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To: The Chair and Members of the
Cabinet

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 3 March 2020
Please ask for : Karen Strahan, 01392 382264

Email: karen.strahan@devon.gov.uk
:

CABINET

Wednesday, 11th March, 2020

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 14 February 2020 (previously circulated).

3 Items Requiring Urgent Attention

Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

4 Announcements

5 Petitions

6 Question(s) from Members of the Council

FRAMEWORK DECISION

NIL

KEY DECISIONS

7 **Budget Monitoring - Month 10** (Pages 1 - 4)

Report of the County Treasurer (CT/20/37) on the budget monitoring position at Month 10, attached.

Electoral Divisions(s): All Divisions

8 **Flood Risk Management Action Plan 2020/21** (Pages 5 - 14)

Report of the Head of Planning Transportation and Environment (PTE/20/2) on the Flood Risk Management Action Plan containing an update on the current year's programme and approval of schemes and proposed investment in 2020/21, attached.

Electoral Divisions(s): All Divisions

9 **A382-A383 Connection (Houghton Barton Link Road) Phases 1 & 2** (Pages 15 - 28)

Report of the Head of Planning, Transportation and Environment (PTE/20/3) on the Houghton Barton Link Road Scheme (Phases 1 & 2) A382-A383 Connection, attached.

Electoral Divisions(s): Newton Abbot North

10 **Housing and Accommodation Strategy for all Adults** (Pages 29 - 70)

Report of the Joint Associate Director of Commissioning (ACH/20/122) on the Housing and Accommodation Strategy, Healthy Lives, Vibrant Communities, Housing Choices 2020 to 2025 and to agree the proposed next steps, attached.

The draft Strategy is enclosed at Appendix A, with an Easy Read version of both the Report and Strategy at Appendix B.

The Cabinet are also asked to note that the Health and Adult Care Scrutiny, at its meeting on 23rd January 2020 considered Report of the Associate Director of Commissioning (Care and Health) (ACH/20/120) on the Draft Housing and Accommodation Strategy (minute *171 refers). The Committee supported the development of a Strategy but resolved that 'Cabinet be asked for the Service to develop a 'Memorandum of Understanding' with District Councils as appropriate to indicate a shared commitment and to engage with all Members to drive the Strategy forward'.

Electoral Divisions(s): All Divisions

11 **NHS Long Term Plan and Integrated Care Systems** (Pages 71 - 110)

Report of the Chief Executive (ACH/20/123) on proposals for the Integrated Care System (ICS) Board and establishment in "shadow" form, Memorandum of Understanding and system assurance framework, attached.

Electoral Divisions(s): All Divisions

MATTERS REFERRED

- 12 Notice of Motion - Totnes and Littlehempston Cycle / Footpath Scheme and the Council's Cycling and Multiuse Trail (Pages 111 - 116)

The following Notice of Motion submitted to the County Council by Councillor Hodgson, has been referred to the Cabinet for consideration in accordance with Standing Order 8(2), to refer it to another Committee or make a recommendation back to the Council:

- (a) Totnes and Littlehempston Cycle / Footpath Scheme and the Council's Cycling and Multiuse Trail (Councillor Hodgson)

Report of the Head of Planning, Transportation and Environment (PTE/20/4) on the Totnes and Littlehempston Cycle / Footpath Scheme and the Council's Cycling and Multiuse Trail, in response to the Notice of Motion submitted to the County Council (Minute 275 of 20th February 2020) by Councillor Hodgson, attached.

Electoral Divisions(s): Totnes & Dartington

STANDING ITEMS

- 13 Question(s) from Members of the Public

- 14 Minutes

Minutes of the bodies shown below are circulated herewith for information or endorsement as indicated therein (i.e. any unstarred minutes):

- a Standing Advisory Council on Religious Education - 13 February 2020
(Pages 117 - 120)
- b Farms Estate Committee - 24 February 2020 (Pages 121 - 124)

[NB: Minutes of [County Council Committees](#) are published on the Council's Website:

Minutes of the [Devon Education \(Schools\) Forum](#):

Minutes of the [South West Waste Partnership](#)

Minutes of the [Devon & Cornwall Police & Crime Panel](#)

Electoral Divisions(s): All Divisions

- 15 Delegated Action/Urgent Matters (Pages 125 - 126)

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.

Electoral Divisions(s): All Divisions

- 16 Forward Plan (Pages 127 - 134)

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>]

Electoral Divisions(s): All Divisions

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


NIL

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.

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 (Chair), S Barker, R Croad, A Davis, R Gilbert, S Hughes, A Leadbetter, J McInnes and B Parsons
Cabinet Member Remits
Councillors Hart (Policy, Corporate and Asset Management), Barker (Resources), Croad (Community, Public Health, Transportation & Environmental Services), Davis (Infrastructure Development & Waste), R Gilbert (Economy & Skills) S Hughes (Highway Management), Leadbetter (Adult Social Care & Health Services), McInnes (Children's Services & Schools) and Parsons (Organisational Development & Digital Transformation)
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 Karen Strahan, 01392 382264. The Forward Plan and the Agenda and Minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.
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 Chair. 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 Chair 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. The name of the person asking the question will be recorded in the minutes. For further information please contact Karen Strahan on 01392 382264 or look at our website
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 Induction loop system available

NOTES FOR VISITORS

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The nearest mainline railway stations are Exeter Central (5 minutes from the High Street) and St David's and St Thomas's both of which have regular bus services to the High Street. Bus Service H (which runs from St David's Station to the High Street) continues and stops in Wonford Road (at the top of Matford Lane shown on the map) a 2/3 minute walk from County Hall, en route to the RD&E Hospital (approximately a 10 minutes walk from County Hall, through Gras Lawn on Barrack Road).

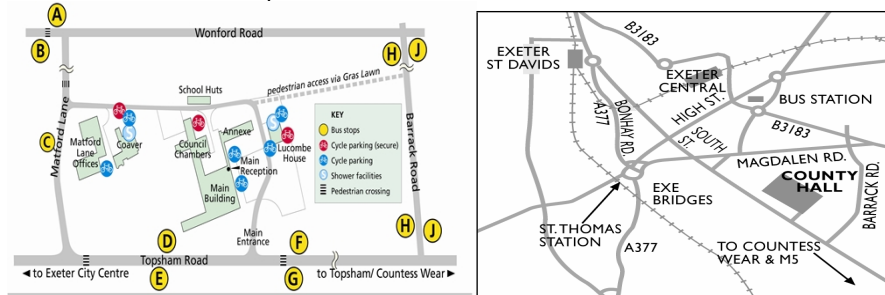
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NB   Denotes bus stops

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First Aid

Contact Main Reception (extension 2504) for a trained first aider.

BUDGET MONITORING 2019/20 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:

- a) That the month 10 budget monitoring forecast position is noted**

1. Introduction

- 1.1. This report outlines the financial position and forecast for the Authority at month 10 (to the end of January) of the financial year.
- 1.2. The total projected overspend at month 10 is £1.3 millions which is a £2.1 millions reduction from the £3.4 millions forecast at month 8.

2. Revenue Expenditure Adult Care and Health Services

- 2.1. Adult Care and Health services are forecast to overspend by £6.2 millions, a reduction of £702,000 from month 6. This position includes £291,000 of management actions yet to be delivered but which are still considered achievable.
- 2.2. Adult Care Operations is forecasting to overspend by £6.5 millions, a reduction of £367,000 from month 6. The pressure continues to primarily be the result of residential and nursing price and volume pressures. Client numbers for these areas are 142 higher than the budgeted level of 1,995 giving rise to an overspending of £3.1 millions. The remaining projected overspending of £3.4 millions is price related and due to higher costs having to be paid for services provided.
- 2.3. Adult Commissioning and Health is forecast to underspend by £636,000 the result of slippage in grant payments, staffing vacancies and contract underspends.
- 2.4. Mental Health is forecasting an overspend of £273,000. Pressures are being experienced from higher client numbers, residential services have 18 clients over the budgeted level of 151, have been offset by additional funding support for out of county placements from the Better care Fund confirmed at month 6.

3. Revenue Expenditure Children's Services

- 3.1. Children's services are forecasting an overspending of just under £6 millions, a reduction of £615,000 from month 8. However, this figure does not include projected

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funding shortfall of £21 millions on SEND as explained later in this section of the report.

- 3.2. Children's Social Care is forecast to overspend by £2.7 millions in total, a reduction of £982,000 from month 8. The overspending on children's placements is forecast to be £646,000, a reduction of £387,000 from month 8. Supported accommodation continues to be driving this pressure. A lack of sufficiency in the residential market is leading to young people being placed in alternative settings with high cost support packages. Disabled Children's Services are forecast to overspend by £982,000, a reduction of £429,000 from month 8. The improved forecast is primarily the result of increased health contributions for one highly complex case and placement movements.
- 3.3. All other costs which include Staffing, Quality Assurance Reviewing, the Atkinson Secure Children's Home and Safeguarding Service and strategic management budgets are forecasting an overspend of just over £1.1 million, a reduction of £166,000 from month 8.
- 3.4. The non-Dedicated Schools Grant (DSG) element of Education and Learning is forecasting an overspend of £3.3 millions, an increase of £367,000 from month 8. Pressures within school transport continue due to rising costs associated with contract changes and additional Special Education Needs and Disabilities (SEND) personalised transport routes linked to continued growth in numbers.
- 3.5. The outcome of the consultation issued by the Department for Education which sought to clarify the specific grant and ring-fenced status of the DSG has been received and the Government has confirmed its intention to proceed with implementing the proposals. This ring fence prevents Local Authorities using their General Fund resources to fund any overspending without the prior written approval of the Secretary of State.
- 3.6. The DSG High Needs Block, SEND is forecasting a funding shortfall of £21 millions for the current financial year a reduction of £527,000 from month 8. The High Needs block continues to be under significant pressure with placements in Independent Special Schools continuing to be the main area of overspending.
- 3.7. The number of students with Education and Health Care Plans continues to grow along with the complexity of need of pupils and numbers of those not able to attend school due to medical conditions all creating further pressures within the SEND High Needs Block.
- 3.8. In line with the outcome of the consultation the SEND funding deficit will not be dealt with at the end of this financial year but held on the balance sheet as a negative reserve. This would allow the deficit to be managed across several years and give time for Service Managers and Schools to develop recovery plans.

4. Revenue Expenditure Highways, Infrastructure Development and Waste

- 4.1. Highways, Infrastructure Development and Waste is forecasting an underspend of £729,000 at month 10, an increase of £214,000 from month 8.

4.2. Highways maintenance, Network Management, Street Lighting and Infrastructure Development are forecasting an overspend of £1.2 millions, a worsening of £359,000 from month 8. This movement is primarily as a result of sustained heavy rainfall leading to increases in reactive works being required.

4.3. Waste management is forecasting an underspend of just under £2 millions, an increase of £573,000 from month 8. The movement from month 8 is mainly the result of lower waste tonnages.

5. Revenue Expenditure Other Services

5.1. Communities, Public Health, Environment and Prosperity (COPHEP) are forecasting an underspend of £790,000 an increase of £308,000 from month 8. Corporate Services are forecasting an overspend of £2.2 millions a similar position to month 8.

5.2. Non- service items are forecast to underspend by £11.4 millions. This will be achieved by not making the planned £8 millions transfer to reserves this year. In addition it recognises underspends on capital financing and interest of £875,000, general grant and other income of £680,000 and an underspend on other expenditure which totals £1.9millions.

6. Capital Expenditure

6.1. The approved capital programme for the Council is £150.9 millions. This figure incorporates amounts brought forward from 2018/19 of £29.5 millions, and in year additions of £10.5 millions. Of this increase £7.7 millions is externally funded.

6.2. The year-end forecast is £119.8 millions, producing forecast slippage of £31.1 millions.

6.3. The main areas of slippage can be attributed to variations and programme delays in Planning and Transportation (£23.7 millions net slippage) which reflects the complexity of the major schemes within this service.

6.4. Historic trends suggest further slippage is likely, which is mainly due to fluctuations and variations of major projects. Wherever possible slippage is offset by the accelerated delivery of other approved schemes within the capital programme.

7. Debt Over 3 Months Old

7.1. Corporate debt stood at £4.5 millions, being 2.3% of the annual value of invoices, against the annual target of 1.9%. The balance of debt owed will continue to be pursued with the use of legal action where appropriate to do so.

8. Conclusion

8.1. It is pleasing that the projected overspending has reduced to just over £1 million. However, Adult and Children's Social Care continue to experience ongoing pressure along with the School's Transport service. The funding shortfall within the Dedicated School's Grant SEND High Needs Block continues to be a significant concern for this year and into the future.

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Mary Davis, County Treasurer

Electoral Divisions: All

Cabinet Member: Councillor Stuart Barker

Local Government Act 1972: List of Background Papers

Contact for Enquiries: Mary Davis

Tel No: (01392) 383310 Room: 199

Date Published: 2nd March 2020

PTE/20/2

Cabinet
11 March 2020

Flood Risk Management Action Plan 2020/21

Report of the Head of Planning, Transportation and Environment

Please note that the following recommendation is 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 approves the implementation of the County Council's 2020/21 Flood Risk Management Action Plan and associated financial allocations and secured funding to deliver the actions, equating to almost £3million.

1. Summary and Purpose of Report

The purpose of this report is to present to Cabinet the achievements of Devon County Council's (DCC) Flood & Coastal Risk Management Team in delivering the essential flood improvements approved in the 2019/20 Action Plan and to seek approval for the new 2020/21 Action Plan. The report details how DCC has worked in partnership with the other Risk Management Authorities to reduce the risk of flooding to residential and commercial properties across Devon and the level of external funding that has been secured to support delivery of these much-needed improvements.

2. Update on Achievements for 2019/20

Over the past year the focus of project delivery for the Flood and Coastal Risk Management Team has been to continue progress on several major flood improvement schemes that will reduce the risk to a large number of residential properties. Many of these schemes have been developed over recent years and are now either in, or approaching, the construction stage of the project. As reported previously, the delivery of such schemes can take in excess of 5 years from inception through to construction due to the complexities with budget justification, landowner agreements, local expectations, funding limitations and partnership opportunities with other Risk Management Authorities.

In 2019/20 the flood improvement scheme for Modbury was completed and is now operational, providing flood protection to 50 residential and 32 commercial properties. The first phase of the Northbrook Surface Water Improvements has also been completed and the second phase has now achieved planning permission for delivery in the Spring of 2020; together, these will help to reduce the risk of flooding to over 55 properties. A further 76 properties will benefit from the works currently being constructed at Claymans Pathway in Ivybridge and a small scheme at Ugborough will benefit at least 6 properties. Also, a scheme focussing on Natural Flood Management (NFM) measures, including the reinstatement of a wetland attenuation area, has been completed in Ottery St Mary, with the close engagement and support of the landowner. The bespoke DCC Property Level Resilience project, now referred to as Property Flood Resilience (PFR), continues to be popular with Devon residents, with 18 individual properties completed and a further 38 in progress. More detailed information about each of these projects is available in the [published progress report](#) also available via the [DCC Flood Risk Management web pages](#).

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Schemes at Stokeinteignhead and Sidmouth have both faced considerable challenges that have delayed their progress. The proposals at Stokeinteignhead have had to be significantly reduced in scale due to affordability and the first phase at Sidmouth has had to be deferred for further investigations due to problems with the deliverability of the original proposals. Other projects at South Pool and Cullompton are also, unexpectedly, behind schedule due to procurement delays.

The current Devon Local Flood Risk Management Strategy was published in May 2014, covering the period of 2014-2020, and is due to be updated at the end of the year. We have started the process of reviewing the strategy and will be updating it to align with the Environment Agency's National Strategy, which is due to be published very shortly. This work is being overseen by an internal Project Board, which includes the Head of Planning, Transportation & Environment, the Environment Manager and Elected Members representing DCC on the South West Regional Flood & Coastal Committee. Its principal focus will be on making communities more resilient to flooding, as it is recognised that it is becoming increasingly impractical to continue to defend properties by further increasing the scale of defences. A draft strategy will be presented to Scrutiny prior to going out to public consultation during the late summer/autumn; following its adoption by Cabinet, the new strategy is expected to be published in January 2021.

Providing advice and comment on surface water management proposals for new major development continues to be a work priority for the team, with additional resources being reassigned to support this function. Over 480 new applications have been consulted on over the past 12 months, a slight increase to the figure reported last year. Many of these applications require several exchanges with the applicant before a satisfactory proposal is submitted. In addition to those applications being submitted to us for 'major developments', the introduction of a pre-application service for those that fall outside of our statutory role has increased the number of applications being reviewed. A total of 37 'pre-app' submissions have been reviewed in the past 12 months. The team has also represented DCC at Planning Committee meetings, planning enquiries and strategic development assessments, as required.

Other statutory functions fulfilled over the past 12 months have included the processing of 94 applications for Land Drainage Consent and the requirement to serve formal enforcement notices at 3 locations, where landowners have failed in their riparian duties to maintain a free flow of water in their section of a watercourse.

3. Proposed Action Plan for 2020/21

We are now entering the final year of Defra's 6-year Flood & Coastal Erosion Risk Management Programme and DCC's priorities will, therefore, be to deliver those projects being supported by Defra's Flood Defence Grant in Aid (FDGiA) in this current funding window. Many of these projects have been ongoing for several years and are now reaching the final stages of delivery. Schemes at Ivybridge, Exeter and Stokeinteignhead are set to be completed in the first half of the new financial year and the first phase of Sidmouth Flood Improvements at the Knowle aim to commence late Spring 2020. In addition, a new scheme at Chillington is to be progressed and flood issues at Colaton Raleigh are to be investigated further.

The PFR scheme will continue to deliver flood resilience measures to those individual properties unlikely to benefit from any wider catchment improvements in the near future. Two community PFR schemes at South Pool and Cullompton, currently awaiting procurement, will also be implemented in the new financial year.

There will be ongoing support for Natural Flood Management initiatives, including the Blackdown Hills AONB's Connecting the Culm project and the Northern Devon Nature Improvement Area's Culm Grassland project. Routine consideration will also be given to Natural Flood Management opportunities, either as self-contained projects or as an integral element of wider works, during the delivery of all flood improvement capital schemes.

In anticipation of the next Defra funding programme, DCC's Flood & Coastal Risk Management team will work closely with other Risk Management Authorities to seek opportunities for collaborative working and to consider prioritising new areas for investment in flood improvements. This will be developed alongside the updating of the Local Flood Risk Management Strategy and aligned to the vision of the new National Strategy in making Devon's properties more resilient to flooding.

4. Options/Alternatives

In view of the continued risk of flooding across the County, 'do nothing' and 'do minimum' options do not align with political and public expectations and have, therefore, been discounted. The preferred option is to consider the scale of affordable flood improvements that can be justified based on known / anticipated priorities and available budgets. In most cases this will involve working in partnership with other Risk Management Authorities to achieve multiple benefits and to maximise external funding opportunities to supplement allocated DCC revenue and capital budgets.

Each individual scheme will undergo a process of optioneering to determine the preferred approach that will deliver maximum benefit within an affordable and justifiable budget. Where possible funding will be achieved through Defra's Flood Defence Grant in Aid, Local Levy and other Risk Management Authorities.

5. Consultations/Representations/Technical Data

It is essential that all flood improvement schemes are communicated with key stakeholders, partners and recipients benefitting from the works. Getting local buy-in and support to the scheme will help in bringing others on board and assist with delivery. Full consultation will be required with anyone being affected by the works, including landowners, local businesses and service providers and those where formal approval or consent is required, such as for planning permission, land drainage consent and traffic management.

The level of consultation will be proportionate to the scale of proposed improvement works. When delivering Property Flood Resilience (PFR) to individual properties it may only be necessary to communicate with the directly affected property owner, unless listed building consent is required whereby the Local Planning Authority would need to be consulted also. Larger, community-based, projects require wider consultation through public exhibition and presentations, which convey technical information and enable feedback on how to minimise disruption and unintended consequences.

Opportunities for collaborative partnership working will be considered for all schemes through the sharing of technical information with other Risk Management Authorities. This can reduce costs to a single authority and achieve multiple benefits.

During the late summer / autumn months of 2020 it is also planned to undertake consultation on the draft version of the new Local Flood Risk Management Strategy, which will consider the collective approaches applied by Risk Management Authorities in Devon as well as the specific role of DCC as the Lead Local Flood Authority.

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6. Financial Considerations

The national funding process for Grant in Aid requires an element of partnership funding to achieve the full funding requirements. It is estimated that £1.032 millions of Defra Flood Defence Grant in Aid will be drawn down to assist the delivery of the 2020/21 Action Plan and this will be supported with £300,000 of Local Levy, administered by the South West Regional Flood and Coastal Committee, over £818,000 of DCC Revenue and £499,000 Capital budget and at least £100,000 in partnership contributions from other Risk Management Authorities. The 2020/21 revenue and capital budgets are as approved at Cabinet and Council in February 2020.

To take account of uncertainties over scheme delivery, including landowner agreements, service clashes, cost benefit analysis, scheme justification and works programming, the Action Plan (see Appendix 1) shows a financial over-allocation of almost 30% (or £232,000) in the revenue budget. This will be monitored throughout the year to ensure that commitments remain within the approved budgets.

7. Legal Considerations

All flood management activities carried out by DCC are in accordance with the powers and duties placed upon them by the Flood and Water Management Act 2010 and the Land Drainage Act 1991. For the purpose of reducing the risk of flooding to residential and commercial properties, DCC may use their relevant powers to carry out works, enforce any unlawful activity or to ensure landowners carry out their riparian responsibilities, such as maintaining a free flow of water in their section of watercourse. A legal notice can be served on a landowner if access is required onto their land for flood related activities and any compensation due shall be paid.

8. Environmental Impact Considerations

When delivering flood improvements, it is a requirement to consider all potential impacts on the environment and to mitigate and/or enhance wherever it is possible to do so. DCC is committed to providing Natural Flood Management measures, either as stand-alone projects or to enhance engineered solutions, wherever practicable. This involves a wider catchment approach when considering the appropriate flood improvements.

With the increasing risk of flooding, due to more frequent and intense rainfall events associated with climate change, it is essential for appropriate mitigation measures to be implemented for all schemes being delivered or consulted on within this emerging programme. The appropriate use of sustainable drainage and natural flood management measures will be embedded in the delivery of all flood improvements to assist in mitigating the impacts of climate change.

A high-level Strategic Environmental Assessment (SEA) was completed for the current Local Flood Management Strategy and will be revised for the new Local Strategy, currently being drafted. Scheme specific environmental assessments will also be carried out in a manner relative to the scale of works being implemented.

9. Equality Considerations

In accordance with DCC procedures, an Equality Impact Assessment was carried out for the current Local Flood Risk Management Strategy to ensure equality and socio-economic concerns are considered and dealt with appropriately; this will be revised and updated for the new Strategy, which is currently being drafted. Consideration will also be given to

scheme-specific equality considerations for all relevant flood improvements shown on the attached Action Plan.

10. Risk Management Considerations

The risk of flooding continues to be high across the county and, with new climate change predictions, this will increase in future years. DCC, as the Lead Local Flood Authority, has a responsibility to ensure flood risk is mitigated from surface water, ground water and ordinary watercourses and to work in partnership with the Environment Agency, who manage the risk from main rivers and the sea. This 2020/21 Action Plan aims to continue the hard work being progressed by the Flood & Coastal Risk Management Team in targeting those Devon communities considered to be at most risk

As we are now entering the final year of Defra's 6-year programme there is uncertainty over what funding arrangements will be in place for future investment in flood risk management. Early indications are that a new funding programme will be established; on this basis the Flood Risk Team is already developing proposals for a future programme. A collaborative approach with other Risk Management Authorities, including the Environment Agency, South West Water and District Councils, helps to maximise investment potential and scheme delivery.

Managing communities' expectations is challenging when considering affordable flood improvements. All schemes have to show a cost beneficial solution, which is an issue when dealing with some small communities in Devon with relatively low numbers of properties. This does not attract the same level of funding compared to that of a larger urban town holding a higher concentration of properties at risk. In order to achieve maximum funding, there is a lot of justification works to be carried out at risk before determining whether the scheme is cost beneficial and deliverable within the available budget.

Other considerations such as planning permission, listed building consent, ecological constraints or road opening notices are further risks that can significantly affect delivery of flood improvement works.

