

County Council
Thursday, 21st July, 2022



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DEVON COUNTY COUNCIL

To: Members of Devon County Council

County Hall
Exeter
EX2 4QD

13 July 2022

AGENDA

9. Cabinet Member Reports (Pages 1 - 32)

To consider reports from Cabinet Members.

Report of the Cabinet Member for Policy, Corporate and Asset Management

I have been asked to report as follows for Full Council on 21 July 2022:

By Councillor Hannaford on:

.....the latest results from the 2021 National Census, Specifically, what are the key findings for the Devon County Council area, and how will we be using this new data set to shape our strategic plan and service delivery.

By Councillor Bailey on

.....the use of settlement agreements within the children's services department including the number of settlement agreements and the annual payments over the past 10 years, and whether they contain confidentiality clauses. Please identify the number of payments made each year over £20,000.

Responses

1. 2021 National Census

The first 2021 census data was published for England, Wales and Northern Ireland at the end of June 2022.

The Census puts the population of Devon at 811,600. This is up from 746,400 ten years ago – an increase of 65,200 or 8.7%. The largest increase was East Devon which saw an increase of 18,400 people – up 13.9% from 2011 to 150,800. West Devon saw the smallest increase with 3,600 extra people taking the total to 57,100 – an increase of 6.7%.

Similar to the national picture there has been an increase in the number of older people living in the county. Since 2011, there are now 40,800 more people aged 65 and over in Devon taking the total number to 209,400 or 25.8% of the total population. In 2011 the figures were 168,600 (21,100 more) & 22.6%.

The ONS will publish topic summaries for England and Wales between October and December 2022. These include characteristics like ethnic group, religion, and nationality; employment and housing status; and health and education. Initially, this data will be available for local authorities and for small census areas (called Output Areas, Lower Super Output Areas, and Middle Super Output Areas). This will be followed by data for other geographical areas, including parliamentary constituencies.

Agenda Item 9.

The Census data will provide important information for predicting the need for services and setting the Council's budget. As more detailed Census data becomes available, a programme of local analyses and reports will be developed, including local breakdowns and community profiles, interactive dashboards and maps, and detailed reports on specific topics to inform strategy development and service delivery. Census data will also play an important role in the Council's work to implement the findings of our race equity audit, with the updated population information providing the means to monitor recruitment, access to services and outcomes in relation to race. For the first time the census also asks questions about sexual orientation, gender identity, and whether respondents have previously served in the armed forces, further broadening our understanding of the Devon population and supporting work with our partners.

Further details about the census data issued in June is provided in the document attached as an appendix.

2. Settlement Agreements

The data requested is sensitive in nature.

This is not due to a reluctance to share the information, but in a year-by-year format the data could very easily identify particular individuals which would be a breach of data protection legislation and also risks the Council breaching confidentiality obligations contained within the terms of the settlement agreements themselves.

I can however highlight that since 2013/2014 and up until the current date, a total of £747,232 had been paid for a total of 20 settlement agreements within the Children's Services department. Of those 20 settlement agreements, 12 were in excess of £20,000.

Councillor John Hart

Cabinet Member for Policy, Corporate and Asset Management

First results for Devon

The first data from the 2011 Census have been released by the Office for National Statistics. They show an increasing and ageing population both nationally and in Devon.

The national picture

The figures show that the population of England is **56,597,300**. This is an increase of **3,490,100** – or **6.6%** – over the past ten years. The largest increases have been in **the South East**(an increase of just over **9,300,000** – **7.5%**) and **London** (a **8,800,000** – **7.7%** increase). In percentage terms the largest increase was **East of England** (up **6,300,000** **8.3%**) followed by the **South West** with an increase of **5,700,000** **7.8%**.

Figure 1 England total population 1801-2021

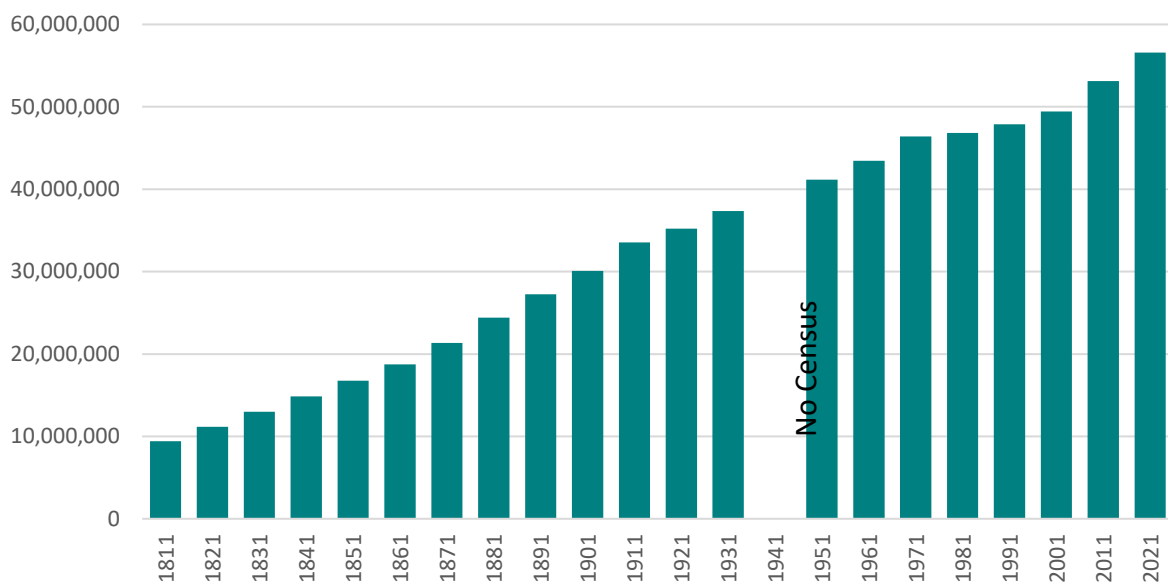
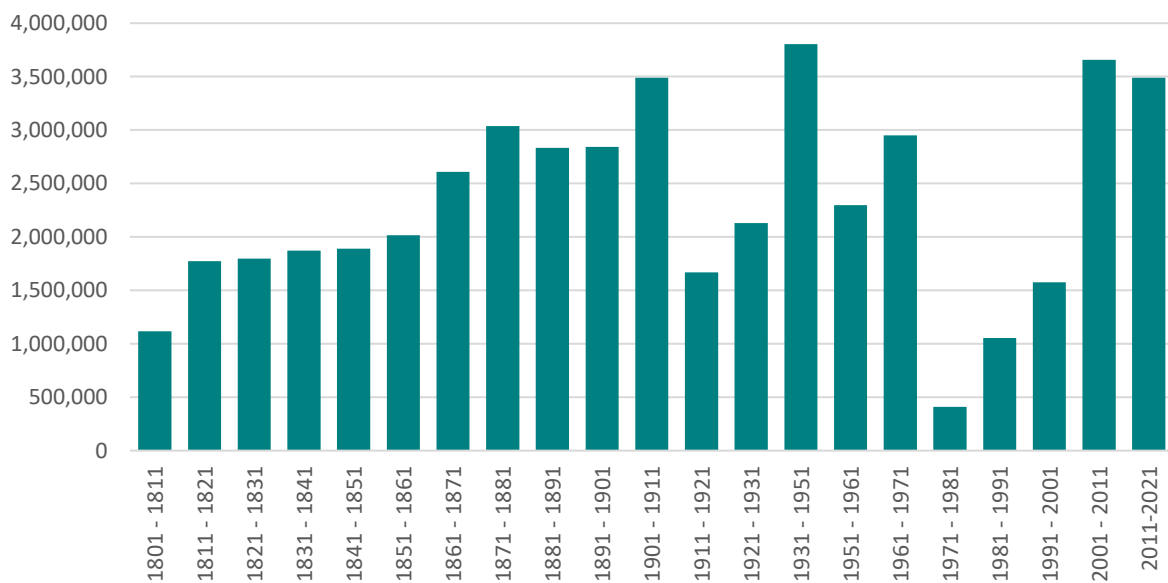
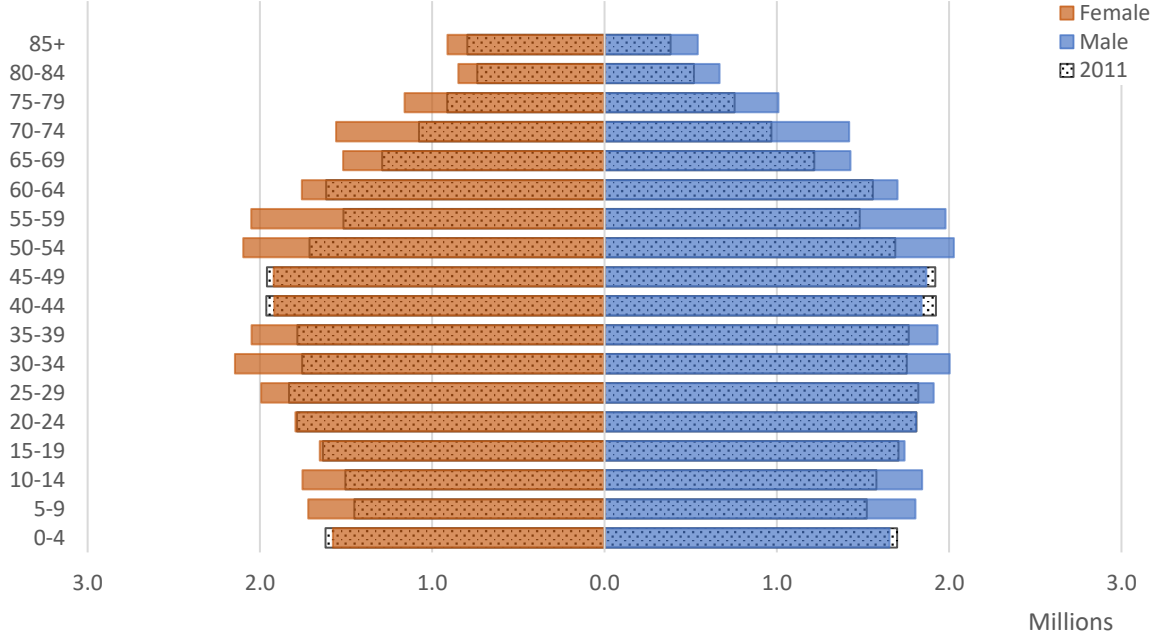


