



You can view the agenda on the [website](#)  
or use a smart phone camera and scan the code

---

To: The Chair and Members  
of the Cabinet

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

---

Date: 2 April 2024

Contact: Karen Strahan, 01392 382264

Email: [karen.strahan@devon.gov.uk](mailto:karen.strahan@devon.gov.uk)

## **CABINET**

Wednesday, 10th April, 2024

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

Donna Manson  
Chief Executive

## **A G E N D A**

### **PART I - OPEN COMMITTEE**

- 1 Apologies for Absence
- 2 Declarations of Interest

Members of the Council will declare any interests they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

The other registrable interests of Councillors of Devon County Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes.

For details of District and or Town and Parish Twin Hatters – please see here -  
[A list of county councillors who are also district, borough, city, parish or town councillors](#)

3 Minutes

Minutes of the meeting held on 13 March 2024, (previously circulated).

4 Items Requiring Urgent Attention

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

5 Announcements

6 Petitions

7 Question(s) from Members of the Council

**FRAMEWORK DECISION**

8 Coroners Devon Wide Service - Adoption of Functions (Pages 1 - 6)

Report of the Director of Legal and Democratic Services (LDS/23/16) seeking approval for adoption of functions and duties from Plymouth, Torbay and South Devon, following approval of the business case for the merger of the coronial jurisdictions of Exeter and Greater Devon and Plymouth, Torbay and South Devon, attached.

*Electoral Divisions(s): All Divisions*

**KEY DECISIONS**

9 Plymouth and South Devon Freeport - Delivery of Spine Road and Pedestrian/Cycle Bridge (Pages 7 - 28)

Report of the Director of Climate Change, Environment and Transport (CET/24/25) seeking approval for delivery of a spine road and pedestrian / cycle bridge relating to the Plymouth and South Devon Freeport, attached.

An Impact Assessment has been prepared for the attention of Members and is also available on the web at - <https://www.devon.gov.uk/impact/transport-infrastructure-plymouth-and-south-devon-freeport>.

*Electoral Divisions(s): Bickleigh & Wembury*

- 10 Commissioning services to address Domestic Abuse in Devon (Pages 29 - 52)
- Report of the Head of Communities (SC/24/1) seeking approval to commission an Integrated Domestic Abuse Service for Devon, from April 2025, attached.
- An Impact Assessment has been prepared for the attention of Members and is also available on the web at - [Commissioning Services to address Domestic Abuse in Devon - Impact Assessment](#)
- Electoral Divisions(s): All Divisions*
- 11 Sexual and Reproductive Health Recommissioning (Pages 53 - 88)
- Report of the Director of Public Health. Communities and Prosperity (PH/24/05) seeking authority to recommission Sexual and Reproductive Health Services, attached.
- An Impact Assessment has been prepared for the attention of Members and is also available on the web at - <https://www.devon.gov.uk/impact/sexual-and-reproductive-health-recommissioning>
- Electoral Divisions(s): All Divisions*
- 12 Fostering Allowance Uplift 23/24 and 24/25 (Pages 89 - 100)
- Report of the Director of Children and Young People's Futures (CS/24/50) seeking approval for increases to fostering allowances, attached.
- Electoral Divisions(s): All Divisions*
- 13 Assurance of LA delivery of duties (defined by Part 1 of Care Act (2014) by the Care Quality Commission (CQC) (Pages 101 - 114)
- Report of the Director of Integrated Adult Social Care (IASC/24/08), on the assurance of local authority delivery of its duties as defined by part one of the Care Act (2014) by the Care Quality Commission and its contribution to improving services and outcomes for people in receipt of adult social care including through self-assessment, attached.
- Electoral Divisions(s): All Divisions*

#### **MATTERS REFERRED**

- 14 North Devon Link Service (Call in of Cabinet Decision 491 of 13 March 2024)
- In accordance with the Scrutiny Procedure Rules, the Chair of the Health and Adult Care Scrutiny Committee (Councillor Randall Johnson) invoked the call-in procedure in relation to the decision of the Cabinet (Minute \*491 refers) relating to the North Devon Link Centre.

The grounds for the call-in were that there was insufficient information provided to ensure service users' future support. Scrutiny had not been given the opportunity to receive evidence and additional information to ensure service users will be provided with a person-based support.

The Health and Adult Care Scrutiny Committee considered this matter at its meetings on 21<sup>st</sup> March 2024 and RESOLVED that.

*(i) the Committee expresses that it is satisfied with the decision of Cabinet but places on record its concerns and the need for further assurance relating to:*

- the application and transition of the process as set out for people affected by the closure of link services, as soon as possible;*
- the development of community-based solutions to meet the identified needs;*
- how any gaps that have emerged have been addressed (noting that flexible resourcing was pledged);*
- the emerging long-term pattern of community-based mental health support as a result of this process;*
- and that Scrutiny would like to hear the direct experience of people as part of the reporting back; and*

*(ii) that an update is provided to the Health and Adult Care Scrutiny Committee in 6 months.*

### **Recommendation**

That the Cabinet note the recommendation of the Scrutiny Committee and its intention to monitor the position and further notes that the original decision of the Cabinet was implemented with immediate effect following the conclusion of the call-in process.

*Electoral Divisions(s): All in North Devon*

### 15 **Notice of Motion** (Pages 115 - 118)

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

(a) Flexibility and Action against holiday firms exploiting families, those working in schools and the holiday industry - Councillor Biederman

*Electoral Divisions(s): All Divisions*

## **MATTERS FOR INFORMATION**

- 16 Smokefree Generation: Local Stop Smoking Service and Support Grant (Pages 119 - 122)

Report of the Director of Public Health, Communities and Prosperity (PH/24/05) giving an update on the smoking grant award and progress work on tackling illegal vapes/tobacco, attached.

The Director of Public Health, Communities and Prosperity will give a presentation at the meeting.

*Electoral Divisions(s): All Divisions*

## **STANDING ITEMS**

- 17 Question(s) from Members of the Public

- 18 Minutes

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

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

- a Devon Audit Partnership Committee - 14th March 2024 (Pages 123 - 124)
- b Devon Education Forum - 20th March 2024 (Pages 125 - 132)

- 19 Delegated Action/Urgent Matters

The Register of Decisions taken by Members under the urgency provisions or delegated powers is available on the website in line with the Council's Constitution and Regulation 13 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. The decisions taken and associated information can be found [here](#).

- 20 Forward Plan (Pages 133 - 154)

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.

The [Forward Plan is available on the Council's website](#).

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

NIL

*Members are reminded that Part II Reports contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). They need to be disposed of carefully and should be returned to the Democratic Services Officer at the conclusion of the meeting for disposal.*

## **MEETINGS INFORMATION AND NOTES FOR VISITORS**

### **Getting to County Hall and Notes for Visitors**

For SatNav purposes, the postcode for County Hall is EX2 4QD

[Further information about how to get to County Hall](#) gives information on visitor parking at County Hall and bus routes.

Exeter has an excellent network of dedicated cycle routes. For further information see the [Travel Devon webpages](#).

The nearest mainline railway stations are Exeter Central (5 minutes from the High Street), St David's and St Thomas. All have regular bus services to the High Street.

Visitors to County Hall are asked to report to Main Reception on arrival. If visitors have any specific requirements, please contact reception on 01392 382504 beforehand.

### **Membership of a Committee**

For full details of the Membership of a Committee, please [visit the Committee page](#) on the website and click on the name of the Committee you wish to see.

### **Committee Terms of Reference**

For the terms of reference for any Committee, please [visit the Committee page](#) on the website and click on the name of the Committee. Under purpose of Committee, the terms of reference will be listed. Terms of reference for all Committees are also detailed within Section 3b of [the Council's Constitution](#).

### **Access to Information**

Any person wishing to inspect any minutes, reports or background papers relating to an item on the agenda should contact the Clerk of the Meeting. To find this, [visit the Committee page](#) on the website and find the Committee. Under contact information (at the bottom of the page) the Clerk's name and contact details will be present. All [agenda, reports and minutes of any Committee are published on the Website](#)

### **Public Participation**

The Council operates a Public Participation Scheme where members of the public can interact with various Committee meetings in a number of ways. For full details of whether or how you can participate in a meeting, please [look at the Public Participation Scheme](#) or contact the Clerk for the meeting.

In relation to Highways and Traffic Orders Committees, any member of the District Council or a Town or Parish Councillor for the area covered by the HATOC who is not a member of the Committee, may attend and speak to any item on the Agenda with the consent of the Committee, having given 24 hours' notice.

### **Webcasting, Recording or Reporting of Meetings and Proceedings**

The proceedings of any meeting may be recorded and / or broadcasted live, apart from any confidential items which may need to be considered in the absence of the press and public. For more information [go to our webcasting pages](#)

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chair. Filming must be done as unobtrusively as possible without additional lighting; focusing only on those actively participating in the meeting and having regard to the wishes of others present who may not wish to be filmed. Anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance.

Members of the public may also use social media to report on proceedings.

### **Declarations of Interest for Members of the Council**

It is to be noted that Members of the Council 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.

### **WiFi**

An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall.

### **Fire**

In the event of the fire alarm sounding, leave the building immediately by the nearest available exit following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings; do not use the lifts; and do not re-enter the building until told to do so. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair.

### **First Aid**

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

### **Mobile Phones**

Please switch off all mobile phones before entering the Committee Room or Council Chamber

### **Alternative Formats**

If anyone needs a copy of an Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Customer Service Centre on 0345 155 1015 or email: [committee@devon.gov.uk](mailto:committee@devon.gov.uk) or write to the Democratic and Scrutiny Secretariat in G31, County Hall, Exeter, EX2 4QD.

**Induction Loop available**





LDS/24/16  
Cabinet  
10 April 2024

## The Combined Devon, Plymouth and Torbay Coroner Service

### Report of the Director Legal and Democratic Services

---

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

---

#### **1) Recommendation**

That the Cabinet be asked to:

- (a) as the relevant lead authority for the Combined Coroner Area for the County of Devon, Plymouth and Torbay, to the extent necessary, adopt the duties and functions from Torbay and Plymouth under the Criminal Justice Act for the purposes of enabling Devon to deliver the Coroner's Service for the County of Devon, Plymouth and Torbay.
- (b) take assurance from the progress report presented

#### **2) Background / Introduction**

The Ministry of Justice (MoJ) requested the coronial jurisdictions of Exeter and Greater Devon and Plymouth, Torbay and South Devon for views and consideration of a merger of the coronial service on the retirement of the Senior Coroner for Plymouth Torbay and South Devon. The process required the areas to produce a business case with the relevant details included to ascertain if a merger would be efficient and an advantage for the area. On 11th October 2023 Cabinet agreed to submit a business case to the MoJ to go to consultation for the merger of the coronial jurisdictions of Exeter and Greater Devon and Plymouth, Torbay and South Devon. The consultation was launched and the MoJ reviewed the results. On 31 January 2024 the Lord Chancellor determined that the Coroner Service in Devon be served by one jurisdiction, named the County of Devon, Plymouth and Torbay Coroner Service to cover the whole County of Devon. Plymouth, Torbay and Devon agreed that Devon County Council act as the lead authority for the new jurisdiction. The statutory instrument was laid and published on Friday 8 March with an implementation date of 1 April 2024.

#### **3. Progress of Implementation Plan**

Based upon 2023 activity, the proposed new jurisdiction will deal with approximately 4,500 deaths per annum. Around 950 of those will lead to inquest which will be held either in County Hall, Exeter or in Plymouth. Many cases will be dealt with in Exeter, both in person and hybrid via MS Teams. Around 2,000 post mortems were held during 2023.

On the 1 April approx. 950 open and live cases will be transferred to the new coroner area of Devon, Plymouth and Torbay from Plymouth. There are currently 700 open and live cases in the Exeter area giving a combined number of over 1,650 live cases to deal with.

# Agenda Item 8

The Coroners Service will use three smaller courtrooms for day-to-day cases, two of which are currently being used, the other will be ready for use very shortly. The Council Chamber will continue to be used for larger jury inquests. The court in Plymouth will be used for families who are unable to travel to Exeter and want to attend in person. Listing for all the courts will commence from 1 April, keeping the number of hearings at a current level to ensure there is no delay for bereaved families.

Philip Spinney, currently the Coroner for Exeter and Greater Devon and Acting Senior Coroner for Plymouth, Torbay and South Devon will be appointed as the Senior Coroner for the new County of Devon, Plymouth and Torbay area. This appointment will take place by the 1 April 2024. Alison Longhorn, currently the Area Coroner for Exeter and Greater Devon will be appointed as Area Coroner for the new area, and we will appoint a further Area Coroner. This is likely to take a little longer; however we have Assistant Coroners who will be hearing cases in the meantime.

Additional administrative resource will be required initially to support the doubling of the caseload especially during the transition period and the ongoing increased telephone traffic as the public become familiar with the centralisation of the administration. Our intention is to employ two further D grade administrative staff and review that after 12 months when the service has settled into new ways of working.

With the introduction of the Statutory Medical Examiner Service in April/May 2024 we hope to see the number of referrals to the new area fall, although those cases which are referred to the Coroners Service are likely to be more complex. Work towards the implementation of the Medical Examiner Service is happening with consultations and evidence gathering by the MoJ. In Devon we are working closely with Medical Examiner colleagues in Exeter, Torbay and Plymouth to share good practice and align the process and we are in a good position for the implementation.

There is currently one Plymouth contract in place which will novate to Devon. This is for transportation of deceased and will be in place for three more years. An SLA is being drawn up for the work with the mortuaries in Plymouth and Torbay in line with the SLA currently in place for Exeter and North Devon mortuaries.

There will be a transfer of the data held within the case management system in Plymouth to the Devon system. Both systems work in a similar way and are Civica cloud icasework systems. Project management is in place to ensure that any risk is mitigated.

We will continue to look for efficiencies with a restructuring of the work between standard and complex casework, introducing new processes for written and fast track inquest hearings, encouraging more use of virtual hearings and looking at the geography of the contracted services provided, where we can, with no virtual boundaries in the county.

## **Consultations**

Consultation has been completed by the Ministry of Justice with interested parties including partners to the service such as police, ambulance, NHS, mortuaries, and funeral directors.

### 3) Strategic Plan

This merger will ensure that the service to families will be more robust and consistent across the county. There will be no boundaries of jurisdictions where families from one area cannot access the services of a hospital mortuary in another. We will work with families to put them at the centre of the process and to ensure fairness and an effective service.

### 4) Financial Considerations

From 1 April 2024 DCC will be the lead authority for the Devon, Plymouth and Torbay Coroner Area and will recharge Plymouth City Council and Torbay Council for coronial work undertaken in those areas by way of an SLA. Currently the work carried out in the county is split between the same three local authorities depending on the address of the deceased person, however Devon County Council will become the lead authority with one administrative centre of the Coroner Area based in Exeter. The combined costs of the service will be managed by Devon County Council, which will allow us to look at new ways of working, and overcoming geographical challenges, in order to realise savings over time.

It is anticipated that all the Local Authorities will make efficiency savings because of the merger. Immediate savings will result from the removal of the role of Senior Coroner for Plymouth, Torbay and South Devon, alongside administrative roles that will not transfer across to the combined service. These savings will cover the additional costs expected because of the merger, detailed as follows:

One off Civica case management transfer of data to merged area	£14,000
Employment of Area Coroner	£119,000 per annum
Employment of two D grade administration posts	£64,480 per annum
Providing third court room with hybrid equipment (est)	£10,000

Further efficiencies will be expected over time as the merged service delivers economies of scale; with the introduction of the medical examiner service and through smarter working practices.

### 5) Legal Considerations

Under the Coroners and Justice Act 2009 (Alteration of Coroner Areas) Order 2024 (SI 2024: [304]) (the "Order"), made by the Lord Chancellor in the exercise of powers set out in section 22 and Schedule 2 to the Coroners and Justice Act 2009, the new combined Coroner Area of The County of Devon, Plymouth and Torbay will be created on 1 April 2024.

Plymouth, Torbay and Devon wish to facilitate the provision of a combined Coronial Service for the Coroner Area of the County of Devon, Plymouth and Torbay.

It is recognised that Devon is to be the 'relevant authority' for the new combined coroner area under para. 3 of Schedule 2 to the Coroners and Justice Act 2009. As such, Devon has statutory responsibilities for the provision of coroner services in the new combined area, including provision of staff and accommodation and reimbursement of Coroner's expenses. Torbay has agreed to reimburse Devon for the cost of providing coroner services insofar as they relate to the Torbay local authority area. Plymouth has agreed to reimburse Devon for the cost of providing coroner services insofar as they relate to the Devon area.

# Agenda Item 8

A service level agreement has been drafted for the provision of Coronial Services to the County of Devon, Plymouth and Torbay Coroner's Area and will be signed by all authorities on 1 April 2024.

Novation of deceased transportation contract currently running with Plymouth City Council until 2027.

## **6) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)**

There will be little impact to the merging of coronial jurisdictions in Devon with the ability to attend inquests remotely via MS Teams or travel to the nearest court or hospital. Most of the services to the deceased will be carried out locally as now, but the administration function will be centralised in Exeter.

## **7) Equality Considerations**

At present contact between the Coroner's office and the next of kin/families is invariably via telephone, post or email, and in general face-to face contact only takes place at inquest hearings. Therefore, the physical location of the central support or administrative function is viewed as not critical to the service that the public receive.

The Coroner's Court in Plymouth will remain available for use whenever a family have signalled that they wish to attend an inquest in person and where Plymouth is the preferred location. It is noted that some of the Torbay and South Devon population may prefer Exeter, and also some of the residents of Greater Devon (e.g. Tavistock/West Devon) may prefer to attend Plymouth.

The central administration function will be located at the existing offices in County Hall, Exeter. This area of the building has recently been refurbished with additional capacity to accommodate additional resource for a further Area Coroner, two temporary administrators and Coroner's Officers, to manage the combined caseload of the existing areas. It will soon have three dedicated Inquest courts equipped with hybrid hearing facilities and family space.

## **8) Risk Management Considerations**

In the process of merging the two jurisdictions there will be a risk to timeliness of hearings given that the Plymouth Coroner's Office works in a very different way to Exeter and Greater Devon and therefore in bringing all cases into the same workflow may cause some delays. This will be mitigated by both ensuring that communication with families is constant and by continuing to list hearings at the same rate as currently. Some work has already started to reduce the cases for inquest already held in Plymouth and South Devon before the new jurisdiction comes into being on the 1 April 2024.

Working with the case management system providers Civica to ensure that all data held in Plymouth can be transferred to the Devon system as soon as possible and without error. Data will be checked before and after transfer to ensure that all cases are captured and that they sit in the workflow in the appropriate place for progress.

The Risk Register is being updated to cover risks.

## 9) Summary / Reasons for Recommendations

The Lord Chancellor has determined that the Coroner Service in Devon be served by one jurisdiction, named the County of Devon, Plymouth and Torbay Coroner Service to cover the whole County of Devon. Devon County Council will act as the lead authority for the new jurisdiction from the 1 April 2024.

### **Name**

Maria Price Director of Legal and Democratic Services

**Electoral Divisions:** All

Cabinet Member for Organisational Development, Workforce & Digital Transformation:  
Councillor Saywell

## **Local Government Act 1972: List of background papers**

Background Paper

Date

File Reference

NIL

### **Contact for enquiries:**

Name: Rosalie Robison

Telephone: 01392 383042

Address: County Hall, Exeter



CET/24/25  
Cabinet  
10 April 2024

## Plymouth and South Devon Freeport – Delivery of spine road and pedestrian/cycle bridge

Report of the Director of Climate Change, Environment and Transport

---

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.

---

### 1) Recommendation

That the Cabinet be asked to:

- (a) approve the following schemes for tender subject to the resolution of legal and land assembly agreements, and planning consents
  - i) Spine road phase 1a as shown in Appendix 1
  - ii) Spine road phase 1b as shown in Appendix 2
  - iii) Pedestrian/cycle bridge as shown in Appendix 3;
- (b) advertise any necessary Traffic Regulation Orders and if no objections received, be made and sealed;
- (c) following receipt of planning consents that land acquisition is commenced by negotiation and approval is given to use compulsory purchase powers if required;
- (d) give delegated authority to the Director of Climate Change, Environment and Transport, in consultation with the Cabinet Member for Highway Management and the Cabinet Member for Climate Change, Environment and Transport to award the construction contract for delivery of the Schemes in Appendix 1, 2 and 3 with a combined cost of £18.908m;
- (e) give delegated authority to the Director of Climate Change, Environment and Transport in consultation with the Cabinet Member for Highway Management, the Cabinet Member for Climate Change, Environment and Transport and the relevant Local Members to make minor amendments to the scheme, as required.

### 2) Background / Introduction

The Plymouth and South Devon (PASD) Freeport is one of eight current Freeports designated by Government and is led by Plymouth City Council in partnership with South Hams District Council, Devon County Council (DCC), and the private sector.

This is an ambitious programme aiming to create over 3500 jobs, and to play a crucial role in economic recovery and growth. The initiative is focused on creating high-value employment across key engineering and manufacturing sectors, delivering a Net Zero Programme and contributing to the county's levelling up agenda. At its core, the Freeport programme has three objectives:

# Agenda Item 9

1. National hubs for global trade and investment
2. Creating innovation in key specialism and growth sectors
3. Promoting regeneration through the creation of highly skilled jobs.

As part of the PASD Freeport, DCC is leading on the delivery of key infrastructure, specifically an extension to the existing highway to deliver a spine road to serve the Langage employment development, a pedestrian/cycle bridge over the A38 at the Deep Lane junction and upgrades to access into the Langage employment area. The delivery of the infrastructure is funded by £9.619million seed funding from the Freeport programme, and up to £14.289 million borrowing by DCC, which was approved at Full Council in February 2024. It should be noted that this funding includes an additional scheme for improvements to the Sandy Road/Holland Road roundabout, which is currently being developed and not included within this report, this scheme is estimated at £5 million.

## 3) Spine Road

The spine road is proposed to serve the Langage employment development and is to be delivered in two phases, referred to as phases 1a and 1b.

Phase 1a of the spine road, shown in Appendix 1, is a continuation of the existing Kingsway distributor road, which currently stops just south of the Langage Power Station on the eastern side of the Langage Business Park. The new road would directly serve the combined Langage customs and tax site, with future accesses into the site expected to be made directly from the spine road. These site accesses will be developer-delivered as and when the individual plots are built out as part of the required planning permission for the employment allocation. DCC has been working with the current landowner in the design of the road to ensure that it meets future development requirements. The Phase 1a employment allocation has outline planning permission and a reserved matters planning application for the road was submitted to South Hams District Council in February 2024 following constructive pre-application discussions with the district council.

The Council is committed to delivering the scheme by March 2025, therefore once planning permission is granted, it is proposed to progress to tender with the scheme, with the aim for works to start on site in November 2024, subject to agreements with landowners and satisfying subsidy control requirements in line with the terms of the funding.

Phase 1b of the spine road is a further continuation of the phase 1a spine road, with a planning application expected to be submitted in September 2024. Delivery timescales for this phase of the spine road are later due to different land ownership arrangements. It is expected that the landowner will not develop the site themselves, but there is developer interest in the site. The delivery of this section of the spine road will align with the future delivery of the employment development, expected to be in 2027.

As the layout of the employment development served by the phase 1b road is not yet known, the road has been designed to follow the southern boundary of the site. This has several advantages as it enables flexibility for the future development as it maximises the developable area. There are expected to be side roads and/or direct accesses from the spine road serving development parcels to the north of the road. This is considered achievable with the design and the detail for this will be considered as part of a future



planning application for the employment site. A further benefit is that it will allow an easier sustainable travel link between the spine road and the parallel, lightly trafficked old A38 road which serves access to Lyneham Inn and Ley Farm. This would provide more convenient access to the wider cycle network on Sandy Road including the planned new pedestrian/cycle bridge at Deep Lane.

## **4) Pedestrian/Cycle Bridge**

The Vision for PASD is to act as an exemplar to achieve net zero significantly ahead of 2050 and a new pedestrian / cycle bridge supports the decarbonisation of transport by improving active travel options for short to medium distance journeys in the local area. The bridge will connect the new community of Sherford and the growing Langage employment development, providing safer access for active travel across the busy A38 Deep Lane junction. It will not only be an important scheme connecting new residents with the growing employment area, it will also connect existing communities in Plympton with Sherford and the range of services that will be delivered in the new town, thereby maximising opportunities to promote sustainable travel for existing trips.

The bridge is to be located on the eastern side of the A38 Deep Lane junction, adjacent to the existing road bridge. The proposals have been carefully developed to avoid impacting on the vehicular capacity of the existing junction. A future upgrade to the Deep Lane junction is expected to support full growth at Sherford and Langage and as such, the design of the bridge has sought to limit the potential for abortive works and delivery of a future highway capacity improvement scheme, whilst still ensuring the bridge provides an attractive, convenient and direct route for walkers and cyclists. Similarly, as part of the Sherford development, future upgrades to quality of the onwads walking and cycling infrastructure through to the new town are proposed, which are being funded and delivered separately by the developers.

A planning application for the scheme was submitted in December 2023. The planning application was recently withdrawn to consider comments relating to the adequacy of safe crossing facilities for pedestrians and cyclists. Appendix 3 shows the revised design, which includes widening on the slip road and signal crossings on both the slip road and B3416. Once planning permission is granted, a tender will be progressed, with the works expected to start on site in December 2024, subject to the necessary approvals.

## **5) Options / Alternatives**

There are limited alternative options for phase 1a of the spine road. The road forms part of the outline planning permission for the development and connects into the existing 'Kingsway' highway. It has been designed to follow the eastern boundary of the site to maximise the developable area and provide adequate area for highway drainage with scope to also offer attenuation associated with future development. It is also in accordance with the masterplan for the site.

There is some additional flexibility for phase 1b spine road, although similarly it needs to connect into phase 1a. The approach which has been taken is for the road to follow the boundary of the development site. An alternative option would be to route the road through

# Agenda Item 9

the middle of the employment land allocation. This would be a constraint, with the road severing the developable land and potentially limiting the type and scale of development. Delivering the road close to the southern boundary enables both larger plots to be delivered or side roads to be created to the north to serve smaller employment units.

Options to connect the phase 1b spine road back into Skywalker Road (the southernmost built out part of Langage Business Park) to create a loop with two points of vehicular access has also been discounted due to land ownership constraints preventing such a connection.

For the pedestrian/cycle bridge, alternative options were considered as part of a consultation undertaken between 13th December 2021 and 23<sup>rd</sup> January 2022. Three options were presented which had different route alignments, one to the east of the existing Deep Lane bridge, one adjacent to the existing bridge and one to the west of the existing bridge. The option of locating the bridge adjacent to the existing Deep Lane was the preferred option, supported by the highest number of respondents to the consultation. This is the option which is being progressed. Further information on the consultation can be found through the following link – [Deep Lane Junction A38 Cycle & Pedestrian Bridge - Have Your Say \(devon.gov.uk\)](https://www.devon.gov.uk/consultations/Deep-Lane-Junction-A38-Cycle-Pedestrian-Bridge)

## 6) Consultations

The schemes will be subject to formal consultation as part of the planning process. In addition, consultation has taken place with relevant stakeholders as part of the proposals. This includes meetings with the landowners and interested parties, and National Highways in relation to the A38 bridge. As identified above, a consultation has also been undertaken on the preferred location for the bridge.

## 7) Strategic Plan

The proposals are well aligned with a range of the Strategic Plan priorities, supporting the economy by facilitating delivery of employment development and enabling more walking and cycling to support the environmental benefits of sustainable travel. The table below summarises how the proposals would impact achievement of relevant Strategic Plan actions according to a seven-point scale, whereby -3 represents a large negative impact and +3 represents a large positive impact.

<b>Strategic Plan Priority</b>	<b>Strategic Plan Action</b>	<b>Alignment</b>
<b>Responding to the climate emergency</b>	Support a green recovery from COVID-19	+2 (Moderate positive)
	Prioritise sustainable travel and transport	+3 (Large positive)
	Encourage sustainable lifestyles	+3 (Large positive)
<b>Investing in Devon's economic recovery</b>	Secure investment in transport infrastructure	+2 (Moderate positive)
	Maintain and, where necessary, improve our highway network and	+2 (Moderate positive)

	improve sustainable transport options	
<b>Improving health and wellbeing</b>	Give people greater opportunities for walking and cycling to increase their physical activity	+3 (Large positive)
<b>Helping communities to be safe, connected and resilient</b>	Enable a range of transport options, including public transport	+2 (Moderate positive)

## 8) Financial Considerations

The total estimated cost for the schemes is £18.908m (this excludes Sandy Road/Holland Road roundabout). The schemes are to be funded by a combination of seed capital funding from the Freeport programme and borrowing by DCC. For the seed funding, Plymouth City Council (PCC) is the Accountable Body, with DCC entering into funding agreements with PCC, which allow DCC to make quarterly funding claims in arrears. We have entered into agreements for the design work, and the SEED funding for the Spine Road has been conditionally approved. The same is expected for the pedestrian/cycle bridge by summer 2024. As set out in the background above, approval is already in place for the Freeport programme including DCC borrowing. The borrowing will be reimbursed via business rates generated from the two tax sites – Sherford and Langage and the Council has entered into a Business Rates Sharing Agreement with South Hams which prioritises servicing any debt as the priority use of accrued business rates entered into by either Council.

The projected profile of expenditure is as follows:

	2023/24 £m	2024/25 £'000	2025/26 £'000	Total £'000
Spine Road				
Seed contribution	525	2,175		2,700
Borrowing			8,870	8,870
<b>Total</b>	<b>525</b>	<b>2,175</b>	<b>8,870</b>	<b>11,570</b>
A38 Deep Lane pedestrian/cycle bridge				
Seed contribution	490	3,179		3,669
Borrowing			3,669	3,669
<b>Total</b>	<b>490</b>	<b>3,179</b>	<b>3,669</b>	<b>7,338</b>
<b>Total</b>	<b>1,015</b>	<b>5,354</b>	<b>12,539</b>	<b>18,908</b>

The 2024/25 figure includes the approved 2024/25 budget of £2.568 million plus projected slippage of £2.786 million, from 2023/24.

# Agenda Item 9

## 9) Legal Considerations

Prior to entering into funding agreements for the seed funding, a subsidy control opinion is required for the spine roads to confirm that there is either no subsidy, or that any subsidy is acceptable. This is being progressed in parallel to the planning processes and evidence that the schemes meet the subsidy control tests will need to be in place before the schemes can be delivered. This is part of the terms of gaining final approval from Plymouth City Council, as Accountable Body, to draw down the seed capital funding.

As the A38 pedestrian / cycle bridge is across the A38, part of the Strategic Road Network, DCC will enter into a section 6 agreement of the Highways Act 1980 with the Secretary of State for Transport to have delegated functions to construct the bridge on highway which is the responsibility of National Highways.

For the pedestrian / cycle bridge, a small area of private land is required with negotiations ongoing and a section of National Highways network will be dedicated as highway to DCC. Traffic Regulation Orders will also be required for proposed signal-controlled crossings.

For the phase 1a spine road, discussions are progressing with the landowner to agree a licence for the land, which will determine the extent of maintainable highway once constructed and ongoing maintenance responsibilities. Discussions are also taking place with land agents to support progress with design proposals for the Phase 1b spine road, which are less time critical and will be delivered beyond March 2025.

## 10) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

The planning applications submitted, and to be submitted, consider the environmental impacts of the schemes and will all include the statutory ecological, landscape and environmental assessments.

For the A38 bridge, Biodiversity Net Gain is proposed as part of the planning submission. In the design of the spine road, ecological surveys were undertaken to review and update the ecological baseline and there was no requirement for European Protected Species (Great Crested Newts, dormouse or bats) or badger mitigation measures. Efforts have been taken to retain or translocate hedgerows where possible. A dark ecological corridor along the eastern boundary has been provided for connectivity of habitats and minimising effects on bat species. Landscape planting is proposed to create additional habitat opportunities for reptiles, amphibians, nesting birds, badgers etc. Environmental mitigation including street lighting designed to minimise light-spill onto retained habitats has also been considered in the scheme.

