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Date: Tuesday, 21 January 2025

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Dear Member

## **CABINET - THURSDAY, 23 JANUARY 2025**

I am now able to enclose, for consideration at the Thursday, 23 January 2025 meeting of the Cabinet, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>	<b>Page</b>
10.	<b>Appointment of Member Champions</b>	(Pages 3 - 26)

Yours sincerely

Lisa Antrobus  
Clerk

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**Meeting: Cabinet**

**Date: 23 January 2025**

**Wards Affected: All Wards**

**Report Title: Appointment of Member Champions**

**Is the decision a key decision? No**

**When does the decision need to be implemented? as soon as possible**

**Cabinet Member Contact Details:** Councillor David Thomas, Leader of the Council, david.thomas@torbay.gov.uk

**Supporting Officer Contact Details:** Anne-Marie Bond, Chief Executive, anne-marie.bond@torbay.gov.uk, (01803) 207015

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## **1. Proposal and Introduction**

- 1.1 Member champions are elected members who act as an advocate or spokesperson for a specific area of the Council's business. The main responsibility of each member champion is to encourage communication and positive action over the issue they represent. A full job description for Member Champions is set out in Annex 1 to the Local Protocol on Member Champions within the Council's Constitution.
- 1.2 At the Cabinet meeting on 11 July 2023, the Cabinet appointed Councillor Tranter as the Member Champion to champion key aspects of the Council's work in respect of the Armed Forces.
- 1.3 At the Overview and Scrutiny Board meeting held on 6 November 2024, Members considered an annual review of Safer Torbay (Torbay's Community Safety Partnership). Part of the discussions centred around Domestic Abuse and Sexual Violence and what the Council and Councillors could do to help support this vital Service. The Overview and Scrutiny Board (unanimously) agreed to request the Cabinet to appoint a Domestic Abuse and Sexual Violence Member Champion. The background to this can be found at Appendix 2 to this report (Note: the remaining recommendations from the Overview and Scrutiny Board would be considered at part of the Priorities and Resources Review 2025/2026).
- 1.4 The Leader of the Council sought expressions of interest from all Councillors for the two Member Champion positions and following an interview process with the Leader of the Council and Deputy Leader of the Council, and in consultation with the Group Leaders and Chief Executive, it was proposed that Councillors Spacagna and Johns be appointed to the two Member Champion roles.

## **2. Reason for Proposal and associated financial commitments**

- 2.1 To change the Member appointed as the Member Champion for Armed Forces for the remainder of the current four-year term of office and respond to the request of

the Overview and Scrutiny Board to appoint a Domestic Abuse and Sexual Violence Member Champion.

- 2.2 There are no financial commitments in respect of the proposals contained in this report.
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### **3. Recommendation(s) / Proposed Decision**

- (i) That Cabinet give thanks to Councillor Tranter for the work she has undertaken to date, to champion the Council's work in respect of the Armed Forces;
- (ii) That Councillor Spacagna be appointed as the Armed Forces Champion until May 2027; and
- (iii) That Councillor Johns be appointed as the Domestic Abuse and Sexual Violence Member Champion until May 2027.

### **Appendices**

- Appendix 1 Local Protocol on Member Champions as set out in the Council's Constitution
- Appendix 2 Safer Communities Annual Review/Domestic Abuse and Sexual Violence – Report of the Overview and Scrutiny Board

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Annex 1 - Possible Roles of Member Champions

**1. Introduction**

- 1.1 Member champions are elected members who act as an advocate or spokesperson for a specific area of the Council's business. The main responsibility of each member champion is to encourage communication and positive action over the issue they represent.

**2. Appointment of Member Champions**

- 2.1 The Cabinet is responsible for appointing all the member champions. All group leaders will be consulted before any appointments are confirmed by the Cabinet. Any member of the Council may be member champion, including the Leader of the Council.
- 2.2 Member champions will be appointed following the whole local government elections that take place every four years and will normally be expected to serve for the period of his/her term of office to ensure some stability in the role. However, an appointment may be made during the four year period to any new position that is established or to a position where there is a vacancy. The appointments made by the Cabinet must be communicated in writing to the Chief Executive and a record of decision published.
- 2.3 Although there is no legal requirement to apply the political balance rules to the appointments, there will be an expectation that the roles will normally be shared proportionately to reflect the political balance of the Council. However, any appointment should have due regard to the suitability for the role and relevant national and local guidance.
- 2.4 A member champion may be removed from office at any time by the Cabinet by written notice to the Chief Executive, the member champion being removed and all the group leaders.
- 2.5 Any member champion may resign from office by giving written notice to the Chief Executive and the Leader of the Council.

**3. Role of Member Champions**

- 3.1 Member champions may have a description of their respective roles provided by the decision-maker. Roles may be developed by the relevant Director/Divisional Director in consultation with the relevant Cabinet Member and the champion concerned. A generic role description for champions is set out in Annex 1 to this protocol which will apply to all member champions.