Figure 2 Intercensal population change



The population structure is also ageing. There are now **11.1** million people aged 65 and over, which is **18.6%** of the population. In 2011 the figure stood at 9.2 million, or 16.4%.



The local picture

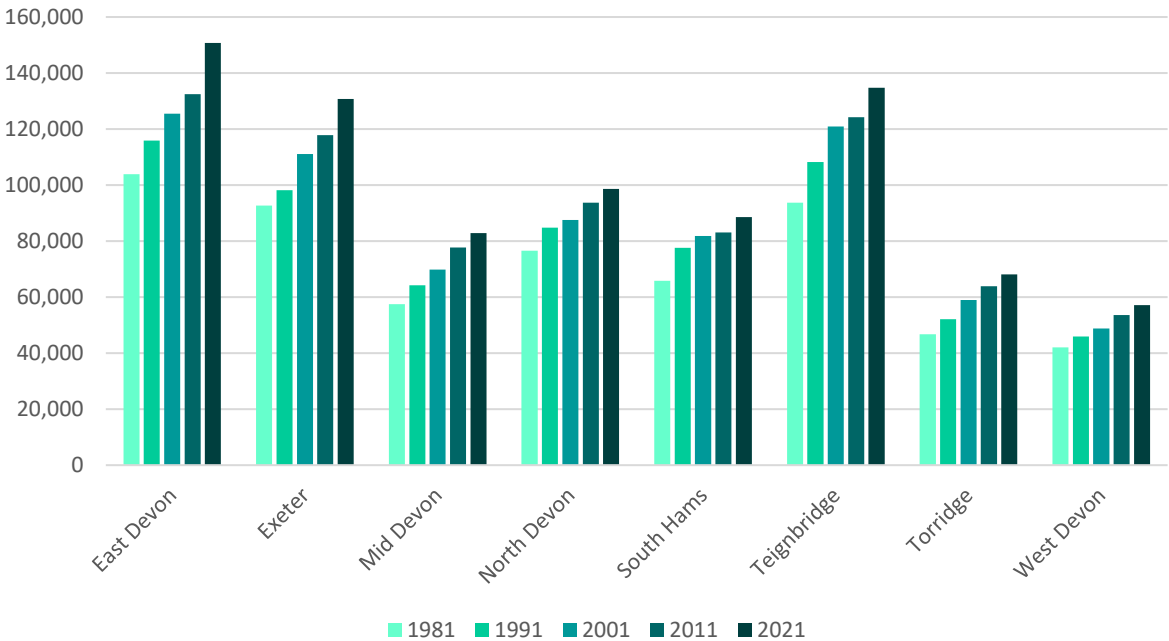
The Census puts the population of Devon at **811,600**. This is up from 746,400 ten years ago – an increase of **65,200** or **8.7%**. The largest increase was **East Devon** which saw an increase of **18,400** people – up **13.9%** from 2011 to **150,800**. **West Devon** saw the smallest increase with **3,600** extra people taking the total to **57,100** – an increase of **6.7%**.

Table 1 Population change 2011 to 2021

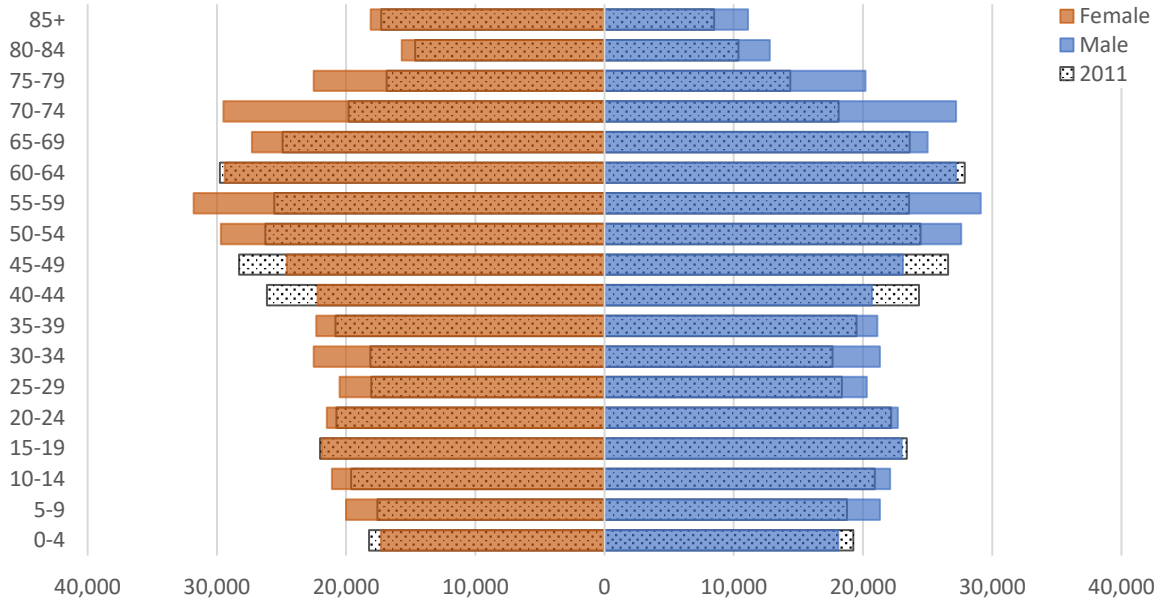
	2011	2021	Change	
East Devon	132,400	150,800	18,400	13.9%
Exeter	117,800	130,800	13,000	11.0%
Mid Devon	77,800	82,800	5,000	6.4%
North Devon	93,600	98,600	5,000	5.3%
South Hams	83,100	88,600	5,500	6.6%
Teignbridge	124,300	134,800	10,500	8.4%
Torrige	63,900	68,100	4,200	6.6%
West Devon	53,500	57,100	3,600	6.7%
Devon	746,400	811,600	65,200	8.7%

The past forty years have seen a steady growth in population across all Devon’s districts. **The change is generally steady except East Devon & Exeter which have accelerated recently?**

Figure 3 Change in total population 1981-2021

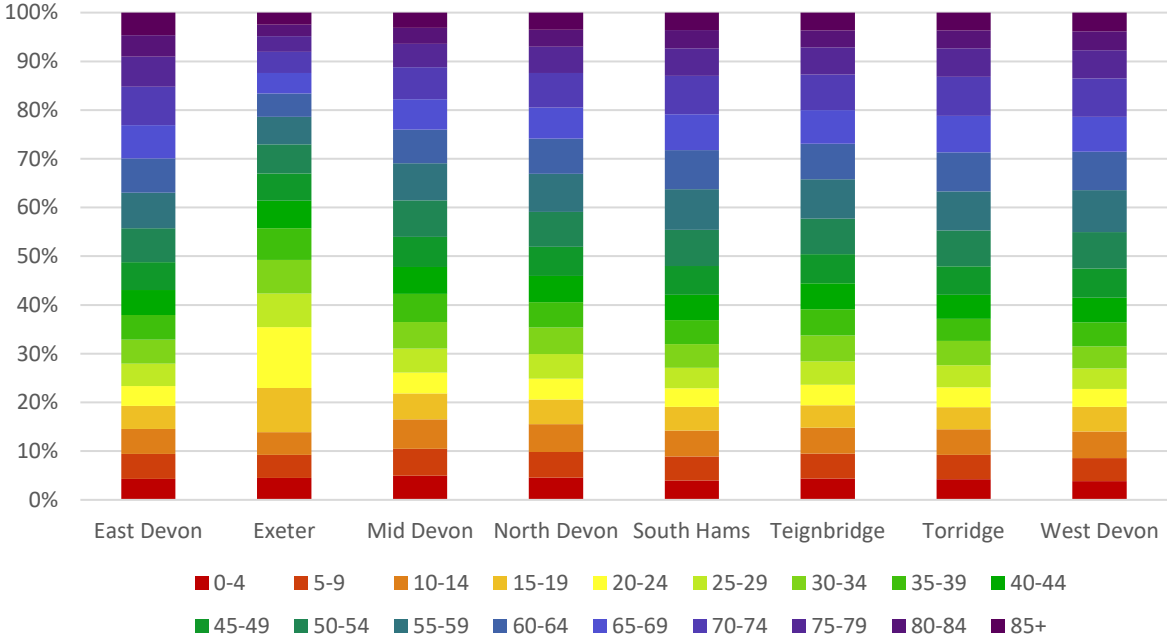


Similar to the national picture there has been an increase in the number of older people living in the county. Since 2011, there are now **40,800** more people aged 65 and over in Devon taking the total number to **209,400** or **25.8%** of the total population. In 2011 the figures were 168,600 (21,100 more) & 22.6%.