11. Public Health Impact

It is recognised that the effects of flooding are not just materialistic but are very distressing to the property owners, leading to mental health issues. The contaminated floodwaters can also cause illness and deep water has the risk of drowning. The ongoing delivery of essential flood improvements across Devon will reduce the risks to life and enhance the health and wellbeing of those communities and affected residents, making Devon a better place to be.

12. Discussion

DCC continues to act as a high performing Lead Local Flood Authority by adopting a thorough approach to the implementation of its statutory responsibilities. Future flood risk linked to new development is avoided by reviewing all major planning applications and ensuring a suitable surface water management system is proposed. The continuous rise in Land Drainage Consent applications suggests increased landowner awareness of this requirement prior to carrying out works on ordinary watercourses. During day to day activities landowners with riparian responsibilities for maintaining a watercourse are contacted frequently to carry out their duties and generally will do so accordingly, but DCC is well versed in using the legislation when required to achieve the necessary action.

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As we enter the final year of Defra's current 6-year programme we should reflect on the excellent achievements that have been delivered in protecting 478 properties to date and a further 454 properties set to benefit through ongoing projects due for completion by the end of the 2020/21 financial year. This has been achieved by securing over £4.7 millions, comprised of £2.3 million of DCC budgetary allocation, plus external funding through Defra's Grant in Aid, the Local Levy and partnership contributions. A further £1.4 millions of external funding and, at least, £499,000 of DCC capital investment will be used to deliver this coming year's Annual Action Plan.

13. Conclusion and Reason for Recommendation

The risk of flooding to many Devon communities remains high and, with the authority having declared a climate emergency, it is appropriate that investment in flood risk management continues to be a priority. Successful delivery of essential flood improvements in some of the larger high risk-communities has been achieved over recent years and this new Action Plan for 2020-21 focusses on the completion of the pre-existing scheme programme, particularly those projects which benefit from ongoing commitments through Defra Grant in Aid. The incorporation of Natural Flood Management measures in all relevant schemes will help to reduce the reliance on and potential impacts of conventional engineering works and contribute to environmental enhancement. Making Devon's communities more resilient to flooding will align the focus of the Environment Agency's new National Strategy, which is soon to be published.

Dave Black
Head of Planning, Transportation and Environment

Electoral Divisions: All

Cabinet Member for Community, Public Health, Transportation and Environmental Services:
Councillor Roger Croad

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

Local Government Act 1972: List of Background Papers

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Background Paper	Date	File Reference
1. Government Programme of Flood and Coastal Erosion Risk Management Schemes	Re-published March 2018	https://www.gov.uk/government/publications/programme-of-flood-and-coastal-erosion-risk-management-schemes
2. Devon Local Flood Risk Management Strategy	June 2014	https://new.devon.gov.uk/floodriskmanagement/local-flood-risk-management-strategy/

mh170220cab Flood Risk Management Action Plan 2020-21
hk 05 240220

Devon County Council Action Plan for 2020/21 to Support the Local Flood Risk Management Strategy

Projects/Works/Schemes	Lead Authority	Study, Design or Works	2020/21 DCC FRM Contribution £ Revenue	2020/21 DCC FPW Contribution £ Capital	Other Funding £	Details of Proposal
Devon						
Flood Risk Management Team	DCC	-	400,000			Resources required to deliver the Flood Risk Management functions as the Lead Local Flood Authority and Statutory Consultee for SuDS.
Local Flood Improvements and contingency	DCC/Others	W	200,000			Delivery of local flood improvement works (subject to resources and in accordance with the DCC priority list and opportunities with other Risk Management Authorities/Local Communities) and an allocation for contingency/risk.
Flood Investigations/Studies	DCC/Others	S	60,000			Delivery of investigations, surveys and studies, subject to resources and in accordance with the DCC priority list and opportunities with other Risk Management Authorities/Local Communities.
Property Flood Resilience	DCC/Others	W		50,000	195,000	Allocation of funds for flood resilience measures through the Property Level Resilience Grant Scheme. Supported with additional £50k Flood Defence Grant in Aid and £20k Local Levy, subject to approval. Including delivery of delayed South Pool and Cullompton PFR schemes.

Community Resilience and support	DCC	S/W	25,000				To support delivery and provision of grants through the Devon Community Resilience Forum and to provide assistance to communities for the delivery and provision of Flood Resilience Measures and Emergency Planning.
Natural Flood Management/Working with Natural Processes	DCC/Others	S/W	60,000				To develop best practice and progress opportunities for delivering natural flood risk management techniques in partnership with other RMAs and key stakeholders, including Northern Devon Nature Improvement Area (NIA) Culm Grassland Project and, East Devon AONB Connecting the Culm projects.
Maintenance of Flood Improvements	DCC	W	20,000				Maintenance of installed flood improvements, monitoring and gauging equipment.
East Devon							
Sidmouth Surface Water Improvements - Design	DCC	W	50,000	50,000	611,500		Delivery of flood attenuation works at the Knowle and consideration of surface water drainage improvements in the town centre.
Collaton Raleigh	DCC	S	30,000				Catchment study and consideration of options including the proposal of upstream natural flood management.
Exeter							
Exeter Surface Water Improvements - Design	DCC	D	30,000	40,000	150,000		Delivery of phase 2 flood attenuation works in the playing field adjacent to Georges Close and consideration of next phase from the Surface Water Management Plan.
Mid Devon							
Cullompton	DCC	W	25,000				Completion of PFR scheme.
North Devon							
Ilfracombe	DCC	S	20,000				Review of Surface Water Management Plan.

South Hams						
Ivybridge Flood Improvements	DCC	D/W		82,000	135,000	Completion of construction phase of flood improvement works.
Modbury	DCC	W	100,000	42,000		Scheme completion.
Chillington	DCC	W		45,000	85,000	Delivery of construction phase of flood improvements.
Kingsbridge Study	SWW	S	10,000			Contribution towards ongoing study and hydraulic modelling, in partnership with other RMAs.
Ugborough	DCC	D/W		20,000		Scheme completion and delivery of Natural Flood Management measures.
Frogmore	PC	W		20,000		Final contribution towards Parish Council led flood improvements.
Teignbridge						
Stokeinteignhead	DCC	D/W		150,000	255,000	Delivery of Property Flood Resilience measures and completion of drainage improvements.
Teignmouth	DCC	S	20,000			Review of Surface Water Management Plan.
Total Budget Allocation			1,050,000	499,000	1,431,500	

The above budget allocations are estimates that are subject to change or maybe deferred as other priorities and opportunities arise. The total expenditure currently shows a 28% over-budget spend to allow for delays, efficiencies, reprioritising and contingency. This will be monitored throughout the year to ensure the available budget is not exceeded and will defer projects as required.

Incoming Budgets						
PT&E Flood Revenue Budget			817,000			Grant to fulfil requirements as the LLFA as defined under the Flood and Water Management Act.
Miscellaneous Income			1,500			Fees for consents and recharges etc.
PT&E Flood Capital Budget				499,000		Place Revenue budget for Flood Defence Works.
FDGiA/Local Levy					1,431,500	Defra Grant in Aid and Local Levy administered by the SWRFCC.
Total Budget			818,500	499,000	1,431,500	Total

PTE/20/3

Cabinet
11 March 2020

A382-A383 Connection (Houghton Barton Link Road) Phases 1 & 2

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:

That subject to appropriate funding agreements, legal agreements, land assembly agreements and planning submissions being completed:

- (a) DCC enter into highway agreements with the relevant parties to deliver the Houghton Barton Link Road (Phase 2) scheme and legal agreements to secure the land and minerals in respect of the Houghton Barton Link Road (Phases 1 & 2) scheme;**
- (b) DCC underwrites £1.25 millions of the proposed developer contribution, subject to a signed Unilateral Undertaking, in advance of this being paid by the developer by a planning agreement subject to planning permission;**
- (c) the scheme layout shown on drawing B11004/27 (attached to the report at Appendix 2) be approved for tender and construction;**
- (d) the Chief Officer for Highways, Infrastructure Development and Waste, in consultation with the relevant Cabinet Member, be given delegated authority to award the construction contract for Phases 1 & 2 of the Houghton Barton Link Road Scheme subject to the overall scheme cost being within a cost envelope of £7.4 millions; and**
- (e) the Chief Officer for Highways, Infrastructure Development and Waste, in consultation with the relevant Cabinet Member and Local Member, be given delegated authority to make minor amendments to the scheme design.**

1. Summary

This report seeks approval to enable legal agreements to be signed, tenders to be issued and a contract to be awarded to proceed with construction of Phases 1 & 2 of the Houghton Barton Link Road scheme connecting the A382 to the A383 to the west of Newton Abbot. Phase 1 is between Forches Cross and Perry Cross and Phase 2 is between Perry Cross and Howton Road. Phase 3, between Howton Road and the A383, is expected to be delivered by developers. Phase 4 is included in the A382 Corridor Improvement scheme and will provide an upgraded roundabout junction of the link road with the A382. The scheme facilitates residential development at Houghton Barton, employment development at Forches Cross, improves the resilience of the local road network and complements improvements to the A382 which are underway.

2. Background

The scheme is based upon achieving the following objectives:

- Relieve pressure on the existing road network, particularly Highweek Village.
- Unlock development at Houghton Barton and Forches Cross.

Teignbridge District Council's adopted Local Plan sets out proposed residential and employment developments in the area. In the Heart of Teignbridge (Newton Abbot,

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Kingsteignton and Kingskerswell), 6,000 homes and 11,000 jobs are included in the plan period 2013-2033.

Houghton Barton covers an area of 160 hectares of land to the west of Newton Abbot. The site is enclosed by the A382, A383 and A38. The area has been allocated for a mix of residential and employment development, including a new local centre, shops and school, as part of the adopted Teignbridge Local Plan, with the site expected to deliver 1,800 houses (including Hele Park). Houghton Barton will be accessed from the A383 (Ashburton Road) to the south and the A382 (Bovey Tracey Road) to the north. The creation of a vehicular route connecting the A382 and A383 is a requirement of the Local Plan policy NA1 Houghton Barton.

A location plan is shown in Appendix 1.

The A382 and A383 provide the principal connections between Newton Abbot and the A38. Existing roads connecting the A382 and A383 together are single track country lanes that provide access to a small number of properties and the Seale Hayne campus. Due to the low capacity of these roads, access to the A382 from new development at Houghton Barton will be very difficult causing safety and congestion problems.

Mile End Road and Ringslade Road provide a further link between the A382 and A383 through the residential area of Highweek, which is a particularly sensitive area with capacity constraints caused by narrow sections. Despite these constraints the route is attractive as a 'rat run' to avoid delay at junctions on the circulatory route on the A382 and A383 via Dyrans roundabout and Churchill's roundabout. The development at Houghton Barton will exacerbate these existing problems.

The Houghton Barton Link Road will support the Houghton Barton development and allow it to be constructed and occupied whilst mitigating the worst of the impacts on the transport network. The Link Road will provide an attractive alternative route between the A382 and A383 which will relieve pressure on the local highway network including the A383 and through the area of Highweek.

The Link Road joins the A382 at a new roundabout (Forches Cross) which is part of the A382 Corridor Improvement scheme. This scheme will deliver highway widening and realignment from Drumbridges on the A38 into Newton Abbot. These two schemes complement each other by delivering development to the west of Newton Abbot and relieving pressure on the existing road network

Following the adoption of the Local Plan, it was recognised that the Houghton Barton Link was a key piece of infrastructure in the delivery of the Houghton Barton housing allocation. The scale, complexity and cost would be a major challenge to the developer. As a catalyst for the development, DCC submitted a Business Case to the Heart of the South West Local Enterprise Partnership (LEP) to part fund the scheme. This assumed that by the time the scheme was ready for construction, a planning application for the housing development would have been approved and houses would have started to be constructed. This would have enabled a Section 106 agreement (S106) to have been signed providing certainty over funding and land to be available to enable a funding agreement to be signed with the LEP.

The scheme is being delivered in phases, determined by the deliverability of each section of the scheme. Phases 1 & 2 will soon be ready to commence the tender process subject to the necessary authorities being granted. Phase 3 will be delivered by the developer as part of the Houghton Barton development by way of a planning condition. Phase 4 will involve the upgrade of the priority junction of Houghton Barton Link Road with the A382 to a roundabout. This is being delivered through the A382 Corridor Improvements scheme.

The present situation is that a Planning Application for the Houghton Barton development was expected in Spring 2019, then was delayed until November 2019 (see Appendix 3) but has not yet been submitted. The Local Enterprise Partnership has now requested that this be submitted by 24th March 2020. Consequently, no S106 is in place for this development, the land is not yet in the ownership of the developer, and we are unclear when the development will commence and Phase 3 of the Link Road will be delivered. Thus, DCC has not yet signed a funding agreement with the LEP.

DCC recognise the importance of the development in the delivery of housing and avoiding unallocated sites to come forward. Therefore we are persevering in the wider interests of the Teignbridge Local Plan.

3. Proposal

Phases 1 & 2 of the Houghton Barton Link Road propose the following:

- a 7.3 metre carriageway, 2 metre footway and 3 metre shared use path between the A382 north of Forches Cross and Perry Cross;
- a new priority junction on the A382; and
- a 6 metre carriageway and 3 metre shared use path between Perry Cross and Howton Road.

4. Options and Alternatives

An Option Assessment Report has been produced which considered potential sustainable options such as demand management, walking and cycling, bus, rail and park and change. It was concluded that it is unlikely that any of these measures in isolation would achieve the change in travel behaviour necessary to deliver the development.

A number of options were then considered relating to improvements to the highway to the west of Newton Abbot. These included: upgrading the A383 junction on the A38; increasing capacity through Highweek; widening existing lanes between the A382 and A383; and a new road connecting the A382 and A383. This report concludes that the Houghton Barton Link is the most appropriate scheme to meet the objectives and provide transport and economic benefits.

There is an option to delay the current progress of the scheme until the housing at Houghton Barton is being delivered. The road has planning permission, the design is advanced and the tender process could be postponed. Other funding options are likely in the future if the scheme is "shovel ready". This option has been considered and discussed but was rejected as it is likely to further delay the delivery of housing and the link road and create pressure from other non-allocated sites to come forward. However, the current proposal is subject to several potentially fatal risks. If any of these were to occur, then the option to postpone the construction of the scheme will be the default position.

5. Consultations, Representations and Technical Data

Houghton Barton is identified as a strategic site for development in the adopted Teignbridge Local Plan (2013-2033). Policy NA1 Houghton Barton (f) of the Local Plan requires the development to "create a vehicular route connecting the A382 and A383." Paragraph 7.11 states that the "provision of the road and delivery of sustainable travel infrastructure is critical for this development.... The road between the A382 and A383 is also essential to improve capacity of the A383 and reduce traffic through Highweek."

A Development Framework Plan (DFP) for Houghton Barton was adopted by Teignbridge District Council (TDC) in December 2017 after a consultation process. This document

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provides detailed and relevant planning guidance for the Houghton Barton development. It clearly sets out the need for a road connecting the A382 to the A383, identifying it as critical in addressing the increase in traffic associated with the development.

The Houghton Barton Link Road (A382-A383 Connection) is also included in the Heart of the South West LEP funding programme in the Houghton Barton Package and the A382 Corridor Improvements Phase 1 schemes. Business Cases including detailed evidence documenting the benefits of the schemes were approved by the LEP.

The Highweek Residents Association has been engaged through local Councillors and fully support the scheme. Due to the timescales for delivery of the Houghton Barton Link Road, a short-term experimental highway mitigation scheme was developed for Highweek in conjunction with the Residents Association which was implemented in November 2017.

The scheme was granted planning permission in 2019, where a statutory consultation was undertaken as part of that process.

6. Financial Considerations

The estimated scheme cost of Phases 1 & 2 of the Houghton Barton Link Road is £7.4 millions. This includes detailed design, development and delivery of the planning application and discharging associated conditions, land acquisition, Statutory Undertakers works, advance works, scheme construction, supervision and contingency.

The funding breakdown is shown in the following table.

Source	Prior years costs £millions	Projected costs 2019/20 £millions	Projected costs 2020/21 £millions	Projected costs 2021/22 £millions	Total £millions
Heart of the South West Local Enterprise Partnership (Growth Deal 3 grant)	0.17	0.25	2.45	0	2.87
Teignbridge District Council Capacity Funding	0.20	0	0	0	0.20
DCC Local Transport Plan grant (LTP)	0.02	0	0.45	0	0.47
National Productivity Investment Fund (NPIF)	0.22	0	0	0	0.22
Section 106	0	0	1.14	0	1.14
DCC Loan (Anticipated to be recouped through a Unilateral Undertaking)	0	0	0.81	0.44	1.25
TDC Loan (Anticipated to be recouped through a Unilateral Undertaking)	0	0	0.81	0.44	1.25
Total	0.61	0.25	5.66	0.88	7.40

The Phase 2 scheme has £2.87 millions of funding approved from the LEP. A Funding Agreement is yet to be signed so no costs have been claimed to date, however costs can be claimed retrospectively. The Funding Agreement must be signed by the end of March 2020 to accord with the requirements of the Local Enterprise Partnership. Failure to meet this

deadline will result in the allocated funding being withdrawn. The Final Business Case is due to be presented to the Local Transport Board of the LEP for approval in Autumn 2020 following tender returns.

Teignbridge District Council (TDC) have provided a contribution of £0.2 millions from a Capacity Funding bid towards preparation of the planning application for the Houghton Barton Link Road, which has been spent.

It is proposed to allocate £0.47 million of DCC LTP funds to the scheme, £0.02 millions of which was spent in during development of the scheme between 2011 and 2015.

In 2017/18 £0. millions of NPIF funding was spent on the scheme.

A signed Section 106 Agreement (S106) is in place from another development site which includes a contribution of £1.4 millions towards the A382-A383 link road, the first three payments of which have been received. The value of this contribution including indexation is anticipated to be £1.91millions. It is proposed to allocate £1.14 millions of this to the Phase 1 scheme. The remainder has been allocated to the A382 Phase 1 scheme.

A Unilateral Undertaking (UU) is currently being drafted by the developers of Houghton Barton (Bloor Homes and Redrow Homes), in coordination with TDC and DCC. Upon submission of a planning application in March 2020, the UU is expected to commit the developer to a financial contribution of up to £2.5 millions towards the scheme should planning permission be granted for the development. The intention is that, subject to works having commenced on the Link Road Phase 1 & 2, upon grant of planning permission, the developers will pay the first instalment of their contribution. The final amount will be confirmed once construction is complete and the outturn cost of the scheme is known.

As this payment will be dependent on planning permission being granted which will not be known until after the scheme has commenced construction, DCC and TDC propose to underwrite £1.25 millions of the developer contribution each at this stage. TDC will be seeking approval for this at a Full Council meeting on 16 March 2020.

TDC are also seeking approval to enter into a legal highway agreement (in respect of land in its ownership) with DCC for part of the Houghton Barton Link Road (Phase 2) scheme and legal agreements to transfer land and minerals to DCC in respect of the Houghton Barton Link Road (Phase 2) scheme.

7. Legal Considerations

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

8. Land Assembly

Surface land for Phase 1 is within DCC ownership. A section of surface land for Phase 2 is in the ownership of Teignbridge District Council. The remainder of the surface land is currently subject to an option agreement between the developers and the land owners.

Minerals lie underneath the whole scheme which are currently in the ownership of Sibelco. There is an option agreement between the developers and Sibelco to enable the developers to draw down the minerals as required and transfer to DCC/TDC.

DCC are proposing two legal agreements which are currently being drafted:
between DCC and the developers; and
between DCC and TDC.

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These will permit DCC a license to construct the road over the land and minerals in the ownership of others, and for that land to be transferred to DCC upon completion of Phases 1 & 2 of the scheme if called upon to do so by DCC. Upon entering into the above agreements, the developers will acquire the surface land and minerals required for the scheme. It is anticipated that these agreements will be signed by the end of March 2020.

9. Environmental Impact Considerations (Including Climate Change)

For the Planning Application, environmental considerations for the whole scheme were assessed through an Environmental Impact Assessment.

Regarding biodiversity impacts, without appropriate mitigation construction of the scheme could lead to potential loss/degradation of habitats, severance, disturbance and species mortality. During operation potential impacts could occur as a result of changes in lighting and water quality, and species mortality as a result of vehicle collisions. The scheme has been designed to minimise land-take of key habitats, maintain habitat connectivity and replace any lost key habitat. With this mitigation in place, the scheme is shown to have no significant adverse effects on biodiversity.

In terms of landscape, the scheme will have a short-term adverse impact on landscape character areas and visual effects however these will be minimised by mitigation planting providing screening. The adverse impacts will be largely superseded when the Houghton Barton development comes forward and the road becomes integrated into the development.

The mitigation proposed includes the translocation of all existing hedgerow habitat where possible and the planting of new hedgerow habitat resulting in a net gain in hedgerow habitat of 340m.

There will be a net gain of approximately 1.5ha of broadleaved woodland and 1.3ha of scrub habitat in the long term which will be of value to dormouse when established and increase the quality and variety of the habitat in the local area.

The noise assessment considered the impacts on annoyance and disturbance associated with road traffic noise in terms of numbers of properties affected. A small number of properties close to the scheme may be adversely affected, however acoustic fencing will be provided where required. The scheme will also result in a reduction in noise levels elsewhere as a result of changes in traffic flows and speeds on the local road network. With mitigation in the form of a low noise road surface, the overall noise impact of the scheme is expected to be slight beneficial.

Changes in air pollution levels due to the new road are expected to be neutral. Upon opening, the road results in a reduction in pollution emissions by improving traffic flow in the area. In the future there is expected to be an increase in emissions however this is associated with traffic from the new development rather than the road scheme.

Water Environment impacts have been assessed and a surface water management strategy has been produced which proposes the use of attenuation basins, swales and flow control devices. The effect of the road scheme on the water environment (water resources and flood risk) is not considered significant.

The scheme will lead to positive social impacts, in particular by reducing traffic through the residential area of Highweek. The scheme will benefit all road users through improved journey time reliability and safety. The scheme will improve access to and from Newton Abbot resulting in a cost saving for new and existing residents. Economic, social and

environmental wellbeing will be improved through better access to employment, education and recreational destinations.

There is an estimated saving in greenhouse gas emissions from road traffic in the wider geographic area of over 4,700 tonnes of CO₂ over 60 years, compared to the without scheme scenario.

These figures do not take account of the anticipated switch to sustainable modes as a result of the development coming forward with local community facilities. Consequently, it can be considered that the calculated saving in annual greenhouse gas emissions from road traffic is conservative, and in reality, the saving may be higher.

The Environmental Impact Assessment calculates that the total amount of greenhouse gas emitted from the construction activities would be 3,849 tons. From the estimated annual savings once the scheme is operational it would take around 55 years for the construction impact to be paid back.

Once complete, the scheme will enable much improved access by public transport. In particular it will enable a circular bus route connecting the development to the A382 and A383 corridors, Newton Abbot Town Centre and other key locations.

The scheme includes segregated pedestrian and cycle facilities along the length of the road. A cycle route has recently been constructed on the A383 and construction has started on the A382 Corridor Improvement scheme which features new pedestrian and cycle facilities. Improvements will also be made to other local roads to provide attractive pedestrian and cycle connections to Houghton Barton. Together these will form a comprehensive cycle network linking the development to a range of locations.

10. 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 this particular scheme, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and is also available on the Council's website at: <https://www.devon.gov.uk/impact/houghton-barton-link-road/>, which Members will need to consider for the purposes of this item.

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In economic terms the scheme will facilitate travel and development which will have a beneficial impact upon the local economy by enabling employment and housing development in the area to proceed with mitigated impact.

11. Risk Management Considerations

The scheme is subject to the normal engineering risks. A quantified risk assessment has been undertaken and these risk costs have been included in the scheme estimate. The scheme cost is capped at approximately £7.4 millions.

A high-pressure gas main is present in the north of the site. Extensive discussion has been held with Wales and West Utilities and the mitigation required has now been agreed.

There are a number of legal agreements required to be in place in order to proceed with the scheme. All parties are cooperating, and the agreements are currently being drafted. The status of these will be given as a verbal update to the Cabinet meeting.