For wider environmental benefits, the spine road includes provision for pedestrians and cyclists, with the phase 1b spine road to create access for sustainable modes onto the old A38 road serving Lyneham Inn and Ley Farm, connecting with the National Cycle Network. Consideration has also been given to future use of the road by buses, should this form part of the public transport network at a later date. The pedestrian/cycle bridge provides a

crossing across the A38 connecting residential and employment locations, where no facility is currently provided. These measures will help to encourage sustainable modes of transport.

The schemes will support the delivery of the PASD Freeport, which seeks to deliver new jobs across all levels from entry level to higher skilled, which is expected to have a socio-economic benefit for the area. In addition, the PASD Freeport aims to deliver net zero emissions significantly ahead of 2050. This aim is embedded into the schemes which support the unlocking of the development, with consideration being given to reducing carbon at all stages of the design and in the context of these schemes, includes promoting improved access by sustainable modes.

## 11) Equality Considerations

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

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

in relation to the protected characteristics (age, disability, gender reassignment, marriage and civil partnership (for employment), pregnancy and maternity, race/ethnicity, religion or belief, sex and sexual orientation).

A decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

In progressing these particular schemes, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available on the Council's website at <https://www.devon.gov.uk/impact/transport-infrastructure-plymouth-and-south-devon-freeport>. Improvements to the walking and cycling infrastructure is expected to support increased participation in active travel amongst less represented groups and is detailed in the report. More broadly, the employment development that is supported by the infrastructure will provide new jobs and opportunities, including increasing female representation in science, technology engineering and mathematics (STEM).

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

## 12) Risk Management Considerations

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

There are inherent risks within any scheme. To minimise the impact of risks, risk registers are in place for the schemes and are reviewed and updated regularly. Key risks for the schemes are considered monthly as part of the Langage Infrastructure Group meeting. Key

# Agenda Item 9

stakeholders attend these meetings including the PASD Freeport, National Highways and PCC. To minimise the financial risk of the scheme, suitable risk/contingency allowances will be identified for each scheme in advance of progressing to delivery.

There remains some design risk in advance of planning permission being granted for the schemes and road safety audits being completed; however, the principle of development is supported through the Local Plan process. The potential for design changes as part of these processes has been minimised as far as is possible through ongoing liaison with relevant stakeholders to identify potential issues in advance.

The approach with all land acquisition is by negotiation; however, in order to support the delivery of key public infrastructure to support economic development, it may be necessary to use compulsory purchase powers.

## 13) Summary

Approval of the recommendations in this report will enable schemes to be delivered to support the PASD Freeport. As well as facilitating the delivery of employment development, it provides facilities for sustainable travel, for both existing trips in the local Plympton area and future journeys between Sherford and Langage Business Park and the Freeport, which is in line with Freeport aims to achieve net zero carbon ahead of 2050. In developing the schemes, consideration has been given to the needs of future development and ensuring the schemes maximise development potential and avoid impacting on future planned infrastructure upgrades, including at the A38 Deep Lane junction. Progression of the schemes will allow the Freeport seed capital funding to be spent within the funding availability period, i.e. before the end of March 2025.

### **Meg Booth**

Director of Climate Change, Environment and Transport

**Electoral Divisions:** Bickleigh & Wembury

Cabinet Member for Highway Management: Councillor Stuart Hughes, and

Cabinet Member for Climate Change, Environment and Transport: Councillor Andrea Davis

### **Contact for enquiries:**

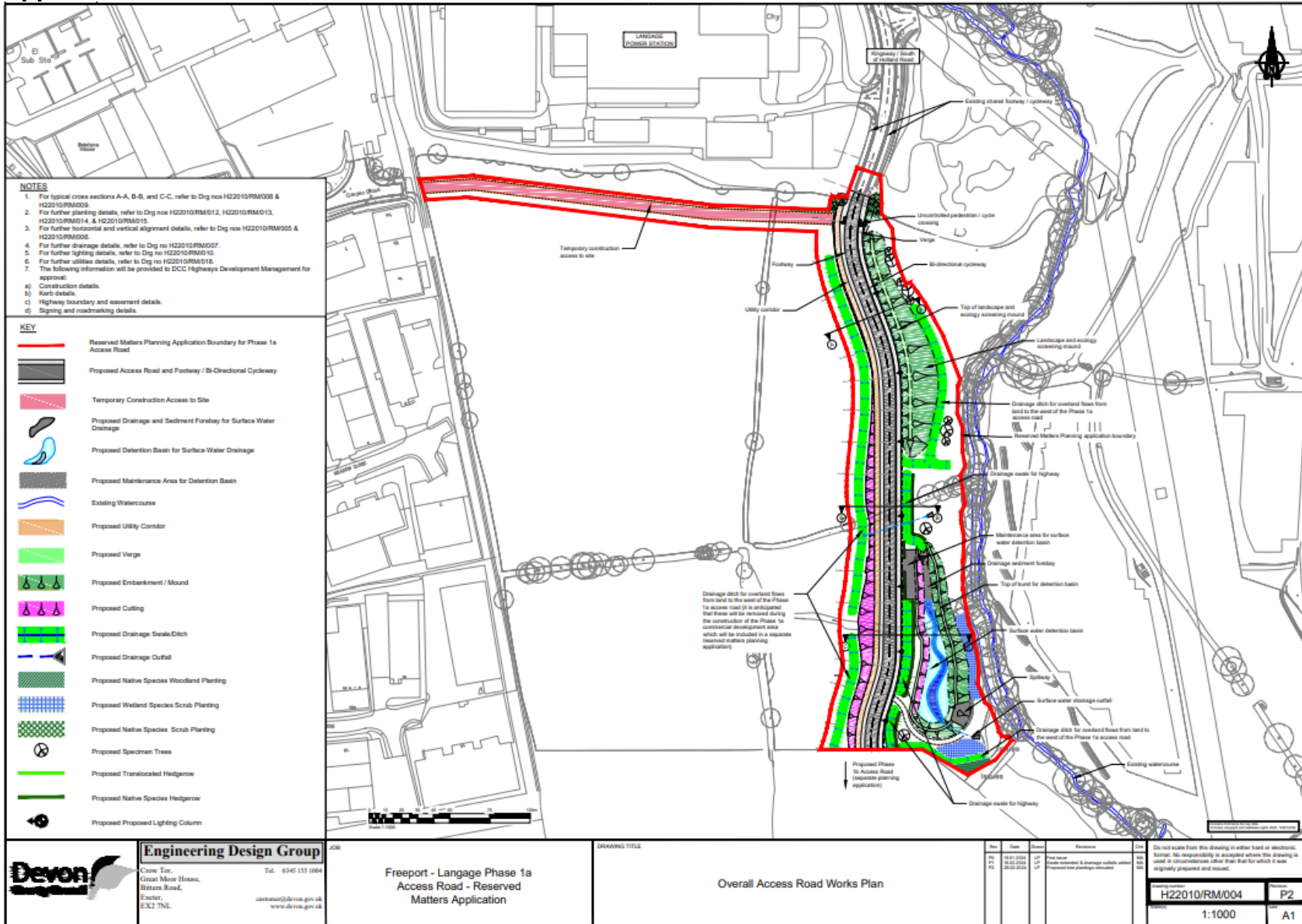
Name: Sarah Ratnage

Telephone: 01392 38554

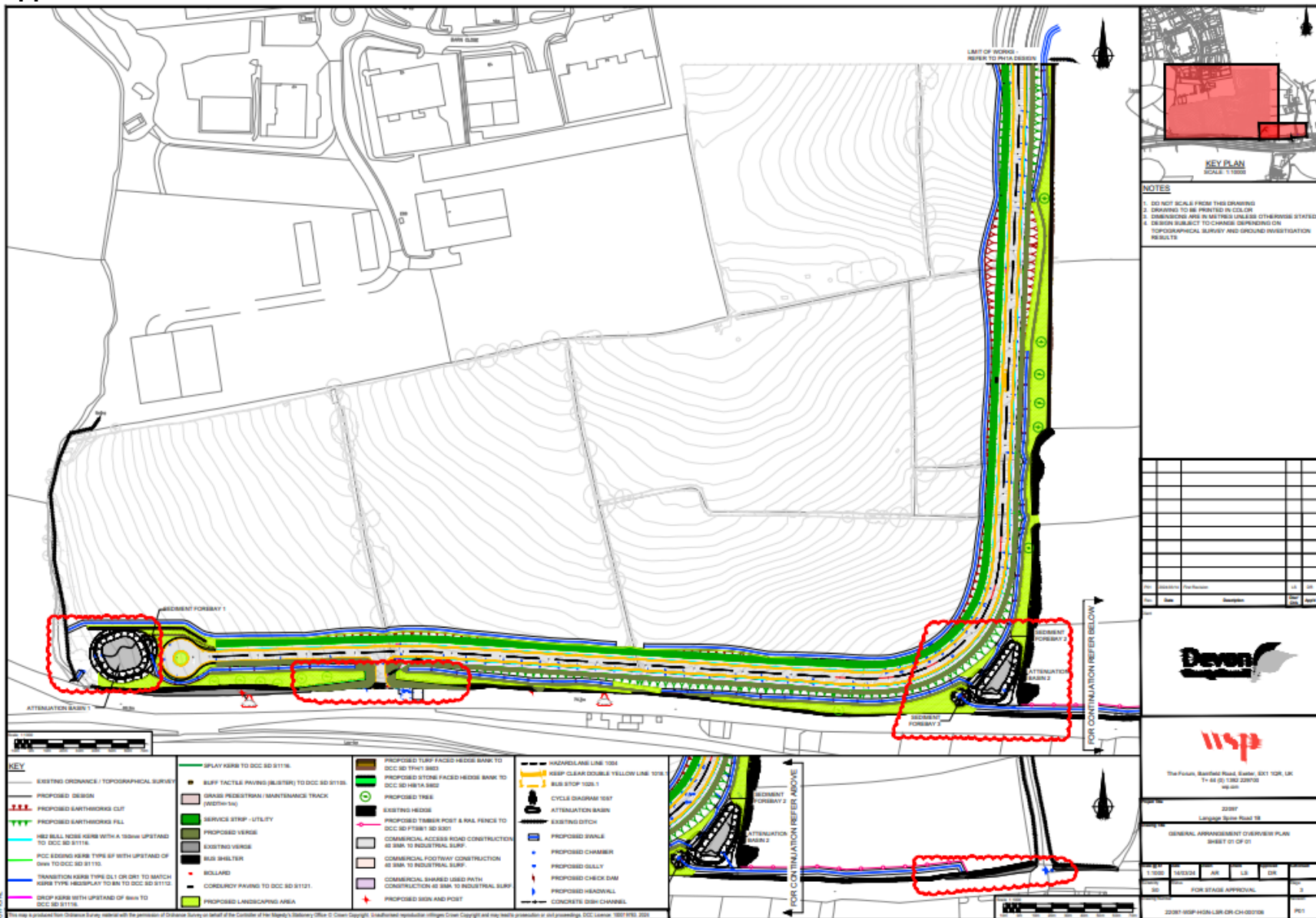
Address: Room 120, County Hall, Exeter, EX2 4QD

Plymouth and South Devon Freeport – Delivery of spine road and pedestrian/cycle bridge - Final

# Appendix 1 to CET/24/25

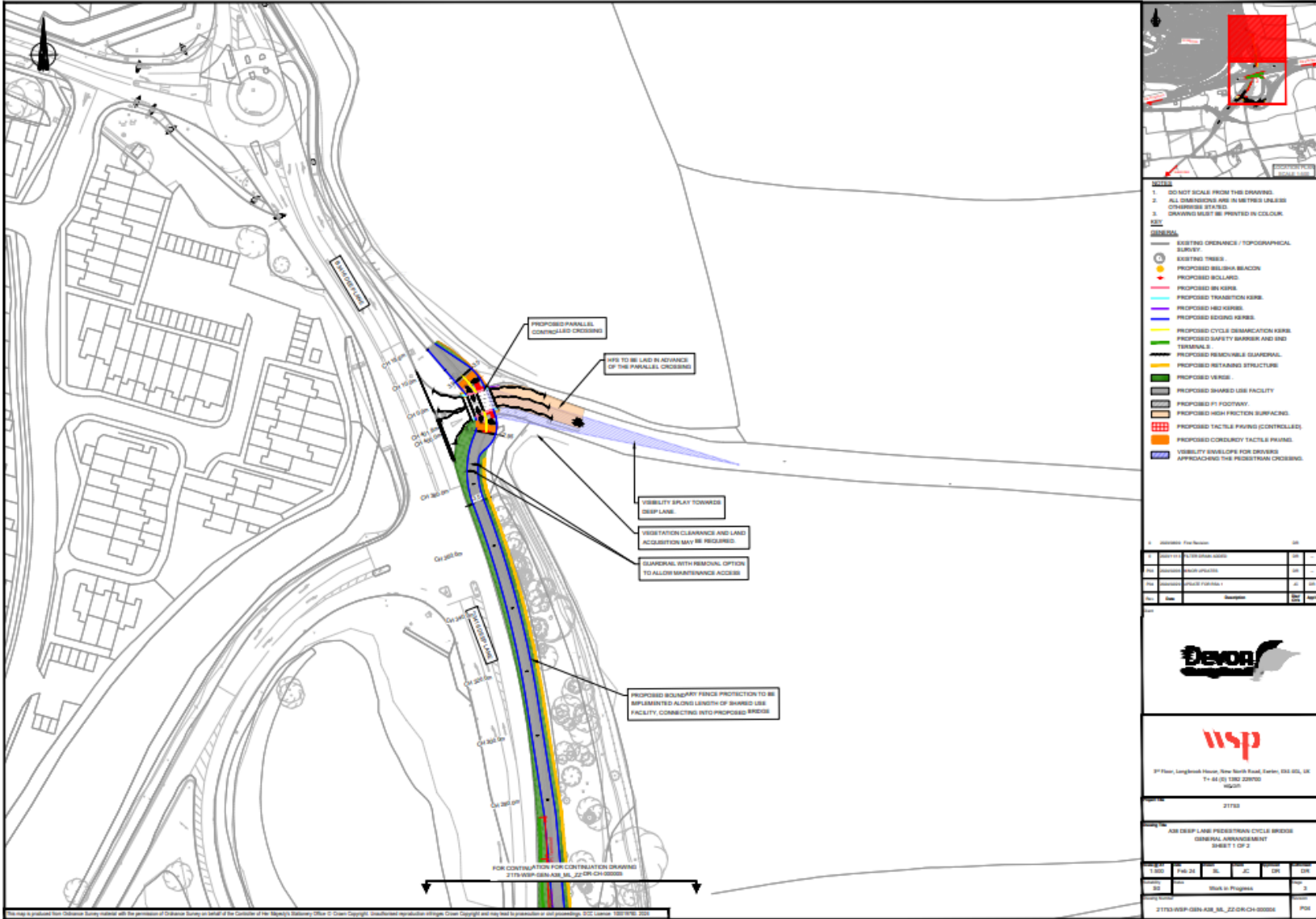


Appendix 2 to CET/24/25

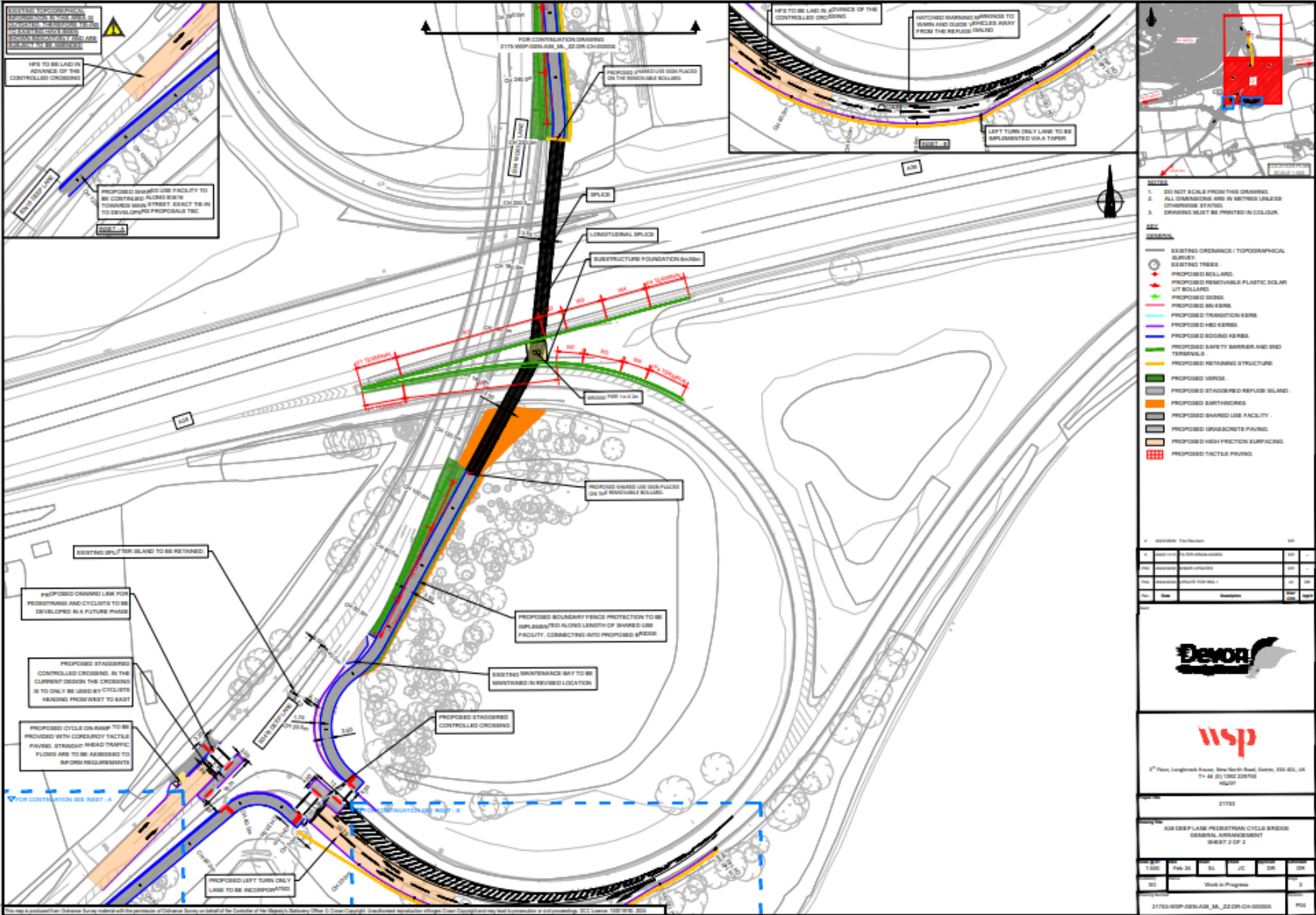




Appendix 3 to CET/24/25



Appendix 3 (cont.) to CET/24/25



# Impact Assessment



Assessment of: Delivery of transport infrastructure to support Plymouth and South Devon Freeport

Service: Climate Change, Environment and Transport

Head of Service: Jamie Hulland

Version / date of sign off by Head of Service: 23rd February 2024

Assessment carried out by (job title): Daisy Bowmer (Assistant Planning Officer)

## 1. Description of project / service / activity / policy under review

The Plymouth and South Devon Freeport (the Freeport) is a partnership with Plymouth City Council, South Hams District Council, Devon County Council and private sector landowners to invest to bring forward the sites in the Freeport to generate growth and jobs in the area. This includes one site in Plymouth and two in the South Hams, at Sherford and Langage. The Freeport vision is:

To grow the local and regional economy by building on our unique national capabilities in Marine, Defence and Space through a focus on key assets such as the Naval port in Plymouth and the opportunities of growing supply chains around these capabilities, to support the whole of the regional economy.

The Freeport can also support the wider levelling up agenda and stimulate local skills, jobs, and higher wages. The creation of a supportive tax and regulatory environment can foster innovation and develop further strong collaborations from our business base, and Exeter and Plymouth Universities.

The Freeport will attract new investment and provide supply chain opportunities, supporting the commitment to tackle climate change, deliver clean growth and marine decarbonisation.

This impact assessment specifically relates to Devon County Council's role in the delivery of transport infrastructure to support the Freeport. This includes the delivery of a new spine road (delivered in two phases – 1a and 1b) to provide access to the Langage employment site and a new pedestrian/cycle bridge across the A38 at the Deep Lane junction. The

proposals will enable the delivery of the employment development by providing access to the site and will also provide improved walking and cycling connections both to the employment site and also between existing destinations.

## 2. Proposal, aims and objectives, and reason for change or review

The Freeport will have the potential to transform the local and regional economy. It aims to create 3,584 jobs with 10% of jobs created to be filled by inactive claimants and people registered as unemployed. The Freeport will benefit from 100% relief from business rates and relief from Stamp Duty Land Tax which will attract an estimated five new businesses a year.

The spine road and pedestrian/cycle bridge together will facilitate Freeport-related development on the Langage site. The spine road will provide access for the construction of business units including the customs site. The pedestrian/cycle bridge will provide a safe, active travel connection between Sherford and the Langage site, and onward routes to the north and south, supporting decarbonisation of transport and aligning well with the Vision for Freeport to act as exemplar to achieve net zero significantly ahead of 2050.

## 3. Risk assessment, limitations and options explored (summary)

A constraint on the delivery of the infrastructure for the Langage Freeport site is the reliance on the provided funding that expires in March 2025. Therefore, it is imperative that the progress of the scheme is not delayed.

Regarding delivery risks, the design teams for the proposed infrastructure (spine road phases and pedestrian/cycle bridge) maintain individual risk registers for their schemes. These risks are reported to the Infrastructure Group that meets on a monthly basis.

The Langage site is a strategic employment allocation in the Plymouth and South West Devon Joint Local Plan (2014-2034) and so it is a fixed position. If the site is not developed as part of the Freeport, the allocation will remain and an alternative development could come forward at a later date. As the development has not come forward to date, there is uncertainty as to whether it would come forward or when. The Freeport will encourage certain businesses and add value to the site. If the site is not developed at the Freeport, there is no guarantee on what alternative development will be attracted. Delivery of the identified infrastructure is facilitated by the Freeport designation and will help facilitate economic growth and development, while also providing attractive sustainable transport connections to mitigate traffic related impacts on the local and strategic road networks.

## 4. People affected, diversity profile and analysis of needs

The Langage site will provide employment opportunities to the wider Plymouth and South Hams area. The Freeport Board have adopted the Equality, Inclusion and Diversity Policy to ensure the benefits of the Freeport are felt across the region. The diversity profile of the Plymouth and South Hams populations are presented below in comparison with England.

### Age

Table 1 shows the percentage of the population broken down by age, in Plymouth and South Hams compared to England.

Location	Total population	Age 0-19	Age 20-64	Age 65+
Plymouth	264,700	22.4%	59.2%	18.4%
South Hams	88,600	19.2%	52.7%	28.1%
England	56,490,000	23%	65.1%	11.9%

Table 1: Age profile (Census, 2021)

This shows that Plymouth and South Hams have a higher proportion of the population that are 65 or older compared to England.

### Economic Activity Status

Table 2 shows the percentage of the population that are in employment, unemployed or economically inactive which reasons include retired, long-term sick or disabled or student.

Location	Economically active: In employment	Economically active: Unemployed	Economically inactive
Plymouth	55.4%	3.3%	41.4%
South Hams	54.1%	1.9%	44%
England	57.4%	3.5%	39.1%

Table 2: Economic activity status (Census, 2021)

Plymouth and South Hams have a high proportion of economically inactive residents which could be attributed to the high proportion of over 65s (Table 1), implying more residents are retired. Also due to the university in Plymouth, a proportion of economically inactive

residents can be attributed to students. Both Plymouth and South Hams have lower unemployment rates than England as a whole.

### Socio-economic status

Table 3 shows the percentage of households in none, one, two, three or four dimensions of deprivation.

Location	Household is not deprived in any dimension	Household is deprived in one or two dimensions	Household is deprived in three or four dimensions
Plymouth	45.5%	49.9%	4.6%
South Hams	53%	44.8%	2.2%
England	48.4%	47.7%	3.9%

Table 3: Household deprivation (Census, 2021)

Plymouth has higher levels of deprivation across all four dimensions compared to the average in England. South Hams has higher levels of households not deprived compared to England and Plymouth. As stated above, the Freeport is committed to ensuring that 10% of jobs created are directed towards the most deprived areas.

## 5. Stakeholders, their interest and potential impacts

Key stakeholders involved in the Plymouth and South Devon Freeport are:

- Local businesses
- Landowners
- Plymouth City Council
- South Hams District Council
- National Highways

The delivery of the Freeport infrastructure will unlock positive impacts such as the provision of employment and sustainable travel opportunities. The pedestrian/cycle bridge will provide a safe, designated route for active travel modes, alleviating the pressure from the existing highway. Additionally, phase 1b of the spine road proposes to provide pedestrian/cycle access from the south of the Langage Freeport site to tie in with the existing active travel network including the proposed pedestrian/cycle bridge, which will help alleviate pressure on the local and strategic road network. The construction period of the infrastructure will generate temporary noise impacts and traffic generation. The Freeport will also cause an increase in vehicular traffic generation in the area due to the

location of new businesses, however as stated, the provision of sustainable transport opportunities are increasing and improving.

## 6. Additional relevant research used to inform this assessment

Demographic data for the geographies affected by the proposal has been sourced from the 2021 Census, using the Office for National Statistics website<sup>1</sup>.

## 7. Description of consultation process and outcomes

As part of the design process, design teams have had informal consultation with landowners and interested parties.

A public consultation was conducted in December 2021 to present three option routes for the pedestrian/cycle bridge. The most popular choice for the bridge location is that which is currently being pursued and a planning application has been submitted.

The development of the spine road and pedestrian/cycle bridge will go through the planning process. This includes a consultation process, and the acceptability of the proposals are considered as part of this. The planning process includes direct consultation with statutory consultees as well as site notices; however, the principle of the spine road has been established through the outline planning permission for the phase 1a land.

---

## Background information

### 8. Equality analysis

Under the Equality Act 2010, the local authority must consider how people will be affected by a 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 across protected characteristics of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (for work), sex, sexual orientation, race, and religion and belief. 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

---

<sup>1</sup> [Build a custom area profile - Census 2021, ONS](#)

policy decision); fair, necessary, reasonable, and those affected have been adequately consulted.

- a) Is this group negatively or potentially negatively impacted, and in what way?
- b) What could be done or has been done to remove the potential for direct or indirect discrimination, harassment or disadvantage and inequalities?
- c) In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?
- d) What can be done to advance equality further? This could include meeting specific needs, ensuring equality of opportunity and access, encouraging participation, empowering people, making adjustments for disabled people and action to reduce disparities and inequalities.
- e) Is there a need to foster good relations between groups (tackled prejudice and promote understanding) and help people to be safe and protected from harm? What can be done?

### **All residents by geographic area**

Construction works may cause noise and impact the wider traffic in the area for a short period of time.

The Freeport will provide extensive employment and education opportunities. As mentioned, at least 10% of the jobs created will be directed towards the most deprived areas.

The addition of a pedestrian/cycle bridge will create sustainable travel opportunities, promoting healthy living, and improving the choice of travel options for accessing the Freeport employment area.

### **Age**

It is anticipated that there will not be any negative impact or consequences on any specific groups. An active travel route will provide access to the Freeport site, expected to benefit working age adults.

### **Disability (includes sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people**

Improvements to the pedestrian and cycle network will improve access for all users, with safer crossings of busy road networks.

The Freeport's Equality, Inclusion and Diversity Policy encourages representation from underrepresented groups and will promote businesses to sign up to initiatives such as Disability Confident to improve how they recruit, retain, and develop disabled people.



Engagement will also take place with local voluntary and community sector partners working with people with disabilities to raise awareness of the employment and education offer available.

### **Race and culture: nationality/national origin, ethnic origin, skin colour, religion and belief, asylum seeker and refugee status, language needs**

It is anticipated that there will not be any negative impact or consequences on any specific ethnicity groups. Black and Asian people, people from mixed/multiple ethnic groups and people of other ethnicities make a greater proportion of trips by walking and cycling and so may benefit from the active travel infrastructure improvements.

### **Sex and gender identity and reassignment (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed)**

The Freeport will provide opportunities for females to gain experience in science, technology, engineering and mathematics (STEM) through apprenticeships, internships, and jobs. It is important to encourage female representation in STEM based careers as in 2020 women only made up 29.4% of the STEM workforce in the UK as stated by the Government Equalities Office (2023)<sup>2</sup>.

Women make a smaller proportion of trips by cycle than men; however, delivering better quality, safer infrastructure may encourage increased participation in active travel.

### **Sexual orientation, and marriage/civil partnership if work related**

This includes, where relevant: income, housing, education and skills, language and literacy skills, family background (size/single people/lone parents), sub-cultures, rural isolation, access to services and transport, access to ICT/Broadband, children in care and care experienced people, social connectivity, and refugee status/no recourse to public funds. Also consider intersectionality with other characteristics.

It is anticipated that there will not be any negative impact or consequences on any specific groups. Other relevant socio-economic factors and intersectionality

As mentioned above, the Freeport are committed to providing at least 10% of the jobs created to the most deprived groups. As highlighted in Table 3, Plymouth has a higher proportion of household deprivation compared to England and the improvement of the highway network, particularly for active travel will improve access to employment.

---

<sup>2</sup> [More women to be supported back into STEM jobs in Government-backed training - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/more-women-to-be-supported-back-into-stem-jobs-in-government-backed-training)

## 9. Human rights considerations:

We 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).

It is not considered that there are any relevant human rights considerations.

## 10. Environmental analysis

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 to (please mark X in the relevant box below and proceed to the 11, otherwise complete the environmental analysis information below):

<b>Devon County Council's Environmental Review Process</b>	
<b>Planning Permission</b>	X
<b>Environmental Impact Assessment</b>	
<b>Strategic Environmental Assessment</b>	

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

### **Reduce, reuse, recycle and compost**

The construction processes for the site will require the submission of Waste Audit Statements as part of the planning application process which will ensure as much re-use, recycling, and recovery of waste materials as possible.

### **Conserve and enhance wildlife**

As the site is allocated in the Plymouth JLP, loss of greenfield has already been considered. Decisions about environmental mitigation will be discussed as part of the planning

application process as the site has potential to offer a biodiversity area on the eastern edge of the site. Biodiversity Net Gain has been achieved as part of the planning application proposal for the pedestrian/cycle bridge. Phase 1b of the spine road will also contribute to biodiversity net gain, in line with government guidelines.

### **Safeguard the distinctive characteristics, features and special qualities of Devon's landscape**

This will be considered as part of the planning application.

### **Conserve and enhance Devon's cultural and historic heritage**

Archaeology is considered as part of the planning application process and impacts and mitigation will be demonstrated.

### **Minimise greenhouse gas emissions**

Throughout the design process, opportunities to reduce carbon are considered at every stage.

As the site develops, there will be an increase in carbon emissions compared to its previous greenfield use.

The pedestrian/cycle bridge will connect Sherford and Langage which will enable and encourage active travel routes to reduce reliance on cars and efforts to improve bus priority are also being explored in relation to access on the approaches to Langage Business Park. A mobility hub is being considered at the Langage site which will provide electric charging points for cars and cycles.

### **Minimise pollution (including air, land, water, light and noise)**

There will be increased noise and transport emissions due to the additional volumes of business occupancy. Construction phases will cause an increase in noise and emissions temporarily. Any impacts would be safeguarded through the planning process.

The pedestrian/cycle bridge will provide an opportunity to increase active travel and decrease traffic emissions.

Within the Freeport, a combination of electric and hydrogen powered vehicles are expected to be used to move cargo between the port and customs sites.

### **Contribute to reducing water consumption**

The Freeport net zero aims and planning/building regulations aim to minimise water consumption from new growth.

**Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level)**

The Freeport has an aim to minimise the environmental impact from development and contribute to net zero targets.

## 11. Economic analysis

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

### **Impact on knowledge and skills**

No negative consequences identified. The Freeport has a skills plan and tax incentives from government to generate significant training and apprenticeship opportunities.

### **Impact on employment levels**

The Freeport sites in Plymouth, Sherford and Langage combined will increase employment opportunities with an overall aim to increase around 3,584 jobs.