**4. The Parameters of the Member Champion Role**

- 4.1 All member champions must act reasonably in their role and recognise and work effectively within the political management and working arrangements adopted by the Council.
- 4.2 A champion cannot make decisions and must not commit the Council in any way or in a manner that could be interpreted as being contrary to established policy and practice. They may, however, confirm a position as stated in a published policy.

**5. Leader of the Council/Cabinet Members – Working Relationship with Member Champions**

5.1 The Leader of the Council/Cabinet Members will normally:

- (a) acknowledge the right of champions to be consulted on matters relating to their area of interest;
- (b) take full account of any views offered by champions prior to any decision taken on matters within their area of interest;
- (c) co-operate with champions in the formulation of action plans they have agreed with the relevant officer; and
- (d) consider nominating the relevant champion to represent the Council at a relevant conference/seminar on the subject matter of the champions interest.

**6. Overview and Scrutiny Co-ordinator/Scrutiny Leads – Working Relationship with Member Champions**

6.1 The Overview and Scrutiny Co-ordinator/scrutiny leads will normally:

- (a) acknowledge the right of champions to be consulted and to participate in discussions on matters relating to their interest;
- (b) ensure there is appropriate engagement or consultation with champions in the formulation of policy;
- (c) ensure champions are specifically invited to be contributors to any reviews that have a direct bearing on their interest; and
- (d) ensure an opportunity is provided for champions to contribute or to comment on the Overview and Scrutiny Work Programme.

**7. Officer Support to Member Champions**

7.1 The member champions play an important role in promoting their area of interest on behalf of the Council. In recognition of the importance of the respective roles of champions, officer support will be provided at a senior level.

7.2 Each member champion will be advised by an appropriate officer (normally Divisional Director or above). The officer will meet with the relevant member champion as regularly as the officer and the relevant member champion consider necessary to discuss action plans, current activities, national developments or any other matters relating to the interest being championed.

7.3 The officer concerned will give reasonable support to the member champion, including the provision of Council information, government communications and national publications within their remit.

**8. Accountability**

- 8.1 A member champion may be questioned by another member of the Council on their respective area of interest at a meeting of Council in accordance with Standing Order A12.1 in relation to council meetings.

**9. Training**

- 9.1 All member champions will normally have the opportunity to attend appropriate training courses contained in the Council's Member Development Programme in accordance with the Protocol on Relations between the Leader of the Council and Political Groups.

**10. Attendance at Seminars Conferences**

- 10.1 The attendance of member champions at conferences/seminars relevant to their roles will be in accordance with the Protocol on Relations between the Leader of the Council and Political Groups.

**11. Allowances**

- 11.1 None of the member champions are entitled to receive a Special Responsibility Allowance (SRA) for carrying out their role. The Independent Remuneration Panel may consider whether the position of a member champion should attract an SRA.

**12. Dispute Mechanism**

- 12.1 In the event that a dispute arises in relation to the operation of this protocol such dispute must be referred to the Chief Executive whose decision on the dispute shall be final. The parties to any dispute are expected to provide the Chief Executive (or any person nominated by him/her to determine the dispute) such information as he/she may reasonably require to make a decision on the dispute.



Annex 1

**Possible Roles of Member Champions**

The following examples of roles for member champions may be appropriate to include in a job description:

- (a) To champion the adopted policy of this Council for the relevant theme;
- (b) To promote their area of interest both within and outside the Council;
- (c) To contribute to the review and development of policies pertaining to the area of interest;
- (d) To challenge and question the Council and (other) Cabinet Members on issues affecting their area;
- (e) To attend meetings of the Council, its Committees and the Cabinet and speak on issues (when permitted by the person presiding the meeting) relevant to their area;
- (f) To act as a catalyst for change and improvement in service delivery;
- (g) To monitor the Forward Plan and seek information from the relevant officers and (other) Cabinet Members about forthcoming business and exert influence on behalf of the interest;
- (h) To monitor overview and scrutiny plans and activity and seek information and offer views on relevant review subjects and exert influence on behalf of the interest;
- (i) To seek to place appropriate items on member meeting agendas;
- (j) To keep other councillors up-to-date with activities relevant to the area of interest;
- (k) To network with member champions from other local authorities with the same interest to keep up-to-date with current developments;
- (l) To provide positive support, and on occasions, constructive challenge to officers in driving forward the Council's agenda on relevant issues; and
- (m) To act as the Council's representative on relevant external bodies where Council representation is required or sought.

