

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: **6 September 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 and note the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) end of year report for 2017/18 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 the end of 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 updates the Committee on performance under the Mental Health Section 75 Partnership Agreement between the Council and 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.

2.2 This report covers the following areas:

- Update on the reorganisation of services
- Review of Mental Health Section 75 Work Plan for Q3 and Q4 for 2017-18
- Year end activity 2017/18
- 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

3.0 REORGANISATION OF SERVICES

3.1 The last report to the Adults Committee in March 2018 reported on the progress of 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 was presented in the previous report and is included below for reference.

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 assessment		Adults Early Help / or PRISM social care staff (tba) (may do full Care Act assessment & separate eligibility assessment) Mental Health Reablement Services (under development out of existing resources)		Has Care Act needs on initial assessment
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 CPFT mental health services to establish an enhanced primary care mental health service (PRISM). The aim of PRISM is to increase early intervention and preventative/recovery focussed approaches in order to improve outcomes and reduce the need, and therefore demand, for specialist mental health and social care services provided by the integrated mental health locality teams. As part of this, the role of social care in relation to Tier 1 and 2 interventions and the delivery of the Trust's delegated responsibilities to those people whose mental health needs do not meet the criteria for secondary mental health services i.e. Care Act responsibilities is being explored. The options for stepping people with social care funded packages to PRISM is also being explored. This will enable more capacity in secondary care to be made available to work with those service users with both eligible needs under the Care Act and who meet the criteria for secondary mental health services. To support these developments a Business case has been written to bid for £320k Transformation Funding. The Business Case aims to demonstrate that improved outcomes and efficiencies could be achieved by including Social work/Social Care through delivery of early and preventative/recovery focussed interventions (Tiers 1 and 2).
- 3.3** Phase 3 of the redesign of the Trust's adult locality teams, has just finished the consultation phase. The proposal has shifted to a model of sub-sectorisation in which the teams remain as they are, mainly located in larger teams, but a part of each team aligns to each PRISM patch. The aim of the re-organisation is to support a seamless pathway between secondary and primary care to allow service users to step up/down as their needs change. Due to the lower numbers of The Social Workers in the locality teams they will not align to the PRISM teams but will continue to be located within the main locality hubs and attend MDT meeting as they do currently.
- 3.4** Work has been completed to develop care and support plans in Rio to ensure Care Act compliance. The use of these has not yet been widely rolled out across the Trust. The

challenge remains not to increase the administrative burden on front line staff which would reduce patient/ service user contact with clinical staff and reduce levels of core delivery. This will be supported by digital development of the Care Act compliant assessment and eligibility which has been completed to testing stage. The implications of implementation across CPFT are currently being considered and this review will be considered in section 75 review meetings.

- 3.5** Within the care and support section of Rio, the capability to capture care costings is being developed. This will allow for a complete overview of service user 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** 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, the Trust's patient information system has been put in place using Trust "honorary contracts" for Council staff in the AEH Team, thereby complying with Trust Information Governance rules. A bid for funding for a Mental Health social Worker based in AEH is included in the PRISM Business Case described previously.
- 3.7** 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. Over the last year, Mental Health reablement services have been developed by re-focussing the work of the Council funded support workers.
- 3.8** 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 OPMH and 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 September 2018 with the learning being used to inform the model to be implemented across both Cambridge and Peterborough from April 2019
- 3.9** The evaluation of the impact on social workers of the new system of management of the Mental Health Services by the Department of Health Chief Social Worker was shared with social care staff in March 2018. In the mid-year report, the scope and findings of the report 'Social Work for Better Mental Health' was reported on in some detail. Implementation of the recommendations from the report started in 2017/18. The actions will continue to be embedded through 2018/19. A detailed action plan has been developed. This was reviewed following presentation to the Mental Health Social Care Forum in February 2018. Two key recommendations that have been explored are the career pathway of Mental Health Social Workers and the development of an advanced Social Work Practitioner role. 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 2017-2018 (Appendix 1)**
- 4.1** The reports for Quarters 3 and 4 of the 2017-18 work plan are included at Appendix 1. The 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 2. It should be noted that the plan is a single combined plan for both 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 The key achievements for 2017/18 include:

- Development of a Care Act compliant Core 2 assessment tool and Care and Support tool
- Maintaining or improving performance against social care performance indicators and activity targets and integrating these into core CPFT business and performance reporting
- The new Associate Director and Social Work Practitioner roles agreed as part of the social work reorganization are well established
- The new Social Work management structure is well embedded with protocols in place for joint working with Health managers
- A review of the Allied Mental Health Professional (AMHP) services across PCC and CCC has been completed and recommendations put forward to enable a sustainable service for both going forward
- An interface agreement between OPMH and Older People's services in CCC is in place and working well
- A new Joint Commissioning Tool, together with a suite of supporting guidance and policies were developed and implemented jointly with CCG colleagues
- All of the high cost 100% social care funded Section 117 cases were reviewed and joint funding arrangements are now in place for all of these cases.

4.3 Comments on CCC items rag rated red at year end:

- The work to ensure recording of SALT indicators was still in progress at the end of Q4. However work to date to achieve this has shown that this could be very onerous for little clinical gain. This is being addressed.
- The work to clear the CHC backlog of mental Health cases was not completed by the end of Q4 and will be carried over to 18/19. The delay was due to a strategic decision to prioritise the highest cost placements across CCC.
- Joint work with the CCG to ensure proper implementation of the new residency rules etc. will continue into 2018/19

4.4 Comments where rag rating has declined between Q3 and Q4

- 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 2017/18 (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. In line with the integrated nature of the locality mental health teams, both social workers and health workers (CPNs, OTs etc.) do all of these activities. It is challenging to record 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. This means that the data does not captured all activity. As reported previously, it is not possible to address this within MOSAIC or the CPFT information systems.

- 5.2** The work that has gone into successfully resolving some of the systems issues that were preventing collection of data about key performance indicators continues to be reflected in the overall improved position at Year end for most of the KPIs although there is a slight decrease in the recorded percentage in relation to CCC RV1: Proportion of planned service user re-assessments actioned by the due date (Statutory Reviews). However, the end position remains above target. The issues regarding the accuracy in the loading of the data remain, but it has been agreed that the effort to resolve the remaining issues is not justified at this point given the imminent move to the new MOSAIC system. We would hope to be able to report that these issues have been resolved by the end of Q3/4 of 18/19 when MOSAIC should have been fully operational.
- 5.3** The number of Delayed Discharges within Adult and Older Peoples Mental Health for 2017/18 shows 172 days lost (4 people) attributable to Local Authority and 70 days (4 people) to both Local Authority and Health. A total of 242 days were lost up to and including the end of March 2018 (8 people)¹. 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%. Since the introduction of a new descriptor in 2017/18 we seen a continual improvement against the target of 93%. Year end figures for 17/18 (87% - AMH and 100% OPMH) indicate an improvement on performance during 16/17 (74%). As AMH migrate to the automated payment system we would expect to see the % improve in 2018/19.
- 5.5** CCC. 1C part 2 Local – Proportion of eligible social care users receiving direct payment
- The target for this indicator is 24% target. Year end achievement was 7% (4% AMH and 19% OPMH). This is attributable in part to the nature of the contract for AMH Supported Living Services for which 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). However, the supported living contract has just been re-specified with a new provider has been appointed. Work has started with the provider to look at how direct payments can be offered to service users in supported accommodation. As a result, we would expect to see an improvement in this indicator during 2018/19.
- 5.6** CCC 2A part 1 – Permanent admissions to nursing care homes/ residential care homes 65+
- Nursing care - This number has decreased from 35 at the end of Q4 2016/17 to 33 Q4 2017/18.
 - Residential care - This number has decreased from 34 at the end of Q6 2016/17 to 27 Q4 2017/18.
- 5.7** The number of carers assessments completed for CCC patients (item 13) has improved from 122 2016/17 to 208 2017/18.
- 6.0 STAFFING**
- 6.1** On 31st March 2018 there were 12.5 whole time equivalent (wte) vacant social work posts across the CCC area. This is an improvement of 5 wte at 31st March 17. Discussions are

¹ The figure given at the writing of the last report was 291 days, attributable to 10 patients. Following some emailed correspondence it was identified that 2 patients should not be attributable to Mental Health and subsequently removed from the report.

also ongoing to find a more innovative way to utilise the vacant support worker posts. .

