



Phil Norrey Chief Executive

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To: The Chair and Members of the

Cabinet

County Hall Topsham Road Exeter Devon EX2 4QD

(See below)

Your ref: Date: 7 January 2020 Our ref:

Please ask for: Karen Strahan, 01392 382264

Email: karen.strahan@devon.gov.uk

CABINET

Wednesday, 15th January, 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 11 December 2019 (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 2020/21 Update

Report of the County Treasurer (CT/20/07) giving an update on the Local Government Provisional Budget Settlement and any impact on Service Budget Targets.

This Report will follow.

Electoral Divisions(s): All Divisions

8 Budget Monitoring - Month 8 (Pages 1 - 4)

Report of the County Treasurer (CT/20/08) on the budget monitoring position at month 8, attached.

Electoral Divisions(s): All Divisions

9 Adult Services Market Sufficiency Position (Pages 5 - 36)

Report of the Associate Director of Commissioning (Care and Health) (ACH/20/118) on the Market Position Statement and the sufficiency assessment to improve sufficiency and to inform budget preparation, attached.

An Impact Assessment is also attached for the attention of Members at this meeting and is available at https://www.devon.gov.uk/impact/mps19/.

The Market Position Statement and Sufficiency Assessment are included as background papers to this agenda. Click on 'view background to item' on the <u>agenda display screen</u>.

Electoral Divisions(s): All Divisions

MATTERS REFERRED

10 Notice(s) of Motion (Pages 37 - 44)

The following Notices of Motion submitted to the County Council by the Councillors named below have been referred to the Cabinet in accordance with Standing Order 8(2) to refer it to another Committee or make a recommendation back to the Council:

- (a) LGBT+ Inclusive Relationship and Sex Education (Councillor Hannaford)
- (b) Care Leavers Council Tax Exemption (Councillor Hannaford)
- (c) Artificial Light Pollution (Councillor Shaw)
- (d) Devon and Somerset Fire and Rescue Service Consultation and Options for Change (Councillor Shaw)
- (e) Prevention Concordat for Better Mental Health and the 'Every Mind Matters' Campaign (Councillor Scott)

A factual briefing note relating to all Motions is attached (CSO/20/1).

11 South Hams Highways and Traffic Orders Committee - Littlehempston Cycle and Foot Path

At its meeting on 29th November 2019, the South Hams Highways and Traffic Orders Committee raised the Littlehempston Cycle and Foot Path under Standing Order 23(2) and the issue of public access across the South Devon Railway (SDR) pedestrian bridge (Minute *84 refers).

The Committee 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'.

Recommendation

- (a) that no further work is undertaken on investigating whether the footbridge could be used by the public and the development of a multi-use trail to Littlehempston; and
- (b) that Compulsory Purchase Order should not be pursued as it cannot be justified, for the reasons outlined below.
 - the scheme need is not a compelling case in the public interest in terms of transport, safety, or economic development;
 - the scheme is not included in the County Council's Cycling and Multi use Trail Strategy and there is no current funding allocation; and
 - 24-hour public access through the footbridge impacting on South Devon Railway Station
 and the Rare Breeds Farm would have significant security issues. The Council would need
 to make provisions in order to effectively increase the security in the area, adding an
 additional cost to the scheme which would not be in the public's interest.

Electoral Divisions(s): Totnes & Dartington

OTHER MATTERS

12 <u>Devon Safeguarding Adults Board Annual Report 2018/2019</u> (Pages 45 - 82)

Annual Report of the Devon Safeguarding Adults Board charting progress within Devon of national expectations and safeguarding activity.

Ms Sian Walker, Independent Chair of the Devon Safeguarding Adults Board to attend the meeting.

[NB: The Safeguarding Board Annual Report will also be available, in due course, at: https://new.devon.gov.uk/devonsafeguardingadultsboard

Electoral Divisions(s): All Divisions

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) Farms Estates Committee - 9 December 2019 (Pages 83 - 84)

[NB: Minutes of County Council Committees are published on the Council's Website:

Minutes of the <u>Devon Education (Schools) Forum</u>:

Minutes of the South West Waste Partnership

Minutes of the Devon & Cornwall Police & Crime Panel

15 <u>Delegated Action/Urgent Matters</u> (Pages 85 - 86)

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.

16 Forward Plan (Pages 87 - 94)

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

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

PART II - 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 <u>Forward Plan</u> 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.

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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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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).

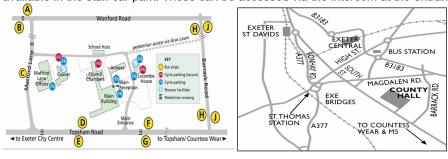
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NB 🔼



Denotes bus stops

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First Aid

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

CT/20/08 Cabinet 15 January 2020

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 8 budget monitoring forecast position is noted

1. Introduction

- 1.1. This report outlines the financial position and forecast for the Authority at month 8 (to the end of November) of the financial year.
- 1.2. The total projected overspend at month 8 is £3.4 millions which is £1.9 millions reduction from the £5.3 millions forecast at month 6.

2. Revenue Expenditure Adult Care and Health Services

- 2.1. Adult Care and Health services are forecast to overspend by £6.8 millions, £137,000 worse than month 6. This position includes £749,000 of management actions yet to be delivered but which are still considered achievable.
- 2.2. Adult Care Operations is forecasting to overspend by £6.9 millions, an increase of £160,000 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 128 higher than the budgeted level of 1,995 giving rise to an overspending of £2.8 millions. The remaining projected overspending of £3.6 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 £527,000
- 2.4. Mental Health is forecasting an overspend of £497,000. Pressures are being experienced from higher client numbers, residential services have 24 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 £6.6 millions. However, this figure does not include projected funding shortfall of £21.5 millions on SEND as explained in sections 3.7 to 3.11 of this report.

- 3.2. Children's Social Care is forecast to overspend by £3.6 millions, a reduction of £691,000 from month 6, this position assumes management action of £10,000 is achievable.
- 3.3. The total overspending on children's placements is forecast to be a little over £1 million, a reduction of £227,000 from month 6. 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 £1.4 millions, a reduction of £459,000 from month 6. A significant proportion of this forecast is associated with one exceptionally high cost placement but the improved forecast is primarily the result of the recovery of unused direct payment balances.
- 3.4. 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 £1.2 million, an increase of £122,000 from month 6.
- 3.5. The non-Dedicated Schools Grant (DSG) element of Education and Learning is forecasting an overspend of £2.9 millions, an increase of £620,000 from month 6. 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.
- 3.6. The DSG High Needs Block, SEND is forecasting a funding shortfall of £21.5 millions for the current financial year an increase of £2.8 millions from month 6. The High Needs block continues to be under significant pressure with placements in Independent Special Schools continuing to be the main area of overspending. There have been a further 8 placements since month 6 within Independent Special Schools, taking the average projection for the year to 561 placements compared to a budgeted level of 430.
- 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. The outcome of the consultation issued by the Department for Education which proposed that from the end of 2019/20 local authorities must carry forward the whole overspend to the schools budget in future years and that it may not fund any part of the overspend from its general resources unless permission is sought and granted from the Secretary of State has not yet been announced.
- 3.9. In line with the proposals contained within this consultation and given the uncertainty around funding and the size of the projected deficit it is suggested, as it was at month 4 and 6, that the SEND funding deficit is not 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 £515,000 at month 8, an increase of £113,000 from month 6.

- 4.2. Highways maintenance, Network Management, Street Lighting and Infrastructure Development are forecasting an overspend of £885,000, a worsening of £170,000 from month 6. This movement is primarily as a result of sustained heavy rainfall during October and November on safety reaction expenditure.
- 4.3. Waste management is forecasting an underspend of £1.4 millions, an increase of £453,000 from month 6. The movement from month 6 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 £482,000 an increase of £478,000 from month 6, the national travel scheme contract and community transport are now forecasting a £200,000 underspend each and communities forecast underspend has increased by £78,000. Corporate Services are forecasting an overspend of £2.3 millions a similar position to month 6.
- 5.2. Non- service items are forecast to underspend by £11.4 millions. This will be achieved by not making the planned £3 millions transfer to the budget management reserve or the planned £5 millions contribution to the service transformation reserve this year. In addition it recognises underspends on capital financing and interest of £889,000, general grant and other income of £680,000 and an underspend on other expenditure which totals £1.8millions.

6. Capital Expenditure

- 6.1. The approved capital programme for the Council is £150.2 millions. This figure incorporates amounts brought forward from 2018/19 of £29.5 millions, and in year additions of £9.9 millions. Of this increase £7.1 millions is externally funded.
- 6.2. The year-end forecast is £120.5 millions, producing forecast slippage of £29.7 millions.
- 6.3. The main areas of slippage can be attributed to variations and programme delays in Planning and Transportation, £23.4 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 £3.4 millions, being 1.8% 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. The projected overspend has reduced by £1.9 millions from month 6 which is welcomed but 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.

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: 5th November 2019

ACH/20/118 Cabinet 15 January 2020

MARKET POSITION STATEMENT AND SUFFICIENCY ASSESSMENT

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

Recommendation

- 1. That the Market Position Statement and the sufficiency assessment summarised in this report are approved, together with the actions that are proposed to deliver the Council's duty under the Care Act 2014.
- 2. That an Annual Market Sufficiency Report is prepared for Cabinet each September which sets out a market assessment and actions required to improve sufficiency and to inform budget preparation.

1. Background/Introduction

- 1.1 The Care Act 2014 places a duty on local authorities to promote a sufficient and effective market for adult care and support for all their citizens. The Market Position Statement (MPS) sets out our sufficiency assessment to inform and support providers to make business and investment decisions and is a key element of our financial planning.
- 1.2 The lack of market sufficiency in key market sectors is the highest risk factor affecting adult social care and adds to pressures on the NHS, especially during the winter months. This is reflected in the corporate risk register where the impact of shortfalls in supply remains high, even after mitigation.
- **1.3** Members contributed to the development of the MPS at the Standing Overview and Scrutiny Committee on 17th July.
- **1.4** The health and social care system in Devon spends approximately £272m with the independent sector. This supports over 16,600 people, in addition to which many other people buy their own care.
- 1.5 The MPS 2019: "Vibrant Markets for Happy and Healthy Lives" is jointly prepared by Devon County Council, the Devon Clinical Commissioning Group and the Devon Partnership NHS Trust. It is a key enabler of the Promoting Independence Strategy and the emerging Devon 10 Year Plan for Health and Social Care, which derives from the NHS Long Term Plan (https://www.longtermplan.nhs.uk/) It engages providers as part of whole system redesign and will support action by the emerging Primary Care Networks and other place-based systems.
- 1.6 The full MPS can be found here, attached to the web agenda as background papers and will be updated as changes occur.

2. Strategic Context

- 2.1 The future development of the health and care system will be underpinned by:
 - Collaboration engaging providers in whole system redesign and innovation
 - Prevention promoting well-being and independence throughout life
 - Integration and partnership between the health and care system, independent sector providers and the community and voluntary sectors
 - Outcomes and personalised services "what matters" to the individual
 - Innovation transforming services to respond to changing models of care that support people in their own homes wherever possible
 - Use of technology including being "digitally enabled
 - Workforce developing rewarding careers across the health and care system
- 2.2 At the heart of this approach is the "Integrated Care Model", the blueprint for Devon's integrated networks of community and hospital services, which will:
 - Connect people with opportunities that help them to live healthy lives.
 - Support people to stay well and independent at home.
 - Avoid dependency and escalation of illness.
 - Connect people with expert knowledge and clinical investigation.
 - Ensure easy access to urgent and crisis care.
 - Embed end-of-life care at all levels.

2.3 Demographics and need analysis

- 2.3.1 There will be an extended surge in demand over the next thirty years, as the "Baby Boomer" generation reaches older age. The impact is already being felt and, after factoring in the prevalence of dementia, will climb sharply over the next decade.
- 2.3.2 People with physical and learning disabilities, sensory needs and/or autism are living longer with more complex needs. Peaks in demand typically occur:
 - Following transition to adulthood, often with high levels of need
 - In middle age, due to the ageing of their carers
- 2.3.3 In line with national trends there is an increasing prevalence of need for people with autism and this will be a growing pressure for decades to come
- 2.3.4 The profile for people with mental health needs (not including dementia) is more evenly distributed across the life course and people are increasingly living in the community with needs of a more complex nature.
- 2.3.5 The MPS sets out a number of wider impacts on demand including:
 - Population growth, rising by 33,000 people over the next five years.
 - An increase in the number of people who are living for longer in ill-health
 - An increase in preventable illnesses, such as diabetes
 - Funding pressures
 - Rapid changes in the volume and nature of demand
- 2.3.6 The MPS invites providers to work with us to address these challenges, both to address near term pressures and to plan for the longer term.

3. Market Overview

- 3.1 The MPS considers a range of factors that will affect markets including:
 - The wider economic context and the viability and cost-effectiveness of provision, especially in deep rural areas
 - Quality which is generally higher than comparators and regional averages
 - Workforce recruitment, retention and remodelling
 - Sufficiency which varies across markets
 - Fast-changing profiles of need and impact on models of care
 - Patterns of investment and suitability of buildings
 - The pattern of supply and its responsiveness across the county
 - Potential for innovation
 - The needs and contribution of unpaid carers
 - The potential impact of Brexit
- 3.2 The profile of people who take their personal budget through a Direct Payment (DP) is considered, together with its impact on markets. Whilst the Council does not quality assure Personal Assistants, guidance is available through our PA Network.

https://services.pinpointdevon.co.uk/kb5/devon/services/pa home.page

- 3.3 The health and social care sector will grow twice as fast as the rest of the economy in the next decade, representing 25% by value by 2030 (currently 21%).
- 3.4 There are 24,000 jobs in adult social care in Devon, 95% of which are in the independent sector. Staff turnover is 34% yet the number of adult social care jobs across the South West will need to increase by 43% by 2035.