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## **Safer Communities Annual Review/Domestic Abuse and Sexual Violence – Report of the Overview and Scrutiny Board**

### **Report to Cabinet as part of the budget consultation process**

#### **Background**

1. The Overview and Scrutiny Board met on 6 November 2024 to consider the annual review of Safer Torbay (Torbay's Community Safety Partnership). Victoria McGeough, Partnership Lead Manager, Torbay Council presented the submitted overview report which provided an update on the following work of Safer Torbay:
  - Strategic Assessment
  - Prevent
  - Modern Slavery
2. In response to questions, Members were informed that there are clear pathways of support in place for young people who were at risk of terrorism which would lead to multi-agency support. Where online bullying was identified Members were told that appropriate responses were put in place by schools and where necessary Police and Children's Services. A lot of the work was identification around having conversations and identifying when behaviours or activities sounded like they had changed for the individual without explanation. When working with individuals in the Prevent space it was about challenging views and offering a counter narrative to address dangerous and or toxic narratives. Work with schools was good and Torbay's referral rates were at the level expected and were appropriate as a result of the support that was in place. There is a programme called 'Act Early' where family and friends could find information and be aware of how to report concerns to prevent radicalisation and extremism by acting early (see <https://actearly.uk/>). It was noted that risk from radicalisation was a form of exploitation in its own right and individuals were often known to agencies through existing vulnerabilities and were often vulnerable to any form of exploitation including county lines, modern slavery and human trafficking. Torbay works in partnership with Devon on modern slavery and human trafficking with Plymouth and Cornwall joining to help increase awareness and support what people do moving forward. It was important to encourage people to understand what they were looking for and how to report, work has included campaigns for taxi drivers, hotels, leafletting and working with the Children's Services Exploitation Team. The charity 'Unseen' was the leading charity in this area and a key partner in this work (see

<https://www.unseenuk.org/about-us/unseen-history>). The British Transport Police have carried out training for train workers, and have undertaken joint work with the Police and Children's Services, and taxis present at the train stations to raise awareness and identification of risks, particularly young people's movement around different areas. This was part of a positive partnership approach to challenges faced. Training was provided to schools via the Learning Academy. Schools also have good relationships with Children's Services and Community Safety, with Multi-Agency Forums including representatives from schools. The Multi-Agency Safeguarding Hub (MASH) was the place to refer concerns which were then reviewed by multiple partners within 24 hours with specialist referrals for certain crimes. This works to a National Standard which requires understanding if a child was being exploited. There was a perception that trafficking was for foreign nationals, but this was not the case it could be local e.g. people in the same street. It involves children and adults with the split of demographics depends on the type of modern slavery. Incidents of cuckooing were referred Police and to the single point of contact for Adult Social Care.

3. Members were advised that there was no evidence of higher toxic incidents towards women in Torbay compared to other areas. It was important to talk about how to change perceptions and have conversations around the topics and challenge some perceptions, including early conversations to mitigate gender-based violence.

### **Serious and Organised Crime**

4. Superintendent Hayley Costar, Devon and Cornwall Police gave a verbal update on serious and organised crime. It was noted that this was nationally defined as individuals planning and co-ordinating or committing serious crime. The Police were mapping the problem and trying to understand what role people played within an organised crime group and the impact they have in Torbay. Not all people mapped to Torbay will commit crimes in Torbay. The proportion of crimes was mapped biannually. 50% of people impacted by organised crime related to drugs, 10% fraud, 10% exploitation and 30% serious violence and antisocial behaviour.
5. Members were advised that the Police work on a four 'P' approach: pursue, prevent, protect and prepare working together with partners. Torbay has strong partnerships and a Strategic Assessment which replicates the priorities for the area. Police hold a tactical co-ordination meeting each month, with monthly activity driven by the business to see sustained outcomes. This was measured in multiple ways including conviction and disruptions to the person and the place involved, which helped to stop incidents happening where successful disruptions were achieved. Last year across South Devon there were 88 disruptions, £370,000 of drugs was seized, 89 weapons were seized, 88 arrests and £100,000 cash recovered. The cash was invested through a national pot and £20,000 was given back to the Police to invest in South Devon to support local communities. There were 5 convictions in the last twelve months totalling 19 years relating to three crime groups.
6. The Board noted the actions for the next twelve months were to continue the approach with regular weeks of intensification focussing on areas such as

cyber-crime, knife crime week, sexual exploitation, county lines and business crime interventions on shoplifters.

7. Members asked questions in relation to what formula was used for the proceeds of crime for seized cash and was £20,000 fair for South Devon; how did the crime figures compare to last year; how do our statistics compare to the rest of the country; and how was harm measured.
8. In response to questions, Members were informed that some of the money from proceeds of crime funds economic crime staff and that £20,000 back to South Devon seemed fair. The crime figures were viewed in terms of the overall threat assessment type which had stayed the same as last year, but the impact of the crime had increased. Analysts had a harm index and also a recency, frequency, gravity matrix which provided a score of the harm being caused by the crime.