Bloor Homes are responsible for the submission of their planning application by 24th March 2020. Without this the LEP will consider withdrawing their funding.

An agreed and signed Unilateral Undertaking to enable Bloor to repay the potential £2.5m funding gap has to be submitted by the end of March 2020.

There is a funding risk that planning permission is not granted for the Bloor Homes development and that they do not pay the funding contribution identified in the UU. This risk is proposed to be mitigated by DCC and TDC underwriting the cost.

The completion of Phase 3 of the link road is required to achieve the objectives of the scheme. There is a risk that planning permission is not granted and the development does not come forward, resulting in the link not being completed by the developer to the A383. However, DCC has planning permission for a route through to the A383 so this could be delivered by DCC in the future subject to funding. This is a site allocated in the Local Plan, so it is also reasonable to assume that another developer would come forward and submit a successful application for development and completion of the road.

12. Public Health Impact

The scheme is subject to a Road Safety Audit with Stage 2 Safety Audit now complete.

The safety benefits of the scheme have been estimated at a saving of 92 accidents over a 60-year appraisal period.

The social benefit for the residents of Highweek will be significant due to reduced traffic through this area.

The noise and air quality impacts from the scheme are expected to be neutral.

The scheme provides new pedestrian and cycle facilities which will give residents of the new Houghton Barton development opportunities for sustainable travel from the site to key locations and provide leisure travel opportunities.

13. Reason for Recommendation

The scheme enables the Houghton Barton development to come forward with early provision of infrastructure and assists with the mitigation of the transport impacts of the development on the local highway network. The scheme is funded primarily by a combination of LEP

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growth deal and developer contributions. However, there is a funding gap which requires Devon County Council and Teignbridge District Council to underwrite the funding gap which is to be recovered under a Unilateral Undertaking subject to planning permission being granted. The scheme is consistent with the aims of the Devon and Torbay Local Transport Plan 3 and the Local Enterprise Partnership with regard to economic growth.

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Electoral Divisions: Newton Abbot North

Cabinet Member for Infrastructure, Development and Waste: Councillor Andrea Davis

Local Government Act 1972: List of Background Papers

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Background Paper	Date	File Ref.
Impact Assessment	February 2020	https://www.devon.gov.uk/impact/houghton-barton-link-road/
Options Assessment Report	October 2018	https://devoncc.sharepoint.com/:b/s/PublicDocs/Highways/EZ4ZtK0_FVROpVT6CNnV8a8B5iR6b74X254ITHDU2gYywQ?e=q6h16m

sb210220cab A382-A382 Connection (Houghton Barton Link Road) Phases 1 & 2
hk 05 020320

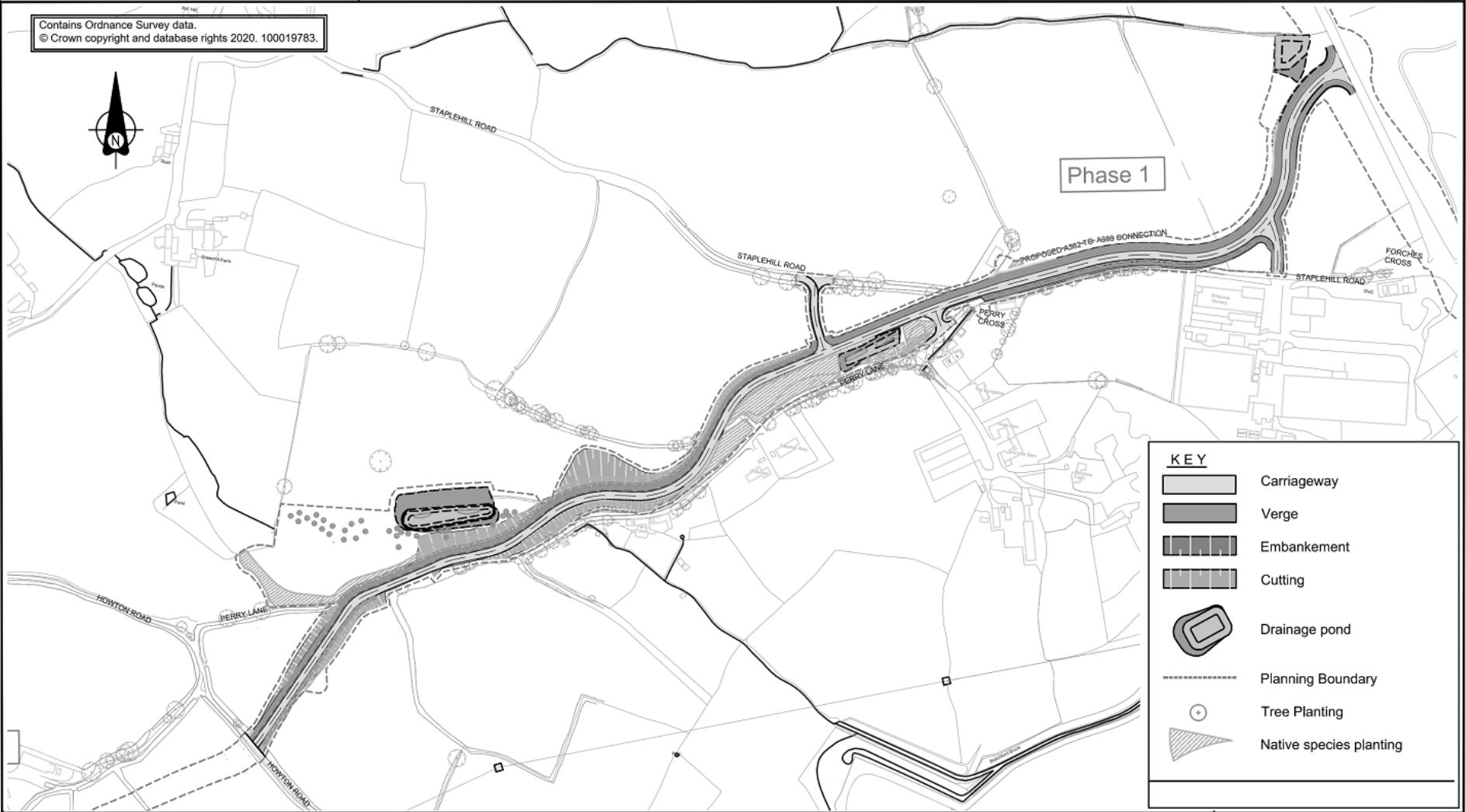
Appendix 1 to PTE/20/3 – Location Plan



Appendix 2 to PTE/20/3 – Scheme Drawing

Roads A4 FRAME Committee landscape - Version 2.0

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KEY	
	Carriageway
	Verge
	Embankment
	Cutting
	Drainage pond
	Planning Boundary
	Tree Planting
	Native species planting



Engineering Design Group

Cabinet
job/title/proposal

**A382 to A383 LINK ROAD
PHASE 1 & 2 GENERAL ARRANGEMENT**

date Feb 2020	scale Not to Scale
number B11004/ 27	

Agenda Item 9

Appendix 3 to PTE/20/3 – Letter from Bloor Homes



LW/IK/011.19

Fergus Pate
Principal Delivery Officer
Teignbridge District Council
Forde House
Newton Abbot
TQ12 4XX

Dear Fergus Pate,

HOUGHTON BARTON, NEWTON ABBOT

I write to you to provide reassurance that the planning application is progressing well for the NA1 allocated site, and the detailed element of a hybrid application is to be submitted in November 2019 with an expected decision date of December 2020.

Bloor and Redrow Homes and their Highway Consultants, Clarkebond have been working closely with Devon County Council (DCC) and Teignbridge District Council (TDC) to agree and advance matters ahead of the planning submission later in the year.

A Transport Assessment and Travel Plan to support the planning application is well advanced. A detailed review of the existing highway conditions has been undertaken By Clarkebond including the collection of baseline traffic survey data, highway boundary data, topographical survey, and the analysis of personal injury collision data and 2011 Census datasets including 'Resident and Workplace populations', 'Car Ownership Levels' and 'Travel to Work' data. A detailed review of the local, regional and national policy and guidance affecting the allocation and the surrounds has been finalised, with confirmation that no new policy or documentation is likely to come forward in 2019. Traffic Generation estimates are agreed.

SATURN Modelling has been undertaken with DCC, detailed accessibility modelling for pedestrians and cyclists is complete, and a review of the local public transport options including bus and rail has been completed and discussions held with DCC and Stagecoach.

Furthermore, through various meetings with DCC, the proposed walking and cycling strategy through the development and linking to the Hele Park allocation, has been agreed.

The Phase One layout has been designed and agreed through extensive consultation and meetings with pre-planning teams at DCC. The concept and locations of the bat crossings for the NA1 allocation has also been agreed.

The project team is engaged with DCC and the development layout, including phasing of each parcel of land and the number of dwellings per parcel, as well as the site access options, are currently ongoing matters of discussion.

Post decision, based on the timescales set out above, we would anticipate road construction commencing in Q1 2021, with through connection on the link road (ie completion to Howton Lane) prior to the occupation of the second phase of development, anticipated Q4 2025.

I trust the above provides sufficient reassurance that the planning application work is progressing well. We would welcome the opportunity to discuss any of the contents of this letter further, if required.

Yours Sincerely



Isaac Kibblewhite
Land Director

For and on behalf of Bloor Homes South West Limited



HOUSING AND ACCOMMODATION STRATEGY FOR ALL ADULTS

Report of the Associate Director of Commissioning (Care and Health)

1. Recommendation

- 1.1 To formally adopt the Housing and Accommodation Strategy, *Healthy Lives, Vibrant Communities, Housing Choices 2020 to 2025* and agree the proposed next steps.
- 1.2 The draft strategy is enclosed at Appendix A, with an Easy Read version of both this report and the strategy at Appendix B.

2. Background

- 2.1 We are committed to promoting the independence of all adults across Devon. A key part of delivering this work is increasing the range of housing and accommodation for people who receive or may receive health and care support over the course of their lives to sustain and/or maximise their capacity for independent living.
- 2.2 A draft joint health and care strategy has been jointly developed by Devon County Council and Devon's Clinical Commissioning Group, in consultation with a range of partners, including the District Councils, people and their families/carers.
- 2.3 It sets out how we will work in partnership to increase the range of housing and accommodation so that more people can live in their own homes and make informed and planned choices about where they live throughout their lives.
- 2.4 The strategy is for all adults, including adults of working age with mental health needs and/or disabilities, young people with health and care needs who are approaching adulthood, and older people with increasing frailties. It is for the Devon County Council footprint only and does not cover the wider STP (specifically Torbay and Plymouth) given the differing housing responsibilities in these areas.
- 2.5 The strategy includes all the types of homes that people might live in, temporarily or permanently during their lives; with mainstream housing at one end of a spectrum of intensity of support, housing with some levels of care and support in the middle and residential/nursing care at the highest end. It will be supported by detailed action plans setting out the work at locality level to achieve our strategic intent.

3. Overview of the strategy

- 3.1 A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support. Good quality housing and accommodation in the right place contributes to health and wellbeing and cohesive communities. It opens up opportunities for people to live the independent life that is right for them.
- 3.2 Across Devon, accessible housing and accommodation options that support people with a range of needs to live in the community are limited. People tell us that they want more options to be available in communities to help them to live with and/or be supported by their family and friends in their own homes. They want information to help them and their families/carers to plan for the future.
- 3.3 This strategy sets out our vision for giving people a true choice in where they live; so that more people live in their own homes and make informed and planned choices about where they live throughout their lives. People's views have informed the

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strategy and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support.

- 3.4 People’s care and support needs change over time and so might the housing and accommodation that they choose to support them to live as independently as possible. We will increase the range of good quality homes across Devon and make it easier for people to move between different housing options to develop their independence. We will shift away from traditional residential care models.
- 3.5 Our housing pathway will inform local plans, offer real choice for people and ensure that moves are planned and appropriate. No person will move straight from their home on a long-term basis at a point of crisis or when discharged from hospital. We will promote the use of Technology Enabled Care and Support (TECS) and encourage appropriate infrastructure to promote self-care.
- 3.6 To achieve the ambitions within the strategy we will need to develop effective partnerships with District Councils, the wider health and care system, voluntary, community and independent sector, housing and care providers and people in local communities. The strategy aligns with national and local approaches within the Devon health and care system and will inform planning in District Councils.
- 3.7 The strategy sets out priority areas of focus to increase the range of housing and accommodation within the community. The priority areas are set out in the table below and described in more detail within the strategy, supported by an action plan.

1	Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.
2	Increase the supply of accessible homes through new developments or adaptations to existing homes.
3	Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.
4	Develop residential and nursing homes for people with only the most complex health and care needs and frailties.
5	Support recruitment and retention of the workforce through access to housing.

- 3.8 The strategy also sets out how we will measure the impact of our approach. It will be regularly reviewed and informed by future developments.

4. Working in partnership with the District Councils to deliver the strategy

- 4.1 A draft strategy was shared with the Adult Care and Health Scrutiny Committee on 23rd January. At this meeting it was resolved that *the development of a strategy be supported and that the Cabinet be asked for the Service to develop a Memorandum of Understanding with District Councils as appropriate to indicate a shared commitment and to engage with all Members to drive the strategy forward.*
- 4.2 To achieve the ambitions within this strategy we will need to work in partnerships with District Councils to inform local planning decisions. Throughout the development of the strategy we have had (and continue to have) positive discussions with housing and planning leads in each of the District Councils. They are supportive of the strategic ambitions and we are working together to develop and deliver practical actions in each area. This includes sharing information and data to inform District housing strategies and plans.

- 4.3 We have sought advice on the proposal from the Scrutiny Committee to develop a Memorandum of Understanding and how we get the best out of discussions with each of the District Councils. Whilst we understand the sentiment behind the proposal, our view is that we are currently developing good partnership working arrangements with the Districts and such an agreement is not necessary at this stage. We will keep this under review and, once a clearer picture has emerged of how partnership working will be implemented, it may be that a Memorandum of Understanding could be established at that time. We will also discuss this proposal at the Health and Wellbeing Board in April.

5. Next steps

- 5.1 A detailed joint action plan is being developed to sit underneath this strategy, taking into account existing and new activity. This is being informed by discussions with each of the Districts to agree the practical actions for each area. The strategy will be shared with the Health and Wellbeing Board (to coincide with an update from the Chair of the Learning Disability Partnership Board) in April 2020.
- 5.2 Governance arrangements are also being refreshed to ensure that there is sufficient oversight of delivery of the housing and accommodation pathway and pipeline. It is important that the work taking place in each sector is supporting delivery of the wider strategic aims of this strategy.

6. Consultations/Representations/Technical Data

People's views have informed this strategy and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support. The strategic approach has been informed by and shared with a range of partners, including the District Councils, health partners, people and their families/carers.

7. Financial Considerations

The proposals within this strategy will support delivery of the adult care and health budget in 2020/21 and beyond.

8. Sustainability Considerations

We want people to lead meaningful lives within their communities. There are clear social and economic benefits in supporting all adults to live as independently as possible.

9. Carbon Impact Considerations

The impact on carbon emissions will be neutral.

10. Equality Considerations

It is intended that this approach will promote the equality of opportunity for people in Devon. We want people with health and care needs to have the same opportunities as everyone else and to lead meaningful lives in their communities. An equalities impact assessment of the joint strategy has been published.

11. Legal Considerations

There are no specific legal considerations in our approach.

12. Risk Management Considerations

No risks have been identified.

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13. Public Health Impact

Public Health are taking forward actions developed across the wider Council to support people to live as independently as possible within their communities and to reduce health inequalities. This strategy aligns with *Healthy and Happy Communities*, Devon's Joint Health and Wellbeing Strategy 2020 to 2025.

Tim Golby
Associate Director of Commissioning (Care and Health)

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter
Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: *Rebecca Hudson, senior commissioning manager for adults*

Tel No: 01392 383000 Room: 2nd floor, The Annexe, County Hall

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



HEALTHY LIVES, VIBRANT COMMUNITIES, HOUSING CHOICES

A JOINT STRATEGIC APPROACH TO SUPPORTING
PEOPLE TO LIVE INDEPENDENTLY IN DEVON

2020 to 2025

Executive Summary

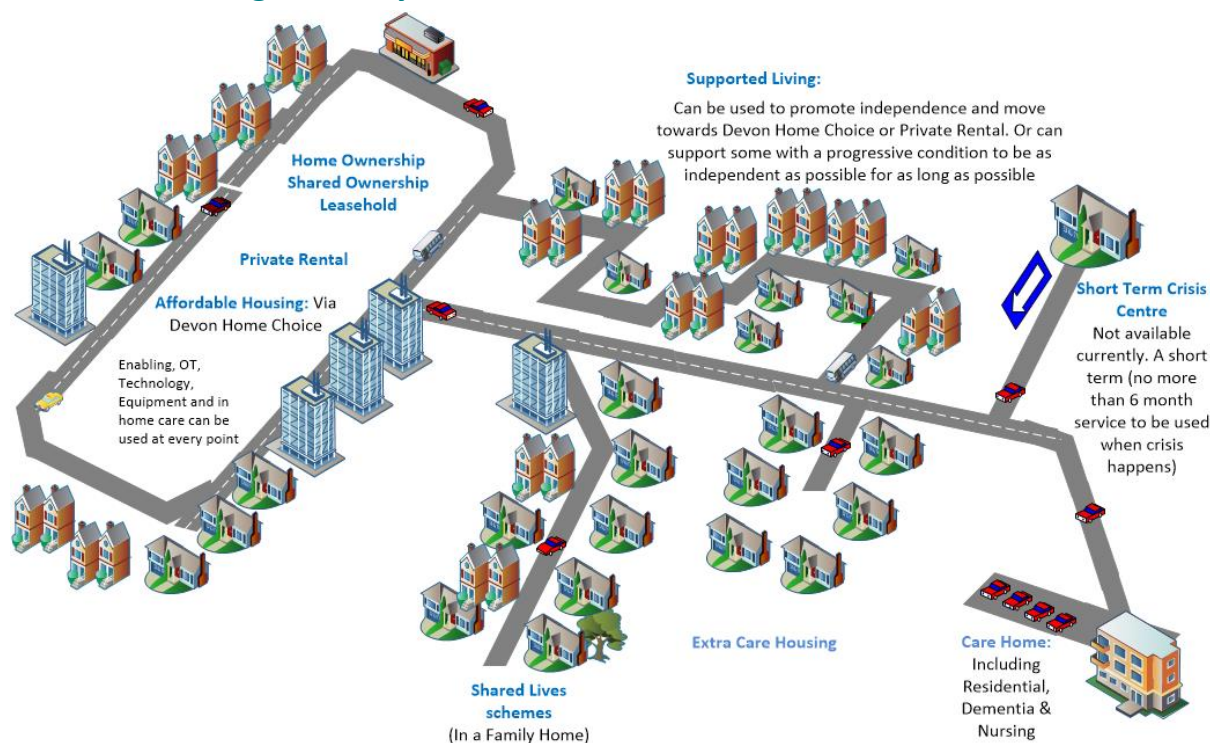
This strategy describes our vision for giving people a true choice in where they live.

It sets out how we will work in partnership to increase the range of housing and accommodation **for all adults, including older people and young people approaching adulthood who receive or may receive health and care support during their lives** to sustain and/or maximise their capacity for independent living.

It has been developed by Devon County Council and Devon’s Clinical Commissioning Group, in consultation with a range of partners. It is for the Devon County Council area.

The strategy includes all the types of homes that people might live in, temporarily or permanently during their lives; with mainstream housing at one end of a spectrum of intensity of support, housing with some levels of care and support in the middle and residential and nursing care at the highest end.

Devon’s Housing Pathway



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Introduction

A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support. Good quality housing and accommodation in the right place contributes to good health and wellbeing and cohesive communities. It opens up opportunities for people to live the independent life that is right for them.

Across Devon, accessible and quality housing options that support people with a range of needs to live in the community are limited. This includes adults of working age with mental health needs and/or disabilitiesⁱ, young people with health and care needs who are approaching adulthood, and older people with increasing frailties.

People tell us that they want more options in communities to help them to live with and/or be supported by their family and friends in their own homes. They want information to help them and their families/carers to plan for the future. People's views have informed this strategyⁱⁱ and we will continue to listen to and actively involve people in planning, shaping and reviewing support.

This strategy sets out our vision for giving people a true choice in where they live. It sets out how we will work

in partnership to increase the range of housing and accommodation for people who receive or may receive adult health and care support during their lives to sustain and/or maximise their capacity for independent living.

To achieve the ambitions within this strategy, we will continue to develop effective partnerships with District Councils, the wider health and care system, the voluntary, community and independent sector, housing and care providers and people. The strategy aligns with national and local approaches across Devon and will fulfil the priorities in our Transforming Care Partnership Housing Planⁱⁱⁱ. This strategy will inform planning in localities. It will be regularly reviewed and informed by future developments.

In this strategy, housing and accommodation means all types of homes that people who receive or may receive adult health and care support during their lives might live in, temporarily or permanently. It includes mainstream housing at one end of a spectrum of intensity of support, housing with variable levels of care and support in the middle and residential/nursing care at the highest end^{iv}.

Our vision

Our vision is for more people to live in their own homes in Devon and make informed and planned choices about where they live throughout their lives.

We want local people to drive the delivery of care, and health and wellbeing in communities across Devon so that people feel safe, healthy, connected and able to help themselves and each other.

Our vision is ***for more people to live in their own homes in Devon and make informed and planned choices about where they live throughout their lives.***

People's care and support needs change over time and so might the housing and accommodation that they choose to support them to live as independently as possible. We will increase the range of good quality homes across Devon and make it easier

for people to remain in their current home or to move between different housing options to develop their independence. We will shift away from traditional residential care models.

Our housing pathway will inform local plans, offer real choice for people and ensure that moves are planned and appropriate. No person will move straight from their home on a long-term basis at a point of crisis or when discharged from hospital. We will promote the use of Technology Enabled Care and Support (TECS) and encourage appropriate infrastructure to promote self-care.



Wider health, care and housing context

This strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon. This includes the Care Act 2014, Devon County Council's Promoting Independence Policy^v, Devon's Sustainability and Transformation Partnership^{vi}, Transforming Care Partnership^{vii}, Joint Commissioning strategies, Market Position Statements, and *Better for You, Better for Devon* long term plan (currently in development).

The strategy aligns with District Council housing strategies and plans. It supports *Healthy and Happy Communities*, Devon's Joint Health and Wellbeing Strategy 2020-2025, and the 'healthy, safe, strong and sustainable communities' priority on creating conditions for good health and wellbeing where we live, work and learn. The outcomes in this priority are to improve housing conditions, reduce homelessness and increase supply of appropriate housing; and create conditions for good health, physical activity and social interaction.

The Devon STP is working towards an Integrated Care System; to achieve equal chances for people living in Devon, Plymouth and Torbay to lead long healthy lives and to harness the value of partners tackling problems together. It will focus on creating the right social, economic, commercial and environmental conditions for health; access to homes that are safe, warm and stable, quality work and workplaces and reduce social isolation by establishing thriving communities for all.

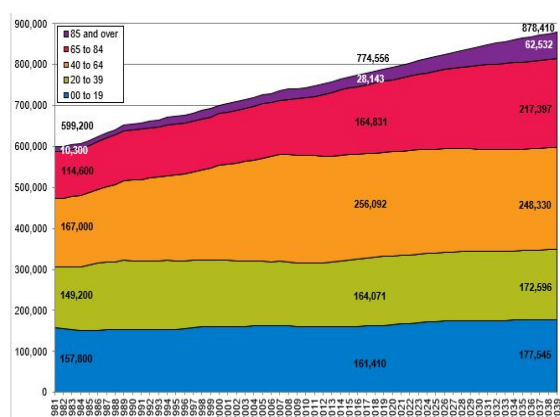
The housing and accommodation strategy supports wider work to address health inequalities of people in Devon and sets out a more proactive approach to local partnership working to develop sustainable services for the future. There is much work already being delivered through local partnerships (for example through the Devon Safeguarding Adults Partnership) and real value in health, care and housing organisations working closely together locally.

Where we are now

Housing is complex and there is no single organisation in control of housing or planning across Devon. Devon is a two-tier authority, with District Councils having responsibility for housing. Whilst housing policy is determined by central and local government, most housing and accommodation is delivered by the private sector operating in a market that is sensitive to macro-economic forces and changes in resources. This strategy needs to be sensitive to the fact that there is a market in provision and support people to make informed choices at the right time for them.