### **Impact on local business**

The Freeport will increase business opportunities in the area. There is a risk of displacement from businesses moving into the Freeport and benefitting from the tax incentives. To mitigate this potential impact, the Freeport will implement a Gateway Policy which requires local businesses requesting to move into the Freeport area to clearly demonstrate the need to move into the Freeport area from their existing location. The purpose of the Freeport is to attract new high value investment within the target sectors (advanced manufacturing and engineering).

SC/24/1  
Cabinet  
10 April 2024

## Commissioning services to address Domestic Abuse in Devon Report of the Head of Communities

---

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.

---

### 1) Recommendation

That Cabinet be asked to:

- (a) Approve Option 1 - the commissioning of an Integrated Domestic Abuse Service for Devon from April 2025, including improved access, prevention and early intervention, risk planning and advocacy, support for those in safe accommodation and in recovery, and to work with those that harm.
- (b) Give delegated authority to the Director of Public Health, Communities and Prosperity in consultation with the Cabinet Member for Public Health, Communities and Equality, the Chief Executive and the S151 Officer to award the contract.

### 2) Background / Introduction

Interpersonal and gender-based violence and abuse (IG-BVA) is a global public health issue rooted in gender inequality. We use the term of interpersonal and gender-based violence and abuse (IG-BVA) to describe three categories of harm: Violence Against Women and Girls, Domestic Abuse and Sexual Violence and abuse. This report is focused on our primary activity on Domestic Abuse; however, it is worth noting that these three elements are intrinsically linked and from a victim/survivor viewpoint cannot be naturally separated out.

In 2021 the new Domestic Abuse (DA) Act came into force and with it a new duty for Devon County Council to establish and convene a Local Partnership Board and, through an assessment of need, develop and deliver a strategy for Domestic Abuse support for all victims in safe accommodation and to ensure this support is available. This has been recognised as a new burden for local authorities, Devon County Council has received allocated funding from the Department of Levelling up, Housing and Communities of approximately £1.48 million yearly and has responded to meet its statutory duties. The 'Strategy for delivering Domestic Abuse [support in safe accommodation - Domestic and Sexual Violence and Abuse](#)' defines the Council's objectives in reference to this and its Strategic Needs assessment, to improve understanding of communities and individuals affected by Domestic Abuse in Devon, was refreshed in November 2023.

# Agenda Item 10

The Domestic Abuse Act recognises for the first time in legislation, children and young people (CYP) affected by familial Domestic Abuse as victims in their own right and lowered the age of 'adults' being recognised as victims to 16 years. This is of particular significance in reference to Devon County Council's organisational response to Children and Young People in Devon.

In Devon, 867 cases were discussed at MARAC (Multi Agency Risk Assessment Conferences for High Risk) in 2022/23 and these included 1081 children. Just over two thirds of cases referred to the Devon domestic abuse community support service have children or young people under 18 in the household and over half (52%) of contacts into the Multi Agency Safeguarding Hub (MASH), the front door to Children Services, where domestic abuse was listed as a factor were recontacts indicating children experiencing prolonged exposure. 44% of all MASH contacts where Domestic abuse was a feature resulted in social care action, suggesting significant levels of risk.

Older people are a specific group that requires additional focus. Almost half of the adult population of Devon is over 60, yet this group is underrepresented in services. Those 61 years or over are more likely to experience abuse by an adult family member or from a current intimate partner and to be living with the abuser than those 60 and under and they are significantly less likely to attempt to leave an abusive relationship. The rurality of Devon creates opportunities for isolation that can increase risk of harm and enable and abet coercive control for older people.

Under the Domestic Abuse Act 2021, Devon County Council has a duty to provide support in safe accommodation and Districts have a duty to cooperate with Devon County Council to meet the statutory requirements. Local Authorities with a housing duty must also consider people made homeless through domestic abuse as having a priority need for accommodation.

Safe Accommodation in Devon was substantially depleted several years ago following reductions in funding. There are currently 44 units, individuals or families spaces in the county (66 bedspaces) including refuge, dispersed housing and accommodation for those experiencing multiple disadvantages, which does not adequately meet the demand. In 2021–22 in Devon, a total of 272 households were accepted as homeless by their local authority with domestic abuse as the primary factor, mostly women with children with at least 80% of these households accommodated in mainstream temporary accommodation and, of these, at least 80% housed initially within B&Bs or similar. A mapping exercise conducted identified that an average of an additional 130 units (minimum 80) would be required to meet the need in the county.

Further detailed information about the local needs can be found in the 2023 strategic needs assessment published here: [Interpersonal & Gender-based Violence & Abuse - Safer Devon](#).

Tackling violence and abuse within families and intimate partner relationships is one of three strategic priorities for the Safer Devon Partnership. 'Improving the partnership response to Domestic Abuse to prevent harm to children' has recently been added as a priority for the Devon Safeguarding Children Partnership. Tackling Domestic Abuse is, moreover, part of the Devon County Council Strategic Plan 2021-25.

Given Devon's profile, Domestic Abuse is also prominent within the context of the new Serious Violence Duty which requires Devon County Council and other specified authorities to work together to prepare and implement a strategy to prevent and reduce serious violence in their area.

Devon Community Domestic Abuse support services were commissioned in 2018, preceding the new Domestic Abuse Act coming into effect. The impact of this, the changing presenting needs of those affected by domestic abuse, alongside our improved understanding of those needs, now requires a different and transformational approach to the provision of support.

Moreover, the new statutory duty for Devon County Council to ensure support in safe accommodation creates an additional requirement for the Council to commission the provision of services in this arena, in a sustainable and effective way.

### **3) Proposal**

Devon County Council is wishing to remodel and recommission the provision of Domestic Abuse support services for the county, with an anticipated commencement date for the new services on the 1<sup>st</sup> of April 2025.

The proposed new Service will form an integrated model that covers access, prevention and early intervention, risk planning & advocacy, support in safe accommodation and recovery, and to work with those that harm (see Appendix A). The impact of trauma from domestic abuse is debilitating and long-standing and affects people beyond the event. Supporting people with an understanding of this and the required empathy and compassion can have significant positive impact. The ambition is to provide a trauma informed person-centred service that leads to a positive sustainable change for those supported and their families.

To achieve sustained impact, it is essential that a different delivery model is commissioned and implemented (alongside key partners) that follows the life journey of victims/survivors and their families. The model has been enhanced to support children and young people more effectively and consider the varied needs of people that are supported and how these needs and experiences sit in the context of abuse (intersectionality). It will facilitate community and support network's engagement. Furthermore, this model is designed to address harmful behaviours, to reduce risk, and prevent reoccurring victimisation and break the intergenerational cycle of abuse.

# Agenda Item 10

## 4) Options / Alternatives

Through the commissioning process to date, an options appraisal exercise was conducted. This concluded that the option of commissioning an integrated community and safe accommodation support service in 2025 will provide the most rounded support for victims/survivors, develop sustainable and integrated responses from partners and offer best value. Therefore, Cabinet is recommended to support the commissioning of Option 1 - A Full Integrated Service from April 2025.

Three options were considered as potentially viable:

- (a) Option 1 - To Commission a full integrated service, as proposed, from 2025 (as above). A full integrated service aligning delivery and resources will allow us to dynamically address key gaps and challenges identified through the needs assessment, consultation and modelling process, allowing for best and easiest access to support for those affected and prompt engagement at lowest risk. It allows for greatest impact and improvement in performance across the system. It also allows economies of scale and to make best use of resources over a longer period of time.
- (b) Option 2 - To extend the current community contract until 2026 and continue grant funding the remainder of the projects as per 2024/25. Whilst allowing for some stability the level of current delivery is not adequately meeting the needs of those affected and it would also not elicit the required changes to improve our response to victims, survivors and their families. It also poses risks in terms of relationships with stakeholders and potential for legal challenge.
- (c) Option 3 - Extend community contract for one or two more years (max 2) and commission support in safe accommodation and therapeutic support only. Although this option would allow increased activity around support in safe accommodation, this would be dramatically minimised by the lack of integration and reduced allocated resources and, similarly to option 2, would not allow for change in current community support delivery. Additionally, this would result in negative impact in coming years as delivery would continue to be disjointed over a prolonged period of time. The risk of legal challenge is also present here.

Both option 2 and 3 have, therefore, been assessed and considered as not viable in supporting those affected by domestic abuse effectively and meeting the Council's statutory duties.

## 5) Consultation and Engagement

The Devon Interpersonal and Gender-based Violence and Abuse Partnership Board has been pivotal in allowing ongoing consultation with stakeholders and partners since its inception in 2021, as they are all represented within this forum. The Board, additionally, oversees the lived experience engagement activity via a sub-group and listening exercises and coproduction is routinely embedded through all activities.



Between February and October 2023, stakeholders, including experts by experience, were consulted through the Strategic Needs Assessment process referenced above.

Moreover, a learning exercise is being undertaken with five of the prototyping projects currently being delivered, which will also allow for consultative activity.

Specifically in reference to the procurement of new services, between November 2023 and January 2024, Devon County Council's key delivery areas, the voluntary and community sector via the VCSE Assembly and key stakeholders and partners via the Interpersonal and Gender-based Violence and Abuse Partnership Board, were consulted, by survey. Market listening exercises are taking place in March 2024.

As the modelling of the proposed service has been essentially produced through the ongoing consultation as described above, there is confidence that the proposed solution responds to the feedback received through these processes.

Consultation activity on the full model is limited and restricted by procurement and legal requirements that limit the amount of sharable information open for consultation. Wider market engagement is planned subject to the Cabinet's decision.

## **6) Strategic Plan**

This proposal aligns with the vision and priorities in the Council's Strategic Plan 2021 – 2025 as domestic abuse is referenced in the following points:

- Tackle poverty and inequality (address poverty, health and other inequalities)
- Help communities be safe, connected and resilient.
- Additionally, a refocus on children and young people by addressing gaps in prevention and early intervention and on breaking the intergenerational cycle of abuse also makes this proposal 'ambitious for children and young people'.

## **7) Financial Considerations**

In order to make the tender market attractive and delivery viable and sustainable, the contract will need to be over a period of 5 years with an additional 4-year extension possible. As per all contractual arrangements, risks for a long-term contract will be mitigated within the contract itself.

An integrated commissioned service will allow us to significantly improve outcomes from the Council's investment by combining various funding streams. Through these arrangements, partners will provide additional funding to increase the impact on victims and survivors, whilst retaining, improving and increasing delivery at best value.

# Agenda Item 10

## 8) Legal Considerations

The Council has statutory duties in the area as a result of the Domestic Abuse Act 2021. As this is a commissioned service, there are inevitable legal considerations. However, these will be routinely managed through the procurement process.

Risk of legal challenge is reduced through commissioning these services by developing clear and sustainable resourcing of services for those affected by domestic abuse.

Potential legal risks have been identified and outlined in the options appraisal summary in section 4, including risk of legal challenge from providers and other stakeholders within some of the options considered.

## 9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

An impact assessment has been completed in reference to the commissioning of the Integrated Domestic abuse service. No significant environmental risks and some moderate environmental benefits have been identified, including possible minimisation of carbon emissions due to size of the commissioned service and ability to have more locality-based and online activities that reduce travel need.

## 10) Equality Considerations

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

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

in relation to the protected characteristics (age, disability, gender reassignment, marriage and civil partnership (for employment), pregnancy and maternity, race/ethnicity, religion or belief, sex and sexual orientation).

An Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available on the Council's website at

<https://www.devon.gov.uk/impact/published>

Cabinet is asked to consider this impact assessment as part of its decision making.

The service will align to the Equality Act and Devon County Council's Equality and Diversity Policies.

The integrated service will be required to proactively address barriers to access such as language and cultural barriers and is required to be sensitive to intersectionality and tailored to be accessible to marginalised groups such as ethnically diverse groups, lesbian, gay, bisexual and transgender, older people and gypsy and travellers and will need to work with local specialist organisations in order to ensure this as well as addressing barriers to accessing services which may include inability to pay for transport, childcare responsibilities, language, specific vulnerabilities and issues with reading/writing/digital literacy and are flexible in their approaches to seek solutions to any other individual need that may be a barrier to access.

## 11) Risk Management Considerations

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

The risks that have been identified are standard risks with any procurement and contractual process, such as risk of legal challenge, of provider/s contractual breach and risk of reduced impact due to poor performance. It is deemed that all risks identified are unavoidable and can be mitigated through considerate processes and good contract management.

If the proposal is supported, the Council will continue to meet its statutory duties as described in the Domestic Abuse Act 2021.

## 12) Summary

In summary, we recommend that Cabinet support the proposed Integrated Domestic Abuse service's commissioning plans from 2025 as this:

- Provides the best value for money.
- Allows compliance with statutory duties as per Domestic Abuse Act 2021.
- Delivers support that has the greatest impact for the greatest number of victims and survivors of domestic abuse and their families in Devon.
- Creates opportunities for growth and improvement in delivery of support to victims and survivors to continue within the contract term.

**Simon Kitchen,**  
Head of Communities

**Steve Brown,**  
Director for Public Health, Communities and Prosperity

**Electoral Divisions:** All

Cabinet Member for Public Health, Communities and Equality  
Councillor Roger Croad

# Agenda Item 10

## **Local Government Act 1972: List of background papers**

Nil

### **Contact for enquiries:**

Name: Liz Cirasuolo

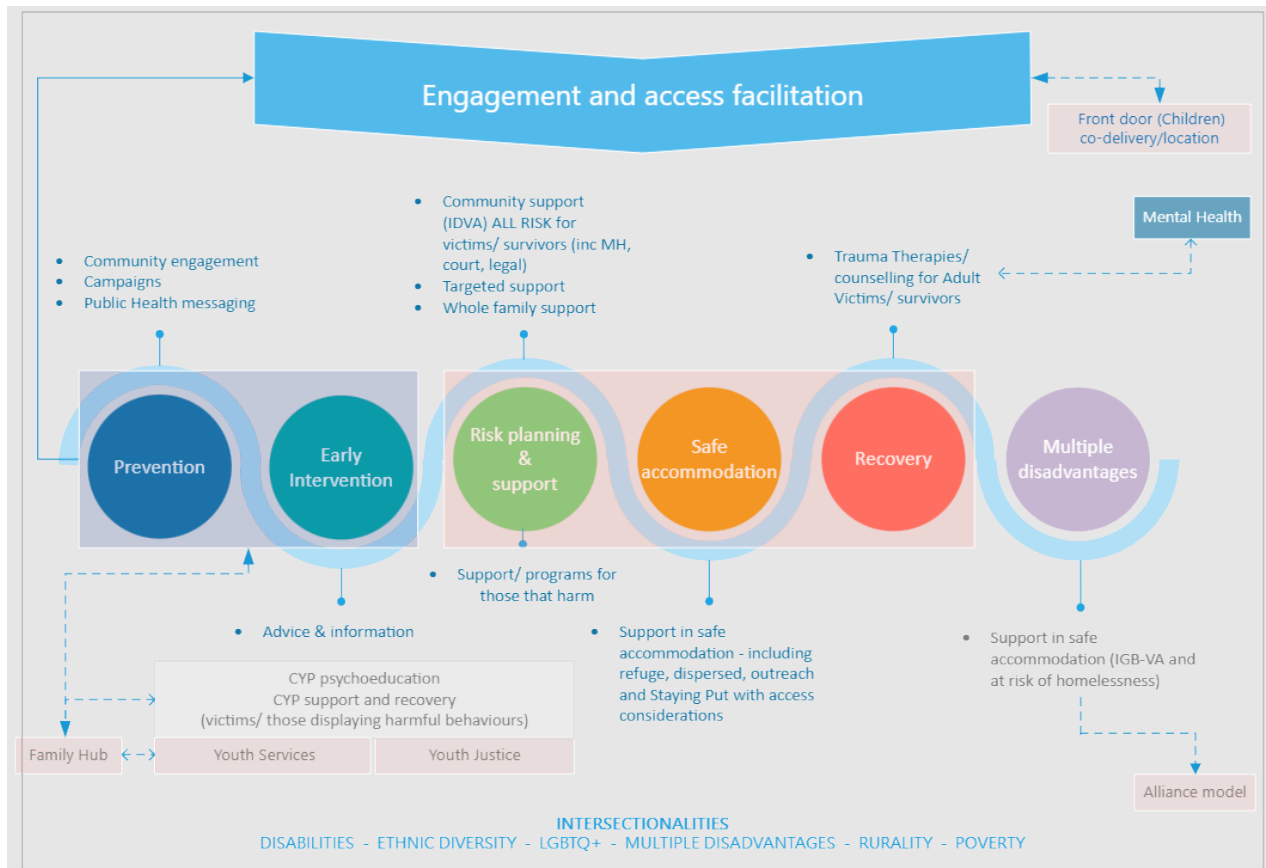
Telephone: 01392 383000

Address: County Hall, Exeter EX2 4QD

Commissioning services to address Domestic Abuse in Devon – Final

## Appendix A to SC/24/1

### Domestic abuse integrated service infographic



The proposed integrated service will allow us to address some significant gaps identified in current available support, mapped against the needs of those affected by Domestic Abuse in Devon:

- **Improved Access** to advise, engage and intervene at the earliest opportunity.
- **Prevention and Early Intervention** - Whole population activity, awareness raising and public/ community strengthening and direct delivery.
- **Risk planning and advocacy** – support and advocacy for victims and their families
- **Work with those that harm** – behaviour change work to break the cycle.
- **Safe accommodation support**– to comply with the Domestic Abuse Act and to effectively meet the needs of victims and their children.
- **Recovery** – working with victims/ survivors and their children to help them recover.



# Impact Assessment



Assessment of: Commissioning services to address Domestic Abuse in Devon

Service: Communities Team

Head of Service: Simon Kitchen, Head of Communities

Version / date of sign off by Head of Service: Version 1 – 18/3/24

Assessment carried out by: Rob Jones (Commissioning Manager) / Liz Cirusuolo (VAWG Strategic Lead)

## Page 99. Description of project / service under review

Devon County Council has a statutory duty under the Domestic Abuse Act 2021 to assess the need and have a strategy for domestic abuse support for all victims (and their children) who reside in relevant safe accommodation and to deliver support for them. The 'Strategy for delivering domestic abuse support in safe accommodation - Domestic and Sexual Violence and Abuse' defines our objectives in reference to this.

In addition to this, the Safer Lives & Communities Team have a convening function for the Interpersonal and Gender-based Violence and Abuse (IG-BVA) Local Partnership Board. The IG-BVA Local Partnership Board, part of Safer Devon Partnership, has recently refreshed its Strategic Needs assessment, to improve our understanding of communities and individuals affected by domestic abuse, in Devon. Following this work, Devon County Council is now wishing to remodel and recommission the provision of domestic abuse support services for the county, with an anticipated implementation date for the new services of 1<sup>st</sup> of April 2025.

For the purposes of clarity within this report, we use the term of interpersonal and gender-based violence and abuse (IG-BVA) to describe three categories of harm: Violence Against Women and Girls, Domestic Abuse and Sexual Violence and Abuse. This report is focused on our primary activity on Domestic Abuse; however, it is worth noting that these three elements are intrinsically linked and from a victim/survivor viewpoint, cannot be naturally separated out.

## 2. Proposal, aims and objectives, and reason for change or review

The proposed new Service will form an integrated model that covers improved Access, prevention and early Intervention, risk planning and advocacy, work with those that harm, support in safe accommodation and recovery. The ambition is to provide a trauma informed person-centred delivery that leads to a positive sustainable change for those supported and their families.

See PIN - <https://www.find-tender.service.gov.uk/Notice/002280-2024?>

The commissioning of services is required because the current delivery is likely not to meet the community need in the future and we have a statutory duty under the DA Act 2021, in reference to support in safe accommodation, which we need to fulfil.

The current DSVAs service has been funded through Public Health grants since 2018. The contract has been extended early in 2023, for an additional two years to end in March 2025 with extensions beyond this timeframe not fit for purpose. The current service receives 6000 referrals yearly, with dramatically increased demand (4000 Pre-covid), in and post Covid. For many socio-economic reasons, the profile of victims is changing with higher risk cases forming the majority of referrals. Current arrangements do not effectively allow to respond to the increased level and complexity of demand. Moreover, we need to improve, at pace, the delivery of 'support in safe accommodation' in response to our statutory duties under the Domestic Abuse Act 2021. The solution is to merge the work within community support and that under the Domestic Abuse Act 2021 to form one integrated service.

Our learning since the current contract was awarded has shown us that, to achieve sustained impact, we need to look at a different delivery model which follows the life journey of victims much more, supports children more effectively, considers intersectionality, engages communities and support networks and addresses harmful behaviours, in order to reduce risk, prevent reoccurring victimisation and break the intergenerational cycle of abuse.

Through the SNA, contract management of the current community service model and through all the prototyping projects we have been rolling out over the last 2 years, we have identified some significant gaps in what is currently being delivered against the needs of those affected by DA within Devon.

## 3. Risk assessment, limitations and options explored (summary)

The following key risks are considered for this procurement processes that show a summary of key risk, impact an action areas.



We have explored a variety of options on how to design and develop the new service specification, with the most effective being the development of an integrated service. As part of this work an options appraisal has been undertaken and has identified no other viable solutions that carry the level of impact, least amount of risk and maximum service level as the current plan.

What are the risks if the proposal is not progressed? - The current community delivery model is no longer fit for purpose; therefore, it would continue to not meet need and deteriorate further. Only a small proportion of those in need will receive support in safe accommodation and the majority will receive nil support. No significant increase in the provision of safe accommodation can be elicited, therefore, reducing benefit of access to appropriate safe accommodation to end user Those that harm would not receive any interventions as the community contract is exhausted so cannot accommodate this Not all grants would be sustained in 2025/26 as no additional funds available, so there is a risk that some groups will not receive a service (CYP, those that harm, those from ethnic diverse groups etc)

What are the risks if we go ahead with the procurement? - The most notable risk if the procurement process goes ahead would be around possible challenge from current grant funded projects. Many of these have received DCC grant funding for domestic abuse services for several years. During the last 18 months work has been ongoing to ensure all providers have been made aware that funding will end in March 2025 and efforts have been made to engage the providers to seek alternative funding sources and ways of working that would mitigate the impact of any funding cuts. It should be noted that this risk is also present should the procurement process not go ahead as any grant funding arrangements beyond March 2025 could be reduced.

How will impacts and actions be monitored? - A risk register has been created for this procurement process and is subject to regular scrutiny and test of concept, this promotes a live view of the ITT development phase and allows for risk monitoring and option considerations as and when required.

## 4. People affected, diversity profile and analysis of needs

Domestic abuse is endemic, and its effects can be felt across Devon families and communities. Domestic abuse in all forms is often a hidden crime, not reported to the police. The Crime Survey for England and Wales (CSEW) includes a long-standing survey on the experience of domestic abuse, which gives insight into experiences that are never otherwise reported. This data consistently shows that a much higher proportion of the population have experienced abuse in the past year than that reported to the police or presenting to specialist services.

Domestic abuse is a gendered crime. Most people experiencing abuse are women: in Devon, 84% of referrals to the domestic abuse support service are for women. Nationally, 74% of victims of domestic abuse-related crimes are women. This is true whether abuse is by a partner or another family member. Based on the CSEW, it is reasonable to estimate that at least: *note data excludes Violence Against Women and Girls (VAWG) and sexual violence profiles*

- 7 in 100 women in Devon (25,000) experienced abuse in the previous year and 3 in 100 men (10,000). 30 in 100 women (107,000) and 14 in 100 men (46,000) have

- experienced domestic abuse at some time since age 16.
- This is a total of up to 35,000 currently victimised in Devon yearly. Most perpetrators of abuse are men: a man was the perpetrator in 91% of VAWG crimes in private spaces in Devon.
  - Abusive behaviour can be intergenerational and its impact long-lasting. In Devon between 85% and 100% of (male) adults participating in programs to change harmful behaviours have themselves experienced domestic abuse as children.
  - According to the CSEW, most domestic abuse experienced is non-physical: emotional/psychological and financial. The CSEW probably under-records abuse by coercive control and the survey is being revised to address this. But domestic abuse crime data in Devon shows a high proportion of crimes with violence. One in five of all crimes recorded in Devon is linked to domestic abuse (over 22,000 crimes annually). This includes 17,000 involving violence which reinforces the conclusion that most abuse is never reported.
  - In a survey of Devon residents on their experiences of domestic abuse carried out by the Safer Lives and Communities team in July and August 2023 - 204 of 258 respondents answered yes to having experienced abuse, 88% of which identified 'emotional/psychological abuse' and 76% of which listed 'controlling or coercive behaviour'. 34% of respondents who had experienced domestic abuse listed 'physical abuse' only and the majority indicated experiencing 2 or more different types of abuse.
  - Based on national police data, Devon and Cornwall Police is not an outlier compared to similar police force areas for most domestic abuse crime (prevalence of crimes/incidents, criminal justice processes). While domestic abuse-related crimes were 21% of all recorded crimes in Devon in 2021-22, domestic abuse-related prosecutions were only 12% of all prosecutions. The percentage of domestic-abuse-related prosecutions that lead to convictions however is higher in Devon and Cornwall than in comparators (84% in 2021-22).
  - The number of people referred to Devon's domestic abuse support service delivered by FearFree has been rising steadily, with a significant jump during and following the Covid-19 lockdowns. In the year to March 2023 5,930 individual referrals were made to the service. This was a 12% increase on the previous year. Generally, around two thirds of people referred engage with support to some degree. This equates to around 11% of the Devon population affected by domestic abuse, based on the prevalence estimate from the CSEW.
  - In Devon and Cornwall in 2021-22, 407 "Right to Ask" requests under the Domestic Violence Disclosure Scheme "Clare's Law"<sup>i</sup> were received and 126 disclosures made. In 20/21 203 requests were made and 114 granted. In 19/20 323 requests resulted in 111 disclosures. The overall number of requests has increased but disclosures have remained at similar levels. In both years, there were also a smaller number of "Right to know" disclosures (where police make a disclosure on their own initiative). We have not compared the levels of applications and disclosures in Devon and Cornwall with other similar police areas.
  - Those that harm or display harmful behaviours are often overlooked across the system with emphasis placed on victims to reduce or remove risk, often resulting in systematic victim blaming. Only 5% of respondents to the Devon residents' survey felt that enough support was provided to those that harm to address their behaviours.

## 5. Stakeholders, their interest and potential impacts

Stakeholder engagement has been at the centre of the development work over the last two years. A number of forums and mechanisms are available to bring the system together around Interpersonal and Gender-Based Violence and abuse and allow for collaboration, integration and system stabilisation with this proposal.

Within Devon, we have an Interpersonal and Gender-based Violence and Abuse (IG-BVA) Local Partnership Board that meets bi-monthly and includes representation from: Cabinet Portfolio Holder, Children Social Care – Safeguarding/ Children’s services, Devon Safeguarding Children Partnership, Safer Lives and Communities, Public Health Nursing, Education, Public Health, Devon and Cornwall Police, HM Prison & Probation Service, NHS Devon Integrated Care Board, District Councils, Devon & Cornwall Housing Options Partnership, a number of Charities and voluntary organisations working with victims of interpersonal and gender-based violence, Devon Partnership Trust, Together Drug and Alcohol services, Office of the Police and Crime Commissioner and Victim Support. This has created opportunities for collaboration, connections and created successful partnerships.

The above also provides governance for the MARAC Steering Group, which oversees activity in Devon. This also provides a forum for system connecting and collaboration with all above organisations that has allowed for data gathering and collaboration across statutory services and respective partners.

The IG-BVA Local Partnership Board also provides governance for subgroups such as Staying Put, which focuses on keeping people exposed to domestic abuse safe within their own homes and the newly formed Criminal Justice Working Group, which considers support opportunities and reform within the civil and criminal justice system where domestic abuse is the focus.

At peninsula level, the EOS Board allows us to collaborate with the 3 other Local Authorities, the OPCC, Victim Support and the ICBs.

Locally within Devon people with lived experience of domestic abuse have been at the forefront of decision making in reference to developing details around the procurement of this service. There is indirect representation of the target group on the Domestic abuse Partnership Board with stakeholders providing direct delivery. We are also engaging people with lived experience directly through ‘Your voices count’ activities to allow some co-production of the specification and ensure this responds to their needs.

### Impacts

The most significant impact of this work focuses around not going ahead with the planned procurement for the new service. This would lead to considerable uncertainty within the current providers due to the unpredictability of grant funding, which would create a system wide reduction in support and disengagement within the current networks. With a weakened infrastructure, DCC would not be able to respond effectively in supporting those affected by domestic abuse and could then, in turn, fail in

meeting its statutory duty. Such a position could then see the wider domestic abuse support community and key stakeholders such as Devon and Cornwall Police and Public Health having to fill any service gap, which will add additional cost burden onto an already stretched system.

However, it is recognised that should the procurement process be permitted then the impacts are more focused around the need for clarity in communication and provision of support for the current grant funded services. One or more local domestic abuse providers who are currently receiving DCC grants for domestic abuse services may become at risk of financial hardship due to the loss of a regular grant. Such a move could see the reduction in provider size or loss of provider all together with the subsequent loss of jobs and dedicated skills base. Close work with current grant funded services to ensure that a forward plan is under development that will ensure alternative sources of income can be determined, or an organisational restructuring can be achieved that will provide some protection to the provider.

Whilst there also remains a risk of challenge over any decision to reduce or cut any DCC grant, there has been significant work with the current providers to advise and support them around any changes and loss of funding.

In order to manage impacts, current partners have been kept up to date through the IG-BVA Local Partnership Board and where relevant, key statutory partners not involved in the bidding processes will be invited to be included within the tender evaluation. This will include agencies such as OPCC, Devon and Cornwall Police, Safer Devon Partnership, Devon Adult Social Services, Devon Mash, Public Health, District LA's, Housing Partners, NHS Devon ICB have been included in the specification drafting and will be included in the tender evaluation. The latter have been involved in consultations around service design for the new specification.

## 6. Additional relevant research used to inform this assessment

Devon County Council reviews the current services internally using contract meetings, service performance quarterly reporting, outcome data and thematic discussions with the current providers. These activities enabled us to better understand how the services have been performing in meeting the needs of Devon residents, meeting the targets set and developing the offer further. The findings from these discussions will be used to inform the new service specification and future thinking and have been a fundamental element in the strategic thinking behind this work.

## 7. Description of consultation process and outcomes

The modelling and development of the new service started almost two years ago and leads on from the launch of the [Safe Accommodation Strategy](#) and more recently the **Local Partnership Strategic Needs Assessment 2023** ([Interpersonal & Gender-based Violence & Abuse - Safer Devon](#)).

The modelling work has included significant consultation and evaluation work of the current provision and needs within Devon, the findings of which have led to the

development of the service design for potential services post April 2025. The consultation process has included:

- Countywide IG-BVA Needs assessment that accounts for population and subject data around domestic abuse within Devon which has been used to establish a baseline within the county.
- Countywide public survey engagement looking at what works, what does not, where are the gaps and what aspirations are there for future services.
- DCC departmental and directorate lead survey and consultation on what works, what does not, where are the gaps and what aspirations are there for future services.
- Key stakeholder survey and consultation reviewing what works, what does not, where are the gaps and what aspirations are there for future services.
- VCSE sector survey and consultation reviewing what works, what does not, where are the gaps and what aspirations are there for future services.
- The development of prototype projects and initiatives over the last two years that have tested concepts around improved services delivery and efficacy.
- The appointment of a learning partner to evaluate and develop key learning from the prototype projects.
- Significant networking, partnership approaches and collaborations looking at what the current provision is achieving and developing new service delivery models for the future, which meet the needs within Devon in a cost effective and sustainable way.
- Engaging at length through people with lived experience who have supported the development of the service specification and have advised on where the strengths, weaknesses and gaps are within the services and within future plans, enhancing the delivery specification.

The result of this work has led to the development of the services specification, which is a culmination of two years developmental and research work.

## Background information

### 8. Equality analysis

Under the Equality Act 2010, the local authority must consider how people will be affected by a 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 across protected characteristics of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (for work), sex, sexual orientation, race, and religion and belief. 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.