People have a real choice of roles in the current labour market and health and social care will need to be competitive to attract the right workforce.

3.5 During 2020 work will be undertaken to further assure ourselves that the fees we pay feed through to the best possible pay rates and terms and conditions for the workforce. This will include consideration of business cost structures and the levels of investment, efficiency and productivity required to achieve greatest impact across the health and social care system.

4. Sufficiency Assessment – Summary

- 4.1 4 Major priorities are set out in the MPS:
- Addressing a shortfall of approximately 40 places in the supply of care home placements for people with complex needs and behaviours that challenge.
- Addressing a shortfall of circa 2,500 hours per week (6% of total commissioned hours) in the regulated personal care market, circa 50% of which is in Exeter and South Devon.

- Delivering alternative "care with accommodation" solutions, especially in relation to Extra Care Housing and Supported Living and improving access to replacement (respite) care
- Addressing shortfalls in the unregulated market to better support people with disabilities, mental health needs and autism

The actions to address each of these are set out in Appendix 1, together with a summary of activity as set out in the MPS.

4.2 Accommodation-based services (see Appendix 1 for actions)

- 4.2.1 This section addresses the challenges and change required for:
 - Care Homes with and without nursing
 - Extra Care Housing
 - Supported Living
 - Host Family care

4.2.2 Care Homes

- 4.2.2.1 We buy 2,539 beds (at 1 Sep 2019), costing £1,92m per week. There are 67 care homes with nursing (with 2863 beds) and 266 care homes without nursing (with 5273 beds). DCC and the NHS buy circa 31% of the registered beds across Devon.
- 4.2.2.2 Nominally, there are enough beds to meet short to medium term need but, without change, there will be a shortfall by 2028. There are particular pressures in finding places for people with learning disability, dementia and with complex mental health needs, some of whom are placed outside of Devon. Supply varies at market town level and availability of places in nursing homes is particularly challenging in some areas, especially in parts of the north and south of the county.

4.2.3 Our assessment is that:

- Some people in care homes with nursing could have their needs met in other locations, freeing capacity for those who need nursing oversight 24/7.
- People who need a care home are becoming more dependent and complex, especially where combined with mental health needs (including dementia).
- This will require a different profile for the care homes estate and its workforce, with buildings that are fit for purpose and technology-enabled

4.3 Extra Care Housing

- 4.3.1 We buy 90 places (at 1 Sep 2019) costing £16,647 per week = circa 20% of the market
- 4.3.2 An additional 1100 places are required in the short-medium term, growing further through to 2033.
- 4.3.3 An application for outline planning permission has been submitted for a site in

Barnstaple which includes the provision of circa 60 Extra Care Housing flats.

4.4 Supported Living

- 4.4.1 We buy 489 places (at 1 Sep 2019) costing over £333per week = 90%+ share of the market
- 4.3.1 There is an oversupply of Supported Living in some areas and the range and form of provision needs to be rebalanced geographically.

4.5 Carer Households (Host Families)

- 4.5.1 We buy 102 places for people aged 16+ at circa £31,000per week = 100% of the market
- 4.5.2 There is potential to extend the use of such placements, especially in relation to supporting people with more complex needs and to offer replacement care.

4.6 Non-accommodation-based Services (see Appendix 1 for actions)

This includes:

- Regulated Personal Care: including our Living Well at Home contract
- Supporting Independence: 1:1 support (not regulated by CQC), mainly for learning disability or mental health need) and group-based services (day care)
- Carers: support to unpaid carers
- Replacement Care (which can also be accommodation-based)
- Technology Enhanced Care and Support (TECS)
- Individual Purchasing: Direct Payments (DP), Individual Service Funds (ISF) and self-funders

4.6. Personal Care

- 4.6.1. We buy circa 38,000 hours per week, costing circa £760,000 per week, representing 70-80% of market.
- 4.6.2 Demand has remained comparatively stable but there is evidence of a growing complexity and intensity in the level of need, and volumes are likely to grow
- 4.6.3 As at 5th December there were 2640 hours of unmet need relating to 252 people. This equates to a shortfall of approximately 100 carers. 1200 of these hours relate to 40 people with very complex needs. Unmet need is about 6% of the total commissioned volumes, consistent with other area of the South West.

4.7 Supporting Independence

4.7.1 We buy:

- 24,718 hours (1 Sep 19) of enabling for 1,905 people at a cost of circa £450,000 per week, representing 90%+ of the market
- Day care for 383 individuals at a cost of circa £47,000per week (Sep 19), representing 90%+ of the market.

- 4.7.2 The main capacity challenges include
 - skilled and specialist mental health packages to support:
 - o people who are ready to leave hospital and residential care settings
 - o people living in the community through crisis, reducing the need for hospital admission or residential placement.
 - innovation to support people to become more independent and achieve their care plan outcomes, including accessing community opportunities and pathways to employment

4.8 Individual Purchasing

- 4.8.1 At 1 September 2019 there were 2,157 people taking a Direct Payment (DP) at a cost of £462,000 per week. The scale of private purchase is not known.
- 4.8.3 50% of people use their DP to secure the services of a Personal Assistant.

4.9 Unpaid Carers and Replacement Care

- 4.9.1 There are an estimated 86,595 adult carers in Devon and this is projected to increase to 89,384 by 2024. We know about 30,000 carers.
- 4.9.2 There is a shortfall in provision of replacement care which gives the carer a break from caring responsibilities, or allows other carer needs to be met, by providing a service to the cared for person.
- 4.9.3 In 2018-19 financial year 753 people received replacement care in a care home or as a Direct Payment. Total spend was £3.05m (an increase of 2% on the preceding year) with an increased numbers of people with a Learning Disability benefitting compared with other groups e.g. older people, where fewer people received support.
- 4.9.3 Our priorities to meet carer needs are to improve supply of:
- Community-based replacement care e.g. affordable sitting services
- Bed-based replacement care, bookable in advance
- Day time replacement care building or non-buildings based.
- Personal Assistants available to provide replacement care

4.10 Equipment and TECS

- 4.10.1 In 2018, Devon County Council and the NHS published their joint TECS Strategy, which defines technology enabled care and support as:
 - "the technologies that help people to manage and control their health and well-being and sustain independence"
- 4.10.2 1910 service users are receiving Technology Enabled Care and Support (TECS) via Millbrook. This is 10% below comparator authorities. In the last financial year DCC spent over £241,000 on assistive technology.

4.11 The Creative Innovation and Growth (CIAG) Fund

The Council offers revenue and capital funding to support innovation, diversification and growth

https://www.devon.gov.uk/economy/business-support/creative-innovation-and-growth-programme-ciag/

Consultations/Representations/Technical Data

The MPS has been considered by the Clinical Commissioning Group, DPT and the Institute of Public Care (Oxford Brookes University).

Providers were engaged in designing the format. IPC will help us to deepen this participation through our Provider Engagement Network during 2020.

Service Users, Carers and the general public are consulted separately as any significant changes to policy or service delivery are proposed or implemented

Financial Considerations

The proposals and actions outlined in the MPS will have financial assessments as part of the development of each plan.

Sustainability Considerations

The environmental, social and economic impact considerations will be considered as part of the work on each of the plans contained in the MPS.

Carbon Impact Considerations

The carbon impact considerations will be considered as part of the separate work on each of the future plans contained in the MPS.

Equality Considerations

An Impact Assessment has been completed and published in relation to the MPS (https://www.devon.gov.uk/impact/published/) with detailed impact assessments considered for each of its future plans and is attached to the agenda.

Legal Considerations

The MPS is prepared as part of the Council's duty of Market shaping under the Care Act 2014.

Risk Management Considerations

The MPS is key to our risk management of care markets, especially where there is provider failure or inadequacy of supply.

Public Health Impact

Public health impacts are considered as part of the separate work on each of the future plans contained in the MPS.

Summary/Conclusions/Reasons for Recommendations

The MPS is a key tool for delivering our plans, both countywide and at a local level. Without a vibrant market we cannot fulfil our statutory obligations, nor meet the changing needs of the public. Our providers are significant partners as well as contractors and we need to continue to improve our dialogue with them so that we can adapt the profile of supply and assist them with planning. This is particularly true where providers need to make long-term investment decisions.

The MPS needs to be considered in our cycles of financial planning across the health and care system.

Tim Golby Joint Associate Director of Commissioning (Care and Health)

Electoral Divisions: This report affects all electoral divisions of the local authority

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: Ian Hobbs/Tim Nand-Lal

Tel No: 01392 382300 Room: G31

BACKGROUND PAPER DATE FILE REFERENCE

NIL

Appendix 1

Actions to be taken by service

1. Care Homes

| Action | Short term | Impact | Timescale |
|---|---|---|---|
| | (ST) sufficiency action or medium term enabler (MT) | | |
| System wide care home capacity fortnightly meeting, to ensure a coordinated market oversight and prioritises access to vacancies | ST | Estimated 10 beds across the footprint but this may expand as the initiative develops | Now established and on-going |
| Block purchase of nursing beds in Exeter – End Of Life and interim funding | ST | 5 beds | From end November 2019 |
| Commission Agency to deliver 1:1 capacity/support to care homes to enable homes to open beds or help prevent admission into acute hospitals | ST | 5 beds | January 2020 |
| An Expression of Interest was launched in October to seek placements for people with complex needs. Discussions continue with interested providers | ST | Increased number of placements available for clients with complex needs. Reducing delayed discharges and out of county placements | October 2019 onwards |
| A survey of the care homes estate has been completed and follow up actions will be taken to tackle market issues | MT | Will focus market development over the next 10 years and help ensure sufficiency of provision | Reporting of survey results by end of November 2019. Supporting actions taken during 2020 |
| An updated needs assessment will be published to further clarify future requirements and reshape the care home market | MT | Improved understanding of need | Spring 2020 |
| Increase the range of housing and develop a clearer pathway and pipeline to make it easier for people to move between different housing options. Working with providers in areas that are overly- reliant on care | MT | A full range of housing types available. Fewer people in residential are and more people in alternative forms of | Ongoing |

| Action | Short term (ST) sufficiency action or medium term enabler (MT) | Impact | Timescale |
|--|--|--|---|
| homes without nursing to change their offer | | accommodation | |
| The Preparing for Adulthood team will work with people at an earlier stage by attending reviews in years 10 and 11 as well as completing 100% of Care Act assessments before the young person turns 18 | ST | Smoother transitions to adulthood and young people more informed about the arrangements | By December 2020 |
| Introduce a new Devon framework and a regional framework for people with more complex and intensive support needs associated with a learning disability | ST | Robust contractual framework and price transparency which helps establish good quality and affordable care home provision | Summer 2020 for Devon framework Later in 2020 for regional framework |
| Testing of new workforce models including Nurse Associates | ST | Pilot with 10 nursing associates in nursing homes. This will boost nursing capacity and help sustain the nursing home market | Pilot of Nursing Associates to run from March/Sept 2020 to March/Sept 2022 |

2. Extra care Housing

| Action | Short term | Impact | Timescale |
|--------|--------------|--------|-----------|
| | (ST) | | |
| | sufficiency | | |
| | action or | | |
| | medium | | |
| | term enabler | | |
| | (MT) | | |

| Action | Short term (ST) sufficiency action or medium term enabler (MT) | Impact | Timescale |
|--|--|---|---------------|
| Capital investment to support scheme development Guaranteed purchase of specified units within extra care housing schemes Work with Planning Departments of District and City Councils | MT MT MT | Additional 1100 places to meet future needs 53 new places will be available in Exeter by the end of 2020, new provision is being considered in Tiverton and an application for outline planning permission has been submitted for a site in Barnstaple which includes the provision of circa 60 Extra Care Housing flats. | Exeter by end |

3. Supported Living

| Action | Short term (ST) sufficiency action or medium term enabler (MT) | Impact | Timescale |
|--|--|--|--|
| Work with providers to adapt their businesses including: • Stimulating the development of Supporting Living schemes in places where people want to live • Developing Supported Living to be more flexible in the range of needs they can support | MT | Supported Living Provision that meets a minimum quality threshold, is in the right locations and meets need. It will be measured by % of people living independently and proportion of people and their families/carers who feel safe and connected in their community | New contract commences Spring 2021 |
| A revised needs assessment | ST/MT | Informs market reshaping | Early 2020 |

4. Carer Households (Host Families)

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|---|---|--|--|
| Development of a mixture of carer households who can: a) support people with a low level of needs (the majority) or b) a more bespoke smaller cohort of carer households who can support people with more complex needs or c) availability of carer households to provide planned replacement care (to support carers) | MT | Improved access to respite - recruit 10 households to support 5 people. 50 'new' people supported by 2022. | By 2021 for a) and b By 2022 for c) |