The age structure differs significantly between districts with **49%** in Exeter aged under 35 compared to just **32%** in **West Devon**. However, just **17%** of people in Exeter are aged 65 and over compared to **30%** in **East Devon**.

Figure 4 Age structure of district council areas



There has also been a corresponding increase in the number of households in the county. The largest increases were **East Devon** and **Teignbridge**, which saw an increases of **7,700 (13.0%)** and **5,800 (10.7%)** respectively.

Table 2 Household change 2011 to 2021

	2011	2021	Change	
East Devon	59,100	66,800	7,700	13.0%
Exeter	49,200	52,500	3,300	6.7%
Mid Devon	32,800	35,600	2,800	8.5%
North Devon	40,000	43,200	3,200	8.0%
South Hams	36,900	39,300	2,400	6.5%
Teignbridge	54,000	59,800	5,800	10.7%
Torridge	28,000	30,500	2,500	8.9%
West Devon	22,700	24,800	2,100	9.3%
Devon	322,600	352,600	30,000	9.3%

In Devon there are, on average, **2.3** people per household. This compares to **2.41** people in England as a whole. If the average household size in Devon matched the national figure there would be **12,200** fewer households. This relatively small household size may be due to the age structure of the population with more older people living alone, although the full picture won't be known until more data are released later in the year.

Except in Exeter , East Devon & South Hams, the household size has decreased across all Devon districts between 2011 and 2021.

Table 3 Change in average household size 2011 to 2021

	2011	2021
East Devon	2.24	2.26
Exeter	2.39	2.49
Mid Devon	2.37	2.33
North Devon	2.34	2.28
South Hams	2.25	2.25
Teignbridge	2.30	2.25
Torridge	2.28	2.24
West Devon	2.36	2.30
Devon	2.31	2.30

The most densely populated district is **Exeter** with **2,783** people per square kilometre. By comparison, the least densely populated district is **West Devon** with 49 people per square kilometre.

Table 4 Population and household density (per ha.)

	Size (km ²)	Population density	Household density
East Devon	814	185	82
Exeter	47	2,783	1,117
Mid Devon	913	91	39
North Devon	1,086	91	40
South Hams	886	100	44
Teignbridge	674	200	89
Torridge	984	69	31
West Devon	1,160	49	21
Devon	6564	124	54

Report of the Cabinet Member for Highway Management

Introduction

I have been asked to report to Council by Councillor Hannaford on the following:

1. The Civil Parking Enforcement Roads & Transport Consultation 2022, including number of responses overall and per district, and specifically the response to the proposals to raise charges and fees.

And by Councillor Letch as follows:

2. Since January 2019 DCC has paid out £181k in compensation to road users. Report requested on:
 - 1 The breakdown of amounts and types of claims.
 - 2 The current number of staff for road repairs.
 - 3 The number of road defects currently registered on our system.
 - 4 A timetable of when defects will be repaired.
 - 5 The impact of the 0.4% budget increase for highways in 2022 (a deficit in real terms).
 - 6 Plans to lobby central government for realistic help to fix our highways problems.

Reports

In response to the requests my reports are as follows:

1. The Civil Parking Enforcement Roads and Transport Consultation 2022

Following a review of the Council's policy on Residents Parking, the Council's Cabinet Committee agreed a new policy in December 2020 which included a number of proposals to improve the system for residents, businesses and commuters whilst continuing to support DCC's work to reduce traffic congestion, improve air quality and reduce the county's impact on climate change.

A traffic regulation order has been advertised to allow the public to be consulted on those changes. The advert running from the 1st of June to the 1st July. Emails were sent to all current permit holders in Devon that had registered their email address with us. An advert was also placed in the Western Morning News.

In total 767 responses were received in response to that consultation. The team are currently reading and collating those responses so that we can decide on how the scheme is progressed. I am not able to report at this stage on the geographic split or specifics of the comments. However, I have asked for this to be placed on the agenda for the September Cabinet with a full report so we can democratically and transparently review what our residents have said.

2. Highway claims, staffing, defects, funding and lobbying

In 2021 the County Council received 959 insurance claims for damage, with potholes making up 82% of all claims. Joint working between both Legal Services and the Highways and Traffic Management Teams resulted in 80% of all claims being repudiated.

To date we have received 229 claims in 2022.

With regard to resources employed, the Contractor adjusts their resources to meet the seasonal demands across the network. At the beginning of July there were 32 gangs assigned to repairing defects, this translates to approximately 70 to 80 operatives. In busier times this can go as high as 40 gangs (approximately 100 operatives).

As of the 12th July there are 711 recorded potholes that are awaiting repair. The timescales for these potholes to be repaired is based on the risk based approach laid out in the current Highway Safety Policy approved by Cabinet in December 2020. Our team of trained Highway Safety Inspectors determines whether the response should be immediate (within 2 hrs), next day, 7 day or 28 days based on the risk to the road user. They can also select a 90 day response for non-safety repairs.

The biggest immediate challenge facing the Highways and Traffic Management Service is inflation which has seen costs for works rise by approximately 15% in the first six months of the year. The Service has to prioritise safety related works over preventative maintenance so the reactive response to potholes is unlikely to be affected. The impacts will be felt in the non-safety related cyclical type activities which is likely to lead to a longer term deterioration in the network.

A briefing for MPs is currently being drafted. The Service has been in discussion with the Department for Transport, other Highway Authorities across the south west and south of the country and spoken with the chair of ADEPT (Association of Directors of Environment Economy Planning and Transport to ensure consistency of message and to avoid a negative reaction to any lobbying.

Councillor Stuart Hughes
Cabinet Member for Highway Management

Report of the Cabinet Member
Children's Services and Schools

I have been asked to Report as follows for Full Council on 21 July 2022:

1. By Councillor Adams as follows, although as stated at the Cabinet, I would provide a Report on the issues raised and an action plan:

In the light of the recent Ofsted report into SEND services at the Council, may I request from the Cabinet Member for Children's Services, a report into the urgent measures and the outline of an action plan, being put in place at present, to improve this distressing situation for schools, parents and especially the many vulnerable children, in our authority that are in dire need of timely and effective SEND support.

2. By Councillor Hannaford as follows:

.....on the effect inflationary pressures are having on school meals in Devon.

Specifically ensuring that children are not choosing or accessing less nutritious or varied options.

For example, there is a trend nationally, that children aren't opting for a roast dinner , with or without meat, that comes with four or five different vegetables, and going for a pasta bake that does include the advised five a day.

Furthermore, are we looking to potentially subsidise meals to ensure our children are not missing out.

3. By Councillor Aves as follows:

On Mental Health in Devon:

So many people are suffering from not having timely help to support their Mental Health illness or disorder.

How has Mental Health support improved in Devon over this last year for both adults and children, different genders?

What is available? Is there parity across areas of Devon for this support?

How long are the waiting times to be seen for assessment and for treatment?

What capacity for improvement in treatment and support is there?

What are the figures for those needing support, showing how that has changed over the last five years?

4. By Councillor Bailey as follows:

In light of the child trafficking of Sir Mo Farah when he was nine years old, please can the Portfolio Holder for Childrens Services provide a report on child trafficking in our county and what Devon County Council is doing to identify and prevent it.

Responses

1. Ofsted Report into SEND

1) At the last Cabinet meeting, I agreed to bring a report to Full Council to set out the service's response to the recent SEND letter and to detail the Action Plan to address these failings and improve the service. I would like to set some context for Members.

2) In preparation for the Inspection, D.C.C. leadership team were able to provide a detailed self-assessment acknowledging that there has been no progress in the four areas of weakness identified in the first inspection:

a. Strategic plans and the local area's SEND arrangements are not embedded or widely understood by stakeholders, including schools, settings, staff, and parents.

b. The significant concerns that were reported about communication with key stakeholders, particularly with parents and families.

c. The time it takes to issue education, health and care (EHC) plans and the variable quality of these plans. Plans do not consistently capture a child and young person's needs and aspirations. EHC plans are not able to be used as a valuable tool to support the planning and implementation of education, health and care provision to lead to better lived experiences for the child and their families.

d. Weaknesses in the identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder (ASD).