- 6.2** A review of administrative support is underway to ensure more effective use of the 2.0 fte staff.

	Total vacanciesMarch 2018	Total vacancies 31st March 2017
	WTE	WTE
CCC		
Mental Health social work manager	0.00	1.00
Senior social workers	2.0	4.73
Social workers	3.0	5.00
Total	5.0	10.73
CPFT		
Support worker	4.50	1.00
Discharge planning	0.00	2.85
Resource Worker	1.0	0.0
South Finance & Admin Support	1.0	1.90
North Finance & Admin Support	1.0	1.00
Total	7.5	6.75
GRAND TOTAL	12.5	17.48

- 6.3** 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 managers, social workers, AMHPS, support workers and administrative staff. The outturn figure for the budget was an underspend of £ 76,805. 2.4% of the total budget £3,153,796.
- 6.4** In addition to the posts above there is NHS funding for 1 AMHP post be based within the FRS (First Response Service). There were previously an additional 2NHS funded AMHP posts but this funding was reduced in 2017/18.
- 6.5** CCC and the Trust continue to be joint participants in the national Think Ahead Mental Health 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 within CPFT. Cohort 2 started in September 2017 and will again be offered 12 month contracts from September 2018. The Trust has agreed to places for Cohort 3 which starts in September 2018.

7.0 CARE PACKAGES BUDGETARY PERFORMANCE

- 7.1** For 2017/18, CPFT were 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 care packages 2017/18 was £9.639m.

7.2 The final year-end position for Mental Health cost of care was an overspend of £354k. There are a number of areas that are being targeted to address the shortfall which was carried forward into 2018/19. These areas 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.

7.3 The final year-end position for AMH was an underspend against budget of £492k:

AMH Activity	Budget	Apr	Q1	Q2	Q3	Feb	Final	Final Variance	Change from Feb
Residential	2,493	2,528	2,720	2,677	2,721	2,528	2,514	21	-14
Nursing	544	606	591	563	552	563	568	24	5
Dom Care	709	844	825	808	861	836	721	12	-115
Supported Accommodation	828	799	712	704	689	714	633	-195	-81
Daycare	15	37	37	37	36	35	35	20	0
Direct Payments	246	217	205	193	189	179	183	-63	4
Respite	0	0	0	35	16	24	17	17	-7
Other	75	71	72	75	75	74	76	1	2
	4,909	5,102	5,162	5,093	5,141	4,953	4,747	-162	-206
Health Contributions	-54	-43	-16	-19	-16	-113	-366	-312	-253
FNC	0	-57	-57	-55	-51	-51	-29	-29	22
Client Contributions	-314	-318	-319	-308	-296	-298	-303	11	-5
	-368	-418	-392	-382	-363	-462	-698	-330	-236
Total	4,541	4,684	4,770	4,711	4,778	4,491	4,049	-492	-442

7.4 The final position includes health contributions in respect of S117 that were previously reported as finance adjustments to the overall forecast, shown in the above table as an improvement of £253k. Final year-end figures for S117 were £43k higher than forecast for AMH, and S41 / Community Treatment Order contributions were £63k higher than committed. This means there was a real improvement of £106k in respect of health contributions.

7.5 Gross cost of dom care and supported accommodation reduced significantly from the February position. This was due to a year-end reconciliation of payments made vs commitment for variable hours packages, which incorporated recording a number of ended packages (see below).

