

Report of the Cabinet Member Children, Schools and Skills

I have been asked to report, by Councillor Connett,

.....on the Review of Health Assessments for children in care - for example, what is the number of assessments in the past 12 months, how many are up to date and complete, how many await review; and

.....on Child and Adolescent Mental health Services - particularly to include referral to treatment times for each quarter period of 2015-16 and to current date and number of patients waiting for an appointment following referral.

Health Assessments for Children in Care

I am very pleased that this question has been raised as it reflects the Council's commitment to its corporate parenting responsibilities for the most vulnerable children in our community, our children in care.

The responsibility for health assessments rests with our partners in the CCG, however as Corporate Parents it is our responsibility to hold all of our partners to account for their delivery of their statutory responsibilities to this group of children and young people.

As chair of the Corporate Parenting Board it has been my job to maintain a focus on the health of children in care to make sure the performance of our partners in this area improves.

The Council makes an annual return to Government on performance in this area. For year ending March 2015, we reported that 76% had their review assessment in timescale. For year ending March 2016, we will report 79% of review assessments in timescale. (**2016 data is still provisional, it will be finalised at the end of May, we don't anticipate significant change*)

This is an improvement but we are not complacent, there is more to do on timely initial assessments to match the performance of 'good' Local Authorities and we need to be satisfied that the quality of the assessments is high. Our colleagues in the CCG are introducing systems to measure quality as well as further improving the timeliness. The Corporate Parenting Board will continue to closely monitor and challenge this aspect of service

RHAs held in time during 2014-15?

- 445 OC2 children were eligible for a RHA during 2014-15
- 345 of the 445 had an RHA within the year i.e. 76%

RHAs held in time during 2015-16 ?

- 443 OC2 children were eligible for a RHA during 15-16
- 351 of the 443 had an RHA within the year i.e. 79%

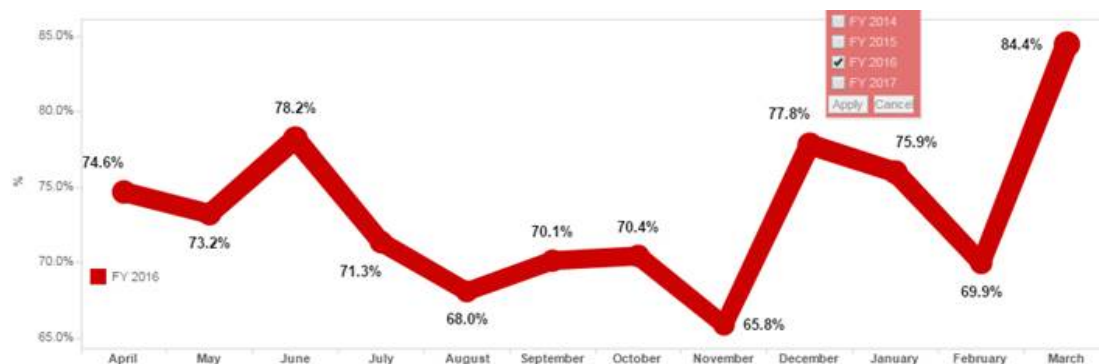
Child and Adolescent Mental Health Services

In response to the specific issue raised, performance by the service in meeting the referral to treatment time of 18 weeks has fluctuated during the year. The CCG made an additional investment of £160k into the service with the expectation that RTT would achieve 80% by 31st March 2016. Virgin Care has exceeded this target at 84.4% of children seen within 18 weeks.

However there remain 636 children waiting despite the achievement of the March Target. A more stretching target of 92.5% has been set for September.

As the lead member for Children, CAMHS remains a priority for improvement. I believe that a transformational approach is needed to ensure children's needs are met in a timely and proportionate way. Our recent investment in early emotional well-being services for school children is an excellent example of re-thinking how and when we provide services to try to prevent problem escalation and increased pressure for children and families. I want to see stronger and more effective Early Help for children and families, more systematic joined up working for children with the most complex needs and the implementation of transformation plans for CAMHS designed to get the right service, to the right children, at the right time.