3. The leadership team demonstrated to Ofsted that they:

- Therefore, already have a clear understanding of the weaknesses in the service and how to address these
- Are already taking the steps to deliver improvement

The inspection was an inspection of the Local Area, which includes D.C.C. and partners. Since the initial inspection of 2018 there has been both a DfE and NHS adviser involved with supporting improvement.

4. However, the DfE has understandably challenged us in relation to the need to make headway on reducing the backlog of annual reviews-which is still accumulating-there is a need for far greater caseworker and leadership capacity.

5. Shortly before the Inspection, the Parent Carer Forum shared the feedback from their parent survey which mirrored the findings of the Inspectors in terms of our relationships with children and families, the quality and level of service that we provide, particularly around quality and timeliness of Education and Health Care plans (EHCP) and the need for vastly improved relationships and communication with families.

6. In January, the Interim Director for SEN conducted an early assessment of the weaknesses within the system and was quickly able to put some tactical improvements in place to stabilise the service wherever possible as part of an overall improvement plan. I have set out a list of actions below that are already in train.

Actions on the ground:

1. Recruitment has been underway to ensure greater capacity and skills in delivering services to families- based on forming and improving relationships. The caseloads are far too high, with one caseworker to 500 children's cases. The involvement of the Parent Forum co-chairs in recruitment has been pivotal in ensuring relationships with families are a focus of casework. This has to date included recruiting 14 new permanent staff to the service.
2. In addition, there has been further recruitment to create a 'backlog' team to oversee the delayed annual reviews and there is now a team of 10 experienced virtual case officers in place with a lead. In the past month they have closed 100 reviews. We have taken advantage of technology and Teams meetings to recruit virtual caseworkers with experience and skills. Our Parent Forum co-chairs have been alongside side us at all of the interviews. The team needs to be further expanded.
3. Appointed a lead Annual review officer to quality assure annual reviews and train staff.
4. Deployed in the first instance two virtual case officers in the backlog team to focus solely on post-16 young people. We need to add greater capacity here.
5. There is delegated leadership now to robust leads for the backlog team, and post-16 work, who will work together to ensure
6. The deputy director leading by example to the 0-25 service by meeting (virtually or face to face) parents before they escalate their complaint so that their voice is heard and listened to.
7. Providing clear direction in engagement with children, young people and
 - a. families so that schools and further education providers improve the opportunities, communication with and outcomes for our young people and their families.
8. We have established a multi-agency assessment panel to ensure children and young people referred to EHC needs assessment are considered in more a robust way.
9. Commissioned a quality assurance tool from Invision 360 which will involve
 - a. multi-agency collaborative quality assurance and training for caseworkers in relation to annual reviews and EHC Plans.
10. Commissioned a data company to develop a dashboard.
11. Established a High Needs Funding sub-committee of the schools forum.

Since the inspection in May 22, we have:

1. Refreshed the SEND board, agreed governance and membership with partners,
 2. secured more senior support
 3. Developed an action plan with KPIs and milestones based on the parent career survey-in liaison with the Parent Forum-this is now being considered across the Local Area
 4. Used this work to develop a draft Accelerated Progress Plan based on the Parent Survey and the Ofsted inspection outcome letter. Now being reviewed and further developed across the Local Area.
7. The focus has been on improving outcomes for children and young people through changing culture and practice to be restorative rather than process driven.

8. Partnership between senior local areas leads, including health partners and the Parent Forum is fundamental in showing that there is the right leadership capacity to take any development of a joint improvement plan forward. This cannot be solely a DCC one. We are also required to work with the DfE and NHS inspectors. We are required to work alongside the Department for Education (DfE) and the NHS to set out the full improvement plan. The official meeting with the DfE happened on 19 July 2022.

9. There have been weekly meetings between the Deputy Director and the co-Chairs of PCFD (who now have an office in County Hall) to ensure the parent voice is embedded in improvements. The Parent Carer Survey gave clarity about the poor experiences of families 'on the ground' and was reflected in the Ofsted inspection. This survey also made positive recommendations and KPIs are developed in the draft action plan, drawing on the impact of service delivery on the experience of families. This action will be embedded in a wider improvement plan following the Ofsted inspection.

10. The SEND Board has agreed it will provide governance over the development of the plan, along with oversight of its implementation and impact.

11. The DfE meeting on 19th July set out that we will most likely have a government intervention which will involve an accelerated action plan developed in liaison with our partners.

12. The Interim Deputy Director has already worked with our Parent Forum Co-chairs to develop a draft action plan based on the findings of the parent Care survey and used the KPIs/metric from the survey to set targets -this will need to be worked upon by all stakeholders at pace and developed into an Accelerated Programme Plan, agreed upon by the DfE. The DfE adviser and Health adviser have already had an informal meeting with the Interim Deputy and will again on Thursday. Health partners as well as the Parent Forum co-chairs have been invited.

13. I would like to state my support for the D.C.C. leadership team for their proactivity in partnership work both with the Parent Forum, health partners, and education providers to ensure there is a wider Local Area approach, as well as close working with the DfE and NHS advisers. This is creating the conditions for the Council itself to support the delivery of the changes needed with their support. Whilst no Council wants to be subject to Intervention, this is an opportunity for the Council to support the leadership team in every way possible to ensure that all children, young people, and families in Devon receive the best possible service from a council that cares and truly wants every child to reach their full potential and live fulfilled lives.

2. Inflationary Pressures on School Meals

There are two separate issues to respond to here. I am not sure that inflationary pressures necessarily directly influence the choices of our children and young people in the dinner queue at schools. Helping children and young people to make healthy choices, including ensuring that they get their five a day, is something that I am very keen for schools to promote but with the support of families and our partners.

As a Council we don't hold data on the purchases of school meals so we do not have a specific evidence base relating to the specific choices of children and young people. It is for schools to make their choices in terms of their supplier of school meals or the ingredients that make up schools' meals. I agree that it is important that children and young people have access to healthy options in school.

In terms of ensuring that the most vulnerable receive help, the provision of Free School Meals is based on a national funding formula factor. Schools choose how this money is spent as part of their overall budget setting. There is currently no consideration for Devon County Council to subsidise schools.

3. Mental Health in Devon

This is a very complex area of provision and we have conferred with partners in DPT and CFHD, since NHS commissioners and providers usually work closely on this type of response. Also, the request for the Report spanned both Children's and Adults Services, which of course is two separate Cabinet portfolio's.

Attached as an Appendix to this Report is a recent paper produced for Health & Adult Care Scrutiny Committee, which describes aspects of Mental Health prevalence, impacts of COVID, national forecasts of demand and key developments, challenges and opportunities faced in addressing the mental health needs of Devon's population. This responds to many of the questions posed by Councillor Aves.

However, these important questions require a reasonable amount of detail and context in order to explain fully and I would suggest a timescale be agreed for a specific analysis and presentation, as a Report and/or masterclass session which would allow for sufficient differentiation between types and intensity of services to make for meaningful descriptions of the issues and opportunities and the impacts on the population.

This would include NHS provision, MH social work and wider community, Voluntary, Community and Social Enterprise Sector provision, all of which are part of how we would interpret "support" in the questions posed.

There is also work in terms of the impacts of recent system financial choices made in the context of the Integrated Care System as a whole, which could be described at that later date also.

I will conclude with a response to the question posed on 'what capacity is there for improvement in treatment and support', which is three-fold:

- The Integrated Care System is establishing a "Provider Collaborative" which brings commissioning and provision decisions closer together with greater input from experts by experience on an equal footing with experts by training working with the pooled resources, assets and experience of statutory and non-statutory partners. The Provider Collaborative is shadowing NHS commissioning responsibilities currently with a view to delegation by 23/24.
- The Community Mental Health Framework is a national policy shift in Mental Health, which more explicitly seeks to join up services much closer to the point of need in primary care and communities for those with severe mental health problems. This CMHF has started across all 31 Primary Care Networks in Devon with at least 1500 people benefitting from the initial implementation so far.

- There is a greater emphasis on the Voluntary, Community and Social Enterprise Sector as full partners in provision. A VCSE Alliance Contract has been established this year to join up this expertise with health and social care in a more systematic way, with shared resources and shared approach to opportunities and risks.

4. Child Trafficking – Identification and Prevention

Human trafficking is a horrendous crime, often leading to sexual exploitation, forced labour, domestic servitude or even organ harvesting

Whilst Devon and Cornwall Police are the lead agency in this area, a wide range of agencies work closely together expose child trafficking and modern slavery and ensure that the victims (or potential victims) are supported and protected, and perpetrators brought to justice.

However, this is a very complex area of work and to give a comprehensive response, I would like to engage with those partners, which has not been possible in the timeframe prior to this meeting.

I will contact our partners in this area and provide an updated response after the meeting.

