

Phil Norrey
Chief Executive

To: The Chairman and Members of
the Cabinet

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 28 February 2017
Please ask for : Rob Hooper, 01392 382300

Email: rob.hooper@devon.gov.uk
:

CABINET

Wednesday, 8th March, 2017

A meeting of the Cabinet is to be held on the above date at 10.30 am in the Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

AGENDA

PART I - OPEN COMMITTEE

- 1 Apologies for Absence
- 2 Minutes
Minutes of the meeting held on 11 January 2017 (previously circulated).
- 3 Items Requiring Urgent Attention
Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.
- 4 Chairman's Announcements
- 5 Petitions
- 6 Question(s) from Members of the Council

FRAMEWORK DECISION

- 7 Trading Standards Service: Extension of Shared Services Agreement (Pages 1 - 6)
Report of the Head of Economy, Enterprise and Skills ([EE/17/2](#)) on the proposed extension of the current joint Trading Standards Shared Services Agreement with Somerset County Council to also include Torbay Council, attached.

Electoral Divisions(s): All Divisions

KEY DECISIONS

- 8 Household Waste Recycling Centre and Community Composting Policy: Proposed Revision (Pages 7 - 18)
Report of the Head of Chief Officer for Highways, Infrastructure Development and Waste ([HIW/17/14](#)) seeking approval to changes to discretionary payments to Community Composting Groups, the Household Waste Recycling Centres Chargeable Waste Scheme, Trailer Restrictions and Non-acceptable Waste Policy, attached.
Electoral Divisions(s): All Divisions
- 9 Flood Risk Management Action Plan 2017/18 (Pages 19 - 32)
Report of the Head of Planning, Environment & Transportation ([PTE/17/15](#)) seeking approval of Plans and Programmes for 2107/18, attached.
Electoral Divisions(s): All Divisions
- 10 Transport Capital Programme for 2017/18 (Pages 33 - 48)
Report of the Head of Planning, Transportation & Environment ([PTE/17/16](#)) on the proposed allocations within the programme for 2017/18, attached.
Electoral Divisions(s): All Divisions
- 11 Children's Services - Re-procurement of Services (Minute *132/11 January 2017) (Pages 49 - 136)
- (a) Public Health Nursing Services
Report of the Chief Officer for Communities, Public Health, Environment and Prosperity on the procurement of public health nursing services, attached.
- (b) Re-procurement of Integrated Children's Services
Report of the Chief Officer for Children's Services (CS/17/13) on the process for a procurement exercise for new contract/arrangements for commissioning of children's social care services, attached
- The Cabinet's attention is also drawn to the Report of the People's Scrutiny Committee's Spotlight Task Group (CS/17/11) on the above, attached.
Electoral Divisions(s): All Divisions
- 12 Budget Monitoring 2016/17 (Pages 137 - 140)
Report of the County Treasurer (CT/17/20) on the position at Month 10, attached.
Electoral Divisions(s): All Divisions

MATTERS REFERRED

- 13 Notice(s) of Motion (Pages 141 - 144)
Report of the County Solicitor ([CS/17/16](#)) on the Notices of Motion referred to the Cabinet by the County Council on 16 February 2017, incorporating relevant briefing notes to facilitate the Cabinet's discussion of the matters raised, attached.

OTHER MATTERS

14 Adults Annual Safeguarding Report (Pages 145 - 146)

The DASB Annual Report, which sets out the Board's progress over the past year, the effectiveness of the adult safeguarding arrangements in place across Devon and its aims for the future, is attached for information and discussion. It will also be presented to the Health & Wellbeing Board and the People's Scrutiny Committee on 9 and 20 March 2017 respectively.

Ms Siân Walker, Chairman of the Safeguarding Board, will attend to present the Annual Report and respond to any questions.

[NB: The DASB Annual Report may be viewed at:
<https://new.devon.gov.uk/devonsafeguardingadultsboard/safeguarding-adults-board-information>]

STANDING ITEMS

15 Question(s) from Members of the Public

16 Minutes (Pages 147 - 162)

- (a) Devon Authorities Strategic Waste Joint Committee, 8 February 2017;
- (b) SACRE, 8 February 2017;
- (c) Devon and Exeter Rail Project Working Party - 17 February 2017;
- (d) Farms Estate Committee – 22 February 2017.

[NB: Minutes of County Council Committees are published on the Council's Website at:
<http://democracy.devon.gov.uk/ieDocHome.aspx?bcr=1>]

17 Delegated Action/Urgent Matters (Pages 163 - 164)

The Registers of Decisions taken by Members under the urgency provisions or delegated powers will be available for inspection at the meeting in line with the Council's Constitution and Regulation 13 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. A summary of such decisions taken since the last meeting is attached.

18 Forward Plan

In accordance with the Council's Constitution, the Cabinet is requested to review the list of forthcoming business (previously circulated) and to determine which items are to be defined as key and/or framework decisions and included in the Plan from the date of this meeting.

[NB: The Forward Plan is available on the Council's website at:
<http://democracy.devon.gov.uk/mgListPlans.aspx?RPId=133&RD=0&bcr=1>]

PART II - ITEM WHICH MAY BE TAKEN IN THE ABSENCE OF THE PRESS AND PUBLIC

None


MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Notice of all items listed above have been included in the Council's Forward Plan for the required period, unless otherwise indicated. The Forward Plan is published on the County Council's website at <http://www.devon.gov.uk/cma.htm>

Notice of the decisions taken by the Cabinet will be sent by email to all Members of the Council within 2 working days of their being made and will, in the case of key decisions, come into force 5 working days after that date unless 'called-in' or referred back in line with the provisions of the Council's Constitution. The Minutes of this meeting will be published on the Council's website, as indicated below, as soon as possible.

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).

Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

Membership
Councillors J Hart (Chairman), B Parsons, S Barker, R Croad, A Davis, A Leadbetter, J McInnes, J Clatworthy and S Hughes
Cabinet Member Remits
Councillors Hart (Policy & Corporate), Barker (Adult Social Care & Health Services), Clatworthy (Resources & Asset Management), Croad (Community & Environmental Services), Davis (Improving Health & Wellbeing), S Hughes (Highway Management & Flood Prevention), Leadbetter (Economy, Growth and Cabinet Liaison for Exeter), McInnes (Children, Schools & Skills) and Parsons (Performance & Engagement)
Declaration of Interests
Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.
Access to Information
Any person wishing to inspect the Council's / Cabinet Forward Plan or any Reports or Background Papers relating to any item on this agenda should contact Rob Hooper on 01392 382300. The Forward Plan and the Agenda and Minutes of the Committee are published on the Council's Website.
Webcasting, Recording or Reporting of Meetings and Proceedings
The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: http://www.devoncc.public-i.tv/core/
In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.
Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.
Questions to the Cabinet / Public Participation
A Member of the Council may ask the Leader of the Council or the appropriate Cabinet Member a question about any subject for which the Leader or Cabinet Member has responsibility. Any member of the public resident in the administrative area of the county of Devon may also ask the Leader a question upon a matter which, in every case, relates to the functions of the Council. Questions must be delivered to the Office of the Chief Executive Directorate by 12 noon on the fourth working day before the date of the meeting. For further information please contact Mr Hooper on 01392 382300 or look at our website at: http://new.devon.gov.uk/democracy/guide/public-participation-at-committee-meetings/
Emergencies
In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.
Mobile Phones
Please switch off all mobile phones before entering the Committee Room or Council Chamber
If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.
 Induction loop system available

EES/17/2

Cabinet
8 March 2017

Proposed Extension of Shared Services Arrangement for Trading Standards

Report of the Head of Economy, Enterprise and Skills

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendations:

- (a) that approval be given to the proposed extension of the current shared service arrangement with Somerset County Council (approved pursuant to Minute 200 of the County Council 24 April 2013) for delivery of the Trading Standards Service to also include Torbay Council;**
- (b) that accordingly the Council approve the discharge of Torbay Council's Trading Standards functions in accordance with s101 of the Local Government Act 1972, such functions to be discharged in line with the arrangements approved by the Cabinet on 8 March 2017, recognising and accepting also (i) responsibility for the specific delegations made to Devon County Council to support the transfer of the Relevant Functions, and (ii) the need to extend the membership of the Trading Standards Joint Service Review Panel to include representatives of Torbay Council.**

1 Summary

This report summarises a proposal for an extension of the joint Devon County Council and Somerset County Council Shared Trading Standards Service to include Torbay Council. The Full Business Case can be made available on request.

2. Background

On 1 May 2013, Devon County Council formally entered into a shared service agreement with Somerset County Council for the provision of a joint Trading Standards Service. Devon County Council agreed to host the Joint Service and the ex-Somerset staff transferred across under TUPE arrangements.

The Joint Service has widely been held to be a success with regular reports to the Joint Service Review Panel (created as a cross-council governance group) and attendance at a number of Scrutiny Committees for both Councils.

The three authorities involved in the proposals presented in this report, like many others nationally, face similar challenges in ensuring that their regulatory services continue to meet customer needs at a time of significant financial pressure, regulatory change and increasing demand and expectations. One of the objectives of the Joint Service was to develop the capability to respond to possible changes in role, scope or budget by expanding the scope of the service either geographically and/or by broadening the range of functions within its remit.

Since November 2016, discussions have taken place between the Devon, Somerset and Torbay councils and an initial report was submitted to relevant Members of each Authority. In Devon, an Outline Business Case in the form of a Project Initiation Document and a Head

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of Terms was presented to Councillor Roger Croad, Cabinet Member for Community and Environmental Services. It was agreed that the project should proceed to the completion of a Full Business Case in respect of the proposal and project governance has been through the Joint Service Review Panel.

3. The Current Arrangements

A comparison of the type of activities covered by Devon and Somerset Trading Standards Service and the Torbay Trading Standards Team has shown that, with two exceptions, there is a significant alignment between the priorities of the two services. The first exception is Animal Health and Agriculture work which is a key activity for Devon and Somerset but understandably requires far less resource in Torbay; this is a key factor in the alignment of budgets and staffing discussed below. The second exception is Business Support work which is again a much greater priority for the current joint service than for Torbay. However, this is offset by the fact that Devon and Somerset use this activity to generate a significant amount of income to support its base budget; the intention is to extend this principle across the Torbay geographical area.

After making an adjustment for Animal Health and Agriculture work then the budgets and staffing levels are broadly in line with the customer (population and business) base of the two services.

In respect of ICT, both services currently use the same main operational database and reporting system. Consequently the merging of data and standardisation of system usage will be easier in the future.

In reviewing the proposed shared service, a prime consideration has been the Government's promotion of collaborative approaches. As funding streams to local authorities reduce, it is essential to identify more efficient and cost-effective ways of providing services.

Delivery of certain trading standards functions has always benefited from working on a larger scale; providing the resource base and the flexibility to deal with complex investigations or emergency situations, allowing for the range of specialist expertise needed to cover the broad range of functions within its remit and having the necessary "clout" to tackle major organisations.

4. The Proposed Arrangements

It is proposed that the joint Trading Standards Service covering both Devon and Somerset be extended to include Torbay. As Devon County Council is the current employing organisation, it is proposed that Torbay staff, 4.4 FTEs (5 individuals) TUPE transfer to Devon County Council, at a date to be agreed through consultation with Unions and staff representing each Authority. The initial contract would be for a term of approximately 6 years to bring it into alignment with the current Somerset contract at which time any proposal to extend the arrangement could be considered together.

The Joint Service will maintain its current offices in both Devon and Somerset and will also retain a presence in Torbay; in order to be close to its customers, to ensure it can respond quickly to any urgent matter, to minimise travel costs and to minimise disruption to staff. It is not anticipated that any staff will be required to relocate as part of the merger.

The Torbay staff would move into the existing Devon and Somerset management structure: no redundancies are proposed as a direct result of this merger.

Although the extension of the Joint Service is not predicated on a reduction in costs, the local authorities involved all have medium term financial plans (MTFP) in place which

anticipate a level of savings over the next 3 years. It is anticipated that the Joint Service approach can deliver these savings whilst still maintaining the expected level of service. It is extremely unlikely that this level of saving could be achieved by the two services individually, without impacting significantly on front-line service delivery, the ability to continue to meet statutory requirements and customer needs.

Non-financial benefits from a shared service will include:

- greater resilience in the combined service in respect of service delivery, knowledge and response abilities
- “greater clout” in tackling major investigations
- improved intelligence sharing
- economies of scale from shared expertise and the opportunity for greater specialism to more effectively service the communities of Devon, Somerset and Torbay whilst still maintaining local responsiveness, choice and identity
- maintaining achievement of outcomes with reduced budget over the next three years
- maintaining the ability of all three councils to fulfil statutory obligations
- a consistent approach for those businesses that cover Devon, Somerset and Torbay
- greater efficiency in training and maintenance of staff competencies.

The extended Service would cover the majority of the Heart of the South West Local Enterprise area and although at an early stage, informal discussions are already underway with Plymouth City Council Trading Standards Service exploring the possibility of some form of joint working. It is also envisaged that this might be the starting point for further opportunities to provide managed services or commissioned activities for other authorities in the south west region.

The Joint Service Review Panel, in its advisory capacity to both Devon and Somerset County Councils, has considered the Full Business Case and recommended that approval be given to the proposed extension of the current shared service arrangement for Trading Standards.

As in 2013 the approval of the Council will be required formally to the transfer of these functions.

5. Consultations/Representations

Staff members have been kept informed throughout. Formal consultation with Unions and relevant staff members of each Authority has been undertaken.

Key external stakeholders have also been consulted.

6. Financial Considerations

In addition to the anticipated financial savings required by the Medium Term Financial Plans of each authority, there is the potential to deliver further savings over the remainder of the contract.

The terms of savings and extraordinary cost sharing is set in the contract and on an agreed % basis similar to the current Devon and Somerset arrangement.

No VAT risks have been identified.

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The staff will continue to participate in the Devon LGPS scheme albeit as employees of DCC rather than Torbay. There will be no impact on the pension funding arrangements for either authority.

No assets will transfer.

7. Environmental Impact Considerations

No significant impact identified.

8. Equality Considerations

In progressing this particular proposal an Impact Assessment has been undertaken as part of the full business case, as was the case with the Devon and Somerset joint service arrangements. This has been circulated separately to Cabinet Members and also is available on the Council's website at: <https://new.devon.gov.uk/impact/tradingstandards-sharedservices-extension/>, which Members will need to consider for the purposes of this item.

No significant equality impact has been identified.

9. Legal Considerations

The lawful implications of the proposed course of action have been considered and taken into account in the preparation of this report. Section 101 of the Local Government Act 1972 provides that two or more local authorities may discharge any of their functions jointly, where arrangements are in force for them to do so.

10. Risk Management Considerations

A risk assessment of the proposal has been undertaken and is set out in Section 6 of the Full Business Case. All necessary actions have been taken to safeguard the Council's position. Such actions will minimise the potential adverse impact in these areas and the overall risk is not felt to be significant.

11. Public Health Impact

Due to a greater resource base and opportunities to specialise and develop expertise, a Joint Service will be more readily able to contribute to the Public Health Agenda.

12. Options/Alternatives

There are specific legal and logistical difficulties in the outsourcing of local authority regulatory services to the private sector. These along with the option to continue with separate services were considered at the Outline Business Case stage. In the case of the latter option, this was rejected on the basis that the net benefits of a Joint Service significantly outweighed those of separate services. The Full Business Case confirms this.

13. Reason for Recommendation/Conclusion

This report recommends extending the full shared service arrangement with Somerset County Council to include Torbay Council. Once the immediate period of forming the new Service is bridged, it is anticipated that there will be significant benefits, both financial and non-financial, to both local authorities and to officers, other direct stakeholders, and the wider community.

In addition, the proposed approach is wholly consistent with Government thinking. It places the Joint Service in a strong strategic position within the South West region as a centre of excellence, with the potential to realise further savings and generate greater income, and represents a pragmatic approach to cost efficiencies and maximising scarce staff resources.

Keri Denton
Head of Economy, Enterprise and Skills

Electoral Divisions: All

Cabinet Member for Community and Environmental Services: Councillor Roger Croad

Chief Officer for Communities, Public Health, Environment and Prosperity: Dr Virginia Pearson

Local Government Act 1972: List of Background Papers

Contact for enquiries: Paul Thomas

Room No. L20, County Hall, Exeter. EX2 4QD

Tel No: (01392) 383000

Background Paper	Date	File Reference
1. Trading Standards Joint Service Full Business Case	February 2017	PT
2. Equality Impact Assessment	February 2017	https://new.devon.gov.uk/impact/tradingstandards-sharedservices-extension/

pt140217cab Proposed Extension of Shared Services Arrangements for Trading Standards
hk 10 230217

HIW/17/14

Cabinet
8 March 2017

Household Waste Recycling Centre and Community Composting Policy – Proposed Changes

Report of the Chief Officer for Highways, Infrastructure Development and Waste

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendations: That Cabinet:

- (a) Changes Household Waste Recycling Centre policy as set out in section 3, from April 1st 2017;
- (b) Changes the recycling credit paid to Community Composting Groups from £58/t to £50/t from April 2017 for a year and reduces it further over the following 2 years to the rate similar to that which Devon pays to its contractor to enable Community Composting Groups to consider alternative sources of funding.

1. Summary

This report summarises the results of the public consultation on and subsequent proposals for:

- i) Proposed changes to the charges and materials received at the Household Waste Recycling Centres;
- ii) Proposed changes to the value of the recycling credit paid to Community Composting groups.

Taking account of the consultation feedback, changes to existing policy are proposed to enable non-statutory Construction & Demolition / DIY waste materials to be received at recycling centres for a reasonable charge, to further restrict the potential for trade waste abuse at recycling centres, and to align over time the credit paid to community composting groups with the rate Devon pays to its contractor for composting the same materials.

2. Background

Household Waste Recycling Centres:

The policies for receiving household waste at Devon's Household Waste Recycling Centres have recently been reviewed and the proposals were put out for public consultation via Have Your Say website, a press release, and notification to all the Devon parish, town and district councils. The proposals are minor modifications to the Chargeable Waste scheme, vehicle restriction and non acceptable waste policies.

Community Composting:

Discretionary recycling credits are paid to 25 Community Composting groups across the county in line with guidance drawn up by the County Council. The cost of this to the County Council is currently approximately £70,000 and broadly reflects what the County Council would pay to manage this waste through its own existing contractual arrangements.

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Following a tender process for a new garden waste contract resulting in a lower rate per tonne a change is proposed to the Community Composting Credit rate to reflect this lower rate.

3. Proposals

Household Waste Recycling Centres:

Proposal 1: Devon currently provides a network of 19 Recycling Centres for Devon residents to dispose of/recycle mainly bulky household and garden waste. This service is free to residents with their Household Waste. However, the legal definition of household waste does not include materials from the repair or improvement of houses i.e. Construction and Demolition (DIY) home improvement types of waste. The Council has no obligation to accept such waste or to accept it free of charge.

Currently, charges apply for the deposition of a range of plastic DIY items, including UPVC windows and doors (with or without glass), baths or shower trays, shower screens and PVC downpipes, guttering, fascia etc. However, to avoid confusion, it is proposed to extend the charges to include *all* Construction and Demolition (DIY) plastic including cladding, soffit, skirting board, panels and panelling, roofing sheets, water tanks, sinks etc. (the list is not exclusive). This will result in a clearer policy for all residents leading to less confusion on site, as all, rather than some, Construction and Demolition (DIY) plastic will be charged for.

Proposal 2: A range of large vehicles are already excluded from using the recycling centres, including box and Luton vans, tractors, vehicles over 3.5t and large vans towing trailers. It is proposed to extend this exclusion to include pick up trucks towing trailers and long wheelbase vans (in excess of 6metres in total length). This will result in less congestion on sites, improve health and safety and reduce the opportunity for traders to try to illegally access the sites.

Proposal 3: It is proposed not to accept heating type oil tanks of all sizes at the sites due to the fact that they are not household waste and therefore the County Council does not have a legal requirement to accept them. This will reduce the risk of environmental issues from oil residues and sludge within the tanks and remove the health and safety issues involved in handling such large items on site.

Community Composting:

Discretionary recycling credits are paid to 25 Community Composting groups across the county. A recycling credit represents the cost that would have been incurred by the local authorities had they dealt with the waste i.e. traditionally the avoided cost of landfill. The activity avoids the waste being dealt with by district and county councils and provides a useful material which is used as a soil conditioner. The credit rate is currently set at the same level as the statutory recycling credit which is £58/t for up to 120 tonnes. For 120-500 tonnes the garden waste credit rate of £49/t is applied. This rate approximates to the current contract rate for dealing with garden waste.

From April 2017 a new contract will be in place with a much lower rate in the region of the national average rate of £25 per tonne. Whilst the County Council fully supports the community groups, it is hard to justify continuing to pay a higher discretionary rate to community groups when the Council could manage this waste cheaper through its new contract. It is therefore proposed that the credit rate paid to Community Composting Groups will be reduced to a flat rate of £25 per tonne from 1st April 2017.

4. Consultations

The consultations ran concurrently from November 4th 2016 to December 23rd 2016. The details were available on the Have Your Say website and were emailed to parish, town and district councils, county councillors, and highlighted by a press release. In respect of the Community Composting, the groups were also consulted.

Results

The results are detailed in Appendices 1 and 2 and summarised below.

- 1) **Household Waste Recycling Centres:** 117 responses were received including 101 on the website and 16 letters. Of the letters 9 were from local councils and 7 were from members of the public. In terms of each proposal the views were as follows:
 - a) to charge for all DIY plastics: 32% for, 59% against
 - b) to exclude pick-ups with trailers and to exclude vehicles longer than 6m: 44% for, 37% against
 - c) to exclude oil tanks: 38% for, 48% against

The responses highlighted fly tipping and its costs both financially to pick it up and its impact on the environment and animals particularly on Dartmoor. Advice was requested on what to do with oil tanks should they be excluded.

- 2) **Community Composting:** The proposal was to reduce the Community Composting Credit to the same level that the County Council will be paying its own contractor. Of 131 responses 11% of respondees agreed with the proposal and 89% disagreed.

The consultation response included a significant response from community composting groups, and others, who made representations on the basis that a reduced credit would reduce community benefits (it has become apparent that much of the credit is pass-ported to local communities); have a negative environmental impact (fly tipping, transport to HWRCs, burning, loss of a valuable product) and reduced social benefits and community cohesion - community composting being an excellent model of community enterprise, volunteering, supporting the vulnerable and thereby enhancing local resilience.

5. Financial Considerations

Household Waste Recycling Centres:

The proposals were intended to clarify rules and make the sites safer and less congested. There will however be a small saving through no longer having to meet the costs of disposal of all DIY type plastics and oil tanks, and potentially fewer traders bringing in unauthorised waste. It is not possible to estimate the scale of this ahead of potential implementation of the proposals.

Community Composting:

The proposal was not intended to reduce costs directly but to bring credits in line with the cost of dealing with the waste by the county council which is how recycling credits are derived. Nevertheless, it is predicted that if the rate was reduced in line with the contract rate a saving in the region of £30,000 per annum would be made.

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6. Environmental Impact

Household Waste Recycling Centres:

The consultation responses highlighted the potential for fly tipping. In the past when charges have been made for DIY waste there has not been a significant increase in fly tipping. It is not, therefore, considered that a relatively small increase in the volume of waste charged for would result in any significant increase in fly tipping. In respect of the oil tanks, the potential of an oil leak at the HWRCs will be reduced and advice will be given to householders on how they can be collected and dealt with professionally by specialist contractors.

Community Composting:

The consultation responses included a number (22%) who thought groups would have to stop their operation and they therefore cited potential negative environmental impacts of fly tipping, the need to transport garden waste to HWRCs, the potential for people burning the waste and the loss of a valuable product (compost). However, the proposal is to reduce the composting credit, not to stop paying it and since many groups passport their credits to the community and do not need it to fund the operation it is considered that the environmental impact will be low.

7. Equality Considerations

Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding.

Taking account of age, disability, race/ethnicity (includes Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage. This may be achieved, for example, through completing a full Equality Impact Needs Assessment/Impact Assessment or other form of options/project management appraisal that achieves the same objective.

In progressing these particular proposals, Impact Assessments have been prepared which have been circulated separately to Cabinet Members and also are available on the Council's website at: <https://new.devon.gov.uk/impact/recycling-centre-changes-april-2017/> and <https://new.devon.gov.uk/impact/changes-to-community-composting-credit-rate/>, which Members will need to consider for the purposes of this item.

Household Waste Recycling Centres:

Proposal 1: The proposal will introduce further charges for Construction and Demolition (DIY) type waste at the Recycling Centres across Devon – Whilst DCC has no legal obligation to accept such waste, it will offer a 'paid for' service for such waste. This provides options for residents generating such materials (e.g. choice of using the DCC service or using a commercial provider, such as skip hire or other waste management service providers).

Proposal 2: The proposal will further restrict the type of vehicles which are acceptable at Recycling Centres, however this will not generally disadvantage people except for those who drive them who are often associated with bringing in trade waste. Alternative vehicles can be used.

Proposal 3: The proposal will ban oil tanks which does not affect any specific group of individuals. Advice will be given on alternative options for disposal.

Community Composting:

Reducing the rate may have a small impact on community initiatives/social enterprises which it appears have been partially funded by these credits. It may reduce the larger groups' ability to run larger scale projects. Anecdotally, two of the groups run their projects as small businesses and a reduction in the rate may reduce their ability to do so. This scheme was designed for small scale localised composting. The groups do have the option to charge for the service and generate an income from the sale of compost. Asking communities to help themselves and be more resilient is a current council policy. Reducing credits might be seen to be reducing groups' ability to help themselves to carry out composting but in reality it is understood that the majority of groups do not use the credits to actually implement the composting. Whoever does receive the income will consequently receive less. It is understood that a small number of the groups employ vulnerable people at their operation and if these groups closed this would no longer be possible. Impacts will be monitored through the credit payments and the tonnage claimed by groups.

8. Legal Considerations

The lawful implications of the recommendations have been considered and taken into account in the preparation of this report/formulation of the recommendations set out above.

9. Risk Management Considerations

These proposals have been assessed and all necessary safeguards or action has been taken to safeguard the Council's position. No risks have been identified.

10. Discussion

Household Waste Recycling Centres:

The consultation was responded to by a small number of people. The majority were against Proposals 1 and 3 mainly due to the potential for fly tipping and their opinion that Recycling Centres should offer free safe disposal. There was a majority in favour of Proposal 2. They also highlighted that there are costs to the councils of fly tipping and also environmental costs.

The proposals will make the sites safer, lead to less confusion on site regarding DIY plastics and reduce the potential impact for an environmental incident on site. On balance it is therefore recommended that the proposals are confirmed but that further advice will be offered to householders via the website and on sites on alternative options for dealing with their waste.

Community Composting:

The proposal to reduce community composting credits to the new contract rate from 1st April 2017 has been strongly challenged by community composting groups, local councils and members of the public on the grounds that communities would have reduced means for

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supporting local activities, negative environmental impact and reduced social benefits and community cohesion. Whilst the credit is not being withdrawn completely it is acknowledged that a sudden large reduction from £58/t to £25/t would not give groups time to adjust to the lower rate. It is therefore proposed that an initial reduction to £50/t is made for the year beginning April 2017 and the rate will then reduce to reflect the contract rate over the subsequent two years giving time for groups to access alternative sources of funding.

11. Options/Alternatives

Household Waste Recycling Centres:

Proposal 1: Charging for all DIY plastics

Alternative: Do nothing – Some plastic DIY waste would be charged for and some will not, meaning confusion would remain.

Proposal 2: Excluding towing pick ups and vans greater than 6m long

Alternative: Do nothing – owners of these vehicles will still be able to access the site leading to continued congestion and traders attempting to use the sites. Safety will continue to be compromised.

Proposal 3: No Longer Accepting Heating oil tanks

Alternative: Do nothing – the oil tanks will still be able to be brought to the sites meaning safety will be compromised and leaving the potential for a pollution incident.

Community Composting:

There are a number of options available:

- No change to the proposal – reduce the rate to £25/t which may lead to some groups closing with some social and environmental impacts
- Keep the rate at the full current rate of £58/t – leading to a disparity between the amount paid to groups and the much lower financial cost to the County Council through the new contract
- Change the rate to a value between £25/t - £58/t allowing a compromise but resulting in a policy that does not comply with the guidance
- Introduce a reduction over 3 years reducing the immediate cost savings to the County Council but allowing groups time to adjust to a lower rate and look for potential alternative sources of funding.

12. Reason for Recommendations

Household Waste Recycling Centres:

The changes proposed to the charging regime, and acceptance policies are minor and are not expected to give rise to significant negative impacts. Improvements will include less confusion, less congestion and less health and safety and environmental risk.

Community Composting:

The consultation highlighted the benefits of community composting and how these might be compromised if a sudden reduction in the credit rate was implemented. A gradual reduction in the rate over three years is therefore considered appropriate to give groups time to seek alternative funding to supplement the reduced credit value.

David Whitton
Chief Officer for Highways, Infrastructure Development and Waste

Electoral Divisions: All

Cabinet Member for Community and Environmental Services: Councillor Roger Croad

Chief Officer for Communities, Public Health, Environment and Prosperity: Dr Virginia Pearson

Local Government Act 1972: List of Background Papers

Contact for enquiries: Annette Dentith

Room No. Matford Offices, County Hall, Exeter. EX2 4QD

Tel No: 01392) 383000

Background Paper	Date	File Reference
1 Impact Assessment: Recycling Centre Changes April 2017	October 2016	https://new.devon.gov.uk/impact/recycling-centre-changes-april-2017/
2. Impact Assessment: Changes to Community Composting Credit Rate	October 2016	https://new.devon.gov.uk/impact/changes-to-community-composting-credit-rate/

ad140217cab Household Waste Recycling Centre and Community Composting Policy – Proposed Changes
hk 06 240217

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**Appendix 1
To HIW/17/14**

Consultation results – Household Waste Recycling Centres

A consultation was held from 4th November 2016 to 23rd December 2016 on the following proposals:

Proposal 1- To charge for all DIY plastics

Proposal 2 – To exclude pick ups with trailers and vehicles over 6m long

Proposal 3 – To exclude oil tanks

Responses

In all there were 117 responses, 101 via the Have Your Say website and 16 by letter or email.

Letters

9 letters were from Parish/Town/District Councils and 7 were from members of the public.

In summary, all of the responses were opposed to one or more of the proposals. They were concerned about fly tipping and its costs both financially to pick it up and its impact on the environment and animals, particularly on Dartmoor. Advice was requested on what to do with oil tanks should they be excluded. Brief responses as follows:

Website

There were 101 responses on the website. In summary a majority of people opposed Proposals 1 and 3 and a majority of people agreed with Proposal 2.

Proposal 1 Charging for all DIY plastic

Of those responding 32% agreed with the proposal. 59% disagreed, and of these 54% said no further charge should be made and the remainder had the following key comments to make:

- Disposal should be free due to cost of fly tipping (12)
- All waste should be free (12).

When asked whether there would be any impact on them, of the 32% (30 people) that said there would be, their key comments were as follows:

- There would be fly tipping (14)
- It would cost them more (13)

When asked how we could reduce the impact on them, 25 commented, the key comment being:

- No charge should be made (15)

2. Exclusion of pick-ups towing trailers and vehicles >6m long.

It should be noted that a number of people misunderstood what was being proposed here. Nevertheless, 44% (41 people) agreed to this proposal putting them in the majority. Of the 37% (35 people) who disagreed 80% said that the same vehicles should be allowed in as at present. Other proposals included to:

- Charge for large vehicles unless they can prove they have domestic waste.

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67% (61 people) of the respondees said they wouldn't be impacted upon. Of the 15 that said they would be, they responded that:

- It will lead to fly tipping (2).
- It will make life more difficult (1).
- It will affect their tip runs (1).
- It's discriminating (1).
- They won't be able to use a van (1).
- Pickups are often used in rural areas and will be restricted (1).

And asked how we could reduce the impact the key response was:

- No change to the current policy (5)

3. Should oil tanks be excluded?

Of the respondees to this question, 38% agree (36 people) and 48% disagreed (45 people) with the proposal.

Of those that disagreed, 31 said oil tanks should be allowed in and 18 offered alternatives such as:-

- Charge to reduce the likelihood of fly tipping (4)

69% (64 people) said this proposal would not impact on them. Of the 12 people who said they would be impacted upon their comments included:

- What will they do with their oil tank? (5)
- The potential fly tipping will pollute the environment (4)

Asked how could we reduce the impact on them, responses included:

- Set up a separate mechanism to deal with them at reasonable cost (4)
- Accept the tanks (3)
- Provide information on alternatives and cost (2)

Summary

The consultation was responded to by a small number of people. The majority were against Proposals 1 and 3 mainly due to the potential for fly tipping and their opinion that recycling centres should offer free safe disposal. They highlighted the costs to the councils of fly tipping and also environmental costs. If exclusions/charges are to be made people need advice on what else to do with their waste and the potential cost of alternatives. This can be achieved via the website and our contractors.

Consultation results - Community Composting

A consultation was held from November 4th to December 23rd 2016 on the subject of reducing the discretionary community composting credit from £58/t to £25/t. This was due to the new contract rate of approximately £25/t offered by the new contractor from April 2017.

Background

Groups of mainly volunteers meet at allotments or other areas of land within their community to receive householders' garden waste that they shred and compost and offer back to the householders. There are a number of different models ranging from those who deal with a few tonnes per year with no charges, to Uffculme Compost Magic (UCM) who employed 1.3 ftes and charged for the service. Otter Rotters (OR) are the only group to collect waste, which they do in East Devon, EDDC being the only district who doesn't offer a garden waste collection. The larger groups offer work to the disadvantaged who may not otherwise be offered paid employment.

It became evident from the consultation that what happens to the credit also varies. Many groups pass the credit to their local community groups funding scout groups, defibrillators, sports clubs, gardening clubs, chapel, and bell ringers. Others don't seem to have any money spare to do this. Some groups are supported by their District Council – for example Mid Devon and North Devon provide a shredding grant.

Detailed responses

47 letters were received and 84 website questionnaires were completed. 15 of the letters came from Parish Councils, 10 from composting groups, 7 from councillors and 16 from interested members of the public.

The key issues raised from the respondees were as below.

- Groups would close (29)
- Proposal will reduce community benefit – long list of examples (25)
- There would be a negative environmental impact (19)
- The groups provide employment particularly to vulnerable (14)
- Fly tipping will be a consequence (13)
- The service offers free valuable good compost (11)
- There will be more landfill and burning (11)
- Schemes use untapped resources and help community cohesion, the proposal will lead to loss of social and environmental benefits of community enterprise and cohesion (10)
- Good will and volunteers will be lost (8)
- Taper a reduction (8)

Website responses

Q1: Do you agree or disagree with the proposal to reduce the CC credit to the same rate we will be paying our contractor.

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Of the 84 responses received, 14 (17%) agreed with the proposal to reduce the recycling credit. 64 (74%) disagreed and 6 didn't answer.

Q2: If you disagree what alternative do you suggest? Same rate; rate between £25 – 58; remove payment where garden collection offered; remove payment altogether; Other?

Of those that disagreed, 73% said we should continue to pay at the current rate, 20% agreed with reducing the rate to something between £25-58/t. One person said remove the credit altogether.

Q3 Would the proposal impact on you?

59% said yes it would, 28% said no it wouldn't and 13% weren't sure.

Q4 If yes (it would impact) what impact would it have on you or your group?

The most popular answers to this question can be summarised as follows:

- There would be reduced income for community amenities: 12
- Their group wouldn't survive: 10
- UCM would close: 6
- Volunteer enthusiasm would wane: 4
- There would be further to travel (emissions): 4; extra cost and pollution due to travel: 3
- Their group is on a knife edge and could break: 4
- A good source of local compost would be lost: 3
- Fly tipping would result: 3
- Vulnerable adults would lose support: 3

Q5 How could we reduce the impact on you or your group?

The key response was to:

- Retain payments at the current rate: 24

Response summary

The vast majority of the 131 respondees opposed the proposal to reduce the credit rate from £58 to £25. (14 agreed with the proposal)

The key objections were that many sites would close and this would result in 3 major negative consequences

- reduced community benefits (it has become apparent that much of the credit is passed to community groups);
- negative environmental impact (fly tipping, transport to HWRCs, burning, loss of a valuable product).
- Reduced social benefits and community cohesion - community composting being an excellent model of community enterprise, volunteering, supporting the vulnerable and thereby enhancing local resilience.

PTE/17/15

Cabinet
8 March 2017

Flood Risk Management Action Plan 2017/18

Report of the Head of Planning, Transportation and Environment

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: It is recommended that Cabinet:

- (a) approves the implementation of the County Council's 2017/18 Flood Risk Management Action Plan;**
- (b) delegates to the Head of Planning, Transportation and Environment, in consultation with the Cabinet Member for Highway Management and Flood Prevention, any changes to the programme and related expenditure of less than £50k.**

1. Summary and Purpose of Report

Over the past 12 months the Flood & Coastal Risk Management Team has continued with the delivery of a number of major capital flood improvement schemes prioritised in accordance with the Local Flood Risk Management Strategy. National and local funding has been secured to facilitate the implementation of these. The aim of this report is to advise Cabinet on the progress of these schemes and other projects highlighted in the 2016/17 Flood Risk Management Action Plan and to gain approval for the 2017/18 Action Plan. A delegation process is proposed, similar to that of previous years, to enable actions to be amended or reprioritised in an efficient manner, as required.