5. Personal Care

| Action | Short term (ST) sufficiency action or medium term enabler (MT) | Impact | Timescale |
|---|---|---|-----------------------------------|
| Purchase of Agency Hours. Targeting End of Life support and releasing capacity in NHS Rapid Response Service (RR) - Currently 800 additional hours in Eastern and additional 400 hours agreed for Dec 2019 to Mar 2020. 200 in South for End of Life Care and 100 to support Hospital discharge | ST | Reduced numbers of delayed discharges, improved support to people going through end of life care | Commissioned to end march 2020 |
| North Devon Purchasing extra agency hours to support end of life provision and hospital flow | ST | 300 hours a week | Winter 2019/20 |
| Plan to develop Guaranteed Hours Pilot Phase 2 in Exeter | ST | 100 hours per week (additional to baseline) | Winter 2019/20 |
| "Dynamic Border Zone" to address deep rural sufficiency across the 'Tedburn, Winkleigh and Crediton triangle' | ST | Estimated as 200 hours per week to reduce or remove RR/SCR backfill | From 1st February 2020 |
| Work with providers to deliver | ST | 5% efficiency | January - March |

| Action | Short term (ST) sufficiency action or medium term enabler (MT) | Impact | Timescale |
|--|---|--|---|
| efficiency through most efficient "runs", sharing of care packages, review of care packages, use of TECS, RAG rating of care packages Getting It Right First Time (accuracy of care and discharge plans) | | target = circa 200 hours per week from 1st Jan baseline | 2020 |
| Pilot VCS contribution to reducing demand in Exeter to establish potential impact and set target across Devon | ST | Reduce awaiting care hours by 20 hours per week in Exeter and 100 hours per week across Devon | Exeter from January 2020 and across whole of Devon from end of March 2020 |
| Consideration of the rates of pay and workforce terms and conditions and examine business cost structures | MT | A competitive rate of pay which aids retention and increases supply and where profit is reasonable | Spring 2020 |

6. Supporting Independence

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|--|---|--|---|
| Publishing a revised profile of need | ST/MT | Improved market responsiveness | May 2020 |
| Developing a digital, live platform to support service planning | ST/MT | Commissioners will have an improved picture of the market, which they will use to help providers target their investment decisions | Available from November 2019, with further improvements during 2020 |
| Encouraging more providers of day services to join the framework in 2020 | ST | | By May 2020 |
| Focusing our purchasing through the | | Ensure that | By April 2020 |

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|---|---|--|---------------------------------------|
| framework and reducing spot contracting activity | | 25% of our business is through the contract and delivered to the agreed rates and quality standards | |
| Provision of training for mental health social care providers to increase their skills around specific mental health conditions | ST | Providers feel more able to support people with more complex needs reducing delayed transfers of care and deescalating crisis situations | November 2019 to end of March 2020 |

7. Individual Purchasing

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|---|--|--|---|
| Revising our policy on Direct Payments (DP) | ST/MT | Ensure appropriate and effective use of DPs. Improved targeting of resources | Autumn 2019 - complete |
| Established a service user focus group of DP recipients and carers | MT | Clear understanding of the needs and issues of DP recipients and carers | Established in 2018 and ongoing to help guide policy and practice refinements |
| Building the PA Network on Pinpoint to improve and respond to intelligence about the types of support people want to buy and to build more effective relationships with this market | ST/MT | Increase the number of PAs on the register and improve access to advice to the public | Number of PAs registered on the system increasing – currently at 280 |

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|--|--|--|------------------------|
| Increasing the micro-provider, local care market in 'place-based' communities (Totnes, Ilfracombe, Exeter) | MT | Greater market resilience through local micro-provision | By end of June 2020 |

8. Carers (unpaid) and Replacement Care

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|---|---|---|--|
| Supporting Devon Carers (our lead contractor) in their work with the market to develop volunteer-provided sitting services | ST & MT | ST Test of change, currently have 6 providers. By end of March 2020 will have another 12. 42 carers supported to end Sept 2019 (12 month period) – anticipate 84 by end of financial year. MT Anticipate 250 Carers supported by | ST - End- March 2020 MT - end- March 2021 |
| Introducing a list of services offering replacement care | ST | end March 2021. A good level of choice of | Winter 2019/20 |
| Reviewing our approach to Carer Breaks grants and testing new approaches. Aiming to have a further 1000 carers supported through take a break | | replacement options Ability for bookable breaks to be made as well as a greater variety of | 1000 additional carers by end of March 2020 |

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|---|---|--|-------------------------|
| Exploring lower cost options for sitting services and developing host family provision for daytime and short stay services (see 4.4.3 as well) | | breaks Affordable sitting services across both rural and urban areas with a particular focus on volunteer based arrangements. Host family provision for daytime or short stay | |
| | | services, so that families can develop longer term relationships and plan ahead. | |
| Exploring the potential to innovate and find new models of replacement care | MT | Carers are given a suitable break and the cared for person is cared for appropriately Options Appraisal on strategic commissioning arrangements for replacement care to be developed | End March 2021 |
| Developing a Carers Passport Scheme, which will include discounts and privilege access to community services, facilities and resources | MT | Carers will be able to obtain discounts and access to community facilities, services and | End of March 2021 |

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact | Timescale |
|--------|---|-----------|-----------|
| | | resources | |

9. Equipment and TECs

| Action | Short term (ST) sufficiency action or medium term enabler (MT | Impact (e.g. across market, financial technical etc) | Timescale |
|---|---|---|--------------------------------|
| Increase the number of people receiving TECS by 15% | | Circa 300 more people will be able to live more independently | By 2022 |
| All contracts will include expectations of use of TECS wherever suitable | | Increased take up of TECs by providers and mitigation of such risks as falls | |
| Developing the TECS website with info/advice, reviewing the TECS catalogue against specific services, risks or outcomes and considering the potential for providers to become Millbrook Prescribers and complete TECS assessments | | More TECS are used to maintain the independence of clients | |
| Commissioning a mobile responder service (to respond to TECS alerts and meet the gap in the current service) | | Clients safeguarded in their own homes and prevent admissions etc | Starting from April 2020 |

Impact Assessment



Version 2017

To publish, please send a dated PDF to impactassessment-mailbox@devon.gov.uk

| Assessment of: | Market Position Statement |
|----------------|---------------------------|
| Service: | Adult Social Care |

| Date of sign off by Head Of Service/version: | 25 September 2019 |
|--|---|
| ssessment carried out by (incl. job title): | Tim Nand-Lal, Business Relations Officer & Paul Giblin, Involvement Manager |
| | |
| ction 1 - Background | |

| Description: | This Impact Assessment relates to the 2019 version of the Market Position Statement (MPS) for Adult Social care. The Care Act 2014 places a duty on local authorities to promote the efficient and effective operation of the market for adult care and support for the whole population. The MPS helps the County Council fulfil this requirement by publishing our analysis of need and supply to support the business planning of independent social care providers. |
|--------------|---|
| | The primary audience of the MPS is adult social care providers and so with this in mind it summarises the supply and demand for existing services, identifies gaps in the current provision and identifies business opportunities within the care market. This information will help providers with their business planning and investment decisions. The MPS will also help in re-shaping the market so that it is fit for purpose both now and into the future. |
| | This version of the MPS has the following sections: |

• Care homes with and without nursing care

• Carers Support

| | Extra Care Individual Purchasing of care packages Regulated personal care through Living Well @ Home contract Replacement Care Supported Living Unregulated care through the Supporting Independence contract Technology Enabled Care and Support (TECS) The MPS provides a statement of strategic intent for how the Adult Social Care market will be shaped in the future. When specific proposals, in line with this strategic intent, need a decision there will be specific Equalities Impact Assessments prepared. |
|---------------------------|--|
| Reason for change/review: | The MPS is updated and published to help the County Council shape the Adult Social Care market. This will include sharing with providers the latest position with existing service delivery and also how the market needs to be adapted to meet current and future needs. |

Section 2 - Impacts, options and recommendations

See sections 3, 4 and 5 for background analysis

| Options Appraisal and | The previous version of the MPS was produced on paper as well as a pdf being available electronically. To |
|-----------------------|---|
| Recommendations: | enable the Market Position Statement to be easily updated it has been resolved to set the MPS up online only |
| | and for it to be in discreet sections. This was felt to be the best option for ensuring the information is kept up to |
| | date and to also make it easier for providers who may just want to look at information on just one or two |
| | services. |
| | |

| | Social/equality impacts | The MPS provides an assessment of needs and supply for the various adult social care services. This enables |
|-------------------------|----------------------------------|---|
| | (summary): | gaps in provision to be identified and providers to see where opportunities exist to meet unmet need. |
| | Environmental impacts (summary): | The MPS should minimise the impact on the environment by giving providers a clear indication of how services should be developed in the future as well as identifying where new business opportunities lie. This should reduce the development of services in the wrong location and directed towards the wrong client group, e.g. reducing the opportunity for building unnecessarily. |
| - | Economic impacts | The MPS will enable providers to help providers be more informed about the future direction of adult social care |
| | (summary): | and so hopefully maximise the returns on future investments. The MPS also describes how the workforce needs |
| | | to be developed going forwards and so it should maximise employment and career opportunities. |
| | Other impacts (partner | The MPS has been developed in conjunction with the Devon Clinical Commissioning Group (CCG) to give a |
| | agencies, services, DCC | combined view to the market. This is because the CCG also commissions adult social care providers for services |
| | policies, possible | such as nursing care and personal care. |
| $\overline{\mathbf{U}}$ | 'unintended | |
| age | consequences'): | |
| (D | How will impacts and | We will continue to monitor key measures of performance and sufficiency in the adult social care market through |
| S | actions be monitored? | our contract management and ongoing business relationships. For example, we will continue to monitor the unsourced packages of personal care to see if this situation improves. |
| L | | |

Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

Section 3 - Profile and views of stakeholders and people directly affected

| | People affected: | As a statement of strategic intent and needs/supply analysis, the MPS impacts at a high level on all providers of adult social care and all service users in Devon. |
|----|--------------------------|---|
| | Diversity profile and | Each Commissioning Statement includes an assessment of need. In some statements further work is needed to |
| | needs assessment of | provide a full picture of need. A diversity profile of adult social care service users is shown in appendix 1 below. |
| | affected people: | |
| | Other stakeholders | Devon NHS Clinical Commissioning Group, independent providers, District Councils, Acute Trusts, Care Quality |
| U | (agencies etc.): | Commission, GPs and Devon Partnership Trust. |
| g | Consultation process and | The MPS has been developed from our ongoing dialogue with providers through our Provider Engagement |
| | results: | Network. These providers have told us what information is most useful for them in determining the future |
| 26 | | directions of their businesses. |
| | Research and information | The MPS has been reviewed by the Institute of Public Care at Oxford Brookes University. |
| | used: | |
| | | |

Section 4a - Social Impacts

Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and

Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private
 and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).

A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair
- Necessary
- · Reasonable, and
- · Those affected have been adequately consulted.

| Characteristics | In what way can you eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage? Are there any lawful, reasonable and proportionate, unavoidable negative consequences? | In what way can you advance equality (meet needs, encourage participation, make adjustments for disabled people, 'close gaps'). In what way can you foster good relations between groups (tackle prejudice and promote understanding), if relevant? |
|---|--|--|
| All residents (include generic equality provisions): | The MPS is aimed at independent providers of adult social care and the services it covers do not apply to all residents, i.e. only to those with eligible adult social care needs. | See left hand column |
| ည် သAge: (၄) (၃) (၃) | Most of the services covered by the MPS are for people over working age such as domiciliary care and residential care. | See left hand column |
| Disability (incl. sensory, mobility, mental health, learning disability, ill health) and carers of disabled people: | By definition, people who receive adult social care, will come under the Equality Acts' wider definition of disability, i.e. mental health, learning disabilities, physical and sensory disabilities, older persons mental health and their carers | See left hand column |
| Culture and ethnicity: nationality/national origin, skin colour, religion and belief: | The MPS is a high level statement, primarily concerned with market sufficiency, and does not specifically address issues of race/ethnicity. It though will help providers be responsive meet the needs of clients and promote independence. | See left hand column |

| Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed). | The MPS will enable providers to focus on the current and future needs of clients. | See left hand column |
|--|---|----------------------|
| Sexual orientation and | The MPS provides a high level approach to what | See left hand column |
| marriage/civil partnership: | providers need to do to meet all the needs of clients | |
| Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing skills, 'digital exclusion' and rural isolation. | The MPS recognises the significance of unpaid carers to our health and social care system. Specific attention is paid to this through a dedicated Commissioning Statement. In addition the MPS will help providers understand gaps in current supply and so help meet the needs of clients. | See left hand column |
| Human rights considerations: | By definition, ensuring a sufficient market entails meeting social care needs which are themselves human rights. | |

Supporting independence, wellbeing and resilience?

Give consideration to the groups listed above and how they may have different needs.

| In what way can you support and create | The MPS places a particular emphasis on promoting the independence of clients as well as |
|--|--|
| opportunities for people and communities (of | establishing a range of appropriate choices. |
| | |

| place and interest) to be independent, empowered and resourceful? | |
|--|---|
| In what way can you help people to be safe, protected from harm, and with good health and wellbeing? | The Executive Summary of the MPS gives an explanation of our commitment to good quality and safe services. The quality of service, delivered by providers, will be monitored by our Quality Assurance and Improvement Team. |
| In what way can you help people to be connected, and involved in community activities? | The MPS stresses the importance of community based solutions. |

Section 4b - Environmental impacts - NOT APPLICABLE

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

| Devon County Council's Environmental Review Process |
|---|
| Planning Permission |
| Environmental Impact Assessment |
| Strategic Environmental Assessment |
| |

| Describe any actual or potential negative | Describe any actual or potential neutral or positive |
|---|--|
| consequences. | outcomes. |
| | |

| | (Consider how to mitigate against these). | (Consider how to improve as far as possible). |
|---|---|---|
| Reduce, reuse, recycle and compost: | NOT APPLICABLE | |
| Conserve and enhance wildlife: | NOT APPLICABLE | |
| Safeguard the distinctive characteristics, features and special qualities of Devon's landscape: | NOT APPLICABLE | |
| Conserve and enhance Devon's cultural and historic heritage: | NOT APPLICABLE | |
| Minimise greenhouse gas Pemissions: ယ | NOT APPLICABLE | |
| Minimise pollution (including air, land, water, light and noise): | NOT APPLICABLE | |
| Contribute to reducing water consumption: | NOT APPLICABLE | |
| Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level): | NOT APPLICABLE | |

| | Other (please state below): | | |
|--|-----------------------------|--|--|
|--|-----------------------------|--|--|

Section 4c - Economic impacts

| | | Describe any actual or potential negative consequences. (Consider how to mitigate against these). | Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible). |
|---------|---------------------------------|--|---|
| Page 32 | Impact on knowledge and skills: | The MPS gives an indication of the key workforce issues that the adult social care sector faces. It also helps focuses on how the situation can be improved, such as the DCC adoption of the CIAG programme - https://www.devon.gov.uk/economy/business-support/creative-innovation-and-growth-programme-ciag/ | See left hand column |
| | Impact on employment levels: | For a number of adult social care sectors there are difficulties in recruiting staff. The MPS includes action that is taking place to improve the situation such as the Proud to care campaign. | See left hand column |
| | Impact on local business: | The MPS helps local businesses identify new business opportunities as well as helping them shape any existing adult social care businesses. | See left hand column |

Section 4d -Combined Impacts

| Linkages or conflicts | NOT APPLICABLE |
|-----------------------|----------------|
| between social, | |
| environmental and | |
| economic impacts: | |
| • | |
| | |

Section 5 - 'Social Value' of planned commissioned/procured services:

How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?