Andrew Leadbetter

Cabinet Member

Children's Services and Schools

Developments, Challenges and Opportunities in Mental Health in Devon

A report from the Chief Executive, Devon Partnership Trust/ System Chief Executive for Mental Health, Learning Disabilities and Neurodiversity

1. Recommendation

Members are invited to:

- 1.1 note the contents of the report including the current challenges and opportunities in mental health support and services for the local population
- 1.2 discuss how the Overview and Scrutiny committee can work with partners and stay informed in future developments to address the needs of the local population within the context that we are all working in
- 1.3 take the opportunity to meet and spend time with local place-based multi-agency developments and teams in community mental health through a programme of visits
- 1.4 support that in the work programme of the committee, the parity of esteem principle in our health and care developments is maintained

2. Purpose

The purpose of this briefing is to update members on some of the key developments, challenges and opportunities faced in addressing the mental health needs of Devon's population.

It aims to:

- Help members understand the mental health services provided by the NHS in the footprint
- Raise awareness of the challenges in the system, along with developments and opportunities
- Encourage support and commitment for mental health services in the county

To support this, it includes information relating to:

- The needs of the local population
- Current service provision and challenges
- Key developments and opportunities in mental health in the health and care system

3. The needs of the population

3.1 Population change

As of 2020, circa 1.2 million people live in the ICS Devon - by 2035, the population in the county of Devon, including Torbay and Plymouth is estimated to grow by 8% (94,600) with an increase in older adults (+32%) and children and young people (+2%). The number of working age adults expected to reduce (0.4%). 42% of people live in Plymouth, Torbay or Exeter; the remaining 58% are in towns or more rural settings.

Whilst life expectancy has plateaued, the overall gap between life expectancy and healthy life expectancy has increased from 10.92 years in 1990 to 12.31 in 2019, meaning more people will live in poorer health. The health inequalities across Devon mean more deprived communities and some population groups experience much shorter life and health expectancy. This is especially the case for those with a serious mental illness (SMI) and for those with a learning disability, who die, on average 12-20 years sooner than people in the general population, and frequently, the cause of death is avoidable (60% of premature deaths of people with SMI).

3.2 Mental Health needs in the population and wider determinants of mental health problems

In mental health, we tend to differentiate between common mental problems and severe mental illnesses, this isn't precise, in that some common mental illness, like depression can be severe and some severe mental illnesses can be very well managed.

Common mental illness, according to the National Institute for Health and Care Excellence (NICE), include depression, generalised anxiety disorder, social anxiety disorder, panic disorder, obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD).

Severe Mental Illness is a term which traditionally includes people with a diagnosis of schizophrenia, bipolar affective disorder, and other psychoses; however, in recent years a broader definition is used which aligns to the Community Mental Health Services Transformation, this also includes people with personality disorders and eating disorders.

Based on national estimates:

- Around 1 in 6 (38,000) children and young people in ICS Devon will experience a mental health problem
- Around 1 in 6 (244,000) adults in ICS Devon will experience a mental health problem in any week
- Around 1 in 100 (12,000) people in ICS Devon will live with a severe mental health problem
- Around 1 in 14 (21,000) people over 65 will live with dementia

75% of mental disorders are established by the age of 24, demonstrating that our early and childhood experiences can have lifelong impact on our wellbeing and mental health.

People with severe mental illness die sooner because:

- They are more likely to engage in unhealthy behaviours such as smoking, poor diet, lack of exercise, and substance misuse.
- They are less likely to comply with the care process and self-manage their health needs because a core feature of mental illness is often a lack of insight
- They experience side effects of antipsychotic medication, including weight gain, glucose intolerance and cardiovascular effects.
- They are much more likely to complete a suicide

Accessing treatment can be harder because of diagnostic overshadowing (ie when a healthcare professional assumes that a person's complaint is due to their disability or coexisting mental health condition rather than fully exploring the cause of the person's symptoms) and treatment being disconnected and irregular. There are estimated to be a total of 12,341 people with SMI in ICS Devon.

Compared to other people, those with severe mental illness are:

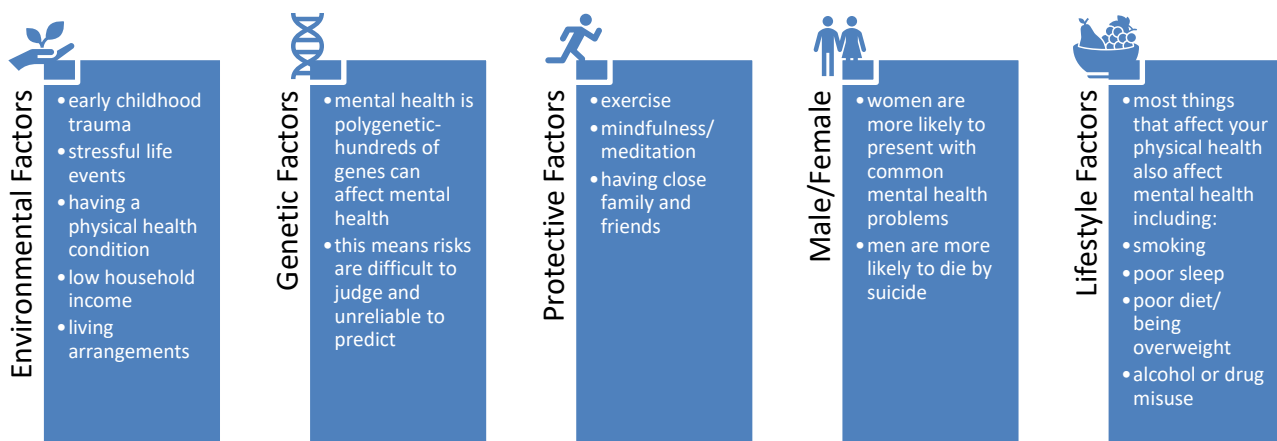
- 1.8 times more likely to be obese
- 1.2 times more likely to be asthmatic
- 1.9 times more likely to be diabetic

- 2.1 times more likely to have Chronic Obstructive Pulmonary Disorder (COPD)
- 1.2 times more likely to have Coronary Heart Disease (CHD)
- 1.6 times more likely to have a stroke
- 1.5 times more likely to experience heart failure
- 7 times more likely to have an emergency inpatient admission and 3 times more likely to attend emergency departments, 50% of which relates to physical health care need
- 2.0 to 2.7 times more likely to die because of Covid (Nemani et al., 2021).

Having a severe mental illness can be a disability, requiring reasonable adjustments to enable equity by the Equality Act (2010).

The above figures are based on estimates prior to covid; applying this to our ICS population gives a starting point for us to consider the scale of need. However, we need to note that the most recent surveys available report that the South West has the highest regional rate of common mental illness in England for adults and the second highest regional rate of mental ill health for children. This is borne out by local information that children and young people in Devon tend to have higher levels of Special Educational Needs. Devon has the highest level of SEN needs in the region and Plymouth, Devon and Torbay have the highest level of social emotional mental health needs in the region and are 2nd, 6th and 7th nationally.

The development of mental illness is rarely, if ever, caused by a single risk factor. It is a complex set of interactions which researchers are still working to understand. The illustration below is adapted from work by the University of Edinburgh.



3.3 Rising Demand and Impact of COVID

There were high levels of unmet need and increasing demand for mental health care prior to COVID-19. The pandemic has created additional demand due to the impact of lockdown on people with existing mental health problems and many who hadn't. In addition, COVID-19 has an impact on people mental health and wellbeing. Staff have been impacted too and wellbeing hubs and services to support have been set up.

Prior to the emergence of COVID-19, the number of referrals to most mental health services was generally increasing. The impact of the pandemic is still unknown and evolving but there is a consensus among healthcare professionals that we will see an impact on local services – in both the short and long term. Although modelling varies, national and local intelligence shows that we are likely to see increasing demand across a range of mental health services, albeit differentially.

Devon Partnership Trust has managed to keep all of its major services running throughout the pandemic and have made good use of technology to support people virtually, where it is safe and appropriate to do so. However, we have seen significant increases in demand for many of our services, including services for children and young people (CAMHS), adults with autism and/or ADHD

and people with eating disorders. We have also seen increases in acuity, meaning that a higher number of people are being referred to us with more serious needs.

DPT has worked closely with system partners, particularly Livewell Southwest (whose services include a range of local mental health services for the population of Plymouth), on a number of initiatives during the pandemic, including the provision of inpatient beds, policy development and the delivery of crisis and urgent care services to ensure that people have easy access to a 24/7 response when they need it.

DPT has developed a Devon Wellbeing Hub on behalf of the ICS to support teams and individuals who are struggling during the pandemic. The service is open to health, social care and police staff and has been very well-received. Since its launch in March 2021, the Hub has received 520 individual referrals and supported a number of teams across the Devon system, with almost 100 wellbeing workshops completed.

We have already seen significant increases in demand and acuity for many of our services, notably services for children and young people – which is a trend that has been mirrored across the country. GP practices and schools/colleges across the county are also reporting increases in demand for mental health support.