### **Domestic Abuse and Sexual Violence**

9. Shirley Beauchamp, Domestic Abuse and Sexual Violence Commissioning and Strategy Lead outlined the submitted papers in respect of domestic abuse and sexual violence (DASV). The DASV Executive Group had agreed the following three priority areas for specific focus:
  1. Communications

To develop a communications plan that raises awareness and also educates people about domestic abuse and sexual violence in the context of relationships; and ensures victims and survivors know where to get support and trust that they will be believed.
  2. Workforce Development

To review the range of learning offers available, content and format. To identify, test solutions and make recommendations to address the challenges the system is experiencing in maximising uptake of learning offers.
  3. Disruption

To focus on ways to identify and disrupt the person causing harm as early as possible. This included prevention and initiatives in communities (including in the Night Time Economy) as well as seeking resources to put in place sustainable behaviour change interventions that are currently not available due to a lack of funding.
10. Prior to the meeting Members of the Board received a paper on funding for DASV services. Members acknowledged that a significant amount of funding for DASV services ended in March 2025 and until the Government had confirmed the allocation to Local Authorities, it was not clear how services would be funded in the future. This was also impacting on funding for support services, advocacy and criminal justice services which could take up to 18 months to get through if the perpetrator pleaded not guilty. Partners work with the Safer Rainbow Service on behalf of the whole of Devon and they have

seen the complexity of cases referred to the service increasing month on month. Members also noted the submitted letter from the Chief Executive Officer from Devon Rape Crisis and Sexual Abuse Services raising concern over future sustainability of their services, which currently had an office in Torquay. The risks around future funding was included on the risk register and reviewed monthly.

11. The Board was concerned over the lack of certainty and sustainable funding for DASV services which impacted on the most vulnerable people in Torbay and their families and sought assurance that this would be escalated.
12. Members asked questions in relation to the impact on charities and organisations caused by lack of certainty around funding for DASV support services; what work was being done to show people what healthy relationships look like; were children able to be recognised as being victims of domestic abuse; and what was the best message Councillors could give around DASV.
13. Members were advised that there was a real risk to some organisations that would impact on critical services if they had to cut their costs and would have to give notice to staff which may result in services not being delivered locally.
14. In response to questions, Members were advised of the Healthy Relationship programme in schools, although there was a statutory requirement to allow parents to opt their children out of taking part. There was not a consistent approach across all schools and Officers would like to see this being consistent.
15. It was noted that Torbay Council enables a child in their own right to be referred to the Multi-Agency Safeguarding Hub (MASH) via the single assessment process if they were a victim of domestic abuse. They would also be a child in need for their legal status but would be seen as a victim of domestic abuse in their own right. This was also covered in the Risk Assessment for Children.
16. The Board was advised that there was an officer Domestic Abuse Champion who sits in the Safeguarding Hub and was available for consultation and to talk and engage with young people on how they respond and help young people to realise if they were a victim of domestic abuse.
17. Members were encouraged to challenge and use the bystander approach if they see any inappropriate behaviour, to work with their local primary and secondary schools to raise awareness and to consider the appointment of a Domestic Abuse Member Champion. There was an Interpersonal Trauma Response Service – Fear Free (see <https://www.fearfree.org.uk>) based in GPs to help people affected by domestic and sexual abuse through trained practitioners which Members could also promote.

### **Torbay Drug and Alcohol Partnership**

18. Lincoln Sargeant, Director of Public Health presented the submitted paper on the work of the Torbay Drug and Alcohol Partnership, which had been in

operation for two years and had arisen from the Government's 10 Year Drug Strategy.

19. Members asked questions in relation to what work was being done around alcohol misuse; was there a link between people who abuse alcohol at home and domestic abuse; was the use of Buvidal combined with therapy; with the increased use of synthetic drugs and spice in vapes, had there been an increase in the number of people being spiked with them and was Torbay seeing a link with an increase in sexual violence towards girls as a result; would most of the drug alerts happen at the weekend; was there anything that could be done to encourage people to receive support and make them aware of the impact of drug and alcohol misuse on their family and children; was there evidence of alcohol misuse in young people; and were the assessments and treatments for drugs and alcohol still clinically based.
20. In response to questions, Members were advised that Torbay's Drug and Alcohol Strategy included alcohol as that was one of the challenges in Torbay with a lot of people being addicted to alcohol but not recognising it in the same way as people do for drugs. Often people who misuse alcohol drink at home and appear to be unaffected so may not be picked up until they visit their GP with liver or other health problems. Alcohol misuse was the focus of a previous Public Health Annual Report and outreach work was being used to bring people into the Service to receive support.
21. Members were informed that, although there was visible use of alcohol in the Town Centres with associated antisocial behaviour, alcohol treatment services could only help when people were ready to engage. People cannot be treated unless they were ready to receive support. Members were advised of the good partnership arrangements with Criminal Justice where courts may mandate as part of a person's sentencing that they have a treatment order which gets them engaged in support.
22. Addictions often develop in people who already have other issues and there was a wider need to help them manage their issues as well as their addictions. This could be seen particularly with Children's Social Services working with Youth Justice and Drug and Alcohol Treatment Services to address the complex needs of these young people who undertake therapy together, they make connections and then open up social connections. When people have criminal convictions and addictions, they find it difficult to secure employment and there was a need to try to help remove some of those barriers to help with their recovery and secure employment. When people from different socioeconomic backgrounds undertake therapy together, they can make connections and open up positive opportunities as a result.
23. The Board informed that the use of Buvidal was combined with other therapy in the same way that methadone was prescribed as part of a treatment package. Part of the reason for the Government's 10 Year Drug Strategy was due to the increase in drug related deaths which have increased year on year since 2012. The risk of drug related death was now heightened further, due to the presence of synthetic opioids being identified within the drug supply nationally. Some variants have been found to be much stronger than traditional opioids, increasing the risk of adverse reactions and/or overdose. There was further danger as naloxone which was given to reverse the effect