A rapidly expanding population and complexity of need

People are living longer in Devon with more complex needs^{viii}. This includes young people moving into adulthood, people with disabilities living longer than their parents/carers and people over the age of 90 with increasing frailties. The table below shows the projected population in Devon to 2039 for all age groups.



In Devon, we have a rapidly expanding older population and a range of housing and accommodation that is at or near capacity. There are currently 200,271 people in the County who are over age 65. 3.4% of these live in care homes, increasing to 15.2% for over 85s.

According to the latest Census (2011), 38,626 people living in the county aged 18 to 64 have a disability. 78.6% of people with a learning disability live in their own home or with their family in Devon (compared to 77.4% England average) and 13.7% of people aged 18-64 in receipt of long term services with a disability were living in a care homes^{ix}.

There are approximately 84,292 people aged 18-64 living in Devon who have a common mental health disorder^x. 61% of people who are in contact with mental health services on a Care Programme Approach live at home in Devon, compared to 58% England average^{xi}. 11.7% of people receiving adult social care services live in care homes.

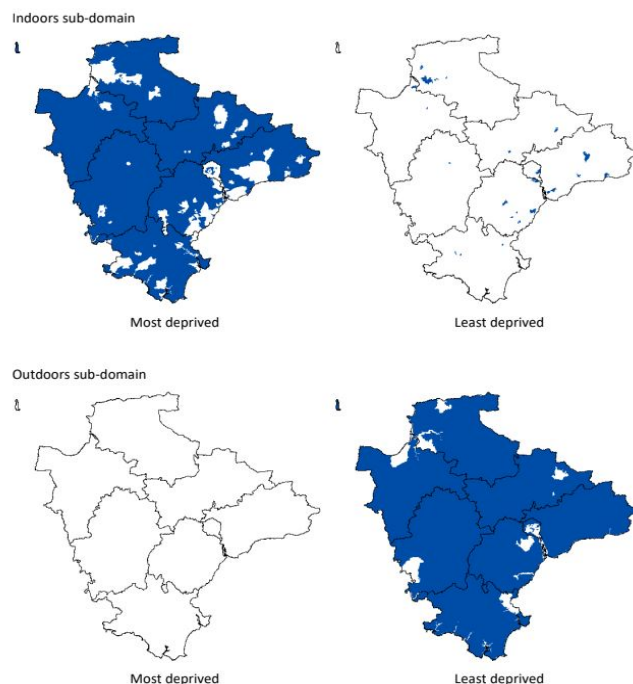
There are also increasing numbers of young people with disabilities and mental health needs who need to be supported as adults to live as independently as possible throughout their lives. Young people and their

families/carers regularly tell us that their experience of transition from children to adult services could be improved.

Shortage of a range of housing and accommodation in the community

Across Devon, accessible housing and accommodation options that support people to live in the community are limited. Unsuitable and poor-quality housing can lead to an increase in people's needs and reliance on statutory services^{xii}. Without better housing in the communities in which people belong, the choice can lie between getting by in an unsuitable home or uprooting to an institutional home, often removed from familiar surroundings.

Barriers to housing and the indoor environment are a challenge for certain parts of Devon based on the Indices of Deprivation^{xiii}. The *Living Environment* is split into two sub-domains; indoors-quality of housing, and outdoors-measures of air quality and road traffic accidents. The maps show significantly higher levels of deprivation within the indoor sub-domain (quality of housing) and low levels of deprivation relating to the outdoor sub-domain (air quality and road traffic accidents).



1 in 8 Devon households are considered to experience fuel poverty and there are a number of small rural communities across Devon^{xiv}. More homes need to be built or adapted with the specific needs of people with disabilities, complex needs, people who engage in substance misuse, or older people with increasing frailty in mind^{xv}.

There is limited flexibility within Supported Living, Extra Care Housing and Shared Lives schemes to meet people's changing needs as they progress towards independence or as their independence reduces. Most Supported Living settings in Devon are multi-occupancy buildings with 24-hour care. Their location often reduces choice for people to remain close to their families and/or local connections, and if people do not want to share accommodation, there are limited community-based options.

Moves to residential and/or nursing care are usually triggered by a crisis, and even where they are planned, they are constrained by location, availability and tenure. People may be accommodated in care homes when they have the potential to live in less dependent settings. There are also not enough nursing homes to support older people with dementia.

Limited leverage in the market to develop supply and ensure fair price of care

Current provision is comprised of a mix of spot purchase and block contract arrangements with inconsistencies in contract terms and service provision being offered. There are limited ways to contract with new providers to the market and historic arrangements with no common monitoring or performance oversight. It is difficult to track spend and forecast need, and there is limited leverage in the housing market to ensure a fair price of care.

Housing and accommodation pathway not understood or used

Operational teams and housing providers tell us that the housing and accommodation pathway is not clear and is therefore not used. Alongside this, the housing and accommodation offer in Devon is often focused on age rather than need, which limits choice. Extra Care Housing is almost exclusively used for older people, with Supported

Living and Shared Lives schemes aimed at working age adults.

People do not plan for independent living

Many people, including people with disabilities or long-term ill-health and their family/carers, make no plans for their future housing and accommodation needs^{xvi}. This can mean that people are admitted into care homes at a point of crisis when an earlier opportunity for more independent living might have been possible^{xvii}.

Lack of collaboration at a local level to inform new developments

New homes and adaptations to existing homes offer opportunities to encourage healthier lifestyles, greater independence and access to community facilities. However, collaborative action is limited by gaps in understanding across health, care and housing organisations, meaning opportunities are missed. Local planners and providers tell us that they want to understand the types of housing and accommodation required to inform provision. We need to improve local collaboration, including through the Market Position Statement.

Working together to address homelessness

Homelessness is a significant issue in Devon, with average earnings below the national average and house prices over the national average. Nationally, Exeter has the 9th highest volume of rough sleepers and North Devon is in the top 50 areas with the highest rough sleeping^{xviii}. Bringing together local resources has supported homeless people to recover their independence. We need to build on this and ensure that commissioning arrangements are informed by a local understanding of why people are homeless.

Difficult to recruit health and care workers

Across Devon, it is difficult to recruit health and care workers to support people in housing and accommodation settings. The adult social care workforce is growing and has increased by 6% in the South West region since 2012. If the workforce grows proportionally to the projected number of people aged 65 and over, by 2035, in Devon it is estimated that approximately 30,000 care workers will be needed. This is more than double the current number of care workers in Devon which is approximately 13,500.

What we will do to achieve our vision

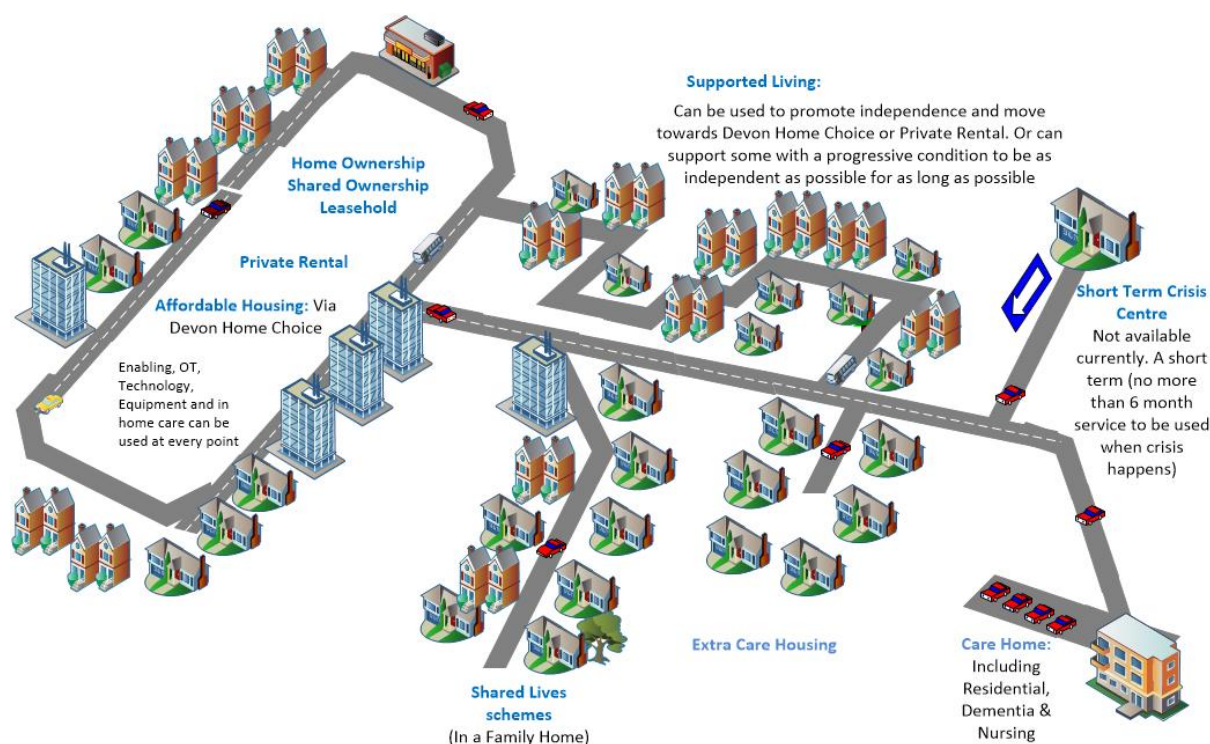
We will develop a clear housing pathway for people, communities, housing planners, providers and the wider health and care system. It will inform local plans, offer real choice and ensure that moves are planned, appropriate and support people to live as independently as possible.

Our approach will be multi-faceted and flexible as people's needs and contexts change over the course of their lives. It will be based on how needs and goals can best be supported, rather than by age. It will also adhere to the principles of *'Building the right support for people with a learning disability and/or*

autism who display behaviours that challenge'.

Working in partnership, we will work to ensure that people have timely access to information about their housing and accommodation needs. This includes current housing advice and support and reviews of a person's care or support needs, including young people transitioning to adulthood.

The housing and accommodation pathway, set out below, shows the range of housing options for people. It is described in more detail throughout this strategy.



To achieve our strategic intent and develop the housing and accommodation pathway, priority areas of focus are set out in the table below and described in more detail within this section of the strategy. They are supported by a detailed action plan.

Priority 1

- Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.

Priority 2

- Increase the supply of accessible homes through new developments or adaptations to existing homes.

Priority 3

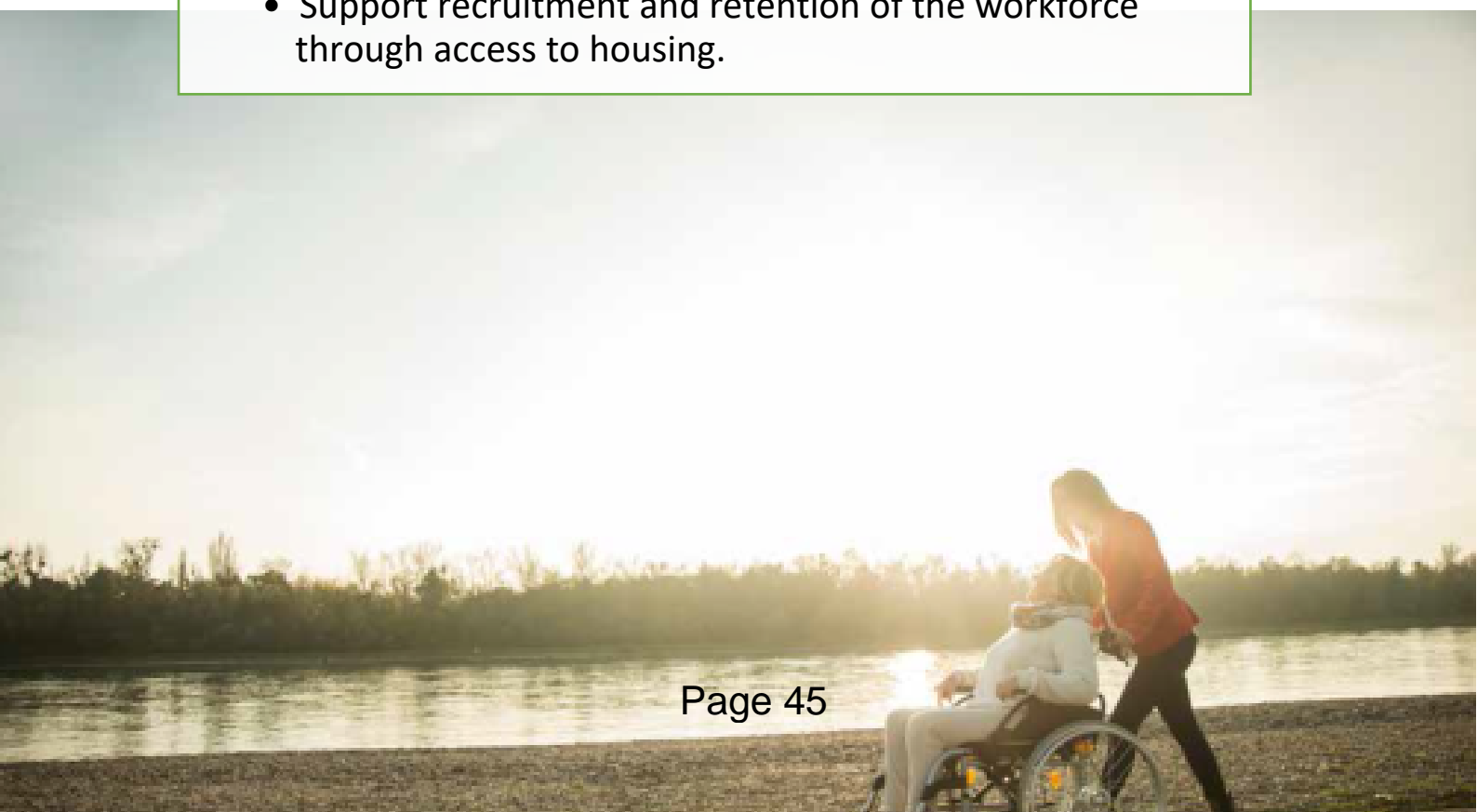
- Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.

Priority 4

- Develop residential and nursing homes for people with only the most complex health and care needs and frailties.

Priority 5

- Support recruitment and retention of the workforce through access to housing.



Priority One: Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.

We will support communities and providers to have a shared knowledge of local housing and accommodation supply and demand, alongside other opportunities to support people to live independently. We will work together at a local level towards shared goals to develop the range of independent living and improve outcomes for people, such as social isolation and confidence to self-manage health needs.

To get there we will:

Improve local information and data sharing across health, care and housing to understand how people are currently living in localities and the types of homes they want to live in, to shape future provision to help people achieve what matters to them. This includes supporting District Councils as they refresh their housing strategies.

Be clear with housing planners and providers about the types of homes we need and where, including through the Market Position Statement.

Improve information for people and their families/carers about how (with or without social care support) they can access housing and accommodation, information on understanding tenancies and negotiating splits of utility bills, etc.

Create three designated housing leads whose role is to coordinate and share knowledge on housing, health and care across Devon.

Priority Two: Increase the supply of accessible homes through new developments or adaptations to existing homes.

We will increase the supply of general housing (new and existing stock) through improved health, care and housing collaboration at a local level, with District Councils, to share information, develop plans and deliver actions. New housing and community developments are ideal opportunities to create inclusive neighbourhoods that are accessible for all people.

To get there we will:

Through active involvement in the preparation of local housing plans we will:

- ensure that local assessments of housing need include the needs of people who require health and care support;
- shape planning requirements for new developments and housing policies to provide more homes that meet accessibility standards;
- support Local Planning Authorities to ensure the built environment meets health and care needs and enables access to community facilities;
- encourage all new builds to be fitted with appropriate infrastructure to enable TECS to be easily incorporated within the home;
- describe our requirements as part of negotiated agreements (section 106 agreements) between planners/developers to stimulate development of housing; and
- ensure planning applications for new developments are consistent with our strategic intentions and understood levels of need.

Align work in communities with Primary Care Networks so people have access to a far broader range of alternatives to statutory interventions where appropriate.

Promote the use of adaptations and technology enabled care and support (TECS) and home improvements.

Make existing homes more adaptable, including through the Disabled Facilities Grant, sheltered, private, and rented accommodation, floating support arrangements and keyring schemes.

Identify people whose health and or independence is at risk due to poor housing to target multi-agency support, including where appropriate, supporting a move to more suitable accommodation.

Support multi-agency arrangements that address homelessness prevention and offer support with the additional challenges faced.

Priority Three: Develop the housing market so that housing with support settings are more flexible, support a wider range of needs and a fair price of care.

Develop Supported Living, Extra Care Housing and Shared Lives schemes, as part of the housing pathway, to be more flexible in the range of needs that they can support, support achievement of outcomes and be part of the community. Our approach will be informed by learning from supporting people in the Transforming Care Partnership cohort from hospital settings to greater independence within local communities.

To get there we will:

Develop and implement a new 'housing with support' contracting framework to support people with a range of needs, achieve personalised outcomes (including use of TECS), ensure quality and be located in the right place.

Create leverage in the market to ensure a fair price of care through a fairer pricing policy. Where we are unable to resolve pricing discussions, we will develop options to change the provider and consider direct care provision in this sector for people with complex needs.

Develop options for where people want to share support that are not based within a house/building. For example, hub and spoke and 'on call' support.

Progress a more flexible Shared Lives schemes offer to support people with high levels of needs as short-term respite and alternative to residential care, or to develop independent living skills.

Work earlier with young people to understand needs and jointly commission housing that is part of the community to support their progression and prevent transition to residential care.

Develop enhanced provider engagement and contract management infrastructure in localities to support our strategic approach.

Develop short-term provision for people to avoid residential care placements at a time of crisis.

Work across the STP to develop good quality housing and accommodation to support people with complex needs in communities (including through the Transforming Care Partnership and in accordance with NICE guidelines).

Stimulate the development of and commission effective models of Supported Living, including Extra Care Housing, in areas where people want to live.

Priority Four: Develop residential and nursing homes for people with only the most complex health and care needs and frailties.

Whilst our aim is for people to live in their own homes, there will always be a need for some residential and nursing care for people with complex and/or intensive health and care needs^{xix}. We will encourage the development of residential and nursing homes in Devon that deliver high quality care for these people.

To get there we will:

Ensure residential and nursing homes deliver quality person-centred care to meet the needs of people with behaviours that challenge, with advanced dementia and those that are at the end of life.

Work more closely with care homes to prevent admission to hospital and work with the acute hospitals to find appropriate settings for people on discharge from hospital.

Increase cost transparency and improve quality of care homes through our contracting vehicles.

Ensure high quality and safe care through robust contract management.

Support care homes, where appropriate, to develop a more community-based offer.

Work with people currently living in care homes who have the potential to live more independently, to consider alternative housing and accommodation that is based in the community and will better support them to achieve their goals.

Priority Five: Support recruitment and retention of the workforce through access to housing.

We will continue work with housing planners and providers to support potential health and care workers to be able to live and work in Devon, to improve recruitment and retention of this valuable workforce.

To get there we will:

Explore with District Councils, through their housing and planning approaches, the options to widen access to affordable housing for health and social care workers where there is a relevant need.

Work with partners to promote and target local and national schemes.

Explore approaches in other Local Authorities and Health Care Trusts to understand good practice and initiatives.



How we will know if we have been successful

This strategy will be reviewed every year to understand the impact of our approach and to reframe plans accordingly. Our approach will evolve over time and we will continue to listen to the views of people and their families/carers as we progress to inform our work.

The impact measures, through which we will understand our impact, include:

- % of people who are in residential and/or nursing care
- % of people living independently (either in housing with care or mainstream housing)
- Proportion of people who say that they feel safe and connected in their communities
- % of people who report good social contact
- Satisfaction of people and their families/carer
- Number of people who use adaptations/TECS to enable them to remain in their own home
- % new build properties constructed to M4(2) and M4(3b) standards
- Number of people waiting for Extra Care Housing



Appendix A: Learnings from people and their families / carers

We regularly listen to people with disabilities (learning disabilities, physical disabilities, sensory needs and/or autism) and older people. Their feedback is summarised below and informed this strategy. We will continue to listen to people and understand the impact of our approach.

This is what people have told us....



I often do not have the same freedom, choice, dignity and control as other people at home.

I do not feel that I have been given a choice about where I could live or how I am supported. I want to understand how the location of where I live affects my access to transport, support networks and work so I can make informed choices.

I want transparency over money so I can get involved in choosing where I live and how I am supported.

I want to live with other people and to know these people well, for example, friends or a partner. I would like to live in a house, in a quiet area and with a garden. I would like the choice to have pets. I don't always want to share the same living space with others.

I want my views and aspirations to be considered when decisions are made in my local area. I want to know whether my local area is doing as well as others.

I want to know how to connect with other people. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am.

I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.

I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.

I want to know that my family can get help and support when they need it.

I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies. I need information about how housing changes at different stages in my life so I can plan.

Appendix B: Glossary

Type	Definition
Mainstream housing (or general needs housing)	Includes (privately owned or rented) general housing with no specialised features. Housing can be adapted homes to meet the needs of residents or designed to meet access and adaptability standards for people.
Age exclusive housing	Schemes or developments that cater exclusively for older people and may have communal facilities but do not provide any regular on-site support to residents.
Sheltered Housing (specialist housing)	Developments of self-contained homes, with support available via a full or part time manager whose job includes providing support and advice to residents. This enables residents to continue to live independently. Properties may be purchased or rented.
Extra Care Housing (specialist housing)	Developments that comprise self-contained homes with on-site care and support who can provide personal care and support to meet resident's needs. Residents may be owners, part owners or tenants. The homes have been designed with features and services available to enable self-care and independent living. Can be called housing with care.
Supported Living (or housing with care)	Arrangement whereby someone who has support from a "Care and Support" provider who already has or wants their own tenancy, is helped to live as independently and safely as possible. People who live in Supported Living arrangements can live in different settings: <ul style="list-style-type: none">• With other people with similar needs but have their own tenancy agreement and bedroom. This provides both independence and companionships.• In their own in flat / house or bungalow, with their own tenancy but in close proximity to other people with similar needs. "Care and Support" providers visit to help residents live as independently and safely as possible.