We have also seen higher numbers of referrals for vulnerable and at-risk children as well as increases in acuity, meaning that a higher number of people are being referred with more complex and serious needs.

We also know children have suffered an increase in poor sleep, loneliness and isolation during lockdowns and post-lockdown. There has also been an increase in acuity and numbers of children with eating disorders as well as rising numbers of children coming into the care of the Local Authorities.

Rising demand for older people's mental health services across the system, and the challenges created by COVID-19, have also had a significant impact on our ability to discharge people from a variety of inpatient settings when they are fit and ready to leave – a problem that is shared by our acute hospital partners and recognised by our local authority colleagues.

There were already very long waiting times for some services and, despite the fact that extra capacity and initiatives have started to tackle the problem – the additional demand created by COVID-19 has significantly exacerbated the situation. Across the system, we have seen significant increases in demand for eating disorder services and adults with autism and/or ADHD – referrals have broadly doubled for autism and trebled for ADHD in the last year.

It has been a particular challenge in relation to the discharge of older people to suitable care settings – many of whom are now presenting with more serious and complex needs alongside their physical frailty. The consequence is that there are insufficient beds available when needed and elderly people have on occasions been sent out of area.

There is a lack of suitable accommodation and support in the community and a lack of specialised placements, supported living and housing options for people with a variety of mental health needs. Due to a lack of specialist accommodation, there are delays in discharging people from mental health services. There is a significant lack of availability of specialised placements, supported living and housing options, impacted by COVID outbreaks and staffing issues.

The [Centre for Mental Health's report on COVID-19 and Mental Health](#) forecasts the impact of the pandemic on people's mental health and wellbeing, including:

- **Critical care unit staff** – one in two estimated to experience one or more mental health problems
- **Frontline health and care staff** – expected incidence of depression, anxiety and PTSD in this group translates into service demand of 692,134 people
- **Adults recovering from severe COVID-19 in ICU** – significant new risks of anxiety (9.8%) and mood disorders such as depression (5.8%)

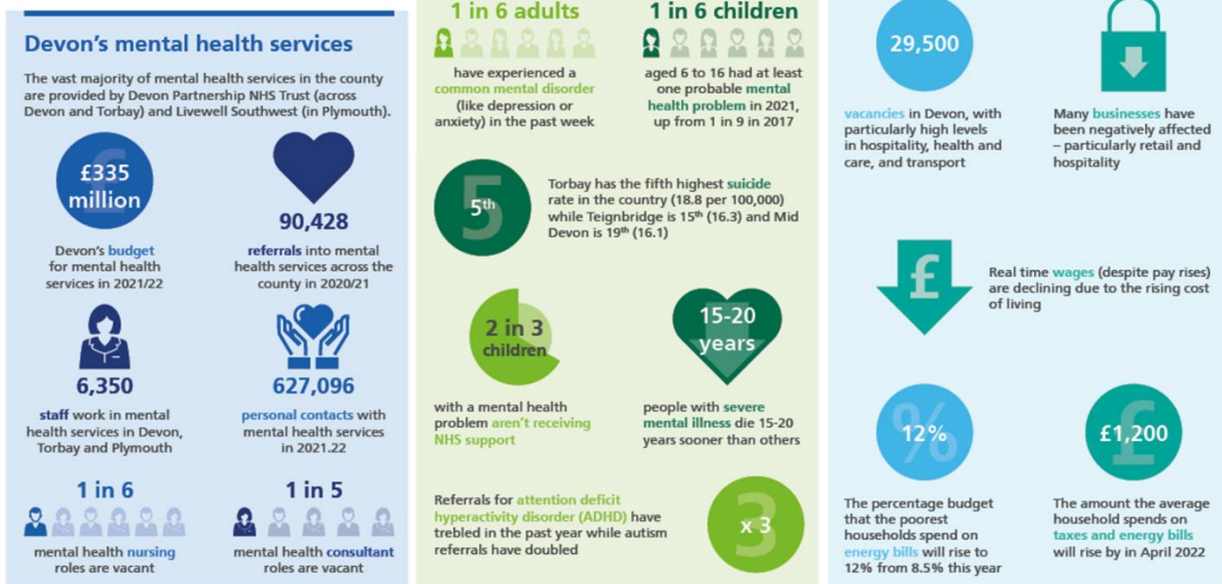
- **Adults hospitalised by COVID-19 but not admitted to ICU** – additional 8,000 people needing mental health care due to conditions like anxiety, mood disorders, and psychotic disorders
- **People who are bereaved** – the unique circumstances of COVID-19 account for 50,000 people needing mental health support for things like post-traumatic stress, depressive symptoms and prolonged grief
- **Carers for adults and children with learning disabilities** – carers are known to have already high levels of mental health challenges because of isolation, stress and general endurance, and an estimated 21,225 people in this group will need mental health support
- **People economically impacted by COVID-19** – numbers of people claiming Universal Credit have risen by three million people in the last year. Approximately 2% of Universal Credit recipients will translate into additional demand for mental health services in this forecast (61,780 adults)
- **General population and people with existing mental health conditions** – estimated new service demand of 1 million for severe anxiety and 1.4 million for severe depression. For those with existing mental health conditions, the estimate is 2.5 million for severe anxiety and 2.6 million for severe depression

Noting the limitations and gaps in the current impact evidence nationally and information set out above, applying a population share approach, not adjusted for Covid prevalence or local economic impact, it is estimated, based upon the above analysis that in ICS Devon over the next five years 212,000 additional people will need mental health support including 180,000 adults and 32,000 children and young people.



MENTAL HEALTH and the pandemic in Devon

COVID-19 has had a major impact on people's mental health and wellbeing. Lockdowns have led to people feeling more isolated, many businesses and individuals have been affected by closures, while mental health services have seen big rises in demand. The impact of the pandemic on people's mental health and wellbeing will continue to be felt for many years to come.



4. Current Service Provision

The ICS in Devon is a partnership of health and social care organisations working together with local communities across Devon, Plymouth and Torbay to improve people's health, wellbeing and care.

For the population of Devon County Council, NHS mental health services are mostly provided by Devon

Partnership NHS Trust, which is part of the ICS and increasingly playing a role as a commissioner of services as well as a provider. There are many more support and care teams and services supporting people in their mental health journey provided by the partners such as the local authority, voluntary and community enterprise sector and independent care providers all of which have an important part to play in our system. This section outlines those that are provided directly by Devon Partnership Trust

4.1 Devon Partnership NHS Trust

Devon Partnership NHS Trust employs around 3,700 staff and provides a wide range of NHS services to people of all ages with mental health, learning disability and autism needs in the county of Devon (except Plymouth). In 2020/21 we received more than 66,000 referrals and made around 36,000 contacts with people every month.

Our core services include local community teams and hospital (inpatient) teams, as well as a number of specialist teams providing services for people with more specific needs across the county and wider South West.

Devon Partnership NHS Trust is rated as 'Good' overall by the Care Quality Commission.



4.2 Services in Devon

We provide a number of core services for people in Devon, including (not exhaustive) access to:

- A **24/7 First Response Service** for people in urgent need or a crisis – it takes around 5,000 calls a month
- **Acute psychiatric wards** (in Exeter at The Cedars including Coombehaven and Delderfield for adults and on Moorland View in Barnstaple)
- Dedicated inpatient wards for older people in Devon (Belvedere Ward for those experiencing behavioural and psychological symptoms of dementia and Rougemont for those with severe mental health needs such as depression, anxiety and psychosis)

- **Rehabilitation and Recovery Wards** (in Exeter at the Russell Clinic and Barnstaple on Ocean View in North Devon providing treatment, rehab and recovery to adults experiencing psychosis)
- TALKWORKS – a free and confidential NHS **talking therapy service** (part of the national Improving Access to Psychological Therapies programme) for adults in Devon with mild to moderate mental health and wellbeing needs. People can self-refer and last year the service had more than 25,000 referrals
- The **Devon Memory Service** – a one-stop-shop service to diagnose people with dementia (based in Exeter, East and Mid-Devon and North Devon)
- **Learning disability services** – we have liaison nurses based at the Royal Devon and Exeter Hospital and North Devon Hospital , primary care liaison nurses, Intensive Assessment and Treatment Teams and dedicated Continuing Health Care nurses supporting adults with a learning disability
- **Children and Adolescent Mental Health Services (CAMHS)** – we are part of the Children and Family Health Devon alliance and our CAMHS teams provide a number of health services for children, young people and families, alongside other services and support provided by partners (eg KOOTH).
- A **liaison psychiatry team** at the RD&E in Exeter and NDD in Barnstaple, which works closely with the Emergency Department to support people who have urgent mental health needs
- **Social care**

There are different arrangements in place for the provision of social care across DPT services as follows:

- Torbay Mental Health social care across all ages is managed currently by TSDFT on behalf of Torbay Council
- The provision and commissioning of Mental Health social care for older people and people with learning disabilities within the DCC footprint sits within DCC adult social care services
- The provision and commissioning of social care for Devon county council working age adults in receipt of DPT secondary mental health services is delegated to DPT via a s75 agreement and is fully integrated into DPT services. This is the area with most sufficiency of commissioned care and lowest number of delayed discharges.