of opiate overdose would be required in higher volumes to be effective at reversing an overdose. There have been incidents of this in Bristol, Plymouth and North Devon but not yet in Torbay.

24. During working hours there was a system to send an alert to key partners when there were concerns about potential harms due to drugs and this was co-ordinated between Police, Drug and Alcohol Services, Public Health and community safety. It was acknowledged that the current alert system was not set up to respond out of hours, and as such a contingency was being explored for this. The Jatis Project provide 24-hour support for adults in Torbay who had experienced drug and alcohol problems and the Council was exploring a mechanism for how Jatis staff could help communicate the threat and harm reduction advice to vulnerable people out of hours. This process also relies on Torbay's out of hours emergency helpline, delivered by SWISCO to act as a conduit for communicating the alert and the viability of this was currently being explored. The Police on the beat were being trained to administer naloxone and to carry packs with them. There was no evidence to support that alerts would most likely occur out of hours - they could happen at any time.
25. It was noted that the majority of drug and alcohol assessments and treatments took place in clinics but more outreach was being explored, where appropriate. Members noted the Multiple-Complex Needs Alliance was responsible for drug and alcohol services and additional funding from Government had been available through the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant. The Alliance would have to look at how grant funded services would be delivered if grant was not extended.
26. Members were informed that the vast majority of children and young people who use drugs and alcohol do not have an addiction. Many young people experiment with alcohol as they grow up. However, a young person who has a lot of personal issues may be at greater risk of having a drug and/or alcohol problem. There were risk markers and some of those who had engaged with Council Services often engage in multiple risky behaviours. Ketamine was emerging as substance of abuse because it was cheap compared to others and cannabis use could be a gateway to harder drugs in at-risk young people. Public Health was working with Trading Standards around alcoholic ciders etc. and there was a need to support families to help inform them and young people about the harms of alcohol and drugs and how to deal proportionately and sensibly with these concerns. There was also work with schools. Substance misuse was a concern for Torbay but not out of proportion in comparison to other areas with similar characteristics. Members noted the problems with misuse of prescription drugs being higher than illegal drugs and the need for better awareness and communication between partners to support people affected.

## **8. Conclusion**

### **8.1 The Board agreed:**

1. that the Overview and Scrutiny Board notes the updates provided at the meeting in respect of Safer Torbay and continues to receive an annual update each year;



2. that the Safer Rainbow Group be requested to present to an all Member briefing on their work;
  3. that the Adult Social Care and Health Overview and Scrutiny Board be requested to add a key line of enquiry around women's safety as part of their work on the Public Health Annual Report Focussing on Women's Health;
  4. that the Democratic Services Team Leader be requested to progress the Bystander training scheduled a part of the Member Development Programme for 2024/2025;
  5. that the Cabinet be recommended to appoint a Domestic Abuse and Sexual Violence Member Champion; and
  6. that the Overview and Scrutiny Co-ordinator be requested to write to the local Members of Parliament to ask them what the proposals are around the base funding for Domestic Abuse and Sexual Violence services from 2025/2026 and raise awareness of the risk of loss of critical services in Torbay.
- 8.2 The Board reflected and debated the information provided to them, both verbal and written and formed the following recommendations to the Cabinet. On being put to the vote, the motion was declared carried unanimously.

## **9. Recommendations**

That the Cabinet be advised of the Boards concerns on the lack of sustained funding for Domestic Abuse and Sexual Violence (DASV) as part of their budget build to support services after April 2025, that the Priority and Resources Review Panel be requested to consider the funding for Domestic Abuse and Sexual Violence Services as part of the budget review for 2025/2026 and that Domestic Abuse and Sexual Violence Commissioning and Strategy Lead be requested to provide Members with appropriate background information on the service providers (see Appendix 1 for this information).