The MPS is designed to encourage innovation and to promote local and community based solutions which will enhance the social value of the market.

Diversity Profile of Adult Social Care service users

| Service area | Number of service USE'S (number of people receiving Long Term social care support from DCC) | % female | % male | % Disabled | % Black and Minority Ethnic (i.e. not 'White British'). | Age profile |
|--|--|-------------|----------|---|--|--------------------------|
| Adult Social Care (Snapshot on 31st March 2019, as reported in annual returns) | 9,783 | 58% | 42% | In order to receive social care support, people must come under the Equality Act definition of disability | 3% | 18-64 (41%) 65+ (59%) |
| | Adult client brea | akdown | by Prima | ry Support Reason (% of | totals above) | |
| Learning Disability Support | 23% | 10% | 13% | In order to receive social care support, people must | 1% | 18-64 (20%) 65+ (3%) |
| Mental Health Support | 12% | 6% | 6% | come under the Equality Act definition of disability | 0% | 18-64 (7%) 65+ (5%) |
| Physical Support | 52% | 34% | 17% | | 2% | 18-64 (10%) 65+ (42%) |
| Sensory Support | 2% | 1% | 1% | | 0% | 18-64 (1%) 65+ (1%) |
| Social Support | 4% | 2% | 2% | | 0% | 18-64 (2%) 65+ (2%) |
| Support with Memory & Cognition | 8% | 5% | 3% | | 0% | 18-64 (1%) 65+ (7%) |

CSO/20/1 Cabinet 15 January 2020

NOTICES OF MOTION

Report of the County Solicitor

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

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

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

(a) <u>LGBT+ Inclusive Relationship and Sex Education (Councillor</u> Hannaford)

This Council notes that LGBT+ inclusive relationships and sex education is crucial to the development of young LGBT+ people, and in creating a more tolerant, caring and open society.

Council notes with concern that the current climate for LGBT+ people in the UK means that that nearly half - including 64 per cent of trans pupils - are bullied for being LGBT+ in Britain's schools.

Council notes that the repeal of Section 28 was a pivotal moment for LGBT+ rights, and that the UK must never move backwards on LGBT+ rights by stopping LGBT+ inclusive education in schools.

Council notes that people of all faiths and none are LGBT+ and it is vital that all children receive comprehensive and inclusive age appropriate relationships and sex education.

Council welcomes the introduction of statutory Relationships Education and Relationships and Sex Education (RSE), which all primary and secondary schools in England respectively will be required to teach from September 2020.

Council affirms unequivocally its support for compulsory LGBT+ inclusive Relationships Education and Relationships and Sex Education in all state funded primary and secondary schools.

Council commits to ensuring that schools are delivering RSE in line with new Government guidance.

<u>Briefing Note / Position Statement from the Head of Education and Learning</u>

The aim of the new RSE curriculum is to give young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. It will provide clear progression from what is taught in primary school in Relationships Education and, as pupils grow up, at the appropriate time extend teaching to include intimate relationships. It will also help pupils understand the benefits of healthy relationships to their mental wellbeing and self-respect.

As part of the curriculum it states that:

Pupils should be taught the facts and the law about sex, sexuality, sexual health and gender identity in an age-appropriate and inclusive way.

All pupils should feel that the content is relevant to them and their developing sexuality. Sexual orientation and gender identity should be explored at a timely point and in a clear, sensitive and respectful manner.

It also advises that when teaching about these topics, it must be recognised that young people may be discovering or understanding their sexual orientation or gender identity. There should be an equal opportunity to explore the features of stable and healthy same-sex relationships. This should be integrated appropriately into the RSE programme, rather than addressed separately or in only one lesson.

The Stonewall School Report 2017 states that nearly half of lesbian, gay, bi and trans pupils (45 per cent)—including 64 per cent of trans pupils — are bullied for being LGBT at school. We know that some LGBTQ+ children in Devon schools also report being bullied by peers. Where this happens, schools are offered support from the Devon advisory service and also access training and support from Stonewall trust.

On 24 May 1988 Section 28 of the Local Government Act 1988 was enacted in England, Scotland and Wales. It Stated that a local authority "shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality" or "promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship."

In July 2019 The Department for Education issued RSE statutory guidance under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996. All state funded schools (maintained, Academy and Free Schools) must have regard to the guidance, and where they depart from those parts of the guidance which state that they should (or should not) do something they will need to have good reasons for doing so.

The Local Authority has a limited influence over academies and we therefore cannot "ensure" that this happens. We do however monitor implementation and continue to promote good practice, raising concerns as needed.

(b) Care Leavers Council Tax Exemption (Councillor Hannaford)

This Council notes that:

- 1. Last year 780 young people (aged 16 or over) left the care of Devon County Council and began the difficult transition out of care and into adulthood.
- 2. A 2016 report by The Children's Society found that when care leavers move into independent accommodation they begin to manage their own budget fully for the first time. The report showed that care leavers can find this extremely challenging and with no family to support them and insufficient financial education, are falling into debt and financial difficulty.
- 3. Research from The Centre for Social Justice found that over half (57%) of young people leaving care have difficulty managing their money and avoiding debt when leaving care.
- 4. The local authority has statutory corporate parenting responsibilities towards young people who have left care up until the age of 25.
- 5. The Children and Social Work Act 2017 places corporate parenting responsibilities on district councils for the first time, requiring them to have regard to children in care and care leavers when carrying out their functions.

This Council believes that:

- 1. To ensure that the transition from care to adult life is as smooth as possible, and to mitigate the chances of care leavers falling into debt as they begin to manage their own finances, they should be exempt from paying council tax until they are 25.
- 2. Care leavers are a particularly vulnerable group for council tax debt.

This Council, therefore, resolves:

1. To use the county council's convening powers and expertise in corporate parenting to work with all council tax collecting authorities to exempt all care leavers in the county from council tax up to the age of 25, sharing any arising costs proportionately.

Briefing Note / Position Statement from the Head of Policy

As Corporate Parents, the Council must recognise that transition to independent living is a big a step for a care leaver. Running a home for the first time will involve paying bills such as rent, heating, electricity and water and possible liability for Council Tax.

Council Tax payers on a low income, including care leavers, can apply for a reduction to their bill through the local Council Tax reduction scheme established by their District Council. They may also be entitled to Housing Benefit, Jobseeker's Allowance or Universal Credit.

In addition, the County Council and Districts have arranged to provide care leavers who experience financial difficulty with access to extra support through Exceptional Hardship Funding and/or discretionary Council Tax write offs. This provides targeted support of up to 100% Council Tax reduction depending on the circumstances of the care leaver concerned. This scheme is open to all care leavers between the ages of 18 and 25 years old who are the responsibility of Devon County Council and are liable to pay Council Tax to a Devon District Council. To facilitate this, each District has appointed a named revenues officer to liaise with care leavers and their case workers.

This approach was selected by Devon Local Government Steering Group following a review and analysis of all possible options available to support care leavers. Sampled data indicated that only around 25% of care leavers were liable for Council Tax in their own right, and that a majority of those were not in arrears at the time. The review determined that a flexible and targeted scheme would be more advantageous than a blanket exemption, an alternative approach advocated by the Children's Society and many national organisations supporting care leavers.

The scheme matches resources to need, whilst still enabling support of up to 100% where necessary. It avoids the need for each District Council to rely on a formally defined exemption class within their Council Tax Reduction scheme, with requirement for separate public consultation and approval by each Council. It also recognises that many care leavers can and do live successful independent lives, whilst still providing extra help for those who need more support on their journey, and ensures the Council is making an active contribution to fulfil its responsibility and duty as a Corporate Parent.

Other Local Authorities help care leavers with their Council Tax in a variety of ways, including Council Tax deductions, time limited exemptions and support grants.

An evaluation of the first-year operation of the scheme will be complied for Devon Local Government Steering Group in April 2020. This will establish how many care leavers have been assisted, how they have benefited and the costs to the Collection Fund. It will also inform a further consideration of alternative options available for the future.

(c) Artificial Light Pollution (Councillor Shaw)

This County Council is concerned by scientific findings showing that artificial light pollution is a major factor in the decline of insect populations, and resolves to review the appropriateness of all external lighting for which the Council is responsible in the light of this concern, in conjunction with its Climate Emergency planning.

<u>Briefing Note / Position Statement from the Head of Planning,</u> Transportation and Environment

Insect decline in the UK and why it matters

A new report by Professor Dave Goulson (Sussex University) has just been published. *Insect Declines and Why They Matter* reminds us that insects perform vital roles such as pollination, seed dispersal and nutrient cycling. The drastic declines in insect numbers will have profound consequences for both wildlife and people. Declines in the UK include:

- 23 species of bee and flower-visiting wasp have gone extinct in the UK since 1850
- The geographic ranges of many bumblebee species have more than halved between 1960 and 2012.
- Numbers of butterflies fell by 46% between 1976 and 2017, with declines running at 77% in 'habitat specialist species' such as marsh fritillaries and wood white butterflies.
- The abundance of larger moths such as the garden tiger dwindled by 28% between 1968 and 2007, with Southern England experiencing a 40% drop in numbers.

Causes of the decline

Well known key causes of the declines are habitat loss and pesticide use. Other issues include fertiliser use, invasive species, other pollutants and climate change.

Artificial light at night is often overlooked but new evidence shows that this is another major driver of the decline through affecting insect movement, foraging, reproduction, and increasing predation (Biological Conservation, 2019).

What DCC is currently doing to reduce detrimental lighting impacts

From a DCC perspective the most pertinent issues relate to street lighting and our role as a Local Planning Authority. Current work which helps to reduce lighting impacts includes:

- DCC Street Lighting Policy. Actions which will significantly reduce impacts on insects include implementing part night lighting in all residential areas (typically for a 5 hour period after midnight), using dimming regimes through the night and removing nonessential street lighting.
- DCC Environmental Specialists, Planners and Engineers work together to minimise
 the lighting impacts from all new developments for which we act as the planning
 authority, as well as through the design and construction of our own DCC
 infrastructure schemes.

Beyond these formal approaches, DCC worked with wildlife and lighting experts to organise the first ever 'Devon Dark Skies Day' on 31st October 2019 for the Devon Local Nature Partnership. This involved workshops for ecological consultants on how to reduce lighting impacts and an evening event for the public, including a talk on insects. Partners are keen to organise another bigger Dark Skies Day in 2020.

(d) <u>Devon and Somerset Fire and Rescue Service - Consultation and</u> Options for Change (Councillor Shaw)

This County Council notes that the Devon and Somerset Fire and Rescue Service have carried out a public consultation on 7 options for change, all of which include the closure of fire stations at Appledore, Ashburton, Budleigh Salterton, Colyton, Kingston, Porlock, Topsham and Woolacombe, as well as the removal of engines from other stations, and that, while a potential overall improvement in safety has been claimed as a result of these options, all are likely to result in increased risk for the substantial proportion of Devon's population who live near the affected stations.

This County Council notes that divisional members representing affected stations who are not members of the Fire and Rescue Authority, while having had the opportunity to submit written representations to the consultation, would not normally be able under the Authority's Standing Orders to address the Authority's decision-making meeting, This Council therefore requests the Authority to provide an opportunity, Standing Orders notwithstanding, for any affected members who wish so to speak.

This County Council also regrets the failure of the Fire and Rescue Service to consult directly with the Council as a partner Category 1 responder organisation in the provision of emergency services under the Civil Contingencies Act 2004, and notes that detailed discussion of the impact on civil contingencies such as flooding was not provided in the consultation. The Council therefore resolves to communicate its concern to the Service about this aspect of the consultation.

Briefing Note / Position Statement from the Head of Policy

Devon and Somerset Fire and Rescue Service's consultation on a number of options for change http://www.dsfire.gov.uk/SaferTogether/Index.cfm?siteCategoryId=18 to the fire and rescue service closed on 22 September 2019. The responses and feedback have been collated by DSFRS and a report was, at the time of writing, due to be provided to the Devon and Somerset Fire and Rescue Authority (the Fire Authority) as part of the public agenda for its meeting on 10 January 2020 where final decisions are due to be made. Until the paper has been finalised it is not possible to state what may or may not feature in recommendations being presented for decision. The Fire Authority also has the ability to suggest alternative options to be considered by officers and further consultation undertaken should it wish to do so.