2. Update on Achievements for 2016/17

The Action Plan for 2016/17 was a significant programme of works targeted at some of the highest priority locations in need of flood improvements. These included major works requiring partnership funding from Defra, Local Levy and other Risk Management Authorities and also a number of minor schemes or resilience measures that have been delivered and funded through the County Council's own flood management budgets.

The delivery of the major capital works at Braunton and Axminster has highlighted the practical challenges of implementing schemes of this type, such as justifying the capital investment in line with government funding criteria or gaining the necessary approvals for working on Network Rail property; these factors have caused significant delays in progressing the works at Axminster. The management of public expectations is another key factor when delivering large flood improvement schemes and requires careful and ongoing communication with the Parish/Town Councils, Community Groups and representatives for the affected residents and businesses.

Details of the work undertaken by the Flood & Coastal Risk Management Team during 2016/17 is set out in Appendix I. Once completed, these major schemes will provide protection to well over 250 properties. In addition, minor improvements at locations countywide will have reduced the risk of flooding to a further 30 properties.

The current projection is for approximately £1.6 million to have been spent on the provision of flood management measures by DCC in its role as Lead Local Flood Authority in the

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current financial year. This includes grants and contributions from Defra, Local Levy and other Risk Management Authorities.

3. Proposed Action Plan for 2017/18

The proposed Action Plan for 2017/18 is attached as Appendix II. It includes the completion of existing major schemes started in the current financial year, as well as works at new locations requiring investment that have been prioritised through the criteria set out in the Devon Local Flood Risk Management Strategy. In line with the Local Strategy, there is also recognition that all new flood schemes should consider a catchment wide approach to include any natural flood management measures that will have a lasting benefit and reduction in runoff to ease flood risk downstream.

This investment in 2017/18, along with that anticipated for the remainder of Defra's current 6 year programme, through to 2021, should provide a high level of flood protection for a further 300 properties (i.e. beyond those referred to in Section 2).

In line with the Local Strategy, support will continue to be provided to the Devon Community Resilience Forum to assist communities in establishing self-help local measures to protect against the risk of flooding. In addition, it is proposed that a grant scheme is set up to enable individual property owners to request support from Devon County Council for the provision of property specific measures to prevent water entering the property (known as 'Property Level Protection'). The funding for this will be derived from Defra's Flood Defence Grant in Aid (FDGiA), Local Levy and allocations from DCC's own flood risk budget. The requests will be prioritised, based on defined criteria, and will be limited to £5,000 per property, to mirror similar opportunities provided by the government following major flood incidents. A copy of the intended protocol for the proposed grant scheme is included in Appendix III

4. Consultations/Representations/Technical Data

The delivery of local flood improvements will require regular consultations with residents, local businesses, community groups, Parish/Town Councils, Local Members and other relevant Risk Management Authorities, to ensure good engagement and to appropriately manage expectations. For the major capital projects, such as Braunton and Modbury, public exhibitions have been delivered to share the scheme proposals and invite valuable comments and/or concerns from the local community. The liaison with other Risk Management Authorities will, also, assist in joined-up planning and prioritisation and the identification of opportunities for partnership working and shared funding arrangements.

5. Financial Considerations

The funding required to cover the flood risk management activities identified in the 2017/18 Action Plan will be allocated from DCC's dedicated flood risk management revenue budgets (i.e. the dedicated Flood Risk Management budget held by Planning, Transportation and Environment Service and an associated corporate flood prevention budget)

Similar to previous years, the new Action Plan shows an over spend of c.16% against 2017/18 budgetary allocations in order to provide flexibility in the programme for any efficiencies made or delays encountered. This will be closely monitored throughout the year to ensure delivery is kept within the available budgets. Where appropriate, DCC revenue allocations are capitalised.

Opportunities for collaborative working with other Risk Management Authorities will be considered for all schemes. The larger capital schemes will be delivered through partnership funding opportunities including Defra's FDGiA, the Local Levy (administered by the South West Regional Flood & Coastal Committee) and, where possible, with additional funds from

local sources such as other Risk Management Authorities, developers, businesses and other scheme beneficiaries (including local residents). As a result, overall expenditure on flood management issues during 2017/18 is likely to be well in excess of £2.5m.

Every effort is made to limit the required maintenance liabilities associated with schemes delivered by DCC, to ensure that future opportunities for investment in new flood risk management measures are not compromised.

6. Sustainability, Equality and Public Health Considerations

All flood improvement schemes will be developed in accordance with the Equality and Environmental Assessments produced in support of the Local Flood Risk Management Strategy. Each individual scheme will be assessed at the appropriate stage using the corporate, integrated assessment tool, with relevant equality and environmental impacts identified and acted on as necessary.

The works outlined by the Local Strategy and the 2017/18 Action Plan are all designed to improve the protection afforded to communities and individual properties currently at particular risk of flooding and, thereby, support health and wellbeing. More than just protecting the properties alone, it should be noted that flood water has the potential for transporting contaminants, such as sewage; so, reducing flood risk has clear health benefits.

7. Legal Considerations

All works will be carried out in accordance with the powers and duties assigned to DCC under the Flood and Water Management Act 2010, the Land Drainage Act 1991 and any other relevant legislation. The lawful implications and consequences of the proposals and relevant actions will be taken into account through their development.

8. Risk Management Considerations

It should be noted that flooding is already identified as a high risk in the corporate risk register and that this programme is intended to address that. As each scheme is progressed, it will be assessed to ensure that all necessary actions are carried out to safeguard the Council's position.

It has been previously reported that there is a lack of resources available to many of the District Councils, with the resulting risk of them being unable to address local flood issues, with an increased reliance on DCC. There is a need for close ongoing engagement, both politically and at officer level, to maintain partnership working and deliver against key priorities, whilst managing public expectations.

9. Discussion

The government's target is to reduce the risk of flooding to 300,000 properties within Defra's 6 year programme. It is Devon County Council's role as the Lead Local Flood Authority to investigate and promote flood improvements and help achieve this target. The proposed Action Plan for 2017/18 has identified a number of major works already well advanced, together with opportunities to progress some minor, but vital, flood improvements. In addition to the proposed works there are also proactive studies to be carried out that will inform future Action Plans or localised 'quick-win' improvements that will benefit an increased number of properties beyond the c.300 already anticipated for the period through to 2021.

Throughout this next investment period all of the Risk Management Authorities will continue to meet and liaise to share their action and investment plans to look for collaborative and joint working opportunities.

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10. Options/Alternatives

In view of the large number of communities having suffered flooding in recent years and the growing expectation for assistance, the option to do nothing has been discounted.

The scheme proposals identified in the 2017/18 Action Plan (Appendix II) have been prioritised based on the specific criteria set out in the Local Flood Risk Management Strategy for Devon. Due to issues outside of our control, such as inclement weather conditions, funding limitations or landowner approvals, it is highly likely that the programme will need to be changed or reprioritised. It is therefore proposed that decisions on any changes up to a £50k limit are delegated to the Head of Planning, Transportation and Environment in consultation with the Cabinet Member for Highway Management and Flood Prevention. Each scheme will undergo an options appraisal to identify the preferred option that will achieve the maximum benefit for the community within the available budget.

11. Reason for Recommendation/Conclusion

The constant threat of flooding experienced over recent years highlights the need for both reactive and proactive measures to be implemented to reduce the risk of flooding to hundreds of communities across the County. Over 2300 properties in Devon have suffered internal flooding in the last 5 years and many more thousands shown to be at risk from at least one source of flooding. Through a prioritised approach to invest in flood risk management we can start to reduce these numbers of properties at risk.

The devastating effect of flooding to people's homes and businesses impacts the health and wellbeing at the heart of those communities and the overall economy of Devon. It is essential therefore for DCC to demonstrate their commitment as the Lead Local Flood Authority by adopting and implementing the proposed Action Plan for 2017/18 and support the reduction of flood risk across the County.

Dave Black
Head of Planning, Transportation and Environment

Electoral Divisions: All

Cabinet Member for Highway Management and Flood Prevention: Councillor Stuart Hughes

Chief Officer for Communities, Public Health, Environment and Prosperity: Dr Virginia Pearson

[Local Government Act 1972: List of Background Papers](#)

Contact for enquiries: Martin Hutchings

Room No. Lucombe House, County Hall, Exeter. EX2 4QD

Tel No: (01392) 383000

Background Paper	Date	File Reference
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Nil

mh210217cab Flood Risk Management Action Plan 2017 18
hk 04 240217

Update on Achievements for 2016/17

1. Devon wide

Highway related flood improvements – The Flood & Coastal Risk Management Team liaise closely with the local Highway Neighbourhood teams to look for opportunities of joint working to protect the highway against flooding and reduce the risk to properties. Schemes at Luppit, Woodbury Salterton and Aylesbeare have been completed in 2016/17, protecting at least 6 properties.

Surface Water Management Plans / Drainage Assessments – The programme of Surface Water Management Plans and Drainage Assessments, as recommended in the initial strategic review of Devon, has now been completed, with recent drainage assessments carried out in Ottery St Mary, East Budleigh, Newton Abbot, Shaldon and Teignmouth. These are less detailed than full Surface Water Management Plans, but focus attention on specific issues within these areas. The recommendations from these reports will be prioritised and help to target future investment.

Catchment Flood Risk Database – A new database using ArcGIS (i.e. a software package used to manage spatial data) has been produced to gather all flood related information into one location. This will provide great benefits when considering scheme prioritisation and will also assist in reviewing the severity and sources of flood risk for any location within Devon.

Community Resilience – DCC has continued to support the Devon Community Resilience Forum through its Emergency Planning and Flood Risk Management teams. Over £15k in contributions have been made to Devon Together, who host the forum, which have been passed on to various parish and community groups in the form of grants. Initial grants are paid to support the development of community emergency plans and subsequent grants are available to equip the community with self-help measures, such as signs, sandbags, tabards and torches for the volunteer wardens.

North Devon Nature Improvement Area (NIA) – The Flood Risk Management team has supported the NIA over recent years in the delivery of practical measures that limit surface water runoff and assist in the reduction of flood risk. The NIA has developed a project to pilot the use of culm grassland in managing flood risk and diffuse pollution and has received grant support from the EU through Interreg 2 Seas, as well as funding from the Environment Agency and Exeter University. DCC will continue to support the NIA and will be a partner in the Culm Grassland Project over the next 3 to 4 years, as part of its increasing focus on natural flood risk management.

Property Level Protection (PLP) – The provision of PLP for those properties that have either suffered internal flooding or considered to be of significant risk is becoming a frequent ask, but Devon has not benefitted from the government scheme released following the severe flooding in the north west early in 2016. Instead, DCC has obtained an allocation from Defra's 6 year programme of £50k per year which, together with a matched allocation from DCC and an additional £10k from Local Levy, will enable an ongoing number of properties across Devon to benefit from PLP. During 2016/17 there were 15 properties that benefitted from PLP measures and a further 15 are at an advanced stage of planning, with this latter work led by Exeter City Council.

Statutory Consultee for Sustainable Drainage (SuDS) – Before taking over this new role in April 2015, it was estimated that we would be consulted on approximately 400 applications

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per year; however this has been far exceeded with almost 1300 consultations received in 22 months (550 in 2015/16 and 750 so far in 2016/17). This work is vital in ensuring that flood risk issues are appropriately handled in planning for new development.

2. East Devon area

Axminster Millbrook – Phase 2 of the proposed improvements to reduce the risk of flooding from the Millbrook in Axminster is to start in earnest mid-March 2017. Advanced works, including channel widening improvements, downstream of the railway, and the installation of a ‘tree-catcher’, upstream of the old culvert, were completed early November 2016. It was hoped that the main project itself would continue on directly, but had to be put on hold while final approvals were achieved with Network Rail and additional funding sought for the increase in estimated construction costs.

A report was submitted to DCC Cabinet in December 2016, which provided approval and support for the delivery of a scheme valued at £998k. At the same time, a variation was submitted to the EA for an additional £321k of FDGiA, making a total of £561k national funding to support the scheme; this was approved. An additional £50k was approved by DCC, to top up its own contribution to over £337k which, together with the £50k Local Levy and £50k from East Devon District Council (EDDC), makes up the required balance. A further request to the SWRFCC Finance Sub-Group for an additional £50k reserve, beyond the £100k already set aside for contingency, has also been agreed in principal.

As reported previously, the scheme aims to reduce the risk of flooding to 161 residential properties, 40 of which suffered from significant internal flooding in 2012.

Sidmouth Surface Water Management Plan – The recommendations of the completed surface water management plan are being developed and modelled into a scheme design for delivery in 2018/19, subject to the funding justification being approved. Minor works have also been completed to better manage a surface water flow path in Bulverton, to the west of Sidmouth.

Whimble – The Environment Agency is continuing to explore opportunities for funding these important flood improvement works. The DCC budget allocation, set aside to support the project, has not been required in 2016/17; so instead, a similar budget will be earmarked in 2017/18 as a partnership contribution, if the EA is successful in bridging the current budget shortfall.

Lympstone – Further investigations are being progressed on a catchment wide basis to develop a number of recommendations that can be considered for future investment, possibly through Flood Defence Grant in Aid.

Exmouth – DCC has continued to work in partnership with South West Water to consider flood improvement measures for future investment. A number of recommended options are now being developed.

Old Feniton – DCC is working in partnership with South West Water and East Devon District Council to review the flood risk associated with surface water run-off and to consider options to reduce the risk of flooding in the village. The preferred options are currently being developed for potential scheme delivery, subject to funding.

Uplyme – Scheme development by DCC is progressing. In the interim, a number of ‘quick-wins’ have been installed, including silt traps and raising the soffit of a pedestrian footbridge, to decrease localised flooding. In addition, natural flood risk management measures are

being developed for installation upstream of Uplyme, including installation of woody debris dams.

3. Exeter area

Exeter Flood Defence Scheme – Phase 2 of the Environment Agency led scheme is well underway, with construction progressing at various locations along the river. Works around the Quay area have been the most intrusive, with a few issues relating to underground obstructions, such as services, lumps of concrete and archaeological interests, which have caused some delays. Flood gates to be installed at Station Road will block off the level crossing during flood conditions and it has been agreed that DCC will operate the closing and opening of the gates, as and when required.

Exeter Surface Water Management Plan (SWMP) – As a result of the completed SWMP, a number of properties requiring property level protection measures have been identified and these are being progressed by Exeter City Council on behalf of DCC. Opportunities for collaborative working with South West Water are being developed, as well as a number of other surface water flood improvements, that will be delivered through the Defra 6 year programme of works.

4. Mid Devon area

Cullompton Study – Flow figures provided by the Environment Agency have changed the scale of the scheme dramatically and has exceeded the tolerances of cost benefit. Other options are being pursued to enable a cost effective solution to be delivered. DCC Highways are considering improvement to the Exeter Road culvert, which is likely to present an opportunity for joint working and a greater standard of protection to be provided.

Tiverton – The Flood Risk Management team has been giving technical advice to Public Rights of Way colleagues regarding the new overflows to be installed on the Grand Western Canal to reduce the risk of a future breach. Flood improvements in the Atherton Way area of Tiverton are also being developed by DCC in partnership with Mid Devon District Council and South West Water.

5. North Devon area

Braunton Surface Water Management Plan – Further to the report approved by Cabinet in November 2016, Phase 1 of the flood improvements in Caen Street is underway and progressing well. This will provide the much needed improvements to the highway drainage achieved through a new gravity pipe system. Phase 2, which includes the provision of a small pumping station, should follow on after the completion of phase 1, immediately after the Easter break, with final completion anticipated prior to the summer embargo period. Concerns have been raised by the local businesses over the disruption associated with the necessary road closure, but every effort is being made by the whole project team to minimise the disruption and impact of the works.

The Parish Council has undictated its full support for the works and has agreed to take over the future ownership and maintenance of the pumping station.

Barnstaple – A jointly funded and managed study between DCC, North Devon Council and the Environment Agency was completed in summer 2016. The recommendations of the study, intended to reduce the risk of flooding from tidal and fluvial sources as a result of climate change, are now being developed. In addition, investigations into ground water flooding of residential properties in Carrington Terrace have been completed by DCC.

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6. South Hams area

Ivybridge Flood Improvements – A detailed assessment of the flood risk, development of recommendations and selection of a preferred option is nearing completion. Detailed design of the preferred option will commence shortly and an associated business case will be developed to provide the necessary funding justification. It is anticipated that scheme construction will commence at the latter end of 2017/18, subject to funding approval.

Kingsbridge Study – DCC has been working in partnership with the Environment Agency and South West Water to develop a full integrated hydraulic model to understand the impact and sources of flood risk. This will be progressed as a collaborative project, which is likely to be led by the EA, as the main sources of flooding have been identified as Main River and tidal.

Modbury Flood Management Scheme – Detailed design of the scheme proposals is nearing completion and will, soon, be submitted to South Hams District Council for planning permission. Ecological surveys, a landscape assessment and ground water monitoring have been completed to inform the design, in particular for the storage attenuation and earth dam. A business case is being prepared to support the bid for Flood Defence Grant in Aid which is to be submitted shortly. It is anticipated that works will commence September 2017 and completed early 2018.

Yealmpton – A Property Level Protection scheme has been delivered by DCC, on behalf of the Environment Agency, providing resilience measures to 13 properties affected by the flood events of 2012.

Frogmore – DCC's Flood Risk Management Team has progressed a number of surveys to inform the development of scheme proposals and continued to liaise with the Parish Council to assist delivery.

Ugborough – A catchment study has been produced of the flood prone area of Lutterburn Street. This has been expanded in scope to ensure the risk of flooding is not passed downstream as a result of any local improvements.

Chillington – A local catchment study for the Coleridge Lane area of Chillington has identified a scheme requiring a new culvert to drain down a low spot that floods approximately 10 properties in the area. This culvert is now in a detailed design phase, with its installation anticipated in 2017/18, subject to funding approval.

7. Teignbridge area

Stokeinteignhead – Outline design of Phase 2, which includes upstream storage options, is ongoing. The scheme will involve up to 3 earth embankments being constructed across the valley to retain flows upstream. To ensure ground conditions are suitable for constructing the embankments and to store the flood water, essential ground water monitoring is being carried out for a 12 month period until November 2017. Detailed design will follow on, once the results have been assessed and a full business case produced to secure Flood Defence Grant in Aid. Construction is programmed to commence late summer of 2018, subject to funding.

8. Torridge area

Bideford, Moreton Park – A collapsed culvert on an ordinary watercourse has created a large sink hole in a private garden. The full length of the culvert, which is the responsibility of the various private landowners, is in a poor state of repair and needs replacing. The 600mm diameter concrete culvert is over 90m long and up to 3m deep and is estimated to cost

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approximately £200,000 to repair. It was considered unrealistic to serve notice on the property owners to remove the blockage; instead, DCC has worked closely with the landowners and their representatives, as well as South West Water and Wales & West Utilities, to plan an approach to resolving the issue. It is hoped that a solution and appropriate funding can be achieved through the various parties.

Devon County Council Action Plan for 2017/18 to Support the Local Flood Risk Management Strategy

Projects/Works/Schemes	Lead Authority	Study, Design or Works	2017/18 DCC (PT&E) Flood Risk Management Budget £	2017/18 DCC Flood Prevention Budget £	Details of Proposal
Devon					
Flood Risk Management Team	DCC	-	250,000		Resources required to deliver the Flood Risk Management functions as the Lead Local Flood Authority and Statutory Consultee for SuDS
Strategic Catchment Flood Risk Database and Prioritisation	DCC	S	10,000		Continued development of the flood risk database to improve knowledge of the risks across Devon and to support scheme prioritisation
Minor Works and Improvements	DCC/ Others	W	50,000		Delivery of minor flood improvement works, subject to resources and in accordance with the DCC priority list and opportunities with other Risk Management Authorities (Chillington and Frogmore)
Minor Flood Investigations/Studies	DCC/ Others	S	50,000		Delivery of flood investigations, surveys and studies, subject to resources. Priority areas include Beeson, Broadhempston, Buckfastleigh, South Pool, Ugborough and Woodbury Salterton
Property Level Protection	DCC/ Others	W	50,000		Allocation of funds to support Property Level Protection Grants and supported with additional Flood Defence Grant in Aid and Local Levy
DCC Highway related flood improvements	DCCH	W	30,000		Contributions from the FRM budget to support various minor highway improvement works where the risk of flooding to property can be reduced
Community Resilience and support	DCC	W	20,000		To provide assistance to communities for the delivery and provision of Flood Resilience Measures
North Devon Nature Improvement Area	NIA	W/S	20,000		DCC contribution to support the Culm Grassland Project and benefits of Natural Flood Management
Natural Land Management	DCC/ Others	W/S	50,000		To develop best practice and progress opportunities for delivering natural flood risk management techniques in partnership with other RMAs and key stakeholders

East Devon					
Axminster Millbrook Phase 2	DCC	W		50,000	Contribution towards construction of phase 2 of the flood improvement works in conjunction with Flood Defence Grant in Aid.
Old Feniton	SWW	S	10,000		Scheme optioneering and business plan preparation in partnership with South West Water
Sidmouth Surface Water Improvements - Design	DCC	D	60,000		Development of the preferred options leading to detailed design and preparation of Project Appraisal Report for FDGiA
Uplyme Flood Study	DCC	S	20,000	30,000	Preparation of scheme design and collaborative working with Highways and East Devon District Council
East Budleigh	EA	W	10,000		Continuation of minor improvements as recommended in the flood study
Lympstone	DCC	W	15,000		Development of catchment wide flood improvements
Exmouth	SWW/ DCC	S	15,000		Continue to work in partnership with SWW and consider options for flood improvements and any funding requirements
Ottery St Mary	DCC	W	30,000		Develop options for delivery with a strong focus on Natural Flood Management techniques. Works subject to funding
Whimble	EA	W		100,000	To provide a partnership contribution and support the Environment Agency in delivering these essential works if other funding opportunities can be realised
Exeter					
Exeter Flood Defence Scheme (2013 - 2018)	EA	W			DCC to be actively involved as a project partner at Project Board and Project Team levels to ensure DCC's interests are managed accordingly and to provide support for the ongoing delivery of the capital works. Note DCC partnership contribution of £3million
Exeter Surface Water Improvements - Design	DCC	D	40,000		Development of scheme options and production of PAR to support funding bid for surface water flood improvements and delivery of any minor works
Topsham Flood Improvements	ECC	W		20,000	Contribution to Exeter City Council towards surface water element of proposed flood improvement works
Mid Devon					
Cullompton Flood Improvements	DCC	D/W	10,000	80,000	Progression of recommendations from catchment study in partnership with the EA and potential opportunity with Highways
Tiverton, Atherton Way	MDDC	W		20,000	Contribution towards surface water improvements in partnership with Mid Devon District Council and South West Water
North Devon					
Braunton Surface Water Improvements	DCC	D/W	20,000	160,000	Construction of Phase 2 of the flood improvements for Caen Street to provide a small pumping station to complement the improved gravity drainage system in Phase 1

Bishops Tawton	EA	W		20,000	Contribution from DCC to EA to incorporate surface water improvement works into main scheme
Barnstaple	DCC	S	30,000		Surface water management study. To follow up from Strategic SWMP
South Hams					
Modbury Flood Management Scheme	DCC	D/W	100,000	100,000	Completion of business case to support funding bid, submission of planning application and commence construction of the proposed flood improvements
Ivybridge Flood Improvements	SHDC	D/W	50,000	50,000	Delivery of detailed design and business case to achieve FDGiA and progression of recommended flood improvements
Kingsbridge Study	SWW	S	20,000		To continue working in partnership with other RMAs to assess potential flood improvements and develop options
Dartmouth	DCC	S	15,000		To progress optioneering and scheme proposals in partnership with SWW and EA to reduce flood risk in Victoria Road area, subject to appropriate cost benefit and funding
Teignbridge					
Stokeinteignhead	DCC	D/W	50,000	50,000	To continue site investigations and ground water monitoring to inform the final detailed design and business case to support funding request for FDGiA
Torrige					
Bideford, Moreton Park		D/W		100,000	Funds to be earmarked to support the delivery of essential improvements to remove a collapsed culvert and reduce flood risk to many properties in the vicinity
West Devon					
					There are currently no ordinary watercourse, surface or ground water schemes identified, in the West Devon area, on the DCC priority list. Other schemes relating to other flood sources may be considered by the EA or the District Council
Total Budget Allocation			1,025,000	780,000	£1,805,000
<p>The above budget allocations are estimates that are subject to change as a result of scheme amendments and delays or any necessary re-prioritisation of the action plan. The total expenditure currently shows a 16% over-allocation to allow for such changes and efficiencies. This will be monitored throughout the year to ensure the budget is not exceeded, with incomplete projects deferred if / as required.</p>					
Incoming Budgets					
LLFA Flood Risk Management Budget			940,000		Lead Local Flood Authority burdens fund from Defra together with DCC financial support
DCC Budget for Flood Prevention Works				615,500	DCC Revenue support budget for the delivery of flood prevention works
Flood Risk Management Budget			£940,000	£615,500	£1,555,500 Total budget

Policy for determining the eligibility for Property Level Protection Grants

Introduction

Devon County Council (DCC) is committed to increasing community resilience in Devon and is supported by DEFRA to deliver property level resilience measures. Working closely with a number of partners, DCC aims to help communities be better equipped with the tools and basic defence measures they need to be able to deal with flooding. The purpose of this report is to set out a number of criteria that will be used to determine whether a homeowner is eligible for a property level protection grant of up to £5000.

There is limited funding, with an annual allocation to be made available each year. Other opportunities will be considered throughout the year as and when they arise. Applications will be prioritised based on the criteria set out below in order to maximise the number of properties benefitting from this opportunity.

About the Grant

The Property Level Protection (PLP) Grant can be used to help fund the provision of resistance measures that will help reduce the risk of flooding to individual properties. The grant will be paid retrospectively to the homeowner's chosen contractor, on completion of works, providing approval from DCC has been sought. DCC cannot recommend a specific contractor, however, a list of contractors can be found at <http://www.bluepages.org.uk>.

Any costs over and above the maximum grant amount must be topped up by the homeowner. Decisions regarding the eligibility of homeowners will be made by DCC's Flood & Coastal Risk Management team, with Devon Communities Together providing advice and direction to those wishing to apply. Information on community resilience can be found at <http://www.devoncommunities.org.uk>.

A survey will be required prior to agreement of works, which will be funded by DCC from the Grant, following the Selection Process. Homeowners are welcome to carry out the survey prior to application, at their own expense, if they feel that it would benefit their application.

While DCC will be able to provide advice and support with regards to choosing the most suitable protection for the homeowner, it should be noted that the homeowner is free to select whichever option they prefer, subject to cost approvals by the Council. However, this is done entirely at the homeowner's own risk, and DCC is not liable if the chosen PLP is not suitable in preventing flooding in the future. Unless approved by the Council in advance, the homeowner should always select the most cost effective option quoted to them.

DCC will endeavour to package works in nearby locations to ensure efficiency and the possibility of delivering PLP to a greater number of properties. If there are a number of applications for a specific area, it may be beneficial for DCC to consider alternative improvements or minor works, as opposed to providing PLP.

Some of the types of PLP equipment that could be installed using funding provided by DCC are as follows.

1. Flood resistant doors
2. Temporary or demountable barriers
3. Pumps
4. Airbricks/Airbrick Covers
5. Passive flood barriers
6. Flood safety doors

However, there is scope for homeowners to use the funding towards other alternatives, pending Council approval.

If for any reason, your circumstances change, following submission of an application (i.e. you have experienced additional flooding, you have received PLP from elsewhere, etc.), then please update DCC on floodrisk@devon.gov.uk.

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Criteria

In order to qualify for Property Level Protection and the Grant, a homeowner must meet a certain number of criteria. DCC will then ask for more information that will allow prioritisation of applications, ensuring that those who are in greater need of PLP will be allocated funding for it. If a homeowner qualifies for the scheme, the Council will provide the agreed amount direct to the contractor upon completion of the works and evidence has been received.

PLP is normally considered a last resort, but if the homeowner meets all the eligibility criteria, and is high on the prioritisation list, then the provision of funding can be justified.

In order to be eligible for PLP, you must meet the following criteria. Applications that do not meet these criteria will not be considered:

1. You must have been affected by internal flooding or be considered to be at very high risk of flooding
 - a. Internal flooding is defined as water flowing into a building or household. A garage may only be included in this definition if the garage is integral to the house and not separate. Gardens and driveways are classed as external property flooding.
 - b. External flooding is not considered a priority for DCC.
2. You must be willing to top-up the given grant if the quote for PLP is more than £5000
3. You must be able to provide photographic proof of the extent of the flooding.
4. You must not also be applying for PLP funding through another scheme or grant.
5. You must be willing to obtain at least two quotes from contractors and seek approval from DCC before installation commences.

Prioritisation

Eligibility does not guarantee that you will be given funding. With the limited budget available each year, DCC must prioritise each application to ensure those with the highest risk are allocated funding first. Priority will be given to those homeowners who:

1. Have flooded at least once in the last five years.
2. Do not have a flood management scheme nearby, or one soon to be delivered, that does/will provide direct benefit to the property
 - a. Consideration will be given to those who have a flood management scheme nearby that will not be constructed in the near future.
3. Are in Flood Zones 2 or 3, as shown by the Environment Agency's Flood Map for Planning (Rivers and Sea)
 - a. <http://maps.environment-agency.gov.uk/wiyby>
4. Are determined to be at high risk of flooding, as shown by the Environment Agency's Risk of Flooding maps (Rivers and Sea, Reservoirs and Surface Water).
 - a. <http://maps.environment-agency.gov.uk/wiyby>
5. Have not had PLP before.
6. Have vulnerable people in the household
7. Live in a high risk community, as determined by DCC.
8. Live in an area where neighbours have benefited from PLP in the past.

What is not covered by this policy

DCC maintains no responsibility for the operation and maintenance of the PLP provided, and any defects arising, following the installation, should be taken up with the contractor who supplied the protection. In the event of a flood warning, it is the homeowner's responsibility to ensure that their PLP is well maintained and working efficiently. With regards to this scheme, the Council exists solely to provide funding and advice.

Please refer to the disclaimer attached to the application form for more information about the responsibilities of both DCC and the homeowner.

PTE/17/16

Cabinet
8 March 2017

Transport Capital Programme 2017/18: Proposed Allocation

Report of Head of Planning, Transportation and Environment

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: That:

- (a) approval is given to enhance the 2017/18 capital programme by £4.607 million with £0.607 million from external and developer contributions and £4 million external grants;
- (b) of the enhancements above, £0.312 million is forward funded to enable schemes to proceed in advance of the funding received;
- (c) budgets are allocated to the Local Transport Plan schemes set out in Appendix 1;
- (d) amendments to the Integrated Block allocations are delegated to the Head of Planning, Transportation and Environment in consultation with the Cabinet Member for Highway Management and Flood Prevention or Cabinet Member for Economy, Growth and Cabinet Liaison for Exeter;
- (e) the updated Transportation Infrastructure Plan included in Appendix 2 be approved.

1. Summary

This report seeks approval to the Transport Capital Programme for 2017/18 (excluding maintenance). It also provides an update to the Transport Infrastructure Plan that sets out the transport infrastructure priorities for investment over the longer term period to 2030.

2. Background/Introduction

Capital funding for transport schemes in Devon remains uncertain and unpredictable with a high proportion of the current and future programme reliant on securing external funding through competitive bidding processes. The timing of these competitions, combined with the uncertainty of success, means that putting together suitable funding packages is a challenging process which requires flexibility.

However, notwithstanding this we continue to have a strong track record of working with partners to secure significant sums of grant funding from a range of grant opportunities (i.e. Regional Growth Fund, Local Pinch Point Fund, HA Pinch Point Fund, Growth and Housing Fund and from the LEP). This has been matched by developer / DCC contributions to deliver over £200m of transport capital schemes across the County during this Local Transport Plan period.

The most stable element of funding continues to be the Integrated Transport Block at around £3.6m per annum, still substantially less than the levels of around £10m seen up to 2010.

The Government has, at the end of January, allocated the authority a sum of £7.169m from the National Productivity Investment Fund (NPIF) which was announced in the autumn

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statement. This is available for the 2017/18 financial year only and can be spent on both Highway Structural Maintenance (HSM) and schemes to improve the local road network. Future year allocations will be through a competitive process. For 2017/18 it is proposed that £3.169m is allocated to HSM schemes with the remaining £4m for new schemes, the detail of which is set out in section 3 below. The detailed programming of the HSM allocation will be included in a further report to Cabinet in April 2017.

The Government also announced an allocation of £175m over four years from NPIF for a new Safer Roads Fund. This is only open to authorities with 'high risk' local 'A roads' identified in a specific DfT national list from available data. Devon currently has two roads in this list, the A3121 (South Hams) and A3123 (North Devon), and will have an opportunity to bid for funding to deal with safety issues later in 2017 with funding potentially available from 2018/19.

Funding bids recently submitted which may provide additional capital for 2017/18 and future years include:

- Coastal Communities Fund for the Teign Estuary cycle route between Dawlish and Teignmouth
- New Stations Fund for Marsh Barton station.

The outcomes of both of the above are expected to be announced in the spring of 2017. If successful the funds will be added to the capital programme later in the year.

The outcome of the Local Enterprise Partnership (LEP)'s Growth Deal 3 bid to Government is expected to be announced shortly. The following bids made the final list of priorities in the LEP's "A Growth Deal for Productivity" submission but not all are expected to secure funding:

- Houghton Barton package, Newton Abbot
- Exeter Cycle Routes (E3 and E4)
- Deep Lane Phase 2, Sherford

Two schemes have been submitted for Highways England's Housing and Growth Fund. Decisions on Moor Lane improvements, Exeter and Deep Lane phase 2 improvements, Sherford are expected in the new financial year. Funds have already been secured for Turks Head junction at Honiton, which has now been completed, and Titebarn Phase 2 link road at Exeter, which is currently on site.

Discussions are on-going with the Homes and Communities Agency and LEP to explore potential funding for a number of schemes including the Tiverton Eastern Urban Extension access.

Community Infrastructure Levy (CIL) and Section 106 funding through new development plays an important part in securing match funding as part of bids to external bodies. Available funds are however heavily constrained through a combination of viability issues and requirements for other non-transport infrastructure such as education and affordable housing. Negotiations are at different stages with each district council depending on the status of their Local Plan and CIL charging regime if applicable, or on a case by case basis with Section 106 agreements.

The County Council is also working with a few parish and town councils on transport issues linked to Neighbourhood Plans. Where major development in areas with CIL is planned, these authorities will have access to a significant share of CIL receipts, especially where the Neighbourhood Plan is adopted. There is an increasing trend towards a proportion of these receipts being used to support smaller transport schemes that have a high local priority but which may not secure funding through other sources.

3. Proposal

The Transport Infrastructure Plan (TIP) sets out planned investment in transport infrastructure across Devon for the period 2014 to 2030. The key purpose of the document is to set out planned delivery of infrastructure and focuses on those schemes that deliver economic growth. The plan guides the focus and prioritisation of resources within the authority and provides longer term clarity on the county's future transport infrastructure delivery. The TIP was approved by Cabinet in April 2015. In order to recognise new funding initiatives and opportunities and to reflect current priorities, the TIP is a living document that will be updated throughout the life of the plan. An updated TIP dated March 2017 is included in Appendix 2 for approval.

The focus of the 2017/18 Transport Capital Programme continues to be to maximise the use of DCC core funding (for example Integrated Transport Block) to draw in external funding. A number of significant match funding commitments to schemes currently, or about to start, on site, remain including Bridge Road in Exeter.

The next financial year will include a particular emphasis on designing and preparing schemes, including land purchase, to ensure that they are ready for bidding through external funding opportunities as they arise. During 2017/18 the latter could include the Housing and Infrastructure Fund, National Productivity and Investment Fund, Road Safety Fund and Coastal Communities Fund (CCF) (further round) amongst others.

Roads

A number of schemes are currently on site (or expected to start shortly) with completion expected in 2017/18. These include:

- A379 Bridge Road, Exeter
- Tithebarn Link Phase 2, Exeter (including ped / cycle bridge over the M5)
- A361 Portmore Roundabout, Barnstaple
- A39 North Devon Hospital Roundabout, Barnstaple
- A379 Sandy Park Junction, Exeter
- A38 Deep Lane Junction Phase 1, Sherford.

Discussions are well advanced with the LEP to secure Growth Deal 2 funding for a first phase of the A361 Tiverton EUE access junction, opening up development at the site. Further details will be confirmed in a future Cabinet report to secure scheme design approval.

Funding of future schemes is highly dependent on securing funding from external sources. It is therefore essential to continue to develop an ambitious pipeline of schemes to a stage that they can be included in bids as opportunities arise. The majority are linked to housing and employment growth opportunities in line with the District Local Plans and likely external funding opportunities. It is proposed that £1m of the £7.169m NPIF capital funding for 2017/18 noted earlier in the report is used to accelerate design work and potentially land acquisition on the pipeline of schemes, supplementing other funding sources including Integrated Block and S106 / CIL. Schemes expected to be in the 2017/18 pipeline and which may progress to a phased start on site subject to funding include:

- A361 North Devon Link (funded in part by DfT Large Local Majors revenue development fund award)
- A382 widening, Newton Abbot
- A382 – A383 link, Newton Abbot (part of Houghton Barton package with East – West cycle route)
- SW Exeter urban extension infrastructure package

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- Dinan Way, Exmouth
- A39 Buckleigh Junction, Bideford
- Langaton Lane Link Road (Pinhoe to Science Park), Exeter
- Egress from Sowton Industrial Estate / Moor Lane Junction, Exeter
- Holsworthy Agri Centre / Industrial Estate Access Phase 2
- Egress from Kingsmill Industrial Estate, Cullompton
- Dawlish to A380 improvements in Mamhead and Starcross areas
- A38 Deep Lane Junction Phase 2
- A39 Heywood Road Junction, Bideford
- A39 Roundswell Phase 3 – Industrial Estate access / Park and Change site.