## **Background Papers**

[Agenda for Overview and Scrutiny Board on Wednesday, 6 November 2024, 5.30 pm](#)

Appendix 1 – Domestic Abuse and Sexual Violence Funding and Risks to Service

Appendix 2 - Drugs and Alcohol Services Background Information

## Domestic Abuse and Sexual Violence (DASV) Funding and Risks to Services

The information provided below sets out the precarious foundation upon which the support for victims and survivors of domestic abuse and sexual violence (DASV) in Torbay is based. Addressing DASV is a priority for the Council and it has worked hard in recent years to achieve the current position; however the financial uncertainties and impacts below demonstrate that there is a very real risk to the continuation and /or sustainability of services to support victims and survivors in our communities.

<b>Domestic Abuse Funding</b>	<b>Purpose</b>	<b>Amount</b>
Core contract (Council budget)	Domestic abuse support and accommodation service	£292,000
New Burdens monies	Safe Accommodation support	£321,538
Other non-recurrent funds	see table below	£251,800
	<b>Total</b>	<b>£865,338</b>

### Non-recurrent grant funds

<b>Source</b>	<b>Purpose</b>	<b>Amount</b>
Ministry of Justice	Court IDVA	£33,800
MOJ	LGBT+ IDVAs (Torbay and wider Devon)	£118,000
Devon and Cornwall Office of the Police and Crime Commissioner/ Victim Support	2 x Complex Lives Navigators	£65,000
Devon and Cornwall Office of the Police and Crime Commissioner/ Victim Support	Volunteer Coordinator	£35,000
	<b>Total</b>	<b>£251,800</b>

As can be seen above, a significant percentage of the coordinated support for victims of domestic abuse in Torbay is funded through grant funding which is uncertain and usually non-recurrent.

The New Burdens funding, which provides valuable additionality in terms of support for victims and their children in safe accommodation (as required by the Domestic Abuse Act 2021), is due to end in March 2025. This funding is currently ringfenced and it is unclear not only how much funding will be available going forward, but also whether this will continue to be ringfenced or incorporated into the annual Local Government Finance settlement.

### The domestic abuse service is seeing an increase in referrals:

- Total referrals 2023/24: 1938 - this is a 25 % increase on pre-pandemic figures
- Total referrals in the 6 months April to September 2024: 1237.
- If referrals continue at the current rate for the rest of 2024/25 this would equate to a further 25% increase in the last year alone.
- In 2023/24 the service supported 1015 adults and 785 children

- In the 6 months April to September 2024 the service has supported 515 adults and 340 children.
- In the period 1<sup>st</sup> July to 30<sup>th</sup> September 2024 alone the service received 79 referrals for safe accommodation, an increase of 54% on the previous quarter (although not all were eligible for safe accommodation following risk assessment).

**The non-recurrent grant funding also ends in March 2025**, creating a cliff edge of support for victims and survivors.

### Impacts

- 1) Non recurrent or short term funding makes it difficult to put in place sustainable service offers that will effectively support victims and survivors. It is important to note the role these services play in the wider system response to addressing violence against women and girls – not only in terms preventing future harms and costs to the system, but also in supporting the criminal justice response to addressing domestic abuse and sexual violence.
- 2) The Domestic Abuse Commissioner has stated that according to Home Office figures published in 2019 and adjusted to July 2024 prices, *“investment in reducing domestic abuse represents an investment to save, in the context of the estimated £85 billion cost of domestic abuse to society in a single year”*.
- 3) The loss of the ringfence around the Safe Accommodation support funds may lead to the funding being used to support budget deficits elsewhere – which would have a direct impact on the Authority’s abilities to meet its duties under the Domestic Abuse Act 2021, including meeting the needs identified in our statutory Safe Accommodation Needs Assessment.
- 4) Service pressures - increasing demand, economic pressures and the lack of job security leading to a loss of skills as staff seek jobs outside the sector. This has the consequential impact of reduced service capacity meaning that victims and survivors will not receive the skilled and targeted support they need.
- 5) The uncertainty of funding beyond the end March 2025 means that services will need to issue redundancy notices for staff by Christmas 2024; and start to reduce the number of referrals they are able to accept in order to transition to a reduced service capacity.
- 6) The loss of skilled staff means that years of experience are lost. Once lost these are hard to replace and it takes time to rebuild the skills base, plus the additional cost of training new staff – adding additional pressures on service capacity and costs; as well as costs to the wider system particularly statutory services such as social care and policing.
- 7) Court IDVA role – if the funding for this role is withdrawn this will have a direct impact on the potential for successful outcomes of criminal justice proceedings for victims in Torbay. The role provides essential support to sustain engagement for victims going through the court process which due to court delays may take up to 18 months or more to be heard. Since being in post, 82 victims have been supported through the court process. A current live example is given below:

Court IDVA received referral 28<sup>th</sup> March 2024, for a victim of assault by beating and criminal damage, and further referral for the same female on 3<sup>rd</sup> April 2024 for ABH and criminal damage.

