

Mental Health S75 Agreement Extension

To: Adults and Health Committee

Meeting Date: 10 October 2024

From: Executive Director: Adults, Health and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: KD2024/063

Executive Summary: The paper seeks agreement to extend, for up to two years, the existing Section 75 Partnership Agreement to deliver Mental Health Social Work Services. The extension will enable continuation of this service whilst a strategic review of future delivery options is completed.

Recommendation: Adults and Health Committee is asked to:

- a) approve the extension of the existing Mental Health Social Work Section 75 Agreement for 2 years on a 1+1 basis from 1 April 2025 at a total value of £1,250,090 per annum. This represents £2,500,180 for the total contract period and will be adjusted for future inflationary uplifts agreed as part of the established business planning process.
- b) delegate authority for awarding and executing of any subsequent extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair.

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The provision of a mental health social work service (MHSWS) is relevant to the following ambitions from the Council's Strategic Framework: -

- i) **Health inequalities are reduced.** The MHSWS offers access to assessment, review as well as care and support planning services for adults and older adults experiencing emotional, psychological distress and mental ill health. The [Mental Health Needs Assessment \(2024\)](#) documents the wide range of factors which lead to health inequalities faced by people with mental health needs. The delivery of a MHSWS is essential to ensuring that these factors are considered for Cambridgeshire residents, particularly those with assessed care and support needs, and that they are able to access and use community, health, housing, employment and social opportunities. The MHSWS is therefore integral to ensuring that health inequalities are reduced by delivering targeted support for people with mental health needs.
- ii) **People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.** The MHSWS enables and embodies this ambition for people with mental health needs in Cambridgeshire. This ambition is fundamental to social work, in delivering the statutory functions set out within the Care Act 2014, and for staff seeking to ensure the best possible outcomes for people with mental health needs.
- iii) **Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.** The MHSWS is a good quality public service and part of its function is to ensure that the needs of people with mental health needs are championed and considered both in accessing public services and in the wider communities and place that people live and work in. For example, one of the metrics that MHSWS reports on is the percentage of adults in contact with mental health services that are in employment and are therefore contributing to an inclusive economy in Cambridgeshire.

1.2 Cambridgeshire residents report high or very high levels of happiness overall (72% in the 2023 Quality of Life Survey), however, over a third (37%) of all residents have struggled with their mental health, and over a quarter report feeling lonely. This matches national trends and we are not anticipating it will change significantly in the 2024 survey results.

2. Background

2.1 Cambridgeshire County Council (CCC) has delegated the delivery of mental health services and specified statutory duties for people with mental health needs aged 18 years and over to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The arrangement is managed through a Partnership Agreement under Section 75 of the National Health Service Act 2006 ("s.75 Agreement").

2.2 In April 2021, CCC's Adults and Health Committee approved the arrangement to continue for 2 years with the option to extend for a further total of 2 years (2 +1+1) through to 31st March 2025. Both of these extensions have now been utilised.