Devon and Somerset Fire and Rescue Authority is a standalone body. Devon County Council directly appoints Councillors to the Fire Authority along with Plymouth City Council, Torbay Council and Somerset County Council. Devon County Council Members have the ability to engage directly with the DCC appointees on the Fire Authority (and have done so). As a public authority, the Fire Authority is required to have in place a formal constitution and its Standing Orders form a key part of that constitution. Whilst the Chair of the Fire Authority has some discretion in the interpretation of Standing Orders

that does not extend to introducing a new Standing Order that would allow persons who were not Members of the Fire Authority to speak at meetings of the Fire Authority. The Fire Authority's standing orders do, however, allow for 'Questions from the Public' and DCC Members who are not Members of the Fire Authority are able to ask questions under this provision.

A briefing was provided to members of Devon County Council's Corporate Infrastructure and Regulatory Services Scrutiny Committee on 4 September 2019 at which the Chief Fire Officer and an Assistant Chief Fire Officer attended and took questions. Regarding provision of data, specifically flooding, Appendix A to the 28 June 2019 Fire Authority paper (pages 59-65), states five year averages for incidents such as flooding by individual fire stations. In addition, additional information (including flooding) was made available as part of the public consultation and remains available on the Fire Service website:

https://www.dsfire.gov.uk/SaferTogether/ServiceDeliveryConsultation//SupportingDocuments.cfm?siteCategoryId=18&T1ID=211&T2ID=462. The level of detail provided allowed specific fire station activity to be considered. The responsibility for coordination of flooding response is that of Local Resilience Forums (which the Fire Service actively supports and also provides a national lead officer for Water Rescue). The Fire Service has no plans to move away from undertaking such activity at the present time.

(e) <u>Prevention Concordat for Better Mental Health and the 'Every Mind</u> Matters' Campaign (Councillor Scott)

DCC to sign the Prevention Concordat for better mental health.

Recognises and commits to support The Every Mind Matters campaign.

Supports the mental health of all DCC employees and contractors, this is key to providing first class services and leadership in Devon.

Understands the need to prevent mental health problems and promote good mental health through the lived experience of people who have suffered mental health problems.

<u>Briefing Note / Position Statement from the Chief Officer for Communities,</u> Public Health, Transportation and Environment

Devon County Council, and its partners on the Health and Wellbeing Board, has recognised mental health and emotional wellbeing as a local priority.

Public Health England's 'Prevention Concordat for Better Mental Health' asks organisations to sign this agreement:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

- 2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
- 3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
- 4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
- 5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action1.
- 6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
- 7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

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

JAN SHADBOLT

[Electoral Divisions: All]

Local Government Act 1972: List of Background Papers

Contact for Enquiries: K Strahan

Tel No: 01392 382264 Room: G31

Background Paper Date File Reference

NIL

Devon Safeguarding Adults Board Annual Report 2018/19



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1. Introduction from Independent Chair

Welcome to my third Annual Report – a different style adopted because, in the spirit of continuing to improve how we communicate the activities of the Devon Safeguarding Adults Board (DSAB); we wanted to add in some more information about how we delivered against our strategic priorities for 2018/2019. We also wanted to add in some data and facts, which are helpful to people in determining how successful we are as a partnership. Last year we listened to feedback from Devon's elected Councillors at Health & Adult Care Scrutiny Committee, who asked for this information and I hope this annual report is more informative.

I continue to believe in the power of personal stories which help us all to understand the impact of what we do, supporting those with care and support needs who suffer abuse, neglect and harm. At every DSAB meeting, we listen to a personal story, often presented by the person with lived experience. This gives us many learning opportunities which are cascaded by partners through into their organisations. A Safeguarding Adults Board has a duty to act to prevent people experiencing abuse, neglect and harm and these powerful stories show us that it is often the simple things we need to do which make the difference. These experiences add to the learning from Safeguarding Adult Reviews and all this plays its part in continuously improving services – Greg's and Tom's stories are included in this Annual Report.

The DSAB has a duty to publish findings from Safeguarding Adult Reviews which have been delivered in the year. Section 14 of this Report outlines three SARs delivered in the year. Our position is to usually publish these unless there is a compelling reason, e.g. to protect and ensure the safety of others, why we should not to so. SAR Adrian Munday is published in full on the DSAB website and a summary is included in this Annual Report. SAR Sally is still awaiting publication as there is more work being completed with her family and this SAR will be published in full on the DSAB website in the coming months. SAR Rita was also completed in this year and the Board is currently working with the family prior to full publication planned for October 2019.

I commend to you the work of the Board's sub-groups, where a wide number of people work hard to ensure that the Board's strategy and work plan is delivered. In particular I would like to highlight the work of the Community Reference Group which has matured this year and now comprises a proactive group of people with lived experience of safeguarding and those who are supporting people who have been safeguarded; working with the DSAB on projects such as the development of the Board's website and with plans to support us on our continuing safeguarding awareness campaign. This group is led by 'Living Options', whose Chief Officer is also now a member of the Board.

Finally I would like to thank the Board team who work incredibly hard to deliver an effective partnership and support me to bring this together. I hope you find this report readable and informative and I look forward to continuing to work with you in 2019/ 2020.

Siân Walker

2. Introduction to Devon

Devon is the third largest county in England, covering 2,534 square miles. It is also one of the most sparsely populated counties, its 780,000 residents distributed between the city of Exeter, twenty or so coastal and market towns, and several hundred rural communities, some of which are isolated.

In Devon there is a higher proportion of older people than the national average due to a high migration into the county at retirement age, and a migration out of the county of younger adults. The county enjoys high levels of employment, but lower than average was and productivity, and higher than average housing costs. There are area of decided to the county of th

wages and productivity, and higher than average housing costs. There are areas of deprivation, but they are dispersed rather than concentrated.



There are eight district councils in the Devon County Council administrative area and two unitary authorities in Devon, Plymouth City Council and Torbay Council. From 1st April 2019 two Clinical Commissioning Groups (CCGs) merged to form NHS Devon Clinical Commissioning Group covering the geographic area of the Devon Sustainability and Transformation Partnership. Four Acute Hospital Trusts serve the area: Northern Devon Healthcare NHS Trust, Royal Devon and Exeter NHS Foundation Trust, South Devon Healthcare NHS Foundation Trust, and University Hospitals Plymouth NHS Trust, with mental health services and specialist learning disability services provided by the Devon Partnership NHS Trust on a county-wide basis. Police services are the responsibility of Devon and Cornwall Police.

3. What is Safeguarding Adults?

Safeguarding adults' means protecting an adult's right to live in safety, free from abuse and neglect. It is something that everyone needs to know about.

The legal framework for safeguarding adults work is set out by the Care Act 2014. Safeguarding involves:

- · People and organisations working together;
- Preventing abuse or neglect from happening in the first place;
- Stopping abuse and neglect where it is taking place;
- Protecting an adult in line with their views, wishes, feelings and beliefs;
- Empowering adults to keep themselves safe in the future; and,
- Everyone taking responsibility for reporting suspected abuse or neglect.

Who is an adult at risk?

An adult at risk of abuse or neglect is someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/informal carer for a family member or friend. More information is available on the Board's website at: https://www.devonsafeguardingadultspartnership.org.uk/

6 Safeguarding Principles



Empowerment: people being supported and encouraged to make their own decisions and give informed consent



Prevention: It is better to act before harm occurs



Proportionality: the least intrusive response appropriate to the risk presented



Protection: support and representation for those in greatest need



Partnership: local solutions through services working with their communities- communities have a part to play in preventing, detecting and reporting neglect and abuse.



Accountability: accountability and transparency in safeguarding practice

4. What do we mean by abuse?

Abuse is an intentional or unintentional act that harms, hurts or exploits another individual/s. Abuse can take many forms, but no type of abuse is acceptable.

Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

It can happen anywhere including at home, in care homes or in day care centres or hospitals.

The different types



What happens when a Safeguarding Adults Concern is raised?

- (1) Wherever possible, the adult will be contacted by the professional who has received the concern, to ask them about their situation and to find out what they would like to see done about it.
- 2 Actions are then identified to achieve this wherever possible.
 - Sometimes, concerns are raised due to confusion over what is happening in a certain situation.

 Sometimes, concerns are raised because a family member is struggling to care for an adult with needs and requires support. Sometimes concerns are raised because someone really is being abused or neglected.
- (3) The Safeguarding Adults Enquiry establishes the facts and works with the adult and those most close to them, to ensure their safety and to resolve the issues putting the adult at risk.

5. Personal stories presented to the Board

Greg's Story

Greg's support was funded by the NHS because of his health needs; he received one to one support during the day and shared support with other people during the night.

In March 2018 concerns were raised about Greg's support in respect of emotional and physical neglect. A Social Worker met with Greg, listened to his story and asked him what he wanted to happen and what outcomes he wished for.

The safeguarding enquiry found that there were some key themes including a lack of communication with him and his family; an absence of consideration that Greg's support was being delivered in his own home; a need to ensure that Greg received continuity of care which was uninterrupted and overall that there needed to be consideration of what Greg would like to achieve.

The enquiry found that that the support service needed to reorganise its staff, so they worked with individuals at specific times and not share a number of hours of support across a number of people who lived as neighbours to Greg. The way Greg's support had been organised meant that sometimes Greg did not receive the necessary support and his support hours were sometimes used for other people. A change of culture and attitude was needed by the Support Provider.

Greg was given the option to move into other accommodation whilst the investigation was underway. Greg stated that he was happy to stay where he was and he gave the Social Worker permission to inform his parents of any issues he had, as they knew what the problems were and could give their side of the story. At first Greg wanted to keep the investigation private and did not want the staff to know.

With the support of his parents, the Social Worker and his Mental Health worker, Greg felt confident to speak openly and honestly in the first formal safeguarding meeting. This period of time was described as tough and on occasions Greg was still asked if his staff could be used for other people. Greg reported this, and his Social Worker was made aware and it was investigated. The Manager for the service which worked with Greg, his keyworker and Social Worker agreed to bring about the changes to the service that were required. The Manager knew the new model could work but a change in staff attitude was needed to assist this.

Greg was allocated his own full-time key worker which offered him more stability and control. It was agreed that Greg and his staff would be open and honest about their day during the hand over period to ensure that any issues were dealt with. Initially Greg found it difficult to be more assertive, but he is growing in confidence with support. Greg now choses his own support team and he raises any issues straight away.

Greg spoke to the board about his experience:

Greg described himself as being in a bad way during the review period saying that at times he felt like he wanted to die. He questioned the point of the safeguarding investigation as at one point (on the morning of the safeguarding meeting) his staff were still being used elsewhere. He felt that things were continuing and indeed getting worse and Greg began to self-harm. However, his relationship with the Social Worker and Mental Health worker gave him hope. He found it empowering that they were working with him and believed in him.

The outcome of the enquiry is that Greg is now 'the boss' and feels in control. He is leading a busy life which requires extensive diary management. The activities Greg wants to do are matched by the support from staff. Greg reported that the service he receives now is better than it ever was. Greg's self-esteem and feelings of self-worth have increased, and he feels confident to make decisions. He is now the Service Representative for the service where he lives although he is rarely at home. Greg related that he has found his voice, knows what he wants and what he needs and will not take any rubbish!

Greg and his family believe they would not have reached this point without the help of the Social Worker and the safeguarding process. The safeguarding enquiry acted as a catalyst for improvements to the service for everyone.

Tom's Story

Tom is a 37-year-old man who is diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), bipolar affective disorder, alcohol and substance dependence, and psychosis. He has children from a previous relationship and his parents have custody of the children. Tom has contact with his children on a regular basis, supervised by his parents who provide support to Tom where-ever possible. Tom's father is a retired health professional and has acted as guarantor for Tom's current accommodation. Tom has been given notice on this property by the private landlord due to non-payment of rent.

Safeguarding Concerns were originally raised in August 2018 by Tom's care coordinator who was concerned about Tom's chaotic life style, drug and alcohol intake and his blood-letting.

During the Safeguarding Enquiry, Tom described being involved in the distribution of drugs (know as 'county lines' activity; Where he was being targeted on his journey to obtain methadone from the Pharmacy. He alluded to owing people money and was open about selling his body sexually for money to pay his rent. Tom also described other people staying at his property. This is sometimes referred to as 'cuckooing'. He was clear that he could not say no to these people as they were violent – he described them as 'weaponed-up' and he described the gang of people as coming from Manchester.

A safety plan was agreed with Tom, that he would continue to work with together re his drug use, consider rehab/detox outside of his current location, that he would have a sexual health screen to support his physical health and his GP (present at the meeting) would monitor Tom's blood to ensure his blood-letting was not impacting on him physically. Tom did say this practice was very infrequent at the time of the meeting. Tom agreed that the threats of violence from the Manchester gang would be discreetly escalated to the police. Local Policing Team have opened a criminal inquiry in response to Tom's disclosures. Tom assured the professionals at the meeting that he was able to and happy to call the police should he feel in danger and is regularly meeting with the local beat manager and his care coordinator who are supporting his safety in the community. Tom has been supported to address his accommodation and has set up a payment plan with the council who have paid his rent arrears to enable him time to source alternative accommodation. Tom was clear that he did not wish for his family to be informed of anything at this point. Staff involved in supporting Tom advised that him that they will reassess lone working and update care records.