RTT Treatment within 18 weeks



CAMHS RTT stats as at 25/4/16

Councillor James McInnes
Cabinet Member
Children Schools and Skills

Report of the Cabinet Member **Highway Management and Flood Prevention**

I have been asked to report, by Councillor Dewhurst,

“... on parking on pavements in the light of the North Devon Journal’s assertion that pavement parkers could soon be fined £70. Can he please elaborate on his comment in the article that Enforcement Officers continue to gather data on this issue and describe exactly what data is gathered?”

And also by Councillor Connett, as follows

“.....on the future, funding and availability of the school crossing patrol service in Devon”.

Parking on Pavements

Addressing pavement parking remains a dilemma for local Authorities, as there are no specific powers for our Civil Parking Enforcement Officers to enforce “obstruction” of highways, or, footways. Whilst there is scope to prohibit pavement parking using a Traffic Order and signing, this is not deemed proportionate as there would be an expensive and intrusive proliferation of signing.

Vehicles found parking on pavements can often be attended to using another contravention, and our officers do carry out enforcement in these circumstances. For example, where pavement parking is occurring adjacent to a waiting restriction (single or double yellow lines), the waiting restriction can be enforced. Similarly, parking across a raised or dropped footway (used for pedestrians, cyclists, or vehicles, crossing, leaving, or, entering the carriageway) can be enforced, so a vehicle parked entirely or partially on the pavement at or adjacent to a raised or dropped footway can be attended to on this basis.

However, last month (April 2016) the Department for Transport published it’s draft Cycling and Walking Investment Strategy; (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512895/cycling-and-walking-investment-strategy.pdf). Within this document there is reference that the department will be working with stakeholders to examine the legal and financial implications of an alternative pavement parking regime and the likely impacts on local authorities. This will commence with a roundtable between the Parliamentary Under Secretary of State for Transport and key stakeholders to help inform the Department’s subsequent research.

This is a positive step following parliament’s decision not to proceed with the Bill to ban pavement parking last December and the County Council is supportive of this move.

There has been recent local and national press coverage on the possibility of a pavement parking fine of £70. However, Government has yet to set out regulations for enforcement and agree the level of fine.

To assist with our understanding of pavement parking issues we are currently gathering information via our online reporting form;

<https://new.devon.gov.uk/roadsandtransport/parking/pavement-parking/> to identify the scale of the issue in Devon, and, if appropriate, may offer the information gathered in support of the departments work. The information gathered includes location, frequency of pavement parking issues and how the parking impacts the person (e.g. are they in a wheelchair, using a pushchair or visual impaired)

I am the Vice Chairman of PATROL which is also pushing Government to give County Council CPE the powers to ticket those parking on pavements.

Meanwhile the parking service have developed an updated pavement parking leaflets and where we find specific issues on key pedestrian routes, our civil enforcement officers will place these educational leaflets on vehicles parked on pavements

School Crossing Patrols

All of these issues will feature in the Councils (and Cabinets) consideration of the Notice of Motion in due course. A briefing paper will be made available and I will ensure Councillor Connett receives a copy and I look forward to his contribution to that debate.

Councillor Stuart Hughes
Cabinet Member
Highway Management and Flood Prevention

Report of the Cabinet Member - Adult Social Care & Health Services Care Homes Report May 2016

I have been asked to report, by Councillor Connett, on

'the financial viability of residential care and nursing homes in Devon, especially in light of media reports that many care homes across the country could close..... to include the weekly fees paid by Devon County Council for care places'.

Response to media reports

The National reported suggestion is that 25% of homes were in financial problems. In Devon this is mitigated largely by the significant number of single home ownership businesses, or small businesses with very low borrowing. The report was prompted by concerns about a large national residential care provider who has a very significant number of homes but has none in Devon. To fund growth and acquisition funding often uses venture capital sources where interest rates are very significant. The loan to value (LTV) issue isn't as prevalent in Devon as this mostly applies to the very large groups who re-finance regularly and are susceptible to small changes in the market.

Market Assessment

The residential care market is seeing a constant reduction in capacity and we regularly report that placement numbers are staying the same or reducing. The Devon market comprises many small single home owners and a few larger owners who own up to 6 homes in our area. Capacity isn't always in the right location leaving areas of overcapacity and nursing care homes in some areas experience recruitment difficulties. Older homes can experience challenges in meeting the increasing standards being applied by CQC and we are seeing some smaller home closures being replaced by development of larger homes

DCC's cost model for setting older people care home fees

The current cost model has been in place since 2012 and survived judicial review. It is updated annually to take account of inflation and other changing factors in the sector. Last month following consultation with providers fees were increased by an average of 6% in order to reflect the introduction of the Living Wage and other increases in provider costs.