- 2.3 The overall purpose of the service is to provide a comprehensive and responsive MHSWS which is outcome and community focused. The service delivers assessment, review and care and support services for adults experiencing emotional, psychological distress and mental ill health. This includes support for informal carers. The service is usually accessed through Adult Early Help or through a referral from professionals within the health and social care system. This could take place following admission to hospital, case transfers between Adult Social Care services (e.g. from Adults and Autism Team to Mental Health Social Work) and transitions from Children and Young People services to Adults Social Care. The MHSWS is working to support the roll out locally of the national partnership agreement between Policing, health and other services '[Right Care, Right Person](#)' to ensure that a person in mental health crisis is seen by the right professional.
- 2.4 The MHSWS supports the delivery of a range of activities and support services to those identified as having an eligible care need under the Care Act 2014: This includes:
- Strengths based statutory Care Act Assessment and determination of eligibility for adults of all ages who have needs associated with their mental health and their carers.
 - Assessment under the Mental Health Act 1983, the Mental Capacity Act 2005 including Deprivation of Liberty Safeguards, and wider relevant legislative frameworks (and all subsequent revisions).
 - Provision of care and support planning with adults of all ages who have needs associated with their mental health; and their carers who are eligible under the Care Act 2014.
 - Reablement and recovery focused care and support planning.
 - Signposting and the provision of information and advice to meet the Care Act 2014. principles to prevent, reduce or delay needs.
 - Day time Approved Mental Health Professional (AMHP) functions on behalf of the CCC as delegated by the Director of Adult Social Care. AMHPs are responsible for coordinating assessment and admission to hospital if you are detained under the Mental Health Act 1983.
- 2.5 Through the s.75 Agreement, the MHSWS is aligned to and co-located with local health teams focused on supporting people with Mental Health needs in Cambridgeshire. This arrangement means that service users and carers receive the best possible service addressing both clinical and social needs without the need for them to re-tell their story or receive multiple assessments. There are three adult social work teams (North, South and Hunts & Fens) and two older peoples social work teams (North and South), each with a team manager. These are overseen by a leadership structure with two Heads of Social Work (Adults) and (Older People) and a Professional Lead Social Worker. There is an AMHP Team Manager who has countywide responsibilities for the AMHP service and oversees the daytime assessments across the county for the service.
- 2.6 A Case Study example which set out some of the contact points, experiences and commissioned services for people with mental health needs using the social work service is included in Appendix A.
- 2.7 The actual cost of delivery of the MHSWS in 2023/24 was £1,246,030. The cost of care support commissioned for people with mental health needs is separately managed and monitored as part of the governance arrangements for the s.75 Agreement. The cost of

mental health care for Adults was £7m and £8.5m for Older People in 2023/24.

3. Main Issues

Budget

3.1 The budgeted investment in this service for 2024/25 is £1,250,090.

Performance

3.2 Currently, performance is monitored and managed through well-established monthly 'Operational' and 'Finance and Performance' meetings attended by key individuals from within CCC and CPFT (Commissioning, Contracts, Finance and Operations). Progress against a work plan, outcomes and care costs are discussed, reviewed and actions managed via an Actions Log. Performance reports are then made into the Executive Director as part of CCC's governance and oversight arrangements.

3.3 Performance is consistently good or in line with other CCC service areas. For example, during 2023/24, there were 339 assessments completed, averaging 28 per month over the year and the average turnaround time for assessments was 40 days. During quarter 1 of 2024/25, there were 25 assessments completed on average per month, with an average turnaround time of 36 days. This compares to an average turnaround of 27 days for Older People & Physical Disability and 48 days for Learning Disability. The majority (89%) of assessments are referred in from the Community / Other route rather than via hospital discharge. There were no significant variations to all expected levels of service activity (such as waiting lists, numbers of assessments and reviews, safeguarding cases).

3.5 Feedback from people using the MHSWS is balanced with 31 compliments logged from a range of people coming into contact with the service during 2023/24. Some examples are included in Appendix B. There were 14 formal complaints recorded in the same period, which was a significant decrease from the 27 reported in 2022/23. Of these, only five were partially upheld and two upheld, while others were either not upheld (3), closed due to insufficient info (2) or transferred to a different process (2). The majority of complaints (10) were made around MH Social Work assessments – communications and outcomes or lack of support.

3.6 However, in November 2023, a routine audit from the Council's Quality and Practice Standards Team indicated concerns in social work mental health team practice in key activity areas such as assessments, reviews and care and support planning. As a result of this, a deep dive audit into key areas of improvement identified is currently being progressed.

3.7 An independent review of the AMHP Service took place during 2023/24; in the face of increasing demand for Mental Health Act assessments and concerns over the capacity of the service to meet future demand there are recommended future changes to the delivery model for both the daytime and the out of hours service as well as the recording of activity in MOSAIC (CCC's care record system).

3.8 During 2023/24, there were significant challenges with vacancies to key positions within the Mental health leadership team including both Heads of Social Work for Adults Mental

Health and more recently the Head of Older Peoples Social Work, as well as the AMHP team manager post. However, there are now either appointments made or being recruited to for all posts, together with interim arrangements in place.