A number of other schemes will be progressed through early option development using limited available revenue funding. Capital funding can only be used to progress schemes once option selection is complete.

Walking and Cycling

The launch of the Government's Cycling and Walking Investment Strategy has been delayed with the latest estimate now being June. It is hoped that this will clarify likely future funding streams for walking and cycling but until then funding sources are uncertain and limited. Bids have been submitted to the Government as part of Growth Deal 3 but have been ranked by the LEP as low priority.

In the meantime however the Government has provided local authorities with the formula based NPIF funding outlined above for 2017/18 only. Of the £4m proposed for new schemes, £1m has been allocated to urban cycling schemes that support growth subject to approval of the programme in Appendix 1. The funding is currently expected to enable substantial starts and / or completion of design and consultation work on:

- Exeter cycle routes - connectivity to new development east of the city
- Newton Abbot - connectivity to new development and linkage to Torbay
- Barnstaple - connectivity to new development west of the Taw.

The outcome of the funding bid to the CCF for the Dawlish to Teignmouth section of the Teign Estuary walking and cycling route is expected in the spring of 2017. If the bid is successful construction would start later in the financial year.

The Roundswell pedestrian and cycle bridge over the A39, part funded through Growth Deal 1, will be complete by mid-2017.

The proposed programme includes investment in small scale walking and cycling facilities across the county to continue the momentum of a change in culture. These include:

- Cycle parking in public locations
- Walking and cycling improvements to address local accessibility / safety issues
- Further expansion of the e-bike hire network in and around Exeter following its successful launch in 2016, particularly to serve further rail stations (as part of the Devon Metro strategy), bus stops, housing growth sites and employment sites. Match funding is anticipated from some employers and through S106 agreements.

The completion of Rural Multi Use Trail Strategy continues with land purchase and design work. This will ensure that there is a continual pipeline of schemes at a suitable stage to bid for external funding opportunities as they arise. These include:

- Wray Valley Trail (Moretonhampstead to Lustleigh)
- Tarka Trail (Meeth to Hatherleigh and Braunton to Ilfracombe)
- Larkbeare and Taw pedestrian and cycle bridges, Barnstaple
- Exe Estuary, Powderham area

- Teign Estuary
- Ruby Way and Pegasus Way (Okehampton towards Holsworthy)
- Torrington to Tarka Trail
- Drakes Trail to Princetown (Yelverton to Dousland)
- Seaton and Colyton and Sidford to Sidbury.

Following on from the £500,000 secured from the Government's Sustainable Transport Transition Year fund for 2016/17, the County Council has been successful in securing £1.5m of revenue funding over three years to encourage further growth in levels of walking and cycling, supporting past and on-going capital investment in physical routes and facilities. The work will include:

- Raising awareness of opportunities within schools and employers
- Personalised travel planning
- Further expansion of the e-bike network in Exeter.

Public and Shared Transport

The development of the bus real time information system, including the installation of displays and website and mobile phone apps is ongoing. This will play an important part in making the bus network more attractive to current and future users alongside other improvements such as new vehicles with better comfort and Wi-Fi connectivity improvements to bus waiting facilities around the County and the ability to purchase tickets via a mobile phone which should reduce dwell times at stops and speed up journeys.

Design work for the new rail station at Marsh Barton is almost complete. Costs are being reviewed in the light of the new standards imposed by Network Rail together with the availability of line possession time for critical construction phases. The outcome of the £3m bid to the New Stations Fund is expected in the spring of 2017. The earliest start of construction on site is expected to be the autumn of 2017 subject to any revised Cabinet approval.

Great Western Railway is expected to start the refurbishment of Exmouth station in the summer of 2017. Design work including planning approval to improve the interchange facilities at Pinhoe and access to the rail station at Newton Abbot is expected to progress further in 2017/18. Negotiations are progressing with a developer to provide a new car park to serve Copplestone station on the Tarka Line – this will improve accessibility to rail services from the surrounding area.

A proportion of the Investing in Devon fund allocated to new station at Okehampton East has been set aside to support design work. This will be in parallel to on-going discussions with train operators, DfT, Dartmoor Rail CIC, the OkeRail forum and Aggregate Industries for the options to reintroduce more regular services in the future.

4. Consultations/Representations

The 2017/18 programme reflects the priorities identified in the 2011 – 2026 Devon and Torbay Local Transport Plan which was the subject of extensive consultation with stakeholders and the public during its development. Many of the schemes in the programme have been identified as part of the infrastructure requirements to support development in Local Plans as part of wider spatial planning for each district. Each Local Plan is the subject of extensive local consultation.

The priorities for, and deliverability of, the 2017/18 programme have been developed in the light of on-going discussions with key stakeholders, suppliers, external funders and service providers.

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Detailed local consultation is carried out on specific schemes where appropriate as part of their development. This is reflected in the relevant committee report or in discussion with the local member(s).

5. Financial Considerations

The package of schemes for 2017/18 in this report totals £24.513m. This includes significant development and other external funding sources in addition to the authority's own. The majority of these contributions have already been incorporated into the capital programme but it is recommended that it is further enhanced with the following as set out in Appendix 1:

2017/18 Funding Source	£,000
External and developer contributions	607
National Productivity Investment Fund Grant	4,000
Total	4,607

The development of schemes is increasingly reliant on using external funding for design and land purchase as well as construction. Whilst included in legal agreements, the actual receipt of funds may be some time in the future. It is therefore recommended that expected external funds are forward funded where it is necessary to enable successful funding packages. The use of forward funding will assist the earliest delivery of schemes in advance of the receipt of capital contributions. The risk of delays or not receiving these receipts will be monitored to ensure that there is no impact upon the delivery of the Medium Term Capital Programme in future years and contingency plans are in place. Any non receipt of monies will be funded from the Local Transport Plan.

6. Environmental Impact Considerations

An Environmental Impact Assessment was carried out on the overall strategy contained in the 2011-2026 Devon and Torbay Local Transport Plan. The environmental impacts of individual schemes are detailed in Cabinet or Highway and Traffic Orders Committee (HATOC) reports where relevant.

7. Equality Considerations

Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking
- account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding.

Taking account of age, disability, race/ethnicity (includes Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/new and breastfeeding mothers, marriage/civil partnership status in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

This may be achieved, for example, through completing a full Equality Impact Needs Assessment/Impact Assessment or other form of options/project management appraisal that achieves the same objective.

An Impact Assessment was completed for the Transport Capital Programme in 2014. Detailed individual Impact Assessments are carried out on larger schemes where required and included with Cabinet and HATOC reports.

8. Legal Considerations

There are no specific legal considerations. Where relevant these are considered in reports on individual schemes.

9. Risk Management Considerations

This programme has been assessed and all necessary safeguards or actions have been taken to safeguard the Council's position. The overall programme includes a degree of over programming to allow for slippage. Contingency allowances are built into scheme cost estimates and bid proposals to minimise the risk of scheme costs increasing over the available budget. These are increased for complex projects. Contingency levels are constantly being reviewed in the light of experience gained locally and nationally.

10. Public Health Impact

The considerable investment in walking, cycling and public transport identified within the programme will continue to support sustainable travel and an increase in the levels of physical activity. This is particularly focussed on encouraging regular trips such as journeys to school and work.

Many of the schemes in the programme contribute to Air Quality Management Plans developed in partnership with district councils.

Specific public health impacts associated with individual schemes are considered in relevant HATOC and Cabinet reports.

11. Options/Alternatives

The 2017/18 programme has been designed taking into account committed schemes, the availability of funding sources, the 2011-2026 Devon and Torbay Local Transport Plan and the Cycling and Multi-use Trail Network Strategy. Detailed timings of schemes are linked to the cost, availability of match funding and deliverability as well as the growth strategies in Local Plans.

12. Reason for Recommendation/Conclusion

The 2017/18 programme in this report takes advantage of match funding from external sources wherever possible to make effective use of the limited direct funding available to the County Council. It meets the Council's priorities in the Strategic Plan 2014-2020 by focussing on economic growth and physical health and supporting a prosperous healthy and safe community. The programme supports the longer term strategic aims of the updated Transport Infrastructure Plan March 2017.

Dave Black
Head of Planning, Transportation and Environment

Electoral Divisions: All

Cabinet Member for Economy, Growth and Cabinet Liaison for Exeter: Councillor Andrew Leadbetter

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Cabinet Member for Highway Management and Flood Prevention: Councillor Stuart Hughes

Chief Officer for Communities, Public Health, Environment and Prosperity: Dr Virginia Pearson

Local Government Act 1972: List of Background Papers

Contact for enquiries: Andrew Ardley

Room No. AB2, Lucombe House, County hall, Exeter EX2 4QD

Tel No: 01392) 383000

Background Paper	Date	File Reference
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Nil

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Appendix 1 To PTE/17/16

Countywide Foundation Programme	2017/18
Schemes	£,000
Countywide Bus Real Time Information	34
Devon Metro - Newton Abbot Station Bridge Access	20
Devon Metro - Exmouth Public Transport Interchange	17
Devon Metro - Pinhoe Rail Station Car Park	10
Totals	81

Exeter Targeted Capital Investment	2017/18
Schemes	£,000
Science Park Car Park P&C	50
Egress from Sowton Ind Estate / Moor Lane Roundabout Improvement	150
Langaton Lane Link Road (Pinhoe to Science Park)	20
National Productivity Investment Fund Grant	170
Minor scheme costs	9
Totals	399

Exeter Foundation	2017/18
Schemes	£,000
Pedestrian Crossing Alphington Road/Sydney Road	90
Exeter Strategic Cycle Network – E3 Hollow Lane	100
Car Clubs Exeter	50
Zebra Crossing New North Road/Clock Tower	75
National Productivity Investment Fund Grant	450
Exeter Cycling Facilities	75
Totals	840

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Market and Coastal Town and Rural Devon Targeted Capital Investment	2017/18
Schemes	£,000
Bere Alston to Tavistock Railway	180
Barnstaple Town Centre – Anchorwood Pedestrian Cycle Bridge	16
Marsh Lane, Crediton - widening	51
Egress from Kingsmill Industrial Estate, Cullompton	25
National Productivity Investment Fund Grant	410
Totals	682

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Market and Coastal Town and Rural Devon Foundation	2017/18
Schemes	£,000
Strategic Cycle Network - Tarka Trail - Willingcott to Knowle	70
Strategic Cycle Network - Meeth Quarry to River Torridge	5
Strategic Cycle Network - Tavistock to Tamar Trails	10
Strategic Cycle Network Ruby Way - Holsworthy to Cornwall	10
Local Walking & Cycling - Sidbury to Sidford	5
Pegasus Way (Okehampton to Cookworthy Forest) - Phase 2	250
Barnstaple Anchorwood / Seven Brethren Improvements	40
Strategic Cycle Network - Torrington Tarka Trail to Town Centre Link	6
Dart Cyc Net - Newton Abbot To Bovey Walking And Cycling Route (including Accommodation Lane)	10
A379 Corridor - Exminster Village Traffic Management Improvements	26
Colyford Road - Seaton - Pedestrian Crossing	15
Strategic Cycle Network - NCN28 Newton Abbot to Torbay Border (Aller Brook Cycle Route)	25
Market & Coastal Towns Cycle Facilities	100
National Productivity Investment Fund Grant	160
Minor scheme costs	4
Totals	736

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Major Schemes	2017/18
Schemes	£,000
South Devon Highway	2,166
Bridge Road Exeter	2,640
A379 Newcourt Junction Exeter (Sandy Park Junction)	27
Tithebarn Link Road Phase 2 Blackhorse Lane Link - Southern section	2,236
A39/A361 Corridor - Portmore Roundabout	384
Tiverton EUE Blundells Road Ph 1- Heathcote Way to Tidcombe Lane	200
Drumbridges and Battle Road Junction	94
A382 Widening Forches Cross to Jetty Marsh Stage 2 (southern phase 1)	907
A30 Honiton to Devonshire Inn	70
A39 Roundswell Pedestrian and Cycle Bridge	1,785
A361 North Devon Link Road Improvements	50
Tithebarn Link Road Ped/Cycle bridge	1,300
A382 Widening Trago Roundabout to Forches Cross (northern phase 2)	270
Deep Lane Junction - Phase 1 (northern side)	337
Crediton Link Road	78
Marsh Barton Station	4,657
Dawlish Coastal Community Fund	60
Exe Estuary Cycle Network	375
Wray Valley Cycle Network	315
National Productivity Investment Fund Grant	2,260
Minor scheme costs	18
Totals	20,229

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Other Schemes and Externally Funded	2017/18
Schemes	£,000
Dart Cyc Net - Ogwell to Newton Abbot Town Centre and NCN	67
Crannaford Level Crossing	234
Tiverton Parkway Station Footpath	100
Okehampton Parkway (east station)	10
A385 Totnes Corridor Improvements	20
A39 - Westaway Plain Junction Improvements (hospital junction/A39 North Road roundabout scheme)	563
National Productivity Investment Fund Grant	550
Minor scheme costs	2
Totals 1546	1,546

Programme Summary	2017/18
Category	£,000
Countywide Foundation	81
Exeter Targeted Capital Investment & Foundation	399
Exeter Foundation	840
Market and Coastal Town and Rural Devon Targeted Capital Investment	682
Market and Coastal Town and Rural Devon Foundation	736
Major Schemes	20,229
Other Schemes and Externally Funded	1,546
Totals	24,513

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Funded by	2017/18
Category	£,000
Local Transport Plan grant	3,495
S106	7,406
Grant (including National Productivity Investment Fund)	9,421
External Contributions	1,077
DCC Resources (Unsupported Borrowing/Supported Borrowing and capital receipts)	3,114
Total	24,513

Enhancements to the Capital Programme	2017/18
National Productivity Investment Fund Grant	£,000
<u>Forward Scheme Design</u> South West Exeter Urban Extension Infrastructure Dinan Way Extension A382 - A383 Link Road design (Houghton Barton) Axminster Alternative Relief Road A380 - A381 Wolborough Link Dawlish Urban Extension Link A388 Holsworthy Agri Centre Access Egress from Kingsmill Industrial Estate, Cullompton A39 Buckleigh Road Junction Improvement Tews Lane Link Road A39 - B3233 A361 Bolham Junction Tiverton - Improvement Safer Roads Fund A3121 - Ermington A379 - Wrangaton A38 Safer Roads Fund A3123 - Mullacott Cross - A361- A399 Starcross Access Package Newton Abbot Town Centre Regeneration Package Budget Holding Code Infrastructure Design	1,000
<u>Urban Cycle Routes</u> Exeter Strategic Cycle Network E3 Exeter Strategic Cycle Network E4 Larkbear - Seven Brethren pedestrian and cycle bridge Northern Exmouth to Exe Estuary Walking and Cycling Link Barnstaple Anchorwood / Seven Brethren Improvements Newton Abbot Town Centre Regeneration Package Clyst Valley Cycle Route Barnstaple East-West Cycle Route Newton Abbot East/West Cycle Route	1,000
<u>Tiverton EUE</u>	2,000
Totals	4,000

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Enhancements to the Capital Programme	2017/18
Developer and other external Contributions	£,000
Science Park Car Park P&C **	50
Langaton Lane Link Road (Pinhoe to Science Park) **	20
Pedestrian Crossing Alphington Road/Sydney Road	45
Marsh Lane, Crediton - widening	24
Egress from Kingsmill Industrial Estate, Cullompton **	25
Crannaford Level Crossing	100
Tiverton Parkway Station Footpath	100
Grand Western Canal Retaining Wall **	2
Totnes A385 Corridor Improvements **	20
A379 Corridor - Exminster Village Traffic Management Improvements	26
A39 - Westaway Plain Junction Improvements (hospital junction/A39 North Road roundabout scheme) **	195
Totals	607

** Forward funded

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Appendix 2
To PTE/17/16

Transport Infrastructure Plan: Delivering Growth to 2030, March 2017

CHILDREN'S SERVICES: RE-PROCUREMENT OF SERVICES: 0-19 PUBLIC HEALTH NURSING

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: that Cabinet approves Option 1.
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### **1. Introduction**

- 1.1. Ensuring that Devon's children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council's top strategic priorities. It is also fundamental to reducing inequalities in health, which is a statutory duty of local authorities and of the NHS.
- 1.2. Devon County Council is one of five partners in a commissioning partnership for the provision of Integrated Children's services. The five-year contract comes to an end on 31<sup>st</sup> March 2018. Public Health Devon is the commissioner of Public Health Nursing Services, which accounts for just over a third of the current contract value.
- 1.3. Although Public Health Devon had planned for the re-procurement and had achieved its timeline, in December 2016, the two Clinical Commissioning Groups in Devon confirmed that they were not ready to proceed with the planned re-procurement of the Integrated Children's Services contract in Devon.
- 1.4. In January 2017 Cabinet approved the consultation on three possible options for the future provision of 0-19 Public Health Nursing Services in Devon. A separate exercise is being undertaken by NHS England in respect of services which it currently commissions as part of the Integrated Children's Services contract.
- 1.5. A brief summary of the options is as follows:
  - Option 1:** a 12-month interim contract (with partners) to allow for a full procurement with a contract start date of 1st April 2019.
  - Option 2:** an independent procurement of 0-19 Public Health Nursing services.
  - Option 3:** to bring the service "in-house".
- 1.6. Following the consultation exercise, this paper brings together the relevant considerations (the consultation outcomes, comprehensive impact assessment, risk assessment, and financial implications) to inform the Cabinet's decision on 0-19 Public Health Nursing services.

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## 2. Background

- 2.1. The scope of the Public Health Nursing service comprises services to children, young people and families:
  - a. 0-5 Health Visiting Services
  - b. 5-19 School Nursing Services
  - c. The National Childhood Measurement Programme
- 2.2. The overall purpose of the Public Health Nursing service is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep children and families safe, and reduce health related risks across the life-course. This is achieved through delivery of mandated (legally-required) universal public health assessments and undertaking public health interventions designed to offer prevention that supports families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.
- 2.3. Public Health Nurses work with other agencies to provide additional support to children, young people and families at the earliest opportunity where longer-term intervention is needed. Resources are focused on the most deprived geographical communities and communities of need within Devon to improve their health outcomes while offering a universal service to all children who are residents of Devon, plus those who attend Devon schools and academies. Current service provision and health outcomes for children compare well in Devon to other areas, despite recent national concern about trends in the health and wellbeing of children<sup>1</sup>.
- 2.4. The Government's intention in transferring the responsibility for Public Health Nursing services to the local authority as part of the public health transition arrangements was to ensure that local authorities were able to better align their social and health care responsibilities for children, young people and families and to ensure that all children have the best start in life. Each of the options considered would be able to meet these objectives.
- 2.5. Public Health Nursing services are funded by the ring-fenced Public Health Grant, which is provided to upper-tier and unitary local authorities for the provision of a specified range of public health services which protect and improve the health of the whole population of Devon. These services are defined by Public Health England and a financial return is required each year to confirm that the Public Health Grant has been spent in accordance with the regulations. Some of the services are subject to "mandation" – a legal requirement for them to be provided for the local population - and the others are required by the NHS Constitution, because of their impact on and importance to the NHS.
- 2.6. Unlike other County Council services, this range of defined public health services must be funded from a nationally-decreasing Public Health Grant – the value of which for each year has been notified for the next four years. This means that any decision on a part of the allocation of the Grant necessarily has an impact on other services. Currently Public Health Nursing services account for 41% of the total Public Health Grant, which indicates the importance of the financial implications of any decision for all the public health services provided to the local population.

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<sup>1</sup> Royal College of Paediatrics and Child Health. *The State of Child Health*. London: RCPCH, February 2017.

- 2.7. Commissioning partners are committed to strong working arrangements both as a commissioning partnership for children, young people and families, and strategically as part of the Devon Children, Young People and Families Alliance. This is to ensure that partners are aligned in their intentions, as further work is done to develop a new strategy for children and young people’s services, taking account of the work currently being done on a wider Devon, Plymouth and Torbay footprint as part of the development of the local NHS Sustainability and Transformation Plan.

### 3. Options

- 3.1. The options approved by Cabinet for consultation were:

**Option 1:**

To negotiate a 12-month interim contract for the provision of children’s services to allow for a full procurement with a contract start date of 1st April 2019 and which incorporates 0-19 Public Health Nursing Services.

**Option 2:**

To proceed with the independent procurement of 0-19 Public Health Nursing services.

**Option 3:**

To transfer the 0-19 Public Health Nursing Service to Devon County Council from 1st April 2018, under the management of the Director of Public Health as the statutory Director, until such time as strategic discussions on the configuration of children’s services have been completed and a decision made on future commissioning/provision arrangements.

### 4. Results of the consultation

- 4.1 The consultation ran from 19th January to 22nd February 2017. A questionnaire was made accessible via the Council’s “Have Your Say” website (alternative formats were available on request) with background information provided, including the relevant Cabinet report, impact assessment, and risk assessment.
- 4.2 Before completing the questionnaire, participants were asked to read the background papers. Consultation information was promoted to staff and relevant bodies, via the “Have Your Say” website, including subscribers, via press release, and through direct contact. 396 responses were received by the closing date. The tables below provide the main headlines from the consultation, with the summary consultation report attached in Appendix 1 and the full report provided separately.
- 4.3 From the proposed options, respondents were asked which of the options they agreed or disagreed with:

|                             | <b>Agree</b> | <b>Disagree</b> | <b>Not sure</b> |
|-----------------------------|--------------|-----------------|-----------------|
| <b>Option 1</b>             | <b>74%</b>   | 15%             | 11%             |
| <b>Option 2<sup>2</sup></b> | <b>44%</b>   | 37%             | 20%             |
| <b>Option 3</b>             | <b>16%</b>   | 75%             | 9%              |

<sup>2</sup> Percentages are rounded at the last stage of calculation and presented as whole numbers for ease of reading and representation; this may result in percentages not totalling exactly to 100% in tables presented.

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4.4 Respondents were asked to choose their preferred option:

|                      | <b>Preferred Option</b> |
|----------------------|-------------------------|
| <b>Option 1</b>      | 57%                     |
| <b>Option 2</b>      | 28%                     |
| <b>Option 3</b>      | 12%                     |
| <b>Any of these</b>  | 0%                      |
| <b>None of these</b> | 3%                      |

4.5 Respondents were asked whether any of the proposed options would impact on them:

|                 | <b>Yes</b> | <b>No</b> | <b>Not sure</b> |
|-----------------|------------|-----------|-----------------|
| <b>Option 1</b> | 42%        | 35%       | 23%             |
| <b>Option 2</b> | 53%        | 18%       | 29%             |
| <b>Option 3</b> | 66%        | 13%       | 21%             |

4.6 The predominant concern for Public Health Nursing staff was around change to their jobs and their service. Change may be seen as a threat to current job roles, terms and conditions, and uncertainty affecting morale. Concerns were also expressed about potential impact upon the current integration of services, which was seen as a positive arrangement, although a few concerns were raised about potential impact of Public Health Nursing being affected by a “social care” model with some of the options. Further concerns were raised around potential for loss of funding if coming under the direct management of the local authority, and issues around governance were raised, particularly in relation to Option 3. Health professionals highlighted the uncertainty created around change and the potential for reduced or loss of integration of services, which could affect outcomes for children. Parents with children who responded were concerned about the change of service, potentially into a non-health service, and that the (integrated) level of support they currently received would be lost.

4.7 Public Health Nursing staff suggested the impact could be reduced by introducing stability into their work. They felt this could be achieved by remaining with their current employer, ensuring TUPE was in place, and having more clarity around the contracting arrangements and what the service was to provide. Continued integration was seen by some as important in maintaining stability, which was expressed in terms of integration, cross-working, and Integrated Children’s Services. Others saw maintaining the service under a “health” provider, if not the NHS, as key. Health providers highlighted the importance of maintaining the integration of the services, and the public highlighted the value and importance of maintaining stability of the service by keeping the current Public Health Nursing provision.

4.8 Responses were received from Public Health Nursing (37%), members of the public with children (28%), health professionals (15%), amongst others. The majority of public respondents were between 20 and 64 years old (96%), and female (77%). 5% reported having a long-term illness or disability, with no comments appearing to highlight specific issues around specific characteristics.



## 5. Financial considerations

- 5.1 The Public Health Nursing Service is commissioned by Public Health Devon within the context of a diminishing local authority Public Health Grant. The current contract value per annum for the Public Health Nursing element is £11.8million. The Comprehensive Spending Review (CSR) 2015 announced a five-year annual reduction to the Public Health Grant received by local authorities of 3.9%. This reduction followed an in-year cut of 6.2% (£1,647,526) in 2014-15 which was Devon County Council's contribution to the national £200million in-year savings. The Public Health Grant is then subject to annual recurring reductions of approximately 2.5% per annum for 2017-18, 2018-19, 2019-20 and then remains at the same level in 2020-21 (0% uplift). All the reductions are recurring. This funding currently represents 41% of the total ring-fenced Public Health Grant for 2016-17 to Devon County Council from Public Health England.
- 5.2 As with other public health services commissioned by Public Health Devon, spend on the Public Health Nursing service will need to reduce from 2018-19 to enable the reductions in the Public Health Grant to be managed and still comply with Public Health England's funding conditions. Working with the current provider, Virgin Care Limited, we have already put in place mitigations during the lifetime of the contract, and there are efficiencies to be realised from the recent digitisation of Public Health Nursing records and the benefits of "total mobile" working.
- 5.3 Although in Option 2 a procurement for Public Health Nursing services would allow greater control over costs to the Public Health Grant, it is accepted that the cost implications for other partners due to the lack of procurement readiness are unknown if this option is chosen. In Option 1, it is anticipated that NEW Devon Clinical Commissioning Group would be the Lead Commissioner for the interim contract and Public Health Nursing services would be commissioned by them on our behalf through a Section 75 agreement. It should be recognised that negotiation will be required and depending on the outcome, this may have an implication for other public health-funded services in 2018-19.
- 5.4 Costs have been sought for option 3, based on the management, clinical governance, premises, information technology and other support costs if the service were to be transferred into the Council. However, these costs are our estimates only as all the actual costs have not been available and may not be a comprehensive assessment of all the costs that would be entailed by the Council. This "in-house" option is based on an understanding that the transfer-in of this service is not *ultra vires* for a Local Authority and the legal requirements that Local Authorities would need fulfil to provide clinical services. The minimum cost of running the service in-house is estimated at £11.9 million with additional one-off costs relating to the transfer-in of the service of £340,000.

## 6. Legal considerations

- 6.1 The service forms part of the Director of Public Health's responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act.
- 6.2 We have not yet sought legal advice as to the ability of the Council to act as described in Option 3, nor its fitness to deliver a clinical service.

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## 7. **Environmental impact considerations**

- 7.1 While healthy lifestyle behaviours can contribute to environmental goals, no direct environmental impacts are expected from any of the options under consideration.

## 8. **Equality considerations**

- 8.1 Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding.

- 8.2 In considering equality impacts we need to take into account age, disability, race/ethnicity (including Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status, in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

- 8.3 In progressing the proposed Options, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available alongside this Report on the Council's website at:

<https://new.devon.gov.uk/impact/phns0-19-april2018/>

Members will need to consider the Impact Assessment for the purposes of this item.

- 8.4 No consequences for current and future service users have been identified as a result of the commissioning options under consideration. Regardless of the commissioning and procurement arrangements, the protected characteristics will be considered across all elements of the service to ensure that the service reduces harm in those in greatest need.

- 8.5 The guidance for service delivery is set by the National Institute of Clinical Excellence (NICE) and Public Health England (PHE). Equality Analysis has been carried out by the Department for Health on the 'Healthy Child Programme' through regulation:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/493625/Service\\_specification\\_CG4\\_FINAL\\_19Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification_CG4_FINAL_19Jan2016.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410685/Equalities\\_analysis.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410685/Equalities_analysis.pdf)

## 9. Risk assessment considerations

9.1 This policy/proposal has been assessed and all necessary safeguards or action have been taken/included to safeguard the Council's position. The Council's template was followed for the Future Service Delivery Models Risk Identification and Assessment 0-19 Public Health Nursing Services.

9.2 The risk assessment has now been updated in the light of the consultation and information received in the consultation period from commissioners and providers. Option 2 still presents the least risk, although as a result of assessing the further information available and consultation feedback, the revised risk scores are as follows:

| Option   | Initial score | Revised score |
|----------|---------------|---------------|
| Option 1 | 214           | 157           |
| Option 2 | 141           | 153           |
| Option 3 | 194           | 226           |

9.3 The corporate or community risk registers have been updated as appropriate.

## 10. Public Health Impact

10.1 The Joint Health and Wellbeing Strategy is a relevant document, drawing together priorities from the Joint Strategic Needs Assessment. This report, and related documents, emphasise the need for children to have the best start in life.

10.2 The prime purpose of the Public Health Grant is to ensure the delivery of the mandated elements of the grant as described in the statutory instrument, and the expectation of local authorities to deliver year-on-year improvements in the health of all children and young people through the delivery of an effective 0-19 Public Health Nursing service.

10.3 Formative years can have an impact on a young person and adult's later health and wellbeing, and this relates directly to other important health, social care, and wellbeing outcomes such as; physical health e.g. smoking, healthy weight, oral health, mental health and health inequalities, detection and prevention of child safeguarding risks, and reducing the risk of children going in to statutory care proceedings. These can have a life-long negative impact on individuals, their families, and others, and are the cause of significant costs to local authority social care.

## 11. Recommendation

11.1 Following the consultation, the risk assessment has been reviewed and the revised risk assessment has been taken into account when making this recommendation.

11.2 In response to the consultation, Option 1 is recommended to Cabinet because it would maintain the stability of the service for 2018-19, and it does not predetermine what the outcome of further work may bring. It should be noted, however, that from April 2019 onwards, the cost of service delivery will need to be affordable from the Public Health

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Grant. Although Option 2 is the lowest risk to Public Health Devon, and would offer greater certainty over a longer time period, the length of time now available to Public Health Devon to procure the new service has weakened its ability to undertake sufficient market warming to attract a wide range of providers. Option 3 has been identified by respondents as least popular, as it provides less certainty, and from Devon County Council's cost estimates, it is likely to be the most expensive option.

11.3 Option 3 would also be a change in approach for Devon County Council in that it has increasingly moved to become a commissioner of services rather than providing them directly. Recent developments such as the creation of Libraries Unlimited and DYS SPACE illustrate Devon County Council's success in creating new commissioning and delivery models that move the Council away from direct service provision.

11.4 Based on the outcome of the consultation, the revised risk assessment and the importance of ensuring that our local services are commissioned in accordance with a shared strategic approach, it is recommended that Option 1 is approved. Although this is not the option which creates the greatest financial certainty for Public Health Devon, the continued benefits of working together with partners and maintaining a period of stability for a further 12 months will enable time to plan together with partners to best promote the health, wellbeing and safety of the children and young people of Devon.

**Dr Virginia Pearson**  
**CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND PROSPERITY**  
**DEVON COUNTY COUNCIL**

**Electoral Divisions:** All

Cabinet Member for Improving Health & Wellbeing: Councillor Andrea Davis

Chief Officer for Communities, Public Health, Environment, and Prosperity: Dr Virginia Pearson

## LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

Becky Applewood, Public Health Specialist (Children, Young People and Families)  
Public Health Directorate, Room 141, County Hall, Topsham Road, Exeter EX2 4QL  
Tel No: 01392 383000

| <u>BACKGROUND PAPER</u> | <u>DATE</u> | <u>FILE REFERENCE</u> |
|-------------------------|-------------|-----------------------|
|-------------------------|-------------|-----------------------|

|                                                                                                                       |  |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--|
| Impact Assessment: Public Health Nursing Service (0-19) – April 2018                                                  |  |  |
| <a href="https://new.devon.gov.uk/impact/phns0-19-april2018/">https://new.devon.gov.uk/impact/phns0-19-april2018/</a> |  |  |

|                                                                                                                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| PHN – Re-procurement options risk assessment v10 180117                                                                                                                                                                                                                                                                                             |  |  |
| <a href="https://devoncc.sharepoint.com/sites/PublicDocs/Corporate/_layouts/15/guestaccess.aspx?docid=00eaf50dab2d44b58b69703a96a81b97b&amp;authkey=Adj9ic125idbOKvB9CJDMYw">https://devoncc.sharepoint.com/sites/PublicDocs/Corporate/_layouts/15/guestaccess.aspx?docid=00eaf50dab2d44b58b69703a96a81b97b&amp;authkey=Adj9ic125idbOKvB9CJDMYw</a> |  |  |

|                                                                                                                                                                   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Consultation: Public Health Nursing                                                                                                                               |  |  |
| <a href="https://new.devon.gov.uk/haveyoursay/consultations/public-health-nursing/">https://new.devon.gov.uk/haveyoursay/consultations/public-health-nursing/</a> |  |  |

|                                                                                     |  |  |
|-------------------------------------------------------------------------------------|--|--|
| Future service delivery models - risk identification and assessment template 260217 |  |  |
| Public Health Nursing Consultation Report 230217                                    |  |  |

## APPENDIX 1

### 0-19 Public Health Nursing consultation: summary of results

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#### 1. Background

This consultation considered the options for delivery of 0-19 Public Health Nursing in Devon. We are seeking to continue using the current National Specification for Public Health Nursing Services 0-19, so there should be little, if any, change to the service the public receives. However, we are looking at different options on how to do this and welcome views on these.

0-19 Public Health Nursing (health visitors, school nurses and the National Child Measurement Programme), needs a new contract as the current one ends in March 2018. The current service is part of the Integrated Children's Services contract. Legal requirements mean that the current contract cannot be extended, so a new contract needs to be put in place. We aim to maintain the service in line with reductions to the Public Health Grant by using new, more efficient technologies and through robust contract management.

0-19 Public Health Nursing is a mandated (legally required) service, paid for by the County Council, and is currently delivered by Virgin Care Limited.

We are considering the following options:

#### 2. Options

Option 1 – Interim one-year contract

We would aim to negotiate a 12-month interim contract for the provision of children's services to allow for a full procurement of Integrated Children's Services, including 0-19 Public Health Nursing, to start April 2019.

Option 2 – Procurement of long-term contract

We would proceed with an independent procurement of 0-19 Public Health Nursing services.

Option 3 – Bring management of service in-house

We would transfer the 0-19 Public Health Nursing Services to Devon County Council from 1st April 2018, until strategic discussions on the configuration of Children's Services have been completed and a decision made on future commissioning/provision arrangements.

#### 3. Consultation

This consultation was carried out to determine whether there may be any considerations around proposed methods of securing continued delivery, even though the service itself should not change.

The consultation consisted of a questionnaire [Appendix B] accessible via the Council's "Have Your Say" website (alternative formats were available on request) with background information provided, including the relevant Cabinet Report, Impact Assessment, and Risk

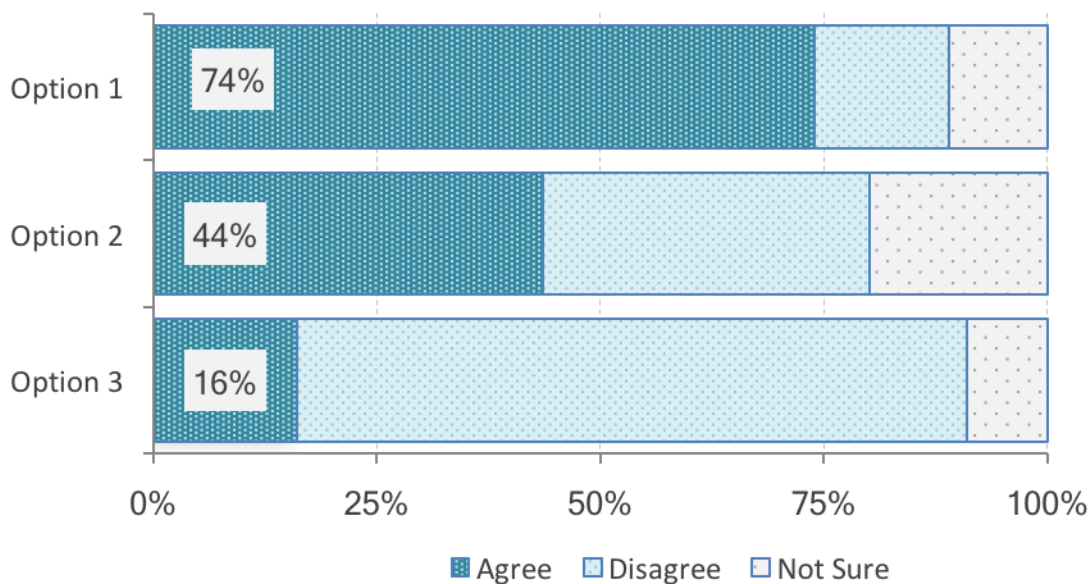
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Assessment. Before completing the questionnaire, participants were asked to read the background papers. Consultation information was promoted to staff and relevant bodies via the 'Have Your Say' website, including subscribers, via Press Release, and direct contact with key stakeholders. The Consultation ran from the 19 January to 22 February 2017.

396 responses were received by the closing date. The report below provides a summary of the consultation responses.

## 4. Consultation responses

### Q1. From the proposed options, which do you agree or disagree with?



From the proposed options, Option 1, had the highest level of agreement (74%), whilst Option 3, had the lowest (16%).

