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#coopscrutiny

COOPERATIVE SCRUTINY BOARD SUPPLEMENT

Wednesday 8 January 2014, Monday 13 January 2014 and Wednesday 15 January 2014
9.30 am
Council House (Next to the Civic Centre)

Members:

Councillor James, Chair

Councillor Mrs Aspinall, Vice Chair

Councillors Mrs Beer, Bowie, Casey, Darcy, Philippa Davey, Sam Leaves, Murphy and Tuffin.

Please find attached additional information for your consideration under agenda item 5.3.

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Tracey Lee

Chief Executive

COOPERATIVE SCRUTINY BOARD

AGENDA

PART I – PUBLIC MEETING

5.3. Partner Responses

(Pages 1 - 20)

- Devon and Cornwall Police (to follow)
- Western Locality NEW Devon Clinical Commissioning Group
- Plymouth Hospitals NHS Trust
- Devon and Somerset Fire and Rescue Service
- Plymouth Community Homes
- Plymouth University



Northern, Eastern and Western Devon Clinical Commissioning Group

NEW Devon CCG Commissioning Framework 2014 - 2016

Clinical Commissioning Groups (CCGs), along with other bodies, are responsible for commissioning healthcare from providers to meet the needs of the local population.

The Northern, Eastern & Western Devon Clinical Commissioning Group (NEW Devon CCG) covers a population of approximately 890,000 people and spends £1.1 billion to provide large elements of their care. We serve populations with similar but differing needs and our Commissioning Framework reflects our commitment to consistency across the CCG but is sensitive to our diverse communities. The Commissioning Framework will also reflect any additional requirements set out in national planning guidance, [Everyone Counts: planning for patients 2014/15 to 2018/19](#), which was published on 20th December 2013.

Clinical outcomes for our population are good but the cost of service provision in some cases is higher than in comparable areas which, combined with the economic outlook and shifts in demography, indicate a need for change. Our strategies aim to move resources towards prevention and self-care and better management of long term conditions and urgent care.

Financial sustainability for the health and care economy is critical. By working on a CCG-wide basis we will enable investment in services which provide the greatest impact, moving towards equal outcomes and reasonable access for our whole population. The focus of our five year strategy will be how we create a high quality, sustainable system placing individuals at the centre of our work.

Commissioning Strategy:

NEW Devon CCG has a clear **vision**: *Healthy People, Living Healthy Lives in Healthy Communities*

Our **Mission**: *that NEW Devon CCG will transform services with the aim of supporting all individuals to have access to high quality sustainable services, that promote their wellbeing and that care for them when they are unwell. We also want to design services that can, whenever possible, be delivered when, where and how people choose.*

We will focus on **three core strategies**:

1. *Ensure the clinical community and the public take joint ownership of the sustainability agenda*
2. *Ensure systems and processes are developed that make the best use of limited resources, every time*
3. *Move the focus of commissioning away from treatment and towards a prevention and maintenance approach*

Planned changes to services.

Our Intentions focus on priority issues:

- In the short-term, a 2014/15 shift of unscheduled contacts to urgent planned care where possible. This, alongside planning of the future landscape of Urgent and Emergency settings of care, will realise the vision of [The Keogh Review](#).
- Early exploitation of the [Better Care Fund](#) (formerly known as the *Integration Transformation Fund*) with a broad and ambitious scope across Advance Care Planning and frailty, unscheduled care, admissions avoidance, 7-day working, integrated discharge planning and onward provision across health & social care and provider boundaries. This alongside local development of the care market in partnership with Local Authorities.
- Rapid access to senior medical opinion in support of optimal diagnosis, treatment and demand management.
- Targeted follow-up care, seeing patients according to need rather than by default when they are well. Infrastructures to achieve this are well established in exemplar sites but underutilised in Devon.
- Major pathway and service improvement on the basis of outcomes, access, evidence, value for money and benchmarked opportunities. These will include Continuing Healthcare, frail elderly/complex adult pathways, orthopaedics, ophthalmology, dermatology, diabetes, respiratory medicine, psychiatric liaison, access to psychological therapies, eating disorders, personality disorders, autistic spectrum disorders and out-of-area placements.
- Prevention and Recovery, to include expansion of 'Enhanced Recovery' practice in surgery and medicine and recovery in mental health services.
- Direct access pathology services linking evidence to clinical pathways, rationalising this provision on a value basis to achieve the large gains envisaged in [Lord Carter's Review of NHS Pathology Services](#)
- Investment and disinvestment on the basis of treating equally the needs of our populations, with explicit consideration of clinical effectiveness and value for money. Transparent process to be established before the end of 2013/14.
- Together with South Devon & Torbay CCG and local authority partners will produce a coordinated suite of joint commissioning strategies including: Dementia, Learning Disability, Mental Health, Carers. These strategies will share common approaches that will guide joint commissioning plans aimed at improving outcomes and empowering individuals through coordinated commissioning across the health and care system.