Review

- 3.9 It is the intention of the Council to utilise the extension period to complete a comprehensive review of existing arrangements to provide assurance that the current model continues to deliver the best possible outcomes for people with mental health needs and value for money to the council. As part of this, the benefits and risks of alternative models for delivering this service will be explored. The review will also cover specific areas:
- Consideration of the joint management arrangements currently in place at Head of Service level across CCC and Peterborough City Council.
 - Consideration of which delivery model will best deliver against the Council’s strategic ambitions and priorities as well improve outcomes for the people accessing the service.
 - Consideration of AHMP pressures and the most effective way of meeting increasing demand.
 - Value for money and sustainability to meet demand both now and in the future.
- 3.10 Engagement and consultation will be an essential part of the review. The importance of accounting for the views of staff, service users, members and wider system stakeholders is recognised when considering both the existing service and alternative delivery models. CPFT as provider of the service will work in partnership with us to enable this to happen.
- 3.11 This proposed extension and review have been discussed extensively with both CCC Senior Management and CPFT over the past six months and agreed as the most efficient and effective approach to considering all future options, whilst maintaining service delivery for the MHSWS before making any further recommendations to Members about alternative provision. This proposed recommendation and approach was highlighted to Members at Spokes in July 2024.

4. Alternative Options Considered

- 4.1 The following alternative options have been considered in formulating this recommendation contained in this report:

	Option	Benefits	Risks
1	Do nothing	N/A	<ul style="list-style-type: none"> • The Council has a statutory duty to assess needs and provide care and support to those with eligible care and support needs through the provision of a care and support plan.. • By doing nothing, we will not have a contractual mechanism in place to

			manage performance or resolve any arising issues in relation to delivery of the statutory functions.
2	Insource the MHSW provision	<ul style="list-style-type: none"> • Greater control • Reduces administration required when working with a third party. • Potential for reducing current gaps (e.g. support for autistic people with Mental Health needs) 	<ul style="list-style-type: none"> • May impact on service users repeating information to health and social care professionals as less alignment • Infrastructure costs – possibility of need for new leadership posts and resources/facilities depending on preferred model • Requires significant consultation and communication with key stakeholders in advance of decision.
3	Extension of partnership agreement with current provider	<ul style="list-style-type: none"> • No change for service users or other stakeholders • Enables planned approach to reviewing service • Known budget and costs 	<ul style="list-style-type: none"> • Reduced control, but is mitigated by existing agreements and relationships
4	Open tender process	<ul style="list-style-type: none"> • Ensure an equitable outcome • Ensures value for money together with meeting quality criteria • Allows local provider and any other interested providers to bid 	<ul style="list-style-type: none"> • Further market engagement would be required to establish if other providers would be interested • Risks to the established and working relationships with local provider and system partners • Less control over day-to-day delivery but this is managed through a robust specification and contract monitoring

5. Conclusion and reasons for recommendations

5.1 In conclusion, it is recommended to enter into an extension of the existing s. 75 Agreement for MHSWS. This will ensure we are compliant in delivering our statutory duties and maintain continuity of service for residents. The Committee are asked to approve the recommendations, as detailed at the top of the report.

6. Significant Implications

6.1 Finance Implications

The financial implications are outlined in 3.1 of the report.

6.2 Legal Implications

Under the NHS Act 2006 CCC has the ability to enter into partnership with CPFT through the s. 75 Agreement that is currently in place. This means that CCC has the power to establish and maintain pooled budgets, to integrate resources and management structures and to reallocate functions with CPFT.

The proposals will assist the Council in meeting its statutory duties towards adults with mental health needs and their carers under the Care Act 2014. This would include the assessment, determination of eligibility for services and provision of care and support planning.

This arrangement also covers additional statutory duties provided to adults being assessed by an AMHP under the Mental Health Act 1983 in relation to day-time activities which have been delegated to CPFT as part of the s. 75 Agreement.

6.3 Risk Implications

There are no significant additional implications within this category.

6.4 Equality and Diversity Implications

There are no equality and diversity implications arising from this recommendation.

6.5 Climate Change and Environment Implications

There are no climate change and environment implications arising from this recommendation.

7. Source Documents

7.1 None