Approved Mental Health Professionals (AMHP) services

- Approved Mental Health Professionals execute statutory duties under the Mental Health Act on behalf of the local authority
- Devon Daytime AMHP services are included in the remit of the s75 agreement and are fully integrated within DPT
- Torbay Daytime AMHP services work closely with DPT but are managed by TSDFT on behalf of Torbay Council.
- Currently, the out of hours AMHP provision sits outside of mental health services and within the respective local authority structures.

4.3 Specialist Services

The residents of Devon are also able to access a number of more specialist services provided by Devon Partnership Trust:

- **Psychiatric Intensive Care Unit (PICU)** – provides a short spell of intensive care and treatment in hospital for people whose needs cannot be met on our general acute psychiatric wards
- **Mother and Baby Unit (MBU)** – provides specialist hospital care for mothers, alongside their babies, who have serious mental health needs such as post-partum psychosis
- **Additional Support Unit** – provides specialist inpatient care and treatment for people with a learning disability
- **Community perinatal service** – delivers a range of community support to expectant and new mothers with serious mental health needs
- **Place of Safety** – We have worked closely with Devon and Cornwall Police to develop the Street Triage and Liaison and Diversion services to ensure that people with mental health and learning disability needs get the support they require when they come into contact with the police or wider criminal justice system.

We have also established a single Place of Safety for Devon (excluding Plymouth, which has its own). For the first time, we now have a 24/7 service with a dedicated staff team that is located in a modern, health-based environment. Under s136 of the Mental Health Act, police are required to take people whom they have detained because of mental health concerns to a recognised Place of Safety for assessment¹.

- **Eating disorders** – The Haldon Unit provides specialist inpatient care and treatment for people with severe disorders, such as anorexia nervosa. We have also established a dedicated community eating disorders service across the county
- **Autism and Attention Deficit Hyperactivity Disorder (ADHD)** – our Devon Adult Autism and ADHD Service (DAANA) provides a diagnostic assessment service for adults with autism needs and a diagnosis and treatment service for people with ADHD
- **Gender Services** – The West of England Specialist Gender Identity Clinic delivers services for people with issues around their gender
- **Secure Services** – a range of secure services is provided at Langdon Hospital in Dawlish – these generally support people with mental health needs who have come into contact with the criminal justice system. We are gradually developing local community services to support those people who step-down from inpatient care at Langdon and other secure care settings.

5. Key Challenges

- **Workforce** - There is a national shortage of mental health and learning disability staff, particularly doctors and qualified nurses. This affects not just the day-to-day running of services but, vitally, our ability to make long-term improvements and developments.

Across Devon and Torbay, 1 in 6 mental health nurses and 1 in 5 consultant roles are vacant. Turnover across all NHS organisations in Devon has also increased in the past year. The recruitment market is currently very challenging, with entry level jobs outnumbering job seekers by approximately three-to-one.

¹ This Place of Safety is for Adults. There is Place of Safety for Children and young people based in Plymouth (provided by Livewell Southwest) which covers the whole of the county.

Several pieces of work are in-hand to address this situation, including plans to recruit overseas nurses and healthcare professionals into mental health and social care settings. Accommodation is a big issue for people coming into Devon from overseas and domestically, so Devon is currently considering an additional accommodation strategy.

- **Inpatient bed capacity** – Devon has fewer acute inpatient mental health beds per head of population than other parts of the country and alongside increasing and transforming our community-based services, increasing inpatient capacity is one of our long-term priorities. We currently place too many people outside the county for care and treatment and we are striving to reduce inappropriate placements outside the county to zero.
- **Services for children and young people** – Our CAMHS teams are making internal changes to provide greater consistency and resilience. Like other services, the teams are struggling to recruit to key posts. It has also seen increases in demand overall since the start of the pandemic and, in particular, rising demand from young people with eating disorders and higher numbers of referrals for vulnerable and at-risk children.
- **Autism and ADHD** – Although our DAANA service has seen increased investment to help tackle historical long waiting times, we have seen a significant increase in demand since last year – referrals have broadly doubled for autism and trebled for ADHD – and we continue to discuss the issues of capacity and investment at system and regional level.
- **Adult community waiting times** – although they are gradually reducing, waiting times for assessment and treatment for adults supported by our community mental health teams in Devon are too long. Other services that are currently experiencing long waits include The West of England Specialist Gender Identity Clinic and our DAANA service for adults with autism and ADHD needs.
- **Social care** – we are in discussion with colleagues in Devon County Council about how we can improve and widen the social care offer to residents of all ages in the county
- **Ageing population** – although services for older people are generally working well – they have short waiting times and relatively few issues with staff recruitment and retention – referrals are increasing. There is pressure on inpatient capacity in our adult and older adult wards and our specialist dementia ward for Devon, which is in Exeter.
- **Funding** There is a widely-acknowledged disparity between the funding for physical health services and the funding for mental health services – and the government has recognised this.

In the last few years, the government has increased investment in mental health services through the Mental Health Investment Standard (MHIS) – which is gradually bringing funding for mental health services closer to parity with the funding for physical health services.

Additionally, there have been other dedicated sources of funding for the development children and young people's mental health services.

The MHIS is a minimum level of investment required to start to address some of the longstanding shortfalls in service provision against the needs of the population (often referred to as the 'treatment gap'). The NHS Long Term Plan for Mental Health sets out areas of service expansion that should be funded from this additional investment.

This includes:

- Easier and quicker access to mental health crisis care 365 days a year, including through NHS 111
- Expanding specialist mental health care for mothers during and following pregnancy
- Expanding services, including through schools and colleges

- Developing services in the community and hospitals, including talking therapies and mental health liaison teams

While the additional funding is very welcome, the assessment of the funding gap was made before the arrival of the COVID-19 pandemic and the subsequent increase in demand. The national Elective Recovery Fund (ERF), for example, only supports the improvement of waiting times for physical operations. It does not apply to mental health, learning disability and autism and these services have no equivalent funding mechanism. So, while two year waiting times for orthopaedic operations can be addressed via the ERF, waiting times of three years or more for an ADHD assessment cannot.

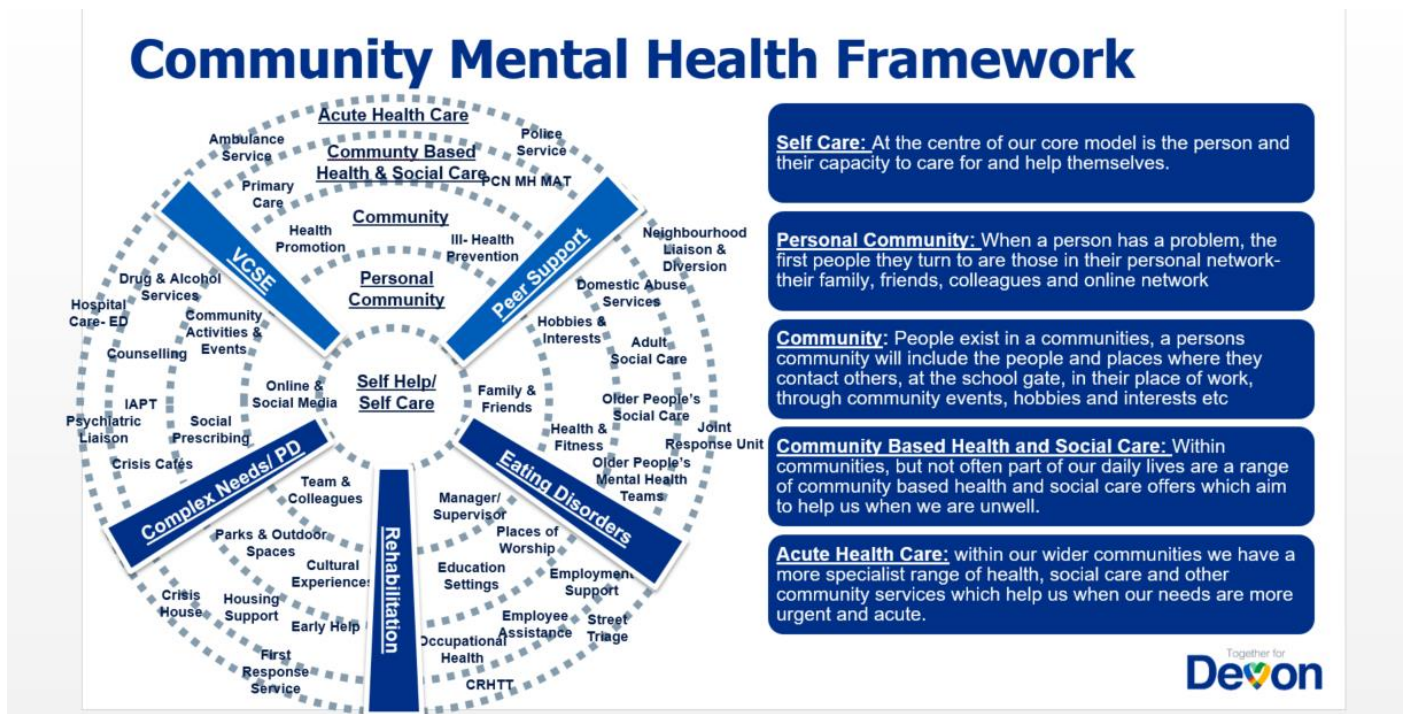
6. Developments and Opportunities

6.1 Community Mental Health Services

One area that has lacked sustained focus and investment in recent years, both locally and nationally, is the provision of community mental health services for adults with severe mental health needs.