### Q2. If you disagree with all of the options, what alternative do you suggest?

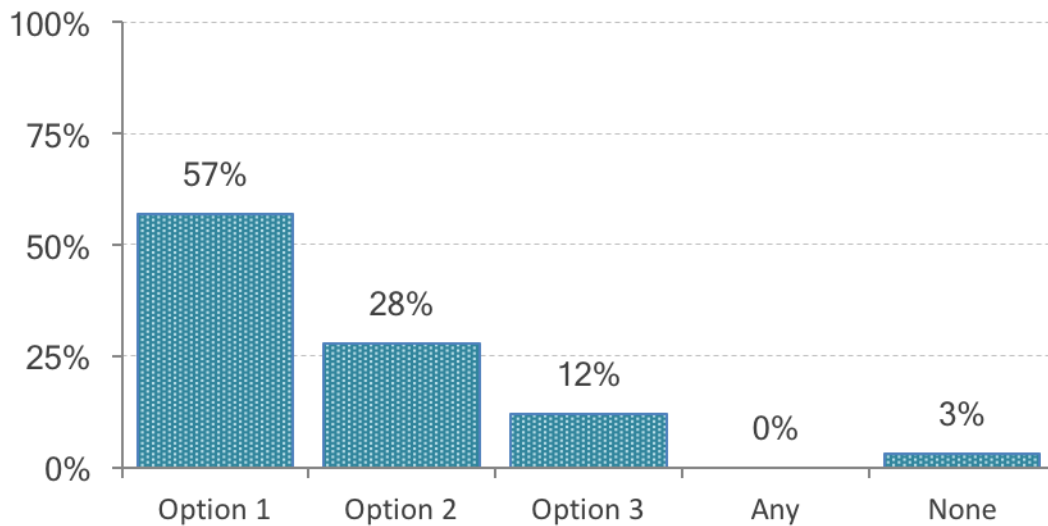
From those who disagreed to all of the options, 29 provided comments, and some suggestions for alternatives. Suggestions fell under three main concepts: that Public Health Nursing should come under the NHS, remain with Virgin Care Limited, and at least remain part of Integrated Children's Services.

*"That PHN is maintained under umbrella of ICS and diluted to a point whereby we have not continuity of care..."*

*"NHS best to run services."*

*"Stay with Virgin Care."*

### Q3. Which is your preferred option?

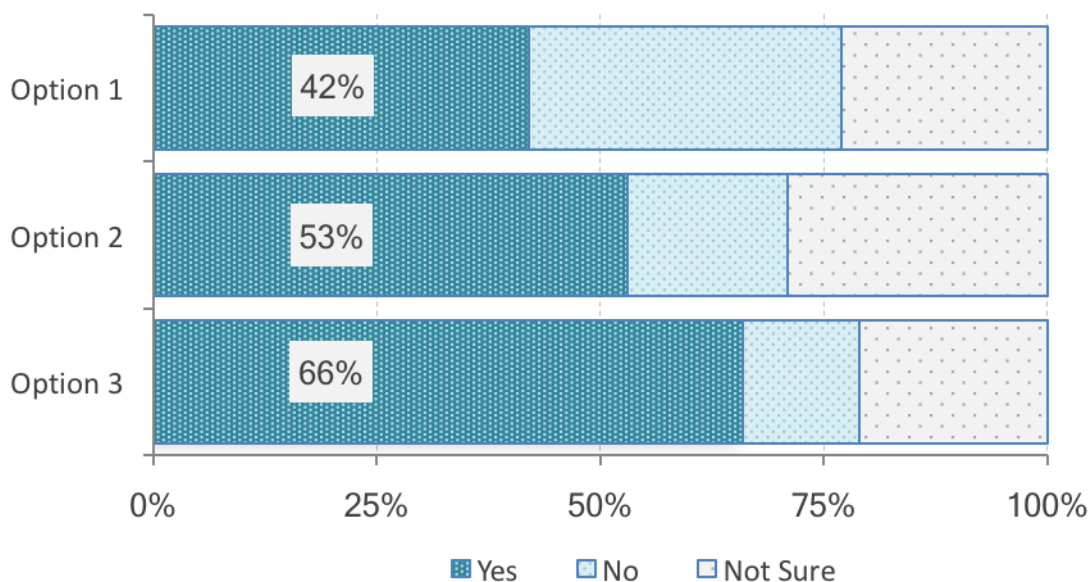


When asked which was their preferred option, Option 1 had the highest percentage (57%) selecting this option.

### Q4. If you selected 'None of these', what alternative would you suggest?

3% selected that they wouldn't prefer any of the options, 9 of whom provided comment. From those who selected "none of these" the suggestions were to either stay with Virgin Care Limited, or return services within the NHS.

### Q5. Would the proposed options impact on you?



Option 1 was considered to impact least on respondents (42%), while Option 3 was considered to impact the most (66%).

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## Q6. If 'Yes', what impact would the proposed options have on you?

Almost 200 hundred comments were received around what impacts the options may have on respondents. Almost half were from Public Health Nursing staff (48%), just over a fifth from members of the public with children (21%), and just under a fifth from health professionals 17%. The remainder came from other sources, including schools and the Children, Young People, and Families Alliance (comments in the Public Health Nursing Consultation Report, Appendix A). Specific additional responses were provided by NEW Devon Clinical Commissioning Group (NEW Devon CCG – Appendix C), and Virgin Care Limited (VCL – Appendix D).

The predominant concern for Public Health Nursing staff was around change to their jobs and service. Change may be seen as a threat to current job roles, terms and conditions, and uncertainty affecting morale. NEW CCG also highlighted that the Risk Assessment could be improved in highlighting this.

*“Any change process affects the workforce and can reduce its efficiency and effectiveness. Our work is already very pressured but vital to families and I feel that the option which caused the least disruption and reduction in our service is preferable.”*

*“Currently working for Virgin Care, so would result in change to employer and potentially terms and conditions of employment.”*

Concerns were also expressed about potential impact upon the current integration of services, which was seen as positive, though a few concerns were raised about potential impact of Public Health Nursing being affected by a “social care model” with some options. Fundamentally, it appeared that integration was seen as highly important, that there appeared to be risks around moving from a single integrated contract to integration through separate contracts, however, integration should not necessarily mean assimilation. Whichever option chosen would have to integrate with the (draft) Children’s Services Delivery Plan, that many respondents, both public and professional, felt there were risks involved in not having one Integrated Children’s Services contract.

Further concerns were raised around potential for loss of funding if coming under the local authority, and issues around governance raised, particularly in relation to Option 3. It was recognised that there was a risk with any change of service, especially any change in leadership. A number of comments were made about the current Virgin Care Limited contract. Overall these comments supported that the positive changes already made should continue.

Health professionals highlighted the uncertainty created around change and the potential for reduced or loss of integration of services which could affect outcomes for children.

*“Organisational change out of ICS would lead to fragmentation of children's services making joined up working challenging for clinicians and service users.”*

Parents with children who responded were concerned about the change of service, potentially into a non-health service, and that the, integrated, level of support they currently received would be lost.

*“I have had involvement with the service regarding my child and I am worried that moving the service will impact negative changes.”*

Other responses reflected those above, particularly around the risks of change, the uncertainty it produced, and an overall positive view of current arrangements. There were



substantial concerns around change and level of service, with some additional concern that funding would be reduced further, especially if brought into direct control of the Council. There appeared to be some confusion around the fact that Public Health Nursing is currently commissioned by Devon County Council, and that whether Option 1 or 2 was chosen a given provider would be guaranteed – the notion that this could ensure that services remained with Virgin Care Limited as an integrated solution appeared to be a key consideration for some respondents. Concerns were raised about Option 3, particularly as DCC is not currently in a position to provide relevant governance around health services.

## **Q7. How could we reduce the impact?**

Around half of the responses on reducing impact came from Public Health Nursing staff (49%), around a fifth from members of the public with children (21%), and over a tenth from health providers (14%).

Public health nursing staff suggested the impact could be reduced by introducing stability into their work. They felt this could be achieved by remaining their current employer, ensuring TUPE was in place, and having clarity around contracting and what the service was to provide. Continued integration was seen by some as important in maintaining stability, which was expressed in terms of integration, cross-working, and Integrated Children's Services. Others saw maintaining the service under a "health" provider, if not the NHS, as key.

*"Stability needed. - Staff morale eroded with each change. Uncertainty about ability to deliver services in the future. - More information on impact on terms and conditions of employment."*

*"Local authority should still out source public health to its known providers to reduce the impact on budgets..."*

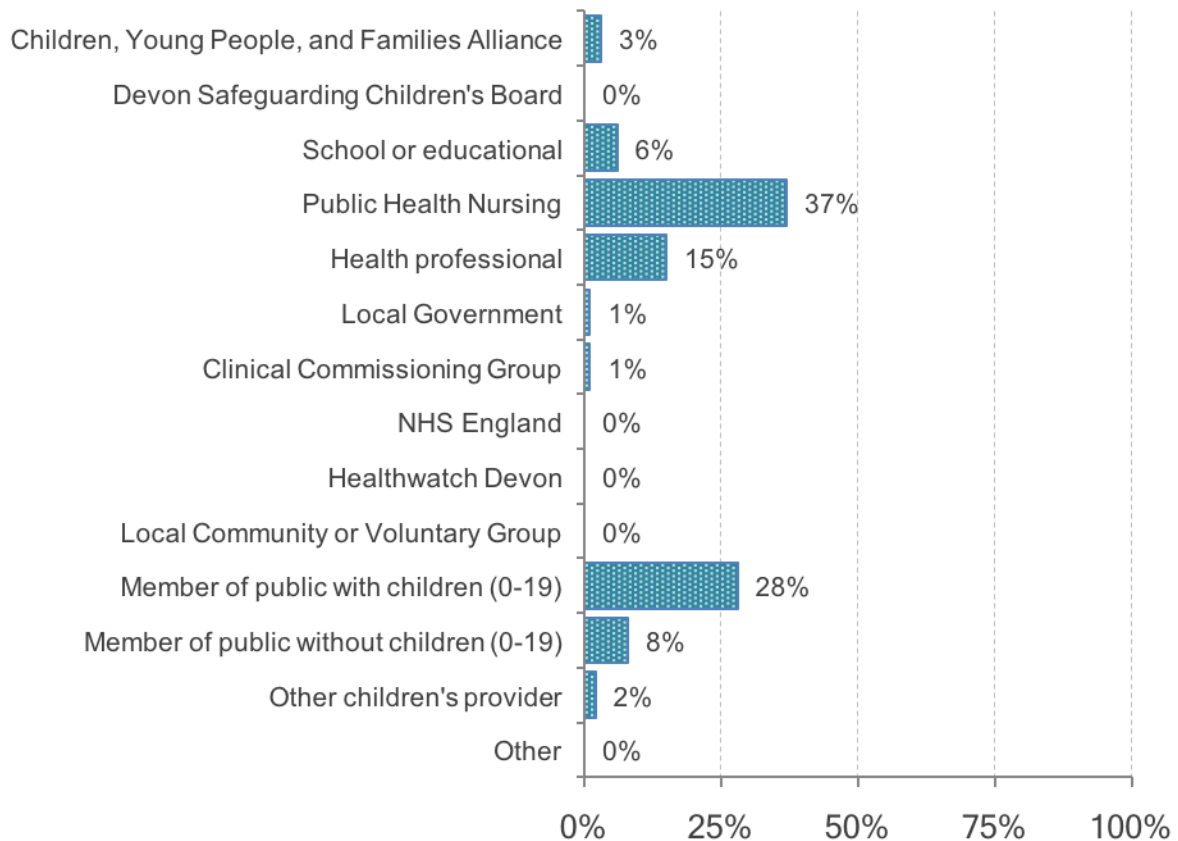
*"By ensuring information on all three options is widely available and disseminated freely and it should include what the public health nursing service would look like, what our core offer would be, what additional support we can offer and how it will affect us as individuals e.g. with pay, pensions etc..."*

Health providers highlighted the importance of maintaining the integration of the services, and the public highlighted the value and importance of maintaining stability of the service by keeping the current Public Health Nursing provision.

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## Q8. Which of the following best describes you?

The majority of responses were received from Public Health Nursing (37%), members of the public with children (28%), and health professionals (15%).



## Respondents

The majority of public respondents were between 20 and 64 years old (96%), and female (77%). 5% reported having a long-term illness or disability, with no comments appearing to highlight specific issues around characteristics. Specific comments around the Impact Assessment were made by NEW CCG (Appendix D).

## Impact and Risk Assessment additional considerations

The NEW Devon Clinical Commissioning Group suggested that the scoring in the Risk Assessment was “excessive”. Virgin Care Limited questioned scoring Option 1 as the highest risk, and that there were heightened cost risks with Option 2. A few commented, including GPs and other health professionals, that the impact on partners may not have been fully evident.

A summary is provided in the Cabinet report above and the detail is in the accompanying **Public Health Nursing Consultation Report** with full responses in the appendices.

## Appendix A – Results tables and feedback

*Note: Percentages are rounded at the last stage of calculation and presented as whole numbers for ease of reading and representation; this may result in percentages not totalling exactly to 100% in tables presented.*

Opinions expressed by respondents are their current opinions based on their knowledge and experience and do not represent the opinions of Devon County Council or its partner organisations.

### Q1. From the proposed options, which do you agree or disagree with?

|          |    | Agree | Disagree | Not sure | Total |
|----------|----|-------|----------|----------|-------|
| Option 1 | %  | 74%   | 15%      | 11%      | 100%  |
|          | n° | 243   | 50       | 37       | 330   |
| Option 2 | %  | 44%   | 37%      | 20%      | 100%  |
|          | n° | 139   | 117      | 63       | 319   |
| Option 3 | %  | 16%   | 75%      | 9%       | 100%  |
|          | n° | 50    | 230      | 28       | 308   |

### Q2. If you disagree with all of the options, what alternative do you suggest?

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All three options render the future of the PHN services in Devon vulnerable and at risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Devon county council children's services are unsatisfactory as assessed by Ofsted .Why integrate a successful children's service into the service when there is little evidence to demonstrate that the council run services to a minimal accepted standard . - Clinical service governance arrangements are robust and I don't believe the council have the ability to provide the required level of assurance given their current position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Do not want the service offered to the clients changed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Employed by virgin care in line with other children's services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Feel that the policy of contracting out to private companies and the continued involvement of Devon County Council as opposed to closer NHS involvement leads to fragmentation of services for children and young people and weaker services with risk of lower quality services from inexperienced and under trained staff. Would wish an objective and independent review of how services have changed, weakened - or improved over the last 15 years in Devon. Holistic outcomes for young people. Need to ensure there are some meaningful, non-political outcome measures - with view to improved control and contract management. e.g. WTE staff and grades/professions, turnover of staff, staff qualifications, morbidity and mortality rates for 0-19, school measures e.g. truancy, exclusion, CAMHS referrals, exam grades, employment and training outcomes for school leavers, turnover of teachers, eligibility for paid school meals, take up of physical activity young offenders incidence, police stats. GP, hospital and A and E stats re incidence of obesity, diabetes, depression and anxiety, drugs and alcohol, children in care, young carers. - Have we improved educational, health and welfare, life chances and resilience in our children and young people between 2000 and 2016? |
| Free from commercial "profit taking" and ever-reducing services (to maintain profit at expense of public). As a GP, see this regularly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I strongly disagree with the transfer of services to Devon County Council.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I would worry if Devon County were successful. I think health visitor and school nurses would be cut. -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| If DCC takes over PHN then then money will not be ring fenced so the PHN service will most likely be cut this would be a awful for our children and young people. It would be horrifically detrimental to our local services, family and friends...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| It would be a nightmare for the public health nursing services moving away from virgin. We have just changed to total mobile and it making our service much more organised. If we move away from Virgin this would all have to change which would be very expensive and take time so families would see health visitors and school nurses less.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| It would be fundamentally wrong to extend an 'interim' contract of this value and nature.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Keep it as it is currently                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Keeping current services and targets as they are so that families receive the same excellent service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| keeping nursing within health service budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NHS best to run services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Option 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Option 1 & 2 are sound. Option 3 is against the trend of separating commissioning and providing functions by the same organisation. DCC can bid under option 2 if they want to provide the service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Option one would reflect the best option for the public health nurses. My concerns over the other options are where the service would sit within DCC. They are called and have been called Public Health Nurses for some time now and prior to that Health Visitors. There has been a gradual erosion of the preventive/universal aspect of this role to the point where they are nearly viewed as social workers. These two roles have a distinctly different training and skill set. Moving the bar higher so that Public Health Nurses take on a client group that was previously the domain of the Social worker role is a nonsense and long term will lead to DCC spending more money. The prevention and early identification element becomes too far removed and will become too late in the process of a child's life to become effective in the longer term. I know there is less money around for services but eroding Public Health Services to the point where they are social workers really is not the answer. |
| PHN services need to remain within ICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Review that will ensure there is more structure and clarity to all services for children with common aims and objectives to tackle some of the hard challenges that are arising for children and young people, and which we are likely to present ourselves with a time bomb re physical and mental health issues in 10-20 years' time. Need a radical non-political rethink about what is needed and what work force and services are required to deliver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| stay with Virgin Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Stay with Virgin Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| That PHN is maintained under umbrella of ICS and not diluted to a point whereby we have no continuity of care. Health visitors and school nurses provide this vital link for parents when we need it most . Make public consultation more transparent so options can be considered in a real and open way rather than offered spin post event.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| These services fit best within a health organisation, not within the local authority. I would not want to see the services transferred into management by Devon County Council.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| To come under NHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| We need a provision which will ensure that Public Health is vital and important to the wellbeing of the population. At the present time the service is being eroded especially that of School Nursing leaving our school aged children vulnerable to all health issues including emotional health, obesity, pregnancy to name but a few.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Why risk breaking up a working fully integrated service. Option 3 will obviously have a negative impact on services as it is wrenched away from a working integrated system as systems, roles processes and technologies will all need redesigning. I do not believe DCC have the expertise or resources to do this successfully in a more cost-effective way AND deliver better services than what is provided at present. Option 3 will have a negative impact on services. I question if this option is driven by a purely political movement to remove private sector involvement in the delivery of a good service. I ask - Where is the patient in this option? - They must come first! What is the best for them? It is obviously not going to be option 3.                                                                                                                                                                                                                                                           |
| With a view of working with NHS with so much change it is less disruptive to the delivery of services to continue with current service provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**Q3. Which is your preferred option?**

|                      | %      | n°  |
|----------------------|--------|-----|
| <b>Option 1</b>      | 56.8%  | 214 |
| <b>Option 2</b>      | 28.1%  | 106 |
| <b>Option 3</b>      | 12.2%  | 46  |
| <b>Any of these</b>  | 0.3%   | 1   |
| <b>None of these</b> | 2.7%   | 10  |
| <b>Total</b>         | 100.0% | 377 |

**Q4. If you selected 'None of these', what alternative would you suggest?**

|                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continue with Virgin Care                                                                                                                                                                               |
| finding a way to continue VCL contract for longer to give chance to embed new technologies and services and continue providing service.                                                                 |
| I would urge the council to find out about PHN services asap. I don't believe local councillors have any understanding of the role of PHN services or the value that the roles add to family health.    |
| Keep it as it is                                                                                                                                                                                        |
| Negotiation with the current provider to maintain the current service provision, therefore maintaining the current services that appear to be working effectively and providing a high standard of care |
| NHS                                                                                                                                                                                                     |
| Reintegration back within the health service with long term contract and avoiding farming out which will make services less joined up and more difficult to negotiate and potentially see rising costs  |
| Return services to within NHS                                                                                                                                                                           |
| Stay with Virgin Care                                                                                                                                                                                   |

**Q5. Would the proposed options impact on you?**

|                 |    | Yes | No  | Not sure |
|-----------------|----|-----|-----|----------|
| <b>Option 1</b> | %  | 42% | 35% | 23%      |
|                 | n° | 141 | 117 | 78       |
| <b>Option 2</b> | %  | 53% | 18% | 29%      |
|                 | n° | 183 | 62  | 98       |
| <b>Option 3</b> | %  | 66% | 13% | 21%      |
|                 | n° | 223 | 44  | 71       |

**Q6. If 'Yes', what impact would the proposed options have on you?**

| 'Yes' indicated that respondent has indicated that the respective Option would impact on them in previous question. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Option 1 | Option 2 | Option 3 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes      | Yes      | Yes      |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Count    | Count    | Count    |
| Children, Young People, and Families Alliance                                                                       | Another level of commissioning services,more managers,less grass roots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0        | Yes      | 0        |
|                                                                                                                     | As a professional working with public nursing professionals most days, I can see how much impact there would be to them and the uncertainty of becoming 'owned' by the council is huge. Funding would not be ring fenced and the council can choose to take pots of money from Public Nursing to use on others. At least with the other two options, money would be ring fenced to protect the services and service users.                                                                                                                                                                                                                                                                                                                                                               | 0        | 0        | Yes      |
|                                                                                                                     | I do not want any changes to the HV team. They have been really helpful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes      | Yes      | Yes      |
|                                                                                                                     | Working with Virgin Care it would be a big loss to the service and would make the holistic view of the child harder by separating out the services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes      | Yes      | Yes      |
| School or educational                                                                                               | A service which may be more accessible and tailored to need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0        | Yes      | Yes      |
|                                                                                                                     | Access to resources and staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes      | Yes      | Yes      |
|                                                                                                                     | As a service user all options would impact me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes      | Yes      | Yes      |
|                                                                                                                     | concerns around loss of service support. Public health nursing provides a vital link to many families to additional support, reducing stress on families and preventing other problems from arising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes      | Yes      | Yes      |
|                                                                                                                     | If some services changed or stopped due to funding redistribution; it would have an impact on my working environment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0        | 0        | Yes      |
|                                                                                                                     | These are services provided to our school. we have found the 'business approach' to limit flexibility, reduce the offer and have negative impacts on our finances.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes      | Yes      | Yes      |
|                                                                                                                     | Virgin care are run as a business and at times decisions are made which seem to fit an agreed contract rather than providing the best service. Less financially attractive parts of the contracts seem to be less well supported. How can a private contractor run the service and make money? could we not buy into certain aspects of a service to receive its support but run it centrally? - Option 2 with another private contractor would suffer from the same difficulties - Option 3 is old school (however, I am old school) and I realise may be less easy to manage financially. It has the ability to allow a more rounded service, where parents and staff do not feel the need that they have to jump through hoops at each access point- e.g. rationing of speech therapy | Yes      | Yes      | Yes      |

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |     |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                       | We are more than happy with our new school nurse! She is proactive, able to support young people through a wide variety of means. However, we have not been assured by the ability of Virgin Care to understand issues surrounding logistics in education and what they are NOT offering to do. Would an integrated service including an EHCP approach with wrap around care from one central place not give a more wholesome approach especially as the new IT software Right for Children is being set up. | 0   | 0   | Yes |
|                       | Would be more difficult to work as an integrated service.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | 0   | Yes |
| Public Health Nursing | Option 3 would really negatively impact on the services we currently provide to children and families. We have worked really hard towards integrating services and this threatens that and would disintegrate services. There are many risks if health services are not managed by a health organisation around governance, professional identity, regulations, access to training, supervision.                                                                                                             | Yes | Yes | Yes |
|                       | Yes it would impact on me if Devon County Council took over the contract                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0   | Yes | 0   |
|                       | All aspects of employment and staffing of PHNS. Potential for more change in varying time frames, following a sustained period of rapid change since 2013. Lowering of morale. Job insecurity. I am concerned that DCC do not have the intrinsic knowledge and understanding to deliver a robust & meaningful health provision. I do not understand how one organisation can be the commissioner and the provider - surely this is a conflict of interests and there could be a reduction in transparency.   | Yes | Yes | Yes |
|                       | All three options present a great risk to PHN services, Links to health and health related services will be weakened if not broken and children and families will undoubtedly suffer as the HCP is eventually debunked. How will this affect me as a PHN I have little doubt will become increasingly target driven rather than child focused and eventually replaced with cheaper practitioners with no health qualification or experience.                                                                 | Yes | Yes | Yes |
|                       | Any change process affects the workforce and can reduce its efficiency and effectiveness. Our work is already very pressured but vital to families and I feel that the option which caused the least disruption and reduction in our service is preferable                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
|                       | As a HV, it is essential that all the hard work that has been carried out to stream line and improve the services provided for young people is not lost. The cohesiveness of the service currently has only worked to improve the current service and it would be devastating for this to be lost by 'selling out public health nursing'. This service is crucial and needs to be embedded in the integrated children's service as a whole to ensure that the good work continues to thrive and improve.     | 0   | Yes | Yes |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| As a parent of school aged children and as a Public Health Nurse myself, I will be directly affected by any changes to the Public Health Nursing Service. I am concerned for the future of PHN, especially School Nursing, if our employment was to transfer to DCC. There will also be potential implications for my working terms and conditions.                                                                                                          | Yes | Yes | Yes |
| As a public health nurse in the current service and as a parent of one under five and one school age child                                                                                                                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
| As an employee of virgin care options 2 &3 would have an impact - Option 2 means a reprocurement exercise ahead of other services in ICS - this is potentially destabilising and generates more unnecessary costs. - Option 3 would have the most impact creating significant disruption to services, lack of health infrastructure, lack of robust governance processes, requirement for new records systems, negative impact on a high performing service. | 0   | Yes | Yes |
| As parent and employee                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes |
| Change of employer, instability.                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   | Yes | Yes |
| Change has an impact on everyone whatever the option particularly those working in ICS                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes |
| Change of contract & pension, change of job role and the way service is delivered. May be a change of work base, staffing team, dilution of skills of trained health professionals and encouragement to work to more of a social care model rather than health focused.                                                                                                                                                                                      | 0   | Yes | Yes |
| Change of employer                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0   | 0   | Yes |
| Change of employment contract, possible re-organisation of the service, change to commissioned service.                                                                                                                                                                                                                                                                                                                                                      | 0   | Yes | Yes |
| Change of role? Mandatory services may not be continued. Possibly having to re-apply for job and drop in pay.                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
| Change of service delivery proposal - Change of provider of services - Change of employment contract                                                                                                                                                                                                                                                                                                                                                         | 0   | Yes | Yes |
| Concern if DCC ran PHN money would not be ring fenced- there could be the potential of cuts to this vital service resulting in a poorer service for children & their families.                                                                                                                                                                                                                                                                               | 0   | 0   | Yes |
| Currently work for Integrated Children's services                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | 0   | 0   |
| Currently work in Devon school nurse team, uncertainty about future                                                                                                                                                                                                                                                                                                                                                                                          | Yes | Yes | Yes |
| CURRENTLY WORKING FOR VIRGINCARE                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | 0   | 0   |
| Currently working for Virgin Care, so would result in change to employer and potentially terms and conditions of employment.                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |
| DCC has budgeting issues already, money to services may not be protected.                                                                                                                                                                                                                                                                                                                                                                                    | Yes | 0   | Yes |
| Detrimental to the long-term outcomes of the health of children And families in Devon                                                                                                                                                                                                                                                                                                                                                                        | 0   | Yes | Yes |
| Different employer. - Less job security. - Possible changes in training.                                                                                                                                                                                                                                                                                                                                                                                     | 0   | Yes | Yes |
| Employed clinician                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | Yes | Yes |



|                                                                                                                                                                                                                                                                                                                                                                      |     |     |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| Funding for services could be restricted if under council                                                                                                                                                                                                                                                                                                            | 0   | 0   | Yes |
| Health should stay within health, local authority can't fully understand the requirements and impacts that reducing funds have in public health outcomes                                                                                                                                                                                                             | 0   | Yes | Yes |
| Huge changes in the way we work and deliver our services to clients                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
| I already work for Virgin Care and therefore if the service went in house with DCC my terms and conditions (pension) might be affected - if it went out to tender then another company may get the service other than Virgin Care - again this might impact on my terms and conditions.                                                                              | 0   | Yes | Yes |
| I am a health visitor within Devon so any of the options are going to have an impact on my future role.                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
| I am a member of staff                                                                                                                                                                                                                                                                                                                                               | Yes | 0   | 0   |
| I am a public health nurse delivering the healthy child programme. Virgin Care have improved the service delivery and health protection/prevention priorities by supporting and implementing an integrated children services approach.                                                                                                                               | Yes | 0   | 0   |
| I am a registered nurse and concerned regarding my registration if not delivering NHS services.                                                                                                                                                                                                                                                                      | 0   | Yes | Yes |
| I am a School Nurse                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
| I am concerned that DCC may reduce public health budgets as local authorities have done in other areas.                                                                                                                                                                                                                                                              | 0   | 0   | Yes |
| I am currently employed within the service.                                                                                                                                                                                                                                                                                                                          | 0   | 0   | Yes |
| I am SCPHN (currently student). The uncertainty of my future job opportunities and ability to provide a service to all CYP.                                                                                                                                                                                                                                          | Yes | Yes | Yes |
| I believe that Devon County Council would not effectively ring fence the money to provide public health services.                                                                                                                                                                                                                                                    | 0   | 0   | Yes |
| I currently work as part of integrated Children's services and believe that we have made a lot of changes and improvements to the services that are being delivered across Devon for Children and their families. I would like to see this continue and fear that if the current arrangements do not stay in place we are risking adverse effects for all concerned. | 0   | Yes | Yes |
| I do not feel that PHN services should be run by an organisation that has no proven track record for managing such services with the young people of Devon perhaps losing a valuable service which keeps them safe and ensures their health needs are met throughout their time in school                                                                            | 0   | 0   | Yes |
| I feel it would affect funding for public health services for children and families as funding would not be ring fenced, this in turn would affect staffing and availability of HV jobs                                                                                                                                                                              | 0   | 0   | Yes |
| I like the way things work they currently work really well I don't believe they would if Devon County Council took over                                                                                                                                                                                                                                              | 0   | Yes | 0   |
| I think that there is a likelihood that the role and scope of the role would be altered. PHN are nurses not social workers.                                                                                                                                                                                                                                          | Yes | Yes | Yes |

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| I trained to be a nurse and to work within the NHS. I feel option 3 would impact on my registration, accountability and code of conduct. How would it affect NHS pension?                                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
| I work for Virgin Care within PHN. We have been poorly managed and this has impacted on the families we care for. They do not seem to have a management strategy with a consistent plan. We move from one knee-jerk plan to the next. We have issues recruiting due to the reputation Virgin Care have locally. GP's and stakeholders are disappointed with the service we provide. Safeguarding is poor as finances are paramount as is 'pleasing the commissioners'.                                                                                                   | Yes | Yes | Yes |
| I work for Virgin Care, if the service is taken to DCC it would disrupted not only my employment but more importantly the integration of services for children and families, lots of work has been done to integrate these services to make life easier and more efficient for families and children                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| I work in PHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0   | Yes | Yes |
| I work in PHN at present and I feel that we have made huge impacts on the quality of services in the last 3 years, this would be lost and impact negatively on the service we provide to children and families. I feel we have excellent governance around the services we provide, its safe and well managed any change would impact this situation negatively.                                                                                                                                                                                                         | 0   | Yes | Yes |
| If DCC get the contract the money for PHN services is not ring-fenced and, like many services up and down the country pay could be cut , jobs could be lost and an essential service could be lost or changed beyond all recognition                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| If PHN taken over by DCC then health visitors would be working under a social care model rather than a health model.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| If the service moves out of Virgin Care, the service would have to be redesigned, and all of the hard work and change which has happened over the past few years would risk being wasted, and we may be back to square one.                                                                                                                                                                                                                                                                                                                                              | 0   | Yes | Yes |
| Immediate transfer would cause disruption and uncertainty; however, I feel that this is the most secure option as a 12-month interim may lead to service cuts and workforce reduction prior to the transfer. I also feel that the long-term public health goals would be better served with closer working links with DCC due to the working relationships with Early Help and Social Care. There would also be an increase in scope for Public Health Nursing by focusing on the reduction of inequalities, which necessitates working alongside other public services. | Yes | Yes | Yes |
| It may impact on the service I can offer within my job                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0   | 0   | Yes |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |     |
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| It would change the way we work, the IT system we use has just got off the ground and that would change which can only be negative and any change from it currently would be. - I would worry we would be led from a social care focus and not health. We are all from a nursing background so this would not sit comfortably. - I believe we be forced to change our job role.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0   | Yes | Yes |
| Job security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0   | Yes | Yes |
| Job security for HV's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |
| Lack of job security lack of funding for training changes to terms and conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| Likelihood of job losses amongst colleagues, job dissatisfaction. Loss of confidence from clients with the service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0   | Yes | Yes |
| Loose job                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
| Member of staff. Concerned if Virgin Care pull out of health providing. They do not seem to care about the children just re procurement of services them it's all talking their part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
| My employer would potentially change. The service I am part of will change. Budgetary reductions will impact on my job stability and resources to carry out my role. Lower morale.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | Yes | Yes |
| New provider contract implications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | Yes |
| Not sure of the type of service that would be offered by the council.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |
| Option 1 is interim and delaying cost savings and stream lining that needs to happen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | 0   | Yes |
| Option 2 and 3 will have a negative impact on the service offered to families therefore it is those who will suffer the consequences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
| Option 3 would have the greatest impact including: - - lack of health focus in terms of training needs and revalidation requirements for professional registration and quality assurance - - insufficient governance processes linked to nursing registration and practice. - - concerns re employment rights - - concerns at loss of integration with wider health services across ICS - - concerns re ongoing access to health records and cost implications associated with this - - concerns re impact on service delivery and service plan. - - Impact on families - - change of employer - - concerns re financial reduction and future of PHN services as delivering health focused services related to early intervention and prevention. Concerns that option 3 would also result in cuts to PHN services as has been demonstrated in a number of other areas nationally - - concerns at loss of progress that has been achieved within Virgin care and within ICS model that is now realising benefits of work and investment put in - - additional costs that would be incurred through move to Local Authority model that would impact on financial resource for staff and delivery model and therefore impact negatively on families and health outcomes | Yes | Yes | Yes |
| PHN services are better placed within an Integrated Children's Services. We are already seeing an improvement and streamlining between services and this leads to better cost efficiencies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0   | Yes | Yes |

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| Possibility of a loss of service. - Unable to deliver service to high standard as it is now. - Moving this important and integral service out of Integrated Children's services would be a backwards step!! We need to be communicating with colleagues and building the service not reducing it!                                                                                                                                                    | 0   | Yes | Yes |
| Potential to lose my current pay banding and be reduced to a lower scale, like other areas within the country.                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes |
| Potentially through my job -                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | Yes | Yes |
| Reduced quality of service as PHN services works more effectively within ICS.                                                                                                                                                                                                                                                                                                                                                                        | 0   | Yes | Yes |
| reorganisation & change will take time & potentially destabilise existing services which are stretched in anyway                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| See answer for question one!                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | Yes | Yes |
| The current service provision is excellent, and concerns would be if you changed this, the money from Public Health England could be siphoned into other areas, as no long ring-fenced                                                                                                                                                                                                                                                               | Yes | Yes | Yes |
| This proposed action (1) would be the most appropriate longer term as it keeps integrated children's services including PHN together. It is ridiculous to separate one part of the service as this will reduce the efficiency of the overall service.                                                                                                                                                                                                | 0   | Yes | Yes |
| To transfer to DCC would potentially put health of children as a low priority within such a wide remit of services                                                                                                                                                                                                                                                                                                                                   | 0   | 0   | Yes |
| Unable to guarantee no impact on our employment NHS terms and conditions and pension would be gradually eroded with each change. - Unable to say whether we would be able to continue to deliver services in the integrated way they are delivered now. - Changes happening very quickly. Staff feeling part of Virgin Care now. Lots of changes already.                                                                                            | 0   | 0   | Yes |
| Uncertain future of my present employment                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | Yes | Yes |
| Uncertain professional future                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | Yes | Yes |
| Uncertainty for the teams currently delivering the services impacting on the health and well-being of those teams. Possibility of staff leaving and seeking alternative employment if they are unsure of who will be their employer going forward. Allow the plans and aspirations of ICS to develop as we're achieving great things and want to see our plans through to delivering an excellent service that our families and communities deserve. | Yes | Yes | Yes |
| Uncertainty of employment/role/services if our service is ran by the local council.                                                                                                                                                                                                                                                                                                                                                                  | 0   | 0   | Yes |
| Wages, job description,                                                                                                                                                                                                                                                                                                                                                                                                                              | 0   | 0   | Yes |
| We are in the process of Virgin Care's 5-year plan and I feel it is important to be able to complete this plan BEFORE any decision is made to change the service-children and their families are getting a far superior and cohesive service with all the Devon children's services being integrated. The process is still in its infancy and needs time to grow to its maximum efficiency                                                           | 0   | Yes | Yes |