The staff supporting Tom used an approach often described as 'Making Safeguarding Personal'. The Devon Partnership Trust (DPT) worked quickly with Tom in a way that meant that Tom hasn't been over whelmed by the increase in professionals scrutinising his life style. He was supported to participate in the investigation and all the meetings to express his views, wishes and anxieties at this time. Tom wanted and received support in liaising with the police, about his concerns about being targeted; he also requested that police only attend his address in plain clothes. Tom received the support he wanted in attending appointments, managing paperwork and forms. Tom's wishes changed throughout the time of the 1st and 2nd S42 Enquiry Meetings. He wanted to at one point leave his area for rehab/detox and then decided against this. He wanted to have his daily method prescription changed. However, the GP explained his rationale for not doing this and Tom was happy with this explanation. It was important for Tom to received support with reading the minutes and making sense of them.

6. How to report abuse

If you report a safeguarding concern you will be listened to, supported and involved in any decisions.

If you think that you, or someone you know, is being abused or neglected you can:



Call Care Direct on 0345 1551 007



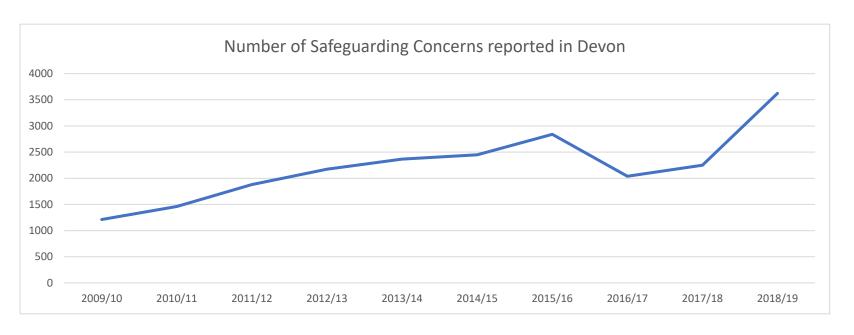
Email csc.caredirect@devon.gov.uk

(Monday-Friday 8am-8pm and Saturday 9am-1pm – outside of these hours or on bank holidays call 0845 6000 388 or email the address above)

Alternatively a safeguarding adult concern referral can be made to Care Direct using the referral form on the DSAB website: https://www.devonsafeguardingadultspartnership.org.uk/reporting-a-concern/

If it's an emergency, call 999

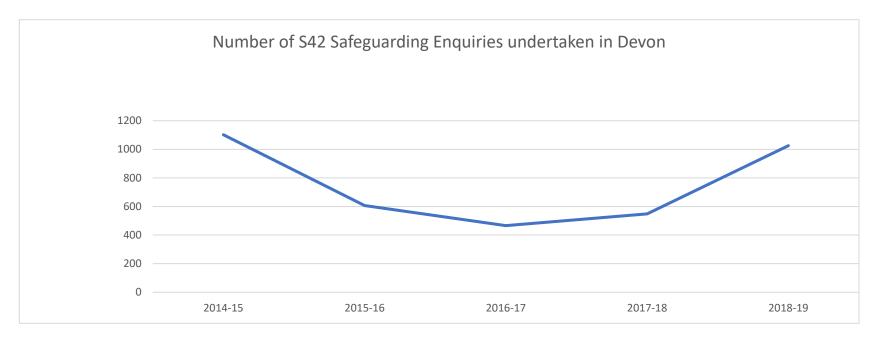
7. Safeguarding activity in Devon



Since the Care Act came into force in April 2015, the number of adult safeguarding concerns reported began to increase and then dipped in 2016-17 to 2017/18.

Devon Safeguarding Adults Board (DSAB) undertook a Deep Dive Audit to provide further analysis. It was identified that a proportion of safeguarding issues were being managed without reporting the incident formally to Devon County Council (DCC) as a safeguarding concern. This did not mean that the concerns were not being responded to, but the findings indicated that they were being directed to more appropriate pathways e.g. to receive an assessment of needs.

Since the Deep Dive Audit our trend has changed. In 2018/19 the number of concerns reported has significantly increased. Over the last 12 months Devon has seen a **61% increase** in Concerns raised bringing us closer to the local authority comparator group average in 2017-18. However, we still experienced a lower rate of concerns relative to the population in 2018-19 when compared to our comparator group local authorities and England rate in 2017-18 (2018-19 benchmarking not yet available).



Since the Care Act came into force, the number of section 42 safeguarding enquiries (concerns that meet the threshold for further investigation) decreased but has now significantly increased again in 2018/19.

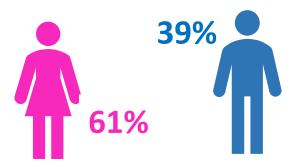
However, we still experienced a lower rate of s42 enquiries relative to the population in 2018-19 when compared to the comparator group local authorities and England rate in 2017-18 (2018-19 benchmarking not yet available).

<u>Devon County Council (DCC) understanding of increased numbers of concerns and enquiries.</u>

DCC are undertaking work to better understand demand and their activity in this area. DCC have been proactively working with Community Health and Care Teams to ensure that safeguarding concerns are raised as appropriate, promoting the safeguarding process as a positive way of understanding and responding in partnership for better outcomes for people at risk of harm.

There is some anecdotal evidence (that this increasing trend would support) that historically, teams 'deal' with issues within their local system as business as usual without raising a concern and working through any subsequent S42 enquiry.





61% of individuals involved in safeguarding concerns in 2018-19 were female. This is consistent with previous years and remains slightly above the national trend. This is disproportionate to the overall, although not necessarily the elderly population in Devon, which the majority of our safeguarding activity relates to.



Approaches to safeguarding should be person-led and outcome-focused. In Devon, people were asked about their desired outcomes in 68% of safeguarding enquiries in 2018-19. This is an increase on the previous year.





87% of individuals involved in safeguarding concerns in 2018-19 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that the majority of Safeguarding concerns in Devon relate to individual's aged 65+.

53% of enquiries of abuse or neglect pursued in 2018-19 took place within the person's own home. This is consistent with previous years but a higher proportion than the national picture (46% in 2017-18).

A lower proportion of enquiries were recorded in care homes in 2018-19 than the previous year and significantly below the national picture in 2017-18.

A higher proportion of enquiries were recorded in hospital settings in 2018-19 than the previous year and bringing us in line with the national picture in 2017-18.

8. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (2005).

The safeguards apply to people over the age of 18 who lack capacity to consent to their care and treatment arrangements in a hospital or care in a care home.

Sometimes a person may need high levels of support and supervision to maintain their wellbeing. The level of care and support provided may amount to a deprivation of their liberty. The DoLS are designed to ensure that in those circumstances the person's rights are protected. The person will have the right to representation and any authorisation should be monitored, can be reviewed and the person has the right to appeal.

People can also be deprived of their liberty in other settings such as supported living or their own home. However, in such cases the deprivation can only be approved by the Court of Protection and applications for authorisations be made to the Court.



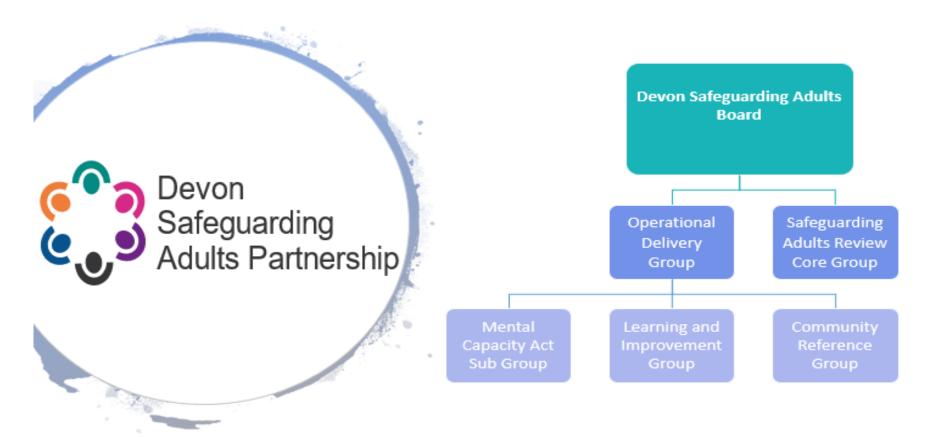
The DoLS scheme has been criticised for many things including being overly bureaucratic and costly. These criticisms have been exacerbated by the increase in demand for authorisations since the Supreme Court judgment of 2014 in the case now popularly known as 'Cheshire West', which effectively lowered the threshold for eligibility and significantly increased the volume of requests. The workload demands in relation to the DoLS remains a challenge, nationally and locally.

In March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS arrangements were "not fit for purpose" and recommended that they be replaced. The Mental Capacity (Amendment) Act 2019 received Royal Assent on 16 May 2019. The Deprivation of Liberty Safeguards legal framework will be replaced by the Liberty Protection Safeguards which are expected to come into force on the 1st October 2020.

9. Introduction to the Board and its subgroups

The Devon Safeguarding Adults Board (DSAB) is a statutory board set up in accordance with the S44 of the Care Act 2014.

Its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk and those most vulnerable, in its area. To help the DSAB achieve this objective, there a number of focused subgroups in place.



10. The work of the Safeguarding Adults partnership subgroups

The Mental Capacity Act (MCA) Subgroup

The Mental Capacity Act (2005) is a legal framework designed to empower and protect the rights of people who may lack the mental capacity to make some of their own decisions.

Over the last year the MCA Subgroup, (a joint sub-group with Torbay Safeguarding Adults Board), focused on advocacy, learning from Safeguarding Adult Reviews and Liberty Protection Safeguards. A programme of joint work was initiated to ensure increased awareness of eligibility in relation to the legal requirements to provide advocacy including Independent Mental Capacity Advocates (IMCA), Care Act and Independent Mental Health Advocates (IMHA).

Partner agencies have used legal frameworks within formal supervision, clinical supervision, peer oversight and line management relationships to help put legal literacy into practice.

Safeguarding Adults Review Core Group (SARCG)

This group has a key role in organising and delivering the Reviews and then ensures that they are presented to the Board for discussion, dissemination of key learning and review amongst all partner organisations. In 2018/19, this group commissioned 6 Safeguarding Adults Reviews which aim to improve the quality of lives of people with care and support needs in Devon. Details of the Reviews published in 2018/2019 are set out later in this report

Learning and Improvement (L&I) Subgroup

The joint Devon and Torbay Learning and Improvement sub group has continued to focus on five work streams to support the Board in ensuring staff in all organisations are undertaking safeguarding training and that processes are in place to support improvements in practice. These work streams include Multi-Agency Case Audit; a Training and Competency framework review; DSAB commissioned training; Embedding Learning into Practice and the interface between Domestic Abuse and Sexual Violence with Safeguarding Adults.

Operational Delivery Subgroup (Ops Group)

The Operational Delivery Group is responsible for delivering the objectives set out in the DSAB Business Plan. The ODG considers multi-agency processes across Devon to ensure that there is effective communication and working practices in place that contribute to protecting members of the public from potential abuse.

The group works closely with the other sub-groups of the Board and will ensure that any potential duplication is minimised. This will be achieved through close communication between the DSAB, this group and the Chairs of the individual sub-groups

Community Reference Group (CRG)

The Community Reference Group includes people recruited from local Voluntary, Community and Social Enterprise (VCSE) and people with lived experience of safeguarding investigations across Devon

The CRG focus group supported the development of the new Safeguarding Website, and gave suggestions resulting in improved accessibility of the website. The CRG also helped Identify key priorities for future work, raise awareness of safeguarding and develop clear and understandable leaflets so that people who are going through safeguarding investigations can better understand what to expect.



11. What have we done in the last year?

The Devon Safeguarding Adults Board's Strategic Plan for 2018/2019 focuses on three key priorities. These priorities have guided our focus through the last year and helped to shape our practice.

Our 2018/19 priorities were:

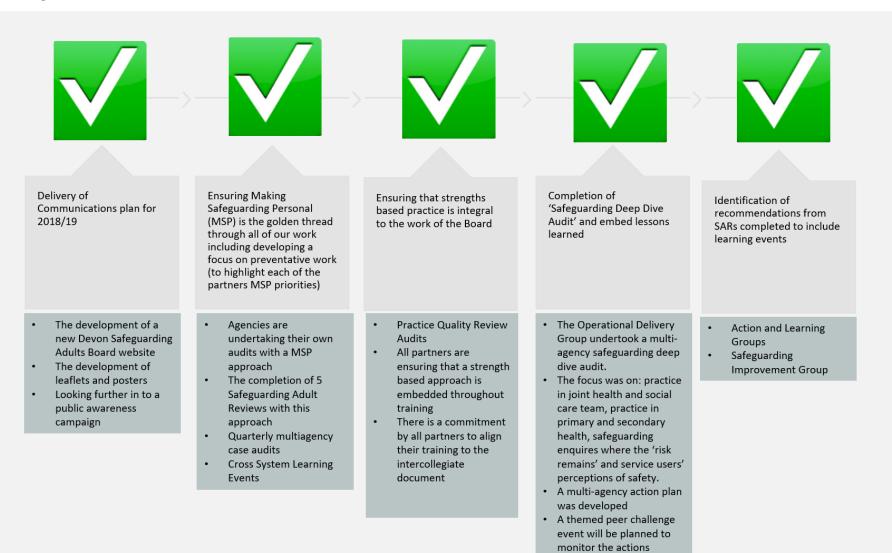
1. Ensuring that people in Devon feel safer

2. Protecting people from harm by proactively identifying people at risk, whilst promoting independence

3. Increase legal literacy of practitioners in respect of the Mental Capacity Act

How have we addressed these?