<p>Characteristics</p>	<p>Potential or actual issues for this group.</p> <p>[Please refer to the <a href="#">Diversity Guide</a> and <a href="#">See RED</a>]</p>	<p>How will the project / service / policy / activity:</p> <ul style="list-style-type: none"> <li>eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage, where necessary.</li> <li>advance equality (meet needs / ensure access, encourage participation, make adjustments for disabled people, ‘close gaps’).</li> <li>foster good relations between groups (tackled prejudice and promoted understanding), if relevant?</li> </ul> <p>In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?</p> <p>Are you complying with the <a href="#">DCC Equality Policy</a>?</p>
<p>All residents (include generic equality provisions)</p>	<p>The service will align to the Equality Act and DCC’s Equality and Diversity Policies</p> <p>The specification for the service requires the service to give particular due consideration to parity of access to all and address barriers to access</p>	<p>The service will be delivered across Devon in person, through the phone and virtually and is required to apply flexibility to respond to individuals’ needs and to change over time in response to the changing needs of the system.</p> <p>Accessibility and choice have also been considered with Service required to operate outside of standard working hours and applying flexible solutions around digital access, transport and childcare/ employment issues, People are offered choice in how they access services, what support they would like, and where they would like to access it</p>
<p>Age</p>	<p>As above</p>	<p>The service is open to all victims (and their children) in line with the Domestic Abuse definition under the DA Act 2021 of victims being recognised as victims when 16 or over. The service will also consider specific age-related challenges as identified in the 2023 IG-BVA SNA</p>

<b>Characteristics</b>	<b>Potential or actual issues for this group.</b>  <b>[Please refer to the <a href="#">Diversity Guide</a> and <a href="#">See RED</a>]</b>	<b>How will the project / service / policy / activity:</b> <ul style="list-style-type: none"> <li>• eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage, where necessary.</li> <li>• advance equality (meet needs / ensure access, encourage participation, make adjustments for disabled people, ‘close gaps’).</li> <li>• foster good relations between groups (tackled prejudice and promoted understanding), if relevant?</li> </ul> <b>In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?</b> <b>Are you complying with the <a href="#">DCC Equality Policy</a>?</b>
Disability (incl. sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people	As above	Service will be delivered digitally, via telephone and in person. When in person the service will be required to be responsive to people’s individual needs as described above. There are no exclusions to access the service based on someone’s disability, including on the grounds of mental illness.  The service is required to address barriers to accessing services which may include inability to pay for transport, childcare responsibilities, language, specific vulnerabilities and issues with reading/writing/digital literacy and are required to be flexible in their approaches to seek solutions to any other individual need that stops access.
Culture and ethnicity: nationality/national origin, ethnic origin/race, skin colour, religion and belief	As above	Service is required to be proactively addressing barriers to access such as language and cultural barriers and is required to be sensitive to intersectionality and tailored to be accessible to marginalised groups such as ethnically diverse groups, Lesbian, gay, bisexual and transgender (LGBT), older people and gypsy and travellers and will work with local specialist organisations in order to ensure this.  And address barriers to accessing services which may include inability to pay for transport, childcare responsibilities, language, specific vulnerabilities and issues with reading/writing/digital literacy and are flexible in their approaches to seek solutions to any other individual need that stops access.

<b>Characteristics</b>	<b>Potential or actual issues for this group.</b>  <b>[Please refer to the <a href="#">Diversity Guide</a> and <a href="#">See RED</a>]</b>	<b>How will the project / service / policy / activity:</b> <ul style="list-style-type: none"> <li>• eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage, where necessary.</li> <li>• advance equality (meet needs / ensure access, encourage participation, make adjustments for disabled people, ‘close gaps’).</li> <li>• foster good relations between groups (tackled prejudice and promoted understanding), if relevant?</li> </ul> <b>In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?</b> <b>Are you complying with the <a href="#">DCC Equality Policy</a>?</b>
Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women’s right to breastfeed)	As above	The service will be open to anyone that has experienced Domestic Abuse to a level that required safe accommodation regardless of sex, gender identity or pregnancy/ maternity status and is required to be sensitive to intersectionality and tailored to be accessible to marginalised groups such as Black and minority ethnic (BAME), Lesbian, gay, bisexual and transgender (LGBT), older people and gypsy and travellers and will work with local specialist organisations in order to ensure this
Sexual orientation and marriage/civil partnership	As above	The service will be open to anyone that has experienced Domestic Abuse to a level that required safe accommodation regardless of sexual orientation or relationship status and is required to be sensitive to intersectionality and tailored to be accessible to marginalised groups such as ethnically diverse groups, Lesbian, gay, bisexual and transgender (LGBT), older people and gypsy and travellers and will work with local specialist organisations in order to ensure this



Characteristics	Potential or actual issues for this group.  [Please refer to the <a href="#">Diversity Guide</a> and <a href="#">See RED</a> ]	How will the project / service / policy / activity:  <ul style="list-style-type: none"> <li>eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage, where necessary.</li> <li>advance equality (meet needs / ensure access, encourage participation, make adjustments for disabled people, 'close gaps').</li> <li>foster good relations between groups (tackled prejudice and promoted understanding), if relevant?</li> </ul> In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim? Are you complying with the <a href="#">DCC Equality Policy</a> ?
Other relevant socio-economic factors such as family size/single people/lone parents, income/deprivation, housing, education and skills, literacy, sub-cultures, 'digital exclusion', access to transport options, rural/urban	As above.	The service will be open to anyone that has experienced Domestic Abuse to a level that required safe accommodation and is required to be sensitive to intersectionality and tailored to be accessible to marginalised groups such as ethnically diverse groups, Lesbian, gay, bisexual and transgender (LGBT), older people and gypsy and travellers and will work with local specialist organisations in order to ensure this.  And address barriers to accessing services which may include inability to pay for transport, childcare responsibilities, language, specific vulnerabilities and issues with reading/writing/digital literacy and are flexible in their approaches to seek solutions to any other individual need that stops access.

Page 49

## 9. Human rights considerations:

We 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 service is required to comply with the Human Rights Act 1998 and have policies in place to support this.

## 10. Environmental analysis

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 to (please mark X in the relevant box below and proceed to the 11, otherwise complete the environmental analysis information below):

<b>Devon County Council's Environmental Review Process</b>	N/A
<b>Planning Permission</b>	N/A
<b>Environmental Impact Assessment</b>	N/A
<b>Strategic Environmental Assessment</b>	N/A

	<b>Describe any actual or potential negative consequences. (Consider how to mitigate against these).</b>	<b>Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).</b>
Reduce, reuse, recycle and compost:	The service will consolidate a number of provisions which could reduce negative impact	Service can follow a green scheme.  The service is not required to have fixed premises and is encouraged to co-locate or share spaces with other providers. This will increase the opportunities to reduce use of office furniture and equipment and encourage reuse and recycle
Conserve and enhance wildlife:	N/A	
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:	N/A	
Conserve and enhance Devon's cultural and historic heritage:	N/A	
Minimise greenhouse gas emissions:	Increased staff travel around the county	Online and group delivery reduces the need to travel.  An integrated service will result in a larger number of staff that could be locality based, therefore, reducing need for travel across the county
Minimise pollution (including air, land, water, light and noise):	As above	As above
Contribute to reducing water consumption:		
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	Increased staff travel around the county	Online, phone and group delivery  Co-location and shared spaces reduce the need for use of additional premises

## 11. Economic analysis

	<b>Describe any actual or potential negative consequences. (Consider how to mitigate against these).</b>	<b>Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).</b>
Impact on knowledge and skills:	Nil	The service will support the wider system with expert knowledge around trauma and domestic abuse, therefore, improving the response. The service will have a workforce development plan and within this all staff will have personal development plans.
Impact on employment levels:	The service will require trained and qualified professionals to deliver the interventions. These are in high demand locally, regionally and nationally. This may put a strain on other area of the system around recruitment	The service will provide additional employment opportunities to trained and qualified therapists, IDVA's and other professionals with a special interest in the area of Domestic abuse and VAWG
Impact on local business:	Nil	Nil

PH/24/05  
Cabinet  
10<sup>th</sup> April 2024

## Sexual and Reproductive Health Services: authority to recommission Report of the Director of Public Health, Communities & Prosperity

---

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

---

### 1) Recommendation

1.1 That the Cabinet:

- (a) approve the joint re-procurement of sexual and reproductive health services by Devon County Council and Torbay Council
- (b) delegate authority to the Director of Public Health, Communities & Prosperity to approve contract award recommendations and enter into the new contractual arrangements in consultation with the Cabinet Member for Public Health, Communities and Equality, the Chief Executive and the S151 Officer.

### 2) Introduction

- 2.1 The Health and Social Care Act 2012 states that Local Authorities have a statutory responsibility to provide open access sexual health services for everyone in their area and this forms part of the conditions attached to the Public Health Grant<sup>1</sup>. The requirements cover free testing and treatment for sexually transmitted infections (STI); notification of sexual partners of infected persons; free contraception; and ensuring reasonable access to all methods of contraception.
- 2.2 Devon County Council's current contracts for the provision of these services expire on 30 June 2025 and Cabinet approval is sought for the recommissioning because of the high value of the services that the Authority needs to secure.
- 2.3 Similar to the previous procurement exercise Devon Public Health is working with Torbay Council to create a single service specification to ensure consistency in provision of service across Devon for its residents. Each local authority will have their own separate contract with the provider or providers.
- 2.4 It is the responsibility of the Public Health team to ensure that the service specification is based on the most up-to-date evidence of effectiveness, it adheres to

---

<sup>1</sup> [Making\\_it\\_work\\_revised\\_March\\_2015.pdf \(publishing.service.gov.uk\)](#)

# Agenda Item 11

the all the necessary national clinical guidelines, meets the needs of the local population and delivers on best value.

- 2.5 The *total* reported spend on Sexual and Reproductive Health services by Devon County Council in recent years is detailed in the table 1 below<sup>2</sup>:

**Table 1: Total expenditure on sexual health services**

2018/19	2019/20	2020/21	2021/22	2022/23
£6,933k	£6,785k	£5,087k*	£6,895k	£6,944k

- 2.6 Service activity for all sexual health services is shown below in table 2. In 2019/20 recording of activity changed which resulted in an increase in activity numbers. The impact of Covid-19 can be seen in 2020/21 activity data.

**Table 2: Total activity for all sexual health services**

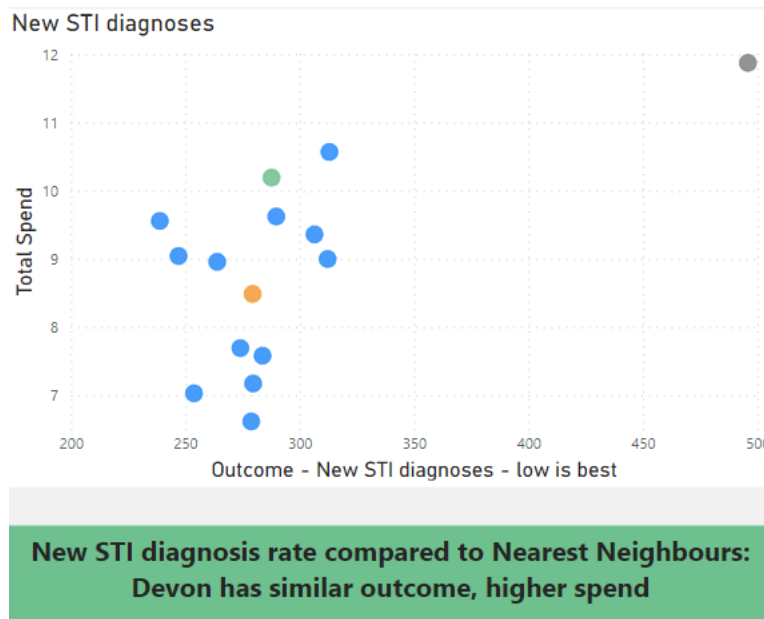
Service stats	2018/19	2019/20	2020/21	2021/22	2022/23
<b>GUM attendances</b>	30, 898	37,459	20, 884	34,969	35, 953
<b>Contraception attendances</b>	23, 550	31,145	22, 124	28,218	25, 617

- 2.7 As members are aware the Public Health grant has reduced by over 25% in real terms over the past 7 years and receives a below inflation annual uplift, this is against a backdrop of rising infections and increasing demand for some services. It is for this reason, that the public health team has spoken to a number of different local authorities to gather evidence on the different service delivery models and the variety of different organisations involved in the delivery of service, as well as engaging with a range of potential providers to ensure the future commissioned services are affordable within the grant allocation.
- 2.8 A benchmarking exercise has been undertaken. This indicates that generally, Devon has better sexual and reproductive health outcomes and the costs are generally higher or similar when compared to our statistical comparator local authorities. There is not one all-encompassing indicator which showcases Devon's performance in relation to other local authorities, but a range of indicators, two of which are illustrated in the charts below. These charts are available in an interactive manner in the sexual health dashboard [Sexual Health - Devon Health and Wellbeing](#).

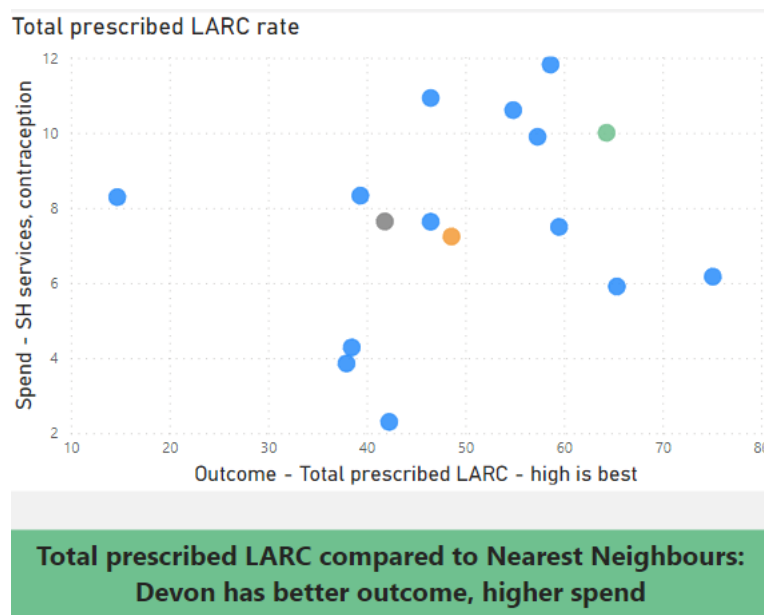
<sup>2</sup> figures taken from the Local Authority-level out-turn data published by Ministry of Housing, Communities & Local Government (CLG) now called Department for Levelling Up, Housing and Communities (DLUHC).

\* Reduced activity due to National Government COVID-19 pandemic restrictions

**Chart 1: New STI diagnosis rate compared to Nearest Neighbours (Devon in Green)**



**Chart 2: Total prescribed Long Acting Reversible Contraception (LARC) to Nearest Neighbours (Devon in Green)**

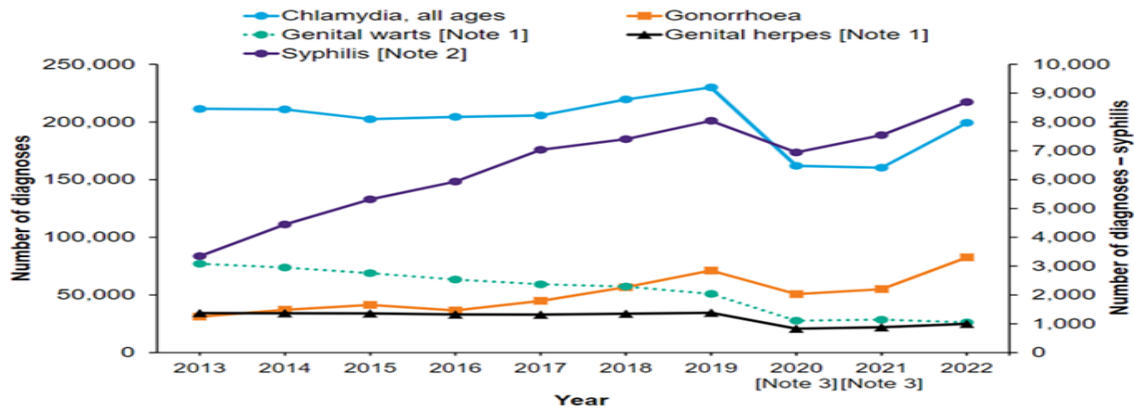


2.9 A recent annual national report by the UK Health Security Agency (UKHSA) ([Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114222/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report.pdf)) highlighted a post-pandemic increasing trend in sexually transmitted infections in England (Figure 1). Diagnoses of gonorrhoea in the South

# Agenda Item 11

West has increased by 67% over the past 5 years (2,499 in 2018 to 4,494 in 2022)<sup>3</sup>. Rises in infections, emphasise the need for Devon to be well prepared to respond to challenges locally.

**Figure 1.** Number of new diagnoses of chlamydia, gonorrhoea, genital warts, genital herpes (primary y-axis), and syphilis (secondary y-axis) among England residents accessing sexual health services, 2013 to 2022



Different scales are used on the primary and secondary y-axes.

[Note 1] First episode.

[Note 2] Includes diagnoses of primary, secondary and early latent syphilis.

[Note 3] Figures reported in 2020 and 2021 are notably lower than previous years due to the disruption to SHSs during the national response to the COVID-19 pandemic.

Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia Surveillance Systems.

### 3) Future contractual arrangements – services

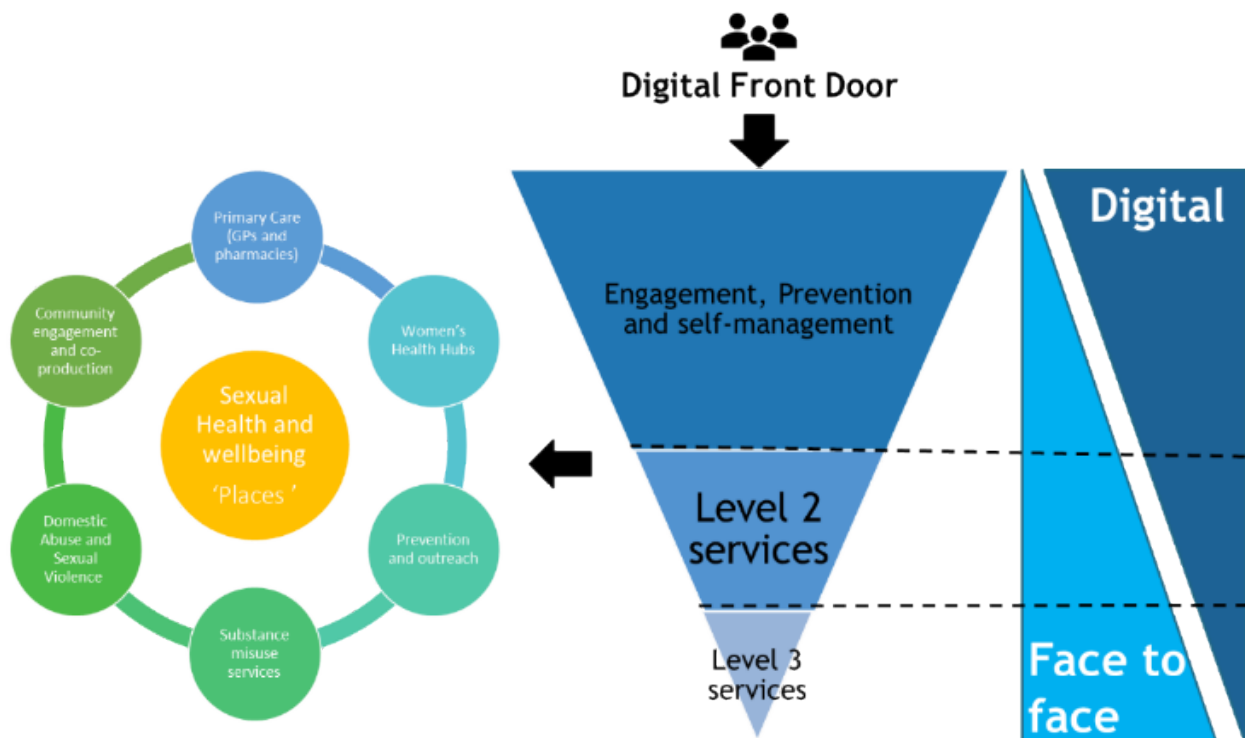
- 3.1 The Cabinet is invited to note the intention to develop a specification, which will be reinforced contractually, that shifts focus (and resource) away from activity in specialist services and *into* preventative activity and to self-management.
- 3.2 The model being developed seeks to ensure:
  - (a) People are supported to manage their sexual and reproductive health themselves;
  - (b) People having local access to the most appropriate level of service to meet their immediate sexual and reproductive health needs (including services in General Practice, community pharmacies and community settings);
  - (c) People access specialist services appropriately, for example, when needs are either high-risk or complex.
- 3.3 Providers will be invited to set out how they will deliver this through a combination of:

<sup>3</sup> [Increase in sexually transmitted infections in the South West – rise in cases of gonorrhoea concerning \(prgloo.com\)](https://www.prgloo.com)



- a **universal digital offer**, comprising of self-care and self-management, digital prevention and engagement, STI testing, treatment and contraception, online booking system and where appropriate virtual consultations.
- a range of **local services** (place-based health provision) using, where possible, General Practice, community pharmacies and other local arrangements which would, a) provide equity in provision using primary care and community pathways and settings offering alternative options to specialised clinics b) peripatetic provision which target geographically challenged areas and those most at risk of poor sexual health outcomes. This builds on the strengths and assets within place(s) and compliments supportive digital approaches.
- **specialist sexual health services**, providing Genitourinary Medicine (GUM) and contraception offer, with a design that seeks to enable ease of access for high-risk people and complex care needs.
- **education and training** to develop sexual and reproductive health knowledge and skills within the population and workforce (clinical & non-clinical) to build and sustain the sexual and reproductive health and wellbeing of people and the system.

**Figure 2.** Proposed service model. Triangles do not represent effective proportions they are purely illustrative to show how shifts in channels is perceived by commissioners.



# Agenda Item 11

## 3.4 Services provided currently include:

- Open access STI testing and treatment.
- Specialist and routine contraception
- Psychosexual counselling
- Long Acting – Reversible Contraception (LARC) within GP (General Practice) settings
- EHC (Emergency Hormonal Contraception) and Chlamydia screening within pharmacy settings
- Community prevention and workforce training including limited crisis support for people living with HIV (Human Immunodeficiency Virus)
- Condom distribution for 13–24-year-olds

## 3.5 Changes being proposed do not materially change the types of services being delivered but will seek to organise, deliver, and develop them in new ways to keep pace with changing need and expectations, and reflect the current and future needs and behaviours of the resident population.

## 3.6 The proposed developments will be addressed within a new specification, but will include:

- A universal digital offer to enable self-care, self-management, and digital prevention.
- Incorporating existing local authority commissioned sexual health services delivered within general practices and pharmacies.
- Increasing emphasis on digital access and local place-based delivery to reduce burden on specialist services.
- Increased clinical leadership and workforce development.
- Addressing fragmentation by bringing services for South Hams and West Devon residents within scope of the new contract.

## 3.7 In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including:

- transforming the service model
- seeking alternative sources of funding
- developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV.

## 3.8 This change confirms the decision set out in the specification for the current contract. The new sexual health prevention and promotion element of the integrated sexual health specification will include continued development of networks, pathways, professional development, skills, and standards of care to reduce the impact of stigma and discrimination.

## 4) Future contractual arrangements – contracts

- 4.1 In 2017, Devon and Torbay public health teams jointly procured the current contracts following an open tender process under the Public Contracts Regulations 2015 (PCR 2015). Officers recommend that the two authorities work closely together again, to develop a single service specification with each having their own separate contract with the provider or providers. Each local authority will fund their contract through their separate ring-fenced public health grant. New contracts with a provider (or providers) are required to be in place on 1st July 2025, and will need to include, as a minimum, a specialist sexual health services, providing GUM and contraception services for Devon and Torbay. Officers in Torbay Council have made the same recommendations and are seeking agreement through their governance routes within a similar time frame.
- 4.2 The Health and Care Act 2022 introduced a new procurement regime for selecting providers of healthcare services called the Provider Selection Regime (PSR). The PSR came into force on the 1<sup>st</sup> January 2024 and replaces PCR 2015 when arranging healthcare services. By regulations made under the [Health Care Services \(Provider Selection Regime\) Regulations 2023](#), these services are designated as “health services” and therefore this re-procurement will take place under one of the processes designated under the PSR. The PSR requires commissioners to assess potential providers against the following key criteria:
- Quality and innovation;
  - Value;
  - Integration, collaboration and service sustainability;
  - Improving access, reducing health inequalities and facilitating choice;
  - Social value.
- 4.3 Providers will be evaluated against the five key criteria under PSR to secure the best value for Devon residents.
- 4.4 The current plan is to:
- Conclude preparing procurement documentation by June 2024
  - Launch the opportunity formally in July 2024, with the process open until October 2024
  - Contract award recommendation and contract award no later than January 2025
  - Mobilise the new arrangements between January - June 2025
  - Have new arrangements fully operational by 1<sup>st</sup> July 2025
- 4.5 To mobilise a new contract by 1st July 2025 might require, in the event of a change of provider, a potentially lengthy and complex mobilisation period as this may include a TUPE transfer of staff from the current provider to the new provider or providers. This is also the first recommission to be run by Devon County Council under the Provider Selection Regime. Together, these suggest it would be sensible to allow the most amount of time available to conclude the recommissioning process.

# Agenda Item 11

4.6 Cabinet is asked to agree to:

(a) approve the joint re-procurement of sexual and reproductive health services by Devon County Council and Torbay Council

(b) delegate authority to the Director of Public Health, Communities & Prosperity to approve contract award recommendations and enter into the new contractual arrangements, in consultation with the Cabinet member, Chief Executive and S151 officer.

## 5) Options / Alternatives

### Option 1

5.1 A 'no future service' option was considered but discounted on the basis that there is a statutory requirement on Devon County Council to offer sexual and reproductive health services, for which funding is provided within the ring-fenced Public Health grant. Guaranteeing provision in accordance with the regulatory duties of the public health grant ensures an effective and efficient service is commissioned.

## 6) Consultation

6.1 To inform the new specification, over the last 18 months, officers have conducted:

(a) engagement exercises to listen to and understand the facilitators of (and barriers to) sexual and reproductive health and wellbeing of populations resident in Devon and Torbay;

(b) an extensive review of alternative commissioning and service models has been conducted, with service providers invited to share directly their ideas through written submissions and conversations;

(c) a public consultation to capture the views of Devon residents on sexual and reproductive health services was held during September and October 2023.

6.2 The local authority received 265 responses to the consultation. Of these, 250 were residents and 15 were responses on behalf of service users of an organisation. 75% of respondents lived in the Devon County Council area.

### Headline results

Over <b>80%</b> agreed that sexual health and contraception services should be available as part of the same appointment.
Given a choice, most respondents would prefer weekday evening and Saturday morning opening times.
The main reasons given for attending a sexual health clinic were due to symptoms of a sexually transmitted infection, for contraception, and for a sexual health check-up.

Reasons given that would prevent respondents from accessing services related to availability, travel, knowledge and stigma.
---

Preferred options for any online sexual health service were testing kits, advice and condoms. Routine contraception was added by <b>165</b> respondents.
--

<b>60%</b> of respondents felt they had enough information to access the sexual health services they needed. For those who answered no, more visible information online was required which could be accessed via NHS websites and online searches.
--

- 6.3 Officers intend to publish a draft specification in April 2024, setting out the Local Authority's commissioning intentions as a final opportunity for engagement with potential suppliers.

## 7) Strategic Plan

- 7.1 The service and the proposed service model align well with the Strategic Plan:

(a) Promoting digital and local services should reduce travel – making a positive contribution to the *response to the climate emergency*.

(b) Sexual and reproductive health services make a very positive contribution to the *health and emotional well-being of young people*.

(c) Sexual and reproductive health services have *improving health and well-being* at their heart.

- 7.2 In addition, the service model, which promotes easy access particularly for those complex or high-risk populations, self-management and local responses wherever possible are consistent with the aims of tackling poverty and inequality, helping communities and people to be resilient and stay safe.

## 8) Financial Considerations

- 8.1 There are no implications upon the revenue budget for Devon County Council. The proposals contained in this report will need to be met from within the ring-fenced Public Health grant.

- 8.2 To maximise the value of the opportunity to the market, Devon County Council is anticipating contracting with a provider (or providers) for the delivery of these services for ten years, through a five-year contract (to 30 June 2030), with the option to extend for up to a further total 5 years. The total budget to commission this service could be in the region of £50m over the 10 years.

- 8.3 Officers are currently writing (and costing) the detailed specification that will be required for the recommission. Due to the benchmarking analysis referred to above and the below inflation annual uplift in the public health grant, it will be necessary for efficiency savings to be identified and delivered through the contract duration. The

# Agenda Item 11

ambition to remove £1m from the total annual spend on sexual health was tested with the market with no immediate, overwhelming concerns raised by potential bidders and this approach is therefore considered to be safe to take to the market.

## 9) Legal Considerations

9.1 The lawful implications of the proposal have been considered in the preparation of this report.

## 10) Environmental Impact Considerations (Climate Change)

10.1 Environmental considerations will be addressed through the social value framework.

10.2 By improving digital and local access, it is anticipated that this will have a positive impact in terms of reducing the need to travel as far within Devon to have sexual and reproductive health needs met.

## 11) Equality Considerations

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

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding in relation to the protected characteristics (age, disability, gender reassignment, marriage and civil partnership (for employment), pregnancy and maternity, race/ethnicity, religion or belief, sex and sexual orientation).

11.2 A decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

11.3 In progressing this particular proposal, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available on the Council's website at <https://www.devon.gov.uk/impact/published>. Members will need to consider the Impact Assessment for the purposes of this item.

11.4 The impact assessment for this proposal notes that public health programmes are targeted to people and communities in greatest need to minimise an adverse impact on health inequalities. The burden of sexual ill-health continues to disproportionately affect young people, some transgender communities, men who have sex with men (MSM) and some black and minority ethnic groups. The integrated sexual and reproductive health service will support those most at risk of poor sexual health outcomes to improve their own sexual health.

- 11.5 It is possible that there will be negative impacts to some people because of the changes from the current to the proposed Integrated Sexual and Reproductive Health service as outlined in the specification. Plans are in place to mitigate against any negative impacts as far as possible. These negative impacts could include:
- i. Reduced face-to-face opportunities to assess safeguarding issues due to the introduction of self-managed digital services for residents 25 years and over.
    - However, the specification will ensure safeguarding questions form part of the triage process for digital access.
  - ii. Some people living with HIV with more complex social needs will need to be supported by health, social care and other providers to access additional support services e.g. mental health services, advocacy, housing and benefits. These services may be less equipped to address specific HIV/AIDS related issues.
    - However, within the lifetime of the current contract, the Local Authority have been working with the current provider to mitigate this. The provider has been supported seek alternative funding and has developed a training offer for the wider health and social care workforce to address stigma and support disclosure. There is also an existing advocacy service available through services commissioned by Adult Social Care. These services are open to all adults including those living with HIV who meet the criteria.

## **12) Risk Management Considerations**

- 12.1 This proposal has been assessed and all necessary safeguards or action have been taken / included to safeguard the Council's position.
- 12.2 Devon County Council would come under significant scrutiny from the Department of Health and Social Care if the first proposal in this paper were not agreed and a mandated public health function had to be withdrawn.
- 12.3 The long-term affordability of the contract(s) will be managed in the context of the ring-fenced public health grant and in discussion and negotiation with the provider(s) of the contract(s).

## **13) Summary**

- 13.1 This report invites Cabinet to agree to the recommissioning of sexual and reproductive health services, to be funded from the ring-fenced Public Health grant, and further invites Cabinet to delegate authority to the Director of Public Health to

# Agenda Item 11

conclude the process, in consultation with the Cabinet member, Chief Executive and S151 officer.