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |     |
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|                     | We have had so much (mostly positive) change recently, as a service, it is a struggle to keep on target with new ways of working. we can see the immediate and future benefits of these changes so have been happy to take changes to practice on board. We feel as a team that we are well supported by Virgin and invested in as professionals to be able to undertake safe and effective practice. I feel that going to a new provider would result in further large changes which would result in poor retention of staff and difficulty meeting commissioned targets. Also, Virgin are experienced in managing clinical staff and ensuring that all mandatory clinical training and additional necessary training is provided and kept up to date.                                           | 0   | Yes | Yes |
|                     | Will I have a job? How will my pension be affected? What role will we be expected to play. As a nurse, I am qualified in health where I feel I spend my working life being an unqualified social worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | Yes | Yes |
|                     | Work in public health team.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes |
|                     | Work in PHNT, possible change of contracts, loss of NHS entitlements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
|                     | Working for ICS all of these options would impact on me but staying with Virgin Care would be the better option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
|                     | Working terms and conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | 0   | 0   |
|                     | Worried DCC will not have governance understanding of the obligation/requirements nurses have to fulfil with NMC registration/CQC inspections etc. - Concern that current admin staff will be side-lined elsewhere/replaced - Concern unregistered community health workers work will be done by other staff e.g. children's centre staff to make cost reductions. - Concern over the impact of untrained work force giving health-related advice without the relevant training. E.g. children's centre workers currently giving conflicting weaning advice to that of the health professionals because they don't have the research-based knowledge skills the trained health professionals have, resulting in inaccurate advice given which may have further health implications for the child. | 0   | Yes | Yes |
|                     | would depend on what Virgin Care plans are for managing the public health service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | Yes | 0   |
|                     | yet more change!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
| Health professional | Although it is stated that there will not be a reduction in service, however with a 1/6 budget cut there will inevitable reduction in service for Health Visitors. This will mean that infants will not be identified where there are relationship issues, resulting in more referrals to CAMHS and children not being able to access education.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
|                     | Any change in services means that in the short term personnel move/retire/get a new job, as we are a small practice inevitably we bear more of these changes adversarial than larger practices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | Yes | 0   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |     |
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| As a GP and our surgery child safeguarding lead I have seen the health visiting service become more remote from our surgery. I understand that the model that the current provider is pushing forward is to further centralise the HV services to an even more remote hub. We have regular meetings with HVs on a 3-monthly basis but, as a result of the change in the boundaries that HVs cover, we are being met with blank stares when asking about vulnerable families who are no longer covered by their 'patch'. It is not always practicable to ask two or 3 sets of health visitors to attend at the same time and is not a good use of their time. We are heading for another serious case review unless this disintegration is halted, the commissioners have been warned. | Yes | Yes | Yes |
| As a GP not knowing who to contact, who is accountable, what level of service is being provided. who is monitoring and maintaining standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0   | Yes | 0   |
| As a Speech & Language Therapist employed by Virgin Care and as part of Devon ICS I would be able to continue to work closely and effectively with the PHN teams as part of an integrated team to support children on my caseload if option 1 was followed. This would be not be as effective or as safe for children with the other two options as staff would be following different procedures relevant to the employer chosen which may hinder joint working.                                                                                                                                                                                                                                                                                                                     | Yes | 0   | 0   |
| changes in the way I would be able to liaise with PHN, impact on IG, sharing information etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | Yes | Yes |
| Concern regarding reduction in integrated working across the range of children's services currently run by VCL. Concern that the suggestion that budgetary reductions will not impact on the service delivered to vulnerable children and family have not been tested in practice and are likely to prove false. Reduced opportunity to mitigate probable impact through fully integrated working.                                                                                                                                                                                                                                                                                                                                                                                    | 0   | Yes | Yes |
| Considerable risk of damaging the current safety and quality of the services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0   | 0   | Yes |
| delay in any clarity of the services which are or are not provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | 0   |
| difficult to protect health nursing services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | 0   | Yes |
| Disruption to current service, cuts to other services to pay for it, no guarantee that it would be better.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0   | 0   | Yes |
| I currently manage a team of therapists within Virgin Care ICS, we work closely with our public health nursing colleagues and have recently been co-located with them, any move away from this integrated way of working is going to lead to more uncoordinated care, confusion for families and possible safeguarding risks, we should be working to closer integration not moving away from it.                                                                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| I feel the level of service provided by Virgin is poor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | 0   | 0   |
| I more loudly voted for a 2-year open procurement but I've changed my mind and wish to stay with Virgin Care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | 0   | Yes |
| I work closely with the PHN team, for another service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |

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| IF THE SERVICE IS REMOVED FROM ICS AS A CAMHS PROFESSIONAL THE INTEGRATION /GOVERNANCE /SUPERVISION AND CONSULATION /TRAINING WOULD BECOME LESS STREAMLINED /POSSIBLE - WE HAVE AN EARLY HELP 4 MENATL HEALTH AGENDA INCLUDING LINKS WITH PUBLIC HEALTH WHICH COULD BE DISRUPTED - AS PART OF ICS THE VALUES OF CHILD AT THE CENTRE HIGH REGARD FOR SAFEGAURDING ARE HELD AT THE FORE                                                                                                                                                                                                                                                                               | Yes | Yes | Yes |
| impact in ability to work with Public health nurses in a joined up way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
| Impact on young people under-fives and work conditions and terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | Yes |
| It would mean there would be a lot of uncertainty about the service we offer and our job roles may well change. No one has really explained how this may affect us personally in our roles.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0   | 0   | Yes |
| Lack of nursing expertise in Devon county council for nursing registrants. - Poor Ofsted record of service delivery to children. - Loss of integration with children's health services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   | 0   | Yes |
| maintaining close co-cooperation with PHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0   | Yes | 0   |
| May destabilise current ICS service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | Yes | Yes |
| opens system up to fragmentation of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0   | Yes | Yes |
| Option 2 and 3 would have a negative impact on us due to uncertainties and poorer patient outcomes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | Yes | Yes |
| Organisational change out of ICS would lead to fragmentation of children's services making joined up working challenging for clinicians and service users                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | Yes | Yes |
| PHN care of my child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
| potential disintegration of Integrated model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | 0   | 0   |
| Potential to illicit complete restructure of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0   | Yes | Yes |
| Presume that planned cuts to services and rearrangements would have logistical impact on service users seeking support via GPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | 0   | 0   |
| Reprocurement of any services increases staff anxiety, leads to staff feeling uncertain about their future and potentially seeking employment elsewhere . PHN are already under immense pressure to provide core children's services, increased workforce challenges would cause - greater strain and increase potential risk to children through lack of resources. - I work in specialist services which children with mental health difficulties. Lots of our children live within families where PHN input is invaluable. remaining part of ICS would support an integrated model. One of our biggest challenges daily is working relationships with DCC staff. | Yes | Yes | Yes |
| They could potentially affect the service available for my family which is excellent healthcare. They may also affect my close friends job which she works really hard to provide excellent healthcare to families across Devon.                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | Yes | Yes |
| Would affect the procurement of other children's services - things need to be aligned across our system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   | Yes | Yes |
| Interim option - this would provide strength in the continuation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |     |

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|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| Clinical Commissioning Group – See Appendices | joint commissioning arrangements and ability would support partners to negotiate a contract which would meet the holistic needs of children allowing an integrated delivery model to be procured. - long term option - risk of fragmentation of the integrated model of delivery as well as an unknown and potentially new provider entering the market. increase of set up costs, duplication of processes, confusion for families and referrers with different processes. Increased costs to other commissioners. - In-house - risk of fragmentation of the current model. Inexperienced provider of public health nursing, set up costs, duplication of processes, confusion for families and referrers, risk that universal and targeted workforce may be redirected to more specialist child protection and social work having wider impact on prevention. Increased costs to other commissioners. | Yes | Yes | Yes |
| Local Community or Voluntary Group            | Care of my children would shift again, causing issues with knowing how and where to access support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| Member of public with children (0-19)         | Unstable job as work for Virgin Care. Impact on job role, Virgin only care about the details the commissioners require, feels unbalanced.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | Yes | Yes |
|                                               | A want my children to have a good level of support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
|                                               | As a mother of two school age children, one of which is using ICS services it is important that services remain integrated under one provider, my daughter feels more reassured knowing that her school nurse can easily access the other clinicians within ICS who support my daughter. Therefore option 3 which would lead to the break-up of integrated children's services, would have a negative impact on my child and family. Similarly option 2 could potentially fragment the service if different providers were selected, and no doubt lead to increased costs in duplication of infrastructure and more hands offs between clinicians.                                                                                                                                                                                                                                                      | 0   | Yes | Yes |
|                                               | As a parent and therefore a service user but also as an employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | Yes | Yes |
|                                               | As a parent, the move of school nursing and health visiting being moved to DCC would negatively impact on me and my daughter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | Yes | Yes |
|                                               | Changes to service from NHS to LA would have to impact on delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | 0   | Yes |
|                                               | Core contacts may change meaning universal services change and problems children have are not identified at an early stage leading to these issues having a greater impact on the individual child and potential future greater costs for the NHS to resolve it -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes |
|                                               | Could lead to uncertainty and changes in the focus for the staff who deliver a fantastic service now.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | Yes | Yes |



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| Currently the PHN services engages with every new family in Devon. A high level of their work is early help supporting families preventing a deterioration and requirement for additional help. The Devon PHN service provides excellent coverage in the mandated programme compared with other services and in particular when compared to council run services ,whilst supporting a high number of children and families with additional needs and multiagency service requirement any absorption into council-managed services would mean my family would not have access to a preventative health service that remains without stigma and is accessible to all. | Yes | Yes | Yes |
| Different organisation delivering service and a change to the way they work with me and my family. There might even be less staff to do their jobs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | Yes | Yes |
| I am currently very happy with the services provided, and I think if the provider changes this would have an impact on the service delivery, even if the outcomes are the same.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| I believe the quality of the service would be reduced as DCC are not an organisation that provides Children's health services so do not have the expertise to manage such a complex service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | 0   | Yes |
| I fear council cuts that are occurring up and down the country would impact on the service in this area as well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | 0   | Yes |
| I have children who use these services and it's important they are not reduced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| I have had involvement with the service regarding my child and I am worried that moving the service will impact negative changes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0   | 0   | Yes |
| I understand that there are benefits to bring the health visitors more aligned with children services (in-house) however there is a risk that if you do this the health visitors and school nurses will end up working more on safeguarding and becoming more like social workers rather than working on preventing health issues. - - If the long-term option is considered then there is the risk that we will have another provider of children services. This will just add more confusion for parents and partners such as schools as to know who to refer to for what, and also introduce more wait times if having to refer between services.                | Yes | Yes | Yes |
| I want a service that is appropriate for my children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
| I work for Virgin Care potentially I might transfer under TUPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| I would prefer the current arrangements to remain. The health visiting service is delivered by experienced nurses who do great things to prevent children being abused and neglected. we need this service to remain and grow and at the moment they are doing a great job                                                                                                                                                                                                                                                                                                                                                                                          | 0   | Yes | 0   |
| If the PHN team are transferred to Devon County Council, I am concerned they will make cuts to the team and my children won't have access to their services anymore.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0   | 0   | Yes |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| Lack Of continuity of service delivery- there have been a lot of changes in health visiting service recently and I don't want any more change - it is unsettling. I am happy with the service available                                                                                                                                                                                                                                                                     | 0   | Yes | Yes |
| May lose school nursing service for my daughter who has needed this support                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |
| May not offer such a good service...option 2                                                                                                                                                                                                                                                                                                                                                                                                                                | 0   | Yes | 0   |
| More change to services received from health visitor/ school nurse. Would be unclear who to contact and what specialism the service had                                                                                                                                                                                                                                                                                                                                     | 0   | 0   | Yes |
| Moving staff at this point will create a year of inertia in relation to current service improvement that is happening.                                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| My children are users of the current service and it works just fine as it is. I worry that if you invoke option 3 the services will be impacted. Option 3 will be done in a rush in an organisation that is already over stretched. Does DCC really want to take on this risk?                                                                                                                                                                                              | 0   | 0   | Yes |
| Negative                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | Yes | Yes |
| One year not enough time to put in place the changes needed. What's happened to the services for disabled children                                                                                                                                                                                                                                                                                                                                                          | Yes | 0   | 0   |
| Option 2 and 3 seems very inefficient way of working it appears that you are why setting up a different system while you are organising a changing to children's service. By doing this you cannot offer toddler groups, support in house and home visits as well as you are doing now so the service will be affected                                                                                                                                                      | Yes | Yes | Yes |
| Option 3 may mean changes to key core contacts and may mean health visitors and community nursery nurses and school nurses jobs are at risk. If DCC get the contract this will mean we will no longer be run by a health organisation.                                                                                                                                                                                                                                      | 0   | 0   | Yes |
| Outsourcing to a private company means that the provider is more interested in profits than the welfare of children and staff.                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | 0   |
| Risk of reduction in overall service quality & the functions delivered by the Health Visitors & School Nurses.                                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
| Service not integrated with other health services- barrier to health working. Likely change of role to our health visitors                                                                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
| The council are not health providers, health visitors are already on minimal visitations abut go above and beyond. Running health visitors from the council will surely see even further reductions in the services we receive.                                                                                                                                                                                                                                             | Yes | 0   | Yes |
| The PHN Children's services currently sit under Virgin Care and moving them back to DCC is another unnecessary change which brings risks for the services and therefore for the children. To stabilise a service takes years and if they are moved around constantly it is not possible to get the best out of the organisation, the staff and the processes behind. I have two children and am definitely for stability - Virgin is doing a good job, why take this away?! | 0   | 0   | Yes |

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                                          | There is no ring-fenced money for PHN which is potentially going to be sucked up into social care and services will be reduced no county council will prioritise health services, or their delivery. - How will it impact on me another privatised money led element of health or another difficult to access DCC lead service with no funding. Where are children and families sitting in this as I can't see them in the documents I have just read.....                                                                                                                  | Yes | Yes | Yes |
|                                          | They would impact upon the quality of service that I and my family receive. - They would impact upon the cost and value of this service as a constituent and tax payer -                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | Yes |
|                                          | To continue with the great service that is already available. By changing provider, the current service will be impacted. Therefore will impact upon my family                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
|                                          | We receive the services that are provided and are very happy that our school nurse works alongside our therapists and CAMHS workers. I really don't want that to change by having different agencies trying to work together instead of one joined up approach.                                                                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
|                                          | Yes, I have Children, and I believe that Devon County would cut school nurses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
| Member of public without children (0-19) | Bad things                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   | 0   | Yes |
|                                          | Concerns would be around changes to the service delivery and the impact that this will have on the continuity of the service currently in place. The current service is valued by the public that use it and other professionals that liaise with the service.                                                                                                                                                                                                                                                                                                              | 0   | Yes | Yes |
|                                          | destabilise a currently effective service, it will take time to reorganise and manage the change. - Funding not ring-fenced for public health services will be spent on propping up other council services                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
|                                          | Ensuring that subsequent generations of adults have been given all the appropriate chances as children and young people to develop healthy physical and mental attitudes to their themselves and wider society, understanding their level of responsibility to take care of themselves well to ensure optimal impact on society. Fear leaving County Council with such control will weaken and negate education and health services as they will use budgets to save money and weaken quality of service because of political stance and aiming for poorer quality services | Yes | Yes | Yes |
|                                          | I would prefer the service to stay the same and I feel that we need a separate commissioner and provider to ensure we keep our service for the families.                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | Yes |
|                                          | increase danger of being subject to financial cuts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0   | 0   | Yes |
|                                          | It is important that Children's services are integrated & ring fenced. Being part of DCC would be a backward step.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0   | 0   | Yes |
|                                          | Provide a private enterprise the continuing opportunity to profit in a direct financial way from the provision of critical health and social care services for children and young people.                                                                                                                                                                                                                                                                                                                                                                                   | 0   | 0   | Yes |
|                                          | Splitting the current service would impact on children and families                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0   | 0   | Yes |

|  |                                                                                                                                                                               |   |     |     |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|-----|
|  | They may affect the service that I get when I need to access the service.                                                                                                     | 0 | 0   | Yes |
|  | Virgin care would be in an excellent position to gain and continue with provision of 0-19 care in Devon. I feel current provision is excellent and always striving to improve | 0 | Yes | 0   |

**Q7. How could we reduce the impact?**

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Option 1 | Option 2 | Option 3 |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes      | Yes      | Yes      |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Count    | Count    | Count    |
| Children, Young People, and Families Alliance | Bring it all under one umbrella                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0        | Yes      | 0        |
|                                               | Continue with Virgin Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes      | Yes      | Yes      |
|                                               | Give job security to professionals, who work very hard for little financial reward.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes      | Yes      | Yes      |
|                                               | Ring-fence funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0        | 0        | Yes      |
| School or educational                         | By having a shared data and email system so that we could at least continue to securely share information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0        | 0        | Yes      |
|                                               | Continue with option 1 to ensure no disruption to this service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes      | Yes      | Yes      |
|                                               | In-house would be more responsive and maybe cheaper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0        | Yes      | Yes      |
|                                               | maintain cover levels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes      | Yes      | Yes      |
|                                               | Maintain the current provision and provider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes      | Yes      | Yes      |
|                                               | Making sure that services and funding is kept the same or increased to help the community continue to get help needed or that is available if necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0        | 0        | Yes      |
|                                               | More smooth transfer of service and more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0        | 0        | Yes      |
|                                               | renegotiate the contract stipulating more clearly what needs to be included as a core service so children parents and staff receive what they need not what can be provided. - Option 3 reduce the impact by contracting in support for the areas we do not have cover- link to charities who may be able to support us on CQC, infection control etc. we have a growing service of providers e.g. Leonard Cheshire who may be able to advise and support us at a cost. Secondment from these services may be possible to strengthen fields that have become weakened since Virgin took over | Yes      | Yes      | Yes      |
|                                               | Take the service back in house                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes      | Yes      | Yes      |
|                                               | You tell me!! You have the bigger picture!!!!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes      | Yes      | Yes      |

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |     |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| Public Health | ??                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | Yes | Yes |
| Nursing       | A sustained period of stability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | Yes | Yes |
|               | An interim one-year arrangement would ensure an even playing field. I would like DCC to provide a clear proposal outlining their plans for provision of the PHN service before an agreement is made for our service to be transferred. There will also be guidance from the Department of Health in the coming months regarding school nursing and the interim arrangement would allow all interested providers to ensure they are able to incorporate the most up to date guidance in their proposals for service provision. | Yes | Yes | Yes |
|               | Any reductions in funding need to be carefully implemented and thought through - not necessarily the easiest - i.e. staff reductions, lack of investment particularly in IT. Take advice from Health Professional Leads.                                                                                                                                                                                                                                                                                                      | 0   | Yes | Yes |
|               | Award a contract for longer for 3 years to allow time for services & systems to mature & refine                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | Yes | Yes |
|               | Be totally up front re what the council would offer in terms of a second service or just continue with the Virgin Care service.                                                                                                                                                                                                                                                                                                                                                                                               | 0   | 0   | Yes |
|               | By agreeing to option one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | Yes | Yes |
|               | By ensuring information on all three options is widely available and disseminated freely and it should include what the public health nursing service would look like, what our core offer would be, what additional support we can offer and how it will affect us as individuals e.g. with pay, pensions etc.                                                                                                                                                                                                               | Yes | Yes | Yes |
|               | By ensuring that any future of the Public Health Nursing Services remains within the integrated children's service to ensure that these efficiencies continue to improve outcomes for children in a timely manner.                                                                                                                                                                                                                                                                                                            | 0   | Yes | Yes |
|               | By giving us clear understanding of what you will want us to deliver and you think what is best for children, young people and their families.                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
|               | By negotiating with General Practice so that Public Health Nurses maintain close links and continue to represent the health voice within the wider community. - General Practitioners would welcome closer links to Health Visitors / safeguarding meetings/forums. - By ensuring that staff are reassured that contracts are transferred and pensions and rights will not be affected.                                                                                                                                       | Yes | Yes | Yes |
|               | By not changing anything                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0   | 0   | Yes |
|               | By not changing anything!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0   | Yes | Yes |
|               | By not going to Devon County Council                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | Yes | Yes |
|               | by putting stipulations into the contract with Virgin that they maintain a certain level of service delivered by PHN staff at the same or increased level currently being delivered                                                                                                                                                                                                                                                                                                                                           | 0   | Yes | 0   |
|               | By remaining with the interim plan to enable work across the Integrated Children's services to continue and then looking for long term procurement as a 'whole' service                                                                                                                                                                                                                                                                                                                                                       | 0   | Yes | Yes |
|               | Can't                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | 0   | Yes |

|                                                                                                                                                                                                                                                                               |     |     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| Choose option 1                                                                                                                                                                                                                                                               | 0   | Yes | Yes |
| Choose option one!                                                                                                                                                                                                                                                            | 0   | Yes | Yes |
| Clear and supportive leadership. Clear objectives. Staff being valued for their experience and loyalty.                                                                                                                                                                       | Yes | Yes | Yes |
| Clear well thought through plans which look to the long term to assist planning. Good dissemination of plans with consultation. Listen to the families                                                                                                                        | Yes | Yes | Yes |
| Consider why DCC would want to take over Integrated children's services, when very few people employed by virgin are would want this option.                                                                                                                                  | 0   | Yes | Yes |
| Continue in a service that keeps Children's health together. Virgin have invested a lot into the Integrated children's services. Changing provider would entail a lot of changes and needless expense. Terms and conditions would need to remain the same whichever provider. | 0   | 0   | Yes |
| Continue to deliver NHS services - the healthy child programme.                                                                                                                                                                                                               | 0   | Yes | Yes |
| continued communications                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| Decide quickly                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
| Do not separate public health nursing from the other services within integrated children's services. This would be a backward step and I can only see will have a detrimental effect on the service and that which is provided to families in the locality that we serve.     | 0   | Yes | Yes |
| Don't reduce people's pay banding.                                                                                                                                                                                                                                            | Yes | Yes | Yes |
| Ensure all options have been thought through in detail and provision made for pensions etc.                                                                                                                                                                                   | Yes | Yes | Yes |
| Ensure budget for public health is prioritised                                                                                                                                                                                                                                | 0   | Yes | Yes |
| Ensure Public Health Nurses have a proactive role not a reactive role to health issues.                                                                                                                                                                                       | Yes | Yes | Yes |
| ensure that any change process is communicated effectively and timely to the workforce and choose an option which will deliver the best service to families                                                                                                                   | Yes | Yes | Yes |
| Ensure that the service is run/managed by a service with a proven track record                                                                                                                                                                                                | 0   | 0   | Yes |
| Give plans for longer term.                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
| Guarantee that work pay and conditions remain as they are or are improved. - I've been through DCC job re-evaluation and lost money in my pay in a previous job. - We work hard and care about the people in our care - we need to feel valued.                               | Yes | Yes | Yes |
| I believe staff in the teams would be cut. I believe we would lose our skills. I believe families would see less of a service.                                                                                                                                                | 0   | Yes | Yes |
| I believe that the community of 0-19 years would receive less services than are currently provided which in turn would impact negatively in the local population of 0-19 year old.                                                                                            | 0   | 0   | Yes |
| Ideally, I think the NHS should run this service, but in the interim DCC would be the preferred option to prevent further impact on the service and staff.                                                                                                                    | Yes | Yes | Yes |

|                                                                                                                                                                                                                                                                                                         |     |     |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| If we could stay with Virgin Care who have invested massively with this programme and in the staff, valuing their staff and providing an excellent service.                                                                                                                                             | Yes | 0   | 0   |
| Impact would be reduced by option 1                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
| Increase the number of public health practitioners                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| Job Security. Ability to continue delivering an excellent service                                                                                                                                                                                                                                       | Yes | 0   | 0   |
| Keep services as they are                                                                                                                                                                                                                                                                               | 0   | 0   | Yes |
| KEEP STABILITY FOR STAFF AND FAMILIES                                                                                                                                                                                                                                                                   | Yes | 0   | 0   |
| Keep the current contract with Virgin care.                                                                                                                                                                                                                                                             | 0   | Yes | Yes |
| Keep the service within Virgin care                                                                                                                                                                                                                                                                     | 0   | Yes | Yes |
| Keep things as they are, and offer an interim contract                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
| Keeping integrated children's services together                                                                                                                                                                                                                                                         | Yes | Yes | Yes |
| Let health be delivered by health professionals and invest and support the great changes that have already been achieved by working in an integrated way.                                                                                                                                               | Yes | Yes | Yes |
| Local authority should still out source public health to its known providers to reduce the impact on budgets, staff and clients.                                                                                                                                                                        | 0   | 0   | Yes |
| Maintain a health-led, health-focused service, with clear established links to other children's health rather attempting to pulling it into a social care arena. Educate yourselves about the service you are talking about so that decisions made are grounded in something other than money and spin. | Yes | Yes | Yes |
| Maintain current terms and conditions and protection of the unique service that is offered                                                                                                                                                                                                              | 0   | Yes | Yes |
| Maintain current trained staff and ensure their employment is secure. - Ensure we remain under 'health' providers                                                                                                                                                                                       | 0   | Yes | Yes |
| Maintain service within a health care provider and maintain an integrated service model across health.                                                                                                                                                                                                  | Yes | Yes | Yes |
| Maintain services within ICS                                                                                                                                                                                                                                                                            | 0   | Yes | Yes |
| Maintaining the current service provider Virgin Care                                                                                                                                                                                                                                                    | Yes | 0   | 0   |
| Minimise the change and give more information                                                                                                                                                                                                                                                           | Yes | Yes | Yes |
| Minimising impact on a day to day level of change e.g. undoing all the changes already implemented that staff are finally getting accustomed to. 'Ring fence' the PHN ICS budget so that staff can feel more security and plans for the future might be secure.                                         | Yes | Yes | Yes |
| Need to have more information on the proposals                                                                                                                                                                                                                                                          | Yes | Yes | Yes |
| Needs to run by public services.                                                                                                                                                                                                                                                                        | Yes | Yes | Yes |
| No change to NHS terms and conditions of employment - No change to structure of service delivery - Protection of professional expertise of PHN role and impact upon families of changes                                                                                                                 | 0   | Yes | Yes |
| Not send our service to dcc as this would have a huge detrimental impact on the service.                                                                                                                                                                                                                | Yes | Yes | Yes |
| Not sure council could as their funds are so stretched                                                                                                                                                                                                                                                  | 0   | 0   | Yes |
| Option 1                                                                                                                                                                                                                                                                                                | 0   | Yes | Yes |
| Protect the service from cuts i.e. protect the budget, protect the core service (healthy child programme)                                                                                                                                                                                               | 0   | 0   | Yes |
| remain with current provider                                                                                                                                                                                                                                                                            | Yes | Yes | Yes |

|                     |                                                                                                                                                                                                                                                                                    |     |     |     |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                     | Remain with virgin care                                                                                                                                                                                                                                                            | Yes | 0   | 0   |
|                     | Return PHN to health commissioner                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
|                     | Return services to NHS                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
|                     | Stability needed. - Staff moral eroded with each change.<br>Uncertainty about ability to deliver services in the future. - More information on impact on terms and conditions of employment.                                                                                       | 0   | 0   | Yes |
|                     | Stay with virgin care                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
|                     | Stay with Virgin care for the twelve months interim period and then go out to tender with the hope that Virgin care would win it - they have invested so much money into the service that it would be a shame to see another company have to start all over again.                 | 0   | Yes | Yes |
|                     | Stay within Virgin care, secure employment, feel valued.                                                                                                                                                                                                                           | 0   | 0   | Yes |
|                     | This impact would be reduced if the service continues to be commissioned as part of broader community Children's services as it currently is.                                                                                                                                      | 0   | Yes | Yes |
|                     | To offer more visits by procurement and follow examples set in Scotland and wales in terms of early prevention and support to families                                                                                                                                             | Yes | 0   | Yes |
|                     | To remain with virgin care                                                                                                                                                                                                                                                         | Yes | Yes | Yes |
|                     | Transfer to Virgin Care                                                                                                                                                                                                                                                            | Yes | Yes | Yes |
|                     | TUPE                                                                                                                                                                                                                                                                               | 0   | 0   | Yes |
|                     | TUPE terms & conditions. Ensure Virgin care continue to deliver service as they have improved service beyond recognition, particularly around IT systems and development and redesign of service.                                                                                  | 0   | Yes | Yes |
|                     | Unsure                                                                                                                                                                                                                                                                             | 0   | 0   | Yes |
|                     | We need a period of calm to continue with Virgin who we all have confidence in to carry on running an effective service. Any other choice will have a detrimental effect on both families/ service users and staff.                                                                | 0   | Yes | Yes |
|                     | You can't.                                                                                                                                                                                                                                                                         | 0   | Yes | Yes |
| Health professional | 1 - please communicate exact changes to service provision. - - 2- please clearly indicate what alternatives are being proposed and provided.                                                                                                                                       | Yes | 0   | 0   |
|                     | By explaining exactly what would happen to the service and our jobs before it starts so that we can make an informed choice. We have already been through a lot of change. We need reassurance that our jobs are safe and we will still offer a good quality service as we do now. | 0   | 0   | Yes |
|                     | By not allowing PHN services to go to the council as this could potentially mean negative change in these services.                                                                                                                                                                | 0   | Yes | Yes |



|                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| By not changing our provider especially as there have been so. Many changes since Virgin care took over our service for example; total mobile, I'm happy with working for Virgin care and feel that robust audits of Virgin care as providers should be it into place rather than there being short term contracts which are very disruptive to the staff and clients who will be affected by lack of continuity of services, | Yes | 0   | Yes |
| BY REMAINING WITHIN ICS                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes |
| By transferring the service to the county council                                                                                                                                                                                                                                                                                                                                                                             | Yes | 0   | 0   |
| Choose option 1.                                                                                                                                                                                                                                                                                                                                                                                                              | 0   | Yes | Yes |
| Continue with Devon ICS                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | 0   | 0   |
| don't think this is affordable in the current economic climate. Don't waste time and resources preparing for something that isn't going to work.                                                                                                                                                                                                                                                                              | 0   | 0   | Yes |
| ensure service is based and provided locally                                                                                                                                                                                                                                                                                                                                                                                  | 0   | Yes | 0   |
| Further realistic appraisal of the likely impact on vulnerable children and families of reduction on budgets and therefore staffing. Using the 12 months to enhance and exploit fully all opportunities for integrated working across service areas and professional boundaries whilst PHN remain within VCL to ensure a viable model for the future.                                                                         | 0   | Yes | Yes |
| Keep PH within ICS                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | 0   | 0   |
| Keep the current structure of PHN within ICS                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
| Leave service with health providers under NHS contract. -                                                                                                                                                                                                                                                                                                                                                                     | 0   | 0   | Yes |
| Maintain a health provider of health services                                                                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |
| Maintain the Health visitors existing responsibilities, including hearing screening.                                                                                                                                                                                                                                                                                                                                          | 0   | Yes | Yes |
| make sure that smaller practices (GP Practices) services are not abandoned to keep the larger practices going                                                                                                                                                                                                                                                                                                                 | 0   | Yes | 0   |
| Making sure that services are truly preventative and focussed on very early intervention with parents and their infants. There needs to be clear pathways for perinatal infant mental health and professionals that have face to face contact with families on a regular basis.                                                                                                                                               | 0   | Yes | Yes |
| Please consider the impact of the changes on how GPs care for vulnerable families                                                                                                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
| Providing in-house in a non-integrated manner is a retrograde step - 12 month temporary contract would be the best option                                                                                                                                                                                                                                                                                                     | 0   | Yes | Yes |
| reduce impact by keeping option open for integrated services being commissioned together                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
| Shared recording systems, co-location, duty to work together.                                                                                                                                                                                                                                                                                                                                                                 | Yes | Yes | Yes |
| shared systems                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
| Stay as it is                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | Yes | Yes |

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |            |            |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| <p>Clinical Commissioning Group</p> | <p>As per Q5 the preferred option is Option which we consider would reduce impact on partners: - - - Thank you for the invitation to comment on your Consultation: Public Health Nursing. In addition to completing the on-line survey, the CCG wishes to provide additional comment on the proposals outlined in the Consultation.</p> <p>- - Having invited our Governing Body to review the on-line documentation, we have the following observations set out under four headings; general comment; strategic alignment and partnerships; service delivery and efficiencies and workforce and professional practice. We hope you find our observations helpful in your decision-making process. - - In summary, NEW Devon's CCG's preferred option is for Devon County Council to award a one year interim contract and work with partners toward a longer term procurement where it is still possible to contract for public health nursing separately, but within the context of a system wide strategy to support integrated provision of services by multiple providers. The reduction in the public health budget is understood and therefore this option would require partner organisations to support DCC in negotiating a contract that is within the budget. This option would also enable the unquantified risks of disaggregating the current contract to be fully assessed and mitigated in a controlled and managed process. - - General Comment - - Having reviewed all of the documentation on the website we have the following comments. - - The scoring on the impact analysis and risk matrix is fairly limited in terms of information available to take a view on the consultation process and form a view of the preferred option. The only information that is available that can give a view is the impact assessment which seems reasonably thorough but appears weighted to going out to procurement sooner rather than later. The consultation documentation includes an equality impact assessment and also acknowledges limitation around clinical governance, professional leadership and significant set up costs but does not appear to consider impact on staff. The risk matrix classification of violet (24-30) and red (15-20) seems excessive with the mention of "multiple fatalities being expected". We also consider that there is a risk with the change of service leadership and delivery which is not aligned with other stakeholders. - - - Strategic Alignment and Partnerships - - The impact assessment (page 7) states that: - - "It is stressed that integrated delivery and integrated commissioning are not co-dependent; integrated delivery of services can be achieved through service arrangements, information sharing processes and protocols and contract levers independent of the commissioning and procurement model." - - Whilst we find this a valid statement, it is has also been understood by partners during the pre-procurement planning phase that the means for achieving integrated delivery of services in our local system are not currently evident or are variable in their effectiveness. This in turn, impacts on integrated delivery both between those services within the Integrated Children's Services Contract and those outside such as paediatric services and primary care. - - For this reason and as the</p> | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |     |     |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                                          | Clear specification which is consulted with partners and pathways.<br>Funding levels secured and maintained for agreed period. -                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | Yes | Yes |
| Local Community<br>or Voluntary Group    | Consultation with families                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
| Member of public<br>with children (0-19) | - Make public consultation public not hidden how hard it was to find<br>this - Fight for ring fenced money - Challenge government agenda<br>- Hold our services as they are until realistic child/ family focused<br>options can be explored - Keep health services About health<br>Avoid option 3.                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
|                                          | By ensuring that Health visiting and school nurses are still available<br>to deliver the helpful work they do.                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0   | 0   | Yes |
|                                          | By keeping the service, we offer the same and not putting people's<br>jobs at risk. We have gone through enough change and we have<br>enough stress already when we are all doing our best to offer the<br>best service possible to families with children.                                                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
|                                          | By not letting DCC have the contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | 0   | Yes |
|                                          | Choose option 1 until you know exactly what and how the changes<br>are going to look like                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0   | 0   | Yes |
|                                          | Choose option 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | 0   | Yes |
|                                          | continue leaving the service unchanged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | 0   | Yes |
|                                          | Continue the contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0   | 0   | Yes |
|                                          | Do not transfer PHN, leave it as it is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
|                                          | Do the 12 month interim option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0   | 0   | Yes |
|                                          | don't change the current practice. Children are reported to have<br>increasing mental health problems it's all over the media - if Devon<br>county council remove or reduce this service it will impact very<br>negatively on those children at risk and those working in affiliated<br>services desperately trying to safeguard those most vulnerable in<br>society. we need public health services to stay as they are as there<br>has been so much change over recent years which will only change<br>again if this all goes up in the air - AGAIN!! | 0   | Yes | 0   |
|                                          | Effective long term planning and management of contract<br>procurement, better specification and recognition of the CAHMs<br>requirements that Children and Young People in our communities<br>require                                                                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
|                                          | Ensure that the new commissioning arrangement include the<br>current core tasks of the Public Health Nursing Services.                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
|                                          | Ensure that the services that manage public health understand the<br>impact in the community for children.                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | Yes | Yes |
|                                          | Increase visitation to support local families                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | 0   | Yes |
|                                          | Invoke option 1 and take QUALITY time to plan re-procurement of<br>the best integrated service. Do not rush in option 3.                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | 0   | Yes |
|                                          | Keep it as it is until a fair process can be agreed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   | 0   | Yes |
|                                          | Keep it as it is!!!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | Yes | Yes |
|                                          | Keep the services under health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0   | Yes | 0   |
|                                          | Keep with virgin care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
|                                          | Keep within integrated health services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | Yes | Yes |
|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0   | Yes | Yes |

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |     |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                                          | Knowing that a service is going to be in place to support me and my family                                                                                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes |
|                                          | Long term plan for services back within the public sector, can replicate other services around the country in the public sector, We can fully integrate with social care provide by DCC or NHS                                                                                                                                                                                                                                                  | Yes | 0   | 0   |
|                                          | Maintain a universal service with suitably qualified healthcare professionals                                                                                                                                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
|                                          | Minimal changes to enable the great teams to carry on their great work. the Virgin arrangement has improved the way the service is delivered.                                                                                                                                                                                                                                                                                                   | Yes | Yes | Yes |
|                                          | More information                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
|                                          | No change to existing services                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
|                                          | Please select option one and keep integrated children's services.                                                                                                                                                                                                                                                                                                                                                                               | 0   | Yes | Yes |
|                                          | Provide management in-house, as in option 3.                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | 0   |
|                                          | Recommission jointly with your NHS partners.                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | Yes |
|                                          | Stability take over the provider services back on to a public body, with a view of retention                                                                                                                                                                                                                                                                                                                                                    | Yes | Yes | Yes |
|                                          | Stay with Virgin care as they seem to have been working hard to ensure the best possible care for children and their families.                                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
|                                          | This service should not be brought in house. Devon County Councils own strategic view is to commission services not bring them in-house . - Public health nursing and children centres should be tendered together. To prepare for this a 1 year extension / new award be made for 2018 with a long term view to tender Devon Children's centres and PHN together .                                                                             | Yes | Yes | Yes |
|                                          | Virgin care to continue to provide the quality service.                                                                                                                                                                                                                                                                                                                                                                                         | Yes | 0   | Yes |
| Member of public without children (0-19) | By not changing anything.                                                                                                                                                                                                                                                                                                                                                                                                                       | 0   | 0   | Yes |
|                                          | By not giving it to the bastard council                                                                                                                                                                                                                                                                                                                                                                                                         | 0   | 0   | Yes |
|                                          | Continue with Virgin Care                                                                                                                                                                                                                                                                                                                                                                                                                       | 0   | Yes | 0   |
|                                          | Ensure expectations about higher standards of service delivery and monitor in house and other agencies more stringently to ensure are achieving desired standards. Develop "SMART" objectives as measures but keep clear and simple. - e.g. incidence of teenage pregnancy, diabetes, mental health problems, use of drugs and alcohol, successful life chances at school, participation in physical and social activities at ages 8.12, and 16 | Yes | Yes | Yes |
|                                          | Ensure the service is available for the users and be totally honest with people.                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes |
|                                          | go for re-procurement with a longer term of 5-10yrs to allow new systems to bed down & become efficient & effective                                                                                                                                                                                                                                                                                                                             | Yes | Yes | Yes |
|                                          | Maintain the integrated service                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | 0   | Yes |
|                                          | Maintain the status quo, let Children's services be delivered as one service for all families.                                                                                                                                                                                                                                                                                                                                                  | 0   | Yes | Yes |
|                                          | Return the service to direct local public funding                                                                                                                                                                                                                                                                                                                                                                                               | 0   | 0   | Yes |
|                                          | Take option 1 or 2                                                                                                                                                                                                                                                                                                                                                                                                                              | 0   | 0   | Yes |