Priority 1



Priority 2



Agenda Item 12

Priority 3



Identify actions from completed Safeguarding Adult Reviews (SARs) to capture the Mental Capacity Act themes

Currently reviewing South West SARs



Improving overall understanding of legal literacy and practice

 A short paper is in development that raises awareness of the mental capacity act for staff and the public



Increase overall awareness of advocacy services across all partners

 A combination of increased contract capacity, the creation of easy-read flow charts for Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) and a revision of the referral form to clarify eligibility of IMCA has aided a reduction in the waiting list for IMCA's

12. Learning Events

In 2018/19 Devon Safeguarding Adults Board contacted the whole of the Operations Sub Group to ask about any learning events taking place within our partner agencies, these were some of the responses:

Livewell Southwest & Quality
Assurance Improvement Team
(QAIT) led some reflective
learning following the closure
of a care home last year

events in relation to
Safeguarding Adult Reviews
(SARs) to better understand
the barriers to effective multi
agency working and as a
means of sharing learning
across the partnership

Devon County Council (DCC)
led multi-agency reflective
learning events following
whole service safeguarding
processes. These explored
strategic and systemic issues
arising from recent whole
service enquiries processes

DCC Adult Social Care ran an action learning event following a South Gloucestershire Safeguarding Adults Review as DCC had placed one person within the care home investigated.

Devon Partnership NHS Trust have and continue to run events to feedback findings from Domestic Homicide Reviews and Safeguarding Adults Reviews to staff

The Clinical Commissioning
Groups (CCG) delivered a
safeguarding conference for
Practice Nurses working in
Primary Care

13. Partners' Key achievements 2018/19





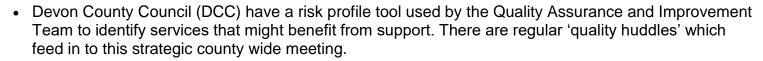
- We continue to develop safeguarding processes to protect vulnerable adults from being exploited from drug dealers.
- We have commissioned an independent peer review from the College of Policing, examining its
 response to vulnerability, and the recommendations from that review have been incorporated into the
 force safeguarding processes
- We are a key member of a multi-agency process to better identify vulnerability amongst adults, encouraging 'professional curiosity' and better signposting
- We have strengthened our processes to ensure recommendations from Safeguarding Adult Reviews and will be taking these forward, primarily through the Force Safeguarding Business Board.

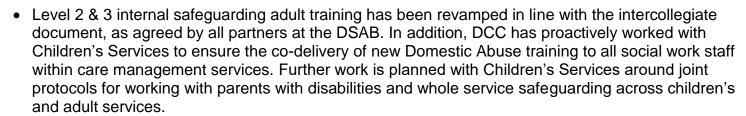
HMP Exeter



- HMP Exeter was subject to an Urgent Notification protocol following the HMIP (Her Majesty's Chief Inspector of Prisons) visit in 2018 and has worked with support to move out of this process. A follow up visit from HMIP (the Independent Review of Progress) identified improvements in safety for men residing in HMP Exeter. This was achieved through a reduction in violence and assaults.
- HMP Exeter has improved systems for people coming into custody to identify risk factors and to take
 the appropriate action once identified, by offering support through the 'Challenge Support and
 Intervention Plan' (CSIP) and the 'Assessment, Care in Custody and Teamwork' processes.
- Prison staff are supported by the Mental Health Team when any concerns around mental capacity are
 raised and individuals can be discussed at multi-professional case conference clinics to ensure support
 from healthcare, social care and prison staff is linked together and appropriate information sharing
 which ensures that support takes place.

Devon County Council Adult Social Care





- DCC is developing a practice model based on promoting independence and has developed a
 significant workforce plan to support workforce organisational change. This forms part of a disability
 transformation initiative which centres on our aspirations for how we work with people who experience
 an intellectual disability, mental health issues and/ or autism. This focuses on strengths-based
 approaches, risk and decision making, the provision of solution focused approaches training,
 seminar-based workshops on specialist areas of practice e.g. working with those with intellectual
 disability and autism and stronger links with advocacy.
- DCC has worked with the Safer Devon, Partnership, Devon Safeguarding Adults Board and Devon Children & Families Partnership to develop an 'Exploitation Toolkit'. This toolkit is for anyone who, through their paid or voluntary work, may encounter people who are vulnerable to exploitation. It will support people to understand, identify and report signs of exploitation, and access guidance and support. In addition, DCC has developed a risk assessment tool for professionals to use for assessing risk and impact.
- DCC is in the process of reviewing its Mental Capacity Act training offer to its staff to ensure that it is
 fit for purpose and supports people to understand decision making; particularly where there are issues
 around undue influence or unwise decision making. DCC is recruiting a Mental Capacity Act Practice
 Lead Practitioner responsible for supporting the development of best practice guidance and learning
 and development by end of 2019.



Northern, Eastern and Western Devon Clinical Commissioning Group



South Devon and Torbay Clinical Commissioning Group

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Northern, Eastern and Western (NEW) Devon and South Devon & Torbay Clinical Commissioning Groups (CCGs)

- During 2018/2019, NEW Devon CCG and South Devon & Torbay CCG safeguarding teams worked as an integrated team. As a commissioning organisation we ensure that safeguarding is a key requirement of any tender process and is embedded within all contracts.
- The CCG developed and implemented a Safeguarding Training Strategy ensuring that all staff
 completed safeguarding training appropriate to their role. Training supports staff to identify and
 respond to safeguarding concerns whilst acknowledging the need to promote the independence.
 Training compliance is monitored and regularly reported to the CCG Quality Assurance Committee.
- The CCG's Mental Capacity Act (MCA) Lead has developed a support network among the MCA leads
 of NHS providers to discuss case law and learning relating to the Mental Capacity Act. Additionally, a
 key element of their role is to support CCG staff in meeting their legal requirements.

National Probation Service (NPS)

- The National Probation Service and Devon & Cornwall Police are the lead agencies for managing dangerous individuals under Multi Agency Public Protection Arrangements (MAPPA). The NPS also contribute to other partnerships, such as Multi Agency Safeguarding Hubs (MASH), Multi Agency Risk Assessment Conferences (MARAC), Integrated Offender Management (IOM) meetings which support the management of the safety and welfare of people of Devon.
- In all cases, for people supervised by the NPS, the risk of harm posed is assessed and a Risk Management Plan is identified. This can include referrals to adult safeguarding where appropriate.
- All NPS Practitioners are required to attend safeguarding training every 2 years, including relevant guidance on safeguarding legislation. In addition, the NPS uses MAPPA to seek advice, support and guidance from safeguarding professionals when required to manage cases safely.



Royal Devon and Exeter

NHS Foundation Trust

RD&E Hospital

- We have built on the work undertaken in the Trust last year to raise awareness of domestic violence and continue to train more staff. Since April 2019 we have a full time Independent Domestic Violence Advisor funded by Pathfinder Project to support staff and patients.
- We have developed information leaflets for patients about the safeguarding adult process. This
 information gives patients and their families the key messages and opens a route for further
 discussion. The leaflets have also been useful for junior staff members to understand the
 safeguarding process and to give them confidence to talk to patients and their families about
 safeguarding
- Awareness of County Lines, Modern Slavery & Human Trafficking has become embedded within the Trust, with more staff considering this as an issue when talking to the people they meet and considering their personal circumstances. This has resulted in safeguarding referrals being made.

Devon Partnership Trust (DPT)

- By ensuring that patients in DPT are routinely offered information about safeguarding and that bespoke posters and leaflets about safeguarding are displayed in all clinical areas and waiting rooms.
- Over 85% of our registered clinicians have now completed their Level 3 Safeguarding Training (in both adults and children) ensuring they can proactively identify those who may be at risk. Integration of the risk management system with safeguarding ensures robust oversight of all incidents reported to identify any patterns
- Training on the Mental Capacity Act is mandatory for all clinical staff working for Devon Partnership
 Trust and audit of completed assessments is reported through the Mental Health Act Scrutiny
 Committee and ultimately to the Trust Executive Committee. This ensures robust oversight of the
 implementation of the legislation. Lessons from enquiries and incidents relating to legal literacy are
 implemented across the Trust and shared with all clinicians through a variety of means including bimonthly internal Safeguarding Bulletin.

Public Health Devon

Public Health Devon

- The Safer Devon Partnership has worked on several initiatives with the Safeguarding Adults Board to
 prevent and tackle the exploitation of vulnerable adults such as the development of the Preventing Exploitation Toolkit for frontline professionals and continuing the work of the following Working
 Groups: the Dangerous Drugs Network (County Lines) Partnership and the Anti-Slavery Partnership
- The Safer Devon Partnership (SDP) and Public Health Devon have worked with the Safeguarding Adults Board on establishing a 'Creative Solutions' Forum and SDP has continued to work collaboratively with the Safeguarding Adults Board on Domestic Homicide Reviews/Safeguarding Adults Reviews. It has recently published a briefing note for frontline professionals which summarises the learning from three Domestic Homicide Reviews which involved older couples
- Public Health is leading on the work in relation to drug-related Deaths. The whole ethos of Drug & Alcohol Service interventions is about keeping individuals, families and communities safe. The commissioned Sexual Violence & Domestic Violence & Abuse service works with people at highest risk of severe harm from domestic violence and abuse. Over the past two years we have developed clinical enquiry in primary care that has successfully identified people who have experienced or are experiencing serious domestic violence and abuse and work with perpetrators has continued to progress.



University Hospitals Plymouth NHS Trust

- Refined systems and processes for referral to safeguarding teams within the trust and to multiagency partners.
- UHP response Increased the frequency of publicity publishing improving the profile of the team and ensuring up to date information is available to staff.
- Trained 700+ staff to ensure a deeper understanding of the use of the Mental Capacity Act and correct use of DoLS.



South Western Ambulance Service NHS Foundation Trust

- The safeguarding service has begun to liaise more closely with some Local Community Safety
 Partnerships (LCSPs). These statutory partnerships have responsibility overview of local delivery of
 strategies for domestic abuse prevention and other safeguarding issues. In some regions within the
 area of operation of the Trust, some Lost Adult and Child Safeguarding Boards and Partnerships and
 LCSPs have announced their intention to merge into single partnerships within the next couple of
 years.
- The service manages allegations by: setting up a weekly confidential peer-review meeting for case
 discussion to improve the consistency of decision-making within the safeguarding team; provided
 training, assisting managers and HR to make decisions about making disclosure and barring (DBS)
 referrals; and the Safeguarding Service works collaboratively with the Trust's Learning and
 Development Team to develop and plan safeguarding training for staff. This enables key themes
 emerging from safeguarding activity and analysis to be embedded in the training

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Torbay and South Devon NHS Foundation Trust (TSDFT)

- The safeguarding 'Golden Thread' theme is embedded in mandatory safeguarding adult training for <u>all</u> staff, linking to the Human Rights Act principles, NHS Constitution and Trust core values. Making Safeguarding Personal is embedded as baseline principle of safeguarding adult practice at all levels of safeguarding adult training. Safeguarding Adult Review (SAR) learning posters have been developed for dissemination for all staff, covering key themes from a regional thematic review which directly links to how staff say they want to be kept informed of SAR learning feedback.
- The Trust is a core member of the Torbay Safeguarding Adults Board / Devon Safeguarding Adults
 Board Learning and Improvement sub group with membership extended to include The Trust's Head
 of Education and Workforce development. All staff receive notice of safeguarding training required for
 their role and when an update is required. Compliance has been consistently within Trust targets of
 90% or above for level 1, 80% for all other levels. 'Prevent' training data is compliant with local Clinical
 Commissioning Groups (CCG) targets. The Learning & Improvement sub group safeguarding adult

- self-assessment tool has been updated and presented to the TSDFT safeguarding governance committee.
- The trust is a core member of Mental Capacity Act (MCA) Sub Group and also the regional MCA Network. MCA training feedback is collated regarding knowledge impact and the MCA training framework identifies what level of training is recommended to all staff

Northern Devon Healthcare NHS Trust



- The Trust focussed internally on systems and process including enhanced access and support from independent Domestic Violence Advisors and running of information campaigns around Hate crime and PREVENT.
- We have worked with our community teams and wider social care to identify risk with some key
 projects to enhance support at home including work with Devon and Somerset Fire and Rescue
 Service, equally ensuring standard questions around risk of harm are asked at ED attendances.
- Significant work has been undertaken with clinical teams both at a work based level and enhanced training to increase confidence and assurance around MCA.

Dorset, Devon and Cornwall Community Rehabilitation Company (CRC)



- We have developed a benchmark for practice for safeguarding adults which has been shared with all teams across Devon. The standard sets out expected practice when working with vulnerable adults and sits alongside the Safeguarding Policy for the organisation.
- We have worked to increase understanding in relation to 'mate crime' and share learning across the region as to effective approaches in assessing and managing risk presented to and by our service users in relation to others.
- We have promoted and encouraged our practitioners to access the Devon Exploitation Toolkit to help improve skills and knowledge in identification and interventions. We have also promoted the Plymouth Exploitation Screening Tool across the teams



Health Watch Devon

- Healthwatch Devon is a consumer champion organisation for Health and Social Care across Devon. Over an annual period, we might receive in excess of 400 Speak Out Forms from members of the public bringing to our attention matters that concern them most about Health and Social Care. In 2018-19, seven cases warranted reporting to the authorities responsible for personal safety and safeguarding. Healthwatch Devon partner, Citizens Advice Devon, provide a team of Healthwatch Champions who follow the national Citizens Advice Safeguarding policy and procedures. The principles are used to guide safeguarding activities. Fundamental to this policy is our aim to involve the client in decisions about what should happen wherever possible
- Healthwatch Devon undertakes Enter and View visits to Health and Social Care services. We have worked with the Devon County Council Quality Assurance Improvement Team in order to extend our Good Care Matters programme. Reports are generated detailing findings from our visits, any concerns and any subsequent recommendations.