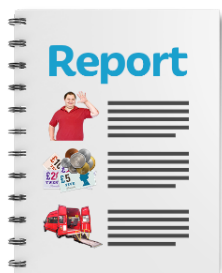
Shared Lives schemes (within a family environment/ carer households)	<p>The schemes (from age 16) match someone who needs care with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Some people move in with their Shared Lives carer, while others are regular daytime visitors. Some combine daytime and overnight visits.</p> <p>This offer supports people to be introduced to higher levels of independence, whilst remaining in a safe and protective family environment.</p>
Residential Care Homes	<p>Provides living accommodation and personal care for people who may not be able to live independently but aren't yet in need of nursing care. Staff are available 24 hours a day, 7 days a week.</p>
Nursing Care Homes	<p>A nursing home, as distinct from a residential care home, provides medical care from a qualified nurse who is on site 24 hours a day 5 days a week.</p>

Appendix C: References

- ⁱ People with a learning disability, physical disability, autism and/or sensory needs.
- ⁱⁱ Detailed feedback is set out in Appendix A.
- ⁱⁱⁱ Devon Transforming Care Partnership Housing Plan for people with complex needs.
- ^{iv} Detailed definitions are set out in Appendix B.
- ^v Promoting Independence Policy. Available at:
<https://devoncc.sharepoint.com/sites/PublicDocs/AdultSocialCare/SocialCareAndHealth/Policies/Promoting%20Independence/Promoting%20Independence%20policy.pdf?slid=94a2609e-90af-5000-9951-466607a9e19c>
- ^{vi} Sustainability and Transformation Plan 2016. Available at: <https://www.devonstp.org.uk/wp-content/uploads/2018/07/2016-11-03-wider-Devon-STP-Published-Final-4-1-1.pdf>
- ^{vii} Source: Devon Transforming Care Partnership (2018). Devon TCP/Learning disability/mental health housing plan 2018/19-2020/21
- ^{viii} Kingstone et al., (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). *The Lancet*, 390(10102), pp.1676-1684; Public Health England (2017). *Improving health through the home*. Available at: <https://www.gov.uk/government/publications/improving-health-through-the-home>
- ^{ix} Source: ASCOF 1G 2018/19
- ^x Source: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital
- ^{xi} Source: ASCOF 1H 2018-19.
- ^{xii} Public Health Directorate NHS Devon (2011). 'Housing Health Needs Assessment 2011'. Available at: <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/08/Housing-HNA-2011.pdf>; Alzheimer's Society (2016). Factsheet: risk factors for dementia. Available at: https://www.alzheimers.org.uk/download/downloads/id/1770/factsheet_risk_factors_for_dementia.pdf
- ^{xiii} Equality and Human Rights Commissions (2018). Housing and disabled people: Britain's hidden Crisis. 2019 The Indices of Deprivation Devon. Available at: <https://drive.google.com/file/d/18Y-3VtpLRPdrKmGZPCTUhb-FoYFxeHT/view>
- ^{xiv} Public Health Devon (2018). Joint Strategic Needs Assessment: Devon Overview 2018. Available at: <https://www.devonhealthandwellbeing.org.uk/jsna/overview/>
- ^{xv} Department for Communities and Local Government (2014). As cited in Government Office for Science (2014) Future of an ageing population: evidence review. Available at: <https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/gs-15-11-future-ageing-homes-neighbourhoods-er21.pdf>; Equality and Human Rights Commissions (2018). *Housing and disabled people: Britain's hidden Crisis*. Available at: <https://www.equalityhumanrights.com/en/publication-download/housing-and-disabled-people-britains-hidden-crisis>
- ^{xvi} Strutt and Parker (2017). Housing Futures: Platinum Generation. Available at: <https://www.struttandparker.com/publications/platinum-generation-2017>; Sense (2018) *When I'm Gone. Securing long-term care and support for disabled adults*. Available at: <https://www.sense.org.uk/support-us/campaigns/when-im-gone/>
- ^{xvii} Alzheimer's Society 2009 -YouGov Poll for Alzheimer's Society March 2013; Holland, C et al., (2015) Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust. *Aston University* Available at: <https://www2.aston.ac.uk/migrated-assets/applicationpdf/lhs/245545-final%20report1.pdf>; Bolton, J and Provenzano, P. (2017) Six Steps to Managing Demand in Adult Social Care : A Performance Management Approach. *Institute of Public Care*. Oxford Brookes University, Oxford.
- ^{xviii} Ministry of Housing, Communities and Local Government (2017) *Rough sleeping in England: autumn 2016* Available at: <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016>
- ^{xix} NHSE (2016). *Enhanced Health in care homes frameworks* Available at: <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/>



Joint housing and accommodation strategy (plan) for all adults with health and care needs in Devon.



A report to Devon County Council Cabinet.



The Cabinet is a made up of elected County Councillors.

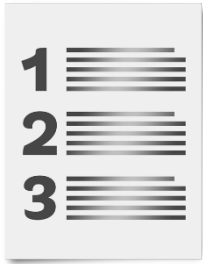
The Cabinet considers all big decisions about Council services, including adult care and health services.



The report will be talked about at the Devon County Council Cabinet meeting on 11th March 2020.



The report is from Tim Golby, Associate Director of Commissioning (Care and Health) at the Council.



Recommendations

What we are asking Devon County Council Cabinet to do.



Devon County Council Cabinet are being asked to approve the Joint Strategy (plan) Healthy Lives, Vibrant Communities, Housing Options 2020 to 2025.



We are also letting the Cabinet know about how we have listened to people about the strategy (plan) and what we will do next.



HEALTHY LIVES, VIBRANT COMMUNITIES, HOUSING CHOICES

2020 to 2025

EASY READ VERSION



Housing and Accommodation strategy
(plan)



Introduction – about the plan



A home is an important part of all our
lives.



Having good quality housing in the
right place supports our health and
wellbeing and community life, providing
opportunities to live the independent
life that is right for us.



Across Devon, there needs to be more
accessible housing and
accommodation options that support
people with a range of needs to live in
the community.



This includes adults of working age with mental health needs and/or disabilities, young people with health and care needs and older people.



People have told us that they want more options to help them live with and/or be supported by their family and friends in their own home.



People want more information to help them and their families/carers to plan for the future.



This strategy (plan) sets our vision (what we want to happen) for giving people real choice in where they live.



The strategy (plan) explains how we will work with others so that there are more housing options for people who receive adult health and care support during their lives.



People's views have informed this strategy and we will continue to listen to people and involve them in planning, shaping and reviewing support.



This strategy (plan) is part of the bigger plan for the whole of Devon for everyone to lead long, happy and healthy lives.

STP
A Sustainability and
Transformation
Partnership for Devon

It links to the work of the Sustainability and Transformation Partnership (STP) for Devon.



Our Vision (what we want to happen)



Working in partnership, our vision (what we want to happen) is for more people to live in their own homes.



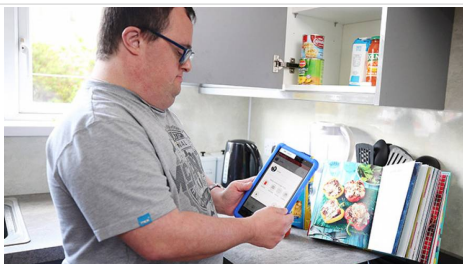
For people to be able to make planned choices about where they live during their lives.



People's care and support needs change over time. They may choose to change their housing and accommodation to support them to live as independently as possible.



There will be more good quality homes across Devon to make it easier for people to move between different housing options to improve their independence.



We will promote the use of technology enabled care and support (TECS) and support people to be as independent as they can be.



What we will be doing to achieve our vision



We will develop a clear housing pathway for people and communities, including housing planners, providers and the wider health and care system.



Our housing pathway will inform other local plans.



Our housing pathway will offer real choice and make sure moves are planned and right for the person.



The housing pathway will support plans for people to live as independently as possible within the community.



Together we will make sure that people have information about their housing and accommodation needs.



This includes housing advice and support and reviews of a person's care or support needs, including young people transitioning to adulthood.



Priority areas we will work on



1. Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.



2. Increase the supply of accessible homes through building new homes or adapting existing homes.



3. Develop the housing market so that housing with support settings support a wider range of needs and a fair price for care.



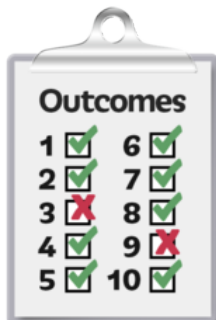
4. Develop residential and nursing homes for people with only the most complex health and care needs.



5. Support recruitment and retention of the workforce through access to housing.



Making sure the plan is working



We will check that the plan is working to improve outcomes for people every year.



We will do this by checking the numbers of people who:



- are in residential and/or nursing care.



- are living independently.



- say that they feel safe and go out in their communities.



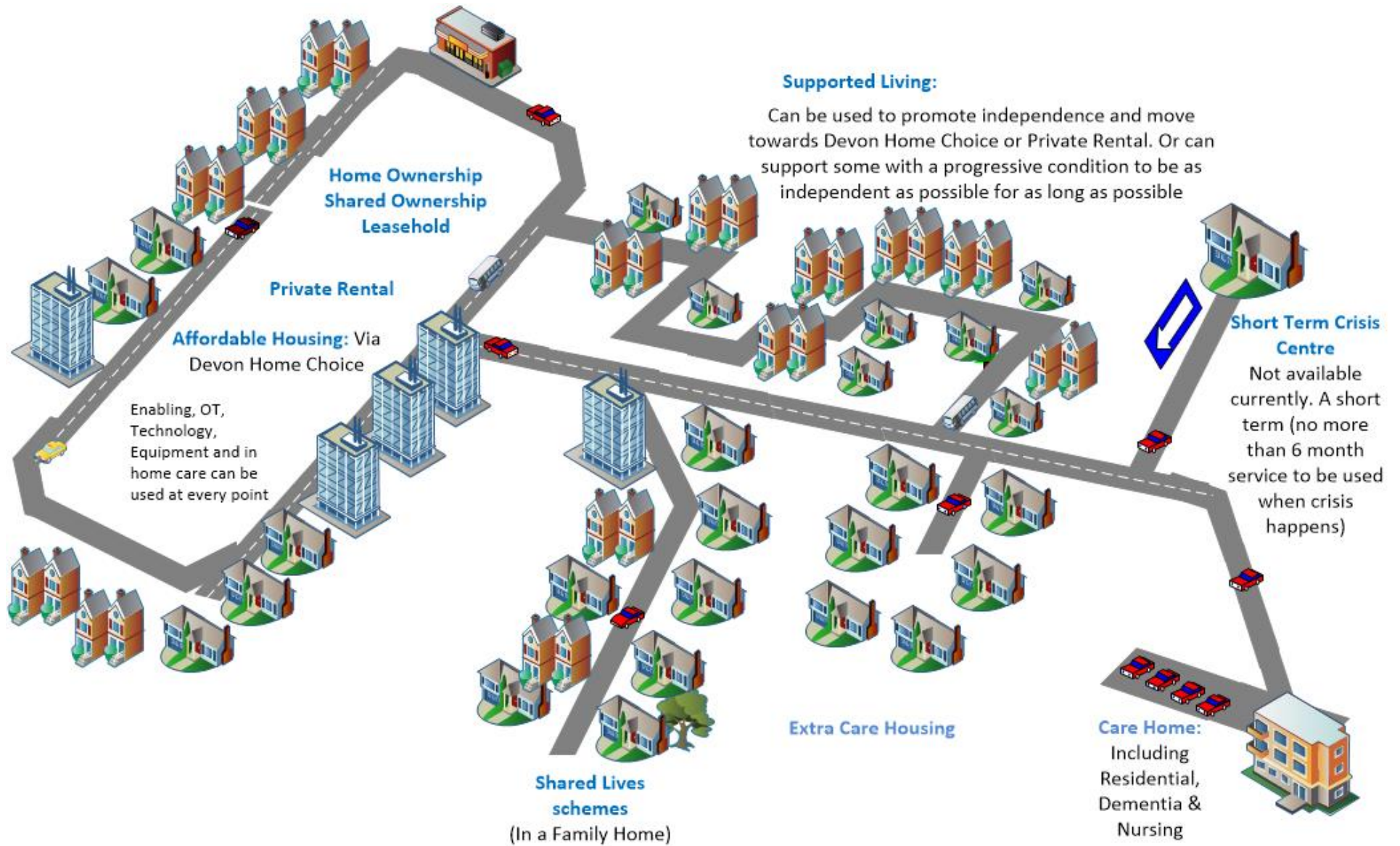
- say they have a good social life.



- are happy.

Housing Pathway

DRAFT



THE NHS LONG TERM PLAN AND INTEGRATED CARE SYSTEMS

Report of the Chief Executive Officer

1. Recommendations

- 1.1 To consider and approve the proposal for the Integrated Care System (ICS) Board and agree to its establishment in “shadow” form in March 2020 (Annexe A)
- 1.2 To consider, approve and agree to sign the Memorandum of Understanding to secure “system” working. (Annexe B)
- 1.3 To consider and approve the system assurance framework as the means of ensuring effective governance of the ICS (Annexe C)

2. Background: The NHS Long Term Plan

- 2.1 The [NHS Long-Term Plan](#) (LTP) has set many priorities nationally including clinical services, learning disabilities, digital, workforce and care closer to home. It also signalled a fundamental shift towards integrated care and place-based systems, with an increasing focus on population health.
- 2.2 Integrated care happens when NHS organisations, Local Authorities and other key partners work together to meet the needs of their local population. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health.
- 2.3 The NHS LTP requires all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient and sustainable services to those who need them. To make this happen there is an ambition that every part of the country should be an ICS by 2021.
- 2.4 Over the last 12 months each Sustainable Transformation Partnership has been producing their own LTP. In Devon, the County Council’s Health and Adult Care Scrutiny Committee has been engaged in the development of the Devon LTP, including a Standing Overview Group session on the 24 February that focussed on the emerging governance and architecture proposals of a Devon ICS set out in Annexes A, B and C.
- 2.5 All local government organisations (Devon, Plymouth and Torbay) plus all NHS organisations are being asked to consider these documents and respond to the proposals made so that the Devon ICS may operate in shadow form from April 2020.
- 2.6 The Devon Health and Wellbeing Board (HWB) is a forum for key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the population and reduce health inequalities. Board members collaborate to understand communities’ needs, agree priorities and encourage commissioners to work in a more joined up way.

Agenda Item 11

- 2.7 The Board has a duty to encourage integrated working for the purpose of advancing the health and wellbeing of the people in its area, it will have a key role in the Devon ICS alongside the HWBs in Plymouth and Torbay and they have all been engaged in the development of the Devon LTP alongside and collectively with Scrutiny colleagues.

3. Future Governance Arrangements

- 3.1 Devon County Council is to be part of the Devon ICS and like all sovereign organisations is asked to support the proposed arrangements with a shadow ICS board in operation from April 2020.
- 3.2 An ICS is not a legal entity, it is a “partnership” of the key statutory agencies bound through a Memorandum of Understanding that work with other key partners in a collaborative manner. Each sovereign organisation maintains their own statutory accountabilities. Governance and any devolved decision-making powers are developed through the partnership.
- 3.3 There is not a national blueprint for ICSs, Devon is developing its own model and the attached papers set out the proposals that build on many years of collaboration between sovereign organisations. This remains the statutory position as we continue to work together to build and deliver the future of health and care across Devon.
- 3.4 There are three documents attached to this report that set out the detail behind the recommendations for Cabinet consideration. In considering the position and coming to a decision, Cabinet may wish to consider the following statements in the following paragraphs of the Memorandum of Understanding (Annexe B). Annexe D provides a supporting glossary of terms to inform members of the technical meaning behind some language in these decisions.
- 3.5 Paragraph 1.7 of the MOU (Annexe B): *‘Local government’s regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.’*
- 3.6 Paragraph 2.6 of the MOU (Annexe B): *‘Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner’*
- 3.7 Paragraph 3.1 of the MOU (Annexe B): *‘The Partnership does not replace or override the authority of the Partners’ Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.’*

- 3.8 Financial sustainability is central to building a system for the future. In that respect a set of financial principles have been agreed which will apply to NHS organisations as described in paragraph 5.3:

Paragraph 5.3: *'We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.'*

Cabinet should note that local authorities are not within the NHS resources definition and that resource issues with DCC continue to be governed in the same way as now. Our statutory duty to cooperate remains and will be a key feature of the ICS.

4. Summary

- 4.1 DCC has been involved in partnership working for many years; for more than a decade health and care teams have been colocated across Devon providing integrated care.
- 4.2 Together we have a number of joint strategic commissioning strategies, long standing partnership agreement and arrangements whereby some duties (but not responsibilities) are delivered in and through partnerships.
- 4.3 There are a number of joint posts across both NHS and DCC commissioning and operations, and NHS and DCC commissioners are now located together at County Hall to further improve system collaboration.
- 4.4 Our work has also been increasingly focussed on the wider determinants of health, inequalities and population health management. The nationally mandated approach set out in the NHS LTP will further support this work and the approach to shaping health and care services that we are already seeing in places like Okehampton, Holsworthy and Budleigh.

Legal Considerations

The lawful implications/consequences of the proposals/recommendations/proposed course of action have been considered and taken into account in the preparation of this report/formulation of the recommendations set out above

Carbon Impact Considerations

The Devon CCG has recently made a declaration of a Climate Emergency and that the NHS in Devon is represented on the Devon Climate Emergency Response Group.

All other considerations have been taken into account in producing this paper.

Phil Norrey, Chief Executive Officer

Agenda Item 11

[Electoral Divisions: All]

Leader of the Council: Councillor John Hart

Cabinet Member for Adult Social Care and Health Services: Andrew Leadbetter

Chief Executive Officer: Phil Norrey

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Tim Golby, Associate Director of Commissioning (Care and Health)

Tel No: 01392 382300

Room: County Hall Annexe

Introduction

In order to support Devon to become an Integrated Care System (ICS) several Non – Executive Directors (NEDs) from our NHS Organisations¹ worked with a number of our elected members of our Local Authorities to consider the ICS level governance functions. The work was undertaken through an initial discussion with the NHS NEDs, the creation of a small task and finish group comprising both NEDs and elected members that provided a proposal that was then tested and refined at a much larger group of NEDs and elected members. It is that proposal that we now seek views and support for adoption as our shadow ICS Partnership Board (we cannot call ourselves an ICS until approved by NHSE/I).

Request to NHS Boards and LA Cabinets

- 1) ***To consider and approve the proposal for the ICS Board and agree to its establishment in “shadow” form in March 2020***
- 2) ***To consider, approve and agree to sign the Memorandum of Understanding to secure “system” working***
- 3) ***To consider and approve the system assurance framework as the means of ensuring effective governance of the ICS***

Context

The NHS Long-Term Plan set the ambition that every part of the country should be an ICS by 2021. It requires all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient and sustainable services to those who need them. Integrated care happens when NHS organisations, Local Authorities and other key partners work together to meet the needs of their local population. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health.

An ICS is not a legal entity, it is a “partnership” of the key statutory agencies bound through a Memorandum of Understanding that work with other key partners in a collaborative manner. Each sovereign organisation maintains their own statutory accountabilities. Governance and any devolved decision-making powers are developed through the partnership.

Framework

NHS England and NHS Improvement (NHSE/I)² set out a consistent approach to how systems are designed highlighting three levels at which decisions are made and described the broad functions to be undertaken at each level:

¹ The Non-Executive Directors ensure the Board acts in the best interests of patients and the public. Acting as critical friends, they hold the Board to account by challenging its decisions and outcomes. They also help the Board to formulate strategies, by bringing independent, external perspectives.

² NHSE/I NHS England and NHS Improvement work together as a new single organisation to better support the NHS to deliver improved care for patients. Operating through 7 regions (Devon is within the South West) they make decisions about how best to support and assure performance in their region and have a Regulatory function as well as supporting system transformation and the development of sustainability and transformation partnerships and integrated care systems.

- **Neighbourhoods (populations circa 30,000 to 50,000 people)** -served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services through primary care networks³ (PCNs).
- **Places (populations circa 250,000 to 500,000 people)** -served by a set of health and care providers in a town or district, connecting PCNs to broader services including those provided by local councils, community hospitals or voluntary organisations.
- **Systems (populations circa 1 million to 3 million people)** -in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale, an ICS.

Level	Functions	Priorities from the NHS Long-Term Plan
Neighbourhood (c.30,000 to 50,000 people)	<ul style="list-style-type: none"> • Integrated multi-disciplinary teams • Strengthened primary care through primary care networks – working across practices and health and social care • Proactive role in population health and prevention • Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams). 	<ul style="list-style-type: none"> • Integrate primary and community services • Implement integrated care models • Embed and use population health management approaches • Roll out primary care networks with expanded neighbourhood teams • Embed primary care network contract and shared savings scheme • Appoint named accountable clinical director of each network
Place (c.250,000 to 500,000 people)	<ul style="list-style-type: none"> • Typically council/borough level • Integration of hospital, council and primary care teams / services • Develop new provider models for 'anticipatory' care • Models for out-of-hospital care around specialties and for hospital discharge and admission avoidance 	<ul style="list-style-type: none"> • Closer working with local government and voluntary sector partners on prevention and health inequalities • Primary care network leadership to form part of provider alliances or other collaborative arrangements • Implement integrated care models • Embed population health management approaches • Deliver Long-Term Plan commitments on care delivery and redesign • Implement Enhanced Health in Care Homes (EHCH) model
System (c.1 million to 3 million people)	<ul style="list-style-type: none"> • System strategy and planning • Develop governance and accountability arrangements across system • Implement strategic change • Manage performance and collective financial resources • Identify and share best practice across the system, to reduce unwarranted variation in care and outcomes 	<ul style="list-style-type: none"> • Streamline commissioning arrangements, with CCGs to become leaner, more strategic organisations (typically one CCG for each system) • Collaboration between acute providers and the development of group models • Appoint partnership board and independent chair • Develop sufficient clinical and managerial capacity
NHS England and NHS Improvement (regional)	<ul style="list-style-type: none"> • Agree system objectives • Hold systems to account • Support system development • Improvement and, where required, intervention 	<ul style="list-style-type: none"> • Increased autonomy to systems • Revised oversight and assurance model • Regional directors to agree system-wide objectives with systems • Bespoke development plan for each STP to support achievement of ICS status
NHS England and NHS Improvement (national)	<ul style="list-style-type: none"> • Continue to provide policy position and national strategy • Develop and deliver practical support to systems, through regional teams • Continue to drive national programmes e.g. Getting It Right First Time (GIRFT) • Provide support to regions as they develop system transformation teams 	

Devon

In Devon this new mechanism for setting strategies and developing and implementing plans to improve the health of a whole population is in the early stages of evolution. At system level Devon is currently a Sustainability and Transformation Partnership (STP), the precursor to an ICS, and has been since 2016. The STP operates through a Memorandum of Understanding.

There is an ICS “maturity matrix”. The matrix outlines the core capabilities expected of emerging ICSs, developing ICSs, maturing ICSs and thriving ICSs. For a system to be formally designated an ICS, they will need to meet the attributes of a maturing ICS⁴, assessed by the regional office of NHSE/I, that will include delivering performance and financial outcomes that meet plans agreed with NHSE/I. We are anticipating meeting the deadline of April 2021.

³ PCNs are not statutory bodies. They consist of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. GPs are required to be part of a PCN through their contractual arrangements with NHSE/I

⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>

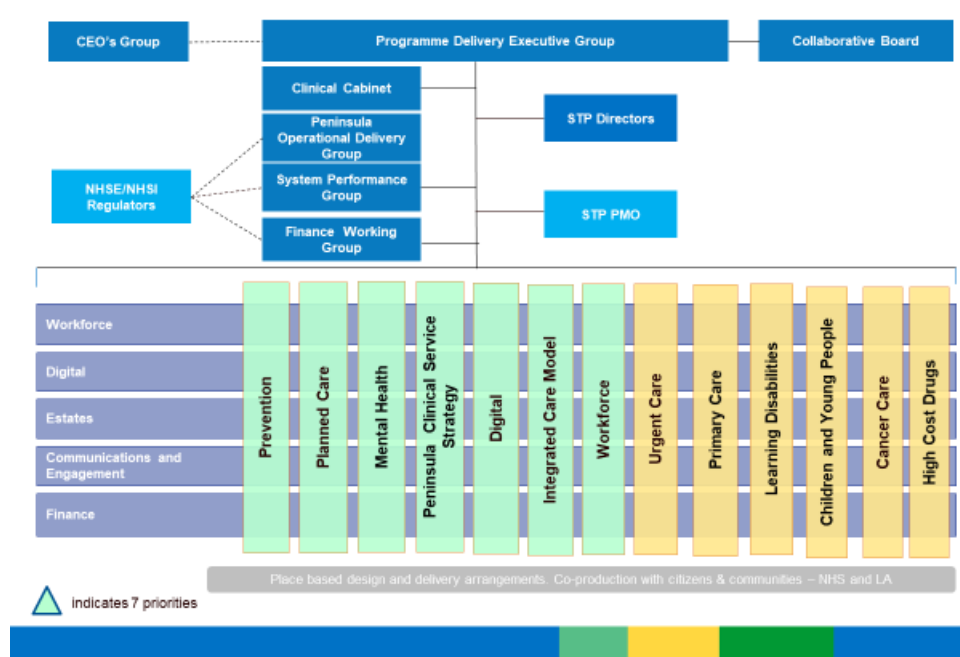
Informal structures for organisations and agencies coming together at “place” level are in place and are understood in Devon as the 5 Local Care Partnerships (LCPs).

From the 1 July 2019, 31 PCNs came into being so creating the “neighbourhood” tier. Each PCN has a Clinical Director and within each LCP there is a Primary Care Collaborative Board that brings together all the PCN Clinical Directors in the area to provide an opportunity for collective consideration of issues as required. In the early stages PCNs are primarily to offer a way of stabilising primary care and improve primary care access for the population.

Developing the Governance and Accountability Arrangements

It is the role of the ICS to set the governance and accountability arrangements across the system that supports each level to fulfil its function. At present there is an established structure:

Programme architecture 19/20



The structure has served the system well to date, however, as we move toward becoming an ICS and taking on the all the functions required, it is no longer fit for purpose.