## Respondents

### Q8. Which of the following best describes you?

|                                                      | Count | %    |
|------------------------------------------------------|-------|------|
| <b>Children, Young People, and Families Alliance</b> | 9     | 3%   |
| <b>Devon Safeguarding Children's Board</b>           | 0     | 0%   |
| <b>School or educational</b>                         | 20    | 6%   |
| <b>Public Health Nursing</b>                         | 134   | 37%  |
| <b>Health professional</b>                           | 55    | 15%  |
| <b>Local Government</b>                              | 2     | 1%   |
| <b>Clinical Commissioning Group</b>                  | 3     | 1%   |
| <b>NHS England</b>                                   | 1     | 0%   |
| <b>Healthwatch Devon</b>                             | 0     | 0%   |
| <b>Local Community or Voluntary Group</b>            | 1     | 0%   |
| <b>Member of public with children (0-19)</b>         | 99    | 28%  |
| <b>Member of public without children (0-19)</b>      | 30    | 8%   |
| <b>Other children's provider</b>                     | 6     | 2%   |
| <b>Other</b>                                         | 0     | 0%   |
| <b>Total</b>                                         | 360   | 100% |

### Q9 Postcode

Based on postcode we can see a spread of responses across the County, though unable to identify exact location of over 50 respondents out of 129 members of public responses, which may account from not identifying any in West Devon.

|                                     | Count | %    |
|-------------------------------------|-------|------|
| <b>East Devon</b>                   | 10    | 8%   |
| <b>Exeter</b>                       | 7     | 5%   |
| <b>North Devon</b>                  | 16    | 12%  |
| <b>Plymouth</b>                     | 1     | 1%   |
| <b>South Hams</b>                   | 6     | 5%   |
| <b>Teignbridge</b>                  | 12    | 9%   |
| <b>Torrige</b>                      | 21    | 16%  |
| <b>Blank</b>                        | 16    | 12%  |
| <b>Not Recognised/Out of County</b> | 40    | 31%  |
| <b>Total</b>                        | 129   | 100% |

| <b>Age-band</b>      |                    |                                   |                   |                         |                   |
|----------------------|--------------------|-----------------------------------|-------------------|-------------------------|-------------------|
|                      |                    | <b>Public/Non-Public Response</b> |                   |                         |                   |
|                      |                    | <b>Organisational</b>             |                   | <b>Member of public</b> |                   |
|                      |                    | <b>Count</b>                      | <b>Column N %</b> | <b>Count</b>            | <b>Column N %</b> |
| <b>Q10. Age-band</b> | <b>Under 20</b>    | 3                                 | 2%                | 1                       | 1%                |
|                      | <b>20 to 44</b>    | 66                                | 34%               | 71                      | 56%               |
|                      | <b>45 to 64</b>    | 122                               | 63%               | 51                      | 40%               |
|                      | <b>65 and over</b> | 3                                 | 2%                | 4                       | 3%                |
|                      | <b>Total</b>       | 194                               | 100%              | 127                     | 100%              |

| <b>Gender</b>      |               |                                   |                   |                         |                   |
|--------------------|---------------|-----------------------------------|-------------------|-------------------------|-------------------|
|                    |               | <b>Public/Non-Public Response</b> |                   |                         |                   |
|                    |               | <b>Organisational</b>             |                   | <b>Member of public</b> |                   |
|                    |               | <b>Count</b>                      | <b>Column N %</b> | <b>Count</b>            | <b>Column N %</b> |
| <b>Q11. Gender</b> | <b>Female</b> | 179                               | 87%               | 97                      | 77%               |
|                    | <b>Male</b>   | 25                                | 12%               | 29                      | 23%               |
|                    | <b>Other</b>  | 1                                 | 0%                | 0                       | 0%                |
|                    | <b>Total</b>  | 205                               | 100%              | 126                     | 100%              |

| <b>Long-term illness/disability</b>      |              |                                   |                   |                         |                   |
|------------------------------------------|--------------|-----------------------------------|-------------------|-------------------------|-------------------|
|                                          |              | <b>Public/Non-Public Response</b> |                   |                         |                   |
|                                          |              | <b>Organisational</b>             |                   | <b>Member of public</b> |                   |
|                                          |              | <b>Count</b>                      | <b>Column N %</b> | <b>Count</b>            | <b>Column N %</b> |
| <b>Q12. Long-term illness/disability</b> | <b>Yes</b>   | 8                                 | 4%                | 6                       | 5%                |
|                                          | <b>No</b>    | 193                               | 96%               | 121                     | 95%               |
|                                          | <b>Total</b> | 201                               | 100%              | 127                     | 100%              |

## Appendix B - Questionnaire content

### Public Health Nursing

This consultation is considering the options for delivery of 0-19 Public Health Nursing (PHN) by Devon County Council (DCC), in relation to Integrated Children's Services, as we have to renew our contract. We are seeking to continue using the current National Specification for Public Health Nursing Services 0-19 for delivery, so there should be little, if any, change to the service the public receive. We are looking at different options of delivery and welcome views on these. Public Health Nursing is current delivered by Virgin Care Limited.

Before completing the questionnaire, please read the background papers

If you or someone you know needs more information or a different format phone 0845 155 1015, email [customer@devon.gov.uk](mailto:customer@devon.gov.uk) text 80011 (start your message with the word Devon), textphone 0845 155 1020

#### 1. From the proposed options, which do you agree or disagree with?

Option 1 – 12 month interim contract  
Option 2 – Independent procurement  
Option 3 – Transfer 0-19 Public Health Nursing to Devon County Council

Agree/Disagree/Not sure

#### 2. If you disagree with all of the options, what alternative do you suggest?

#### 3. Which is your preferred option?

Option 1 – 12 month interim contract  
Option 2 – Independent procurement  
Option 3 – Transfer 0-19 Public Health Nursing to Devon County Council  
Any of these  
None of these

#### 4. If you selected 'None of these', what alternative would you suggest?

#### 5. Would the proposed options impact on you?

Option 1 – 12 month interim contract  
Option 2 – Independent procurement  
Option 3 – Transfer 0-19 Public Health Nursing to Devon County Council

Yes/No/Not sure

#### 6. If 'Yes', what impact would the proposed options have on you?

#### 7. How could we reduce the impact?

#### 8. Which of the following best describes you?

|                                               |                                          |
|-----------------------------------------------|------------------------------------------|
| Children, Young People, and Families Alliance | NHS England                              |
| Devon Safeguarding Children's Board           | Healthwatch Devon                        |
| School or educational                         | Local Community or Voluntary Group       |
| Public Health Nursing                         | Member of public with children (0-19)    |
| Health professional                           | Member of public without children (0-19) |
| Local Government                              | Other children's provider                |
| Clinical Commissioning Group                  | Other (please specify):                  |

#### 9. Please tell us your postcode so we can see which areas of Devon have responded

If you are not representing an organisation, please tell us a bit about yourself to help us see the range of people responding

#### 10. Which age-band are you in?

Under 20

20 to 44  
45 to 64  
65 and over

**11. What is your gender?**

Female  
Male  
Other

**12. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

Yes  
No



## **Appendix C**

### **NEW Devon's CCG's Response** (received via survey Q6)

Thank you for the invitation to comment on your Consultation: Public Health Nursing. In addition to completing the on-line survey, the CCG wishes to provide additional comment on the proposals outlined in the Consultation.

Having invited our Governing Body to review the on-line documentation, we have the following observations set out under four headings; general comment; strategic alignment and partnerships; service delivery and efficiencies and workforce and professional practice. We hope you find our observations helpful in your decision-making process.

In summary, NEW Devon's CCG's preferred option is for Devon County Council to award a one year interim contract and work with partners toward a longer-term procurement where it is still possible to contract for public health nursing separately, but within the context of a system wide strategy to support integrated provision of services by multiple providers. The reduction in the public health budget is understood and therefore this option would require partner organisations to support DCC in negotiating a contract that is within the budget. This option would also enable the unquantified risks of disaggregating the current contract to be fully assessed and mitigated in a controlled and managed process.

#### **General Comment**

Having reviewed all of the documentation on the website we have the following comments.

The scoring on the impact analysis and risk matrix is fairly limited in terms of information available to take a view on the consultation process and form a view of the preferred option. The only information that is available that can give a view is the impact assessment which seems reasonably thorough but appears weighted to going out to procurement sooner rather than later. The consultation documentation includes an equality impact assessment and also acknowledges limitation around clinical governance, professional leadership and significant set up costs but does not appear to consider impact on staff. The risk matrix classification of violet (24-30) and red (15-20) seems excessive with the mention of "multiple fatalities being expected". We also consider that there is a risk with the change of service leadership and delivery which is not aligned with other stakeholders.

#### **Strategic Alignment and Partnerships**

The impact assessment (page 7) states that:

"It is stressed that integrated delivery and integrated commissioning are not co-dependent; integrated delivery of services can be achieved through service arrangements, information sharing processes and protocols and contract levers independent of the commissioning and procurement model."

Whilst we find this a valid statement, it is has also been understood by partners during the pre-procurement planning phase that the means for achieving integrated delivery of services in our local system are not currently evident or are variable in their effectiveness. This in turn, impacts on integrated delivery both between those services within the Integrated Children's Services Contract and those outside such as paediatric services and primary care.

For this reason and as the impact assessment document states, "The CCGs, in partnership with the other commissioning partners across the wider Devon footprint, intend to set out the strategic ambition for the system and how the procurement will enable this to be achieved. Development over the next 6 months of the Sustainability and Transformation Plan priority on children's services, alignment with the Sustainable Transformation Plan (STP), Acute Hospital

Services Review and mental health programmes, the reconfiguration of the Children's Partnership arrangements in Devon and development of an integrated children's delivery plan should provide the strategic context for the re-procurement. The local Clinical Commissioning Groups (CCG) have therefore proposed a one-year interim contract for 2018/19 with a revised re-procurement timetable for services from April 2019."

Having accepted this as the current position of our health, care and education system, it would seem inconsistent that integrated delivery could still be achieved between public health nursing and related services independently through such service arrangements. In the light of the recently renewed approach and energy to joint working arrangements and a multi-agency approach to delivering service change and the implementation of the 2017/18 delivery plan, it would be preferable to have seen a greater emphasis on the need for alignment between partners and to the work under way to enhance co-ordination.

And to summarise the point further Page 12 of the impact assessment states that:

*"Withdrawing from joint commissioning and pooled funding arrangements may impact on the other commissioning partners and their ability to provide the services they are responsible for as a consequence of reduced flexibility and economies of scale."*

The potential risks and consequences for either delivery of children's services or financial impact on partner agencies does not appear to have been fully considered in the document to inform the option appraisal. In addition, we believe that the substantial time and cost involved in the process of procuring independently i.e. disaggregating the current contractual arrangements, is not well reflected or impact assessed in the consultation documentation.

Taking the above into account the view of the CCG is that strategic alignment of partners is best achieved through all partners acting together and this would be Option 1 – Interim one-year contract. The potential opportunities available through Option 1 may not have been fully considered at this stage and equally the potential risks to services and partners of the alternative options, has not yet been fully assessed.

### **Service Delivery and Efficiencies**

The impact assessment (page 6 Impact Assessment), includes the following statement:

*"Public Health is compromised in its ability to participate in an interim one year contract because of the deferred cost savings that must be implemented to the Public Health budget to achieve sustainable balance. However, this option could be achieved either through negotiation with the current provider for reduced financial value (with possible consequential service loss which would require consultation as a result of service change)"*

This statement suggests that DCC could not achieve its financial objective without there being a detrimental effect on service delivery through option 1. However, the service efficiencies that have been achieved through the current contract are described in the preceding paragraphs over pages 4 and 5 of the impact assessment. As the interim contract will be a new contract rather than an extension of the current contract then savings opportunities will be available to be negotiated in within an interim contract.

Additionally the statement that to seek to achieve this with the current provider may result in service loss that would require consultation is in contradiction to the statement on page 4 that

*"Despite this reduction (of £1 - £2m in available budget), it is anticipated that there will be little detriment to the delivery of Public Health Nursing" Services" and that "there would be no anticipated change to the service to children, young people and their families, regardless of the commissioning arrangements for procuring the service at the end of the current contract." (page 2)*

In our view, the advantages listed under option 2 (page 9) could be achieved through all three options described in the consultation document whereas the current assessments suggest that these can only be achieved through option 2.


### **Workforce and Professional Practice**

The implications for DCC as an organisation in becoming responsible for providing a health service are listed under option 3 disadvantages. However, this does not fully consider the impact on the current workforce of transfer of employment, working for a local authority or how this might impact on the ability to recruit, retain and provide for the professional development of this nursing workforce. Equally the separation of this professional staff group from other professionals in the current service provider that would be the result of option 2 and option 3 is not fully assessed or described. In turn the potential risk to sustaining delivery as a result of the impact on the public health nursing workforce is not fully considered aside from the ability to enhance integrated service delivery with other key services for children and young people.

Our preferred option is Option 1 – Interim one-year contract. We feel that this option, delivered in the context of the wider strategic ambition of the STP, would allow for a clearer, paced transition for the service, the staff and the children and families they support. This transition should reduce the risk of service fragmentation and compromised experience of service use.

**NEW Devon's CCG's Response** (received via email)



  
**Northern, Eastern and Western Devon  
Clinical Commissioning Group**

Devon County Council  
County Hall  
Topsham Road  
Exeter, EX2 4QL

Our Ref: TB/JFZ (CD)

21 February 2017

Via email: [customer@devon.gov.uk](mailto:customer@devon.gov.uk)

Dear Sirs,

**Response to Devon County Council regarding Public Health Nursing  
Consultation**

Thank you for the invitation to comment on your Consultation: Public Health Nursing. In addition to completing the on-line survey, the CCG wishes to provide additional comment on the proposals outlined in the Consultation.

We have invited our Governing Body to review the on-line documentation which has resulted in the following observations set out under four headings; general comment; strategic alignment and partnerships; service delivery and efficiencies and workforce and professional practice.

Overall, our preferred option is Option 1 – Interim one-year contract. We feel that this option, delivered in the context of the wider strategic ambition of the STP, would allow for a clearer, paced transition for the service, the staff and the children and families they support. This transition should reduce the risk of service fragmentation and compromised experience of service users. The CCG wishes to work collaboratively with DCC to ensure that the benefits of Option 1 can be realised.

Chair: Dr Tim Burke  
Chief Officer: Janet Fitzgerald

Newcourt House, Old Rydon Lane, Exeter, EX2 7JQ  
Tel. 01392 205205  
[www.newdevonccg.nhs.uk](http://www.newdevonccg.nhs.uk)

## General Comment

Having reviewed all of the documentation on the website we have the following comments.

The scoring on the impact analysis and risk matrix is fairly limited in terms of information available to take a view on the consultation process and form a view of the preferred option. The only information that is available that can give a view is the impact assessment which seems reasonably thorough but appears weighted to going out to procurement sooner rather than later. The consultation documentation includes an equality impact assessment and also acknowledges limitation around clinical governance, professional leadership and significant set up costs but does not appear to consider impact on staff. The risk matrix classification of violet (24-30) and red (15-20) seems excessive with the mention of "multiple fatalities being expected". We also consider that there is a risk with the change of service leadership and delivery which is not aligned with other stakeholders. We believe that we could overcome these risks if we were to support Option 1 which would ensure collaborative working and greater alignment of strategic direction which would also enable aligned delivery within the STP work programme for children and young people.

## Strategic Alignment and Partnerships

The impact assessment (page 7) states that:

*"It is stressed that integrated delivery and integrated commissioning are not co-dependent; integrated delivery of services can be achieved through service arrangements, information sharing processes and protocols and contract levers independent of the commissioning and procurement model."*

Whilst we find this a valid statement, it has also been understood by partners during the pre-procurement planning phase that the means for achieving integrated delivery of services in our local system are not currently evident or are variable in their effectiveness. This in turn, impacts on integrated delivery both between those services within the Integrated Children's Services Contract and those outside such as paediatric services and primary care.

For this reason and as the impact assessment document states, *"The CCGs, in partnership with the other commissioning partners across the wider Devon footprint, intend to set out the strategic ambition for the system and how the procurement will enable this to be achieved. Development over the next 6 months of the Sustainability and Transformation Plan priority on children's services, alignment with the Sustainable Transformation Plan (STP), Acute Hospital Services Review and mental health programmes, the reconfiguration of the Children's Partnership arrangements*

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Newcourt House, Old Rydon Lane, Exeter, EX2 7JQ  
Tel. 01392 205205  
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*in Devon and development of an integrated children's delivery plan should provide the strategic context for the re-procurement. The local Clinical Commissioning Groups (CCG) have therefore proposed a one-year interim contract for 2018/19 with a revised re-procurement timetable for services from April 2019."*

Having accepted this as the current position of our health, care and education system, it would seem inconsistent that integrated delivery could still be achieved between public health nursing and related services independently through such service arrangements. In the light of the recently renewed approach and energy to joint working arrangements and a multi-agency approach to delivering service change and the implementation of the 2017/18 delivery plan, we believe that it would be preferable for DCC and the CCGs to work collaboratively and in synchronisation to allow us to align delivery of services and enhance co-ordination.

Page 12 of the impact assessment states that:

*"Withdrawing from joint commissioning and pooled funding arrangements may impact on the other commissioning partners and their ability to provide the services they are responsible for as a consequence of reduced flexibility and economies of scale."*

The potential risks and consequences for either delivery of children's services or financial impact on partner agencies does not appear to have been fully considered in the document to inform the option appraisal. In addition we believe that the substantial time and cost involved in the process of procuring independently i.e. disaggregating the current contractual arrangements, is not well reflected or impact assessed in the consultation documentation.

Taking the above into account the view of the CCG is that strategic alignment of partners is best achieved through all partners acting together and this would be through supporting Option 1 – Interim one-year contract. We believe that there are potential opportunities available through Option 1 which may not have been fully considered at this stage and equally potential risks to services and partners of the alternative options which have not yet been fully assessed.

### **Service Delivery and Efficiencies**

The impact assessment (page 6 Impact Assessment), includes the following statement:

*"Public Health is compromised in its ability to participate in an interim one year contract because of the deferred cost savings that must be implemented to the Public Health budget to achieve sustainable balance. However, this option could be achieved either through negotiation with the current provider for reduced financial*

Chair: Dr Tim Burke  
Chief Officer: Janet Fitzgerald

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*value (with possible consequential service loss which would require consultation as a result of service change)'*

This statement suggests that DCC could not achieve its financial objective without there being a detrimental effect on service delivery through Option 1. However the service efficiencies that have been achieved through the current contract are described in the preceding paragraphs over pages 4 and 5 of the impact assessment. As the interim contract will be a new contract rather than an extension of the current contract then savings opportunities will be available to be negotiated in within an interim contract. The CCGs would support DCC in achieving their financial objectives working in partnership to ensure that all partners objectives are achieved.

Additionally the statement that to seek to achieve this with the current provider may result in service loss that would require consultation is in contradiction to the statement on page 4 that

*"Despite this reduction (of £1 - £2m in available budget), it is anticipated that there will be little detriment to the delivery of Public Health Nursing" Services" and that "there would be no anticipated change to the service to children, young people and their families, regardless of the commissioning arrangements for procuring the service at the end of the current contract." (page 2)*

In our view, the advantages listed under option 2 (page 9) could be achieved through all three options described in the consultation document whereas the current assessments suggest that these can only be achieved through option 2.

#### **Workforce and Professional Practice**

The implications for DCC as an organisation in becoming responsible for providing a health service are listed under Option 3 disadvantages. However this does not fully consider the impact on the current workforce of transfer of employment, working for a local authority or how this might impact on the ability to recruit, retain and provide for the professional development of this nursing workforce. Equally the separation of this professional staff group from other professionals in the current service provider that would be the result of Option 2 and Option 3 is not fully assessed or described. In turn the potential risk to sustaining delivery as a result of the impact on the public health nursing workforce is not fully considered aside from the ability to enhance integrated service delivery with other key services for children and young people.

In summary, NEW Devon CCG's preferred option is for Devon County Council to award a one year interim contract and work with partners towards longer term procurement where it is still possible to contract for public health nursing separately, but within the context of a system wide strategy to support integrated provision of services by multiple providers. The reduction in the public health budget is

Chair: Dr Tim Burke  
Chief Officer: Janet Fitzgerald

Newcourt House, Old Rydon Lane, Exeter, EX2 7JQ  
Tel. 01392 205205  
[www.newdevonccg.nhs.uk](http://www.newdevonccg.nhs.uk)

understood and therefore this option would require partner organisations to support DCC in negotiating a contract that is within the budget. This option would also enable the unquantified risks of disaggregating the current contract to be fully assessed and mitigated in a controlled and managed process.

We hope you find our observations helpful in your decision-making process.

Yours sincerely



Janet Fitzgerald  
Chief Officer



Dr Tim Burke  
Chair

Chair: Dr Tim Burke  
Chief Officer: Janet Fitzgerald

Newcourt House, Old Rydon Lane, Exeter, EX2 7JQ  
Tel. 01392 205205  
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## South Devon and Torbay Clinical Commissioning Group

Interim option - this would provide strength in the continuation of joint commissioning arrangements and ability would support partners to negotiate a contract which would meet the holistic needs of children allowing an integrated delivery model to be procured. - long term option - risk of fragmentation of the integrated model of delivery as well as an unknown and potentially new provider entering the market. increase of set up costs, duplication of processes, confusion for families and referrers with different processes. Increased costs to other commissioners. - In-house - risk of fragmentation of the current model. Inexperienced provider of public health nursing, set up costs, duplication of processes, confusion for families and referrers, risk that universal and targeted workforce may be redirected to more specialist child protection and social work having wider impact on prevention. Increased costs to other commissioners.

Clear specification which is consulted with partners and pathways. Funding levels secured and maintained for agreed period.

Appendix D

Virgin Care Limited Response (received via email)

# **Virgin Care's response to Devon County Council's Consultation on the future of Public Health**

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## **Introduction**

Virgin Care is one of the largest independent sector providers of NHS and local authority health and care services in England, and one of the largest providers of Public Health Nursing services in England – currently delivering school nursing and health visiting services in Surrey, Devon and Wiltshire and due to begin delivery and improvement of public health nursing services in Bath and North East Somerset and across Essex from April 2017.

Virgin Care has provided the Devon Integrated Children's Service on behalf of NHS England, NHS Northern, Eastern and Western Devon Clinical Commissioning Group, NHS South Devon and Torbay Clinical Commissioning Group and Devon County Council since 2013 overseeing significant improvements to services, investment in technology and training and development for professionals, the introduction of a Single Point of Access for children's health and care services in Devon and the continual integration of services.

Virgin Care was commissioned to provide these services after extensive consultation with local people, service users and professionals about how they wanted the services to operate. Just five years ago, these groups gave a clear indication that they wanted an integrated children's service delivered by a single accountable provider.

This principle has underpinned the delivery and development of the Integrated Children's Services throughout that time and as we enter the final year of the current contract Virgin Care has continued to deliver improvements and further integration to improve the experience and outcomes for families, children and young people who rely on the services we provide.

As one of the largest providers of Public Health Nursing services in England, during the last four years Virgin Care has demonstrated that the integration of services has allowed Public Health Nursing services in Devon to deliver excellent performance and facilitated innovation and professional development opportunities which would not have been possible without close working with other health services.

It is our view that any decision on the future procurement of Public Health Nursing services must be considered in the context of the considerable impact of changes and potential disruption on children, families served not just on the Public Health Nursing services themselves, but also on the other services which are currently integrated with the Public Health Nursing service and which will remain part of Integrated Children's Services.

Virgin Care strongly believes that the separation of Public Health Nursing from the wider Integrated Children's Services would have a significant negative impact on families using the services, and in this response to Devon County

Council's consultation on the future of Public Health Nursing Services we have set out our reasons and evidence for this view.

It is our belief, based on our extensive experience over the last decade of delivering health and care services on behalf of the NHS and local authorities, that a single accountable provider model provides the best platform for services to be improved, for colleagues to have access to a full range of training and professional development and offers the best value for money for the taxpayer, as well as delivering the best possible outcome for service users.

## **About Public Health Nursing**

The Public Health Nursing Service leads and delivers the Department of Health Healthy Child Programme. This programme includes a range of core health and development reviews and provides the foundation for improving health outcomes for children and young people in Devon.

Priorities for health visitors working with 0 – 5 years include:

- transition to parenthood and support in the early weeks of life
- maternal mental health
- breastfeeding
- healthy weight and nutrition
- reducing hospital admissions
- supporting school readiness

For school nurses priorities are:

- building resilience and improving emotional health and wellbeing as highlighted in Future in Mind, working closely with schools, parents and local services
- keeping safe, managing risk and reducing harm – including child sexual abuse and exploitation
- healthy lifestyles – including reducing childhood obesity and increasing physical activity
- maximising achievement and learning – helping children to realise their potential and reducing inequalities
- supporting additional health needs – supporting Special Educational Needs and Disability (SEND) reforms
- transition and preparing for adulthood

The service provides support and referral to other agencies for specific concerns such as: postnatal depression, domestic abuse, child behavioural difficulties, and where needs are more complex the Public Health Nursing team will work with other agencies and organisations to provide the appropriate multi-agency response.

- Public Health Nursing is CQC-registered activity and is subject to CQC inspections and requires a competent, knowledgeable CQC registered manager with experience of delivering health services and Public Health Nursing services to oversee the service and ensure compliance with regulations.
- The Public Health Nursing Team are highly skilled in the assessment of health needs with a focus on improving health outcomes. 70% of the workforce in Devon's Public Health Nursing Service are Registered Nurses or Midwives with an additional specialist community Public

Health Nursing qualification and require a wide-ranging and supportive network of health professionals to support compulsory Continuous Professional Development and revalidation.

- The other 30% are non-registered clinicians who are experienced practitioners (Nursery nurses & NVQ level 4 health and social care) with skills in developmental assessment and parenting support.
- The Public Health Nursing service works very closely with other health services, delivering its core services from GP services, children's centres, education bases and from acute trusts in the community.

## Performance as part of the Integrated Services

### Health Visiting Core Offer

As part of Devon Integrated Children's Services, Devon's Public Health Nursing has been consistently highly performing against national benchmarks.

There are five nationally-mandated health visiting contacts which the Public Health Nursing service delivers as part of its Universal service:

- Antenatal
- New Birth Visit (by 14 days after birth)
- Maternal Mental Health Review (6-8 weeks after birth)
- 1 Year review (12 months after birth)
- 2.5 Year Review (30 months after birth)

The latest publically available data demonstrates the Devon Integrated Children's Services Public Health Nursing Service has performed consistently well in delivering these five core contacts.

Despite its considerably larger size, higher number of births per year and the more complex geography faced by the Devon service, performance is consistently above national figures, South West figures and the performance of the Public Health Nursing service in Swindon, which we understand is the only service provided 'in house' by the local authority rather than integrated with health services.

| Q2 2016                    | Devon                            | Swindon                     | England | South West |
|----------------------------|----------------------------------|-----------------------------|---------|------------|
| New Birth Visit by 14 days | 88.6%<br>(7153 live births/year) | 80.9%<br>(2923 births/year) | 88.5%   | 78.8%      |
| 1 year review              | 83.8%                            | 73.7%                       | 75.3%   | 74.1%      |
| Review by 15 months        | 90.9%                            | 77.9%                       | 82.5%   | 79.7%      |
| 2.5 year review            | 82.2%                            | 72.4%                       | 78.1%   | 74.8%      |



### **School Nurse Core Offer**

Over the last four years, the Public Health Nurse service has worked closely with its commissioners and with the Integrated Children's Services to develop a School Nurse 'core offer' which focuses on early assessment, prevention and working with health services to improve outcomes, supported by a range of targeted Key Performance Indicators.

The result of this focus is:

- Partnership agreements are in place with schools to jointly focus on improving the health of the school population
- Improved support for medical conditions in schools – Public Health Nurses have been able to work with colleagues from across Integrated Children's Services, especially the Children's Community Nursing team, to deliver training and education for school staff and to better support individual health plans.
- The introduction of improved early help services for emotional health and wellbeing – School nurses are able to easily access support from other Integrated Children's Services such as the Child and Adolescent Mental Health Service and the EH4MH service which Devon County Council commissioned Virgin Care to deliver in schools in 2015.
- Delivery of 98% coverage for reception-age and Year 6 age pupils for the National Child Measurement Programme recording height and weight
- A significantly lower than average number of children classified as obese (15.3% in Devon versus 19.1% nationally) – made possible by close integration between Public Health Nursing and the wider Integrated Children's Services.

### **Early Help**

The Public Health Nursing service provides the safety net for all families in Devon through its delivery of early assessment and prevention services. The statistics below provide examples of the range and extent of the early help offer

- Under 5's - 7200 in each year group
- Q3 2016/17 - 8820 families attended child health clinics
- Breastfeeding rates – Acknowledged as a key public health outcome (44.4% national average at 6 – 8 weeks)
  - Devon Q2 2016 – 54.4% breastfeeding at 6 – 8 weeks
  - Swindon Q2 2016 – 47.1% breastfeeding at 6 – 8 weeks

- Early help – Where PHN are the lead professional (Not always recorded on Early Help systems). Q3: KPI reporting demonstrates that additional support was provided to:
  - 25% of families at 6 – 8 week contacts, 30% at one year review and 20% at 2 year review.

Effective delivery of this requires close working between Public Health Nursing with other Integrated Children’s Services as well as with other health partners including midwives, mental health services, children’s centres, schools and early years settings such as nurseries.

The service also works very closely, where necessary, with adult health and social care services and housing support services delivered by Devon County Council as well as with domestic abuse services and Citizens Advice Bureau among others.

### **Safeguarding**

The Devon Safeguarding Children Board Annual Report 2015/16 reported consistently good attendance by Integrated Children’s Services Health Visitors and School Nurses at early help and safeguarding meetings.

The Integrated Children’s Services teams already work very closely with social care services provided by Devon County Council in order to support safeguarding concerns.

As part of the integrated service, the Public Health Nursing colleagues are able to provide a far more broad contribution to these meetings thanks to their close working with other health services who provide other services to the same families.

In quarter 3 of 2016 health visitors and school nurses attended the following:

| Attendance at meetings | Team Around the Child Meetings | Initial CP conference | CP review | Core Groups | Child in Need |
|------------------------|--------------------------------|-----------------------|-----------|-------------|---------------|
| Health Visitor         | 196                            | 62                    | 126       | 325         | 230           |
| School Nurse           | 298                            | 39                    | 169       | 221         | 137           |

## **Achievements and Innovation**

As part of Integrated Children's Services, Public Health Nursing in Devon has benefited from significant investment and improvement which has improved the service for families.

We have worked closely to develop and improve our services in response to feedback from families, stakeholders and to deliver national priorities for Public Health Nursing.

Some examples include:

- Devon Health Visitors in Partnership. This delivers intensive support to improve outcomes for our most vulnerable families, and as a result of the expertise in delivering Public Health Nursing Services and Integrated Children's Services across England, Virgin Care was able to deliver this programme at zero additional cost to commissioners. There are currently 81 families on the programme, and all are showing more positive outcomes.
- Let's Talk More – early assessment and intervention for children with speech and language and communication problems aged 2 – 3 years. Working in partnership with Speech & Language, Children's centres, early years and families. This has resulted in an increase in earlier referrals to the specialist service, and evidence of impact shows that 72% of children have met age appropriate levels after 3 months of intervention.
- 0-5s Integrated Service in North Devon - In Northern the service for children under 5 is fully integrated which means that families have a named nursery nurse for the whole of their journey through the process, who undertakes part of the assessment and is there to co-ordinate their care. This is currently being rolled out across Eastern Devon.
- Bladder and bowel early assessment and intervention – Public Health Nursing service in Devon pioneered an idea to create films to help public health nurses, schools and parents to easily learn and understand bladder and bowel issues in children and young people they support.
- Sepsis awareness at key contacts – We delivered training for colleagues to help improve and raise awareness of Sepsis among Devon's parents by offering knowledge, leaflets and advice when visiting parents at new birth, one year and two year reviews to help

them understand what to do if their babies show signs of Sepsis.

- Specialist breastfeeding clinics in partnership with local pharmacies – specialist health visitors have been delivering advice and support to breastfeeding in Mums at clinics in a local pharmacy in Exeter, making support more accessible
- Introduction of new technology and digitisation of records – public health nurses are able to access records via mobile technology reducing the amount of travel time, increasing efficiency and therefore providing more face to face client time with children and families

*Case studies providing more detail on some of these projects which have been delivered as part of Integrated Children's Services are included in the appendix of this response.*

## **Delivering a safe and effective Public Health Nursing service**

Being part of Integrated Children's Services and part of Virgin Care gives public health nurses access to a wider range of health professionals, national networks, clinical supervision and training necessary to deliver a safe and effective service.

This network also includes robust Governance frameworks and Communities of Practice for challenge and assurance. This enables the delivery of the robust clinical governance framework that is necessary to support safe and high quality practice which includes clinical supervision, nursing re-validation and continuing professional development. The core components of the required framework are summarised in the table below.



The Framework above allows for specialist review against National and Commissioner led standards and frameworks. For example, the PHN lead for medicine attends the Business Unit Medicine meeting that feeds into the National Virgin Care meeting chaired by the Lead Pharmacist and attended by all 10 medicines leads across the country. This is mirrored by the infection control PHN lead who attends the Devon meeting that reports to the Infection Prevention and Control meeting for Virgin Care that is chaired by the Director of Infection Prevention and Control (DIPC) which is a legal requirement for all providers of NHS Care.

Trained Nurses are legally required to maintain their registration with The Nursing Midwifery Council. This requires an annual self-assessment and fee payable by the Nurse. They are also required to prepare and submit on request a portfolio that is signed by a Confirmer who needs to also be a Registered Nurse

To be compliant the Nurse seeking Revalidation must have a reflective discussion with her Confirmer and:

- Produce 5 pieces of written reflective accounts
- Produce 5 pieces of practice related feedback
- Undertake 35 hours of Continuous Professional Development of which 20 hours must be participatory

Under the Health and Social Care Act all providers of health care have a legal duty to co-operate in improving outcomes for the population .The Governance framework provides the challenge and assurance to drive and deliver this

through the PHN service using the expertise and specialist knowledge available through integrated working.

## **The Added value of being Integrated Children's Services**

Integrated Children's Services was procured as a single entity because Children and families told commissioners in 2013 that this was what worked well for them and made it easier to use and access the services.

As a result of being an integrated service overseen by a single accountable provider, we have been able to develop clinical pathways which support early help and joined up responses for children and young people taking into account their wider health needs.

Examples include:

- Under 5s pathway delivering an integrated assessment to children and families at home. A Specialist Nursery Nurse is allocated to the family who as well as undertaking an assessment can start to work with the child and family on what concerns them i.e. behaviour, sleep etc. at the point of assessment.  
Home visiting also means families have more choice when they are seen.
- Let's talk more involves joint working between Public Health Nursing, Children's Centre Services, Early Years Network and Speech and language therapy delivering early identification and support for speech and language difficulties. This has resulted in increased awareness and understanding regarding the development of speech and language across the community, more appropriate referrals, earlier support for identified children. 72% of children involved in the programme have reached their development milestones after 3 months of intervention.
- Early Help for Mental Health delivering training, consultation and supervision into schools to enable school staff to effectively support children and young people in their care. Joint work between this service, CAMHS and school nurses has led to improved practitioner confidence in discussing mental health needs routinely within all contacts with children, young people and families, improved identification and support of mental health needs, school nurses being able to demonstrate outcomes associated with support offered within this pathway and more appropriate referrals being made to CAMHS

### **A wider, comprehensive professional network**

Being part of an integrated service has also enabled Virgin Care to develop the clinical systems Public Health Nursing uses. We have designed our systems around the 'Child Health Information System' (the core health database for all children in Devon. This ensures children are picked up as they transfer in and out of the service and risk issues such as Child at Risk

Alerts, A&E attendances and safeguarding and child in care status can be held centrally and just updated once.

Economies of scale by being part of a larger health provider have also enabled ICS to provide a high quality, robust clinical infrastructure which supports the Public Health Nursing workforce to develop professionally, maintain their registration and complete revalidation. This has included provision of relevant training and continuing professional development support from health professionals in Integrated Children's Services and from Virgin Care's wider Public Health Nursing networks. Latest reports show 98% of staff in Devon Integrated Children's Services have had an appraisal and 87% are up to date with statutory and mandatory training.