**Steve Brown**

Director Public Health, Communities & Prosperity

**Electoral Divisions: All**

Cabinet Member for Public Health, Councillor Roger Croad

**Local Government Act 1972: List of background papers**

Background Paper

Date

File Reference

Impact Assessment: Commissioning of Sexual and Reproductive Health Services

[Published Impact Assessments - Impact Assessment \(devon.gov.uk\)](#)

Sexual and Reproductive Health Needs Assessment 2023: [Sexual Health - Devon Health and Wellbeing](#)

**Contact for enquiries:**

Name: Abenaa Gyamfuah-Assibey

Telephone: 01392 385758

Address: Public Health Devon, Devon County Council  
County Hall, Room 141, Main Building, Topsham Road,  
Exeter EX2 4QD



# Impact Assessment



## Commissioning of Sexual and Reproductive Health Services

Service commissioned by Devon County Council Public Health

Head of Service: Steve Brown, Director of Public Health, Devon County Council

Version / date of sign off by Head of Service: Version 1 / 26/03/2024

Assessment carried out by Public Health Commissioning Manager (Sexual Health): Abenaa Gyamfuah-Assibey

### 1. Description of project / service / activity / policy under review

This Impact Assessment considers the commissioning of Sexual and Reproductive Health Services (**Integrated Sexual and Reproductive Health Service**) in the Devon County Area. The service(s) will provide open access sexual health services for everyone in Devon which covers free testing and treatment for sexually transmitted infections (STI); notification of sexual partners of infected persons; free contraception; and reasonable access to all methods of contraception.

The service(s) will enable access to high quality advice and information through an agreed annually forward-looking communications and service development plan that helps people to make informed decisions about relationships, sex and sexual health and preventative interventions which build personal resilience, self-esteem and promote healthy choices.

Services provided currently include:

- Open access STI testing and treatment.
- Specialist and routine contraception
- Psychosexual counselling

- Long Acting – Reversible Contraception (LARC) within GP (General Practice) settings
- EHC (Emergency Hormonal Contraception) and Chlamydia screening within pharmacy settings
- Community prevention and workforce training including limited crisis support for people living with HIV (Human Immunodeficiency Virus)
- Condom distribution for 13–24-year-olds

Changes being proposed do not materially change the types of services being delivered but will seek to organise, deliver, and develop them in new ways to keep pace with changing expectations, and reflect the current and future needs and behaviours of the resident population.

The proposed developments will be set out within a new specification, but will include:

- A universal digital offer to enable self-care, self-management, and digital prevention.
- Incorporating existing local authority commissioned sexual health services delivered within General Practice and community pharmacies.
- Increasing emphasis on digital access and local place-based delivery to reduce burden on specialist services.
- Increased clinical leadership and workforce development.
- Addressing fragmentation by bringing services for West Devon and South Hams residents within scope of the new contract.

In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including:

- transforming the service model
- seeking alternative sources of funding
- developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV.

The new sexual health prevention and promotion element of the integrated sexual health specification will include continued development of networks, pathways, professional

development, skills, and standards of care to reduce the impact of stigma and discrimination.

Devon County Council is anticipating contracting with a provider (or providers) for the delivery of these services through an initial five-year contract (to 30 June 2030), with options to extend for a further 5 years. The total budget to commission this service could be as much as £50m over the 10 years.

## 2. Proposal, aims and objectives, and reason for change or review

### ***Proposal, Aims and Objectives:***

The focus of this specification, and allocation of the budget, will be **Integrated Sexual and Reproductive Health Service** provision.

This will be delivered through:

- a **universal digital offer**, comprising of self-care and self-management, digital prevention and engagement, STI testing, treatment and contraception.
- a range of **place-based health provision** which would a) provide equity in provision using primary care and community pathways and settings offering alternative options to specialised clinics b) peripatetic provision which target geographically challenged areas and those most at risk if poor sexual health outcomes.
- **specialist sexual health services (Level 3)**, providing level 3 GUM and contraception offer which includes level 1 and 2, with a design that seeks to enable ease of access for high-risk people and complex care needs.
- **education and training** to develop sexual and reproductive health knowledge, confidence and skills within the population and workforce (clinical & non-clinical)

The services will contribute to reductions in:

- Unintended conceptions
- The percentage of conceptions leading to abortions
- Rates of sexually transmitted infections
- Transmission of HIV

### ***The reason for change and review:***

Local Authorities are required to provide open access sexual health services for everyone in their area as part of the conditions attached to the Public Health Grant. These services are being recommissioned as current contracts expire on 30 June 2025.

Consistency of provision of face-to-face services has been increasingly challenged and people expect services and support to be available online.

Furthermore, there is continuing pressure on Local Authority budgets, exacerbated by the combined impact of increased service costs, service demand, and tight financial settlements from Government.

Devon County Council recognises there is a continuing need to invest in preventative offers; not least because effective prevention should save money in the long-term. It is anticipated that funding will be identified from within the ring-fenced Public Health grant to underpin this work. Due to Devon's large geographical area and dispersed population, a significant proportion of the budget will be required to provide a new digital service and broaden community-based interventions to reduce the transmission of sexually transmitted infections, including HIV.

It is recognised that stigma can prevent people living with HIV from accessing statutory and non-statutory services to support their wider health and social care needs. The proposed new service model seeks to expand workforce training to address and prevent stigma, thus enabling wider statutory and non-statutory support services to provide sensitive and culturally appropriate support for people living with HIV with a care or crisis support need. Existing HIV specialist clinical services can also provide some support.

This will enable wider statutory and non-statutory support services to provide sensitive and culturally appropriate support for people living with HIV with a care or crisis support need. Existing HIV specialist clinical services can also provide some support.

Benefits include:

- a shift in focus (and resource) from activity in specialist services to preventative activity and self-management building resilience and independence within the population to make informed decisions regarding their sexual and reproductive wellbeing.
- ensuring people have access to the most appropriate level of service to meet their immediate needs (including self-managed care, level 1 and 2 services in primary care and community settings) reducing the burden Level 3 services.

- Integrating place-based offers to build on the assets within communities and provide opportunities to integrate sexual health and wellbeing with wider wellbeing offers.
- System leadership and management which enables localised intelligence led service planning and improvements to the sexual and reproductive health system through local partnerships. This mechanism puts residents' needs and lived experience at the centre of delivery and maintains resilience of the system.

***Economic, social and environmental wellbeing improvements:***

The improvement of sexual health and health inequalities across the life course is acknowledged by the inclusion of five principal indicators in the **Public Health Outcomes Framework for England (2019 - 2022)**; under 18 conceptions, chlamydia detection rate, new STIs diagnosis (excluding chlamydia in the under 25s), prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44), people presenting with HIV at a late stage of infection. The impact of poor sexual and reproductive health on local societal and economic wellbeing is demonstrated in some of the national evidence below:

- Up to 45% of pregnancies continue to be unplanned and teenage parenthood reduces the life chances of young mothers and fathers leading to social exclusion.
- In 2021, approximately 53% of conceptions in young women under 18 ended in abortion and approaching 33% of conceptions in women over 40 ended in abortion in the same period.
- Almost 30% of women <25 years presenting for an abortion already had previous pregnancies.
- Some STIs, if left undiagnosed may cause long term health complications, including cancers.
- Early diagnosis of HIV leads to avoidable serious illness, avoidable use of social services & NHS services, & early death.
- Increasing numbers of older people living with HIV as a long-term condition is linked with greater dependence on welfare and benefits and increased health and social care needs.
- Late HIV diagnosis remains a significant problem among heterosexual people.

There is an established link between sexual ill-health, deprivation, and social exclusion. Public health programmes are targeted at people and communities in greatest need to reduce health inequalities. The scope of the current service provision generally extends to those residents in Devon who are most at risk of poor sexual health outcomes and will continue in the new service through targeted prevention and pathways to specialist services. In terms of a positive benefit, improved access and engagement will improve services and outcomes for residents. People who are fit and well (not ill) are more likely to gain employment and stay in employment, thus having a positive economic contribution and less likely to be socially deprived.

Devon County Council recognises its responsibility to minimise the impact of its own operations on the environment and acknowledges the contribution it can make to protecting and enhancing Devon's distinctive natural, historic and cultural surroundings whilst being sensitive to economic and social considerations.

In line with this, any new service should consider the environmental implications of its working practices. This includes minimising unnecessary car travel, reducing freshwater use, ensuring services are resilient to extreme weather, reducing energy demands and reducing waste, re-using and re-cycling where possible (Devon County Council's Environmental Policy, 2011).

Devon County Council declared a climate emergency in 2019 and aims to achieve net zero carbon for their corporate and supply chain carbon emissions by 2030.

Devon County Council report their carbon emissions annually, including emissions resulting from its own activities and from the activities of contractors working on its behalf. Any new service should work to understand and reduce their own carbon emissions over the life of the contract. Devon County Council may require the provider of any service to demonstrate that they are working to minimise, as far as practical, the level of carbon emissions over the life of the contract.

Environment impacts could be reduced by the online service provision in terms of reducing the impact of travelling to face-to-face services. This is particularly significant for those communities living in more rural and isolated communities.

The integrated sexual and reproductive health service needs to connect well with the local health and care system but also with voluntary, community, business and education settings and those populations requiring most support. The tender process including background population profile will ensure the provider offering the best reach and offer to Devon residents will be successful. The evaluation questions are designed to understand

how the provider will do this. This will include systematic consideration of social value principles and will utilise appropriate outcomes.

### 3. Risk assessment, limitations and options explored (summary)

The sexual health needs assessment(s) undertaken in 2023, identified key groups of individuals and communities most at risk of poor sexual health outcomes. The impact of unplanned pregnancies can have an enduring effect on the lives of people. The burden of sexual ill-health continues to disproportionately affect young people, some transgender communities, men who have sex with men (MSM) and some black and minority ethnic groups. The integrated sexual and reproductive health service will support those most at risk of poor sexual health outcomes to improve their own sexual health.

The goal of any commissioned services would be to identify any potential barriers to accessing help and seek to eliminate these where possible. Devon County Council's Equality Policy states that 'equality is not about treating everyone the same; equality is about valuing a person 'as an equal' regardless of their characteristics and treating people according to their needs to achieve an equal or fair outcome'. The availability, accessibility, acceptability and quality of sexual health information will have a positive impact on human rights. Place based and digital services will have an anticipated positive impact on these variables and more effectively reach groups with protected characteristics under the Equality Act and groups with increased vulnerability.

Digital and placed based service offers reduce the need for residents to travel far within Devon to have some of their sexual and reproductive health needs met. Furthermore, the digital user-led elements of the service will result in an increase in paperless interactions, reducing the need for paper documentation. Therefore, negative environmental impacts are unlikely.

The main impact is social but there is a linkage between all the social, economic and environmental impacts. People who are fit and well (not ill) are more likely to gain employment and stay in employment thus having a positive economic contribution and less likely to be socially deprived. It is possible that there will be negative impacts to some people as a result of the changes from the current service to the proposed Integrated Sexual and Reproductive Health service, due to be outlined in the specification. Plans are in place to mitigate against any negative impacts as far as possible. These negative impacts could include:

1. Reduced face-to-face opportunities to assess safeguarding issues due to the introduction of self-managed digital services for residents 25 years and over.
  - However, the specification will ensure safeguarding questions form part of the triage process for digital access.
2. Some people living with HIV with more complex social needs will need to be supported by health and social care (if they meet the necessary care eligibility thresholds) and other providers to access additional support services e.g., mental health services, advocacy, housing and benefits. These services may be less equipped to address specific HIV/AIDS related issues. However:
  - It has been a contracted expectation within the current contract to no longer continue with this element of service delivery in future.
  - In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including, transforming the service model, seeking alternative sources of funding and developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV. This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations (in 2017 and 2019). The changes were set out in a letter to the current provider and from them to service users.
  - Within the new specification, it is anticipated that any new provider will continue to develop networks, pathways, professional development, skills, and standards of care to support people living with care and contribute to a reduction in the impact of stigma and discrimination.
  - Those that meet the eligibility criteria will be able to access services commissioned by adult social care.

This proposal has both a positive and negative impact on people with a disability. In terms of a positive benefit, improved access and engagement will improve services and outcomes for residents.

The change to crisis support for people living with HIV could have a negative impact in terms of access to a specialist organisation able to advocate and address issues specific to HIV, including stigma associated with HIV status.

The impact of the service will be monitored against Public Health Outcomes Framework indicators and other relevant health and social care indicators. Contract monitoring



frameworks will be agreed with key performance indications alongside qualitative service user feedback.

## 4. People affected, diversity profile and analysis of needs

### Unique service users

Characteristics of unique service users in 2022 are shown in the tables below and as a percentage of the overall population.

Unique service users are the individual users of the service who are counted as a single users irrespective of the number of times they have used the service in that year e.g., one individual may have multiple attendances but will be counted as one unique service user.

<b>Sex</b>	No. of Unique service users	Percentage of unique users split by sex	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Male	8,289	38%	394,026	2.1%
Female	13,325	62%	417,625	3.2%
Not Known	41	0%		
Total	21,655	100%	811,651	2.7%

Around 2.7% of Devon's population used the service in 2022, 62% of these were female.

<b>Sexual orientation</b>	No. of Unique service users	Percentage of unique users split by sexual orientation	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Heterosexual/Straight	13,849	64%	612,432	2.3%

Gay/Lesbian	1776	8%	8820	20.1%
Bisexual	1033	5%	9985	10.3%
Other/Not Known	4997	23%	52,225	9.6%
Total	21,655	100%	*683,462	3.2%

\* Sexual orientation in census is recorded for ages 16+

64% of service users in 2022 were recorded as heterosexual or straight. 8% of service users were recorded as gay or lesbian and this represented service use by 20.1% of Devon's gay and lesbian population overall.

Age	No. of Unique service users	Percentage of unique users split by age	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Ages <15	33	0%	119,802	0.0%
Ages 15-24	14,154	65%	89,079	15.9%
Ages 25-34	3,719	17%	84,564	4.4%
Ages 35-44	1,826	8%	86,262	2.1%
Ages 45-54	1,072	5%	105,013	1.0%
Ages 55-64	577	3%	117,533	0.5%
Ages 65+	266	1%	209,398	0.1%
Not Known	8	0%		
Total	21,655	100%	811,651	2.7%

65% of service users in 2022 were aged between 15 and 24, which represents 15.9% of Devon's population aged 15-24.

<b>Ethnicity</b>	No. of Unique service users	Percentage of unique users split by ethnicity	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Asian	189	1%	11,830	1.6%
Black	138	1%	2,474	5.6%
White	16,918	78%	782,444	2.2%
Mixed	480	2%	10,980	4.4%
Other	178	1%	3,880	4.6%
Not Known	3,752	17%	43	
Total	21,655	100%	811,651	2.7%

Whilst acknowledging that different groups within the population will have different levels of need, this does show areas where the current integrated specialist sexual and reproductive health service is being well utilised. For example, by younger people.

### **People Living with HIV**

Public Health England (PHE) publishes the number of people (aged 15 to 59 years) living with a diagnosed HIV infection and accessing HIV care at an NHS service in the UK. In 2022 the current cohort of HIV positive people in Devon was 370 in total, with the highest numbers residing in Exeter and East Devon areas.

The Eddystone Trust reported in 2023 that they support nearly 20 service users at any given time, with approximately 10-50% of these of these having a formal support plan in place. Since 2020, this has reduced significantly from 100 service users, 57 of which had support plans with varying levels of need.

### **Analysis of Needs**

Public health plans adopt a life course approach and target programmes and interventions at those in greatest need through the life course. This means that different people, families and communities are targeted for specific programmes. All public health programmes are

developed following a needs assessment ([Sexual Health - Devon Health and Wellbeing](#)) and evidence-based review, adopting a proportionate universalism methodology to ensure programmes reduce inequalities in health.

Where adults are at increased risk of developing a long-term condition or have a long-term condition through their lifestyle and behaviour, public health programmes target specific communities and groups to reduce health inequalities and tackle the wider determinants of health. This includes groups such as Lesbian, Gay, Bisexual and Transgender people, Gypsies and Travellers, and people with learning and physical disability.

The burden of sexual ill health disproportionately affects young people, some transgender communities, men who have sex with men and some Black and minority ethnic groups.

## 5. Stakeholders, their interest and potential impacts

Stakeholders include voluntary and community sector organisations, specialist sexual health services, adult social care.

## 6. Additional relevant research used to inform this assessment

- A framework for sexual health improvement in England. Department of Health (2013)
- Women's Health Strategy for England (2022)
- Towards Zero: the HIV Action Plan for England - 2022 to 2025 (2021)
- What Good Sexual and Reproductive Health and HIV Provision Looks Like (2019)
- Behaviour change: individual approaches. (NICE 2014) Public Health guidance PH49
- Behaviour change: digital and mobile health interventions (NICE 2020) NG 183
- Contraceptive services for under 25s Public health guideline [PH51] Published: 26 March 2014
- Health Promotion for Sexual and Reproductive Health and HIV, Public Health England, 2016
- HIV testing and prevention (NICE 2017)
- Local Government Digital Service Standard
- Making it work: a guide to whole system commissioning for sexual health, reproductive health, and HIV. (Public Health England revised March 2015)
- National Survey of Sexual Attitudes and Lifestyles (<http://www.natsal.ac.uk>)
- Public Health Outcomes Framework for England 2019-2022
- Reducing sexually transmitted infections NICE guideline [NG221] Published: 15 June 2022
- Reproductive health: what women say (PHE) 2018
- Sexual Health NICE Quality standard [QS178] Published: 05 February 2019
- Long-acting reversible contraception (CG30) Updated: 02 July 2019

- Sexual Health Rapid Needs Assessment, Devon (Public Health Devon 2023) (and subsequent updates)
- Sexual Health Rapid Needs Assessment, Torbay (Torbay Council 2022) (and subsequent updates)
- HIV Advocacy and Support Options Appraisal (2018) – produced by Torbay Council and The Eddystone Trust
- Teenage Pregnancy Prevention Framework (PHE and Local Government Association) 2018
- You're Welcome: Quality Criteria for Young People Friendly Health Services. (Public Health England, revised standards, 2023)
- British HIV Association Standards of Care for People Living with HIV, BHIVA, 2018
- HIV Support Services – The State of the Nations, NAT, 2017
- British HIV Association Standards of Care for People Living with HIV, BHIVA, 2018
- HIV testing (QS157) NICE Published: 07 September 2017
- HIV testing (NG60) NICE Published: 01 December 2016
- Positive Voices 2020: Survey report, UKHSA

## 7. Description of consultation process and outcomes

A new specification is being developed.

In 2017 an in-depth review of the needs of people accessing support from the current provider of targeted community interventions at that point was undertaken and a subsequent report was written for Torbay and Devon commissioners, to inform decisions on the future of the contract. The purpose of the report was to understand the impact on individuals, in the event that the specialist HIV advocacy and support were no longer commissioned. The review was undertaken by a working party including representatives from the provider, The Eddystone Trust; people who are living with a diagnosis of HIV and members of the wider council environment who understood eligibility for non-HIV mainstream care and support services. All active cases were reviewed, and appropriate consent was gained from the service users who were interviewed as part of the review. The Eddystone Trust sent a letter to all service users informing people of the proposed changes and detailing a route to feedback/complaints.

A public consultation took place from the 10th August to 31st August 2017 to allow the public and stakeholders to view the draft service specifications. The consultation and results are available at the link below:

<https://new.devon.gov.uk/haveyoursay/consultations/integrated-sexual-reproductive-health-service/>

[FINAL Public SH Consultation Report 181017.pdf \(sharepoint.com\)](#)

Following this public consultation, the options appraisal for the provision of advocacy and support for people living with HIV was completed with The Eddystone Trust. A further public consultation took place in February 2019 which can be found at the link below:

<https://www.devon.gov.uk/haveyoursay/consultations/hiv-advocacy-and-support-consultation/>

This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations mentioned above (in 2017 and 2019). The changes were set out in a letter to the current provider and to service users.

To inform a new specification covering the full range of sexual and reproductive health services, over the last 18 months officers have conducted a series of engagement exercises to listen to and understand the facilitators of (and barriers to) sexual and reproductive health and wellbeing of populations resident in Devon. Stakeholders were given opportunities to engage and help shape the service model and specification as detailed below in the table. A final stage of market engagement is planned for April 2024 whereby a draft specification (in the form of commissioning intentions) will be published.

A public consultation took place from the 4<sup>th</sup> September to 23<sup>rd</sup> October 2023 to allow the public to share their views on what a future service should look like through a survey hosted on Devon County Councils 'Have your say' website. The consultation and results are available at the link below:

[Devon and Torbay sexual and reproductive health services - Have Your Say](#)

In addition, an extensive review of alternative commissioning and service models has been conducted and service providers were invited to directly share their ideas through written submissions and in-depth conversations.

The insights and intelligence from the listening exercises were consolidated to help inform stakeholders of service user's experience of the current system and services.

---

Sexual Health Needs Assessment undertaken	December 2023
Insight reports:	

Social Insight Marketing 'Gen Z' insight report – Devon – Ruth Dale	January – April 2023
Social Change behavioural insight – Devon – final report pending	August 2023 – January 2024
The Eddystone Trust, insights with target groups (care experienced young people, men who have with men but do not identify as gay or bisexual, women engaged in prostitution and swingers)	June 2023
Devon Sexual Health – condom insights with young people - 2022	June 2023
Devon and Torbay Sexual and Reproductive Health Public Consultation	4th September – 23rd October 2023
Focus Groups base on consultation: West Devon young people focus group	September 2023
Early sexual health market engagement conversations for providers to share key considerations for a future service specification.	September 2023
Feedback, ideas and challenges were triangulated with national evidence and local intelligence.	November 2023
Options appraisal of service model	November 2023
Market warming event with market providers and stakeholders to help inform service deliver model and service specification based on key themes from consolidated listening exercises	January 2024
Commissioning Intentions Market Engagement	TBC

---

## Background information

### 8. Equality analysis

Under the Equality Act 2010, the local authority must consider how people will be affected by a 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 across protected characteristics of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (for work),

sex, sexual orientation, race, and religion and belief. 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.

- a) Is this group negatively or potentially negatively impacted, and in what way?
- b) What could be done or has been done to remove the potential for direct or indirect discrimination, harassment or disadvantage and inequalities?
- c) In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?
- d) What can be done to advance equality further? This could include meeting specific needs, ensuring equality of opportunity and access, encouraging participation, empowering people, making adjustments for disabled people and action to reduce disparities and inequalities.
- e) Is there a need to foster good relations between groups (tackled prejudice and promote understanding) and help people to be safe and protected from harm? What can be done?

### **All residents by geographic area**

No negative impact based on this characteristic.

### **Age**

With modern treatment advances, people are living with HIV into old age and those aged 50 and over are the fastest growing group of people with HIV in the UK. Consideration will need to be given to the growing proportion of users who are aged 50 and over, living with HIV.

### **Disability (includes sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people**

Not continuing to provide crisis support for people living with HIV within the sexual health prevention and promotion element of the service will likely have a negative impact in terms



of access to a specialist organisation able to advocate and address issues specific to HIV, including stigma associated with HIV status.

In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including, transforming the service model, seeking alternative sources of funding and developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV. This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations (in 2017 and 2019). The changes were set out in a letter to the current provider and to service users. The number of people receiving crisis support has been reducing over the years and at last count was approximately 20.

Services for adults, including an advocacy service is available through services commissioned Adult Social Care. These services are open to all adults, including those living with HIV with complex care needs.

### **Race and culture: nationality/national origin, ethnic origin, skin colour, religion and belief, asylum seeker and refugee status, language needs**

The development of an integrated sexual and reproductive health service through the targeted prevention element of the service will bring the needs of those groups or communities who are disproportionately affected by sexual ill-health into view; young people, some transgender communities, men who have sex with men and some black and minority ethnic groups. Place based and digital services will have an anticipated positive impact on this group.

It is likely that there will be a negative impact to some of the Devon residents/service users who currently access HIV crisis support from The Eddystone Trust. The loss of this support may impact on their health and wellbeing, leading to potential risk-taking behaviour and reduced medication compliance.

The introduction of lifesaving, free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic, manageable condition. People living with HIV in the UK can now expect to live into old age if diagnosed promptly. However, despite these significant advances and consequent improvement in clinical outcomes, HIV remains a stigmatised and under-recognised condition that disproportionately affects already vulnerable populations. This can affect people's motivation to access health and social care services.

Gay and bisexual men, transgender women, black African men and women and people who use drugs continue to be disproportionately represented among people living with

HIV. The needs of people living with HIV, those affected by HIV and those at risk of acquiring HIV in the UK are particularly wide-ranging, cross many organisational boundaries and involve statutory and voluntary sectors within health and social care. Mitigation to reduce the negative impacts as far as possible will include:

- It has been a contracted expectation within the current contract to no longer continue with this element of service delivery in future.
- In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including, transforming the service model, seeking alternative sources of funding and developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV. This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations (in 2017 and 2019). The changes were set out in a letter to the current provider and to service users. The number of people receiving crisis support has been reducing over the years and at last count was approximately 20.
- Within the new specification, it is anticipated that any new provider will continue to develop networks, pathways, professional development, skills, and standards of care to support people living with care and contribute to a reduction in the impact of stigma and discrimination.
- Current service users will continue to be encouraged and supported as part of the transition plan to access information, advice and guidance on how they can access existing support services and improve their own health and wellbeing. This will include existing telephone and web-based support services e.g., Terrence Higgins Trust. This will be sensitive to the needs of people on grounds of ethnicity/culture, sex, sexual orientation, religion/belief, age, gender or gender identity.
- All service users and anybody living with HIV, will have their social care and personal care needs met, if they are assessed as eligible using the national criteria.
- Anybody living with HIV who is assessed as eligible under the Care Act will be able to access the Devon Advocacy Service.
- Some psychological support is available in the specialist clinical GUM/HIV services in Devon.
- NHS England commissions the HIV treatment and care package in the specialist clinical HIV service for individuals who are diagnosed with HIV to maintain good health and wellbeing e.g., medicines compliance. The percentage of people (aged 15 years and over) in Devon accessing HIV care who were prescribed ART in 2022 was 100%, better than 98.1% in England.

In addition, a key part of HIV prevention is pre-exposure prophylaxis or PrEP, a daily medication to help prevent HIV that is recommended for people at high risk. Since 2020, PrEP is routinely available from sexual health services and has the potential to help reduce infection still further.

Religion and belief - The proposals neither have a specific positive or negative impact based on this characteristic.

### **Sex and gender identity and reassignment (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed)**

Gender identity and reassignment -Please see section above.

Sex - The proposals neither have a specific positive or negative impact based on this characteristic.

Pregnancy and maternity- no negative impact based on this characteristic.

### **Sexual orientation, and marriage/civil partnership if work related**

Sexual orientation -Please see race and culture section.

For marriage/civil partnership, the proposals neither have a specific positive or negative impact based on this characteristic.

### **Other relevant socio-economic factors and intersectionality**

This includes, where relevant: income, housing, education and skills, language and literacy skills, family background (size/single people/lone parents), sub-cultures, rural isolation, access to services and transport, access to ICT/Broadband, children in care and care experienced people, social connectivity and refugee status/no recourse to public funds. Also consider intersectionality with other characteristics.

Geographical barriers to accessing services are common in Devon. Improved access to STI testing and condoms will also directly support residents living with increased risks of poorer sexual health outcomes in Devon.

There are also geographical areas and populations who are affected by digital exclusion, and face to face or telephone services will be required to meet their needs. This will be detailed in the new specification.

Other barriers to accessing services which may include inability to pay for transport, childcare responsibilities, chaperoning for vulnerable young people and issues with reading/writing/digital literacy require providers to be flexible in their approaches and adopt an asset-based approach, drawing on resources in the community, help from family and friends where appropriate.

Devon County Council enlists staff to volunteer as part of the Devon Digital Lives programme. These volunteers will be linked to volunteering opportunities around Devon to provide assisted digital support.

Further information about e-learning and support being rolled out across the wider Devon area is available via:

[Home - Digital Health Devon - https://www.digitalhealthdevon.co.uk/](https://www.digitalhealthdevon.co.uk/)

Commissioners have previously been in contact with Healthwatch to address the concerns of clients unable to access computers at home or public places. As part of the service, the current provider could ensure that residents are linked to these schemes for support.

By supporting timely and accessible contraception services, it is anticipated that this will enable and empower individuals and families to plan conception and family sizes. Place based and digital services, as well as community engagement will have an anticipated positive impact on this group.

## 9. Human rights considerations:

We 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).

This Integrated Sexual and Reproductive Health service specification will use the World Health Organisation (WHO) definition of sexual health which says that sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual Health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of

having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO, 2006).

The service will enable people to access high quality reproductive and sexual health advice, information and a range of contraception choices and promote healthy relationships, consent and safer sex. The availability, accessibility, acceptability and quality of sexual health information will have a positive impact on human rights.

## 10. Environmental analysis

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 to (please mark X in the relevant box below and proceed to the 11, otherwise complete the environmental analysis information below):

<b>Devon County Council’s Environmental Review Process</b>	
<b>Planning Permission</b>	
<b>Environmental Impact Assessment</b>	
<b>Strategic Environmental Assessment</b>	

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

[If carrying out an options appraisal, explore the pros and cons of each option for each area]

### **Reduce, reuse, recycle and compost**

Reduced negative impact compared to current services. The digital user-led elements of the service will result in an increase in paperless transactions and reduce the need for paper documentation.

### **Conserve and enhance wildlife**

No impacts envisaged.

## **Safeguard the distinctive characteristics, features and special qualities of Devon's landscape**

No impacts envisaged.

## **Conserve and enhance Devon's cultural and historic heritage**

No impacts envisaged.

## **Minimise greenhouse gas emissions**

No impacts envisaged.

## **Minimise pollution (including air, land, water, light and noise)**

Digital and placed based service offers will enable residents to access services closer to home which could have a positive impact on air pollution.

## **Contribute to reducing water consumption**

No impacts envisaged.

## **Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level)**

No impacts envisaged.

## **Other (please state below)**

## 11. Economic analysis

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

[If carrying out an options appraisal, explore the pros and cons of each option for each area]

## **Impact on knowledge and skills**

No impact.

### **Impact on employment levels**

Potential reduction in staff to reflect the change in requirements of this specification. The Integrated Sexual Health Service will shift towards a greater focus on prevention to improve sexual health and ability to remain in employment.

### **Impact on local business**

No impact.





CS/24/50  
Cabinet  
10<sup>th</sup> April 2024

## **Increases to the Fostering Allowances 2023 – 2024 and 2024 - 2025**

Report of Stuart Collins, Director of Children's Services

---

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

---

### **1. Recommendations:**

Cabinet is asked to:

- a) Agree to increase the standard fostering allowance for 16–17-year-olds by 7.49% (in line with the DfE National Minimum Rates) and increase all other standard fostering allowances for children aged 0-15 years by 6.33% from 3<sup>rd</sup> April 2023.
- b) Agree a 5.92% increase in the foster carer fee (previously linked to attendance at support groups and training) from 3<sup>rd</sup> April 2023.
- c) Agree to increase the standard fostering allowance for 16–17-year-olds by 6.88% from (in line with the DfE National Minimum Rates) and increase the standard fostering allowances for children aged 0-15 by 3% from 1<sup>st</sup> April 2024.
- d) Agree a 3% increase to the foster carer fee from 1<sup>st</sup> April 2024.
- e) To note that the impact of these increases in the fostering allowances, backdated to April 2023, will increase the Children's Services Outturn by £690,000 compared to the month 10 forecast.

### **2. Summary**

- 2.1 For most children who are unable to live with their birth family, a local foster placement is the best alternative, enabling them to grow up in a family environment, close to family, friends, their school, and health services that know them. The availability of local foster placements is therefore key to the ability of the council to provide sufficient placements for the looked after children for whom it is responsible.
- 2.2 As the corporate parent for almost 900 looked after children, the council must ensure that its own internal fostering services is able to provide care for as many of these children as possible. The fostering service should provide foster carers with financial support that enables them to undertake the tasks required of them as part of a package of support that enables them to provide good quality care for the children placed with them. The fostering social work team has a key role in the recruitment and support of foster carers and encouraging high standards of practice. The work undertaken by foster carer, the support that they receive from the fostering service and the implementation of the care plans for looked after children are all dependent

# Agenda Item 12

on good relationships between all of those working with looked after children (and their families) and with each other.