The Collaborative Board comprises a very broad range of partners and stakeholders that all have an interest in the health and care of the population. It has Officers, Non -Executives and elected Members on it together with partners from the independent and third sectors. There is a growing lack of clarity about its role. It does not have enough time or capacity to undertake a robust assurance role, it has no authority over financial or performance issues and the opportunity it affords for the development of system wide strategies to improve the whole population’s health is not fully exploited.

The Programme Delivery Executive Group (PDEG) is the collective senior leadership forum for the Statutory partners and others with a significant delivery role within the system. Currently it has a role reviewing the NHS system performance and financial delivery and a role in providing oversight to system programmes of work – workforce, digital, the integrated care model as example. As the only forum of its type across the system it also gives a collective view on items such as the Devon Long Term Plan (LTP) submission, the Winter Plan and other system wide planning documents. It is an Officer forum.

The Proposal

The overall structure, delivery architecture and governance of an ICS is currently not mandated, and each system is developing its own model. NHSE/I are currently talking with all the relevant stakeholders to consider whether there should be some national guidance and/or direction. This means it is possible that there may be some mandated national alignment about the nature and structure of an ICS and all associated governance in 2020. Early sight of that national discussion suggests it is unlikely that this will cut across the work done within Devon to date and therefore it is recommended that the system does not lose the momentum and engagement through a “pause” to wait for any national view.

The group, referred to in the introduction to this paper, agreed that some of the expected functions of an ICS would include:

- Setting strategic objectives and outcomes to improve the health and well-being of the Devon population (Population Health Management)
- Determining the allocation of resources to “places” (sub sections of the county based on a geographical footprint and recognised in county boundaries) that will be served by Local Care Partnerships (LCPs)
- Ensuring that health inequalities are addressed across Devon
- Seeking to influence the application of resources from areas outside health and social care that have a direct impact of the health and well-being of the population to maximise improvement opportunities (housing, employment, education etc.)
- Supporting the spread and adoption of best practice
- Assurance of delivery of the expected improvements in outcomes within the resource envelope and to agreed performance, quality and regulatory standards
- Oversight of large-scale strategic transformation projects
- Ensuring active and effective stakeholder engagement and public participation at system level
- Accountability back to the population of Devon

Early sight of the functions being considered at a national level, and as part of the engagement discussed, suggests that the Devon system is safe to assume the functions as described are in accordance with NHSE/I current thinking that is:

- 1) Planning and co-ordinating system transformation at system, place and neighbourhood
- 2) Management of system performance including health outcomes, quality of care, operational and financial performance

To discharge these functions, it was considered that there would need to be a dedicated ICS Board that conducted the business of the ICS.

It is felt that it is important that this Board does not replicate the organisational Boards of the Health and Social care providers as its role was not to provide or deliver services. There were concerns that if it did in any way replicate those structures that it may start “doing” as opposed to setting a framework for others to “do” within and create a conflict with the function of LCPs and at neighbourhood with Primary Care Networks (PCNs) that are clearly about delivery of integrated care.

Proposed ICS Board Structure

The structure put forward for considerations is:

- An Independent Chair
- 3 Leaders of the 3 Local Authorities
- 5 system Non-Executive Directors with alignment to “place”
- 1 Chief Executive
- 1 Population Health Director (DPH) – that would link with the Chairs of the Health and Well Being Boards and the other 2 DsPH
- 1 Finance Director
- 1 Strategic Commissioner
- 3 Clinical Representatives

It was agreed that the non-executive and elected membership of the Board, should mirror the current voting superiority of NHS organisations. This would mean at least one more non-executive member than executive.

There was discussion regarding the position of the Leaders of the Council that are elected members (so not Officers) but Executive. It was considered this was the appropriate seniority.

The role of Independent Chair would be appointed through the NHS line and hosted by the Clinical Commissioning Group (CCG) with involvement of the Collaborative Board. Latest thinking from NHSE/I is that the role cannot be appointed by the Collaborative Board (or equivalent) as the Collaborative Board is not a Statutory entity as Foundation Trust Governors are, as example. The Chair would also be the Chair of the Collaborative Board.

System non-executives should be found through an open recruitment process against clearly defined skill sets and experience. This should include education and the voluntary sector. It is preferable that they also can link “place” and can be “hosted” by the CCG as the ICS is not a legal entity. It may be that existing NHS NEDs from the Devon NHS organisations wish to apply for these roles and in that case, they can remain “hosted” by their NHS organisation but must relinquish all activity for that organisation. This option was felt important as it allows for the opportunity of existing, experienced Devon NEDs to apply for the roles if they choose and improve the ability for the Board to work at pace.

Clinical representation must demonstrate experience across primary, secondary, community, mental health and social care within the 3 Board members. This will be tested through open recruitment and interview process.

It was agreed that there would be an Executive ICS group comprising the Chief Executives and Officers of the statutory partners that would work to the ICS Board in a similar arrangement to the current Programme Delivery Executive Group.

Collaborative Board and LCPs

The role and function of the ICS Board, together with its membership has an impact on the system governance arrangements at Collaborative Board and LCP levels.

Developing an ICS is a collective endeavour and it is for the Collaborative Board to consider its function should the proposal be accepted. The collective group working on the proposal thought it would be helpful for the Collaborative Board to consider the following as part of its function:

- Engagement with, involvement in and support for system wide strategies
- A role in the accountability arrangements for the Independent Chair⁵
- A role in agreeing the performance metrics by which the ICS measures its success

The Collaborative Board meet in early December to consider the proposal for the shadow ICS Board and its own role within the governance of the ICS.

LCPs currently exist in all areas; however, they are largely disconnected from the STP. Given the expectation of the ICS and the functions to be delivered at LCP level this will need to be resolved.

Relationship to NHSE/I

NHSE/I act as the Regulator for NHS organisations and currently discharge this function through a performance management framework with individual NHS organisations. NHSE/I is working through how it changes its operating model to fit with an assurance function at system level whilst still having Regulatory powers at single organisation level. The mechanisms for oversight and governance are in the very early stages and it is inevitable that for the next 12 months there will be some ambiguity as the national governance model evolves.

System Working and Assurance

To be effective the ICS needs to have a common purpose and an agreed way of working. Alongside the paper at Annexe B & C are the proposed refreshed and revised Memorandum of Understanding (MoU) to bind the Statutory Partners and a System Assurance Framework to enable all parts of the system governance arrangements to function effectively. You are asked as part of the Governance arrangements to consider both documents and signal your organisation's willingness to support both and be a signatory on the MoU.

Philippa Slinger
Lead Chief Executive
Devon STP

29/11/19

⁵ NHSE/I set out that each ICS should have an Independent Chair, likely to be accountable to the region

Memorandum of Understanding

November 2019

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Foreword

We have agreed to develop this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.

We all agree that working more closely together is the only way we can tackle the challenges we face and achieve our ambitions. This Memorandum demonstrates our clear commitment to do this.

1. Parties to the Memorandum

1.1. The members of the Devon ICS Partnership and parties to this Memorandum, are:

- Devon Partnership NHS Trust (DPT)
- Livewell Southwest (LSW)*
- Northern Devon Healthcare NHS Trust (NDHT)
- Royal Devon and Exeter NHS Foundation Trust (RDE)
- University Hospitals Plymouth NHS Trust (UHP)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)**
- Torbay and South Devon NHS Foundation Trust (TSD)
- Devon County Council (DCC)
- Plymouth City Council (PCC)
- Torbay Council (TC)
- NHS Devon CCG
- NHS England
- NHS Improvement

**(n.b Although Livewell Southwest is an independent social enterprise, throughout this document the term “NHS organisations” should be read as including Livewell Southwest)*

*** (SWASFT is a partner within the Devon ICS with respect to the services that it provides within the Devon footprint. It is recognised that SWASFT will also be a partner in other ICS arrangements)*

1.2. As members of the Partnership all of these organisations subscribe to the values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. It is recognised that some of these organisations will have different roles within the ICS (e.g. provider and commissioner responsibilities). We will ensure that, at all times, organisations and their representatives are clear on the capacity in which they are acting and that there are robust systems for the management of potential conflict of interests.

Term

1.4. This Memorandum shall commence on the date of signature of the Partners. It shall be reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System. It shall thereafter be subject to an annual review of the arrangements by the ICS Board.

Local Government role within the partnership

1.5. The Devon ICS includes three local government partners. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.6. Within the Devon ICS Partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.

1.7. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Partners in Local Places

1.8. All of the Councils, CCGs and Healthcare Providers will be part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision-making.

2. Introduction and context

2.1. This Memorandum of Understanding is an agreement between the Devon health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the people who live in our area, and to improve the quality of their health and care services.

2.2. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services will come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

2.3. We published our first high level proposals to close the health, care and finance gaps that we face in 2016. Since then we have made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

2.4. The purpose of this Memorandum is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.

2.5. The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in Devon and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

2.6. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

2.7. The Memorandum should be read in conjunction with the System Assurance Framework.

Our shared values and behaviours

2.8. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of Devon.
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Developing new collaborative relationships

2.9. Our approach to collaboration begins in each of the 31 Primary Care Networks (PCNs) which make up Devon, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 20,000-60,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

2.10. Neighbourhood services sit within each of our local places. These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

2.11. The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

2.12. These place-based partnerships are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for Devon as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues' (ie, complex, intractable problems).

2.13. The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the

constraints of these requirements we will aim to collaborate, and to seek greater integration of services, whenever it can be demonstrated that it is in the interests of patients and service users to do so.

2.14. The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard.

Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly. (n.b. it is recognised that proposed changes to the legislation concerning competition in the NHS are under consideration)

2.15. The Partners understand that no decision shall be made to make changes to services in Devon or the way in which they are delivered without prior consultation where appropriate in accordance with the partners' statutory and other obligations.

3. Partnership Governance and Accountability

3.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.

3.2. The Partnership provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale.

3.3. A single consistent approach for assurance and accountability between Partners on Devon system wide matters will be applied through the governance structures and processes. The details of these arrangements are set out in our System Assurance Framework.

A new model of mutual accountability

3.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, agreed collective resources and the totality of population health. The partners will:

- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
- work through our formal collaborative groups for decision making, engaging people and communities across Devon; and
- identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.

3.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance

management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

3.6. Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.

3.7. System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:

- Monitoring performance against key standards and plans in each place;
- Ongoing dialogue on delivery and progress;
- Identifying the need for support through a clinically and publicly-led process of peer review;
- Agreeing the need for more formal action or intervention on behalf of the partnership; and
- Application of regulatory powers or functions.

National NHS Bodies oversight and escalation

3.8. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in Devon in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

4. Decision-Making and Resolving Disagreements

4.1. Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

4.2. There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners have delegated specific decisions to a collaborative forum, for example the ICS Board. Arrangements for resolving disputes in such cases will be set out in the Terms of Reference of that forum.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.3. Collaborative decisions on Partnership matters will be considered by the ICS Board. The ICS Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the Devon system and will look to reach recommendations and any decisions on a best for Devon basis. The terms of reference for the ICS Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The ICS Board will initially have responsibility for decisions relating to:

- The objectives of priority work programmes and workstreams
- The apportionment of NHS transformation monies from national bodies
- Priorities for NHS capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed
- The management of system performance improvement.

4.4. Executive Leadership Team will make recommendations to the ICS Board on these matters. Where appropriate, the ICS Board will make decisions of the Partners by consensus of those eligible ICS Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may be referred to the dispute resolution procedure under Paragraph 4.6 below by any of the affected Partners for resolution.

4.5. In respect of priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the Executive Leadership Team meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible ICS Board members. ICS Board members will be eligible to participate on issues which apply to their organisation.

Dispute resolution

4.6. Partners will attempt to resolve in good faith any dispute between them in respect of ICS Board (or other Partnership-related) decisions, in line with the Values and Behaviours set out at 2.8 in this Memorandum.

4.7. Where necessary, Place-based arrangements will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

4.8. The Partnership will apply a dispute resolution process to resolve any issues which cannot otherwise be agreed through these arrangements.

4.9. As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.

4.10. The key stages of the dispute resolution process are

- i. The Partners will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If the Partners cannot resolve the dispute within 30 days, the dispute should be referred to Executive Leadership Team
- ii. Executive Leadership Team will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute) on how best to resolve the dispute, applying the Values and Behaviours of this Memorandum, taking account of the objectives of the Partnership. Executive Leadership Team will advise the Partners of its decision in writing.
- iii. If the parties do not accept the Executive Leadership Team decision, or Executive Leadership Team cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by ICS Board. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.
- iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the ICS Board. The ICS Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

5. Financial Framework

5.1. All NHS organisations in Devon are ready to work together, manage risk

together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability.

5.2. A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:

- Return to living within our means, i.e. the resources that we have available to provide services and deliver against our LTP financial trajectories.
- develop a Devon system response to the financial challenges we face; and
- develop payment and risk share models that support a system response rather than work against it.
- Move towards allocating resources to our system using National Resource Allocation principles

5.3. We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

Living within our means and management of risk

5.4. Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the system in the event of the emergence of financial risk outside plans. This might include establishing a system risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.

5.5. Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

NHS Contracting principles

5.6. The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.

Allocation of Transformation Funds

5.7. The Partners intend that any NHS transformation funds made available to the Partnership will be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The

method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.

5.8. The NHS funding provided to Places (based on weighted population, or other formula agreed by the Partners) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements and be subject to on-going monitoring and assurance from the Partnership.

5.9. Funding provided to the Programmes will be determined in agreement with Partners through the Executive Leadership Team, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

Allocation of ICS capital

5.10. The Partnership will play an increasingly important role in prioritising NHS capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:

- the capital prioritisation process is fair and transparent;
- there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
- there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
- the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
- access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

6. National and regional support

6.1. To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.

6.2. National capability and capacity will be available to support Devon from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

7. Variations

7.1. This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

8. Charges and liabilities

8.1. Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

8.2. By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them.

8.3. Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

9. Information Sharing

9.1. The Partners will provide to each other all information that is reasonably required in order to achieve the objectives and take decisions on a best for Devon basis.

9.2. The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

10. Confidential Information

10.1. Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its

obligations under this Memorandum and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

10.2. To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

10.3. The Parties agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

10.4. Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

11. Additional Partners

11.1. If appropriate to achieve the objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

11.2. The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the ownership of the system success/failure as set out in this Memorandum.

12. Signatures

12.1. This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.

12.2. The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

12.3. No counterpart shall be effective until each Partner has executed at least one counterpart.

Signatures

Devon Integrated Care System System Assurance Framework

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1. Introduction

The NHS Long-Term Plan set the ambition that every part of the country should be an integrated care system (ICS) by 2021. It encourages all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them. Delivering service transformation of this scale requires a well-developed system and effective underpinning infrastructures.

This document sets out the working arrangements which will operate in the Devon Integrated Care System (Devon ICS) when it is established as a shadow ICS in February 2020. There is a recognition that the system is in a transitional phase and that these arrangements will be further developed and refined as the system moves towards full ICS status in April 2021. (This System includes the population registered with all GP practices in the geographical area covered by Devon County Council, Plymouth City Council and Torbay Council)

2. Development of the Devon ICS

As part of our plan to implement the NHS LTP, we are expected to set out the local actions we will take to become a 'mature' ICS by April 2021. NHS England have published an ICS maturity matrix to guide systems on the characteristics they expect of ICSs and we are using this tool to assess the 'current state' and to inform our approach to ICS development with a detailed programme plan.

National guidance sets out that the characteristics of a mature ICS include:

- Collaborative and inclusive multi-professional system leadership, partnerships and change capability, with a shared vision and objectives and an independent chair;
- An integrated local system, with population health management capabilities which support the design of new integrated care models for different patient groups, strong PCNs and integrated teams and clear plans to deliver the service changes set out in the Long Term Plan; improving patient experience, outcomes and addressing health inequalities;
- Developed system architecture, with clear arrangements for working effectively with all partners and involving communities as well as strong system financial management and planning (including a way forward for streamlining commissioning, and clear plans to meet the agreed system control total moving towards system financial balance);
- A track record in delivering nationally agreed outcomes and addressing unwarranted clinical variation and health inequalities;
- A coherent and defined population, where possible contiguous with local authority boundaries.

We have recently assessed our progress across all the domains of the ICS maturity matrix and evidence. This demonstrated that we needed to make significant further progress in a number of the key areas including further development of our:

- System operating model, strengthening the relationship between care redesign, performance and finance and ensuring delivery
- Population health management capability

- System governance and Devon ICS leadership arrangements to support a ‘system first’ approach including the clarification of the role of non-executives and elected members and strengthening links with Primary Care Networks and Health and Wellbeing Boards
- Design and development of Local Care Partnerships (LCPs) and the Mental Health Steering Board, clarifying relationships with PCNs and Local Authorities in delivery of care
- The CCG and partner organisations to form the Strategic Commissioner and clarification of their role in system working.
- The system population outcomes framework to ensure close alignment with key deliverables in the NHS LTP and system financial and performance priorities
- Organisational Development (OD) plan to support the delivery of the key elements of our ICS and the relationships between them.

We have started to develop a future model of integrated governance and system-led oversight with key local stakeholders, including non-executive directors, Lead Cabinet members and chairs of the three Devon Health and Wellbeing Boards and we have engaged with council leaders and other senior NHS and local government officers to co-design the new arrangements. We are taking steps to develop our system leadership arrangements and to establish a shadow ICS board by February 2020 underwritten with an updated formal MOU agreed by all partners. To ensure we have the right leadership in place to move us forward quickly, we will agree the programme for appointment of the substantive system leader to lead on our system development and we have developed a ‘governance checklist’ to support our transition from STP to ICS by April 2021.

In line with this new way of working, the Devon Health and Wellbeing Boards, supported by our public health teams, are beginning to work together more closely to identify common themes in their Health and Wellbeing strategies and the development of the Devon LTP has been a catalyst for deepening system-level collaboration. Including the boards in strategic planning has helped to create a shared a vision and strengthen alignment between board priorities making it easier to address those issues which can be more effectively tackled through a system-wide approach, particularly our shared aims around prevention of ill health and self-care in local communities as set out in our ambitions. We have also identified the need for stronger Primary Care Network engagement across the system and the governance arrangements will reflect this - we will embed GPs into leadership and governance structures of our emerging ICS.

3. Parties to the System Assurance Framework

All the organisations who are parties to the local MOU are parties to this System Assurance Framework. These are:

- Devon County Council (DCC)
- Devon Partnership NHS Trust (DPT)
- Livewell Southwest (LSW)*
- Devon CCG (DCCG)
- Northern Devon Healthcare NHS Trust (NDHT)
- Plymouth City Council (PCC)
- Royal Devon and Exeter NHS Foundation Trust (RDE)
- University Hospitals Plymouth NHS Trust (UHP)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)**

- Torbay and South Devon NHS Foundation Trust (TSD)
- Torbay Council (TC)

**(n.b Although Livewell Southwest is an independent social enterprise, throughout this document the term “NHS organisations” should be read as including Livewell Southwest)*

*** (SWASFT is a partner within the Devon ICS with respect to the services that it provides within the Devon footprint. It is recognised that SWASFT will also be a partner in other ICS arrangements)*

4. Associated Strategies and Plans

The following strategies and plans should be read in conjunction with the System Assurance Framework:

- STP Plan 19/20
- Memorandum of Understanding
- Devon Long Term Plan
- Workstream Delivery Plans

5. System Vision and Ambitions

Devon’s Long Term Plan for health and care services has, at its heart, a vision that **“everyone in Devon to have equal chances to live long, happy and healthy lives”**. It has ambitions for change over the coming decade and firm plans for investment in each of the next five years.

Devon’s NHS organisations, together with Devon County, Plymouth City and Torbay Councils have shared aspirations for health and care in Devon for the future. They are taking collective responsibility for working together towards the following five shared ambitions:

1. **Effective and efficient care:** using Devon taxpayer’s money to deliver value for the population, eradicate waste, tackle unwarranted clinical variation and improve productivity everywhere.
2. **Integrated Care Model:** shifting to care out of hospital by supporting and developing: the primary care networks, community services (including mental health), social care and voluntary sector. This will reduce the growth in acute urgent care, improve access to primary care and enable more people to be cared for at home.
3. **The “Devon-wide Deal”:** nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.
4. **Children and young people:** investing more in children and young people to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.
5. **Digital Devon:** investing to modernise services using digital technology.

6. **Equally Well Devon'**. The ambition of this programme is to increase the life expectancy of people with learning disabilities and/ or autism and of people with severe mental health problems so that it is closer to the life expectancy of other people in Devon.

6. Scope of the System Assurance Framework

The System Assurance Framework will develop to provide assurance across:

- Performance – national and local delivery targets and outcome measures
- Quality – safety, clinical effectiveness and experience
- Compliance information – regulatory and reporting requirements including those set out in the NHS Oversight Framework.
- Finance – delivery of plans and key metrics, and the system control total.

7. Underpinning Principles to the System Assurance Framework

The System Assurance Framework recognises that:

- The parties to the Memorandum of Understanding will continue to exist as sovereign bodies and hold their existing budgets and accountabilities;
- NHS England and NHS Improvement will retain legal responsibility, respectively, for CCG and Foundation Trust authorisation, regulation and assurance.

NHS England, NHS Improvement and the Devon System have committed to working together within these statutory responsibilities to implement the system assurance framework in line with the principles set out in national guidance. This will include the locally agreed principles that:

- Devon ICS remains part of the wider NHS and social care system; such that there is assurance that the system will deliver against the minimum operational standards required nationally.
- The Devon ICS will be assured once, as a system, for delivery of the NHS Constitution and mandate, and quality.
- The system assurance framework will be consistent with the principle of subsidiarity (decisions are made at the most appropriate level) within Devon, recognising the 'place' footprint as the primary unit of planning and delivery, whilst understanding the position of individual organisations;
- The system assurance framework will operate on the basis of "mutual accountability" where all parties to the MOU are equal and have shared responsibility for the delivery of operational standards and transformation plans;
- The process will be under-pinned by a clear approach to improvement-focused intervention, support and capacity building. Peer review will be a core component of the improvement methodology.
- Organisations in the Devon ICS will work together to make best shared use of improvement capacity and expertise.

8. Roles and Responsibilities

The ICS has established a governance structure will clearly sets out roles and responsibilities. This structure is set out in the diagram at Section 11. The purpose of each of the governance groups is summarised below:

	For completion once Terms of Reference agreed
Collaborative Board	•
ICS Board	•
Executive Leadership Team	•
Finance Working Group	
System Performance Group	•
Clinical and Professional Cabinet	•
Locality Care Partnerships	•
System Performance Delivery Team	•
ICE (Strategic Commissioner)	•
System Improvement Boards	•

9. Key Elements of the System Assurance Framework (SAF)

The SAF will have six component parts:

1. Operational Plan – setting out the priorities, plans, performance trajectories and associated resources for the current year;
2. Performance Framework – setting out performance against national and local priorities;
3. System Programme reports – setting out in-year progress against delivery and transformation plans, and identifying risks and mitigating actions;
4. Locality Care Partnership Plans and reports – setting out progress in each of the locality areas
5. Escalation Process – agreed process, thresholds and triggers for escalation within the Devon ICS and externally;
6. Risk Management Framework – setting out system risks and mitigation.

9a Operational Plan

On an annual basis, NHS England and NHS Improvement expect each NHS organisation to submit an Operating Plan. The Devon ICS will be responsible for assuring these plans and

for ensuring that the place-based plans and the over-arching Operational Plan are consistent with national requirements on finance, activity, priorities and performance.

NHS England and NHS Improvement will agree with the Devon ICS the expected level of achievement in-year at system level.

Locality Care Partnership plans will need to be agreed by all organisations within each Place and be consistent with and contribute to the wider Devon ICS Operational Plan.

The Operational Plan for the Devon ICS will be aggregated from the Locality Care Partnership plans and the plan for system-wide initiatives across Devon. The Plan will include those elements of NHS England's direct commissioning responsibilities which sit within the Devon ICS.

NHS England and NHS Improvement (with other national partners) will assure the Operational Plan. The Devon ICS will be responsible for assuring local plans at an organisational, place and system level.