7.6 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 Community	Grand Total
Sum of April Total	66	16	200	136	19	24	461
Sum of May Total	71	17	183	129	17	27	444
Sum of June Total	75	16	183	126	16	15	431
Sum of July Total	74	16	181	133	15	16	435
Sum of Aug Total	76	16	178	130	14	17	431
Sum of Sep Total	74	16	174	129	14	16	423
Sum of Oct In	3	0	5	0	0	0	8
Sum of Oct Out	-3	0	-1	-2	0	-1	-7
Sum of Oct Total	74	16	178	127	14	15	424
Sum of Nov In	3	0	5	1	1	4	14
Sum of Nov Out	-1	0	-6	0	-1	-2	-10
Sum of Nov Total	76	16	177	128	14	17	428
Sum of Dec In	1	1	11	103	1	1	118
Sum of Dec Out	-2	-1	-6	-115	-2	-4	-130
Sum of Dec Total	75	16	182	116	13	14	416
Sum of Jan In	0	0	5	5	0	0	10
Sum of Jan Out	-3	0	-2	-1	0	-1	-7
Sum of Jan Total	72	16	185	120	13	13	419
Sum of Feb In	0	0	2	17	0	7	26
Sum of Feb Out	-6	0	-8	-1	0	-2	-17
Sum of Feb Total	66	16	179	136	13	18	428
Sum of Mar in	2	0	5	4	0	3	14
Sum of Mar Out	-1	0	-18	-10	0	-3	-32
Sum of Mar Total	67	16	165	130	13	17	408

- 7.7**
- Total package numbers have reduced from the start of the year by a net 52 packages. The majority of the reductions have come in lower cost packages, and so have had limited impact on the overall position individually.
 - Residential package numbers increased by 1 from February, although total spend reduced by £14k due to reduction in commitments following application of joint funding on a number of S117 cases.
 - Dom care package numbers have been reducing since the start of the year, and there was a net decrease of 13 packages in in March. There was a corresponding £115k reduction in commitments, which also incorporated year-end reconciliation of payments made vs commitment for variable hours packages.
 - Similarly, there was a net decrease of 6 supported accommodation packages, and final spend decreased by £81k.

7.8 The final year-end position for OPMH was an overspend against budget of £847k:

OPMH Activity	Budget	Apr	Q1	Q2	Q3	Feb	Final	Final Variance	Change from Feb
Residential	1,305	1,433	1,406	1,593	1,602	1,644	1,669	364	25
Nursing	4,136	5,206	5,021	5,019	5,162	5,192	5,006	870	-186
Dom Care	546	583	711	639	626	622	626	80	4
Supported Accommodation	38	36	36	36	38	33	39	1	6
Daycare	3	3	4	12	12	12	9	6	-3
Direct Payments	165	194	194	199	225	233	265	100	32
Respite	10	0	8	3	6	9	8	-2	-1
Other	0	0	10	5	12	10	10	10	0
	6,204	7,455	7,389	7,506	7,682	7,755	7,632	1,428	-123
Health Contributions	0	0	0	0	0	0	-394	-394	-394
FNC	0	0	0	0	0	0	-27	-27	-27
Client Contributions	-1,106	-1,152	-1,259	-1,281	-1,360	-1,301	-1,266	-160	35
	-1,106	-1,152	-1,259	-1,281	-1,360	-1,301	-1,687	-581	-386
Total	5,098	6,303	6,131	6,225	6,322	6,454	5,945	847	-509

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 placements made into block beds as these have avoided spot placements, and are excluded from total package numbers

7.10 Overall package numbers have decreased by 16 since the start of the year, resulting from 131 new packages and 147 ended packages.

- Nursing care costs reduced significantly from the February reported position (-

