

<b>ADULTS AND COMMUNITIES SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>12 MARCH 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Julie Frake-Harris – Director of Operations Cambridgeshire and Peterborough NHS Foundation Trust	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald	
Contact Officer(s):	Fiona Davies Head of Commissioning (Mental Health and Learning Disabilities, PCC and CCC)	Tel.:07720 531347

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

R E C O M M E N D A T I O N S	
<b>FROM:</b> Director of Operations Cambridgeshire and Peterborough NHS Foundation Trust	<b>Deadline date:</b> N/A
<p>It is recommended that the Adults and Communities Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Comment on the contents of the report and endorse the direction of travel.</li> </ol>	

**1. ORIGIN OF REPORT**

- 1.1 This is the routine mid-year report on the delivery of the Council's duties delegated to the Cambridgeshire and Peterborough Foundation Trust (CPFT) for people over 18 years with mental health needs.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The purpose of the report is to update the Adults and Communities Scrutiny Committee on performance of CPFT against Key Performance and financial targets contained within the Mental Health Section 75 Partnership Agreement.
- 2.2 This report is for the Adults and Communities Scrutiny Committee to consider under its Terms of Reference No.3, Section 4 - Overview and Scrutiny Functions, Paragraph 2.1. Functions determined by Council:
1. Adult Social Care
  2. Safeguarding Adults
- 2.3 The mental health services delivered under the duties delegated to CPFT through the Mental Health Section 75 Partnership Agreement support delivery of the Council's corporate objective of improving the quality of life of all its people and communities, helping to ensure that all communities benefit from growth and the opportunities it brings by supporting access to good quality, specialist assessment, treatment and support for adults aged 25 years and over living with mental health problems in Peterborough. In particular it supports achievement of the

following strategic objectives:

- Keep all our communities safe, cohesive and healthy
- Achieve the best health and wellbeing for the city

It also supports achievement of:

- Driving growth, regeneration and economic development
- Improving educational attainment and skills
- Safeguarding vulnerable children and adults

2.4 There is no link to the Children in Care Pledge as the services commissioned relate to people aged 18 years and over.

### 3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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### 4. **BACKGROUND AND KEY ISSUES**

#### 4.1 **Introduction**

4.1.1 This report updates the Committee on performance under the Mental Health Section 75 Partnership Agreement between the Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Under this Agreement, the Council has delegated the delivery of mental health services and specified duties to CPFT for people over 18 years with mental health needs. The intention is to ensure delivery of an integrated health and social care service which is so well coordinated that it appears to services users and carers it is being delivered by one organisation - seamlessly.

4.1.2 This report covers the following areas:

- Update on the reorganisation of services
- Review of Mental Health Section 75 Work Plan for Q3 for 2018-19
- Staffing
- Care Packages Budgetary Performance
- Policing and Crime Act 2017 and impact on the Approved Mental Health Professional Service
- Risks and mitigations
- Changes in management arrangements
- Alignment with Corporate Priorities
- Revision of the MH Section 75 Partnership Agreement April 2014 with a new Agreement to be signed off 31 March 2019

#### 4.2 **Reorganisation of Services**

4.2.1 Within the previous report, the description of the Primary Care Mental Health Service (formerly known as PRISM) was provided. The Primary Care Mental Health Service is focussed on adults of working age and continues to work well as the front door to Mental Health Services, taking a prevention and enablement approach. The Primary Care Mental Health Service links with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Early Adult Help and they complete regular discussions and case meetings. The Mental Health (MH) Social Work business case is currently on hold whilst further work takes place to determine the best model of approach given the learning from implementation of the Primary Care Mental Health Service.

4.2.2 From an Older Person’s Mental Health (OPMH) perspective, links with referrers, Adult Early Help and the OPMH leads have been established and are utilised regularly. Advice and joint

working arrangements are in place to ensure people get the right help from the right professionals at the right time.

4.2.3 The redesign of CPFT's Adult Mental Health Locality Teams consultation has been completed and staff are in post. This has not had a significant practical impact on the Social Work and Social Care agenda to date. The redesign aligned adult community mental health services away from pathways to GP patch populations and was based on the fundamental change in how CPFT manage referrals into secondary care following the introduction of the Primary Care Mental Health Service.