9b Performance Report

A system performance report has been developed, that focuses on place and system wide performance, rather than each of the individual organisations. This framework, includes a suite of metrics that under-pin the STP Plan and focus on achieving transformation rather than routine assurance.

The framework ensures that different parts of the Devon ICS (organisation, place or programme) are not working to different regulatory regimes and the performance dashboards report on delivery of the NHS Constitution targets and the NHS mandate expectations. The focus of the dashboard is on delivery in place and at a programme level with the ability to aggregate key metrics together to produce the assurance reports for the relevant boards within the governance framework. The dashboards will provide the foundation for the quarterly assurance report to the integrated Regional Director for NHS England and NHS Improvement.

A separate finance dashboard will be prepared each month.

Progress on transformation and risks to programmes will be reported to the System Performance Group through monthly programme reports.

9c System Programme Reports

Each of the system work programmes has produced a 2019/20 workplan. These work programmes have been reviewed by an external consultancy. New reporting and project managements are being established which will form the basis of ongoing monitoring and assurance.

9d Locality Reports

Locality reports will be provided to the Executive Leadership Team to provide assurance on the delivery of strategy, plans and transformation within place and at system level, covering:

- Progress assessment – current period and previous period (RAG)

- Priorities for current year
- MOU commitments
- Update on citizen engagement
- Progress update on transformation plan
- Next steps on transformation plan
- Progress on planned savings and forecast
- Risks and mitigation

9e Escalation Process

The Devon ICS will follow an escalation process in line with the roles and responsibilities outlined within this framework.

9f Risk Management Framework

The Devon ICS has developed a Risk Management Framework which sets out how it will manage risk at 3 levels

- System Strategic Risk – Risks which impact on the delivery of the system’s strategic objectives
- System Performance Risks – Risks which impact on performance across a number of organisations and are best mitigated by system working.
- System Priority Programme Risks – Risks which impact on the delivery of agreed workstreams

These arrangements will be mirrored at Locality Care Partnership level

10. Regulatory Assurance

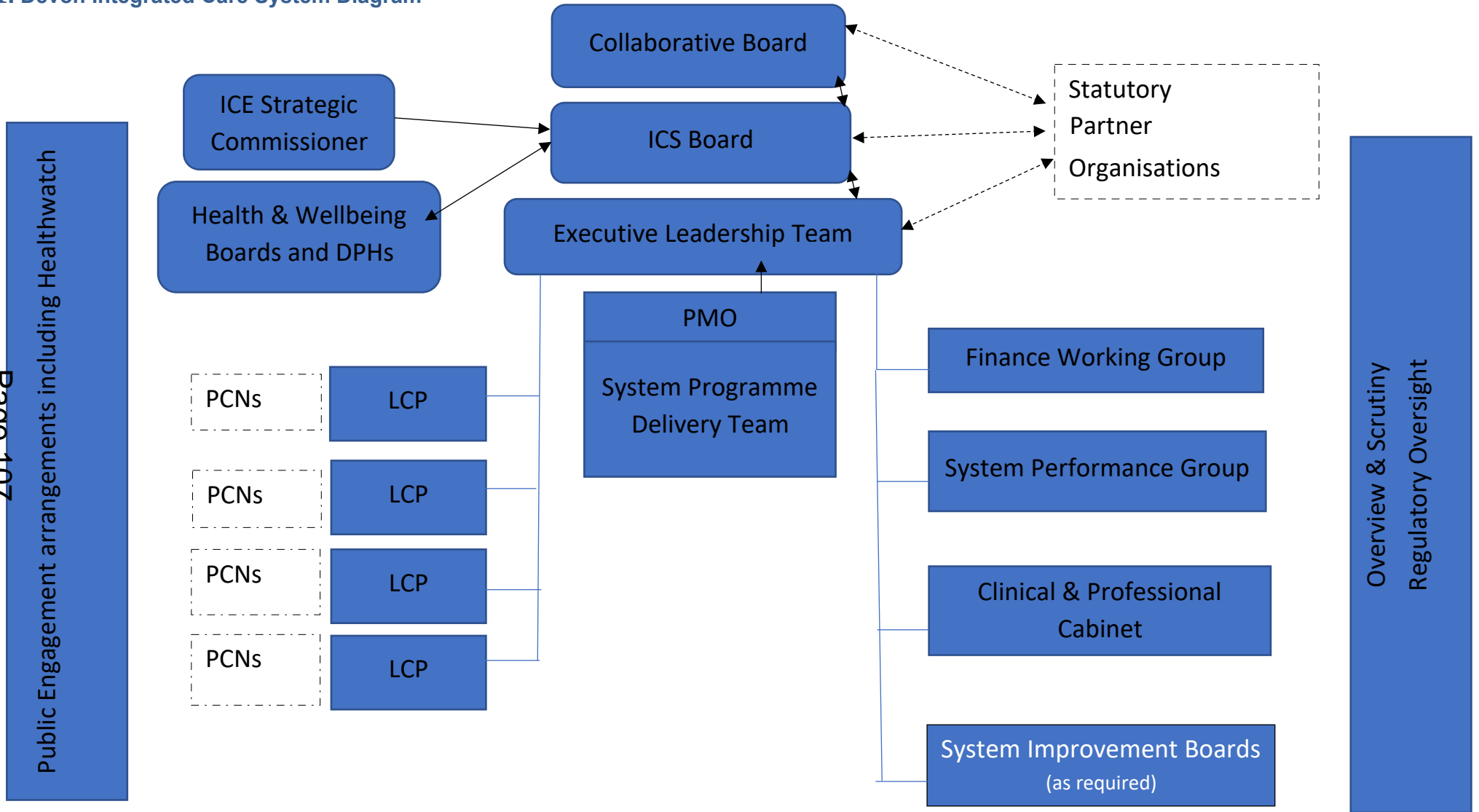
NHS England and NHS Improvement have agreed that:

- i. NHS England and NHS Improvement Regional Director will meet quarterly with the Devon ICS to ensure that NHS Constitution, NHS Mandate and MOU commitments are being met in full by Devon ICS.
- ii. The Devon ICS will comply with the requirements of the NHS Oversight Framework 19/20.
- iii. Where Devon ICS is not delivering the requirements of the NHS Constitution, mandate and MOU at a system level the Devon ICS will set out its proposal for improvement. Required actions could include:
 - Improvement/recovery plan
 - Monitoring of the standard at a different frequency (eg monthly)
 - Requirement for Devon ICS to seek further support to secure recovery
- iv. When an individual organisation is outside of the expected performance standards, the Devon ICS will seek to resolve and inform the regional team of progress. In the event of sustained non-delivery, the Devon ICS and the lead regional director will consider next steps. The following principles will apply:
 - Devon ICS will be responsible in the first instance for working with local organisation to address the issue, supported by the integrated regional team.

- Any NHS England or NHS Improvement intervention required will, wherever possible be identified in consultation with and agreed with the Devon ICS;
 - Any regulatory decisions will, as now, be made by NHS England and NHS Improvement but, wherever possible, will be in consultation with and taking into account the views of the Devon ICS;
 - NHS England and NHS Improvement will not engage with individual providers or CCGs without the knowledge of the Devon ICS and an invitation to participate in the discussion.
 - If the Devon ICS wishes NHS England or NHS Improvement to exercise its wider powers of intervention, they will be required to evidence the reasons and to request formally the intervention.
 - Separate arrangements are in place for those services commissioned by Local Authorities which may be subject to regulation through OFSTED and CQC.
- v. An agreed suite of performance reports will be made available by the regional team to inform the quarterly review, a week in advance of each meeting.
- vi. All organisations in the ICS (including NHS and Local Authority partners) are expected to have robust arrangements for internal and external audit in line with best practice.

It is recognised that the Local Authority Partners in the ICS are not subject to the same regulatory arrangements as the NHS organisations. The roles and duties of the Local Authorities (incl Officers and Members) are set out in Statute and are subject to democratic accountability. Local Authority Partners have agreed to work closely with NHS Partners for the purposes of achieving the ICS objectives and may choose to exercise some of their statutory functions through these arrangements (within agreed boundaries for delegation) however this will not effect the accountability arrangements of the organisations. Further detail on the accountability of the Local Authorities is set out in the Memorandum of Understanding.

11. Devon Integrated Care System Diagram



Glossary of terms

ALBs - Arm's-length bodies is a commonly used term covering a wide range of public bodies, including non-ministerial departments, non-departmental public bodies, executive agencies and other bodies, such as public corporations.

CCGs - Clinical Commissioning Groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area

ICS - Integrated care systems have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

LCPs - Local Care Partnerships. NHS organisations and local councils in England are joining forces to coordinate services around the whole needs of each person. Their aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

LTP - The NHS Long Term Plan is a new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years. Each local area must publish a local Long Term Plan in response to the national LTP

NEDs - Non-executive directors are particularly responsible for challenging the executive directors in decision-making and on the trust's strategy, but they are collectively accountable with the executive directors for the exercise of their powers and for the performance of the trust

NHSE/I - NHS England and NHS Improvement work together as a new single organisation to better support the NHS to deliver improved care for patients. Operating through 7 regions (Devon is within the South West) they make decisions about how best to support and assure performance in their region and have a Regulatory function as well as supporting system transformation and the development of sustainability and transformation partnerships and integrated care systems.

PCNs - Primary care networks form a key building block of the NHS long-term plan. Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

PTE/20/4

Cabinet
11 March 2020

Totnes and Littlehempston Cycle / Footpath Scheme and the Council's Cycling and Multiuse Trail

Report of the Head of Planning, Transportation and Environment

1. Summary

This report provides a briefing to support the Cabinet in its consideration of a Notice of Motion on Totnes and Littlehempston Cycle / Footpath Scheme and the Council's Cycling and Multiuse Trail, submitted to Council on 20 February and in accordance with Standing Order 6(6) was referred, without discussion, to the Cabinet for consideration (Council Minute 275 refers).

The Notice of Motion referred is as follows:

'That the proposed Cycle and footpath link scheme between Totnes and Littlehempston be added to the County Council's current Cycling and Multiuse Trail strategy as this will:

- 1. provide an important non-vehicular link between Totnes and its adjacent parish and village centre in Littlehempston;*
- 2. support the SHDC A385 Air Quality Management Action Plan (it is listed as an action) to address traffic congestion and air quality in Totnes and environs;*
- 3. complete an important missing link of the national NC2 cycle route (which when complete will link Dover in Kent with St Austell in Cornwall) supporting commuters as well as tourism; and,*
- 4. thereby support DCC's declaration of a climate emergency."*

2. Background

There has been a local aspiration to deliver a walking and cycling connection between Totnes and the village of Littlehempston for many years. However, progress has been stymied by the failure to reach agreement regarding the access to a privately-owned bridge. For such a scheme to progress there is a need to identify the strategic need for a scheme, potentially a Multi-Use Trail from Totnes to Newton Abbot. This would then lead to an options assessment, planning application, land acquisition and delivery. There are currently numerous requests for similar schemes throughout Devon and the Totnes to Littlehempston scheme is not identified in the current plan. Consequently, it is not possible to undertake any further work on the proposed scheme or progress a compulsory purchase order.

On 29 November 2019, South Hams Highways and Traffic Orders Committee (SH HATOC) reviewed the issue of public access across the South Devon Railway (SDR) pedestrian bridge. It resolved that *'given the lack of progress over time, Cabinet be recommended to investigate the public use of the pedestrian railway bridge by compulsory purchase if necessary, given its importance and benefit as a public amenity'* (SH HATOC Minute 84 refers).

Cabinet subsequently considered the matter on 15 January 2020 and resolved *'that no further work should be undertaken on investigating whether the footbridge could be used by*

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*the public and the development of a multi-use trail and that Compulsory Purchase Order should not be pursued as it cannot be justified ... ' (Cabinet Minute *450 refers).*

The Notice of Motion (as detailed in para 1 of this report) was submitted to the Council meeting on 20 February 2020. At the meeting, it was decided that it should be referred for consideration by Cabinet.

3. Proposal

Scheme Context

Littlehempston is a village situated north of Totnes with a population of approximately 200 residents. The primary transport link between the two settlements is via the A381, with a journey time of approximately 5 minutes in free flow conditions. The A381 also provides hourly bus services (service 7 & 177), running between 7am and 7pm. The bus services do not run into the village itself, to access the bus there is a 10-minute walk along a county road with no footpaths. For school children there is a school bus.

There are currently no safe walking or cycling routes that avoid the A381 corridor. A significant constraint in achieving such a route is the severance caused by the River Dart. Any route linking Littlehempston to Totnes would most likely have to include a bridge crossing. The option under consideration uses the privately owned Bulliver Bridge which, assuming the rest of the route could be identified, would result in a 3km route from Littlehempston to Totnes town centre.

In addition to connecting the village of Littlehempston to Totnes, if a multi-use trail was delivered it would have the potential to form the initial phase of a wider Totnes to Newton Abbot route.

Bulliver Bridge

There is an existing pedestrian bridge over the River Dart: Bulliver Bridge. This is privately owned by South Devon Railway, providing access to the tourist attractions of the South Devon heritage railway and Totnes Rare Breeds Farm.

The funding of the footbridge, built in 1993, was primarily from South Devon Railway. This was topped up by grant funds from a number of organisations, including Devon County Council. As far as can be ascertained, there were no specific requirements or covenants attached to the funding. South Devon Railway have been, and continue to be, responsible for the upkeep and maintenance of the bridge.

The use of the bridge would provide a convenient crossing of the River Dart, utilising existing infrastructure. Littlehempston lies approximately 2km from the end of the bridge, and this remainder of the route would be comprised of a new path constructed over third party land, a narrow undulating private track and a narrow rural lane to Littlehempston.

South Devon Railway

Numerous meetings have taken place between South Devon Railway, local Members and Devon County Council officers over a number of years, the last being in June 2019. However, it has not been possible to agree the use of the bridge as part of a multi-use trail.

South Devon Railway have a large collection of fragile buildings, rolling stock and antiquities stored at their Totnes station. Due to their specialist nature, even relatively small-scale damage to these assets can be extremely expensive.

The Railway company has had to diversify and offer two attractions, one at either end of the rail line. The Totnes Rare Breeds Farm is adjacent to the Totnes South Devon Railway

Station and is also accessed via the footbridge. It is very cute, with wooden pens and lots of very small fragile animals.

The current security is provided by the geographical constraints of the site; a combination of the River Dart, two railway lines and a private road. There is no car park, with access limited to the pedestrian bridge. The Bulliver Bridge is currently only open when the railway is running, with gates on the bridge itself locked at all other times. This acts as a security measure and deterrent to intruders, protecting the South Devon Railway and Totnes Rare Breeds Farm. Loss of this security and the resultant risk of vandalism is a key factor in the South Devon Railway's reason for not agreeing 24-hour access to the bridge.

Totnes to Newton Abbot Wider Route Development

Developing a route from Totnes to Littlehempston, and ultimately on to Newton Abbot, would be challenging. The topography is hilly, the existing lanes are narrow, and it would be difficult for a vehicle to safely pass a cyclist or pedestrian. Some of the existing roads, which would provide onward connections to Littlehempston, are privately owned and carry large HGVs, such as those associated with the South West Water Treatment Works. There are also a number of isolated properties along these lanes that would require ongoing access.

Current data from existing multi-use trails show the greatest usage is seen in coastal locations, where there are sizeable population catchments along the route, gradients are generally level, there are a number of attractions to break up the journey and the landscape value is high. The Exe Estuary Trail between Exmouth and Dawlish and the Tarka Trail between Barnstaple and Bideford are successful examples of leisure trails with high daily usage. Utility trips on the Totnes to Littlehempston route will be low due to the small number of commuters and students making the daily journey. Its rural location, challenging topography and remoteness will also make this journey less attractive to cyclists and pedestrians.

Multi-Use Trail Strategy

Devon County Council's adopted Multi-Use Trail Strategy, published in March 2015, does not include the Totnes to Newton Abbot route in its current development strategy. The existing strategy is very oversubscribed, with a lack of external funding opportunities limiting the progress that has been possible over recent years. As a result, a revised list of priorities was taken to the Corporate Infrastructure and Regulatory Services Scrutiny Committee in November 2018. Devon County Council are committed to delivering these existing priorities and there is very little likelihood of extending the strategy in rural areas, such as this, where usage is lower.

Should the route be included in a future strategy and the development of a scheme progress, a strategic planning application would be required. The number of landowners affected, and sensitive environment means the process would be costly and potentially contentious.

Compulsory Purchase Order

In the event that an agreement could not be reached regarding access over private land, a compulsory purchase order would be required. To apply to the Government to compulsory take away land there would be a requirement to fulfil the following criteria:

- The scheme need would need to demonstrate a compelling case in the public interest, for example in terms of transport, safety or economic development;
- The scheme would be included in the County Council's Cycling and Multi-Use Trail Strategy and there would need to be sufficient funding allocated;

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- The scheme would require planning permission, of which there is no certainty this would be granted due to impact on private properties;
- 24-hour public access through the footbridge impacting on South Devon Railway and the Totnes Rare Breeds Farm would have significant security issues. Devon County Council would need to make provisions in order to effectively increase the security in the area.
- Use of the narrow lanes would need to be reviewed, some are not in public ownership and a Safety Audit undertaken
- There would need to be reasonable certainty that the route could be extended to Newton Abbot

At this stage the bridge on its own does not fulfil these criteria, therefore, a compulsory purchase order should not be pursued as it cannot be justified.

4. Environmental Impact Considerations (Including Climate Change)

Direct emissions from surface transport accounts for 23% of total UK CO₂ emissions, with over half of these from cars ('Transport Factsheet', Committee on Climate Change). Multi-use trails and infrastructure which facilitates sustainable travel have an important role to play as part of tackling poor air quality and the Climate Change Emergency by reducing the carbon emissions from transport by encouraging modal shift. However, modal shift as a result of delivering the Totnes to Littlehempston multi-use trail is expected to be limited due to the low forecast usage. As a result, the expected air quality and climate change benefits would be negligible. Instead, resource and funding should be used to deliver routes with a greater potential for modal shift, as identified in the Multi-Use Trail Strategy.

If a route is progressed, it should be noted that there are a number of potential environmental sensitivities such as the location in a strategic nature area (woodland), Greater Crested Newt consultation zone, flood zone 3 and proximity to the South Hams SAC Greater Horseshoe Bat Special Area of Conservation. These issues would be further investigated during the planning process.

5. Legal Considerations

The lawful implications of the proposals have been considered and taken into account in the formulation of the recommendations set out above. The key legal consideration relates to the lack of justification for a compulsory purchase order.

6. Risk Management Considerations

This proposal has been assessed and all necessary safeguards or action have been taken to safeguard the Council's position.

7. Options/Alternatives

Alternative Options

Alternative routes that avoid utilising Bulliver Bridge include the delivery of a second bridge crossing the River Dart and the utilisation of the existing road corridors between Totnes and Littlehempston. The cost and environmental impact of this option suggest it would be extremely challenging to deliver.

8. Conclusion

Although it is recognised that there is a strong desire for a pedestrian / cycle connection across the River Dart from Totnes to Littlehempston there are several significant challenges. Use of the existing footbridge is not possible due to South Devon Railway's security and safety concerns. Provision of a strategic multi-use trail route from Totnes to Newton Abbot is not currently in the Cabinet approved strategy and is unlikely to be included in the foreseeable future due to engineering, economic and cost constraints. There are a number of requirements before land can be compulsory purchased which have not currently been met. At this stage the bridge on its own does not fulfil these criteria, therefore, a compulsory purchase order should not be pursued as it cannot be justified.

Dave Black
Head of Planning, Transportation and Environment

Electoral Divisions: Totnes & Dartington, Dartmouth & Marldon

Cabinet Member for Highway Management: 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: Hannah Clark

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

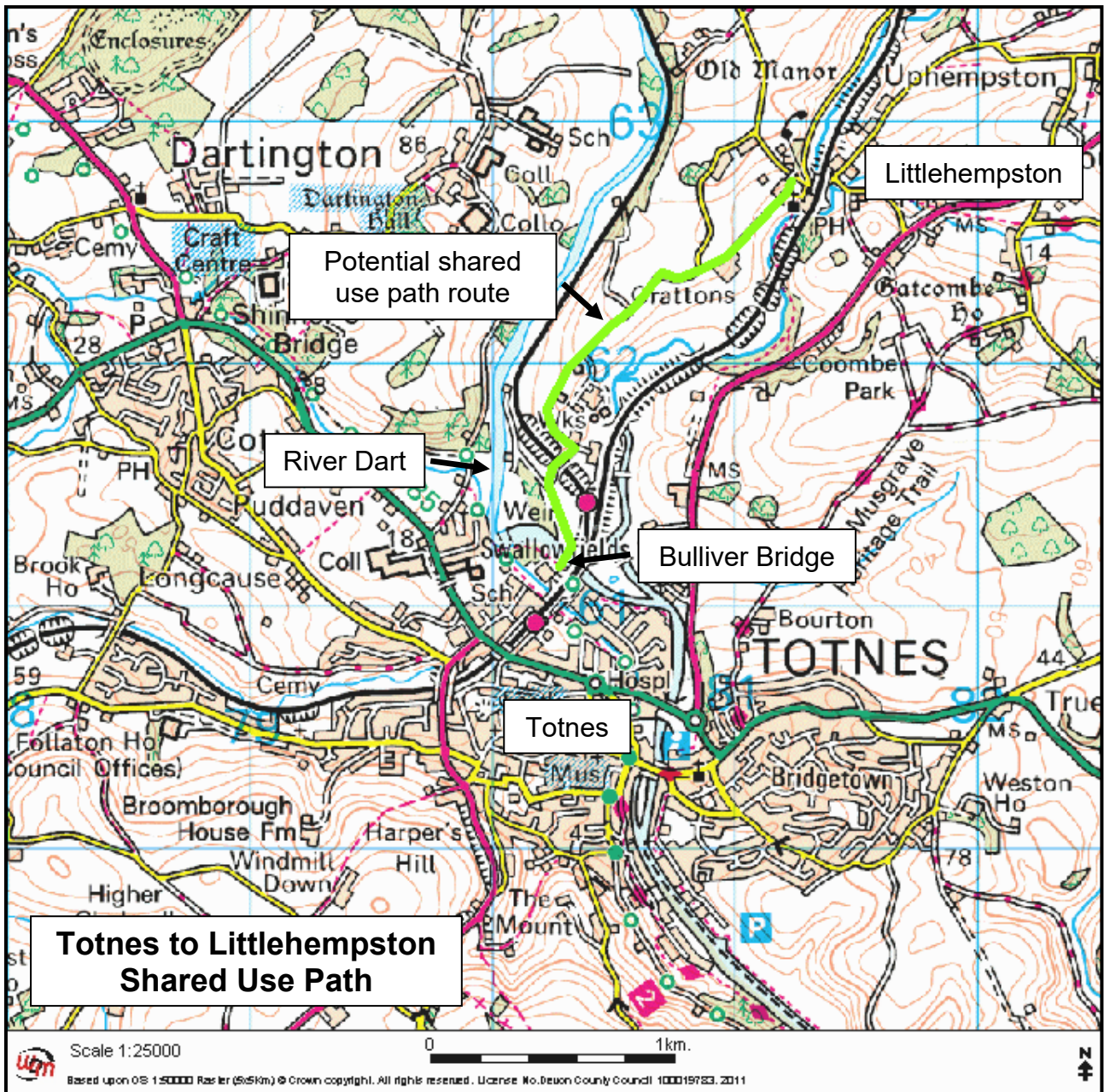
Tel No: (01392) 383000

Background Paper	Date	File Reference
Nil		

hc210220cabTotnes and Littlehempston Cycle / Footpath Scheme and the Council's Cycling and Multiuse Trail
hk 04 290220

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Appendix
To PTE/20/4



STANDING ADVISORY COUNCIL ON RELIGIOUS EDUCATION

13 February 2020

Present:-

Group A: Christian and Other Religion and Belief Communities (with the exception of the Church of England)

W Becher, K Denby, R Halsey, B Lane, R Nathwani, G Kang and M Miller

Group B: The Church of England

S Gill, C Hulbert, B Twiggs, J Roberts (Chair) and T Wilson,

Group C: Teachers' Associations

L Clay, J Goody, P Hammett, W Harrison, R Flanagan, P Randall and G Winnall

Group D: The County Council

Councillors I Chubb, P Colthorpe and G Sheldon

Co-opted Members

R Khreishah, R Northcott and S Spence

Adviser

E Pawson

Apologies:-

Councillor C Channon, H Hastie, G Hook, M Hext, R Ingrouille, W Mihas, P Rouvas, Councillor M Squires, S Shute, J Taylorson and G Teece

101 **Announcement**

The Chair welcomed Mrs R Saltmarsh who was attending the meeting in her capacity as a Co-opted Member of the Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework.