We have published a detailed description of our top six commissioning priorities which are aligned to Health and wellbeing priorities. The next set of detailed plans will be published on 10th January 2014.

Financial context

In developing the financial plan the CCG has made reference to national guidance on planning assumptions.

The CCG and its predecessors have, over the last few years, made decisions to maximum upfront investment in services by committing 'headroom' into service contracts at the start of the year. However this approach left the CCG with no available resources to facilitate in-year change programmes or deal with un-planned costs.

This approach has not been as effective at creating the conditions for change as had been anticipated and has therefore caused financial pressures for both commissioners and providers.

In order to provide the best environment to allow the whole health and care community to move towards sustainability the CCG (plans to):

- Re-establish a compliant financial framework with headroom of 2% in 2014/15 & 3% in 2015/16; surplus of 1% ; contingency of 0.5%
- Provide for growth in services but at a low marginal cost
- Use headroom to achieve structural change and transformation
- Establish an agreed and all-encompassing approach to use of the Better Care Fund
- Develop further our transformation (QIPP/redesign) plans of 2% building on local commissioning intentions, existing local schemes, local benchmarking and efficiency analysis and NHS England value commissioning pack
- Ensure primary care and specialist commissioners plans and financial frameworks are aligned
- Ensure that the local plans and framework move the CCG towards its strategic intentions and in particular issues of financial and service equity

The table below shows current planning assumptions for the marginal change in resources for the CCG for the next two years.

NEW Devon Clinical Commissioning Group		
Medium Term Financial Plan	2014-15	2015-16
	£m	£m
Growth 2%/1.9%	22	22
Returned Surplus	0	11
Pace of Change to New Allocation Formula	0	(7)
Tariff Deflator	13	12
Total Sources	34	38
Activity and Drug Growth	11	25
Primary Care (Including Prescribing)	1	3
Complex Care	5	7
QIPP/Savings Requirement	(20)	(15)
Total Applications (Net of QIPP)	(3)	20
Position before Operating Plan Assumptions	37	18
Headroom/Contingency	26	18
Increase in Surplus (1%)	11	(0)
<i>Memorandum: Social Care Transfer/ITF</i>	2	34

Some of the key commissioning drivers and levers are set out below:

Tariff – changes to national tariff will result in a real reduction of 1.6%.

Growth – to reflect demographic change and expected increases in activity growth in anticipated spend has been planned at an overall level of 1%

Commissioning Intentions/QIPP

These have an overall target assessed at 2% which has been influenced by an assessment of what may be achievable in the first year of the 5 year plan. An assessment has been made on how these service changes impact on providers.

Levers for change / investing in quality improvement:

- **CQUIN** - This is the separate and specific payments made for delivering quality improvements in provided activities. NEW Devon CCG will use CQUIN to:
 - improve the quality and safety of care that patients experience;
 - maximise the gain in the quality of care for individuals for the investment we make;
 - improve the consistency of care that patients experience

- **Headroom**

This financial plan re-establishes headroom at 2%. We plan to spend this with providers to support delivery of the commissioning intentions and to support collaborative approaches. For example:

- As we move towards health promotion and early intervention and use the Better Care Fund as a key element of commissioning in 2014 - 2016, we will invest headroom where necessary to better target spend on planned care to ensure we have resources for urgent care growth
- Headroom will be directed at those providers with whom we have agreed transformation. It will be paid on the achievement of the required outcomes, rather than for a new service – and therefore will offset the risk of any failure of delivery
- It will be applied proportionate to the need for change and not apportioned across communities pro rata to contract values or populations
- We will publish details of our use of headroom for 2014 - 2016 periodically so that all stakeholders can review our investment

Partnership working in Plymouth and delivering the city priorities

NEW Devon CCG remains committed to delivering on the priorities for Plymouth, plays an active role in the Health and Wellbeing Board and has aligned commissioning intentions with Health and Wellbeing priorities.

Currently there are stronger working relationships than ever between the CCG and Plymouth City Council, with Plymouth City Council's Director of People a voting member of the Board in this (Western) Locality; teams now co-located in Windsor House; a Joint Commissioning Partnership in place; and good progress in working towards integrated care through the Better Care Fund and the Transforming Community Services programme.

The increasing financial challenges faced by all commissioners and providers of services could present a risk to partnership working if organisations chose to respond by 'protecting' resources but with our collective focus on doing the best we can for our citizens it could present an even greater imperative and opportunity for working together to provide really cost effective joined up services that add value for our service users.



Budget Scrutiny 2014 Briefing Note January 2014



Page 6

- 1.1 At the start of 2013-14 the Trust had a financial gap of £37m.
- 1.2 Following discussions with the National Trust Development Authority (NTDA) and the Trust Board it was agreed that the Trust would plan for a deficit of £13m and a cost improvement challenge of £24m. (6%)
- 1.3 The Trust finds itself in this financial position due to a number of factors: -
 - a) Quality investments – In 2013 the Board decided that investment was required in some key quality initiatives particularly additional nurse and midwifery numbers.
 - b) Savings achievement - The Trust has not achieved all of its savings targets in recent years – this has meant that the shortfall has been carried forward. This builds a bigger financial problem year on year.
 - c) Funding – hospitals are funded based on the work they undertake. There is a national price for that work. However the national price is adjusted based on the region and this adjustment aims to represent the cost of delivering services in that region. This is called the market forces factor or MFF. The Trust's MFF is one of the lowest in the country so the Trust receives less money for delivering the same services than many hospitals further afield such as Bristol, Birmingham or London. Most costs are not subject to regional variation i.e. all staff are paid under nationally agreed contracts (Agenda for Change and consultant contract) so funding gets varied but costs are not that different.
 - d) Range of services – The Trust provides many services for the local population, this is especially necessary given the geography of the South West as the Trust wants to make access to specialist care available in the Peninsula. However many of the services provided do not cover their full costs and therefore the Trust has a higher number of loss making services than other hospitals.
- 1.4 The future outlook is equally challenging. Assuming the Trust can deliver a revenue deficit of £13m in 2013-14 and after adjusting for one off items within this figure, the Trust will end the year with an estimated recurrent deficit of c£18m (the true underlying position after adjusting for one off and full year effect items).
- 1.5 In addition the income for NHS Trusts will continue to deflate over the next two years and costs of healthcare (pay, drugs etc.) will continue to rise. To meet these challenges providers of NHS Healthcare will be required to deliver efficiency savings of 4% per annum. This equates to around £16m per annum for Plymouth Hospitals NHS Trust and this together with the Trust's opening position means that savings of around £50m will be required to return to financial balance over the two years 2014-15 and 2015-16.
- 1.6 This financial challenge is prior to any impact on the Trust as a result of the implementation of the Better Care Fund during 2014-15.
- 1.7 Given the scale of the Trust's financial challenges the Trust were required to submit to the National Trust Development Authority a financial recovery plan which was submitted at the end of October 2013. Within this financial plan the Trust is planning a staged recovery and is likely to have a further deficit in 2014-15 and aiming to return to a breakeven position in 2015-16. The extent of the deficit in 2014-15 is not yet known as the Trust works with the NTDA and Commissioners on what can be achieved for 2014-15.
- 1.8 In approaching this significant savings challenge the Trust is committed to maintaining safe and high quality services.