We are proud and privileged to be moving forward well with implementing the national [Community Mental Health Framework](#) (CMHF) so that people with serious mental illness experience more consistent, joined-up support that better meets their needs – taking a whole person, whole population approach.

After receiving very positive feedback from NHS England/Improvement about our proposals and successfully securing our share of the national funding earlier in the year to improve community mental health services, we have started implementing the new model across the county at pace.



Since April 2021 progress has included:

- **Working at place** – five local implementation teams (aligned and in support of our Local Care Partnerships) are now in place, working together to ensure that targeted neighbourhood support is provided by primary care mental health multi-agency teams. This has included constructive

conversations with all of Devon's 31 [Primary Care Networks](#) about how the additional roles in primary care are recruited and embedded (one per PCN this year) and working closer with the mental health care teams within Devon Partnership NHS Trust and Livewell Southwest (Plymouth).

- Developing **new arrangements and an equal partnership with the voluntary, community and social enterprise sector (VCSE)** to ensure good support and provision across the county. We are investing an additional £3.65m in these services over the next three years. Throughout summer 2021 we engaged with over 130 VCSE organisations to develop a Devon-wide VCSE/I alliance aligned to the CMHF. The [Devon Mental Health alliance](#) is now working in equal partnership with us to develop new services and work with existing community-based provision to ensure people's needs are met. This will complement and work with Devon's existing strong VCSE sector developments.
- Recruitment – **additional staff** have been recruited, including people to help implement the changes, and **new roles** (mental health practitioners, trainee Clinical Associate Psychologists and their supervisors) as well as Recovery Practitioners to walk alongside people so they get help when and where it is needed.
- Three **specific clinical areas are the focus of more targeted support**, rolled-out over the next two years (**eating disorders, personality disorders, mental health rehabilitation**). System-wide expertly led reference groups are in place (including people with lived experience and VCSE partners) leading the design and overseeing the implementation of the proposed new approaches and configurations, as part of the overall model. Ocean View – our rehabilitation and recovery ward in North Devon is now open and in Eastern Devon we have our new community rehabilitee and recovery services in place.
- Embedding **co-production and co-design** with people who have lived experience is a core component of designing and implementing the new services.

Implementing this new model of care for community mental health is a truly transformational area of development which will have wide-reaching impact on the way we work together to support our population's needs.

As outcomes, we anticipate:

- People will have good mental health and improved resilience
- More people will have access to services closer to home and when needed
- People will receive earlier support
- People will be enabled to manage their emotional health and wellbeing
- More people will have improved mental health
- More people with mental health problems will progress in their recovery
- More people with mental health problems will have good physical health and better general health
- More people will have a positive experience of care and support
- People with long-term conditions will have better mental health
- Fewer people will suffer avoidable harm
- People's journey to better health will be shorter.

6.2 Further Developments

- [A brand new ward for adults](#) (Salus ward) is due to open on the Torbay Hospital site, following an investment of around £13m. This will help to address the issue of insufficient inpatient care, but further capacity is still required.
- [Beech ward](#) for older people has recently benefited from a £2m refurbishment and it now provides a far more modern environment and 16 en-suite bedrooms.

- Our community service for older people in Torbay is piloting a Home Treatment service. This project is funded until March 2022 but extended funding is being sought. The pilot is helping to avoid people being admitted to hospital and aiding shorter lengths of stay by providing home support when people have been discharged. There is, however, a widely recognised shortage of nursing home care to support people with more serious needs – which reflects a national problem.
- Autism – we are currently recruiting to a new county-wide service called the Devon Adult Autism Interventions Team to help reduce lengths of stay in hospital and prevent the need for hospital admission.
- Children and young people – we have already established two Mental Health in Schools teams in the DCC footprint, covering schools in Exeter and North Devon (covering around 7000 school aged children and young people each) and a further team Mental Health in Schools teams will be in place in Teignbridge from Sept 2022. There are further expansion plans to cover the remaining areas in 2023 and 2024, subject to further national allocations.

6.3 Our Provider Collaborative as part of our Integrated Care System

The current Mental Health, Learning Disabilities and Autism (MHLDA) Care Partnership has strategically and successfully led system wide delivery of the key requirements of the Long-Term Plan for Mental Health and Learning Disability across ICS Devon.

As the Integrated Care Board (ICB)/ Integrated Care Partnership (ICP), Provider Collaboratives (PC) and Local Care Partnerships (LCP) constitute formally over the next 6 months as part of our overall Integrated Care System, the role and function of the MHLDA Care Partnership requires review to align with both system and place-based changes building on the excellent work delivered over the past two years.

The Health and Social Care Act (2022) outlines the need for NHS provider organisations to operate formally in Provider Collaboratives to enable providers to work together to plan, deliver and transform services. The rationale is through working at scale, Provider Collaboratives provide opportunities to tackle unwarranted variation, make improvements and deliver the best care for people using services and the wider communities they serve.

We are using the learning from the highly successful [South West Provider Collaborative](#) (a DPT led regional collaborative to improve the care and treatment of people with secure mental health needs) to support the development of our Devon ICS Provider Collaborative for mental health, learning disability and neurodiversity (MHLDN).

The MHLDN Provider Collaborative will ensure experts in the field of MHLDN to more effectively target and deliver high quality, safe, efficient and effective care reducing duplication of effort and driving improved care. This will be achieved through delivery of co-produced integrated models of care; alongside the clinical and professional voice, co-production with lived experts, people who use services, their carers' and expert partners (VSCE and Third Sector), in the design and delivery of the new care models, is the commitment and expectation.

The MHLDN Provider Collaborative formally constitutes from the 1st of July 2022 in line with the parameters set by NHS England.

Melanie Walker
 Chief Executive, Devon Partnership Trust
 System Chief Executive for Mental Health, Learning Disabilities and Neurodiversity

**Report of the Cabinet Member for
Public Health, Communities and Equality**

Introduction

I will be reporting as follows for Full Council on 21 July 2022:

1. by Councillor Hannaford as follows:

Devon County Council has a long-standing commitment to equality and diversity. Trans people are currently experiencing an unprecedented climate of hostility, ignorance, and bigotry. How is Devon County Council using its position of authority to reach out to local trans people and their families, individually and collectively to show solidarity and support, including our own staff members.

Response

1. Equality and Diversity

The June meeting of the County Council's Equality Reference Group highlighted concerns about the "erosion of trans rights and identities" on a national level and we have agreed to work with the LGBT+ representative to detail these concerns to DCC, particularly across Children's Services. The Equality Reference Group is also publishing a Position Statement to remind public authorities of the need to take an 'equality by design' approach, this will be published on Friday 22nd July at [Position Statements - Equality and Diversity \(devon.gov.uk\)](https://www.devon.gov.uk/position-statements-equality-and-diversity).

We have made provision for unisex toilets at County Hall so that non-binary and trans staff do not have to make difficult choices about using male or female single-sex facilities. All staff were recently reminded that they could show solidarity with non-binary/trans staff by adding their pronouns/honorifics to their email signatures. County Councillors may wish to do the same.

Councillor Roger Croad

Cabinet Member for Public Health, Communities and Equality

Report of the Cabinet Member for Climate Change, Environment and Transport

Introduction

I have been asked to report as follows for Full Council on 21 July 2022:

1. By Councillor Bailey on:

.....the difficulties with the commissioning of the bus service between Exeter, Ottery St Mary and Axminster so that services can be re-instated to its previous level.

Response

1. Bus Service (Ottery St Mary)

Stagecoach gave notice of their intention to withdraw from operated the service from Exeter beyond Cranbrook to Ottery St Mary, Honiton and Axminster. A replacement contract was tendered and the level of service to be introduced reflects the best level that can be provided with the resources available.

Officers from our Transport Coordination Service worked hard to retain as much of the current level of service as possible and I am aware that they have kept you up to date with relevant information.

To put the reduction in context, the number of journeys between Ottery St Mary and Exeter between 0650 and 1745 in the current timetable is 21 and this will be reduced to 17.

I set out at Cabinet on 13 July the current difficulties with the local bus network and the additional pressure this places on the County Council. Taking this into account, at the present time I cannot see any increase in this service level.

Councillor Andrea Davis

Cabinet Member for Climate Change, Environment and Transport