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

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

### 4.3 Review Of The Mental Health Section 75 Partnership Agreement And Work Plan

4.3.1 The Section 75 Partnership Agreement is under negotiation and a work plan is being developed to align the work across both Local Authorities. It is expected that over the next 12 months, each of the Y19/20 work streams listed below will be completed with work being led by a Professional Lead in conjunction with CPFT and both local authorities. It is hoped that the Professional Lead post will be recruited to by April 2019..

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

### 4.3.2 Key Achievements since the Previous Report

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

#### 4.4 Activity Q3 2018/19

##### 4.4.1 Cambridgeshire County Council

Implementation of Mosaic has led to some changes with reporting performance and activity. Work to address the problems so that a robust Q3 report can be provided is underway.

The pending Continuing Health Care cases have reduced from 46 to 30 and work continues with our Cambridgeshire County Council & Clinical Commissioning Group colleagues to manage this process.

Issues with service descriptors in Self Directed Support have meant that previously it was reported as under target. This has now been rectified and has been backdated to the start of this financial year. We are now performing above target for this indicator at 99%.

The proportion of Adults in contact with secondary mental health care services in paid employment (CPA only) aged 18-69 was 14.1% in December 2018 against a target of 12.5%.

The proportion of Adults in contact with secondary mental health care services living independently with or with support (CPA only) aged 18-69 was 81.3% in December 2018 against a target of 75%.

##### 4.4.2 Peterborough City Council

Targets are currently being agreed as part of the new Section 75 Partnership Agreement (2019/20). Work is also underway to ensure that once these targets have been finalised progress will be reported as part of routine performance management pressures.

The proportion of Adults in contact with secondary mental health care services in paid employment (CPA only) aged 18-69 was 13.2% in December against a target of 12.5%.

The proportion of Adults in contact with secondary mental health care services living independently with or with support (CPA only) Aged 18-69 was 83% in December against a target of 75%.

#### 4.5 Staffing

##### 4.5.1 Cambridgeshire County Council

	<b>Total Vacancies March 2018</b>	<b>Total Vacancies December 2018</b>
<b>Professional Lead</b>	<b>New Post*</b>	<b>0.71</b>
<b>Senior Social Workers</b>	<b>2.0</b>	<b>1.00</b>
<b>Senior Social Worker (AMHP only)</b>	<b>New Post</b>	<b>0.60</b>

<b>Social Workers</b>	<b>3.0</b>	<b>1.00</b>
<b>Support Workers</b>	<b>4.5</b>	<b>4.50</b>
<b>Resource Workers</b>	<b>1.0</b>	<b>1.00</b>
<b>Admin Support</b>	<b>2.0</b>	<b>0.50</b>
<b>Total</b>	<b>12.5</b>	<b>9.31</b>

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

#### 4.5.2 Think Ahead Mental Health Social Work Programme

This CCC programme has been effective in fast track training graduates to become qualified Social Workers in one year and providing posts for one year for their ASYE (Assessed and supported year in employment) after training.

Cohort 1: 2 are now in permanent CCC Mental Health Social Worker posts having completed their ASYE and one is now in a CPFT Mental Health Practitioner post.

Cohort 2: 3 students are now in one-year fixed term posts for their ASYE and studying towards their Masters degree. 2 are in CCC posts and 1 has been seconded to PCC.

Cohort 3: 3 students are currently studying towards their Social Work degree and will finish their ASYE/Masters Degree in September 2020.

The decision has been taken to discontinue working with this programme, due to the unfortunate but necessary budget constraints at this time. At a time when we need to be recruiting experienced social workers/AMHPs (Approved mental health professional), vacancies are being held to accommodate the students' ASYE year.

#### 4.5.3 Peterborough City Council

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

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

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

#### 4.6 Care Packages Budgetary Performance

4.6.1 In Peterborough City Council these budgets are held within the Council's Commissioning Directorate. The starting position was £1,394k and the December snapshot shows a favourable position of £1,276k, a movement of £-117k since the start of the financial year, based on current commitments within Frameworki.

Commitment £'000	Start	Q1	Q2	Oct	Nov	Dec	Movement since start
Adult Mental Health	922	963	884	860	848	823	-99
Older People Mental Health	471	472	470	469	456	453	-18
	<b>1,394</b>	<b>1,435</b>	<b>1,354</b>	<b>1,330</b>	<b>1,304</b>	<b>1,276</b>	<b>-117</b>
Monthly movement		0	1	-24	-25	-28	-117

#### 4.6.2 Adult Mental Health

The current commitments stands at £823k for December which is a favourable movement of -£99k since the start of the financial year.