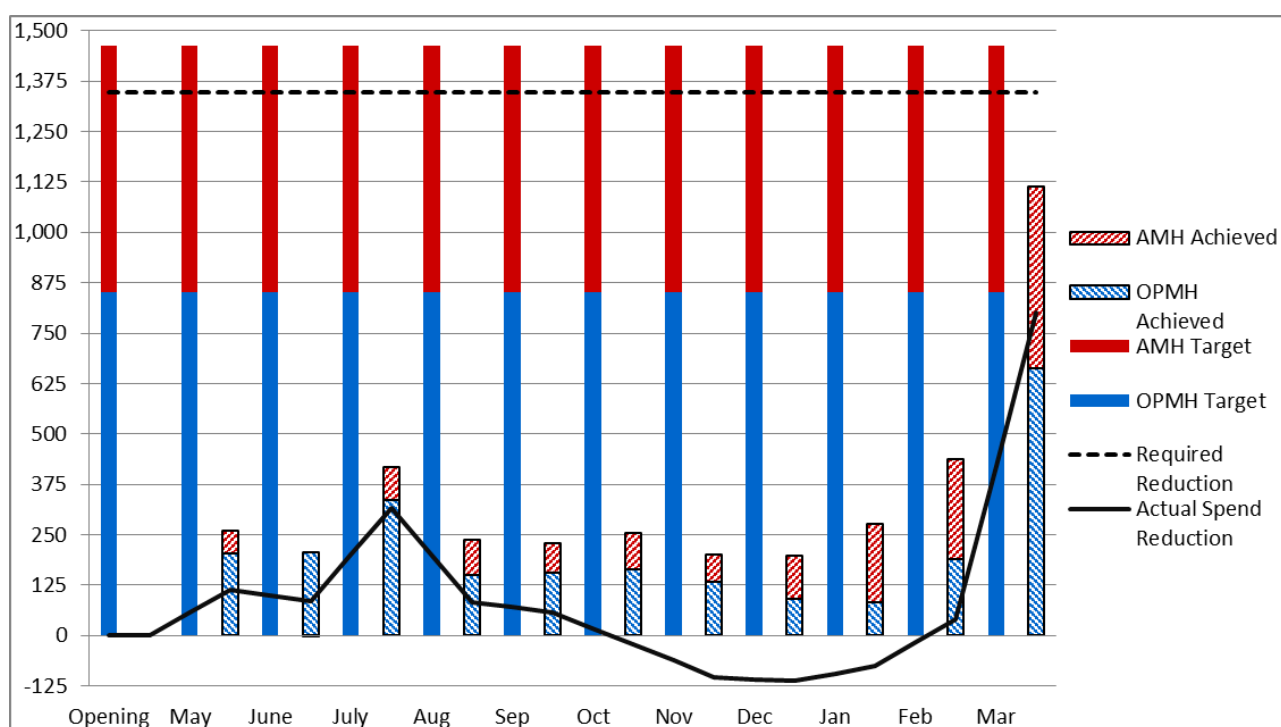
£187k). This reflects a real net reduction of 10 packages over this period.

- There was a net increase of 2 residential packages since February, and this was reflected in the £25k increase in spend by year-end.
- Although there was a net increase of 3 domiciliary care packages since February, there was only a small increase in spend. There was also a net increase of 1 direct payment package

7.11 For 2017/18, there was an additional requirement to closely monitor performance against the specific savings targets in addition to overall performance against budget. This helped to highlight whether factors other than achievement of savings impacted on the budgetary position.

7.12 The savings target for Mental Health was £1.463m. The net reduction in cost of care required to balance the budget was £1.348m. This is lower than the savings target as it allows for additional funding allocated in respect of inflationary pressures.

7.13 Progress across the year is shown in the graph below. The bar element of the graph tracks achievement of savings against the £1.463m target. The line element tracks overall performance against budget by comparing the total net reduction in cost of care required to balance the budget (the dotted line) with cumulative actual reduction in spend (the solid line).



7.14 Achieving the Savings Target 17/18

The following actions were taken to support delivery of the efficiencies required during 2017/18:

- All requests for Social care funding continued to be 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.

- 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, Mental Health Commissioning are also represented at 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 allowance 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 reduced time allowance means 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 A review of the AMHP service was carried out in 2017/18 and a number of options were considered, including the combining of the PCC rota with the Huntingdonshire and Fenland rota in the North. However, there are barriers to the implementation of this proposal, including differences in terms and conditions of AMHPs in PCC compared to CCC. These are being worked through.

8.5 There were no reported breaches to the new timelines as at the end of Q4 2017/18.

9.0 RISKS

9.1 The achievement of the £200k savings target that will be required from new initiatives e.g. will not be delivered as a result of the impact of the full-year effect of the savings made during 2017/18 and the £467,271 invested from central reserves at year end 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 is not appropriate.

9.2 A significant proportion of the savings target was achieved through income recovery in relation to S117. This was a one off opportunity in 2017/18 and all possible savings against this target were achieved. The full year effect is supporting delivery of part of the efficiencies required in 2018/19.