- 2.3 The payment of fostering allowances is a key part of the support that the council provides to foster carers. However, it is only one aspect of the support provided: all foster carers have a supervising social worker; they are expected to attend regular training and support groups; and for an increasing number of foster carers, additional support is being provided through the Mockingbird project whereby they receive peer support.
- 2.4 Our ambition is to ensure that foster carers receive a competitive allowance as part of a comprehensive support package, provided by a high performing fostering service in partnership with foster carers. The changes proposed in this report are step towards improving the allowances provided for Devon foster carers. It is proposed to increase the payment made in respect of the cost of caring for the child (the “fostering allowance”) and to combine and increase the additional payments currently made for attendance at training and support groups into a single payment (the “fee”) as the first step towards simplifying the overall payments scheme. During the course of the next financial year, it is proposed to engage with foster carer in a discussion about how best to simplify the current payments scheme and introduce age related payments.

## **3 Background / Introduction**

- 3.1 As of March 2024, there were 888 children looked after by the council; Of those, 570 (64%) are in foster care, 377 (42.3% of the total number) reside within our own fostering provision and 185 (20.8% of the total) are placed with a foster carer provided by an Independent Fostering Agency (IFA). There has been an 18% rise in the number of Children in Care in Devon in the last three years but no net gain of in-house foster carers.
- 3.2 Reducing the overall numbers of children looked after, ensuring that children are in the right placement with the right support and recruiting and retaining high quality foster carers is an ethical, strategic and financial priority for the children’s service in Devon.
- 3.3 The allowances provided to foster carers is part of the package of support that enables them to look after children on behalf of the council. The Council has operated a standard fostering allowance structure that does not differentiate by the child’s age, and we have been too slow to respond to the recruitment crisis of foster carers and to recognise and respond to their support needs to retain the high quality carers we already have in place.
- 3.4 An assumed increase of 6.4% for fostering allowances was built into the 2023/24 budget. However, after the budget was set, the DfE published the National Minimum Allowances (NMA) for fostering allowances. The NMA is based upon age related bands and the recommended minimum allowance for foster carers looking after

# Agenda Item 12

16/17-year-olds increased by more than the 6.4% built into the budget. This resulted in an impact on what can now be afforded within the 23/24 and 24/25 budget.

- 3.5 The council's challenge in recruiting and retaining foster carers is similar to that faced nationally. Recruitment has declined at the same time as the number of children looked after has increased. Although it is not always possible to make a "like for like" comparison, our neighbouring authorities and Independent Fostering Agencies offer competitive packages of financial support to foster carers, which alongside the lower levels of support to maintain placement stability in Devon has meant that other Local Authorities in the South West fare better in their recruitment and retention of Foster carers.

Weekly Payments (current)	Structure	Allowance	Fee	Total
Devon	Standard allowance and fee	£216.79	£118.16	£334.95
Somerset	Age related allowance and fee	£154 - £266	£80 - £236	£234-£462
Plymouth	Age related allowance and fee	£150-£258	£100-£150	£250-£408
Torbay	Age related allowance	£270-£639	Not known	£270-£639
Dorset	Age related allowance	£269-£708	Not known	£269-£708
Gloucester	Age related allowance	£180-£247	Not known	£180-£247
Cornwall	Not published	N/K	N/K	
IFA's		Circa £350-£440	Not known	£350-£440

The current DCC basic weekly fostering rate is £216.79. Fostering allowances can increase to a total of £334.95 for mainstream carers where the training and support group requirements are met. The average weekly cost to the council for a child to live with an Independent Fostering Agency (IFA) foster carer is £977. It is estimated that most IFA carers receive around 40 to 45% of that charge, around £350 to £440 a week.

- 3.6 Most local authorities pay foster carers an allowance (intended to cover the costs of looking after a child) together with additional payments which may relate to the needs

# Agenda Item 12

of the child, their level of experience or expertise, or attendance at training / support groups. Devon foster carers are paid allowances to meet the needs of the children they care for, additional fee payments for attending training and support groups and enhanced payments where the needs of a child necessitates a higher level of care than usually expected. There are also separate payment structures for specialist foster carers such as child and parent as well as PACE beds relating to criminal remands.

- 3.7 Allowances are also paid to some Special Guardians, those caring for children subject to a Child Arrangement Order or Adopters. These payments are based on the basic fostering rate so any alterations to the basic fostering allowance will also apply to kinship and adoption allowances. 638 full year equivalent payments have been budgeted for SGO, CAO and adoption allowances for 2023/24 and 651 for 2024/25.
- 3.8 Fostering allowances were increased by 1.75% in October 2022 for 2022/23. An increase of 6.4% was built into the 2023/24 budget. After the 2023/24 budget was set, the national minimum fostering rates were published. Allowances for 16/17-year-olds increased by 7.48% to keep up with the NMA. Currently, the councils fostering allowances do not differentiate payments rates according to the age of the child. Most of our neighbouring LA's provide age related allowances. A review of the payment structure is planned for 2024/25. The budget for 2024/25 allows for a 3% increase in allowances.
- 3.9 The NMA is based on age related payments, and while most of our neighbouring LA's provide age related allowances, the criteria and extent of additional payments vary per local authority. There have been representations made by foster carers over the last year about the level of payment received and financial support offered with an implied threat of them leaving to work as carers elsewhere.
- 3.10 During the coming financial year, the children's service is proposing to consult with carers to review the payment structure and support needs of carers and to agree and develop a 'carers contract of support and placement expectation,' to help increase placement stability and reduce placement breakdown and improve transitions into adulthood.

3.11 Devon's Current Basic Allowance for 2023/24:

<b>Weekly £</b>	<b>Age 0 to 2</b>	<b>Age 3 to 4</b>	<b>Age 5 to 10</b>	<b>Age 11 to 15</b>	<b>Age 16 to 17</b>
<b>Devon Allowances</b>	£216.79	£216.79	£216.79	£216.79	£216.79
<b>NMA</b>	£154.00	£159.00	£175.00	£199.00	£233.00
<b>Difference</b>	£62.79	£57.79	£41.79	£17.79	-£16.21
<b>Difference %</b>	40.77%	36.35%	23.88%	8.94%	-6.96%

3.12 In considering how best to allocate the budgeted funds available for foster carers, the following factors have been considered:

- The increase must be financially sustainable and within the agreed budget.
- The weekly allowance payment for 16/17-year-olds must be increased to £233 to meet the NMA from 3<sup>rd</sup> April 2023 and £249 from 1<sup>st</sup> April 2024.
- The standard fostering rate should be increased for internal fostering, CPAT, PACE, Staying put, SGO, CAO and adoption to ensure the maximum number of carers benefit from any uplift.
- The suite of fees paid in relation to attendance at support groups and training should be combined and paid as one enhancement linked to the carers' annual review / re-approval.
- It is not proposed to increase the birthday / festival allowances, hospitality, childminding, transport, and training expenses.
- The proposed increase should be equitable across all carers unless there is a good reason to differentiate (e.g. to ensure that our rates are at least the same as the NMA).

3.11 The table below compares the National Minimum Allowances to the proposed rates recommended in this report:

Weekly	Age 0-2	Age 3-4	Age 5-10	Age 11-15	Age 16-17
<b>2023/24</b>					
Devon Current Allowances	£216.79	£216.79	£216.79	£216.79	£216.79
NMA	£154.00	£159.00	£175.00	£199.00	£233.00
Recommended (option 4 below)	£230.51	£230.51	£230.51	£230.51	£233.03
<b>2024/25</b>					
NMA	£165.00	£170.00	£187.00	£213.00	£249.00
Recommended (option 4)	£237.44	£237.44	£237.44	£237.44	£249.06

## 4 Options / Alternatives for 2023/24

4.1 Options considered range from the minimum required (only increasing age 16/17 to the NMA) to uplifting all rates by the same so that Devon maintains one rate regardless of age.

Budget Available £999		Option Description	Uplift Cost £000
Option 1	Minimum Required	Uplift the minimum rate for 16+ to the national minimum rate (equivalent of 7.49%)	122
Option 2	Differential increases to standard rates for 16+ and other age groups	Uplift standard rates by budgeted 6.33%. Uplift 16+ to the NMA (equivalent of 7.49%)	766

# Agenda Item 12

Option 3	Apply same % increase to all standard rates	Uplift standard rates by budgeted 7.49% regardless of age	939
Option 4	Differential increases to standard rates for 16+ and other age groups and increase to fee payment	Uplift standard rates by budgeted 6.33% Uplift 16+ to the NMA (equivalent to 7.49%) Uplift fee payment by 5.92%	883

4.2 Option 1- Increase the standard allowance for 16/17 year olds only by 7.49% with no other increases to the standard allowance for other age groups

Pro:

- A potential in- year saving of £877,000 for 2023/24 related to uplifts.
- Impact on 2024/25 budget is minimised.

Cons:

- Foster carers looking after children aged 0-15 will not get an increase in the standard fostering allowance.
- Given that the increase in 2022/23 was less than 2%, the failure to increase the standard allowance for all foster carers could lead to many of them ceasing to foster for Devon.
- There is no uplift for any additional payments.
- A small proportion of foster carers would benefit from an uplift, detrimentally impacting on foster carer morale.

Option 1 would save DCC a substantial amount in this year's budget. However, it is not being recommended because it is likely to have a significant impact on both recruitment and retention.

4.3 Option 2 - Increase the allowance for 16/17-year-olds by 7.49% and all other standard allowances by 6.33%. There would be no increases to any other allowances or fee payments.

Pros:

- A potential in-year saving of £233,000 for 2023/24 related to uplifts.
- This option does provide some recognition of inflation for all foster carers.
- All carers would benefit in part from the uplift.

Cons:

- This option fundamentally changes the payment structure for foster carers which could be considered as pre-empting the outcome of the payment structure review.
- There is no uplift for any additional payments.
- The foster carer fee would not receive an uplift, likely impacting on foster carer morale.

Whilst this option would ensure that all child related allowances and therefore all foster carers benefit from an uplift, it does not give recognition to the professional service provided by foster carers through an uplift to the foster carer fee payment. This will likely have a detrimental impact on foster carer morale.

#### 4.3 Option 3 - Increase the standard fostering allowance by 7.49% for all allowances.

Pros:

- A potential in-year saving of £60,000 for 2023/24 related to uplifts.
- There would be an inflation recognition for all foster carers.
- All carers would benefit in part from the uplift.
- There would be no step change and associated administration when a child reaches 16.

Cons:

- This option changes the payment structure for foster carers which could be considered as pre-empting the outcome of the payment structure review. This is likely to negatively impact on recruitment and retention.
- There is no uplift for any additional payments.
- The foster carer fee would not receive an uplift, likely impacting on foster carer morale.

Option 3 would offer a small saving in this year's budget. However, it is not being recommended as a viable option due to the significant and likely impact on fostering recruitment and retention. This will likely have a detrimental impact on foster carer morale.

#### 4.4 Option 4 - Increase the standard fostering allowance by 7.49% for 16-17 year olds and 6.33% for all other child related allowances. Increase the training and support group fee by 5.92%.

Pros:

- All carers would benefit from an uplift.
- There would be recognition of the professional service provided by foster carers through an uplift to the foster carer fee payment.
- There would be an inflation recognition for all carers.

Cons:

- There would be no uplift to any additional payments.

This is the preferred option. It allows for inflation recognition across both the child related allowance and the foster carer fee payments. Whilst there are no uplifts to additional payments, this option allows for all foster carers to benefit from the uplift.

# Agenda Item 12

Type	Current Allowance per week	Revised 2023/24 (backdated to 1 April 2023)	Rate for 2024/25 with effect from 1 April 2024
Basic Fostering Rate 0-15yr olds	216.79	230.51 (6.33% increase)	237.44 (3% increase)
Basic Fostering Rate 16/17yr olds – increased to Govt mandated National Minimum Allowance	216.79	233.03 (7.49% increase)	249.06 (6.88% increase)
Foster Carer Support	59.08	62.58 (5.92% increase)	64.47 (3% increase)
Foster Carer Training	59.08	62.58 (5.92% increase)	64.47 (3% increase)
Post 18's – Staying Put	275.52	292.95 (6.33% increase)	301.77 (3% increase)
PACE – per placement	497.63	529.13 (6.33% increase)	545.02 (3% increase)
PACE – per retainer	305.27	324.59 (6.33% increase)	334.32 (3% increase)

Type Child and parent	Current Allowance per week	Revised 2023/24 (backdated to 1 April 2023) – 6.33% increase	Rate for 2024/25 with effect from 1 April 2024 – 3% increase
1 parent and child	976.36	1,038.17	1,069.32
1 parent and 2 children	1,130.43	1,202.04	1,238.09
2 parents and 1 child	1,181.88	1,256.71	1,294.44
2 parents and 2 children	1,336.02	1,420.65	1,463.28
CPAT retainer	366.31	389.48	401.17



## 5 Consultations / Representations / Technical Data

- 5.1 A consultation has taken place on the proposed uplifts for 23/24 and 24/25, subject to senior leadership and cabinet approval.
- 51 responses were received.
  - 33 (65%) were generally in agreement with the proposals set out in this report
  - 14 (27%) were unhappy with the proposal:
    - Concerns were expressed that enhanced payments (based on the needs of the children) were not being increased;
    - Concern was raised about the timeliness of the payment and potential impact on tax returns. Due to system complexities, it will not be possible to implement the backdated 2023/24 payments before the end of the financial year.
    - Several people pointed out the differential between national minimum wage and fostering rates and allowances.
  - 4 (8%) were happy with the proposal for 23/24 but dissatisfied with the proposal for 24/25.
  - The remainder were generally accepting of the proposal.
  - Some foster carers said that they would like to receive council tax relief which some other local authorities offer to their foster carers.

## 6 Strategic Plan

<https://www.devon.gov.uk/strategic-plan>

This proposal fits with the strategic priorities to:

- Be ambitious for children and young people
- Tackle poverty and inequality
- Improve health and wellbeing

## 7 Financial Considerations

- 7.1. Should option 4 be agreed there would be a cost pressure associated with the elements backdated to 3rd April 2023. Whilst the budget for fostering allowances was increased by 6.4% in 2023/24 to allow for an increase in fostering allowances, this would increase the overall year end overspend within Childrens Social Care by a total of £690,000 for 2023/24 from that reported at month 10, being the difference between the current forecast and the proposed uplift.
- 7.2 The impact of the uplifts for 2024/25 total £932,000, this should be manageable within the budget dependent upon the following assumptions.
- The number of foster carers converting to Special Guardian status not reaching the numbers expected within the budget – the rate of conversions has been consistently lower than that expected, and this will offset £527,000 of the additional costs. The budget also includes sufficient funds to cover the costs of an additional 27 special guardianship allowances in 2024/25.

# Agenda Item 12

- The level of demographic growth not being at the levels assumed within the budget. The budget when for 2024/25 assumed that the number of looked after children would increase to approximately 960 over the course of the year; the number has actually decreased to round 882 (as of 25<sup>th</sup> March 2023, down from 902 at the beginning of 2024) and it is therefore not expected that the additional £371,000 allocated for demographic growth will be required.
- A planned reduction in costs associated with children placed with parents. Expenditure on children placed with parents in 2023/24 was over £230,000. A revision of the guidelines for payments for children in these circumstances should significantly reduce that level of expenditure in 2024/25 and therefore £10,000 of that budget will be offset against the costs of implementing the increases in the fostering allowances.

7.3 Improved social work practice and care planning for looked after children, the opening of internal children's homes, the development of relationships with external providers and improved management oversight will all contribute to better oversight and control of placement budgets in 2024/25.

## **8 Legal Considerations**

8.1 There are no specific legal considerations relating to this proposal.

## **9 Environmental Impact Considerations (Including Climate Change)**

9.1 This proposal is environmentally neutral.

9.2 There are no economic benefits beyond possible positive impact on economic spending due to increased allowances.

## **10 Equality Considerations**

10.1 No equality implications have been identified as part of these proposals. The fostering allowance is paid to all foster carers to cover the costs of caring for the child(ren) in their care. It is paid at a flat rate for all carers (with the exception of those looking after 16/17-year-olds who receive a higher rate in line with the NMA). Mainstream foster carers also receive a fee, again at a flat rate.

10.2 The characteristics of foster carers are taken into account during the course of their assessment process and form part of the matching considerations in respect of the placement of individual children.

10.3 Some foster carers also receive enhanced allowances according to the needs of the child. The criteria for these payments will be reviewed in consultation with foster carers during the course of 2024/25.

10.4 This proposal goes some way to bridge the gap of payments between foster carers irrespective of which Local Authority or IFA they work for. It enables most foster carers to benefit from an uplift as possible within the identified budget.

## **11 Risk Management Considerations**

11.1 The less favourable the uplift implemented, the increased likelihood of complaints from foster carers which may lead to a negative impact on recruitment and retention.

## **12 Summary / Conclusions / Reasons for Recommendations**

12.1 This proposal will ensure that the council is meeting the national minimum rates for 16/17-year-old carers and provides an increase in the allowances and fees paid to all carers within the fostering budget.

### **Stuart Collins**

Director of Children's Services

**Electoral Divisions:** All

Cabinet Member for Children's Services and Schools: Councillor Andrew Leadbetter

### **Local Government Act 1972: List of background papers**

Background Paper

Date

File Reference

None

### **Contact for enquiries:**

Name: Emily Hextall

Telephone: 01392 383000

Address: County Hall, Exeter



IASC/24/08  
Cabinet  
10 April 2024

Assurance of local authority delivery of its duties defined by part one of the care act (2014) by the Care Quality Commission and its contribution to improving services and outcomes for people in receipt of adult social care including through self-assessment.

Report from the Director of Integrated Adult Social Care at DCC

---

Please note that the following recommendations are subject to consideration and determination by the Cabinet before taking effect.

---

## 1) Recommendation

That the Cabinet:

- 1.1 Recognise the requirements placed on Integrated Adult Social Care (ASC) through the Care Quality Commission (CQC) assurance framework, and support the service in its preparedness.
- 1.2 That Members of the Cabinet be supported in their roles regarding assurance of local authority delivery of its duties defined by part one of the Care Act (2014) by:
  - Being offered further Masterclasses on this and related topics.
  - Being briefed on key developments via the newsletter of the Cabinet Member for Integrated Adult Social Care and Health.
  - Having access to a [website](#) containing materials relevant to CQC assurance, a guide to adult social care in Devon, and our self-assessment.
  - Being offered group or individual briefing sessions ahead of any inspection visit by the CQC such as those facilitated by the Local Government Association (LGA) in January 2024.

## 2) Introduction

- 2.1 The purpose of this paper is to present to Cabinet a summary of the update shared at the Masterclass of 27<sup>th</sup> February 2024 on assessment by the Care Quality Commission of local authority delivery of its duties defined by part one of the Care Act (2014).
- 2.2 In particular, to highlight the roles of Members of the Council in this process and to recommend how all Members, remain briefed and appropriately involved.

# Agenda Item 13

2.3 To highlight the availability of an online [‘Guide to Adult Social Care in Devon’](#) and a [‘Self-Assessment of Adult Social Care in Devon’](#) that will be reviewed quarterly and updated annually as a replacement of the annual report that we have published since 2010 in response to the government’s requirement for a ‘local account’ as part of the sector-led improvement approach that preceded the introduction of formal CQC assessment in April 2023.

## 3) Main body of report

### Background to CQC assurance

3.1 In December 2021, the Government launched its White Paper [‘People at the Heart of Care’](#), its 10-year vision for Adult Social Care.



Figure 3.1: Government 10 year vision for ASC (Source: DHSC)

3.2 In laying out that vision, the Government reflected on the approach to Sector Led Improvement it had pursued with the adult social care sector since 2010 and announced it would introduce formal assessment of local authorities’ delivery of their adult social care duties by the CQC.

“ As social care affects a greater number of people at some point during their lives, accountability for services becomes increasingly important for both national and local government.

It is therefore only reasonable for government to want to ensure the ASC system is delivering the right kind of care, and the best outcomes, with the resources available. We also want to be able to readily identify best practice across the system, building on existing sector-led support and improvement programmes.

To achieve this, we want to work with local authorities and the sector to enhance existing assurance frameworks that will support our drive to improve the outcomes and experience of people and their families in accessing high quality care and support, regardless of where they live.

To support these goals, **we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities’ delivery of their adult social care duties.** ”

Figure 3.2: CQC duty to assess local authorities (Source: DHSC)

3.3 The [Care Act \(2014\)](#) duties of local authorities include:

- Market shaping: quality, choice, diversity, affordability, sufficiency; provider failure contingencies
- Provision of social care: assessment, support planning, financial assessment, arranging support, review
- Provision of preventative services and information/advice: reducing, preventing, delaying the need for care and support
- Promotion of individual wellbeing
- Promotion of integration between health and social care services: including integrated commissioning
- Safeguarding: safeguarding of adults at risk and system governance

Other statutory duties of local authorities related to adult social care include:

- Mental Capacity Act (2005): Deprivation of Liberties Standards / Liberty Protection Safeguards
- Mental Health Act (1983): Assessment and treatment of people with a mental health disorder
- Health and Care Act (2022): Integration with NHS through Integrated Care Systems

In Devon, some duties are delivered by partners (Devon Carers, Devon Partnership Trust) and others by other parts of the Council. Whatever arrangements are in place for delivery, the Council remains accountable

### 3.4 The CQC is implementing a new [Single Assessment Framework](#) across all of its regulation activity.

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

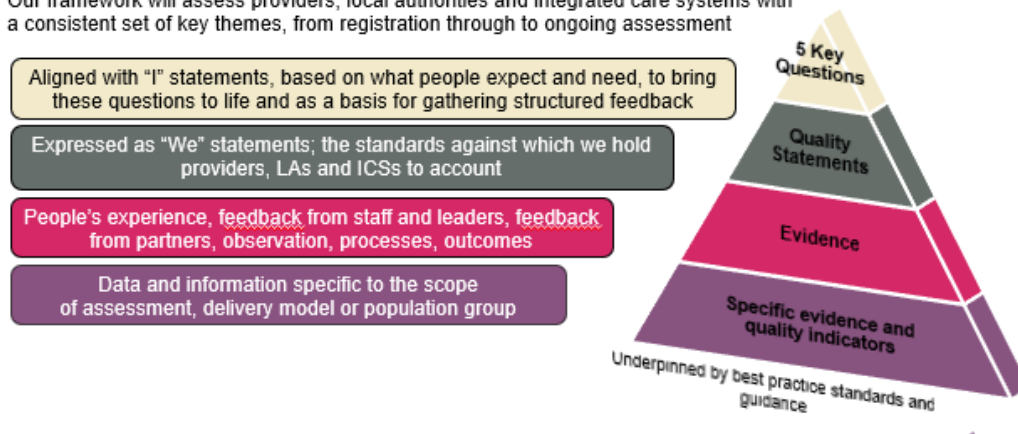


Figure 3.4: CQC Single Assessment Framework (Source: CQC)

### 3.5 The framework as adapted to [the assessment of local authorities](#) comprises four domains with nine quality statements each accompanied by 'I' and 'we' statements. CQC assessment provides a rating for each of these domains and an overall rating: 'Outstanding', 'Good', 'Requires Improvement' or 'Inadequate'. Evidence considered includes: people's experience; feedback from people, partners, providers, leaders and staff; processes and documents; and outcomes and performance data. The data is mainly drawn from statutory annual returns and surveys. Case tracking is also undertaken.

# Agenda Item 13

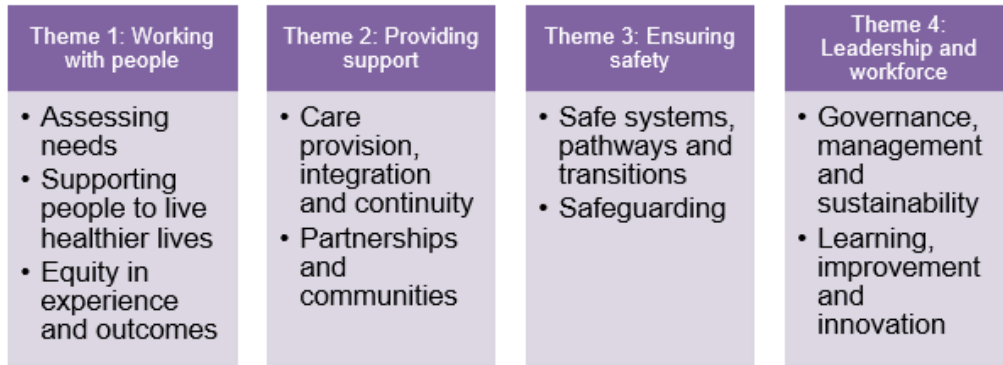


Figure 3.5: CQC domains of local authority assessment (Source: CQC)

3.6 When the [Health and Care Act \(2022\)](#) received Royal Assent in April 2022, primary legislation directed the Care Quality Commission to assure the local authority delivery of its statutory adult social care duties and to assess the effectiveness and impact of [Integrated Care Systems](#) from April 2023. CQC has now published guidance detailing its approach to assessment, has piloted that approach in five local authorities.

3.7 During a 2-year baselining period, CQC anticipate notifying all local authorities with adult social services responsibilities, and has now begun to do so, requiring them to make an information return, facilitate a case tracking exercise, and assist in the arrangement of an inspection visit. The government has outlined its intentions regarding an [approach to support and intervention](#) for those local authorities judged to be less than ‘Good’.

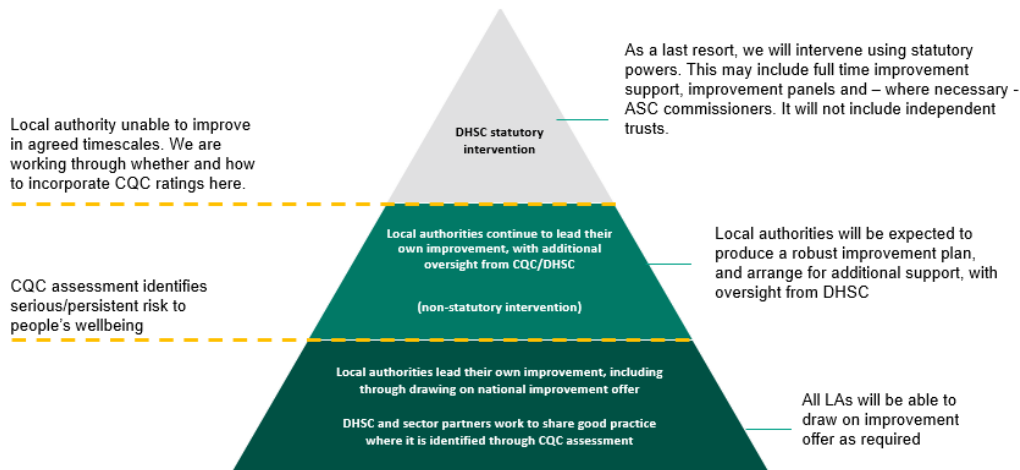


Figure 3.7: Government intervention framework (Source: DHSC)

3.8 Devon County Council has been preparing for assurance reform since legislation was published in Spring 2022 and has arrangements in place to respond to a notification at any time including:

- Submitting a Self-Assessment
- Completing the Information Return
- Undertaking case tracking work
- Facilitating the onsite inspection
- Responding to the outcome.

### The role of Members of the Council in CQC assurance.

3.9 The following table outlines the role of Members of the Council in CQC assurance. Which Members are interviewed will depend on an initial assessment by CQC and the resulting key



lines of enquiry but are likely to include the Leader, Lead Member and Chair of the Committee with overview and scrutiny of adult social care.

Ref	Expectation	Implications
1	CQC assurance is of whether the council fulfils its statutory duties as defined in Part One of the Care Act (2014).	Members of the council should be acquainted with the main provisions of the Care Act (2014).
2	CQC will seek feedback from members of the council, in particular the Leader of the council, the Cabinet portfolio holder for adult social care, and members of the Scrutiny Committee that oversees adult social care.	Members of the council who might be interviewed should understand the key aspects of the CQC Assurance Framework.
3	CQC may seek feedback from officers and members in leadership roles responsible for wider council responsibilities e.g., relating to financial sustainability, wellbeing, prevention.	All officers and members in leadership roles should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One.
4	The Health and Wellbeing Board is focussed on population health and wellbeing including measures to prevent, delay and reduce the need for adult social care.	All those on the Health and Wellbeing Board (including members) should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One.
5	The Safeguarding Adults Board is focussed on promoting safeguarding awareness, ensuring safeguarding response, and addressing the underlying causes of safeguarding concerns.	All those on the Safeguarding Adults Board (including members) should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One including the specific safeguarding duties of the Local Authority.
6	Cabinet and Scrutiny have a role in the effective governance of performance and risk management arrangements in adult social care including of quality, sufficiency, and sustainability.	Members to consider whether current reporting arrangements, including the online availability of a 'Guide to Adult Social Care' and 'Self-Assessment', are adequate to enable them to fulfil these expectations.
7	This role includes ensuring that insights from this evidence inform strategy and policy at partnership, corporate, and service levels.	Members to consider whether current approaches to strategy and policy development, including the Strategic Plan, are adequately mindful of Care Act duties and this evidence base.
8	And also that corporate and service level risks including those relating to changes in political and officer leadership, financial sustainability, and organisational change are assessed for their impact on Care Act Duties and mitigated.	Members to consider whether current risk management arrangements are adequately mindful of Care Act duties.

# Agenda Item 13

Ref	Expectation	Implications
9	Members listen to the voices of people with lived experience of adult social care services (including service users and unpaid carers) and take feedback into account in their oversight and decision making.	Members to consider whether they are sufficiently sighted on the range of feedback available including through complaints, from Healthwatch, and via our engagement groups
10	The council invites external challenge to challenge its own performance and learn from best practice elsewhere.	Members to consider whether they and officers have been sufficiently involved in peer review and other sector-led improvement activity.

## CQC assurance website

3.10 In July 2023, Devon County Council commissioned a peer review of adult social care facilitated by the LGA, establishing a [website](#) to contain all key materials relevant to the process, available to all key stakeholders including the peers involved as well as Members of the Council, colleagues across the Council, partners and provider, people who use services and their carers, and the general public.

3.11 In their [report](#), the peer team commented that “The Council developed an excellent online Position Statement which helped to guide the Challenge Team in their thinking, along with a comprehensive set of supporting materials. These were delivered in a timely way, and connected through the Position Statement with clickable links, which provides a helpful means of aligning evidence to key statements or sections.”

3.12 In preparing for CQC assurance, we have elected to take a similar approach to ensure transparency and visibility, maintaining an online resource of all materials relating to the process in the form of a [CQC Inspection website](#) as a reference for both CQC inspectors and all other stakeholders, that will be populated before and maintained during the assessment process, with the following sections:

- [CQC inspection](#) (including links to CQC guidance)
- [CQC Inspection Team](#)
- [Our Guide to Adult Social Care in Devon](#) (to be reviewed quarterly, with a major update annually)
- [Our Self-Assessment of Adult Social Care in Devon](#) (to be reviewed quarterly, with a major update annually)
- [Timetable](#) (to be populated following notification)
- [Communications](#) (to be populated following notification)
- [Outcomes and Reports](#) (to be populated following notification)
- [Accessibility and Acknowledgements](#)

3.13 CQC advise, but do not require, a Self-assessment and neither do they specify a set format, although they do indicate that its absence may suggest to them a lack of self-awareness within the local authority and question whether a learning and improvement cycle is in place, and could result in a longer onsite inspection period with additional interviews. They suggest a Self-Assessment is an opportunity for local authorities to:

- Assess and judge performance in relation to the quality statements
- Use evidence to support judgements
- Highlight key successes, risks and challenges

- Identify actions needed to address the most pressing risks.

3.14 In their evaluation report that followed the five pilot inspections, CQC comment that the local authorities involved found the self-assessment part of the process a useful exercise, with most considering it an essential part of the process that they have or would embed in their annual cycle. Although offering no detailed guidance or template, CQC also commented on the variety of approaches taken and length of submissions. Consequently, we have restructured our position statement from the LGA peer review, creating a 'Guide to Adult Social Care in Devon containing the information-giving aspects and a 'Self-Assessment of Adult Social Care in Devon' containing the evaluative aspects, focussed on the key questions:

- 'What are you proud of?'
- 'What risks and challenges are you concerned about?'
- 'What are you doing to improve?'