Fees including market premiums

The average fees from March 14 to March 15 paid by the Council were around 7.4% for residential placements and 10.0% for nursing placements, compared to 2 years ago this is 14% and 17% higher. The average fee currently being paid is £505 per week for residential care and £695 per week for nursing care, (including Funded Nursing Care of £112). This takes account of premiums being paid in around 21% of residential placements and 36% of nursing placements. For Older People care home placements the baseline fees are now £468 per week for standard residential care, £500 per week for enhanced residential care, £615 per week for standard nursing care and £640 per week for enhanced nursing care - these include £112 per week Funded Nursing Care paid by the NHS.

Market stimulation

A capital investment and grant programme is being developed in collaboration with the DCC Economy and Enterprise team. It is expected to deliver £2m into the sector in 2016 / 17 and is intended to stimulate significant additional care and nursing capacity in areas where there is a reduced sufficiency.

Improving Quality of Residential Provision

My impending newsletter will provide more detail but I want to congratulate our care home providers who are delivering outstanding or good care. The latest CQC assessments report shows the Devon result as:

<u>CARING</u>	<u>92% of Homes are outstanding or good</u>
EFFECTIVE	72% of Homes are outstanding or good
RESPONSIVE	75% of Homes are outstanding or good
WELL LED	75% of Homes are outstanding or good
SAFE	66% of Homes are outstanding or good

Our quality and improvement teams will be continuing the good work they have been doing to raise the standards further and work with providers on those areas that need attention

Report of the Cabinet Member - Adult Social Care & Health Services Delayed Transfers of Care Report May 2016

I have been asked to report, by Councillor Connett, on

'the efficiency of delayed transfers of care/hospital discharge arrangements to include details of longest waits for discharge and adequacy of domiciliary care provision across the county'.

Delayed transfers of care

The majority of cases for delayed discharge are waiting for further non-acute NHS care (including intermediate care). The following indicates the relative positions for the last 9 months

	All	Health	Social Care
Jun-2015	127	106	21
Jul-2015	146	129	17
Aug-2015	129	105	24
Sep-2015	141	119	22
Oct-2015	108	82	26
Nov-2015	113	91	22
Dec-2015	91	77	14
Jan-2016	118	91	27
Feb-2016	105	75	30

Reasons for delayed transfers of care

Main reasons for delays over the last 12 months include awaiting a care or nursing package in own home (21%), awaiting a residential care home placement (20%), awaiting completion of assessment (19%), awaiting a nursing home placement (17%) others would relate to specialist provision or adaptations etc.

Domiciliary Care

The council has made a considerable investment in domiciliary care through its new "Living Well at Home" contract, commissioned jointly with the two CCGs. It was awarded in April with a provisional go live date of mid-July, the new contract is designed to improve carer recruitment and recognition and it includes:

- improved pay and conditions for paid carers including paid travelling time
- improved quality with requirements for training and qualifications
- involving primary providers as strategic partners in whole system planning
- addressing DTOC issues and planning additional provision for peak periods of demand

Unfilled packages of care

Domiciliary care services are delivered to 4000 people per week (over 40,000 hours of care)

The NHS/Social Care combined data shows that

- delays represent 1.25% of total demand
- numbers peaked at just over 100 people in January 2016 as a result of winter pressures
- numbers have now settled at around 50-55 across the county, the lowest in 2 years
- there is almost no waiting time in northern Devon 3 - 4 people;
- around 30 people in Exeter, East and Mid Devon
- around 20 people in Southern Devon

The longest average waiting times would be just over a month, these are the few cases where there is a particularly complex care need which needs either specialist residential care to be arranged or enhanced care at home where additional equipment and other facilities may be required to be installed before the person can be discharged. All people who are waiting for care have contingency plans in place, are monitored actively and are safe. The latest operational projects which are significantly reducing figures include patients being discharged to home for assessment.