- 1.9 To arrive at the planned savings programme the Trust commissioned KPMG to support the Trust in developing a pipeline of schemes across 4 work streams – estates, support services, clinical productivity and workforce.
- 1.10 The schemes identified for 2014-15 are largely delivered through additional income and further clinical productivity including: -
- significant improvements in clinical productivity resulting in the reduction of acute hospital beds and theatres lists undertaken per week
 - substantial non-pay savings across supply chain, procurement and medicines
 - significant changes to clinical administration processes and the establishment of clinical offices and other workforce changes impacting on key staff groups such including senior management.
 - car parking income charge rises
 - continuing increases in commercial income
- 1.11 In 2015-16 however the savings schemes can only be achieved with more radical approaches to change including stopping services or renegotiating income for services that are not viable, major commercial partnerships for all back office and clinical support services (assuming such a market exists) and the implementation of electronic paper records.
- 1.12 The scale of the financial challenge the Trust faces is the key rationale behind the clinical leadership model in place. All of the Trust's services are led by clinical staff. The Trust management team is working with each of these leaders to ensure that the services provided are clinically, financially and operationally viable. This is being taken forward through a series of reviews with each of the service lines to review in detail their finances – the work they do, the income they earn and the costs they incur – this in turn will lead to a series of recommendations for each service which will need to include the actions needed to achieve clinical, operational and financial viability. Early work has already commenced on some of these issues including focus on loss making procedures with service lines and assessment of the Trust's position against specialist services national specifications.
- 1.13 The Hospital Board will not achieve savings by just cutting services, although where services cannot improve financial viability reducing service provision is a real consideration for us. The recovery of the Trust's financial position will require a relentless focus on productivity, transformation and cost control and this work is being overseen by a weekly Programme Board (PB) which is chaired by the Chief Executive and attended by all executive directors.
- 1.14 The Trust is committed to working with the Council to deliver its own corporate objectives as well as securing sustainable health and social care services for the residents of the city and beyond. In the context set out above it will therefore be extremely important that the Council and the Trust continue to work together and in close partnership so that the actions taken to secure sustainable services into the medium term are complimentary and do not have unintended consequences for other organisations and agencies.
- 1.15 In this regard the interface between public health, hospital care, primary, community and social care needs careful consideration to ensure that services for our community are integrated and the Trust is committed to continue to work across organisational boundaries to achieve this and the Better Care Fund provides a vehicle for this work.

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**Devon and Somerset Fire and Rescue Service - Briefing Note for Plymouth City Council
(Scrutiny Committee)**

Details of planned major changes to service delivery where the changes have the potential to impact on partners and communities e.g. through reduction in spend, significant changes to targets and level of service delivery or location of delivery.

The financial settlement for DSFRS, as with other local authorities, remains challenging. However proposals agreed in 2013 mean that there are no new significant changes planned for Plymouth in 2014. Implementation of the arrangements agreed in 2013 will however continue to be rolled out in a phased manner.

It was simply not possible to provide detailed information to this public meeting last year as briefings for staff and the media had been planned in advance and it was important that staff became aware of the changes needed from senior management first. It should be noted that the papers were required for this meeting some time in advance and at the stage of drafting, it was not possible to share information more widely. The paper that was provided however, did clearly indicate both the context and the principles that were being applied. Furthermore, once the proposals were in the public domain, Plymouth City Council did scrutinise the proposals and submitted comments as part of the consultation.

Context setting – national requirements and policy drivers

Financial Context –The Government announced in December 2012 that the Government Grant for Devon & Somerset Fire and Rescue Service will be reduced by 10.3% in 2013 and a further 7.3% in 2014. We are also planning on a further reduction of 10% in 2015 as announced in the Chancellor’s 2013 spending round in July. Whilst we do not know what savings will be applied beyond 2015, our medium term financial planning is based upon further significant reductions in grant.

The 2013 spending round also announced £75 million of funds for 2015 -16 to be made available to fire and rescue authorities on a bid-for basis. The funds will support transformational change and delivery of further efficiencies by fire and rescue authorities. We will be exploring opportunities to work collaboratively with other emergency services to attract some of this funding.