Following a request from Ed Pawson Members reflected on an inscription from a spring 'thirst for living water' relating to their personal, spiritual, emotional and physiological attachments to water.

102 **Minutes**

The Minutes of the meeting held on 19 November 2019 were signed as a correct record.

103 **Items Requiring Urgent Attention**

There was no matter raised as a matter of urgency.

104 **Devon SACRE Membership**

The Chair welcomed Gurmit Kang, representing the Sikh Community, to his first meeting of the SACRE.

Ed Pawson reported vacancies in regard to the Catholic, Baptist and Muslim community representatives. The organisations would be requested to submit representatives.

Sue Shute had also tendered her resignation.

105 Agreed Syllabus Training Updates

Ed Pawson reported that following the launch of the Agreed Syllabus last year further training dates/events were arranged as follows:

RE Career Professional Development 2020

New syllabus training day

- Mon 16th Mar, Cullompton Community Centre
- Thurs 19th Mar, St John's PS, Totnes

Understanding Christianity training

- Fri 31st Jan 2020 in Plymouth
- Mon 8th Jun at Broomhill Art Hotel, Barnstaple
- Thurs 18th Jun at Trinity CE Primary Exeter

Secondary training

Raising the grade in RE

Fri 5th June 2020, Cullompton Community Centre

Primary training

Leading RE in the primary school

Wed 10th June 2020, Cullompton Community Centre

Ed Pawson also reported on the results of a Teacher survey for January 2020 about the impact of the Agreed Syllabus (*survey attached*). From the initial relatively small sample generally the results appeared encouraging and with time the Syllabus would become more established and familiar with schools. Members suggested that where the survey answers appeared to be negative further comments should be sought as to the reasons.

Further surveys would be conducted in the future to identify trends.

Members discussion points included:

- how SACRE could further promote the Syllabus via local LTLRE hubs and leaders assisting and supporting schools;
- promotion of the Syllabus via DASH/DAPH for example;
- the very limited time allocated for post graduate Primary School teacher training (4 hours and now 12 hours recommended per year);
- the potential positive impact of church schools on the non-church schools within Multi Academy Trusts; and
- the new Ofsted requirements in respect of RE and the legal requirements and impact of potential 'Deep Dive' inspections on maintained schools.

106 SACRE Annual Report, Exam Feedback and Schools Monitoring

Ed Pawson reported on the draft Annual Report for 2018/19 which covered activity and updates, Interfaith work, Holocaust Memorial Day, Standards in RE and Collective worship.

Members were asked to review the draft (to be forwarded) and send any comments to Ed Pawson by 28 February 2020.

Members reviewed the statistical data in the Report covering national trends, GCSE results for Devon Schools (anonymised in the Report) for 2019, and outcomes 2018 -2019.

Ed Pawson further reported on NATRE Survey results: Key findings, quotations from recent Ofsted reports for Devon schools where matters of relevance to SACRE were specifically mentioned.

Members' discussion points included:

- themes identified from the data: the national decrease in entries for GCSE RE, the short course entries were not reflected in the data and therefore did not fully indicate the level of RE teaching; Devon was below the national average in terms of attainment but significantly higher in terms of entries and there appeared to be a correlation between entry numbers and attainment which implied smaller entries were more committed and this was reflected in higher performance; and it appeared that White British pupil attainment was lower, the corollary of which was that attainment in BME diverse areas was higher;
- where it appeared from the data that RE was not being adequately covered by an individual school this would prompt contact with the school and the offer of a visit by Ed Pawson with the Chair (when available) on behalf of SACRE (subject to the school willing to engage), and the meeting noted the positive outcome of a visit to a School;
- DASH could be invited to look at the successful schools in terms of RE, identify common factors and promulgate good practice;
- as proposed individual schools should not be identified in the final Report but the data showing Devon and National trends should be made clear;
- national work relating to identifying beacon schools and local work to raise the profile of the Report and the work of SACREs with the MAT leads, MPs and Councillors for example;
- the availability of an excellent resource Picturing Islam for the RE teaching of Islam available at RE Today for a fee; and
- due to unavailability of timely data, in future the draft Report would be presented to the June/July meeting of the SACRE (using last year's data).

It was **AGREED** that the presentation of the annual Report be made to the June/July meeting of this SACRE (using the previous year's data).

107 Review of Guidance on Collective Worship

Ed Pawson reported on the proposed formation of a Working Party to Review Guidance on Collective Worship, involving the Devon, Torbay and Plymouth SACREs on Wednesday 4th March, Totnes, at St Johns Primary School (subject to confirmation) and produce readable and concise advice.

Up to two volunteers with practical experience in this area was sought from the SACRE. Belinda Twiggs volunteered for this. Any other volunteer should contact Ed Pawson.

108 Learn Teach Lead Religious Education Updates

Tatiana Wilson reported on

- training for Hub Leaders on 13 March 2020 to discuss support for Schools in regard to the new Agreed Syllabus [Information on the role of LTLRE attached];
- development of a 'toolkit' available (soon to be rolled out on the website) for all non-VA schools to assist them with any 'Deep Dive' Ofsted inspection which related to: intent, implementation and impact (information on the new Ofsted Framework and implementation criteria attached); and
- importance of continued SACRE funding support for LTLRE .

Members' discussion points included the difficulties for teachers in attending Hub meetings after schools' hours (notwithstanding the Ofsted Deep Dive impending inspections), and the South West School Alliance proposed Breakfast meetings.

It was **AGREED** that SACRE contribute £1200 for the LTLRE Hubs.

109 National Developments: Religious Education Quality Mark (REQM)

Ed Pawson reported on the REQM (details attached) which had been recently relaunched nationally and supported by SACREs which involved a 'light touch' inspection and a fee (which could be prohibitive for smaller primary schools). Part of a school's evidence towards

the Quality Mark would be attendance at LTL RE Hubs and visits. The toolkit for non-VA Schools (referred to in Minute 108) would also be useful in helping gain the QM and being recognised with a gold or silver award.

110 Interfaith Week and Holocaust Memorial Day Feedback

Ed Pawson reported on the success of a Faith and Belief Training day event at the Exeter Mosque in December 2019. Consideration was being given to developing a 'welcome badge' to encourage visits to the Mosque and other places of worship by and to local schools, subject to safeguarding, school organisation and curriculum training. Rosemary Kriesheh offered to assist with any proposed visits to the Mosque.

Members noted the success of the Holocaust Memorial Day in Exeter and Opening Ceremony in the Cathedral and associated events at the United Reformed Church, the Synagogue and Guildhall. Feedback had been very positive, especially the involvement of so many primary school children in the events, notably at the Cathedral (circa 480 children) with their inspirational singing. The event had made a positive impact on the children and their school communities.

Active consideration would now be made by the HMD Group (organising the day) to extending the events over two days.

The SACRE Members thanked the contributions and support from Exeter City Council, Devon County Council and especially the HMD Organising Group and Ed Pawson for all their hard work and commitment.

Keith Denby and other Members discussed the opportunity and feasibility of marking HMD in North Devon, commemorating, for example, the 3000 Jewish refugee community in Ilfracombe during WW2 including recognising their presence with a memorial plaque on the local Museum or Hotel.

The next HMD meeting would review the success of the Day and start planning for next year.

111 Dates of Meetings

SW SACRE: Monday, 2 March 2020

Next SACRE: Thursday, 25 June 2020

The Meeting started at 10.00 am and finished at 12.10 pm

FARMS ESTATE COMMITTEE

24 February 2020

Present:

County Councillors

Councillors R Edgell (Chair), J Brook, J Berry, T Inch, C Whitton and C Chugg

Co-opted Members

Mrs L Warner (Tenants' representative)

Apologies

Councillors A Dewhurst

* 115

Minutes

RESOLVED that the minutes of the meeting held on 9 December 2019 be signed as a correct record.

* 116

Items Requiring Urgent Attention

There was no item raised as a matter of urgency.

* 117

Chair's Announcements

- (a) Mr Hipkin was welcomed to the meeting who was attending in his capacity as a Co-opted Member of the Council's Standards Committee to observe and monitor compliance with the Council's ethical governance framework; and
- (b) two successful events had taken place in January – the Exmoor Hill Farmers Network event, 'An Introduction to Farm Tenancy Applications and Lettings and Business Plans for Tenants and Farmers'; and the Duchy College mock viewing day held at Buckridge Farm, Denbury with the kind permission of Estate tenants Mr and Mrs T Blaber, and subsequent mock interviews held at the Devon YFC Centre, both supported by the County Farms Estate Land Agents.

* 118

Revenue Monitoring (Month 10) 2019/20

The Committee received the Report of the County Treasurer (CT/20/33) on the County Farms Estate Revenue Monitoring (Month 10) 2019/20, providing a summary of the annual budget and detailing income and expenditure to date.

It was noted that although expenditure had increased by £180,000 compared to the month 7 report, the Estate was still forecast to achieve the target surplus.

* 119

Capital Monitoring (Month 10) 2019/20

The Committee received the Report of the County Treasurer (CT/20/32) on the County Farms Estate Month 10 Capital Monitoring Statement for 2019/20, noting that the approved capital programme for 2019/20 included schemes totalling £600,000 and with scheme slippage of £558,337 resulted in a capital programme for 2019/20 of £1,158,337.

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It was noted that the balance of the 2019/20 budget of £409,334 would not be spent in year on Nitrate Vulnerable Zone Compliant schemes and may be deployed to enable more farmhouse renovation and improvement schemes to be carried out before year end.

* **120** **The County Farms Estate - Campaign to Protect Rural England (CPRE) Report 'Reviving County Farms'**

The Committee received the Report of the Head of Digital Transformation and Business Support (BSS/20/01) which had appended to it the CPRE Report 'Reviving County Farms' that had been published in December 2019.

The CPRE Report highlighted in particular that the size of England's County Farms Estate had fallen by over 15,000 acres between 2010 and 2018, with almost 60% of County Farm land sold since 2010 being sold in the last two years.

Members noted the CPRE report which was very much in keeping with the aims and objectives of the existing Estate Strategic Review Report of March 2010.

* **121** **The County Farms Estate - National Farmers' Union (NFU) Report 'Achieving Net Zero, Farming's 2040 Goal'**

The Committee noted the Report of the Head of Digital Transformation and Business Support (BSS/20/02) which had appended to it the NFU Report 'Achieving Net Zero, Farming's 2040 Goal'.

The NFU Report highlighted that emissions from UK farms presently amounted to 45.6 million tonnes of CO₂ equivalent a year, around one tenth of UK greenhouse gas emissions but, in stark contrast to the rest of the economy, only 10% of this was CO₂ with around 40% being nitrous dioxide and 50% methane.

It was **MOVED** by Councillor Whitton, **SECONDED** by Councillor Brook and

RESOLVED

(a) that the Land Agents be invited to explore options for the County Farms Estate and its tenant farmers to work towards achieving Net Zero greenhouse gas emissions;

(b) that the County Farms Estate volunteer as a research and development resource and as part of a potential network of demonstration farms; and

(c) that consideration be given to identifying the carbon sequestration capacity of the County Farm Estate key existing environmental features and in particular its soils.

* **122** **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.

* **123** **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)

(Councillor Chugg declared a pecuniary interest in this item and withdrew from the meeting during its consideration.)

* **a Request for Extension of Tenancy and Landlord's consent for Improvement**

(The tenant of Chapel Farm, Marwood attended to speak to this item at the invitation of the Committee.)

The Committee considered the Report of the head of Digital Transformation and Business Support (BSS/20/03) on a request for extension of tenancy.

It was **MOVED** by Councillor Brook, **SECONDED** by Councillor Berry and

RESOLVED

- (i) that the tenant of Chapel Farm, Marwood be invited to surrender his interest in the holding at 25 March 2020 so that he can be granted a new Farm Business Tenancy of the same holding for a longer term of 13 years expiring 25 March 2033, subject to terms being agreed;
- (ii) that, given the size of the holding and transparent nature of the original open market letting, there existed scope within current policy to consider Chapel Farm, Marwood a progression farm allowing the tenant to grow and expand his business on the Estate without the need to move holdings; and
- (iii) that landlord's consent be granted for the tenant of Chapel Farm, Marwood to construct four adjoining 40' x 90' x 21' to eaves painted or galvanised steel portal framed covered silage clamps, complete with corrugated fibre cement roof cladding, rain water goods, concrete floor slab, concrete panel walls, drainage and effluent tanks (all designed in accordance with CIRIA Guidance, the Water Resources (Control of Pollution) (Silage, Slurry and Agricultural Fuel Oil) (England) Regulations 2020 and BS5502 Part 22 1993), subject to the improvement being written down in value to £100 on a straight line basis over a life expectancy of 20 years if painted steels are used or 25 years if the steel work is galvanised.

* **b Management and Restructuring Issues**

The Committee considered the Report of the Head of Digital Transformation and Business Support (BSS/20/04) on management and restructuring issues.

(a) **Bulleigh Elms Farm, Ipplepen**

It was **MOVED** by Councillor Brook, **SECONDED** by Councillor Berry and

RESOLVED that should the tenant of Bulleigh Elms Farm, Ipplepen surrender his Agricultural Holdings Act 1986 tenancy of the main holding and his Farm Business Tenancy of part Combefishace Farm on 25 March 2020:

- (i) the proposed surrender be accepted;
- (ii) a tenancy of Bulleigh Elms Farm, Ipplepen comprising the house, buildings and 220.02 acres or thereabouts of land be simultaneously re-granted to the current tenant of the holding on a new Farm Business Tenancy for a term commencing 25 March 2020 and terminating 25 March 2021, subject to terms being agreed;

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- (iii) vacant possession of Bulleigh Elms Farm, Ipplepen be secured at 25 March 2021; and
- (iv) the farmhouse, buildings and 2220.02 acres or thereabouts of land at Bulleigh Elms Farm, Ipplepen be advertised to let as an equipped residential progression dairy farm in internal competition between existing tenants of the Estate and on a Farm Business Tenancy for a term of up to 15 years commencing 25 March 2021 and expiring 25 March 2036, subject to terms being agreed.

(b) **Lower Pilehayes Farm, Woodbury**

It was **MOVED** by Councillor Brook, **SECONDED** by Councillor Berry

RESOLVED that, should the tenant of Lower Pilehayes Farm, Woodbury surrender his Agricultural Holdings Act 1986 tenancy of the holding on 29 September 2020, then:

- (i) the proposed surrender be accepted;
- (ii) vacant possession of Lower Pilehayes Farm, Woodbury be secured at 29 September 2020;
- (iii) the farmhouse, buildings and 106.94 acres or thereabouts of land at Lower Pilehayes Farm, Woodbury be advertised to let as an equipped residential starter farm on the open market and on a Farm Business Tenancy commencing 29 September 2020 and expiring 25 March 2028, subject to terms being agreed; and
- (iv) the barns and 2.83 acres or thereabouts of land forming NG 4554, 5054 and 5555 be declared permanently surplus to the operational requirements of the Estate and sold on the open market.

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.15 pm and finished at 3.38 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
Infrastructure, Development and Waste	Approving an extension to DCC's current contract with Jacobs UK Ltd. for the provision of transportation and engineering professional services for the completion of residual work and; that the Chief Officer for Highways, Infrastructure Development & Waste be given authority to determine an appropriate duration for the contract extension, following consultation with Jacobs UK Ltd, which would be sufficient to allow for the completion of residual work.	13 February 2020
Highways Management	Approval of a local safety scheme on the A3123 at Berry Down Cross on the southern edge of Exmoor	3 March 2020

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/>

DEVON COUNTY COUNCIL

COUNCIL/CABINET FORWARD PLAN

In line with the public's general rights of access to information and the promotion of transparency in the way which decisions are taken by or on behalf of the Council, Devon County Council produces a Forward Plan of any Key Decisions to be taken by the Cabinet and any Framework Decisions to be made by the County Council. The Plan normally covers a period of a minimum of four months from the date of publication and is updated every month.

The County Council has defined key decisions as those which by reason of their strategic, political or financial significance or which will have a significant effect on communities in more than one division are to be made by the Cabinet or a Committee of the Cabinet. Framework Decisions are those decisions, which, in line with Article 4 of the Council's Constitution must be made by the County Council.

The Cabinet will, at every meeting, review its forthcoming business and determine which items are to be defined as key decisions and the date of the meeting at which every such decision is to be made, indicating what documents will be considered and where, in line with legislation, any item may exceptionally be considered in the absence of the press and public. The revised Plan will be published immediately after each meeting. *Where possible the County Council will attempt to keep to the dates shown in the Plan. It is possible that on occasion may need to be rescheduled.* Please ensure therefore that you refer to the most up to date Plan.

An up to date version of the Plan will available for inspection at the Democratic Services & Scrutiny Secretariat in the Office of the County Solicitor at County Hall, Topsham Road, Exeter (Telephone: 01392 382264) between the hours of 9.30am and 4.30am on Mondays to Thursdays and 9.30am and 3.30pm on Fridays, free of charge, or on the County Council's web site, 'Information Devon', (<http://www.devon.gov.uk/dcc/committee/>) at any time.

Copies of Agenda and Reports of the Cabinet or other Committees of the County Council referred to in this Plan area also on the Council's Website at (<http://www.devon.gov.uk/dcc/committee/mingifs.html>)

FORWARD PLAN

All items listed in this Forward Plan will be discussed in public at the relevant meeting, unless otherwise indicated for the reasons shown

Any person who wishes to make representations to the Council/Cabinet about (a) any of the matters proposed for consideration in respect of which a decision is to be made or (b) whether or not they are to be discussed in public or private, as outlined below, may do so in writing, before the designated Date for Decision shown, to The Democratic Services & Scrutiny Secretariat, County Hall, Exeter, EX2 4QD or by email to: members.services@devon.gov.uk

PART A - KEY DECISIONS

(To Be made by the Cabinet)

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Date of Decision	Matter for Decision	Consultees	Means of Consultation**	Documents to be considered in making decision	County Council Electoral Division(s) affected by matter
<i>Regular / Annual Matters for Consideration</i>					
8 March 2020	Flood Risk Management Action Plan 2020/21 Update on the current year's programme and approval of schemes and proposed investment.	All other Risk Management Authorities	Liaison through Devon Operational Drainage Group	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
8 April 2020	County Road Highway Maintenance Capital Budget Update on current years programmes and approval of schemes and proposed programmes for forthcoming financial year	N/A	N/A	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
8 April 2020	County Road Highway Maintenance Revenue Budget and On Street Parking Account Allocation of highway maintenance funding allocated by the Council in the budget for the current/forthcoming financial year	N/A	N/A	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

8 April 2020	Transport Capital Programme 2019/20: For approval	Public, HoSW LEP\LTB, District Councils, Stakeholders and Delivery Partners.	LTP 2011-2026 consultation, meetings, planning applications and local plan consultation.	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
20 May 2020	Approval to Revenue & Capital Outturn, for the preceding financial year	N/A	N/A	Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 December 2020	Target Budget and Service Targets for Forthcoming Year			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
12 February 2021	Admission Arrangements and Education Travel Review: Approval to admission arrangements for subsequent academic year	TBC	TBC	Report of the pa head of education outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
	<i>Specific Matters for Consideration</i>				
12 March 2020	Budget Monitoring - Month 10			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 March 2020	A382-A383 Connection (Houghton Barton Link Road) Phases 1 & 2	Public, LEP, County Councillors, Teignbridge District Council, landowners.	Local Plan, LEP Business Case Bid, Planning Application	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Newton Abbot North
11 March 2020	NHS Long Term Plan and ICS Governance Arrangements	TBC	TBC	Report of the Joint Associate Director of Commissioning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 March 2020	Housing and Accommodation Strategy for all Adults			Report of the Joint Associate Director of Commissioning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

Between 8 April 2020 and 13 May 2020	Department for Transport's Safer Roads Fund – Scheme for approval A3123 (North Devon)		N/A at this stage	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Combe Martin Rural; Ilfracombe
Between 13 May 2020 and 10 June 2020	Award of Street Lighting Contract 2020 to 2030 <i>This matter will be considered in Part 2, on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Schedule 12A of the Act namely, the financial or business affairs of a third party and of the County Council.</i>	N/A	N/A	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 13 May 2020 and 8 July 2020	Government Housing Infrastructure Schemes at Dawlish, Cullompton and Tiverton: Approval of legal agreements with District Councils, and authority to progress to construction	Statutory and Public	Undertaken as part of Local Plan and Planning Application.	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Dawlish; Cullompton & Bradninch; Tiverton East
June 2020	Trading Standards Joint Service Renewal of the joint service agreement and an extension of the Service to include Plymouth			Report of the outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
September 2020	Approval of the Resource & Waste Management Strategy for Devon 2020-2030	Stakeholders	Conference followed by online consultation	Report of the Chief Officer for Highways, Infrastructure Development and Waste outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 September 2020	Budget Monitoring - Month 4			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 September 2020	Market Position Statement (Adults) - Annual Update			Report of the Joint Associate Director of Commissioning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 November 2020	Budget Monitoring - Month 6			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

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9 December 2020	Local Flood Risk Management Strategy for Devon Draft Local Flood Risk Management Strategy and supporting documents including: Strategic Environmental Assessment (SEA) and Equality Impact Assessment (EIA)	Other Risk Management Authorities, Key Stakeholders and the general public	Public consultation	Report of the Head of Planning, Transportation and Environment outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 March 2021	Budget Monitoring - Month 10			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

PART B - FRAMEWORK DECISIONS (Requiring approval of the County Council)					
Date of Decision	Matter for Decision	Consultees	Means of Consultation**	Documents to be considered in making decision	County Council Electoral Division(s) affected by matter
20 January 2021 18 February 2021	Pay Policy Statement 2021/2022 To approve the Councils Pay Policy Statement			Report of the County Solicitor outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
18 February 2021 18 February 2021	Revenue Budget, Medium Term Financial Strategy 2021/2022 - 2024/2025 and the Capital Programme for 2021/2022 - 2025/2026			Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

PART C - OTHER MATTERS

(i.e. Neither Key Nor Framework Decisions)

Date of Decision	Matter for Decision	Consultees	Means of Consultation**	Documents to be considered in making decision	County Council Electoral Division(s) affected by matter
	<i>Regular / Annual Matters for Consideration</i>				
Between 11 March 2020 and 5 May 2021	Standing Items, as necessary (Minutes, References from Committees, Notices of Motion and Registers of Delegated or Urgent Decisions)	As necessary		Report of the TBC outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 11 March 2020 and 1 May 2021 Between 14 March 2020 and 1 May 2021	Standing items on the future management, occupation, use and improvement of individual holdings and the estate, monitoring the delivery of the Budget & the Estate Useable Capital Receipts Reserve in line with the approved policy and budget framework <i>[NB: Items relating to the letting or occupancy of individual holdings may contain information about, or which is likely to reveal the identity of, an applicant for a holding and about the financial and business affairs of the Council and any prospective or existing tenant that may need to be discussed in the absence of the press and public]</i>	To be considered at the Farms Estates Committee, including any advice of the Council's Agents NPS South West Ltd		Report of the County Treasurer, Head of Digital Transformation and Business Support outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
8 April 2020	Public Health Annual Report for 2019/20 To receive the Report of the Director of Public Health who has a statutory duty to write an annual report, and the local authority publish it (section 73B [5] & [6] of the 2006 NHS Act, inserted by section 31 of the 2012 Health and Social Care Act).	N/A	N/A	Report of the Chief Officer for Communities, Public Health, Environment and Prosperity outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

8 July 2020	Treasury Management Stewardship Outturn Report	Corporate Infrastructure and Regulatory Services Scrutiny Committee	n/a	Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 October 2020	Devon Safeguarding Adults Annual Report 2020			Report of the outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 December 2020	Treasury Management Mid Year Report	Corporate Infrastructure and Regulatory Services Scrutiny Committee	Committee	Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
<i>Specific Matters for Consideration</i>					