## **Our 'Guide to Adult Social Care in Devon'**

3.15 The current version of the '[Guide to Adult Social Care in Devon](#)' includes the following sections, aligned to areas the CQC framework and published reports suggest they are most interested in:

- [Introduction: Tandra Forster, Director of Integrated Adult Social Care](#)
- [Introduction: Councillor James McInnes, Cabinet Member for Integrated Adult Social Care and Health](#)
- [Introduction: Sara Randall Johnson, Chair of Health and Adult Care Scrutiny Committee](#)
- [Context: our place and its population](#)
- [Context: the pandemic, cost-of-living crisis, and recovery](#)
- [Context: our services and who they serve](#)
- [Context: our adult social care providers and workforce](#)
- [Context: our activity, cost and spend](#)
- [Context: the outcomes that people achieve](#)
- [Context: the national situation](#)
- [How we work: our vision and strategies to promote independence](#)
- [How we work: our annual service plan](#)
- [How we work: our council](#)
- [How we work: our partners](#)
- [How we work: our approach to prevention](#)
- [How we work: our support to unpaid carers](#)
- [How we work: our operational services](#)
- [How we work: our approach to safeguarding](#)
- [How we work: our approach to commissioning](#)
- [How we work: in partnership with our market of social care providers](#)
- [How we work: developing the social care workforce](#)
- [How we work: listening to those we work for](#)
- [How we work: listening to those we work with](#)
- [How we work: improving equality of access, experience and outcome](#)
- [How we work: managing change](#)
- [How we work: ensuring financial sustainability](#)
- [How we work: our approach to assurance and improvement](#)
- [How we work: our approach to risk management](#)

# Agenda Item 13

- 3.16 As in our Annual Report in previous years, we have included a summary of the Health and Adult Care Scrutiny Committee in some [introductory words from the Chair](#) Councillor Sara Randall Johnson.

## Our 'Self-Assessment of Adult Social Care in Devon'

- 3.17 The current version of the '[Self-Assessment of Adult Social Care in Devon](#)' includes the following sections, aligned to the CQC framework, its domains and quality statements:

- [Introduction: leadership](#)
- [Evidence base: leadership](#)
- [Self-Assessment: leadership - governance, management, and sustainability](#)
- [Self-Assessment: leadership - learning, improvement, and innovation](#)
- [Introduction: working with people](#)
- [Evidence base: working with people](#)
- [Self-Assessment: working with people - assessing and reviewing needs](#)
- [Self-Assessment: working with people - supporting people to live healthier lives](#)
- [Self-Assessment: working with people - equity in experience and outcomes](#)
- [Introduction: providing support](#)
- [Evidence base: providing support](#)
- [Self-Assessment: providing support - care provision, integration, and continuity](#)
- [Self-Assessment: providing support - partnerships and communities](#)
- [Introduction: ensuring safety](#)
- [Evidence base: ensuring safety](#)
- [Self-Assessment: ensuring safety - safe systems, pathways, and transitions](#)
- [Self-Assessment: ensuring safety - safeguarding](#)
- [Summary: what we are proud of and concerned about](#)

- 3.18 In the [summary](#), we highlight six things to be proud of:

- In 2022-23 Devon had 16/26 indicators from the Adult Social Care Outcomes Framework ranked in the top two quartiles, up from 13/26 in 2020-21, with improvements on most measures over the last two years.
- Our overall satisfaction ratings for service users and their quality-of-life indicator based on survey questions about their lived experience were among the best in the country, ranking 11/152 and 27/152 respectively.

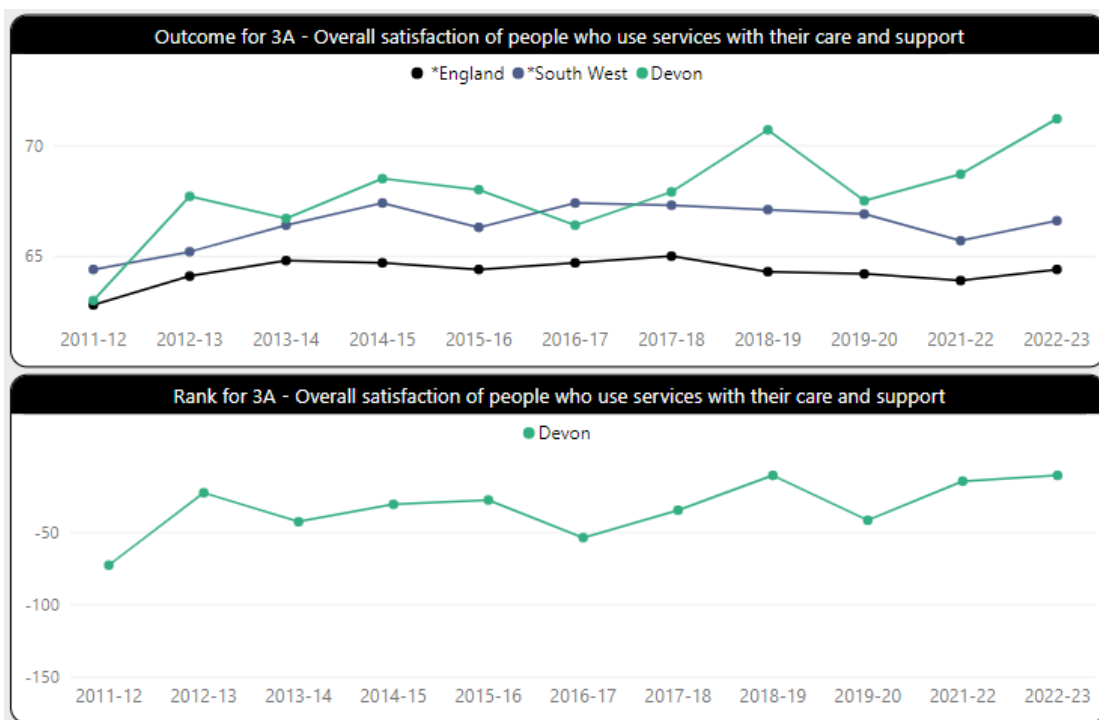


Figure 3.18.1: Overall satisfaction of people who use services (Source: ASCOF)

- Our provider quality ratings in Devon judged by the Care Quality Commission exceed the national, regional and comparator authority averages with 76% of community-based services and 86% of care homes in Devon rated Good or Outstanding by the Care Quality Commission.

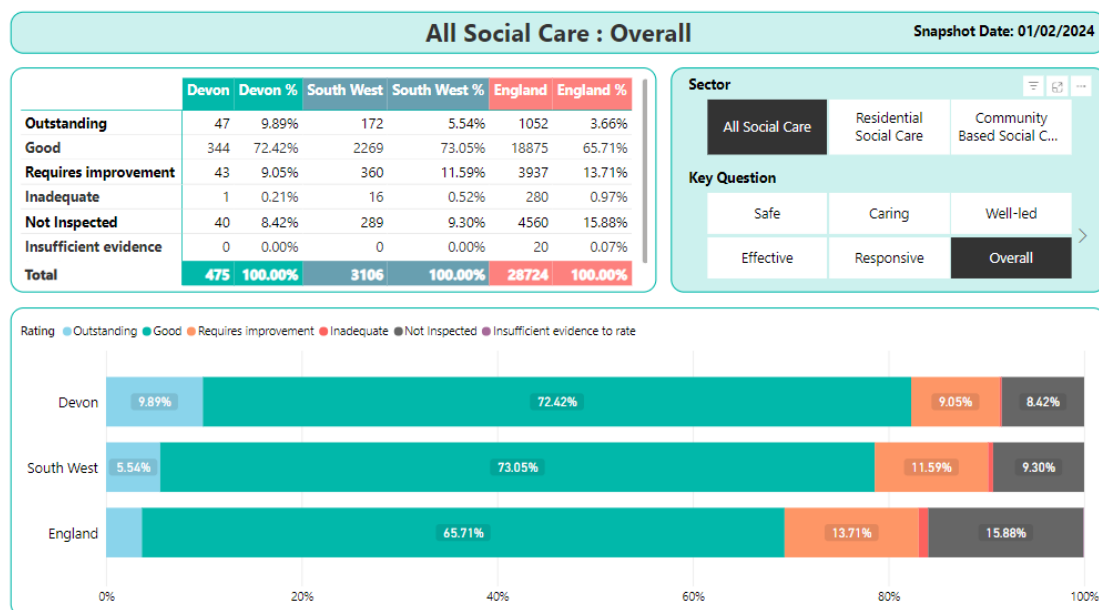


Figure 3.18.2: CQC ratings of providers in Devon (Source: CQC)

- Our vaccination rates, with 96% of care home residents and 94% of care home staff in Devon receiving two or more doses of a vaccine against Covid-19; the fatality rate in care homes in Devon relative to population from Covid-19 was 27/152, among the lowest in the country.
- Our staff and providers have been nominated for and won many national and regional awards in the last two years, including gold and silver awards in the National Social Worker of the Year, building on our strong showing in recent years.

# Agenda Item 13

- Improvements in the sufficiency of the regulated personal care where two years ago we were unable to source up to 6,000 hours each week, now reduced to around 300, with contingencies in place to keep people safe.

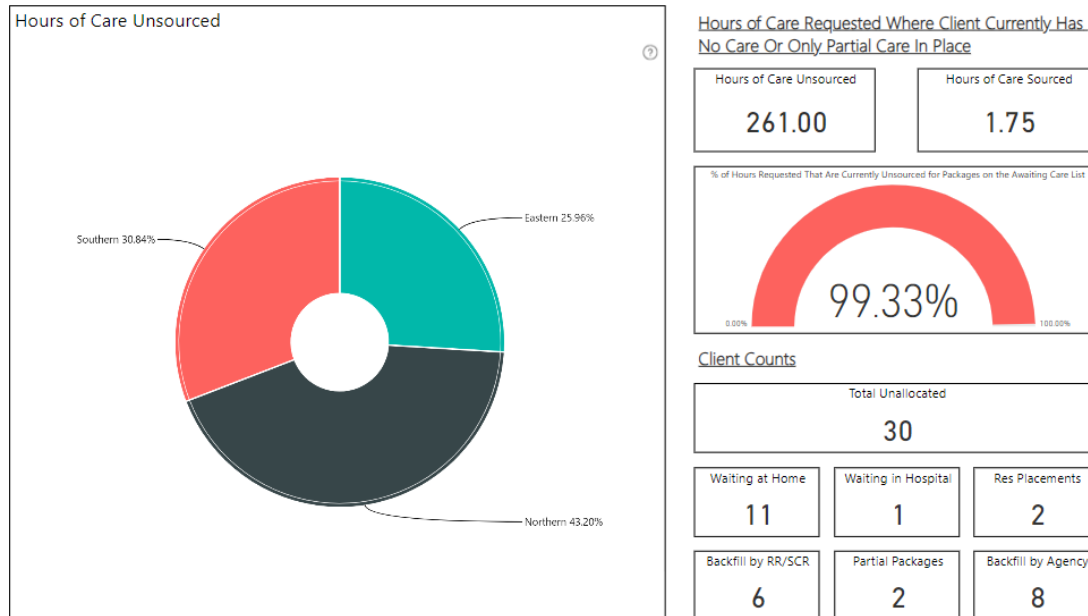


Figure 3.18.3: Unallocated Personal Care in Devon 2/24 (Source: Internal)

3.19 In the [summary](#), we highlight seven areas of concern:

- Financial sustainability, with the cost-of-living crisis impacting on people who use our services and their carers, people who might become vulnerable, the viability of our providers, and county council budgets.
- Maintaining our generally high staff morale, with our recent leadership surveys indicating colleagues are becoming concerned about the pace of change and the potential for demands to be increasing as capacity decreases.

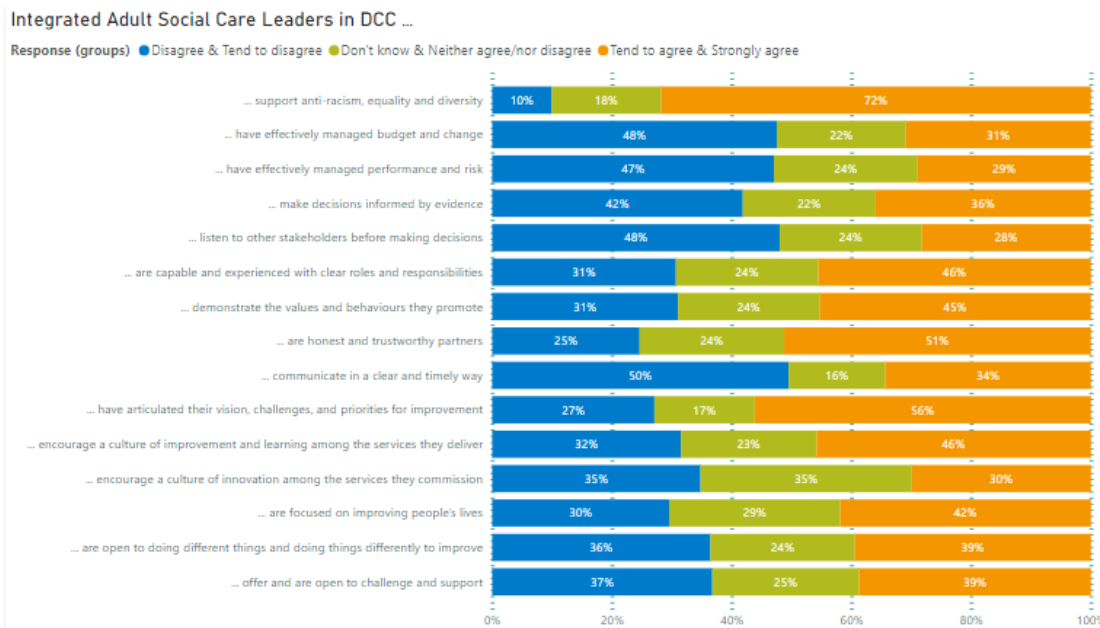


Figure 3.19.1: Leadership survey 12/23 (Source: Internal)

- Hospital discharge and system flow, with delays sometimes due to lack of capacity in community-based health and care services, which can mean people don't get the right care at the right place at the right time to optimise their recovery.

- Operational waiting lists for assessments and reviews, with our own capacity constrained, demand increasing, and people's circumstances changing more frequently.

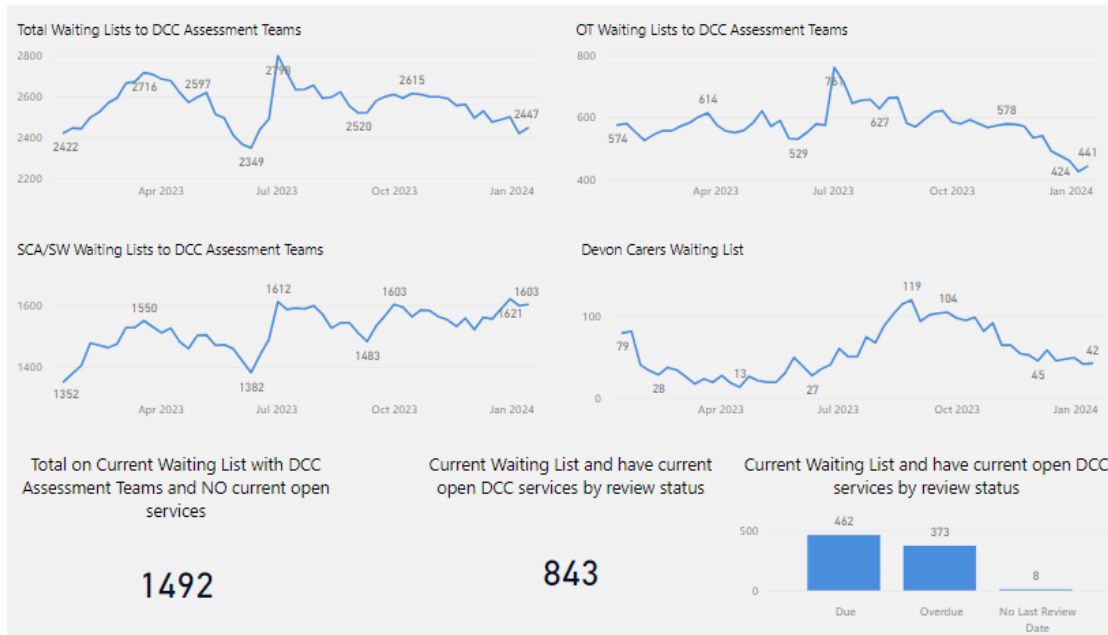


Figure 3.19.2: Waiting lists 2/24 (Source: Internal)

- Replacement care and short breaks for unpaid carers, with their social isolation and its impact on their wellbeing highlighted in recent surveys as being of particular concern, especially in rural areas.

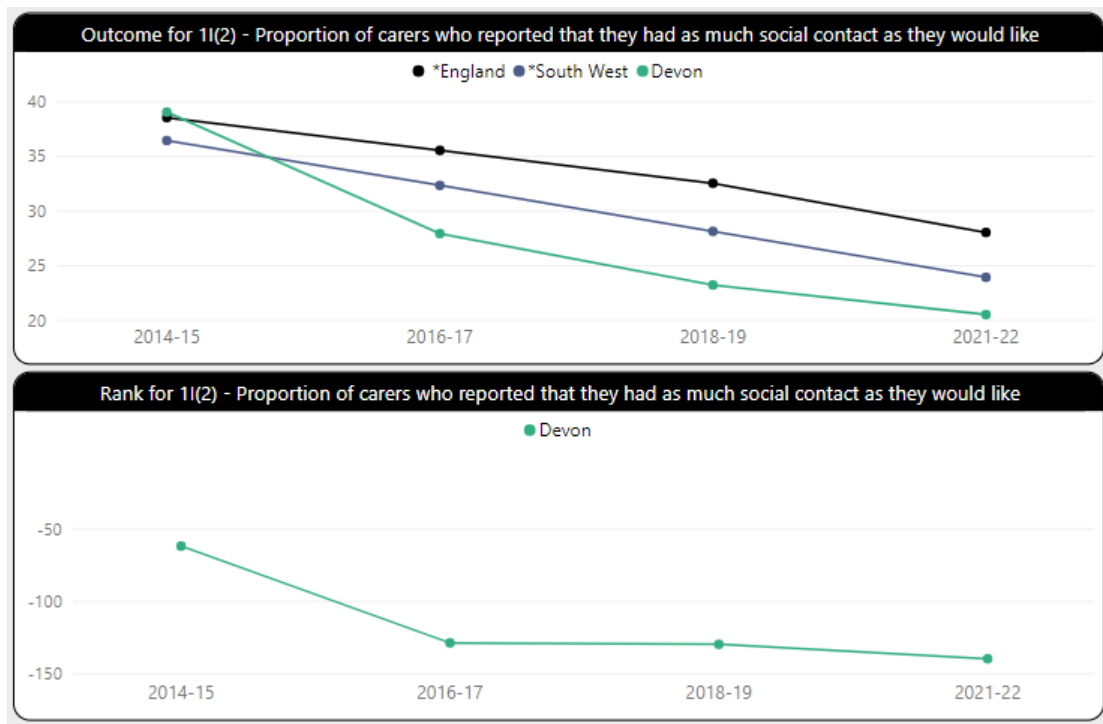


Figure 3.19.3: Social isolation of unpaid carers (Source: ASCOF)

- Demand pressures from those aged 18-64, with activity levels higher in Devon than elsewhere, and market costs rising more rapidly than is typical, especially for services to older people, both residential and community based.
- Consistency of safeguarding practice, ensuring that decision-making and thresholds are comparable across localities, and that learning from Safeguarding Adults Reviews and

# Agenda Item 13

other Serious Incidents is embedded in learning and development and impacts on practice.

3.20 In the [summary](#), we highlight six challenges ahead:

- Delivering on our 'Promoting Independence' vision and 'Living Well', 'Ageing Well', and 'Caring Well' strategies including maintaining people at home and not in hospital or a care home wherever possible.



Figure 3.20.1: Our vision and strategies (Source: Internal)

- Living up to the vision that people should be supported to live their best possible life in the place they call home, with the people and things they love, in communities where people look out for each other, doing what matters to them and be independent, informed, secure, and connected.
- Managing within a budget that while increasing is under pressure from rising demand, increasing costs, insufficient supply, cost of living pressures, and falling council income.

	2023/24		Other Growth and Pressures	Savings Plans and additional income	2024/25 Target Budget	Net Change	
	Adjusted Base Budget	Inflation and National Living Wage				£'000	£'000
Integrated Adult Social Care	340,245	29,887	20,025	(29,411)	360,746	20,501	6.0%
Children and Young People's Futures	206,278	9,795	20,862	(9,150)	227,785	21,507	10.4%
Public Health, Communities and Prosperity	21,678	533	289	(1,577)	20,923	(755)	-3.5%
Corporate Services	49,755	2,160	1,361	(4,831)	48,445	(1,310)	-2.6%
Climate Change, Environment and Transport	81,619	6,144	2,348	(4,629)	85,482	3,863	4.7%
<b>Total Service Budgets</b>	<b>699,575</b>	<b>48,519</b>	<b>44,886</b>	<b>(49,598)</b>	<b>743,382</b>	<b>43,807</b>	<b>6.3%</b>

Figure 3.20.2: Devon County Council budget 2024-5 (Source: Internal)

- Maintaining flow through the health and care system, especially during winter when we are facing outbreaks of infectious diseases, and pent-up demand for NHS services.
- Recruiting, retaining, and developing sufficient staff to deliver on our statutory duties and maintain sufficient, diverse, and high-quality services including working with providers to develop their capacity and innovate new services.



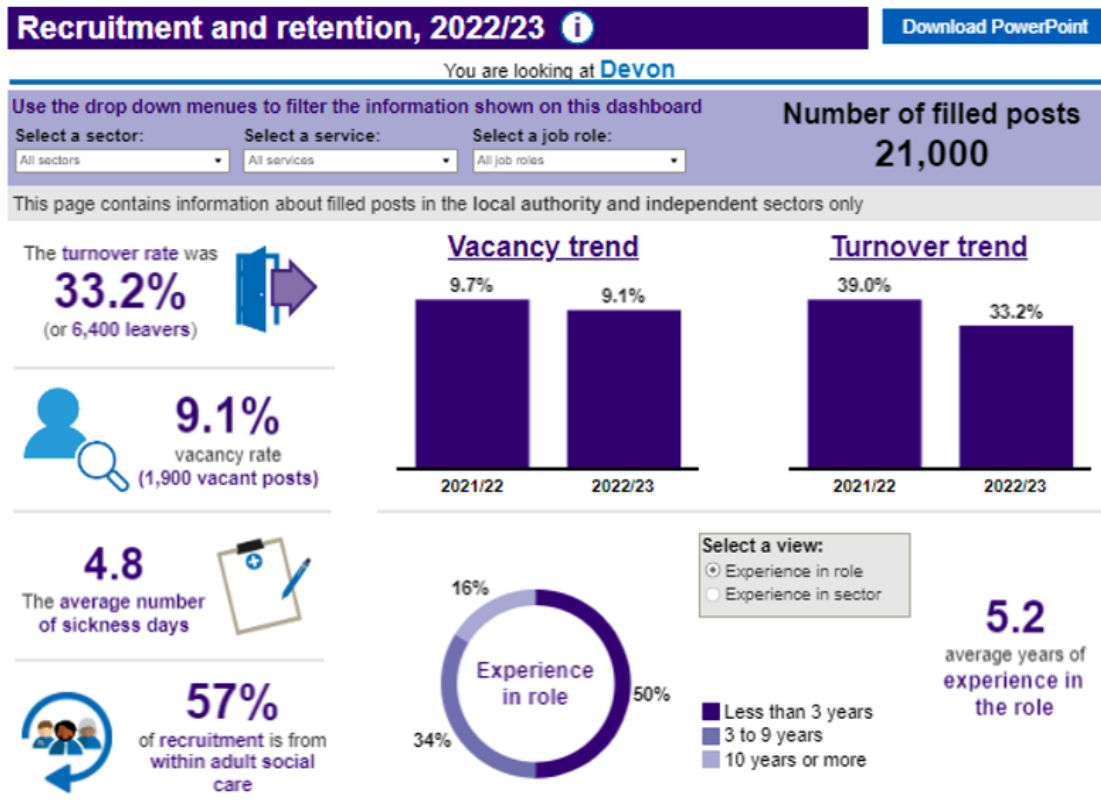


Figure 3.20.3: Workforce turnover, vacancy and absence (Source: SfC)

- Strengthening our governance in line with a corporate review, and building on the changes we have made to the governance of assurance and change in adult social care, continuing to reinvigorate practice quality assurance.

## 4) Options / Alternatives

Each year IASC produces a 'Local Account', an annual report setting out our performance on the previous 12 months. This year, and as a result of the new CQC inspection of ASC, locally we have combined these two documents and delivered our Local Account in the online self-assessment format compliant with accessibility standards. An alternative option would be to produce two separate documents with significantly overlapping content.

## 5) Consultations / Representations / Technical Data

N/A

## 6) Strategic Plan

N/A

## 7) Financial Considerations

N/A

## 8) Legal Considerations

N/A

# Agenda Item 13

## 9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

## 10) Equality Considerations

The CQC will explore inequalities of access, experience and outcome across protected characteristics. This report, and our wider preparation for inspections, ensure we are focussed on this and work towards eliminating any inequalities

## 11) Risk Management Considerations

N/A

## 12) Summary

That Cabinet:

12.1 Recognise the requirements placed on Integrated Adult Social Care (ASC) through the Care Quality Commission (CQC) assurance framework, and support the service in its preparedness.

12.2 That Members of the Cabinet be supported in their roles regarding assurance of local authority delivery of its duties defined by part one of the Care Act (2014) by:

- Being offered further Masterclasses on this and related topics.
- Being briefed on key developments via the newsletter of the Cabinet Member for Integrated Adult Social Care and Health.
- Having access to a [website](#) containing materials relevant to CQC assurance, a guide to adult social care in Devon, and our self-assessment.
- Being offered group or individual briefing sessions ahead of any inspection visit by the CQC such as those facilitated by the Local Government Association (LGA) in January 2024.

### Name

Tandra Forster, Director of Integrated Adult Social Care, Devon County Council

### Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: Councillor James McInnes

## Local Government Act 1972: List of background papers

Background Paper Nil

### Contact for enquiries:

Name: Damian Furniss

Telephone: 01392 38300

Address: County Hall, Topsham Road, Exeter, EX2 4QD

LDS/24/17  
Cabinet  
10 April 2024

## NOTICES OF MOTION – BRIEFING NOTE

Report of the Director of Legal and Democratic Services

### Recommendation

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

### Introduction

The Notice of Motion submitted to the County Council by the Councillor shown below has 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 Director is included, to facilitate the Cabinet's discussion of the Notice of Motion.

### **(a) Flexibility and Action against holiday firms exploiting families, those working in schools and the holiday industry - Councillor Biederman**

We must stop the exploitation by Holiday Firms on families and staff in our schools.

Devon County Council recognise the importance of children being at school for the maximum time possible in order for them to be able to thrive and succeed in life after school.

Central government policy, Ofsted and this Council adopt a strong stance against schools and parents, who wish to take children out of school for a family holiday in term time. A five day unauthorised absence can mean a fine of £240 for a family with two school aged children.

The main reason for parents taking children out of school, with the financial and life pressures facing families in these incredibly tough times, is the cost of holidays in the holiday seasons. Holiday firms are clearly exploiting them.

From research on four holidays for a family of four, two adults and two children aged 5-15 for summer 2024, checking dates of 12th July 2024 and 9th August in the same accommodation, the figures are staggering.

1. Butlins Minehead - £946 July & £2437 August, difference £1491

# Agenda Item 15

2. Centre Parcs Longleat- £1748 July & £2348 August, difference £600
3. Ruda Croyde - £649 July & £1039 August , difference £390
4. Cyprus Pathos All Inclusive - £4239 July & £5769 August, difference £1524

Research proves that a family holiday can be very important and have massive positive outcomes for both children and parents.

Research conducted by the Family Holiday Association, the charity that helps struggling families to have a break, found that 49% of British people said their happiest memory is being on holiday with their family. The results from the poll of 2,000 British adults revealed that emotional, psychological and social benefits of family holidays last long after the break itself ends.

On these positive outcomes, McDonald of the Family Holiday Association said 'We consider these to be a 'happiness anchor' – reflecting on our happiest memories of joyful time spent together as a family can be extremely powerful in bringing relief and respite when faced with the darker times that life can bring. "By using these memories as an anchor to take us back to more cheerful moments, we're often able to approach problems with a fresh sense of perspective.

"But for many without such memories, reigniting a sense of optimism for getting through the tougher times can seem like an impossible.

It also found children that have had the benefit of a holiday break are often inspired and learn better after a holiday.

It's not just children that suffer, many vital support staff in our schools are on low incomes and have no choice but to take holidays in the School Holidays and so the way holiday companies are exploiting the prices, affects them too.

Devon County Council will

- (a) Write to Head Teachers, Academies in Devon Schools to urge them to be sympathetic to requests for holiday in term time, giving consideration to individual children's family circumstances, their previous attendance levels, and the importance of the school year that the child is in.
- (b) Write to Ofsted seeking their assurance that schools taking a more flexible approach to school absences for family holidays is not counted against them.
- (c) Write to the Local Government Association and appropriate government ministers to ask for a review of what holiday companies can charge. Butlins for example have increased their price by roughly x 2.5 the price of one month earlier.

The level at which holiday companies are increasing prices of course, means parents are willing to take the fine, as in all my examples, it's far less than the extra cost of taking the holiday in the school holidays ..... perhaps it's the Holiday firms that should be fined if they charge more than 20% extra on any holiday over their average price over the year.

## **Briefing Note / Position Statement from the Deputy Director & Head of Education and the Interim Director of Performance & Partnerships**

It is a legal requirement under section 7 of the Education Act 1996 that parents of children of compulsory school age ensure that their children receive full-time education that is suitable to their age, ability and aptitude and to any special educational needs that they may have.

Attending school regularly is crucial - it positively impacts a child's academic attainment, safety, development and wellbeing. Children who are not attending school regularly miss out on chances to learn, to socialise, and to play an active part in their school community.

Government guidance advises that schools should not authorise requests for term time absence unless the school has received suitable evidence of exceptional circumstances. The Government does not consider a family holiday to be an exceptional circumstance.

At its meeting on 13 December 2023, the Cabinet approved the School Penalty Notice Code of Conduct for unauthorised irregular attendance at school or exclusion from school ([report CS2322 refers](#)). All schools have a legal obligation to inform Devon County Council of any child not attending regularly. The Code of Conduct, together with links to the associated policies and processes are set out [here](#)<sup>1</sup>.

Since the pandemic there has been a marked change in both the way term time holidays are viewed by many parents and carers, and scale at which they are being taken. The cost differential makes that option difficult to ignore and term-time holidays allow some families to take holidays they would not otherwise be able to afford.

-----

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.

MARIA PRICE

[Electoral Divisions: All]

### **Local Government Act 1972: List of Background Papers**

Contact for Enquiries: K Strahan

Tel No: 01392 382264 Room: G31

<b><u>Background Paper</u></b>	<b><u>Date</u></b>	<b><u>File Reference</u></b>
<b>NIL</b>		

<sup>1</sup> <https://www.devon.gov.uk/educationandfamilies/school-information/school-attendance/>



PH24/05  
Cabinet  
10<sup>th</sup> April 2024

## Smokefree Generation: Stopping the start

### Report of the Director of Public Health, Communities & Prosperity

---

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

---

#### 1) Recommendation

1.1 That the Cabinet:

- (a) Note the additional funding allocated to Devon County Council to enhance local stop smoking services and tackle the rise in youth vaping.
- (b) Receive a presentation to be given at the meeting.