The pre trial plea hearing was held on 15<sup>th</sup> November. Defendant plead not guilty to all counts except damage to property

Count 1 – Controlling Coercive – Not guilty

Count 2 – Intentional Strangulation – Not guilty

Count 3 – Assault by beating – Not guilty

Count 4 – Assault by beating – Not guilty

Count 5 – Damaging property – Guilty

Count 6 – Common Assault – Not guilty

Count 7 – ABH – Not guilty

The trial date has been set for 3 / 4 days starting 17<sup>th</sup> November 2025, 19 months after the incident.. This means that unless funding for the Court IDVA role continues, the victim will be left without support for 8 months after the end of March 2025. If the hearing is postponed, as sometimes happens, this wait will be longer and the victim will be even more likely to withdraw their support for the prosecution.

- 8) The loss of the LGBT+ IDVA roles will have a hugely detrimental impact on LGBT+ victims and survivors across Torbay as well as wider Devon. The highly successful Safer Rainbow service run by Intercom Trust has been developed from scratch with funding from the MOJ over the last three years. In that time referrals have steadily increased year on year. People using this service often have multiple and intersecting complexities of need beyond the domestic abuse and /or sexual violence they have experienced. Having the support placed in a specialist “by and for” service means that victims can access a range of tailored support delivered by a trusted service that understands their needs. The importance of “by and for” services was recognised by the Domestic Abuse Commissioner in her “Patchwork of Provision” report in 2022.
- 9) Torbay has a thriving Domestic Abuse and Sexual Violence Voluntary and Community Sector Partnership that is not commissioned by the Authority however provides vital wraparound and practical support to victims and survivors through charitable grants. Again many of these are ending in March 2025. The Partnership, like many other charitable and VCS organisations in Torbay, is actively seeking new charitable funding however sources are tightening eligibility criteria and competition for funds is great, thereby creating additional demand pressures in the wider sector and heightened risk of reduced capacity for support into next year.

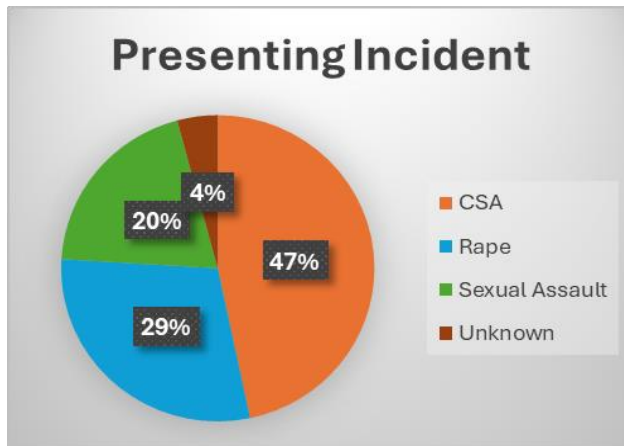
### **Sexual Violence Funding**

Sexual violence services in Torbay are not commissioned by the Council and are instead funded directly from other sources such as Victim Support and charitable sources. However the position of the local Devon Rape Crisis service is fragile due to loss of some funding and uncertainty of future funding. The Service is projecting

to lose 25% to 33% of its funding in 2025/26 and are therefore planning a loss of support provision relating to 3 or 4 staff. This would take the service back to pre-pandemic levels of funding, whilst their referrals have increased by 111% on pre-pandemic figures.

### Devon Rape Crisis

The table below refers to 307 Torbay referrals in last 3 years (29/10/21-28/10/24). High levels of support needed for childhood sexual abuse (47%), followed by rape (29%) and sexual assault (20%).



Currently there are 82 people waiting for support from Devon Rape Crisis that live in Torbay. There are 5 young people who are on a shared multi-agency waiting list. Devon Rape Crisis waiting list for support for children and young people is around 8 months in Torbay. For adults it is 18 to 24 months.

**Crown Prosecution Service data for Devon and Cornwall** shows that on average it takes 1.8 years from referral to prosecution for rape - and nearly a third are not convicted. The timescale for sexual assault is just under a year. During that time victims have to live with their trauma and require ongoing support to maintain engagement with court proceedings and to recover.

## Drugs and Alcohol Services Background Information

### Context

In 2019 Dame Carol Black was commissioned by the home office to complete a 2 stage independent review on drugs. Part one focused on the way drugs were fuelling serious violence (released in Feb 2020) and part 2 focused on treatment, recovery and prevention, giving consideration to adults and young people (published in July 2021). Following publication of part 2, a number of recommendations were outlined that offered a roadmap for commissioners and services to utilise in order to turn the situation around and improve outcomes for those affected by drug use. Later in 2021, we saw the conservative government release its 10 year drug strategy, from harm to hope.

At this time, opportunities were being made available to public health teams to bid for grant funding with objectives linked to the recommendations identified within Dame Carol Blacks findings, which gradually developed to support the objectives outlined within the governments drug strategy.