Adult Mental Health £'000	Start	Q1	Q2	Oct	Nov	Dec	Movement since start
Nursing	53	53	53	53	53	53	0
Residential	594	696	661	649	641	582	-12
Short Stay / Respite	35	1	1	1	1	1	-34
Direct Payments	234	232	193	194	192	183	-51
Homecare	384	390	390	389	388	386	2
Daycare	2	2	2	2	2	2	0
	<b>1,303</b>	<b>1,374</b>	<b>1,300</b>	<b>1,288</b>	<b>1,277</b>	<b>1,208</b>	<b>-95</b>
Client Income	-49	-47	-52	-52	-53	-48	1
Health / Other Income	-331	-364	-365	-376	-376	-336	-5
	-381	-411	-417	-428	-429	-384	-4
	<b>922</b>	<b>963</b>	<b>884</b>	<b>860</b>	<b>848</b>	<b>823</b>	<b>-99</b>
Monthly movement	0	-2	5	-23	-12	-25	-99

#### 4.6.3

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

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

#### 4.6.4

#### Older People's Mental Health

The current commitment stands at £453k for December

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

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

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

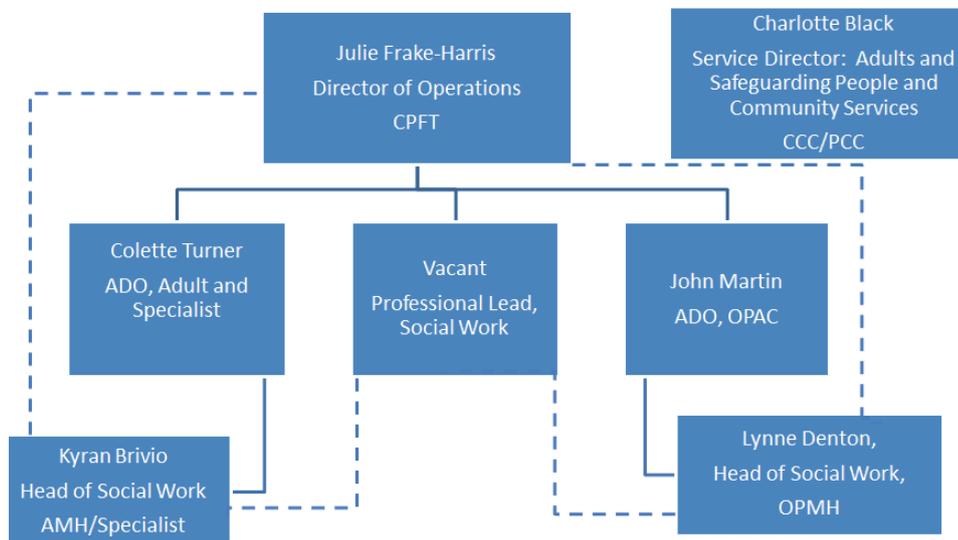
## 4.7 Risks

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

- A cost of care exercise is being undertaken with the Homecare market to determine current business models and the financial mechanisms/incentives that could increase capacity.
- The Discharge and Transition Block Cars contract has been extended to allow a further procurement exercise with the aim of delivering greater utilisation and effectiveness.
- The Framework for Homecare providers has opened recently to allow new providers to enter the market and deliver further capacity
- 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 ongoing training and staff progression. The AMHP duty rota is currently being supported through deployment of a locum AMHP and a recruitment campaign for a substantive 0.6 WTE AMHP post is being progressed. This

issue is being addressed through the Annual Development Plan to the Mental Health Section 75 Partnership Agreement with improvement of the AMHP structure being included as a key work stream.

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



## 5. CONSULTATION

- 5.1 No consultation needed.

## 6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 No significant implications

## 7. REASON FOR THE RECOMMENDATION

- 7.1 The report aims to update the Committee on service and financial performance and activity arising from its statutory duties.

## 8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 N/A

## 9. IMPLICATIONS

### 9.1 Financial Implications

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

### 9.2 Legal Implications

No legal implications arising from the report, as it has been produced to provide updating information on the delivery of services and performance data, as well as flagging any areas where work still needs to be done in order to deliver a full service.

9.3 **Equalities Implications**

No significant implications arising from the report.

9.4 **Rural Implications**

No significant implications arising from the report.

9.5 This report has no implications for Children In Care and Care Leavers.

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None used.

**11. APPENDICES**

11.1 No appendices.

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