### **Improved access for families and investment in IT**

As a result of being part of Integrated Children's Services, we've been able to introduce new IT systems, the Devon Single Point of Access for Children's Services, and enabled easier sharing of information with other health partners and with GPs and maternity services. For example, historically Child at Risk Alerts (CARA) were only shared with Public Health Nursing. However through our integrated SPA we have developed systems to share these with all professionals working with the child. This information has been used to reprioritise those who are waiting, alter treatment plans or change a multi-agency plan for a child, young person or their family.

### **Reducing waiting times and offering more support**

A holistic, service-user focused approach to children's services made possible by Public Health Nursing and the other services which are delivered as part of Integrated Children's Services being kept together as a single entity has also allowed significant progress in developing services and resolving longstanding issues such as long waiting times.

Families see the services as a package of support from the NHS and local government rather than a range of contribution from individual services and this approach to deliver has allowed a focus on improving services to these families.

The fragmentation and potential absorption of elements of the Integrated Children's Services on an individual basis into larger organisations could mean that this focus on delivering the best outcome for families together is lost and historic challenges – such as long waiting times – develop once again.

### **Continued close work with other partners**

We acknowledge that as well as interfacing with other Integrated Children's Services and other health providers, Public Health Nursing already interacts and works closely with Social Care.



Strong partnership working has evolved over the last four years to facilitate this effective joint working for the benefit of families.

There is no evidence to suggest that Public Health Nursing and Social Care would work more effectively together to achieve positive outcomes if both were provided by Devon County Council as joint working is already in place.

By being part of Integrated Children's Services, Public Health Nursing is able to provide a greater input into this joint working without needing to involve a variety of other professionals from individual health services.

Through the single point of access, and as part of Integrated Children's Services, this effective joint working will continue to improve including improvements to the early help interface, CARA alerts and MARAC processes.

## **Risks**

The reorganisation and separation of services from a larger entity as proposed by option 3 and potentially option 2 presents a number of risks which Virgin Care believes should be considered before a decision is made to bring services in-house to Devon County Council for the first time.

These risks are both financial, causing additional cost for taxpayers, as well as clinical – presenting potential risks to the ongoing safe delivery of Public Health Nursing services and to the wider Integrated Children’s Services.

## **Legal**

The value of the Public Health Nursing service is above the threshold under the Public Contracts Regulations 2015 (“PCR”), and so Devon County Council would be required to issue either a contract notice or a Prior Information Notice (PIN) with all of the associated obligations regardless of the option chosen for the future of the service.

If Devon County Council were to fail to issue this notice, or confirm its intentions to move the service in-house, it would be at risk of a claim against it on the grounds of ineffectiveness under Reg. 99(20) PCR, to set aside the decision and/or for damages.

On the contrary, a decision to extend the current contract minimises the procurement risk as Devon County Council could utilise the exemption under Reg 71(1)(b) PCR to validly extend the existing contract, provided economic or technical reasons can be established why a caretaker provider for one year would not be possible.

## **Information Technology**

Virgin Care, as the current provider, has made significant investment in information technology, to enable more effective sharing of records and enable public health nurses to have access to records on the move and this has been made possible by the scale of the Integrated Children’s Services allowing effective sharing of investment and cost.

There will likely be additional costs associated with any change to disaggregate the Public Health Nursing services, including but not limited to:

- The move and/or acquirement of the relevant clinical systems (e.g. CarePlus, TotalMobile & DartKW EDM). Following a disaggregation of Public Health Nursing costs of these platforms would likely increase as there would need to be a renegotiation of scale agreements that are currently held nationally by Virgin Care with suppliers.

- The cost of purchasing relevant hardware (Tablet Computers, Smartphones, Desktop PCs and Laptops) and the associated costs for monthly fees, mobile device management systems, licencing of software and so on which, if disaggregated from a larger provider of health services, are likely to increase in cost for Public Health Nursing.
- The provision of infrastructure across approximately 35 sites, providing colleagues with the required network and/or WiFi connectivity to allow access to clinical systems and services. For example, DartKW EDM and access to patient records is funded by NHS CCGs and Devon County Council, but additional connectivity would be required by a new stand-alone provider of the Public Health Nursing Services to allow safe and reliable access to patient records and therefore presents a challenge to the ongoing safe provision of services.
- Any standalone provider of Public Health Nursing Services would need to provide a small BAU team consisting of 1st line support, 2nd line support, training & management, who would be required to deal with the general day-to-day upkeep and maintenance of the systems and services (e.g. new starters, leavers, user account management, password resets, implementing new software version releases, training requirements associated with new functionality introduced by changes/upgrades etc.).
- The current sharing and exchange of patient information between clinical systems and the interfaces for the electronic sharing of the information are bespoke platforms developed and owned by Virgin Care and only possible as a result of the services being provided by a single Data Controller. Any separate provider of the services would need to put Information Sharing Agreements in place, requiring patient consent for information sharing as well as developing or purchasing software facilities for the sharing.
- The provision and maintenance of the existing clinical systems during any transition/cutover period, in order to preserve the quality of care & patient safety during throughout any change of provider.
- The Return on investment (ROI) in technology to facilitate a split of the Public Health Nursing service needs to be considered carefully, as significant investment would be required in order to simply continue providing the service at the same level.

## **Financial**

- The nature of disaggregation will result in stranded costs for incumbent (which will impact commissioners) and duplication of costs for the Council (option 3) or a potential additional provider (option 2). The costs will be non-recurrent and recurrent in nature. They will cover indirect costs e.g. clinical governance functions as well as overheads e.g. estates, IM&T including clinical systems. For example, the estimate of the non-recurrent costs for IT is in the region of £700,000.
- Double procurement costs arising from separate DCC and NHS processes
- Time and cost to the public budget to disengage from an integrated service and to establish the clinical governance infrastructure that is required to ensure that a safe service is provided in a non-health provider organisation including
  - Named doctor and nurse roles
  - Medicines management and infection control frameworks
  - Incident reporting systems
  - Clinical governance infrastructure
  - CQC registration requirements
  - Clinical negligence insurance cover

## **Workforce**

The professional workforce we employ to deliver Public Health Nursing in Devon will be significantly impacted by the disaggregation of the service.

Our most recent 'Have Your Say' colleague survey results showed that Public Health Nursing colleagues felt well engaged and supported in their roles as part of the integrated service. Significant change will inevitably impact on morale and potentially delay innovation and development of initiatives which will improve the service for families.

## **Recruitment**

Nationally, NHS services also face considerable issues with recruitment and retention and the provision of high quality supervision, access to other specialist areas of health and progression for colleagues in the Public Health Nursing service have been an integral part of Virgin Care's ability to recruit successfully over the last 4 years in Public Health Nursing.

Virgin Care successfully recruited to *Call to Action* targets and the service is currently provided by a stable but aging workforce with advanced succession and development plans in place to cover retirements of various members of the team over the coming years.

We know from feedback from recruits that Virgin Care's employer brand along with our published KPI performance and our track record of innovation (Sepsis, Lloyds pharmacy, Devon Health Visiting in Partnership) is giving us a good choice of candidates to select from.

An ability to demonstrate innovative practice and good performance in the provision of health services will be necessary for successful recruitment for any future provider.

### ***Hosting Students***

Virgin Care's track record in hosting students through their Public Health Nursing or School Nursing qualification with robust placements and proactive practice tutors is strong.

We have strong links with universities through The Learning Enterprise, our training arm, including a Foundation Nursing Degree accredited by Derby University.

The ability to offer student placement, preceptorship opportunities and mentoring is critical to maintain in order to secure the ongoing provision of Public Health Nursing in Devon.

The provider of Public Health Nursing would need to be able to deliver a robust way of providing this.

There are three practice tutors within the Public Health Nursing service who maintain a clinical caseload as well as overseeing the mentoring and preceptorships. The posts benefit from the support of a wider clinical workforce and the experience of Virgin Care's The Learning Enterprise – one of just 20 Quality Mark accredited education providers in health and care in England.

### ***Internal Development Programmes***

Virgin Care also offers an internal development programme from Management Foundation to Executive level. The Public Health Nurses can access this programme, offering them the opportunity for learning and networking both across Devon Integrated Children's Services and Virgin Care's health and care services nationally, including other Public Health Nursing services.

### ***Pensions and benefits***

The Public Health Nursing workforce will be very concerned to ensure they remain in the NHS Pension scheme and this would need to be protected as part of the TUPE arrangements for any new provider.

In addition, the ability to offer the NHS Pension Scheme on an ongoing basis for newly recruited Public Health Nurses would need to be an essential part of any future provider's offer in order to successfully recruit to vacant posts.

The NHS Pension Scheme is only open to NHS providers, and any new non-NHS provider (such as Devon County Council) would need to apply for, and be granted, NHS Direction Status in order to offer the pension.

If the application for Direction Status is not approved, the service is likely to suffer significant issues with recruitment. The alternative of offering Local Government Pension Scheme access could increase costs to the provider, and may not be as attractive to nurses looking to transfer from existing NHS providers.

### **Clinical**

There are clinical risks which must be mitigated effectively associated with any change to a clinical service.

In particular:

- Service fragmentation – clinical pathways developed within ICS may be fragmented by separation of PHN from the rest of ICS
- Disruption and additional costs to the service as resources are disentangled from ICS (option3). This could result in all development stopping as energy and resources are directed to this and would not be the case with option 1
- Loss of support systems and processes that are guidance based and assured against National Frameworks e.g. SIRI processes
- Loss of clinical expertise e.g. Director of Infection Prevention and Control
- Integrated supervision and support networks e.g. Learning Disability specialism and co-joined delivery with special schools for the Public Health Agenda

### **Service User Experience**

Children, families and stakeholders were clear that integrated services should be delivered through a single accountable provider when commissioners consulted with them prior to the award of the contract to Virgin Care.

Across ICS our Friends and Family Test shows that over the last 12 months nearly 96% of the 6000 respondents are extremely likely or likely to recommend our services. For PHN this figure is just over 96%.

In addition, it is highly likely that there will be a poor public perception and possibility of challenge about the added value of the decision to separate PHN from ICS, when the current integration of the service is performing well and delivering a service which people value.

### **Devon County Council Risk assessment**

We have reviewed the risk assessment included with the consultation papers. In our experience of delivering the Public Health Nursing services, as well as mobilising and demobilising large and complex services across England, we disagree and have some serious concerns with the risk scores associated with some key issues.

Virgin Care has been providing public health nursing services in Devon for four years and is demonstrating good performance; prior to the launch of this consultation Devon County Council assured us that there was no question of the quality of the current service, and have not raised concerns with us through the normal channels.

It is, therefore, difficult to understand how the option of extending the contract with the current provider (Option 1) can be considered to pose the highest risk to the ongoing safe provision of services – which must, in our view, always be at the forefront of decision making.

- Reputational risks are minimal for an extension, as Virgin Care can demonstrate good performance of the Public Health Nursing services over the last 4 years and at present.
- The risk of set up costs for an extension is minimal – contract extension and extension to premises agreements present some, limited, risk but as demonstrated elsewhere in this document option 3 and option 2 (if a different provider were successful) have set up costs far higher than we believe an extension would create.
- As described above Virgin Care has invested in enabling the Public Health Nursing service to innovate and deliver new ways of working through technology. This is expected to deliver savings and has been part of the work we have already been doing with commissioners in recognition of the reduction in the Public Health Grant in the future.

- Legal risks have been outlined above and it is our view that there are grounds for challenge in relation to option 3 under procurement regulations, and the exemptions available are able to facilitate option 1 at minimal risk. This is not reflected in the risk scoring.
- The risk assessment identifies a lack of market interest in Option 1 as significant. A potential outcome in this scenario could be a 12-month contract extension with Virgin Care, and the risk score allocated does not reflect this.
- The potential for information governance breaches increases with change of provider, and therefore risk is likely to be lower with option 1 as the risk is not increased beyond 'Business as Usual' today.
- Under environmental factors, the use of technology is scored equally for all options. As set out above, Virgin Care has invested significantly in providing public health nurses with technology that both enables access to records on the move and increases the amount of face to face time available. This should be reflected in a lower score for option 1. Much of this technology would need to be transferred, new licences agreed at potentially higher cost, and solutions put into place for those technology solutions which cannot transfer as they are part of the wider Integrated Children's Services.



## Conclusion

We strongly believe that separating the Public Health Nursing service from the Integrated Children's Services in Devon is not in the interests of children, young people and families in Devon and presents additional risk and cost to the taxpayer both for the ongoing provision of Public Health Nursing Services.

The service, as part of the Integrated Children's Service, is performing above the national average and continues to innovate and improve as a result of being part of 'something bigger' both in respect of Integrated Children's Services and as part of a large health and care provider.

The service is working well, as part of Integrated Children's Services, with all partners – including other Integrated Children's Services, other health services and social care services.

We do not believe that separating Public Health Nursing from the wider contract adds any value to the service which is being delivered to families across Devon, who only five years ago told commissioners they wanted the service delivered as part of an Integrated Children's Service, by a single accountable provider.

In addition, as the current provider and therefore a well-informed party we do not believe the risk assessment, which describes option 1 with the highest risk, is correct and this is of considerable concern as the document is in the public domain and underpins the consultation.

However, the separate commissioning of these services (option 2) does risk being both a material distraction from the delivery of improvements and an increase in costs, through a loss of economies of scale, for both the Public Health Nursing services and the other Integrated Children's Services.

As both the NHS and local authorities face financial challenges, Virgin Care and Integrated Children's Services already have significant work underway to adapt to a reduced budget while continuing to deliver constantly-improving services over the coming years.

This includes investment in technology to make the services more efficient, training and professional development for colleagues and – as a benefit of being part of an experienced health provider – the development, at zero cost, of programmes like Devon Health Visitors in Partnership which is improving outcomes for families in Devon and securing the best possible future for children and young people.

The value of easy access to a wide professional network of qualified health professionals is a very important part of providing effective services, and in

our discussions with colleagues as a result of this consultation, we know that the professionals working in the Public Health Nursing Service feel strongly that they are able to provide the best service to families as a result of being part of an experienced healthcare provider.

Many of these professionals have also responded to the consultation individually setting out their views, but as the current provider of the service we feel that the view of the qualified professionals delivering the services, as well as the views of the families who rely on the services, must be seriously considered as part of any decision on the future of Public Health Nursing services.

For the reasons and evidence set out in this response option 1 enables the opportunity for the benefits of integrated working to be continued for children, young people and their families. Contrary to the published risk assessment there are increased risks associated with the other options and in particular significant risks associated with option 3.

## Appendices

### **How we developed and implemented a new programme for our Health Visitors to improve outcomes for the most vulnerable families in Devon at zero additional cost to commissioners**

Our commissioners in Devon set us the challenge of developing and delivering an intensive, targeted health visiting programme for the most vulnerable families in the county which could improve outcomes, enable healthy pregnancies and improve children's health and development and give them the best chance for the future – at no additional cost.

Virgin Care's Public Health Nursing Team in Devon, led by Linda Murray, designed and developed the programme which was then trialled in a small area before being rolled out across Devon.

The Public Health Nursing Service in Devon, which Virgin Care run as part of our Devon Integrated Children's Services contract, work with and support families and their babies in the early stages of their life – including young, first time parents and more vulnerable mothers.

The Devon Health Visiting in Partnership (DHViP) programme supports these more vulnerable families with intensive support based on more regular visits and meetings with trained public health nurses.



For more information: <http://www.virginicare.co.uk/case-studies/pioneering-a-family-nurse-partnership-at-no-cost-to-ccg/>

## How we helped children and young people and educational staff understand continence issues through video

Virgin Care's Public Health Nursing service in Devon pioneered an idea to create films to help public health nurses, schools and parents to easily learn and understand bladder and bowel issues in children and young people they support. We invested £1,000 to produce the videos and deliver a difference to the professionals we support, and the children and young people who rely on them.



For more information: <http://www.virginicare.co.uk/case-studies/transition-dvd-support-continence-issues-children/>

## How we partnered with LloydsPharmacy to deliver one-to-one advice clinics for mums who had been referred to us for additional support feeding their baby

Virgin Care's Health Visiting Service in Devon partnered with a high street pharmacy to deliver specialist one-to-one advice clinics for mums in Devon who were having difficulty breastfeeding and had asked the NHS to support them to continue breastfeeding for longer. Plans for the partnership were commended by the Baby Friendly Initiative inspectors during a 2015 re-inspection.



For more information: <http://www.virginicare.co.uk/case-studies/partnering-with-lloydspharmacy-to-deliver-breastfeeding-advice-clinics-for-mums/>

## **How we invested in Sepsis training for Health Visitors to help raise awareness of the condition for parents**

We delivered training for colleagues to help improve and raise awareness of Sepsis among Devon's parents by offering knowledge, leaflets and advice when visiting parents at new birth, one year and two year reviews to help them understand what to do if their babies show signs of Sepsis.

For more information: <http://www.virginicare.co.uk/case-studies/14395/>



## **CHILDREN'S SERVICES: RE-PROCUREMENT OF INTEGRATED CHILDRENS SERVICES**

Report of the Chief Officer for Children's Services

*Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

### **Recommendations: :**

(a) that the Local Authority continues to commission jointly with the CCG's, CAMHS and community health and care services for children with additional needs. The delivery of services will be monitored through the commissioning governance arrangements of the Children Young People and Families Alliance and jointly funded through a pooled budget for the period of one year 2018/19 via a Section 75<sup>1</sup>;

(b) that NEW Devon CCG as lead commissioner awards a one year contract for 2018/19 to Virgin Care Ltd;

(c) that the Local Authority work jointly with the CCG's through the next year to determine the strategy to shape service delivery. For services to be tendered during 2018 for award of longer term contracts from 2019 onwards.

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1. Background

1.1. In March 2013, the County Council and NHS Devon awarded a three year contract with the option to extend to a five year maximum for the delivery of Integrated Children's Services. The contract term is 1st April 2013 to 31st March 2018. The contract was awarded to Virgin Care Limited and funded via a pooled budget arrangement with the total value of £35m.

1.2. The Services delivered under the contract include:-

- Public health nursing services, health visitors and school nurses.
- Specialised Child and Adolescent Mental Health services (CAMHS).
- Community Health and Care Support Services for Children with Additional Needs, such as physical and learning disability.

2. Strategic and Partnership Considerations

2.1. The delivery plan for the Childrens Young People and Families Alliance sets the key priorities and describe the five key shifts that need to happen to ensure the priorities are achieved. Key aspects of this are to create community based integrated services focused on delivering personalised services.

2.2. The development of the SEND strategy and the Sustainability Transformation Plan (STP) for the CCG's set the direction of travel for services which impact on children with additional needs and gives the priority to improve choice and control for children and families in the support they receive. The Local CAMHS Transformation plans

¹ Section 75 of the NHS Act 2006 (as amended), the Secretary of State can make provision for local authorities and National Health Service (NHS) bodies to enter into partnership arrangements in relation to certain functions, where these arrangements are likely to lead to an improvement in the way in which those functions are exercised. The specific provision for these arrangements is set out in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

set the direction for mental health services. The services within this contract are pivotal to the delivery of these strategies over the next three years.

3. Performance and review

- 3.1. As part of the Contract Review process the delivery of services within ICS have been evaluated, this has resulted in recommendations for the shape of future delivery of services, identified areas of good performance and areas for improvement.
- 3.2. There have been concerns about the waiting times for CAMHS this has improved significantly and there is confidence that the provider will continue to improve delivery against the priorities in the Local Transformation Plan.
- 3.3. The review focused on the delivery of the Local Offer and considered the provision of short breaks in the context of the priority for choice and control for families and the key shift to personalised and tailored services. This has found there is less need for residential Short Breaks and therefore resources need to be released to spend on more flexible packages of support for families. There are children for whom ongoing support through this service will be essential and continuity of care will be prioritised in these circumstances.
- 3.4. Priority areas for improvement are the service offer for children with Autism and the delivery of services to improve communication.
- 3.5. As part of improving our information and advice to parents through the local offer we have reviewed our arrangements and will no longer be purchasing this offer (DISC Plus) via this contract but continue to improve this through other mechanisms.
- 3.6. Whilst it will take some time to improve the performance of the service in some areas this process has begun and the change process underway will need the next two year period to be achieved. Therefore it is our recommendation that the continuation of the service via a one year contract provides the greatest opportunity to integrate service delivery, deliver change and therefore improve outcomes for children.

4. Engagement

- 4.1. Parents of disabled children have been leading the development of the SEND Strategy priorities over the last twelve months. This has led to the draft strategy document currently out for public consultation. The CCG's have led a public consultation on the health and care support services within ICS through Healthwatch. The outcomes of this engagement have informed the decisions outlined in this paper.

5. Legal Considerations

- 5.1. The requirements of the Children and Families Act 2014 have been considered and taken into account in the formulation of the recommendations set out in report. The services contracted within ICS make a significant contribution to the Local Offer for children with SEND. The Local Authority and the Partnership in compliance with the Code of Practice must ensure sufficient delivery of short breaks and community health and care services. Through Education, Health and Care Plans children are able to access these coordinated, integrated and personalised services.
- 5.2. The County Council will enter into a Section 75 partnership agreement appointing NEW Devon CCG as lead commissioner for the services which will be jointly funded through a pooled budget. The agreement will detail governance arrangements between the partners and the service contract monitoring provisions. NEW Devon CCG will secure the interim provision of the services by entering into a one year service contract with Virgin Care Ltd.

6. Risk Management Considerations

6.1. The continuity of care through the services in the ICS Contract has been highlighted as a risk for the Corporate Risk Register. With mitigations as set out in this paper.

7. Financial Considerations

7.1. The County Council's current financial contribution to the pooled budget includes a Children's Services contribution of approximately £3.5 million and Public Health approximately £11.9 million in 0-19 Public Health Nursing services. The Public Health Nursing services within this contract will be the subject of a separate report to Cabinet.

7.2. Childrens Services spends in addition £1.5m with Virgin Care on associated services. This includes £750k for Community Support for children under 5 with complex needs (Portage) which is funded from the DSG along with enabling services and education funded provision to meet Education Health and Care Plan outcomes for children.

7.3. It is proposed that the current contact value for the Children's Services requirement within the contract of approximately £3.5m will be amended to reflect the reduced level of service requirement. The one year contract will no longer include DISC Plus and will reflect the reduced need for the short breaks service. The saving to be achieved from the one year contract award will be £240k with an additional £300k top sliced to develop innovation in the use of personal budgets. This will further support the delivery of the priorities of the strategy established through the engagement with families.

7.4. The mechanism of pooled funding via a Section 75 is recommended due to the integrated nature of the delivery of services and the cost that would be incurred to both partners to commission these services separately. For both a financial and service delivery perspective the joint funding provides value for money in the size of the service offered but also the management of delivery can be streamlined.

8. Equality and Sustainability

8.1. This Report has no specific equality, public health or sustainability implications that are not already covered by or subsumed within the detailed policies or actions referred to therein.

Jo Olsson
CHIEF OFFICER FOR CHILDREN'S SERVICES

Cabinet Member for Children's Services: Councillor James McInnes

[Electoral Divisions: All]

Local Government Act 1972: List of Background Papers

Contact for Enquiries: Jo Olsson,
County Hall, Topsham Road, Exeter. EX2 4QD, Tel No: (01392) 383000

<u>Background Paper</u>	<u>Date</u>	<u>File Reference</u>
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Cabinet Paper of the 11th January 2017		
SEND Strategy		
SEND Consultation		
Delivery Plan for Children Young people and Families Alliance		
NEW Devon CCG and South Devon and Torbay CCG Local Transformation Plans		
Healthwatch Consultation		

Public Health Nursing Spotlight Review – Health and Wellbeing / People’s Scrutiny
Report of the Spotlight Review Group

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: that Cabinet be recommended to adopt the approach set out in Option 3 of Report [CS/17/6](#) and transfer the 0-19 Public Health Nursing services to the County Council from 1 April 2018.

1. Context

At Cabinet on 11 January 2017 approval was given to consultations being undertaken on the proposed process for procuring a new contract/arrangements for commissioning of children's services upon the expiry of the current five-year contract with Virgin Care Limited on 31 March 2018; such consultation to take place during January and February 2017 with a further report to the Cabinet in March 2017 to determine the preferred option.

It was subsequently agreed that Health and Wellbeing / People’s Scrutiny undertake a spotlight review to consider the following Public Health Nursing services options set out in the January Cabinet Report (CS/17/6).

2. Background

In April 2013, the County Council and NHS Devon (Devon Primary Care Trust) entered into a 3+1+1 year (five year maximum) contract for the delivery of integrated children’s services with Virgin Care Limited via a pooled budget arrangement. The services are currently commissioned from this pooled budget with Northern, Eastern and Western Devon Clinical Commissioning Group acting on behalf of the commissioning partners as the Co-ordinating Commissioner. The intention of the commissioners at that time was to bring together three main elements of existing health services for children:

- Public Health Nursing services and the mandated National Child Measurement Programme (health visitors and school nurses)
- Specialist Child and Adolescent Mental Health services (CAMHS)
- Specialist Children with Additional Needs services (for those with complex needs such as physical and learning disability)

The pooled budget has a total value of almost £35 million per annum. The contract ends on 31st March 2018 and because it has already been extended twice, it cannot be extended again under national regulations. In terms of the County Council’s current financial contribution to the pooled budget:

- £3.5 million in specialist children’s services.
- £11.9 million in 0-19 Public Health Nursing services.

Devon County Council’s investment in Public Health Nursing is from the Public Health Grant, which is for the delivery of Public Health England’s national specification for a 0-19 service and is currently subject to a mandate (via a statutory instrument) for the five universal checks between 0 and 5 years of age. The service forms part of the Director of Public Health’s responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act. This funding currently represents 41% of the total ring-fenced Public Health Grant for 2016-17 from Public Health England.

The process of pre-procurement formally commenced in June 2016. An independent chair was appointed to establish and chair a Pre-Procurement Board, the aim of which was to clarify intentions, begin collating the necessary finance and contractual data and, based on this, produce a set of recommendations on the approach to procurement.

3. Spotlight Review

On 6 February 2017 members held evidence gathering sessions with the following witnesses to the review and appreciated their attendance at short notice:

- Virginia Pearson, Chief Officer for Communities, Public Health, Environment & Prosperity / Councillor Andrea Davis, Cabinet Member for Improving Health and Wellbeing
- Linda Murray, Head of Public Health Nursing, Virgin Care / Cathy Ellingford, Head of Care Effectiveness, Virgin Care
- Louise Campion, Principal Officer – Health and Wellbeing, Swindon Borough Council
- Philippa Court, Senior Manager: Early Help Provision, Devon County Council
- Phil Norrey, Chief Executive, Devon County Council
- Jo Olsson, Chief Officer for Children's Services, Devon County Council / Councillor James McInnes, Cabinet Member for Children, Schools and Skills

4. Conclusion

The spotlight review considered the three options set out in the January cabinet report and concluded that Option 3 represents an opportunity for the County Council to take greater control in the delivery of children's services. There is a need to strengthen the governance arrangements, accelerate the pace of integration to ensure the system enables effective working together and brings services closer to where children can access them. It is this integration of health, education and social care services that makes the biggest difference to outcomes for children and in particular for those that are more vulnerable.

Currently it would appear that early help has made some advances but it remains under-developed in Devon, and the position set out in the Ofsted inspection in 2015 has not changed significantly. Further work is needed to establish expectations and to clarify roles and responsibilities in terms of early help across the partnership. The County Council's strategic role is vital as the catalyst on the drive to improve each child's outcomes and start in life. Therefore it is critically important to have a Public Health workforce that works seamlessly with children's centres schools and early years settings.

The spotlight review appreciates that Option 3 and the in-sourcing of 0-19 Public Health Nursing Services would not be without risk. The transfer would represent a significant period of change and disruption as well as it being a considerable undertaking to bring the service in-house for next year. Clinical governance would also be an issue, and needs to be absolutely clear. Registration would be required with CQC and undergoing CQC inspection is an onerous process similar to Ofsted inspections. However if changes to strengthen early help, bridging the gap between universal, targeted and specialist services, are not implemented, not only is there a risk that costs in specialist services will rise, but that outcomes for some of Devon's most vulnerable children may suffer.

Delaying the longer term decision with Option 1 has some advantages, but it would mean that staff had another year of uncertainty and organisational change sets back progress, something the County Council can ill afford to allow. The impact of continuing financial restrictions, along with necessary changes in expectations, made Option 2 less favourable.

Members of the Spotlight Review:

Sara Randall Johnson (Chair of Spotlight Review / People's Scrutiny Committee)

Rob Hannaford

Andy Hannan

Debo Sellis

Richard Westlake (Chair of Health and Wellbeing Scrutiny Committee)

Electoral Divisions: All

Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

Cabinet Member for Children's Services: Councillor James McInnes

Dan Looker - Scrutiny Officer (01392 382232 / dan.looker@devon.gov.uk)

CT/17/20
Cabinet
8 March 2017

BUDGET MONITORING 2016/17 Report of the County Treasurer

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: That the position based on Month 10 is noted.

1. Introduction

- 1.1 This report outlines the financial position and forecast for the Authority at month 10 of the financial year.
- 1.2 The overall Service overspend is forecast at £6.2 millions, being £1.9 millions less than the month 8 forecast. After applying the New Burdens Resilience budget, the net position will be a £1 million underspend. However, caution should be taken when looking at this position as there is still time for storm events and winter emergencies to occur. Further detail on this movement is outlined throughout this report.

2. Revenue Expenditure People Services

- 2.1 The current forecast for People indicates an overspend of £8.353 millions, a decreased overspend of £433,000 on the last reported forecast.
- 2.2 The forecast overspend in respect of Adult Social Care has improved by £59,000 to £6.299 millions. This is after an additional contribution from the Better Care Fund of £500,000 and an extra £400,000 due to the delay in transfer of business to the Living Well at Home contract. As reported previously, the overspend is the result of increased residential and nursing costs across all clients groups and numbers of care packages being above budgeted levels. Budgeted numbers of packages across the areas of older people, the physically and learning disabled were 9,838 compared with actual numbers at month 10 of 10,289, an increase of 451. Learning Disability services is currently showing the most significant increase in packages with an increase above budgeted numbers of 325 at month 10, a decrease of 5 on month 8.
- 2.3 Within Children's Social Work and Child Protection the overspend from month 8 has decreased by £628,000 to £714,000. The decreased overspend at month 10 relates, in the main, to an increase in the underspend on staff costs.
- 2.4 Education and Learning are currently overspending by £1.340 millions an increase of £254,000 since month 8. School transport continues to be of concern with increases in costs across the range of services including route costs of both home to school and home to college, and personalised transport.
- 2.5 It is important to note that £3.1 millions of management action savings remain to be delivered to achieve the overall overspend forecast. Although the actions required are not considered high risk this represents an area of concern which will be monitored closely through to the year end. As previously reported the current forecast now includes a one-off benefit of £6.8 millions due to the delay in transfer of business to the Living Well at Home contract.
- 2.6 Of the savings strategies identified in the current year budget, which totalled £20.3 millions across People, £13 millions is forecast to be achieved by year end, a shortfall of £7.3 millions. However, other management action plans have been brought forward in seeking to contain and bring down the overspending, so that for the year as a whole,

Agenda Item 12

Adult Care and Health is forecast to achieve total savings of £18.2 millions and Children's Services, savings of £1.7 millions.

3. Revenue Expenditure Place Services

- 3.1 Place Services position for month 10 has improved significantly to a forecast underspend of £1.7 millions at year-end, a favourable movement of £1.3 millions.
- 3.2 The Waste service has improved by a further £538,000. Full disposal and recycling data has now been received and as a result overall trends can be calculated with fewer assumptions. This has shown an increased underspend due to a review of potential provisions for contractual liabilities which will no longer be required along with an increase level of income from the Exeter EfW Plant for substitute waste.
- 3.3 Planning, Transportation & Environment are now forecasting an underspend of £414,000 which is an improvement of £534,000 from the month 8 position. This movement relates to an increase in income from inspections fees generated during the year.
- 3.4 The Service specific outturn forecasts in respect of:-
 - a. Highways & Traffic Management (breakeven) is an improvement of £102,000 due to the relatively benign weather so far this year.
 - b. Services for Communities (£45,000 overspend) has decreased by £73,000 due, in the main, to an underspend on the Youth Services which were externalised on 1st February 2017.
 - c. Economy & Enterprise (overspend of £92,000) shows a small improvement on the forecast at month 8.
- 3.5 Savings plans put in place at the start of the financial year of £9.5m have predominately been achieved as planned. A small amount totalling £387,000 has yet to be achieved but this is considered to be low risk.

4. Revenue Expenditure Corporate Services and Other Items

- 4.1 Corporate Services are now forecasting an underspend of £487,000 an improvement of £249,000 on the position at month 8. Savings plans put in place for the year of £4.3 millions have achieved £3.9 millions to date. The remaining amount outstanding is considered reasonably low risk.
- 4.2 Business Strategy and Support are forecasting an underspend of £271,000. In the main this relates to an underspend on the revenue contribution to the Barnstaple Accommodation Improvement Programme along with additional energy savings in respect of new contracts across DCC buildings.
- 4.3 Human resources are showing an underspend of £144,000 due to staff turnover savings, with Legal Services indicating a underspend of £72,000 mainly relating to income from registration.

5. Capital Expenditure

- 5.1 The approved capital planning level for the Council is £166.1 millions. Spending incurred to month 10 totalled £91.7 millions and the year-end forecast is £140.5 millions, resulting in slippage of £25.6 millions. Those schemes providing the main areas of slippage include Marsh Barton Station, Roundswell Phase 2, Tithebarn Lane Link road Phase 2a and South Devon Highway.

6. Debt Over 3 Months Old

6.1 Corporate debt stood at £2.7 millions, being 1.9% of the annual value of invoices and at the annual target of 1.9%. This has increased slightly since the last report. It is anticipated that year-end debt will be brought down below the annual target.

7. Proposed Actions and Conclusion

7.1 The overall forecast revenue overspending has improved from month 8 by £1.9 millions. From 1st January 2017 recruitment to vacant posts is restricted to those that are 'business critical'. Recruitment to a vacant post will only be considered where not filling that post would lead to a *significant* risk to the Council fulfilling its statutory responsibilities, or to effective budgetary control. In addition, with the exception of front line social work posts, the engagement of any consultant, interim staff or agency staff will require the personal authorisation of the Chief Executive, and will only be considered in exceptional circumstances.

Mary Davis, County Treasurer

Electoral Divisions: All

Cabinet Member: Councillor John Clatworthy

Local Government Act 1972: List of Background Papers

Contact for Enquiries: Mary Davis

Tel No: (01392) 383310 Room: 199

Background Paper Date File Ref: Nil

Date Published: *****

NOTICES OF MOTION

Report of the County Solicitor

Recommendation: that consideration be given to any recommendations to be made to the County Council in respect of the Notices of Motion set out hereunder having regard to the relevant factual briefing/background papers and any other representations made to the Cabinet.

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The Notices of Motion submitted to the County Council by the Councillors shown below have been referred to the Cabinet in accordance with Standing Order 8(2) - for consideration, reference to another committee or to make a recommendation back to the Council.

A factual 'Briefing Note/Position Statement' prepared by the relevant Head of Service is also included where appropriate or available, to facilitate the Cabinet's discussion of each Notice of Motion.

### (a) **European Union Habitats Regulations (Councillor Wright)**

*'Devon is home to many scarce and threatened habitats such our ancient woodlands, rivers and wetlands, upland blanket bogs, lowland heaths, Culm grasslands and our stunning coast and marine environments. These support a myriad of species with internationally important populations of marsh fritillary butterflies, greater horseshoe bats, otters, overwintering waders and marine creatures including whales, dolphins and basking shark.*

*European Union Habitats Regulations protection of land and seascapes such as the pebblebed heaths in East Devon, large swathes of Dartmoor and Exmoor, the Exe and Tamar Estuaries and Lundy Island have meant that wildlife has flourished over the years and has ensured that these places remain crucial international strongholds.*

*The latest State of Nature report published last October found that the UK has experienced huge losses of habitat and wildlife, and 15 per cent of those studied are threatened with extinction.*

*Leaving the European Union puts at risk all of these protections - and the Government has not yet promised to retain the same level of protections that currently exist under EU legislation.*

*This Council recognises the huge importance of these rich landscapes for people and wildlife in Devon – and calls upon the Secretary of State for the Environment to support the Environmental Audit Committee, as well as the coalition of wildlife and nature organisations, asking for retention of **at least** the same level of protection for our wildlife and environment, as takes place currently under EU law'.*

### **Briefing Note/Position Statement from Head of Planning, Transportation and Environment**

The European Birds and Habitats Directives help to protect a network of important wildlife sites across Europe – Special Protection Areas and Special Areas of Conservation. In Devon we have 22 of these sites covering ~ 115,000 hectares. They include the Exe Estuary, Dawlish Warren, East Devon Pebblebed Heaths, Braunton Burrows and large parts of Dartmoor, Exmoor and sections of Devon's coast and coastal waters. All are also designated as Sites of Special Scientific Interest and, therefore, also receive some protection under UK legislation. A number

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of species which occur in Devon such as dormouse, otter and bats are given added protection under European legislation. These Directives will no longer apply in their current form in UK law, even if the UK remains in the Single Market.