Our Citizens Advice HWD Champions have worked closely with the England Illegal Money Lending
Team to raise awareness of loan sharks and the incidence of illegal money lending in Devon.
Citizens Advice local offices are introducing a new approach to gender violence and abuse, training
all volunteers and staff so they can approach the issues as a routine enquiry during face to face
interview

14. Learning from Safeguarding Adults Reviews (SARs)

The Care Act 2014 specified that it is the duty of a Safeguarding Adults Board (SAB) to commission SARs under the following circumstances:

- (1) A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if
 - a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
 - b) condition 1 or 2 is met.
- (2) Condition 1 is met if
 - a) the adult has died, and
 - the SAB knows or suspects that the death resulted from abuse or neglect (whether or not It knew about or suspected the abuse or neglect before the adult died)
- (3) Condition 2 is met if
 - a) the adult is still alive, and
 - b) the SAB knows or suspects that the adult has experienced serious abuse or neglect



SABs can decide to undertake a SAR in any other situations involving an adult in its area with needs for care and support. Reviews should determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case, and those lessons applied to future cases to prevent similar harm occurring again. The apportioning of blame is not the purpose of the review.

We set out below the summaries of SARs which were completed and approved by the Board in 2018/2019. For those SARs published, the full details are on the DSAB website. Full publication is not mandatory, and decision are made on a case by case basis.

Summary of SAR Sally (approved by the Board in September 2018, awaiting publication)

Sally was 26 years old when she died on 14th October 2015. The Coroner gave a verdict of natural causes contributed to by neglect. The pathologist gave a cause of death of Bronchopneumonia with side effects of opiates (prescribed) in a female with physical, psychological and nutritional compromise.

Sally had 2 young children who had been placed in the care of their paternal grandmother and a husband who, although not always living with her, was described as her main family carer. She had been known to mental health services since the birth of her second child in 2011. She had a history of drug misuse and self-harm. Sally had been diagnosed in October 2013 with peripheral sensory neuropathy and having rejected the physiotherapy offered, the illness left her with very little mobility. She eventually spent long periods in bed sleeping and was unable to attend to any of her personal care needs without help. Sally was in receipt of care and support from various services including personal care in her home.

In the 6 months prior to her death Sally made a number of allegations against her husband namely that he left her without care for several days, stole money from her and ultimately that she did not feel safe in the house with him. However, she went on to withdraw these statements and did not want any action taken.

Summary of SAR Adrian Munday (published in December 2018)

Adrian Munday (51) died on 6th October 2015. Police were called to Adrian's home where they discovered his body, following a fire which had occurred in his accommodation. A forensic post mortem held on 15th October established that Adrian had suffered significant trauma injuries not consistent with a fire, and a murder enquiry was instigated.

On 17th October 2015 SH was arrested on suspicion of Adrian's murder. He was later charged with the murder of Adrian between 2nd and 6th October 2015. SH was found guilty of murder on 14th June 2016. The court heard that SH had met Adrian on 18th September 2015, had moved into Adrian's accommodation, and had exploited him for money and his possessions. Adrian had received significant injuries all over his body, his death was caused by head and brain injuries. SH had set fire to his body. SH was given a life sentence. He was diagnosed with cancer whilst serving this sentence [while on remand] and died in prison on April 2nd 2017.

At the time of his death Adrian was being supported by a care agency and was seen regularly by a Recovery Coordinator and a Psychiatrist according to his Care Programme Approach plan.

Summary of SAR Rita (approved by the Board in March 2019, awaiting publication)

Rita was a woman in her late 40's, who had been admitted to hospital on 14th October 2017 following a 111 call by her partner as he was concerned about her apparent breathing difficulties. She did not recover consciousness. The initial Safeguarding referral from the hospital outlined significant concern about her physical condition, a significant number of what appeared to be burn marks on her body and known IV drug use. The medical cause of death was Infected Endocarditis and Intravenous Drug Use. Rita had a history of illicit drug abuse and was known to inject intravenously. This led her to develop infected endocarditis, from which she died on 20th October 2017 at Hospital. The Coroner concluded that Rita's death was drug-related. Rita had a diagnosed mild learning disability and was known to a number of agencies. There was concern in relation to self-neglect and that Rita had withdrawn herself from services in the year prior to her death.

Review findings/themes from these examples:

- The importance of **involving the person** when working with them and ensuring **continuity of care** across organisations
- The importance of **engagement with families** in support planning, risk assessment and management of the work
- Inter-agency working the need for a clear process for identifying a lead agency in complex cases where there are many agencies involved in supporting an individual or family.
- Staff need to be clear when they can and must **share information** appropriately to understand and respond to risk
- Staff knowledge of the Mental Capacity Act must improve
- The importance of **professional curiosity and challenge** at all times when working with individuals at risk
- The need for professionals to have access to robust safeguarding training to promote their understanding of and ability to work within an **intimidatory atmosphere** and ban understanding of its **impact on professional practice**.
- There was a missed opportunity to work in a collaborative way under **safeguarding** in relation to **self-neglect.** This would have provided a multi-agency framework. The framework does not give any additional powers to act, however would have brought recognition that management of the risks required **multi-agency collaboration**; clarity on seeking consent to **share information**, or to justify sharing it without consent; **assessment of the level of risk** based on more informed input; and a **shared record** of what had been agreed.
- The need for professionals (practitioners and commissioners) to ensure effective **communication and coordination** in high risk, highly complex cases.
- Staff need to have effective **awareness of services available** alongside a thorough understanding of the Care Act (section 42) which describes the requirements to respond to safeguarding concerns, investigate and proceed to Enquiries.

15. What are our plans moving forward?

As highlighted in this report, the DSAB has made a number of achievements this year, however there continues to be a number of areas requiring further work and focus. Our <u>Strategic Plans</u> for 2019/20 aim to measure our progress in achieving our targets

Strategic Priorities 2019/20



1. Finding the right solution at the right time for the most at-risk people.

Key goals:

- Promote multi-agency communication, ensuring cooperation as the underlying principle of frontline social care work.
- Equip all agencies with the tools to promote collaboration and integration, making sure agency frameworks allow for the sharing of information.
- Support the development of a unanimous understanding of what vulnerability and exploitation is.
- Ensure the Making Safeguarding Personal (MSP) framework is embedded in staff practice

2. Increasing the public awareness of Safeguarding

Key goals:

- Increase public knowledge regarding the recognition of abuse and/or exploitation.
- Promote the reporting of abuse from the public.
- Encourage a sense of community responsibility for safeguarding within all communities.
- Improve the understanding of safeguarding amongst Black, Asian and other minority ethnic groups through effective engagement and increased awareness

3. Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe.

Key goals:

- Ensure early intervention systems are in place
- Increase awareness on trauma and adverse childhood experiences to inform and shape future practice.
- Ensure commissioning arrangements for transitional periods are in place and effective.
- 4. Increasing our staff understanding of the law in relation to Safeguarding Adults.

Key goals:

- Increase legal literacy regarding the Mental Capacity Act and Liberty Protection Safeguards.
- Increase awareness and understanding of Restrictive Intervention and Seclusion
- Ensure professionals have a current, working understanding of legislation and are competent at putting it into practice.

FARMS ESTATE COMMITTEE 9/12/19

FARMS ESTATE COMMITTEE

9 December 2019

Present:

County Councillors

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

Co-opted Members

L Warner (Tenants' representative)

Apologies

Councillors A Dewhirst and C Chugg

* 107 Minutes

RESOLVED that the minutes of the meetings held on 9 September 2019 and 25 November 2019 be signed as correct records.

* 108 Items Requiring Urgent Attention

There was no item raised as a matter of urgency.

* 109 Revenue Monitoring (Month 7) 2019/20

The Committee received the Report of the County Treasurer (CT/19/119) on the County Farms Estate Revenue Monitoring (Month 7) 2019/20, noting the increased target surplus of £464,000 and providing a summary of the annual budget and detailing income and expenditure to date.

* 110 Capital Monitoring (Month 7) 2019/20

The Committee received the Report of the County Treasurer (CT/19/118) on the County Farms Estate Month 7 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.

* 111 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.

* 112 <u>Holdings and Tenancies etc.</u>

(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

Agenda Item 14a

2 FARMS ESTATE COMMITTEE 9/12/19

consideration under Regulation 5(5) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012)

* 113 <u>Higher Artiscombe Farm, Gulworthy</u>

(The tenant of Higher Artiscombe Farm, Gulworthy attended to speak to this item at the invitation of the Chair.)

The Committee considered the Report of the Head of Digital Transformation and Business Support (BSS/19/12) relating to Higher Artiscombe Farm, Gulworthy.

It was MOVED by Councillor Brook, SECONDED by Councillor Inch and

RESOLVED

- (a) that the granting to the tenant of Higher Artiscombe Farm, Gulworthy a security of tenure excluded Landlord and Tenant Act 1954 lease of part NG 3090 amounting to 1.50 acres or thereabouts of land forming part Higher Artiscombe Farm for a fixed term commencing 25 March 2022 and expiring 25 March 2032, on a subject to contract basis, be approved; and
- (b) that the advertising of the farmhouse, buildings and 214.82 acres or thereabouts of land at Higher Artiscombe Farm, Gulworthy as an equipped residential progression dairy farm in internal competition between existing tenants of the Estate and on a Farm Business Tenancy commencing 25 March 2022 and expiring 25 March 2037, on a subject to contract basis, be approved.

* 114 Outcome of Tenants' monitoring visits

The Committee considered the Report of the Head of Digital Transformation and Business Support (BSS/19/13) on the monitoring of tenants on an initial Farm Business Tenancy.

It was MOVED by Councillor Brook, SECONDED by Councillor Inch and

RESOLVED that letters be sent to the tenants of Northground Farm, Milton Abbot, Prixford Barton Farm, Marwood and Chapel Farm, Marwood recording the current and satisfactory level of competency attained to date.

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

RESOLVED that a further monitoring visit be made in 12 months' time to the tenants of Manor Farm Holcombe.

It was MOVED by Councillor Brook, SECONDED by Councillor Inch and

RESOLVED that the tenant of Lower Northchurch Farm, Yarnscombe be offered a second but final seven year Farm Business Tenancy of the holding for a term commencing 25 March 2021 and terminating 25 March 2028, subject to terms being agreed.

*DENOTES DELEGATED MATTER WITH POWER TO ACT

The Meeting started at 2.20 pm and finished at 3.23 pm

Cabinet 15 January 2020

| SCHEDULE OF CABINET MEMBER DECISIONS TAKEN SINCE PREVIOUS MEETING | | | | | | |
|---|---|----------------|--|--|--|--|
| Cabinet Remit/Officer | Matter for Decision | Effective Date | | | | |
| Resources Management | Fin 665 - Approval to vary the approved capital programme | 16 December | | | | |
| | | 2019 | | | | |
| Highways Management | Approval to progress to public consultation on proposals for the improvement of Okehampton Town | 8 January 2020 | | | | |
| | Centre | | | | | |

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/

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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) | | | | | | |
|--------------------------|--|---|--|--|---|--|--|
| 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 | | |
| P | | | | | , | | |
| age | Regular / Annual Matters for Consideration | | | | | | |
| QQL QQebruary 2020 | Admission Arrangements and Education Travel Review: Approval to admission arrangements for subsequent academic year | | | Report of the Head of Education and Learning outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary. | All Divisions | | |
| 11 March 2020 | Flood Risk Management Action Plan – Update on the current year's programme and approval of schemes and proposed investment in 2020/21 | 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 pa head of education outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary. | All Divisions |
| | Specific Matters for Consideration | | | | |
| January 2020 | Target Budget and Local Government Budget Settlement Update | | | Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary. | All Divisions |
| January 2020 | Budget Monitoring - Month 8 | | | Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary. | All Divisions |
| 15 January 2020 | Adult Services Market Position Statement | | | 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 14 February 2020 and 11 March 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 |
| 14 February 2020 | NHS Long Term Plan and ICS Governance Arrangements | ТВС | 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 |

| 14 February 2020 | Accommodation Strategy | | | 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 | 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 | Award of Street Lighting Contract 2020 to 2030 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. | 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 age 90 | Exeter Transport Strategy 2020-2030: For approval | Public Consultation | Online Public Consultation – including Strategy Document, Leaflet, Evidence Base and Online Questionnaire Meetings with key stakeholders | 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 in Exeter |
| 8 April 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 |
| 9 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 |

| December Draft Local Flood 2020 supporting docum | Management Strategy for Devon Risk Management Strategy and lents including: Strategic sessment (SEA) and Equality nt (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 | |
|---|--|--|------------------------|--|---------------|--|
|---|--|--|------------------------|--|---------------|--|

| 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 |
|---|--|--|---|---|---|
| 15 January 2020 14 February 2020 | Revenue Budget, Medium Term Financial Strategy 2020/2021 - 2023/2024 and the Capital Programme for 2020/2021 - 2024/2025 | | Scrutiny Committees Budget Consultation Meetings Leader Roadshows | Report of the County Treasurer outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary. | All Divisions |
| January 20020 0 0 0 5 (Debruary | Pay Policy Statement To approve the pay policy statement for the forthcoming year. | Appointments and Remuneration Committee | | Report of the County Solicitor, 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 | | |
| | Regular / Annual Matters for Consideration | | | | | | |
| Between 15 January 2020 and 31 December 2020 | 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 | | |
| Detween 15 January 2020 and 1 2020 and 1 2020 Eletween 15 January 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 [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] | 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 | | |
| 15 January 2020 | Devon Safeguarding Adults Board Annual Report To receive the annual report | N/A | N/A | Report of the Chair of the Adults Safeguarding Board 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 |
|-----------------------|--|---|-----------|--|---------------|
| 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 |
| | Specific Matters for Consideration | | | | |