental Health Section 75 Partnership Agreement

- 2.6.1 The Section 75 Partnership Agreement was under review through 2018/19. The 2019/20 Agreement has been signed by CCC and has been through the governance processes within CPFT. Final sign off by CPFT will be at their Board meeting on 29th September 2019. However, it has been agreed that the new arrangements will be operationalised from August 2019.
- 2.6.2 The updated Agreement provides a robust legal framework that will support effective partnership working and protects the interests of all parties. The Agreement is for 1 year from 1 April 2019 to 31 March 2020 and is renewable year on year by agreement of both parties, a shorter period than for previous agreements, providing greater flexibility for adjustment by both parties. It updates the vision, aims and objectives for mental health services in line with the Council's corporate priorities and strategic direction and provides an improved framework for reporting service performance, activity and outcomes, ensures compliance with the General Data Protection Regulations 2018. ([Appendix 1 – Section 75 Partnership Agreement](#))
- 2.6.3 The Agreement includes an Annual Work plan which will address the areas listed below as priorities to ensure improved outcomes for people with mental health problems and their families/ carers, effective discharge of the delegated responsibilities and effective use of the Council's investment:
- 2.6.4
1. **Social Care Delivery Model:** Variation in social work practice across Cambridgeshire and Peterborough addressed.
 2. **Management Arrangements:** Strong management and leadership for social care staff.
 3. **Carers:** A consistent approach to carers assessment with assessments being completed by CPFT Mental Health practitioners for those whose cared for person is supported by CPFT
 4. **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.

5. **Financial Quality Assurance (Panel):** Processes are consistent with standards in Adult Social Care and ensure the best outcomes for clients.
6. **Information Sharing:** An information sharing agreement which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.
7. **Safeguarding:** Safeguarding processes are effective and delivered to the standards/requirements set for Local Authorities.
8. **Care Act Assessments:** Care Act assessments are carried out consistently.
9. **Allied Mental Health Professional Service:** Robust, cost effective AMHP service and cost effective arrangements for 2019 Christmas period are effective.

2.6.5 Total investment 2019-20 through the Partnership Agreement is £1,493,554, remaining the same as 2018-19.

3. **ALIGNMENT WITH CORPORATE PRIORITIES**

3.1 **A good quality of life for everyone**

3.1.1 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 philosophy and the model of recovery. The integrated social and health care model provides a holistic response for people and carers, to enable people live healthy and independent lives. Evidence that these objectives are being achieved is evidenced through some of the compliments received during the year.

3.2 **Thriving places for people to live**

3.2.1 Through 2018/19, CCC, Peterborough City Council (PCC) and Cambridgeshire and Peterborough CCG commissioners have been procuring a new community-based service, the Recovery and Community Inclusion Service for adults in Cambridgeshire and Peterborough. The contract was won by Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind and is branded 'the Good Life Service. The contract will be mobilised on 2nd September 2019.

3.2.2 The service will adopt a fresh approach to community based wellbeing support, 'wrapping around' the current local clinical enhanced mental health primary care and secondary mental health services to provide an equitable, community-based, recovery-focussed service to support people to make connections within their community, improve their mental wellbeing and develop the skills to self-manage and gain independence. As such, it will increase the ability of social workers and other members of the Mental Health multidisciplinary team to work in an enabling way based on the individual's strengths and existing community connections. Where the individual has no connection with the community in which they live, they will have greater opportunity to develop these. The service will be operational on 2nd September 2019.

3.3 The best start for Cambridgeshire's Children

- 3.3.1 By providing high quality care and mental health support, we look to enable parents/grand-parents to have the best relationship with their children/grandchildren.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

As in 2017/18, efficiencies in the cost of care were required and achieved during the year. Pressures on the staffing budget arising from difficulty in providing a robust AMHP rota continue. See 2.3 above.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

No significant implications arising from the report.

4.3 Statutory, Legal and Risk Implications

The sustainability of the 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 whole time equivalent (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.

4.4 Equality and Diversity Implications

No significant implications arising from the report. We work with our colleagues within the Trust on the Equality and Diversity Strategy:

- Healthcare Provision: Access to services are sensitive to individual needs, irrespective of age, disability, ethnic origin, gender, marital status, nationality, religion, sexual orientation, and social background.
- Employment, promotion, training, and development: Opportunities are open to all on an equal basis.
- Service Developments: All decisions take in to account the needs of the community.
- Behaviours: Patients, staff, volunteers and all other service users and providers are treated with dignity and respect.

4.5 Engagement and Communications Implications

No significant implications arising from the report.

4.6 Localism and Local Member Involvement

No significant implications arising from the report.

4.7 Public Health Implications

No significant implications arising from the report. However, CPFT continues to work closely with Public Health on the dementia strategy and its implementation.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Anna Parks
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes or No: Name of Officer: Tess Campbell

Source Documents	Location
None	