- 9.3** 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. The issue is being addressed by CCC commissioners.
- 9.4** The sustainability of the AMHP rota, especially in the South remains a risk due to the low numbers of AMHPs across Cambridge. This is being addressed, but puts funding to support other developments in Mental Health such as providing social care support to PRISM at risk.

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

- 10.1** As reported in the mid-year report, the functions of oversight in the Trust of the Section 75 are now undertaken in a different way by the creation of a single Associate Director Operations, Social Work and Social Care and Head of Profession in replacement of the Director of Service Integration. This post operates across both CCC and PCC and CPFT. The previous post of Service Director, Integration was deleted in March 2018.
- 10.2** The new Associate Director post reports to the Director of Operations in the Trust with a dotted line to the Director of Adult Social Care. This post is also 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 for people with mental health problems. A bid will be made for national funding from the NHS to support 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

The services covered by this report support and protect 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 2017/18 and the impact on the 2018/19

budget.

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 which also have financial implications. 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 for equality and diversity. However, the services covered by this report help to improve the experience of people with mental health problems who often experience stigma and discrimination as a result of their condition.

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. .

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/Council Contract Procedure Rules implications been cleared by Finance?	Yes Name of Financial Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer: Duncan Dooley-Robinson
Have the equality and diversity implications been cleared by your Service	Yes Name of Officer: Oliver Hayward

Contact?	
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Oliver Hayward
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer: Tess Campbell

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

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	<p>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 compliant. 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.</p> <p>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 compliant regardless of who is carrying them out.</p>

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 reorganisation 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 use 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 seamlessness 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 joint 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

Section 75 Report - Top Level Figures - CCC



Cambridgeshire and
Peterborough
NHS Foundation Trust

ID	Source	Indicator	Performance Measure	Frequency	Data Source	Target	1617 Yr End Figures	Jun-17	Sep-17	Nov-17	Total
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	47	5	49	13	32
2	CCC	AS1	Number of assessments completed within 28 days of referral (From AIS)	Monthly	AIS	65.7%	92%	100%	100%	100%	100%
2a	CPFT	AS1 - Additional	Number of RiO Core2 Assessments completed per month by named, S75 funded social workers	Monthly	RiO	No target	662	96	64	60	603
4	CCC	1C Part 1 Local	Proportion of eligible social care users receiving self-directed support.	Monthly	AIS	93%	74%	86%	87%	87%	87%
5	CCC	1C Part 2 Local	Proportion of eligible social care users receiving direct payment.	Monthly	AIS	24%	9%	8%	7%	6%	7%
6	CCC	2A Part 1	Permanent admissions to residential care homes aged 18-64	Monthly	AIS	County level target only	1	5	10	13	52
6a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 18-64	Monthly	AIS	County level target only	0	2	6	7	27
7	CCC	2A Part 1	Permanent admissions to residential care homes aged 65+	Monthly	AIS	County level target only	20	8	14	17	81
7a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 65+	Monthly	AIS	County level target only	8	8	13	20	88
8	CCC	RV1	Proportion of planned service user re-assessments actioned by the due date – (Statutory Reviews)	Monthly	AIS	50.1%	92%	76%	100%	100%	85%
8a	CCC	RV2	Number of unplanned re-assessment events in the period	Monthly	AIS	No target	36	5	5	1	24
8b	CCC	RV3	No. of service users with no review date recorded	Monthly	AIS	0	448	514	506	472	497
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%	12.1%	12.8%	12.9%	13.4%	12.9%
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%	82.3%	81.1%	80.8%	82.6%	81.4%
11	CPFT	Complaints	Number of Complaints - social workers only	Quarterly	RiO	No target	6	1	0		2
12	CPFT	Workforce	Number of Vacancies (FTE) - social workers only	Quarterly	CPFT	No target	4.6	1.0	1.0		1.0
13	CPFT	Carers	No. of Carers assessments completed for carers of CCC patients	Monthly	RiO	No target	122	22	9	12	156
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		126	15	9	9	92
18b	CPFT	Unknown	Use of Care Plans with social care goals - updated	Monthly	RiO		108	14	11	13	107