#### 2) Background / Introduction

- 2.1 In October 2023 the Department of Health and Social Care launched its policy paper, *Stopping the Start: our new plan to create a smokefree generation* ([smokefree generation](#)). The policy sets out the Government's ambition to create the first smokefree generation by bringing forward legislation so that children turning 15 this year or younger will never be legally sold tobacco products. The Tobacco and Vapes Bill was introduced to Parliament on the 20<sup>th</sup> March 2023.
- 2.2 Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country, responsible for 64,000 deaths in England every year. Smoking causes around 1 in 4 of all UK cancer deaths, responsible for the great majority of lung cancer cases, and is a major cause of premature heart disease, stroke and heart failure.
- 2.3 Smoking is the single biggest cause of health inequality in England. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and early death. At present the smoking rate for Devon County Council is 13.9% (12.9% England average) but this masks huge variations across communities with rates varying from 8% to 21%. Prevalence in routine and manual workers is 26%.
- 2.4 Over 80% of smokers started smoking before they turned 20, with many starting as children. The evidence also shows that most smokers want to quit but struggle due to addiction to nicotine.
- 2.5 The Government has announced a number of measures and financial investment to support the policy including:

# Agenda Item 16

- An additional £70million per year for 5 years to support local authority-led stop smoking services
- Funding for new national anti-smoking campaigns
- Roll out of new national 'Swap to Stop' scheme (encouraging smokers to swap their cigarettes for vapes).
- Action on vapes including restricting disposal (single use) vapes, restricting flavours, point of sale and preventing industry giving out free samples of vapes to children.
- Additional funding to support enforcement agencies including Trading Standards, Border Force and HMRC to tackle illicit trade. Under the bill, enforcement officers' powers will also be strengthened with 'on the spot fines' of £100 to uphold the new laws and clamp down on underage sales of tobacco and vaping products. This builds on a maximum £2,500 fine that local authorities can already impose.

## 3) Proposal

- 3.1 Devon County Councils share of the £70million equates to approximately £949,746 for 2024/25 and is ring-fenced for use on local stop smoking services and support.
- 3.2 The funding allocation is for local authorities to support the delivery of a set of ambitious enhanced local stop smoking targets. The metric measure will be the number of smokers setting a quit date, with a target that the current level will increase by 25% in 2024-25, followed by further increases year on year during the 5 year period.
- 3.3 The additional funding will be used to build capacity in local stop smoking services areas to respond to increased demand, but will also be utilised to:
- stimulate more quit attempts by providing more smokers with advice and swift support
  - link smokers to the most effective interventions to quit
  - boost existing behavioural support schemes designed to encourage smokers to quit (for example the 'swap to stop' scheme)
  - provide system leadership for evidence-based tobacco control
  - strengthen partnerships in local healthcare systems
  - ensure a focus on reducing inequalities, by prioritising key population groups and adapting services to meet the needs of those living with multiple complexities.
- 3.4 In addition to the funding to support local stop smoking services, funding will be allocated to Devon Trading Standards Service to enhance enforcement to tackle illicit sales of tobacco and vapes.

## 4) Strategic Plan

- 4.1 The funding will support Devon County Council strategic plan as smoking is not only the biggest cause of inequalities in health, but it also has a significant detrimental impact on many other elements in society. Some of these impacts are detailed below, according to DCC's strategic priorities.



## 4.2 **Be ambitious for children and young people**

The government has made clear they wish to create a smokefree generation unaffected by the extraordinary harms of addiction-driven smoking, and tackle youth vaping. This grant would help realise the ambition of the Smokefree Generation programme, including advocating for the changes to the age of sale legislation for tobacco, and reducing adult smoking prevalence, the biggest influence on smoking uptake in young people. It will support the existing Smokefree Devon Alliance strategy, which has three priorities, including: “Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake”.

## 4.3 **Tackle poverty and inequality**

Smoking is the single biggest cause of health inequality in England. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and early death. Nationally, research showed one in five (21%) of smoking households in the UK were living below the poverty line, with long-term smokers being 7.5% less likely to be employed than non-smokers and smokers earning, on average, 6.8% less than non-smokers. Smoking has a huge financial cost to the individual; smoking 10 cigarettes per day will cost approximately £364 per month and £4368 per year. In total, an estimated £287.8 million is spent on legal and illicit tobacco per year in Devon (ASH, 2023).

## 4.4 **Improve health and wellbeing**

Smoking is the leading cause of premature, preventable death, killing up to half of its users. On average, lifelong cigarette smokers die 10 years younger than non-smokers. Smoking harms nearly every organ of the body and affects a person's overall health. It has a significant cost to the healthcare system, with smoking-related hospital admissions and the treatment of smoking related illness via primary care costing £29.7million in Devon (ASH, 2023).

## 4.5 **Support sustainable economic recovery**

Smoking negatively affects earnings and employment prospects; the cumulative impact of these effects amounts to productivity losses of £475.3million per year in Devon (ASH, 2023). Many people who develop a smoking-related illness will be severely impacted in their ability to perform routine activities, eventually requiring support from social care services; it is estimated that smoking costs social care services £17.4million per year in Devon alone (ASH, 2023).

## 4.6 **Help communities be safe, connected and resilient**

The illicit tobacco trade is often part of organised criminal activity and is linked to a range of other illegal trades including alcohol production, people-trafficking and drug smuggling. There is also evidence to suggest that the illicit tobacco trade funds terrorism (Fresh, 2024). Reducing illicit tobacco helps protect our communities, as well as prevent uptake and maintenance of smoking behaviours, particularly in children and young people.

## 5) **Financial Considerations**

5.1 Devon County Council has been awarded £949,746 for 2024/25 and is ring-fenced for use on local stop smoking services and support. The funding is confirmed for

# Agenda Item 16

the next five years, but each LA allocation will be recalculated based on smoking prevalence each year. It is not expected that funding levels will change significantly. A key requirement of accepting the additional funding is that current funding levels on smoking cessation must remain the same.

## 6) Legal Considerations

- 6.1 The lawful implications of the proposal have been considered in the preparation of this report.

## 7) Environmental Impact Considerations (Climate Change)

- 7.1 The tobacco industry is a major contributor to both human and environmental damage. Tobacco products pollute the air with toxic smoke and the ground with waste, but the entire life cycle of products is damaging to the environment (Tobacco Tactics, 2022).

## 8) Equality Considerations

- 8.1 The service aligns to the Equality Act and DCC's Equality and Diversity Policies.

## 9) Risk Management Considerations

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

## 10) Summary

- 10.1 In summary we ask Cabinet to note the report and presentation and support the additional actions to tackle the current levels of smoking in Devon and to tackle the rising levels of children vaping in Devon.

**Steve Brown:** Director Public Health, Communities & Prosperity

**Electoral Divisions:** All

Cabinet Member for Public Health, Councillor Roger Croad

## Local Government Act 1972: List of background papers

NIL

### Contact for enquiries:

Name: Steven Brown; Telephone: 01392 383000

Address: Public Health Devon, Devon County Council, County Hall, Room 142, Main Building, Topsham Road, Exeter EX2 4QD

## DEVON AUDIT PARTNERSHIP COMMITTEE

14 March 2024

### Present (in person)

Councillor R Scott	Devon County Council
Councillor S Coles	Devon & Somerset Fire & Rescue Service
Councillor C Slade	Devon & Somerset Fire & Rescue Service
Councillor L Knight	Mid Devon District Council
Councillor C Norman	North Devon Council
Councillor N Penny	Torbay Council

### Present (via Teams)

Councillor A Nix	South Hams Borough Council
Councillor A Luggar	Plymouth City Council
Councillor G Dexter	West Devon Borough Council

### Apologies

Councillor M Hartnell	Devon County Council
Councillor L Kennedy	Mid Devon District Council
Councillor J Orange	North Devon Council
Councillor J Goslin	Plymouth City Council
Councillor L Bonham	South Hams Borough Council
Councillor M Brook	Torbay Council
Councillor J Gubb	Torridge District Council
Councillor P Hackett	Torridge District Council
Councillor R Oxborough	West Devon Borough Council

The meeting was declared inquorate, therefore business on the Agenda would be moved to the next meeting.

# Agenda Item 18a

## DEVON EDUCATION FORUM

20 March 2024

### Present:-

#### Schools Members

##### Primary Headteachers

Mrs R Saim	Cedar Tree Federation
Mr C Tribble	Honiton Primary
Mr D Perkins	Honiton Littleton Primary (Academy) Substitute

##### Primary Governors

Mrs J Larcombe	Tiverton, The Castle
Ms N Warner	Newton Abbot, Decoy

##### Secondary Headteachers

Ms J Fossey	West Exe School, Ted Wragg MAT (Academy)
Mr G Hill	Pilton CC, Ventrus MAT (Academy) Substitute
Mr R Gammon	Ottery St Mary, King's School (Academy) Sub

##### Secondary Governors

Mr A Hines	Education SW Trust (Academy)
Mr A Walmsley	The Ted Wragg Multi Academy Trust (Academy)

##### Nursery School

Mrs S Baker	Westexe
-------------	---------

##### Special Headteacher

Mr K Bennett	Marland School
Ms S Pickering	Mill Water School (observing)

##### Special Governor

Mrs F Butler	Marland School ( <b>Chair</b> )
--------------	---------------------------------

##### Alternative Provision

-

##### Non-Schools Members

Mr B Blythe	PETROC, 16-19
Mrs B Alderson	Teachers Consultative Committee (TCC)
Ms S Williams	RC Diocesan Schools, Plymouth (Faith), non-voting

##### Observer

Councillor A Leadbetter	Cabinet Member – Children's Services and Skills
Councillor L Samuel	Cabinet Member – SEND Improvement Services

# Agenda Item 18b

2

DEVON EDUCATION FORUM

20/03/24

## Apologies

Mr G Chown  
Mr P Walker

Ventrus MAT (Academy)  
First Federation Trust (Academy)

Ms K Brimacombe  
Mr P Elliott  
Ms G Sanders

Whitchurch Primary, First Fed'n (Academy)  
Dartmoor Multi Academy Trust  
Athena Learning Trust (Academy)

Ms F Bowler  
Mrs S Crook  
Mr P Randall

Braunton Academy  
Tiverton High, Federation of Tiverton Schools  
Exeter St Peter's CE Aided, Substitute

Ms H Brown  
Ms S Lockwood  
Ms G Rolstone

RC Diocesan Schools, Plymouth (Faith)  
Exeter Diocesan Board of Education (Faith) Sub  
Early Years, Private & Voluntary Independent

## 122 Declarations of Interest

Over and above any general interest arising from being a teacher or governor of a school, there were no interests declared.

## 123 Minutes

### **DECISION:**

That the minutes of the meeting held on 24 January 2024 be signed as a correct record.\*

\*note list of Members Present: Ms J Fossey, Secondary Headteacher, West Exe School, Ted Wragg MAT (Academy) and Mr B Blythe, PETROC 16-19, to be added. Ms Bowler and Mr Hill listed, were Secondary Headteachers of Braunton Academy and Pilton CC, Ventrus MAT (Academy) respectively. Ms Larcombe listed, was a primary maintained governor, Tiverton, The Castle.

## 124 Matters Arising from the Last Meeting and Report back on Issues Raised with Cabinet/f40

-

## 125 Membership

### **DISCUSSION:**

The Chairman welcomed Ms N Warner, primary maintained governor, to her first meeting.

## 126 Deputy Director and Head of Education Update

### **DISCUSSION:**

The Forum considered the Report of the Director of Children and Young People's Futures (DEF/24/07) on:-

(a) Attendance and Exclusions: Devon schools data, together with DfE guidance 2024 on improving attendance which would become statutory in September 2024.

The Interim Deputy Director and Head of Education highlighted (in summary) that:-

- Devon's persistent absenteeism (missing 10%+ sessions) was slightly higher than national, regional and statistical neighbours, as well as giving the picture for overall and severe absenteeism. Local data to date indicated an improving Devon picture but with more work to do. Devon Free School Meals pupils, Pupil Premium and disadvantaged pupils were at most risk of persistent absenteeism. Apart from pupil outcomes, there was a significant safeguarding concern, with the DfE guidance clear this was a multi-agency issue;

-Devon LA was well placed to respond to the new DfE requirements, but continuing to refine its work, expecting all schools to sign up and share attendance data within the DfE portal which gave live time data analysis, a fresh strategy and implementation. The DfE guidance referenced the National Children's Commissioner's recommendations which would inform the next phase. The DfE was also expecting Multi Academy Trusts to have low absenteeism before they could develop and expand further;

-Permanent Exclusion and Suspension rates remained higher than pre-pandemic both nationally and in Devon. Further Devon analysis was underway. Free School Meals and SEN Support pupils were significantly more likely to have permanent exclusion. Devon LA was planning to work with schools to establish a pilot aiming for zero exclusions; and

-Elective Home Education (EHE) had spiked both nationally and in Devon however this had now plateaued in Devon. Whilst Devon was tracking these pupils (indicating that Key stage 3 contained the largest number of EHE pupils), mental health was now the main reason reported for EHE, but safeguarding and assisting pupils to return to school remained a concern.

Members comments included:-

# Agenda Item 18b

4

DEVON EDUCATION FORUM

20/03/24

- a request that special schools data be reported in the same way and detail as mainstream schools data, but with contextual / benchmarked to the special school sector and SEND sub-sectors;

-concern that in following up pupil absenteeism and EHE, the highest number was amongst the most vulnerable pupils; and

-further data on managed move pupils would be welcomed.

(b) Additionally, there was an update on Ofsted's findings in Devon and recent Ofsted activity in Devon. Devon was performing marginally better than nationally, particularly in primary, however special schools were achieving better than nationally in relation to Ofsted outcomes (and higher than reported).

## **DECISION:**

That Report (DEF/24/07) be noted, together with Members' requests in (a) above.

## **ACTION:**

Interim Deputy Director and Head of Education (Ceri Morgan) - (a) above, special school and managed moves data.

127

## **Special Education Needs & Disabilities (SEND) Transformation Programme Update**

### **DISCUSSION:**

The Forum considered the Report of the Director of Children and Young People's Futures (DEF/24/08) on performance of SEN statutory processes and key updates on sufficiency and placement value.

The SEND Strategic Director (Interim) reported on (in summary);-

-the in depth whole system review, including costings of processes and efficiency. This commenced in October 2023 to address three Ofsted issues (i.e. timeliness of statutory Plans; communications with families and the quality of Plans). There had been steady improvement to front end EHCP outcomes since April 2023 however there was still significant improvement required for families to feel a difference;

-sufficiency work had identified a significant shortage in resource base provision in Devon, a key pressure with LAs in this position more likely to need to commission high cost places from independent specialist providers. Devon LA planned to establish an additional 200 resource base places in the



next five years. The remaining special school building programme continued to focus on increased places for children with specific SEND needs;

-a capital funding bid to DfE (as part of the Safety Valve proposals) supported plans for a further 300+ FE places and an improved SEND offer.

In response to Members' comments and questions the SEND Strategic Director (Interim) advised that:-

-there were a number of practices other LAs were adopting to achieve better SEND provision, including:- better education support offer for schools, Early Help and early intervention; the statutory SEND route was flooded in Devon as there was a perception that there was not an alternative good offer; links to Devon's exclusion and attendance with a lot of SEND pupils not in school; other LAs support offer pre-statutory stage. Inconsistencies in provision in Devon schools across the county had been identified and school visits carried out. The LA and schools' role, traded and core offers were being looked at holistically;

-Devon's 7% statutory completion rate was indicative of a system problem with excessive demand, with more pre-statutory provision needed;

-the Director would look into SEND provision/any correlations of other LAs in a similar funding position and report back;

-the recognition of some positive data and excellent practice (e.g. special school outreach work);

-the demand from parents for statutory offers and referrals to tribunals were unlikely to significantly decrease until Devon's processes were effective; and

-each pupil's needs would continue to be individually assessed, with no broad brush approach to reduce costs.

## **DECISION:**

(a) that the update on performance related to SEN Statutory Processes be noted;

(b) the update on key strands of Devon's SEND Transformation Programme be noted; and

(c) that a Report arising from the SEND practices of other LAs in a similar funding position to Devon be made to the next meeting.

## **ACTION:**

SEND Strategic Director (Interim) (Kellie Knott) - (c) report to next meeting.

# Agenda Item 18b

6

DEVON EDUCATION FORUM  
20/03/24

## 128 Finance

### DISCUSSION:

#### a Schools Finance Group (SFG) Minutes

The Forum considered the minutes of the SFG meeting held on 6 March 2024 (also considered in relation to other finance reports within the agenda).

Also available at [Schools Finance Group \(SFG\) – Education and Families \(devon.gov.uk\)](https://www.devon.gov.uk/schools-finance-group-sfg-education-and-families)

### DECISION:

That the minutes of the Schools Finance Group (SFG), 6 March 2024 be received.

#### b High Needs Funding Sub Group Minutes

### DECISION:

That the minutes of the High Needs Funding Sub Group, 4 March 2024 be received.

#### c Finance Update

### DISCUSSION:

The Forum considered the joint Report of the Director of Children and Young People's Futures and Director of Finance and Public Value (DEF/24/09), regarding:-

Month 10 Dedicated Schools Grant (DSG) budget monitoring position;  
DSG Management Plan;  
High Needs;  
Safety Valve staffing investment;  
Workstream Savings;  
Impact of cost reduction on overall Deficit;  
Capital investment; and  
Risks.

-The Month 10 outturn forecast for 2023/24 showed a significant overspend in the overall DSG of £40.9m associated with the continued demand on High Needs after taking into account management actions savings of £7.9 million identified in the current Safety Valve Intervention management plan;

- The Management Action of £20.2m reflected budgeted savings expected to be delivered in 2023/24, as per the current Safety Valve submission to the DfE. As at Month 10, £14.6m was identified as at risk of not being delivered due to either delays in projects or not proceeding;

-An additional £2.3 million independent sector savings had been identified from 3-5 year placements ending and Adult Social Care contribution;

-The DSG Adjustment Account was projected to rise to £167.6 million by the end of 2023/24;

-A high level of requests for EHCP referrals continued (7.8% increase on same period last year). The number of requests being refused at 6 weeks decreased by 0.35% and 16 weeks increased by 8.35%. Although refusals were higher in 2023/24, due to the increased number of requests being received, the number of plans being agreed and issued were rising, with no volume reduction in EHCPs. Support from schools was required to take action to mitigate the growing demand;

-The increasing DSG deficit could have a considerable impact on future education budgets within the DSG as well as impacting on the financial sustainability for Devon County Council.

In response to Member comments, Officers advised that:-

-a response from the DfE regarding the proposed Safety Valve for Devon was still awaited;

-the trend on management actions was influenced on previous measures taken, but next year would be based on current measures.

## **DISCISON:**

(a) that month 10 DSG monitoring position as set out in Report (DEF/24/09) be noted; and

(b) that the current Safety Valve / DSG management plan position as set out in the Report be noted.

## **ACTION:**

-

129

## **Standing (and other) Groups**

The Forum received the following from its standing and other groups (excepting Schools' Finance Group (SFG) minutes and High Needs Funding Sub Group, considered under Finance minute above):-

# Agenda Item 18b

8

DEVON EDUCATION FORUM

20/03/24

(a) Standing Groups

School Organisation, Capital and Admissions (SOCA)

Minutes of the meeting held on 5 March 2024.

Also available at

[School Organisation, Capital and Admissions Group \(SOCA\) – Education and Families \(devon.gov.uk\)](#)

(b) Other Groups

-

## 130 Dates of Future Meetings

Meetings at 10am. Please check venue/arrangements

<https://democracy.devon.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

Wednesday 19 June 2024

Wednesday 20 Nov 2024

Wednesday 22 Jan 2025

Wednesday 19 March 2025.

### **NOTES:**

1. *Minutes should always be read in association with any Reports for a complete record.*
2. *If the meeting has been webcast, it will be available to view on the [webcasting site](#) for up to 12 months from the date of the meeting*

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

The Meeting started at 10.00 am and finished at 11.05 am

# 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 with the papers for the meeting. *Where possible the 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.

Click to see an [up to date version of the Forward Plan](#) on the Council's web site at any time.

Also see the website for [Copies of Agenda and Reports of the Cabinet or other Committees of the County Council](#) referred to in this Plan

## 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](mailto: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
<i>Regular / Annual Matters for Consideration</i>					
8 May 2024	County Road Highway Maintenance Capital Budget and Progress on 2023/24 Schemes and Proposals for the 2024/25 Programmes and the On-street Parking Account 2024/25	Public, CIRS Scrutiny, highway maintenance suppliers	Meetings and surveys	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

8 May 2024	Revenue and Capital Outturn 2023/2024			Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
13 June 2024	Adult Social Care - Market Sustainability Plan and Sufficiency Assessment			Report of the Director of Integrated Adult Social Care outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 September 2024	Transport Capital Programme 2024/25 and 2025/26: Update and Proposed Allocation	Public, District Councils, Stakeholders and Delivery Partners	Local Transport Plan 2011 – 2026 consultation, meetings, planning applications and local plan consultation	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
11 December 2024	Childcare Sufficiency Assessment - Annual Return			Report of the Director of Children and Young People's Futures outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

11 December 2024	Target Budget and Service Targets for 2025/2026			Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
14 February 2025	Education Travel Review: Approval to arrangements for subsequent academic year and School Admissions Policies 26/27	All relevant stakeholders		Report of the Director of Children and Young People’s Futures outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
12 March 2025	Flood Risk Management Action Plan 2025/2026			Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
<i>Specific Matters for Consideration - KEY</i>					



<p>10 April 2024</p>	<p>North Devon Link Service (outcome of call-in)</p>		<p><a href="https://www.devon.gov.uk/haveyoursay/consultations/proposed-closure-of-the-north-devon-link-service-in-barnstaple-bideford-and-ilfracombe/">https://www.devon.gov.uk/haveyoursay/consultations/proposed-closure-of-the-north-devon-link-service-in-barnstaple-bideford-and-ilfracombe/</a></p>	<p>Report of the Director of Integrated Adult Social Care outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All in North Devon</p>
<p>10 April 2024</p> <p>Page 137</p>	<p>Plymouth and South Devon Freeport: approval to go to tender and award for both the Phase 1a Spine Road, Langage and A38 Deep Lane pedestrian/cycle bridge</p>	<p>Landowners and members of the public</p>	<p>Meetings / correspondence and consultation to be undertaken as part of the planning process for both; existing public consultation completed on the pedestrian/cycle bridge</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Bickleigh &amp; Wembury</p>

10 April 2024	Commissioning services to address Interpersonal and Gender-based Violence and Abuse in Devon			Report of the Head of Communities outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 April 2024	Sexual and Reproductive Health Recommissioning	TBC	TBC	Report of the Director of Public Health, Communities and Prosperity outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 April 2024	Fostering Allowance Uplift			Report of the Director of Children and Young People's Futures outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 April 2024	Assurance of LA delivery of duties (defined by Part 1 of Care Act (2014) by the Care Quality Commission (CQC) Assurance of local authority delivery of its duties defined by part one of the care act (2014) by the Care Quality Commission and its contribution to improving services and outcomes for people in receipt of adult social care including through self-assessment.	Health and Adult Care Scrutiny		Report of the Director of Integrated Adult Social Care outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

8 May 2024	Barnstaple Longbridge Phase 1 Scheme for approval to construct (subject to public consultation results)	Public, Councillors and Stakeholders	Previous North Devon HATOC approval to carry out public consultation. Full public consultation - online ('Have your say'), hard copies in libraries, press releases, social media adverts	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Barnstaple North; Barnstaple South
---------------	---	--------------------------------------	---	---	---------------------------------------

<p>8 May 2024</p>	<p>West Devon Transport Hub: enhancement of transport capital programme and appropriation of land at Okehampton Business Park</p>	<p>County Councillors, West Devon Borough Council, Okehampton Town Council, Network Rail, GWR, Heart of the South West LEP, Devon &amp; Cornwall Rail Partnership, OkeRail, Stagecoach</p>	<p>Plymouth and South West Devon Joint Local Plan consultation; letters of support from a wide range of stakeholders in support of Levelling Up Fund grant submission</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Okehampton Rural</p>
-------------------	---	--	---	--	-------------------------

<p>8 May 2024</p> <p>Page 141</p>	<p>Exmouth Gateway Active Travel Improvements: Levelling Up Fund Scheme for Approval</p>	<p>East Devon District Council, Exmouth Town Council, Public</p>	<p>Initial public engagement in Summer 2023 and a full public consultation exercise in Winter 2024. Both of these through information on websites, stakeholder briefing sessions, meetings with the town council and in person events.</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Exmouth; Exmouth &amp; Budleigh Salterton Coastal</p>
-----------------------------------	--	--	--	--	--

<p>8 May 2024</p> <p>Page 142</p>	<p>Devon County Council's Low Carbon Supply Chain Strategy</p>	<p>Environmental Performance Board, Climate Change Standing Overview Group of the Corporate Infrastructure and Regulatory Services Committee, Devon County Council suppliers</p>	<p>Meetings and surveys</p>	<p>Report of the Director of Climate Change, Environment and Transport, Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All Divisions</p>
-----------------------------------	--	--	-----------------------------	--	----------------------

<p>8 May 2024</p>	<p>Proposal to establish a SEN Resource Base at West Croft Primary School from September 2024</p>	<p>Parents/care rs/guardians, staff, governors, County Councillors, District Councillor, MP, Trade Union Representatives, Devon Parent Carer Forum, Equality Groups, SENTient Trust, Town Council, Diocese, all schools, Early Years providers.</p>	<p>Distribution of consultation document, website.</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Bideford West &amp; Hartland</p>
-------------------	---	---	--	--	-------------------------------------

Dartmouth & Marlton

Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.

It is anticipated that the Trust would widely publicise the listening period through email and information on the Trust website. DCC would also publicise the listening period to stakeholders and publish on the DCC Have Your Say website.

As an Academy School, the Trust will be required to carry out a Listening Period following a substantive decision to close the school by the DfE. The Listening Period will provide information on why the school is closing and is an opportunity for stakeholders and other interested parties to submit their views on how the closure process can be best managed. The DfE considers the

Kingswear Community Primary (Academy) School: Closure Proposals

8 May 2024



8 May 2024	Family Hubs			Report of the Director of Children and Young People's Futures outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
8 May 2024	Property Change Programme - Phase 2	TBC	TBC	Report of the Director of Transformation and Business Services outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
8 May 2024	Part II - Land purchase for Redbridge, River Otter	Land owners / agents, parish council and local community groups	Correspondence and meetings	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	Otter Valley
12 June 2024	Devon and Torbay Local Transport Plan 4 2026 - 2040: Approval to go to Consultation	N/A at this stage	N/A at this stage	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

12 June 2024	Bus Service Improvement Plan Tranche 2 Schemes	Local Members, Cabinet Member, Public, Stakeholders and Delivery Partners	Public consultation to be held prior to Cabinet meeting	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
12 June 2024	CSW Group Ltd	TBC	TBC	Report of the Interim Director of Performance and Partnerships outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
20 July 2024	Budget Monitoring - Month 2			Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 July 2024	Proposed Productivity Plan for submission to Department for Levelling Up, Housing and Communities			Report of the Interim Director of Performance and Partnerships outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

<p>10 July 2024</p>	<p>Pathfield Special School: reduction in number of registered places from 186 to 168 from September 2025.</p>	<p>Parents/carers, staff, MP, County Councillors, District Councillors, Town Council, Equality Groups, SENTient Trust, Parent Carer Forum, all Schools, DfE, SOCA.</p>	<p>wide distribution of consultation document, parent/carer and staff meeting, school website, DCC Have Your Say website</p>	<p>Report of the Director of Climate Change, Environment and Transport, Director of Children and Young People's Futures outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Barnstaple North</p>
<p>10 July 2024</p>	<p>Bluecoats C of E Primary School, Great Torrington, Proposal to establish two Resource Bases</p>	<p>Parents/carers, staff, MP, County Councillors, District Councillors, Town Council, Equality Groups, SENTient Trust, Parent Carer Forum, all Schools, DfE, SOCA.</p>	<p>Wide distribution of the consultation document, school website and DCC Have Your Say website.</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Torrington Rural</p>

<p>10 July 2024</p>	<p>Tipton St John C of E Primary School – School Rebuilding Programme</p>	<p>Parents/care rs, staff, MP, County Councillors, District Councillors, Parish and Town Council, Union representatives, Equality Groups, all Schools, DfE, SOCA.</p>	<p>wide distribution of consultation document, school website, DCC Have Your Say website, consultation meeting</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>Otter Valley</p>
<p>18 September 2024</p>	<p>Budget Monitoring - Month 4</p>			<p>Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All Divisions</p>

<p>Between 11 September 2024 and 9 October 2024</p>	<p>For approval - Future Delivery Model for the Highway Maintenance Service</p>	<p>a. Other Local Authorities on same procurement timeframe or recently procured contracts b. Supply Chain c. Elected Members</p>	<p>a. Discussions with lead officers b. Market engagement questionnaire through ProContract c. Spotlight Review and Scrutiny Committee</p>	<p>Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All Divisions</p>
<p>11 September 2024</p>	<p>Tender and Contract Award of the Community Equipment Service (previously DILIS)</p>		<p>Doc's to be considered - Final Decision Paper; Service Specifications (Service and IT)</p>	<p>Report of the Director of Integrated Adult Social Care outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	<p>All Divisions</p>
<p>Between 11 September 2024 and 9 October 2024</p>	<p>Public Open Space off Matford Lane</p>			<p>Report of the Director of Transformation and Business Services outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.</p>	

13 November 2024	Budget Monitoring - Month 6			Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
8 January 2025	Budget Monitoring - Month 8			Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

**PART B -FRAMEWORK DECISIONS**  
(Requiring approval of the County Council)

<b>Date of Decision</b>	<b>Matter for Decision</b>	<b>Consultees</b>	<b>Means of Consultation**</b>	<b>Documents to be considered in making decision</b>	<b>County Council Electoral Division(s) affected by matter</b>
10 April 2024	Coroners Devon Wide Service Proposals and Adoption of Functions.	Plymouth CC / Torbay Council / and	TBC	Report of the Director of Legal and Democratic Services outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
22 April 2024 29 April 2024	Devolution - Approval of Deal	Team Devon		Report of the Chief Executive outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

Page 150

8 May 2024	Annual Performance - Summary, Review and Forward Planning			Report of the Interim Director of Performance and Partnerships outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
23 May 2024					
12 June 2024	Annual Youth Justice Plan			Report of the Head of Service (Early Help and Partnerships) outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
5 September 2024					
10 July 2024	Framework Decision -Devon and Torbay Local Transport Plan 4 2026 - 2040: Approval of Plan	Public consultation, interested parties, all County Council Members	Online on Have your say   Help shape services across Devon, briefing sessions	Report of the Director of Climate Change, Environment and Transport outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
September 2024					
13 January 2025	Pay Policy Statement 2025/2026			Report of the Director of People and Culture outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
20 February 2025					

14 February 2025	Revenue Budget, Medium Term Financial Strategy 2025/2026 - 2028/2029 and the Capital Programme for 2025/2026 - 2029/2030			Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
20 February 2025					

**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
------------------	---------------------	------------	-------------------------	---	---

Page 152

**Regular / Annual Matters for Consideration**

Between 10 April 2024 and 8 May 2025	Standing Items, as necessary (Minutes, References from Committees, Notices of Motion and Registers of Delegated or Urgent Decisions) <i>[NB: Items relating to the letting or occupancy of individual holdings may contain information about, or which is likely to reveal the identity of, an applicant for a holding and about the financial and business affairs of the Council and any prospective or existing tenant that may need to be discussed in the absence of the press and public]</i>	To be considered at the Farms Estates Committee, including any advice of the Council's Agents South West Norse Ltd.		Report of the Director of Transformation and Business Services, Director of Transformation and Business Services outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
Between 10 April 2024 and 8 May 2025					



Between 10 April 2024 and 8 May 2025	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
10 July 2024	Public Health Annual Report 2023/2024			Report of the Director of Public Health, Communities and Prosperity outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 July 2024	Treasury Management Stewardship Outturn Report	Corporate Infrastructure and Regulatory Services Scrutiny		Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
10 July 2024	Performance Update (Quarterly Report)			Report of the Interim Director of Performance and Partnerships outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
9 October 2024	People First Strategy - Action Plan - 12 Months Progress Report			Report of the Director of People and Culture outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions

11 December 2024	Treasury Management Stewardship Mid Year Report		Report of the Director of Finance and Public Value outlining all relevant considerations, information and material including any equality and / or impact assessments, as necessary.	All Divisions
<i>Specific Matters for Consideration</i>				