### Torbay

Since April 2021, Torbay public health have been able to bid for supplementary funding to enhance the experience received by individuals with a drug and/or alcohol treatment needs across the bay. The grant funding received since April 2021 is listed below.

**April 21-22** Universal Grant Funding (UGF). Total Sum available for bidding £328,000

**April 22-23** Supplementary Substance Misuse and Treatment Recovery grant (SSMTRG) Total sum available for bidding £416,654

**April 23-24** Supplementary Substance Misuse and Treatment Recovery grant (SSMTRG) Total sum available for bidding £486,726.00

**April 24 -25** Supplementary Substance Misuse and Treatment Recovery grant (SSMTRG) Total sum available for bidding (SSMTRG) £798,783

Funding had some key outcomes attached to it (the below list is not exhausted but provides some examples)

- Increase numbers in treatment.
- Improve quality of the workforce.
- reducing drug related offending.
- improving continuity of care (engagement from prison to community).

- Reduced drug related deaths.
- Increase treatment and recovery capacity, primarily for offenders.
- Increase in use of residential provision and to increase the number of community sentence treatment requirements.

### **How the funding has been utilised**

Funding has been used in a range of ways but with a primary focus on enhancing capacity within the treatment service with a focus on the support offer for individuals who were also linked in with the criminal justice system in some way. Funding supported extra resource to not only intensify the treatment offer available but to support development of pathways between partners across the substance misuse and criminal justice services, ensuring individuals experienced a seamless offer of support during any transitions across the system. A lot of resource was focused on improving engagement for individuals discharged from prison to receiving ongoing treatment within the community.

In addition, other roles designed to improve partnership working and pathways were also funded, with additional capacity to work within Torbay hospital to support hospital discharges into the community, within police custody to support quick access into treatment and onto drug and alcohol treatment orders. Funding also supported access to more holistic support with their recovery via access to a bespoke drug and alcohol social prescriber who aimed to help individuals to make community connections and support building skills and confidence to help them reintegrate into the community.

Other components to funding have been utilised to reduce drug related deaths following a review and a subsequent re-design of our drug related death review process, increasing the availability of and access to naloxone, and by making treatment more accessible by enhancing the community treatment offer. Finally, funding has also been provided to increase the proportion of people in treatment who can access out of area residential rehabilitation treatment, whilst remaining funding has been dedicated towards improving the community spaces accessible to individuals who use drugs who may struggle to access statutory services.

### **Snapshot of high level outcomes achieved**

Since June 2020 we have seen an increase in the number of adults in treatment by 25%. In June 2020 the treatment service had 1,113 adults accessing treatment within a 12 month period, compared to June 2024, which captured 1398 adults accessing treatment within a 12 month period.

The focus on making treatment more accessible has subsequently seen our estimates of unmet need, reduced from 45% to 44% for the opiate and/or crack

population, from 41% to 21% for our crack population and from 79% to 58% for our alcohol population.

The number of individuals leaving prison and continuing to access support for their drug and/or alcohol need has risen from 22% in June 2021 to 58% in June 2024. This is recorded as our continuity of care rate.

### **The impact of the funding being withdrawn**

The increase in adults accessing treatment by 25% is currently manageable with the additional staff capacity, however when these funded placements come to an end, we will see an increase in caseload numbers for staff, which increases risk to staff wellbeing and the ability to deliver what they require within their roles, resulting in a compromise to the frequency and quality of the support made available. This will likely result in individuals being retained in treatment longer to have their needs met, driving longer term capacity pressures. There is also a risk that clients disengage and we see an increase in unplanned exits.

The capacity limitations will also reduce the opportunity for place-based working and risks a reversal of progress made to deliver a more responsive service within the community, reverting back to a model where individuals need to be seen within the treatment service. This is likely to affect our numbers in treatment and our levels of unmet need as there will be less capacity to focus on delivering more responsive services that help to engage individuals who may struggle to engage with the traditional service model. This poses a question for the provider regarding the delivery model, however without resources to sustain the model required to improve engagement or the staffing levels to then respond to the need, there will be a limitation to the support that can be delivered to people.

The additional capacity required to deliver a rapid prescribing model allows individuals to be supported into treatment when motivation is highest. Without this specific resource, there is an increased risk that individuals will have to wait longer for prescribing appointments and subsequently this increases the risk of disengagement and will increase the risk of drug related deaths.

The progress made with partners to improve pathways across hospital, prison, police and probation to improve engagement is at risk of being lost and will likely see a reduction in the quality of support individuals receive who are transitioning between services. This increases the risk of disengagement and/or individuals being 'lost' within the system. There is a further risk that capacity limitations will lead providers to move back into silo working despite the recognition and understanding of the need for partnership working to facilitate greatest impact and positive outcomes for people within this space.



Finally, there is a risk to the resilience within the workforce where individuals will feel unsafe and as such will seek alternative careers, leaving potentials for large gaps within the service offer and therefore compromising the quality of the service individuals will receive.

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