In December 2016 the Environmental Audit Committee published *The Future of the Natural environment after the EU Referendum*. This considered the implications of Brexit on protection of the environment through European legislation and warned that leaving the EU could have potentially far-reaching negative consequences for the UK's biodiversity. That Report stated that *'..In order to meet its manifesto commitment to "be the first generation to leave the environment in a better state than it found it", the Government must, before triggering Article 50, commit to legislating for a new Environmental Protection Act, ensuring that the UK has an equivalent or better level of environmental protection as in the EU..'*

Greener UK is a group of 13 major environment organisations (including the RSPB, Green Alliance, National Trust and WWF) who believe that leaving the EU is a pivotal moment to restore and enhance the UK's environment and are working to ensure that the UK matches or exceeds current environmental, wildlife or habitat protection. The Green Alliance is concerned that, as environmental issues were not mentioned in the Government's Brexit plan, the future of environmental protection is far from certain.

**(b) South West Local Enterprise Partnership – Chief Executive Pay (Councillor Connett)**

*'At a time of huge reductions in Government funding for local councils forcing cuts in health, education, care for older people and children, Devon County Council is offended by the reported 26% pay rise for the chief executive of the Heart of the South West Local Enterprise Partnership.*

*We [the Members] call upon the Council to take urgent steps to stop the annual pay rise of £24,271 and if it cannot do that, to withdraw from membership of the Partnership until common sense prevails with regard to top management pay increases'.*

**Briefing Note/Position Statement from Head of Economy, Enterprise & Skills**

The County Council makes a core funding contribution of £10,000 to the Heart of South West Local Enterprise Partnership. This is less than other upper tier authorities and is supplemented by other support on joint working activities such as MP engagement and research, although some funding is currently being withheld by both the County Council and District Councils pending clarification of a number of issues.

The Council also provides a number of services to the LEP and is reimbursed through Service Level Agreements for officer time, and this provides significant income for the Economy, Enterprise and Skills Service.

These agreements include:

- leading on People Theme activities for the LEP which covers employment, skills and social inclusion agendas, including designing the European Social Fund programme, supporting the Plymouth City Deal, leading the LEPs input to the employment and skills theme for devolution (producing income of £100,000);
- providing a programme management service for the Growth Deal programme: the County Council provides a monitoring and reporting set of services to support the LEP deliver significant capital investments secured under the Local Growth Fund (producing income of approximately £50,000);
- Growing Places Fund Loan programme: the County Council acts as the accountable body for this loan fund, which is administered, managed and monitored through the Council's Financial Services section;

- Local Transport Board: the County Council provides the secretariat for the Local Transport Board which forms part of the LEPs governance arrangements.

The LEP has, for instance, recently been successful in securing extra government funding, of £43.57m to help create jobs, support businesses and encourage growth - a significant proportion of which will enable the much needed improvement of the A382 with the widening of the route between Trago Mills roundabout and Whitehill's Cross and a two-lane dual carriageway on the section of the road between Drumbridges and the Trago Mills roundabout.

The Leader of the Council and the Cabinet Member for Economy Growth and Cabinet Liaison for Exeter have both publicly made clear their view of the actions of the LEP but the Council has no overriding power to annul or revoke the LEPs decisions.

**(c) Anti-Litter Campaigns – Deposit Scheme for Plastic Bottles (Councillor Hook)**

*"That the County Council supports, in principle, the Sky News anti litter campaigns and in particular the proposal which is to be considered in Parliament after Easter to introduce a deposit scheme on plastic bottles: such schemes are currently in operation in 11 European countries and more than 30 countries worldwide where their introduction has seen a massive leap in plastic bottle recycling - in many cases upwards of 95%.*

*The County Council will contact all Devon MPs urging them to support a plastic bottle deposit scheme to reduce waste, increase recycling and also make a major contribution to reducing dangerous marine pollution, the latter being a significant and increasing problem with plastic bottles and containers".*

**Briefing Note/Position Statement from Chief Officer for Highways, Infrastructure Development and Waste**

The County Council fully supports initiatives that lead to an increase in recycling and moves management of waste away from disposal and higher up the Waste Hierarchy. In addition, it would, in principle, support any anti-litter campaign, acknowledging the detrimental impact that litter can have on the environment and in particular upon wildlife.

All District Councils and Torbay Council currently collect plastic bottles as part of their kerbside collections. This allows residents to recycle their plastic bottles. There has been significant investment in these services and the income derived from the bottles collected helps to support the future provision of those services. It is unclear as yet how any proposed deposit scheme would operate and what impact that may have on the existing collection services referred to above. Devon already supports *Refill Devon* encouraging plastic bottles to be reused to be filled for free with tap water by a number of participating premises including cafes, bars, restaurants, banks and museums in Exeter.

The Devon Authorities Strategic Waste Joint Committee, which includes representatives of all District Councils, Torbay and the County Council, has been tasked with looking at litter/fly tipping campaigns including prevention, education and co-ordinated activities with partner agencies to tackle litter and is due to consider this matter further at its next meeting scheduled for June 2017.

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This Report has no specific equality, environmental, legal or public health implications that will not be assessed and appropriate safeguards and/or actions taken or included within the detailed policies or practices or requirements in relation to the matters referred to herein.

JAN SHADBOLT

[Electoral Divisions: All]

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Cabinet Member for Policy & Corporate: Councillor Hart
Cabinet Member for Economy, Growth and Cabinet Liaison for Exeter: Councillor Leadbetter
Cabinet Member for Community & Environmental Services: Councillor Croad

Local Government Act 1972: List of Background Papers

Contact for Enquiries: R Hooper

Tel No: 01392 382300 Room: G31

<u>Background Paper</u>	<u>Date</u>	<u>File Reference</u>
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Nil

- Embedding Care Act 2014 in Practice and through multi-agency working, ensuring that Safeguarding is understood widely.
- Developed an Assurance Framework for Safeguarding Adults to ensure quality services can be provided to the people of Devon.
- Ensured that information and learning from the Devon Safeguarding Adults Board is disseminated to all Primary Care practitioners to improve Safeguarding practice.

NORTH DEVON HEALTH CARE NHS TRUST

- Updated and reviewed its Safeguarding Adult and Deprivation of Liberty Safeguards policy to ensure it is compliant with the Care Act 2014.
- Safeguarding training has been reviewed and attendance has met standards.
- Safeguarding Adult Lead chairs the MCA sub-group and led on the organisation of a MCA awareness week and conference in February 2016 on behalf of the Devon and Torbay SAB.
- Safeguarding Adult Nurses support the education and investigation into concerns about whole services which are led by Devon County Council. These supported investigations are beneficial in ensuring the health and wellbeing of people in residential and nursing care is Safeguarded.

SOUTH DEVON & TORBAY CLINICAL COMMISSIONING GROUP

- The joint safeguarding adults and children team was created at the beginning of the year, this has

gone from strength to strength and continues to develop.

- Created new role of Designated Nurse for Safeguarding Adults to give a greater focus and integration for Safeguarding across whole organisation.
- Designated Nurse for Safeguarding Adults chairs the Devon and Torbay Learning and Improvement Group to develop shared working and learning across the area.

SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST

- Analysis and Review of Safeguarding Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 20 cases completed with CCG Adult Lead to improve how we manage Safeguarding cases.
- Received positive safeguarding feedback from 111 CQC inspection.
- All Non-Emergency Patient Transport Service (PTS) staff completed Safeguarding training and training has been quality assured.

TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

- Production of a multi-agency self-neglect tool to improve awareness and
- The co-location of the Children and Adults Single Point of Contact via the Multi Agency Safeguarding Hub to improve how we work together.
- Adoption of the ADASS self-assessment tool for learning and improvement.



Devon Safeguarding Adults Board

Annual Report 2015–2016



WELCOME FROM THE CHAIR

2015/16 was my last year as Independent Chair for the Board. It has been a privilege to see the work that goes on throughout the year; while the individual tragedies make the news coverage, I have seen the reality of caring, professional people, giving of their best in challenging circumstances. Much of what we have achieved has been based on the ability of all our constituent agencies to work together for the benefit of adults at risk. I would like, through this Annual Report, to express my appreciation and acknowledge all the staff and those who use the service and their families involved in the safeguarding of people at risk and handover to the new Chair.

Bob Spencer



NEW CHAIR

I am delighted to have been appointed to the role of Independent Chair for Devon Safeguarding Adults Board and look

forward to working with all partners. I have a background with 40 years' experience of working in social care, housing and health services and I welcome the opportunity to be working again in Devon. I am driven by a passion for ensuring all services to vulnerable people are person-centred, easy to access and importantly promote independence, whilst ensuring people are safe. Ensuring that people are supported to keep themselves safe is important, as it is to ensure that people are able to express what outcomes they wish to achieve. This is described as 'Making Safeguarding Personal' and I am personally committed to ensure that this is rooted throughout and across all partner organisations and that front line staff are supported to have the confidence in working alongside people to deliver this. **Siân Walker**

Executive Board

Key decisions have been made at this Board. It was attended by all member organisations and took place four times.

Themed Workshops

These are workshops that were held four times a year to look at key issues within Safeguarding. In 2015/16 these were used to develop the Business Plan for the Board and discuss how organisations share and manage information about safeguarding people.

Mental Capacity Act (MCA) Sub-Group

This group ensured that organisations have a good understanding of the MCA and also the Deprivation of Liberty Safeguards. This group discussed any information and key issues, and organised an MCA Awareness Week and Conference in February 2016.

Operational Sub-Group

This is where people who work in all the different organisations across Devon agree how they work together. The group work together to Safeguard and Protect Devon's citizens. Different organisations bring important updates on their work to share with the partners

Safeguarding Adults Review Group

This group gathers information and makes recommendations to the Chair on whether a review needs to take place and how that review is delivered. The group has a key role in organising and delivering the Reviews and then ensures outcomes are passed to the Board for dissemination of key learning and review amongst all

partner organisations. In 2015/16 Devon Safeguarding Adults Board completed one Safeguarding Adult Review.

Learning and Improvement Group

This group makes sure that all organisations are completing the right kinds of training and that this training is being used to improve how to Safeguard people.

Business Plan

2016-19

For the next three years, some of the main areas of work for the Board will be:

- 1 Improving people's experience of safeguarding and delivery of 'Making Safeguarding Personal' across all partners.
- 2 Prevention of harm and neglect in care and health services, whilst promoting independence.
- 3 Improving awareness and application of MCA and Best Interests for people.
- 4 Protecting people from harm by proactively identifying people at risk, whilst promoting independence.
- 5 Increasing awareness and support routes for Self-Neglect cases.
- 6 Reducing Financial Abuse and Scams.
- 7 Improving Support for Families at risk by building family dimension into everything we do.
- 8 Significantly reducing the prevalence of Modern Slavery & Human Trafficking.
- 9 PREVENT (Protecting vulnerable people from being exploited by violent extremism).

Partner key achievements

DEVON & CORNWALL POLICE

- Increased resources in Sexual Offences and Domestic Abuse Investigation Teams (SODAIT's) and improved working between investigators and safeguarding officers to provide better support to victims of domestic abuse and sexual violence.
- Training and awareness to improve safeguarding investigations for victims experiencing modern day slavery, human trafficking and radicalisation.
- Central safeguarding teams in place in Devon with additional resources and improved working practices to provide a better service for the public.
- There have been a number of police operations where adults at risk have been identified and safeguarded as a result of our actions.

DEVON COUNTY COUNCIL

- Delivered comprehensive training programme for all care management staff. This increased understanding and knowledge of the Care Act 2014 in practice.
- Implemented decentralised model for screening Safeguarding concerns, including identifying when a Safeguarding enquiry is required. This is located within front door Care Direct Plus service. This has been positively evaluated in terms of sharing knowledge and practice experience more widely. This ensures a more timely response to safeguarding concerns.

- The Quality Assurance & Improvement Team works collaboratively with NHS colleagues to proactively support care providers. In the last 12 months whole service safeguarding proceedings have nearly halved and there has been a 12% increase in the proportion of services rated overall by CQC as "good" or "outstanding".
- Developed improved approach to the quality assurance of Safeguarding practice with a focus on Making Safeguarding Personal.

DEVON PARTNERSHIP TRUST

- Developed a Street Triage Service fully operational which responded to 1,178 referrals, providing support and advice to safeguard vulnerable people.
- Working with Devon and Cornwall Police to share information on people who are receiving services from the Trust to improve and inform safety planning and appropriate resources for individuals.
- 3 Place of Safety Suites in place across Devon which have helped reduce people placed in Police custody under section 136.
- Launched a Think Family Toolkit to ensure that the impact of any mental health difficulties are considered within assessments in the context of individual's family lives and roles whether as a carer for others themselves or those caring for them.

NEW DEVON CLINICAL COMMISSIONING GROUP

- Training on Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards was delivered to GPs. Successful in raising awareness and confidence in Primary Care.

DEVON AUTHORITIES STRATEGIC WASTE COMMITTEE

8 FEBRUARY 2017

Present:-

Councillors M King (Chairman), Busch, R Cann, Chubb, R Croad, R Gilbert, J Goody (Substitute for K Lake), J Morrish, R Sampson and D Wood

Attending In Accordance with Standing Order 25

Councillor A Brooks (Torbay Council)

Apologies:-

Councillors K Lake (Teignbridge District)

* 14

Minutes

RESOLVED that the Minutes of the meeting held on 18 October be signed as a correct record.

* 15

Chairman's Announcement

The Chairman welcomed Mr N Scott to thank him for his work as Devon Community Composting Network Co-ordinator for 21 years across Devon and Torbay. The Chairman and Members thanked Mr Scott for his valued and dedicated service for Devon communities.

* 16

Joint Contracts

The Committee considered the Report of the Chief Officer for Highways, Infrastructure Development and Waste (HIW/17/2) on the current joint contracts and a proposal for the sale of recycled plastic and card by the Councils. The Report also outlined an update of existing contracts for paper, glass, bulk haulage and textiles, and discussions relating to a plastics and cardboard joint contract with the partner councils and current contractual commitments.

The Committee also received a presentation on the fluctuating prices for recycled paper, textiles, glass, plastics and cardboard and the financial impact for North Devon District Council.

It was **MOVED** by Councillor Croad, **SECONDED** by Councillor Sampson and

RESOLVED

(a) that the overall success of the majority of joint contracts for the sale of glass, paper and textiles and bulk haulage be noted;

(b) that the proposal to not proceed with joint contracts for cardboard and plastics at this current time be supported;

(c) that other opportunities for joint procurement of products or services be explored.

* 17

Waste Prevention and Re-use Strategy and Action Plan

The Committee considered the Report of the Chief Officer for Highways, Infrastructure Development and Waste (HIW/17/3) and received a presentation on the draft Waste Prevention and Reuse Strategy for Devon and Torbay (which formed a supplementary document to the Waste and Resource Strategy for Devon and the Municipal Waste Management Strategy for Torbay).

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2

DEVON AUTHORITIES STRATEGIC WASTE COMMITTEE

8/02/17

The Waste Prevention and Reuse Strategy (Appendix 1 to Report HIW/17/3) provided a framework and policies which would lead to a reduction in the Local Authority Collected Waste (LACW) arisings in Devon and Torbay with the following objectives:

- reduce waste volumes in the most economical way possible;
- achieve long term behavioural change amongst Devon's and Torbay's residents;
- address the environmental consequences of resource depletion and waste disposal;
- meet the relevant policies in the Waste and Resource Management Strategy for Devon and the Municipal Waste Management Strategy for Torbay.

Members and officers from the partner local authorities outlined their current policies and the trend of more consistent practices across the partner areas. Members noted that the last analysis of Devon's dustbins carried out in 2012 showed that food waste (24%) represented significantly the largest proportion of waste material, reflected in the proposed action plan, policies and priorities. Members also referred to the need for further analysis of the content of Devon dustbins, noting the cost implications of such an exercise.

It was **MOVED** by Councillor King, **SECONDED** by Councillor Croad and

RESOLVED that the draft Waste Prevention and Reuse Strategy and Action Plan be noted; and that the priorities for the Action Plan be agreed and progress monitored.

* **18** **New Waste and Recycling Advisors Contract**

The Committee noted the contract specifications, requirements and targets and the award of the contract to 'Resource Futures' which had considerable experience in the area and continuing detailed negotiations about implementation including allocation of advisors' time and services over three local authority cluster groups.

* **19** **Street Sweepings - Litter / Flytipping Campaigns and Joint Working - reference from the Devon Local Government Steering Group**

The Committee noted that the Devon Local Government Steering Group had at its meeting on 4th November 2016, considered a briefing note from Teignbridge District Council on Litter, Street Cleansing and Enforcement in Teignbridge. In discussion, Members raised and asked questions on the potential for prevention / education and co-ordinated activities including pooled budgets and / or grant funding, stronger messages regarding prosecutions and the role of the Devon Authorities Strategic Waste Committee. Work was currently being undertaken to look at this further and a further report would be brought to the Committee in June 2017 for consideration.

* **20** **Forward Work Programme**

The Chief Officer for Highways, Infrastructure Development and Waste reported on the Work Programme and including a proposal for consideration of a residual food waste survey.

* **21** **Dates of Meetings**

28 June, 1 November 2017 and 7 February 2018

Note: The County Council calendar of meetings is available at:

<http://democracy.devon.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.00 pm and finished at 3.25 pm

STANDING ADVISORY COUNCIL FOR RELIGIOUS EDUCATION

8 February 2017

Present:-

Group A: Christian and Other Religion and Belief Communities (with the exception of the Church of England)

H Hastie, B Lane, N Nation and M Miller

Group B: The Church of England

M Dearden, T Pritchard and T Wilson

Group C: Teachers' Associations

L Clay, J Gooddy (Chairman for the meeting), T Griffiths (substitute for Dr Teece), P Hammett, W Harrison and S Shute

Group D: The County Council

Councillors P Colthorpe, A Hannan and M Squires

Co-opted Members

J Marshall, J Roberts and S Spence

Advisor - E Pawson

Apologies:-

J Berry, C Channon, P Cornish, K Denby, R Halsey, M Hext, C Hulbert, R Khreisheh, R Nathwani, J Taylorson, and R Younger-Ross.

30 **Minutes**

RESOLVED that the minutes of the meeting held on 1 November 2016 be signed as a correct record.

31 **Items Requiring Urgent Attention**

There was no matter raised as a matter of urgency.

32 **Devon SACRE Membership**

Mr Pawson reported on the 4 year appointments noting that J Walmsley (Quaker Rep) had resigned and Mr Langtree was no longer able to continue and other vacancies including Sikh representation. Attendance from all the houses had been relatively good and Devon SACRE was an active and engaged forum.

The Council noted that substitutes were permitted and that members could be reminded of this facility.

Mr Pawson would contact the Sikh Community to ask them to nominate a new representative on SACRE, noting that Penny Rouvas (who is a convert to Sikhism) might be a suitable candidate.

33

Devon SACRE proposed Budget and draft Development Plan

Mr Pawson reported on current budget proposals relating to funding for the SACRE to implement its Development Plan 2017 – 2019. The proposed budget for 2017 – 2019 had been reduced by Babcock LDP from £39,000 to £32,500 (from £19, 000 per annum to £16, 250 per annum) representing a 17% cut. It was understood (subject to confirmation) that that the allocation from the County Council to Babcock LDP for all its services under the LDP agreement had represented a 3% cut.

The Development Plan before the meeting highlighted proposed reductions to meet the programmed commitments including the allocated Advisers' time.

Councillor Squires reported on views from Councillor Channon relating to proposed cuts relating to Holocaust Memorial Day (HMD), lunch expenses on committee days followed by member training and the relatively good support this SACRE enjoyed compared to other areas.

SACRE members noted:

- the value of training for members and cost effectiveness of having training sessions on days when the SACRE met (which has been the practice for some 10 years) and minimal expense of lunch to facilitate this;
- the extent of the work and added value of the Advisors with their local, national and international links, expertise and experience and their levels of unpaid and voluntary work for the benefit of SACRE;
- that the Devon SACRE (which had been relatively well-funded) was responsible for the oversight of RE in over 330 schools (compared to the Torbay SACRE for example with only 50 schools, notwithstanding a smaller budget) which represented good economies of scale and excellent value;
- the lack of any rationale from Babcock for the disproportionate reduction of 17%.

At this point Mr Pawson and Mr Roberts left the meeting whilst Members discussed the proposed cuts as detailed in the updated Development Plan and the allocated advisors' time.

The Members noted that the original Development Plan had been drawn up cautiously and judiciously and there was no or very limited scope for cuts, particularly in the following areas:

- 3 b: Learn Teach Lead RE Programme: the need for continued SACRE funding to support this and which represented valuable Continued Professional Development (CPD) for teachers;
- 3 c: the proposed cut (from 6 to 4 days over two years) for schools faith and belief visitors was untenable;
- 3 f: Holocaust Memorial day (HMD): members noted the support provided by the Exeter City Council and consideration should be given for a request to the County Council for direct support (rather than through SACRE) to eliminate the proposed cut from 8 – 6 days – even the current allocation (8 days) did not truly reflect the level and complexity of the work involved (including from expert voluntary input) in this high profile, worthwhile and well-received event involving schools and young people, which promoted a wider agenda of community cohesiveness;
- 4 a: Evaluating and Appraising the Agreed Syllabus in preparation for a review in 2019: more time was required in view of the number of Devon Schools and the valuable work of the advisors and huge benefits derived and noting the informal additional input from the advisors (noting that the 5 yearly review was due in 2019/20 when additional resources would be required).

RESOLVED that the Chairman and Vice-Chairman write a letter to the County Council's Head of Education and Learning (with the copies to the Leader of the Council, Chief Executive and Babcock LDP) expressing the concerns of Devon SACRE relating to:

(a) the proposed 17% cut for SACRE by Babcock LDP and impact on the SACRE's Development Plan (as outlined above) noting the statutory functions and obligations;

(b) seeking a rationale from Babcock LDP for the proposed 17% cut to the SACRE and requesting reinstatement of funding to £39,000 for 2017 - 2019 to properly implement the Development Plan;

(c) consideration to direct additional Devon County Council support for the Holocaust Memorial Day arrangements.

(Note: Mr Pawson and Mr Roberts re-joined the meeting)

34 Devon SACRE Annual Report (including analysis of GCSE results)

Mr Pawson reported on RE GCSE Data for Devon Schools (compared with national results) for the full and short courses from 2012 -2016, and the religious studies examination entry trends 2012 -16 for all Devon Schools (detailed according to maintained and academy Schools).

Members noted:

- that the full analysis of results would be presented at the June meeting each year (in respect of the previous academic year);
- that pupils in Devon schools were underperforming in the GCSE results in 2016 against the national trend in the A* - A and particularly in the A* - A categories; and this required further analysis as to possible reasons;
- good progress in the numbers being entered for the full course in 2016 in all Devon schools, noting that additional time was not available which would have had adverse impact on results;
- the need to learn from other authorities about the reasons for better performance;
- academy schools highlighted with low entries for RE which would warrant further visits by advisors.

35 Interfaith Focus Faith and Belief Training, Interfaith Conference, Feedback on Interfaith Week 2016 and Hindu workshops

Mr Roberts reported on:

- the success of the Hindu Workshop for Schools held on 4 November 2016 at Sidmouth College for primary school children led by Sushma Sahajpal with assistance and time dedicated by Mr Pawson;
- the Devon Faith and Belief Forum event 'Not in God's Name' on 5 November 2016 at the Mint Methodist Church which was well attended with over 70 delegates in preparation for interfaith week with valued involvement of John Hall – interfaith relationships advisor to the Bishop. This year's theme for interfaith week would be 'Health and Faith' including themes relating to 'end of life care' for both care volunteers and professionals in relation to patients' beliefs and faiths;
- progress and success of Faith and Belief Speaker Training with the next sessions being arranged for 22 April, 29 April and 20 May 2017 at the Exeter Community Centre.

36 Learn/Teach/Lead Religious Education (LTLRE): Hub Groups Update

Mr Pawson reported on the latest LTRE news:

- new hubs in West Devon and Exeter
- the Annual Conference in October 2017
- bidding for extension to funding for the programme
- new programmes started in NW and NE England, and
- the faith and belief visitors contact list.

The Chairman reported on the excellent value of the Exeter Hub and the contribution Hubs make towards Continued Professional Development and the continuing budgetary pressures on CPD generally. Mrs Wilson referred to difficulties relating to the need for continued funding by the Diocesan, Cornwall and Devon SACREs.

37 Working Group: Assessment Project

Mr Roberts reported on the Working Group which had met twice since the last meeting, there was good co-operation with the Torbay SACRE who had agreed financial support and with excellent input from teacher colleagues. The Group was now moving on from theoretical work to more practical examples and planning for some development of exemplars to meet the needs of schools. Funding commitment from Babcock LDP was still awaited and Mr Pawson was progressing this.

38 Planned CPD for Devon schools

Mr Pawson reported on events for CPD training:

- GCSE/A Level Islam subject knowledge course, Exeter Mosque: Wed 23rd November 2016
- GCSE/A Level Buddhism subject knowledge course, Hartridge Buddhist Monastery, nr Honiton: Wed 30th November 2016
- Secondary RE conference Thurs 9th February 2017 cancelled
- New to RE in Devon: Thurs 9th March 2017
- Primary RE course: Thurs 20th April 2017
- Planned CPD for summer 2017: Understanding Christianity for community primary and secondary.

39 Holocaust Memorial Day 2017: Feedback and Review

Mr Pawson reported that feedback from the Day and events had been very positive and read a letter from the Lord Mayor thanking the organisers and all contributors for a very successful day and members noted the excellent uptake from schools and the valuable and meaningful learning experience.

Mrs Spence asked that the thanks for the organisers and contributors be recorded.

40 National Developments

Mr Pawson reported on 'The BIG NASACRE Survey 2017' in order for NASACRE to be able to represent the views of its member SACREs at a national level, including to the REC and other policymakers for discussion at the NASACRE Executive and being used to inform policymakers about the strengths, views and hopes of SACREs across the country.

Mr Pawson asked members to complete the anonymised survey for discussion at the next meeting before agreement and return. The full report from the research would be made to all SACREs when completed.

41 The Casey Report: Executive Summary

This item was deferred.

42 SW SACRE Conference (Mon 6th March 2017, Dillington House) and NASACRE Annual Conference (Tues 16th May 2017 in York)

Mr Pawson reported that all six places offered by this SACRE had now been taken-up.

43 **Dates of Future SACRE Meetings**

Wednesday, 7 June at 10.00 am

The Meeting started at 10.00 am and finished at 12.40 pm

DEVON AND EXETER RAIL PROJECT WORKING PARTY

17 February 2017

Present:

Devon County Council:

Councillors B Hughes (Chairman), K Ball, P Bowden, A Eastman, R Julian, J Mathews, D Sellis, M Squires, N Way, R Westlake, R Younger-Ross and A Leadbetter

Exeter City Council

Councillor A Leadbetter

East Devon District Council

Councillor B Bailey, East Devon District Council

Councillor B Deed, Mid Devon District Council

Councillor Terry Snow, Mid Devon District Council

Councillor J Goodey, Teignbridge District Council

Councillor I Doggett, Torbay Council

Apologies:

Councillors F Biederman (Devon County Council), T Wardle (Exeter City Council), J Flynn and D Luggar (North Devon Council), R Prowse (Teignbridge District Council) and R Longhurst (East Devon District Council)

14 Minutes

RESOLVED that the minutes of the meeting held on 15 July 2016 be signed as a correct record.

15 Whimple Rail Users Group

Professor R Betts spoke on behalf of the Whimple Rail Users Group expressing his thanks to the Working Party for their work and achievements thus far on the Whimple line. The Users Group were keen to see the good service continue and to work with and support the Working Party into the future.

16 Update from Network Rail

(Councillor Deed declared a personal interest in this item and all other items hereunder but did not speak by virtue of being in receipt of a pension from South West Trains.)

Mr D Northey, Senior Strategic Planner, gave a presentation covering, in particular:

- further Government funding of £10m for the proposed resilience scheme between Exeter and Newton Abbot;
- Exeter – Exmouth (Avocet line) and Crediton – Barnstaple (Tarka line) being key lines for improvement;
- faster journey times from the South West.

Matters discussed by Members with Mr Northey included:

- a long term strategy for climate change/flooding involving close working with the Environment Agency;
- initial work at Cowley Bridge involving additional drainage and removal of weirs;

- capacity issues and the need for additional rolling stock;
- North Devon/Tarka line – the need to encourage rail users especially businesses to participate in the current survey;
- rail freight forming part of long term strategy;
- safety concerns at Salmon Pool (Tarka line) and the need for installation of half barriers;
- Tavistock and the listed structure at Meldon – how to bridge the gap?;
- ongoing capacity issues at Coplestone and additional rolling stock;
- the state of the sea wall at Teignmouth; the effect on tourism if beach is affected and the need for wave-breaking reefs to be considered.

Mr Northey acknowledged the following issues and would report further on the:

- timescale/funding for flooding resilience at Cowley, Bridgwater, the Somerset levels and Axminster;
- timescale for installation of half barriers at Salmon Pool (Tarka line).

17 Update from Great Western Railway (GWR)

Mr L Ward, Regional Development Planning and Programme Manager, gave a presentation which covered:

- increased patronage on the Tarka/Avocet lines
- the new Intercity Express trains being tested;
- investing in the future of high speed services (Speed to the West);
- expanded car park at Tiverton Parkway;
- investment in station improvements;
- Exeter St David's Depot plans progressing;
- steady implementation of strategies – additional Crediton service in the pipeline;
- Okehampton – special charter train.

Matters discussed by Members with Mr Ward included:

- lack of bus flag and cycle shelter at Crediton Station;
- bridging the level crossing at Exeter;
- the date of an announcement from Government on Edginswell.

[NB A copy of the presentation given is appended to these Minutes.]

18 Update from South West Trains

Mr A Smy, Stakeholder and Community Rail Support Manager, presented an update which covered:

- changes to train services on the London Waterloo during the Summer of 2017 during the improvements (see also <https://www.southwesttrains.co.uk/globalassets/waterloo-south-west-upgrade---2017-leaflet.pdf>);
- additional carriages on the Tarka Line
- the expected announcement in early April on the new franchisee.

[NB A copy of the presentation on the Waterloo and South West Upgrade is appended to these Minutes.]

19 Update from Devon and Cornwall Rail Partnership

Mr R Burningham, Manager, gave a presentation which covered:

- the core partners and aims of the Partnership;

- improvements at St Thomas and additional Sunday trains on the Avocet line;
- greater increase in numbers using the branch lines;
- the Partnership's website at www.greatscenicrailways.com

[NB A copy of the presentation given is appended to these Minutes.]

20 **Progress Report**

The Working Party considered the Report and presentation of the Head of Planning, Transportation and Environment (PTE/17/11) on progress made by the County Council and rail project partners since its July 2016 meeting and further planned work in 2016/17 on the following ExeRail and other projects:

[NB A copy of the presentation is appended to these Minutes.]

21 **Next Meeting**

RESOLVED that the next meeting of the Working Party be held on Friday 14 July 2017 at 2pm.

The Meeting started at 2.00 pm and finished at 4.30 pm

FARMS ESTATE COMMITTEE

22 February 2017

Present:-

County Councillors

Councillors C Chugg (Chairman), J Berry, J Brook, A Dewhurst, R Julian, R Rowe and J Yabsley

Co-opted Members:-

Mr C Latham (Tenants' Representative)

Apologies:-

Mr E Quick (Devon Federation of Young Farmers Clubs)

* 38

Minutes

RESOLVED that the minutes of the meeting held on 30 November 2017 be signed as a correct record.

39

Items Requiring Urgent Attention

There was no item raised as a matter of urgency.

* 40

Capital Monitoring 2016/17 (Month 10)

The Committee received the Report of the County Treasurer (CT/17/12) on the County Farms Estate Month 10 Capital Monitoring 2016/17, noting that:

- the approved capital programme for 2016/17 included schemes totalling £1,671,000, which included £271,000 and £900,000 respectively for existing and additional Nitrate Vulnerable Zone compliance schemes, with the remaining £500,000 relating to additional scheme priorities for Decent Homes Standards, Energy Act and other associated infrastructure projects;
- scheme slippage of £771,000 together with land acquisition costs of £151,000 resulted in a capital programme of £2,592,000 for £2016/17;
- expenditure and commitments to date was £1,038,000 with a forecast year-end spend of £1,706,000.

* 41

Revenue Budget 2016/17 (Month 10)

The Committee received the Report of the County Treasurer (CT/17/13) on the County Farms Estate Month 10 Revenue Budget Monitoring Statement 2016/17, noting the target surplus of £362,000 and detailing income and expenditure to date.

* 42

Management and Restructuring Issues

The Committee considered the Report of the Head of Digital Transformation and Business Support (BSS/17/01) on County Farms Estate Management and Restructuring Issues.

The Head of Service confirmed that the Farms Estate would gift the land concerned to the County Council as part of the 2010 strategic review and that no legal fees would be incurred.

It was **MOVED** by Councillor Brook, **SECONDED** by Councillor Dewhirst and

RESOLVED that 0.37 hectares (0.91 acres) or thereabouts of land forming part Manor Farm, Holcombe, Dawlish and more particularly known as part OS 3761 and 3775 be declared permanently surplus to the operational requirements of the Estate so that it could be developed as part of a highway improvement scheme.

* **43** **Nitrate Vulnerable Zones**

The Committee noted the Report of the Head of Digital Transformation and Business Support (BSS/17/02) on the recent changes to the Nitrate Pollution Prevention Regulations and the addition and removal of areas within the zone.

* **44** **Exclusion of the Press and Public**

RESOLVED that the press and public be excluded from the meeting for the following items of business under Section 100(A)(4) of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1, 2 and 3 of Schedule 12A of the Act, namely information relating to, and which was likely to reveal the identity of, tenants and information relating to the financial or business affairs of tenants and the County Council and, in accordance with Section 36 of the Freedom of Information Act 2000, by virtue of the fact that the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

* **45** **Holdings and Tenancies etc.**

(An item taken under Section 100A(4) of the Local Government Act 1972 during which the press and public were excluded, no representations having been received to such consideration under Regulation 5(5) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.)

Mr C Latham (Tenants' Representative) declared a personal interest in this matter by virtue of being a tenant of Middle Winsham Farm, Braunton and left the meeting.

The Committee received the Report of the Head of Digital Transformation and Business Support (BSS/17/03) on Middle Winsham Farm, Braunton.

It was **MOVED** by Councillor Brook, **SECONDED** by Councillor Rowe and

RESOLVED

(a) that the tenant of Middle Winsham Farm, Braunton be notified that the 77.30 acres and the 46.02 acres of land forming part Middle Winsham Farm, Braunton will now not be amalgamated with the main holding before 25 March 2021;

(b) that between 25 March 2019 and 25 March 2020, the tenant of land at Middle Winsham Farm, Braunton be required to submit a business plan (supported by cashflows and budgets for the enlarged holding) prior to interview by the Committee before a decision can be made as to whether or not he be granted a second consecutive tenancy of the main holding, the 77.30 acres and the 46.02 acres of land forming part Middle Winsham Farm, Braunton and that, in the meantime, the ongoing 6 monthly new entrant monitoring process be maintained and that the tenant's accounts be considered annually;

(c) that if the process adopted in (b) above does not prove satisfactory and the tenant cannot demonstrate before 25 March 2020 that he has met the schedule of tenant's competencies and established a sufficiently successful business that will allow for the additional land to be

amalgamated to the holding at 25 March 2021, the tenant be notified that no further tenancy will be granted and that possession of the holding will be required at 25 March 2021 to enable it to be relet;

(d) that, in the meantime, the 77.30 acres and the 46.02 acres of land forming part Middle Winsham Farm, Braunton be temporarily let to the tenant of Chapel Farm, Marwood for the term 25 March 2017 to 25 March 2018, subject to terms being agreed, and for the period 25 March 2018 to 25 March 2021 the 77.30 acres and the 46.02 acres of land forming part Middle Winsham Farm, Braunton be advertised to let in internal competition between the tenants of Chapel Farm, Marwood and prospective tenants of Prixford Barton Farm, Marwood, subject to terms being agreed.

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.15 pm and finished at 2.46 pm

*1. The Minutes of this Committee are published on the County Council's Website.
2. These Minutes should be read in association with any Reports or documents referred to therein, for a complete record.
3. Members of the Council have been granted a dispensation to allow them to speak and vote in any debate as a consequence of being a representative of the County Council on any County Council wholly owned, controlled or joint local authority company or Joint Venture Partnership unless the matter under consideration relates to any personal remuneration or involvement therein.*

SCHEDULE OF CABINET MEMBER DECISIONS TAKEN SINCE PREVIOUS MEETING		
Cabinet Remit/Officer	Matter for Decision	Effective Date
Resources & Asset Management	Approval to contribution of £25,000 to the Visit Devon CIC to cover marketing and promotion for Devon's Tourism sector	16 February 2017
	Approval to variations in the approved capital programme 2016/17 and other property matters	23 February 2017
Children, Schools and Skills	Approval to lowering the age range at Chudleigh Church of England Voluntary Controlled School from 4-11 to 3-11 with effect from September 2017, provided no significant objections are received in the forthcoming public consultation.	14 February 2017
	Approval to proposed school term dates for the academic years 2018/19 and 2019/20 following consultation with Schools and BGBs	28 February 2107

The Registers of Decisions will be available for inspection at meetings of the Cabinet or, at any other time, in the Democratic Services & Scrutiny Secretariat, during normal office hours. Contact details shown above.

In line with the Openness of Local Government Bodies Regulations 2014, details of Decisions taken by Officers under any express authorisation of the Cabinet or other Committee or under any general authorisation within the Council's Scheme of Delegation set out in Part 3 of the Council's Constitution may be viewed at <https://new.devon.gov.uk/democracy/officer-decisions/>