Headline budget messages – key areas of budget reduction and likely impact on partners and service users, performance against high level delivery of efficiency plans.

Our budget for 2014/15 will not be set until February 2014 however it is forecast that savings of over £3m will be needed to set a balanced budget. These savings can be achieved from the implementation of the changes agreed by the Fire Authority in 2013, and continued efficiency from non-operational budgets. We do not therefore intend to make further changes to the crewing of fire stations in Plymouth in 2014.

Risks and issues to delivering the city priorities including plans to tackle any underperformance and highlight areas of challenge where dependent on partners to resolve issues.

We continue to aim to reduce fire deaths/injuries and road deaths/injuries across Devon and Somerset. In doing so, we need to work even more closely with partners, including Plymouth City Council, who often have information and/or access to those most at risk. Many of the factors associated with those most at risk of dying in a fire are common to those most vulnerable in society such as ill health dependency, mental health, drug/alcohol dependency and the frail/elderly.

DSFRS welcomes the opportunity to help support Plymouth City Council realise their 'Plan' for Plymouth. We feel that we will be able to do things which will help reach the objectives outlined in the plan and we especially welcome and support the stated outcome of prioritising prevention, as this is something we also feel passionate about. As an example we target our fire safety and prevention services at those that we know are most vulnerable from fire. It is for this reason that we are currently looking to work much more closely with PCC to understand, support and improve safety arrangements specifically associated with dementia and mental health because we know that this is a growing area for concern for all partners and the community. We also continue to work even more closely with Directors of Public Health as we have a contribution to make to improving safety of people in their homes (reducing slips, trips and falls), helping the elderly to maintain their independence as well as assisting those with alcohol and drug dependency.

Our commitment to helping ensure that people are treated with dignity and respect is demonstrated by way of continuing to second an officer to the Plymouth and Devon Race Equality Council in order to assist us focus our time, effort and advice in those areas where people are most at risk, including migrant workers and those who do not have English as their first language. As on previous years we assisted in the Plymouth Respect! Festival this year.

We support the wise use of resources particularly where we see the opportunity for more effective working and better outcomes for the city and our communities. One such opportunity emerged recently and we have now seconded an officer Plymouth City Council's Emergency Planning team for a year to cover a staff short fall caused by sickness and maternity leave. Though they will be part of the Emergency Planning team and will get involved in all aspects of the role their main focus will be covering licenced sites e.g. COMAH sites and other licenced high risk areas. There are already clear links between the Fire and Rescue Service and partners including Plymouth City Council in planning for emergencies and licensing these sites and we expect to see additional benefits for all from closer working, understanding and through reducing duplication.

One of our officers has also recently spent a couple of months seconded to PCC to complete a scoping exercise to provide initial details of current common work streams and activities suitable for DSFRS staff to be placed, seconded or work jointly with PCC staff. Our Officer met with numerous managers from PCC who were operating in a wide spectrum of Departments and teams in an effort to determine the areas where the most benefit would be derived in terms of improved outcomes in public safety, reduced societal costs and impacts whilst also providing added value and benefits for both PCC and DSFRS. As a result of this work we have agreed to second an officer into Plymouth City Council's housing & regeneration team to assist improve the safety of Houses in Multiple Occupation and we are currently looking at how we could best second an officer into Youth Services which is another area that it is felt that we could add value to the already excellent work PCC teams are engaged in.

Critical risks to delivering services provided in partnership; including areas of support required from partners to improve delivery and identification of blockages.

We remain dependent on the close working relationships with PCC to best protect the public of Devon and Somerset. Access to data, key managers and joint initiatives to further improve the life chances and safety of Plymouth residents will remain a top priority for this Service.

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Budget Scrutiny Submission for PCC by Plymouth Community Homes (PCH)

1. Context

- 1.1 PCH is the charitable, industrial and provident society formed in November 2009 to receive the transfer and ownership of some 16,000 homes from PCC.
- 1.2 The agenda for the initial five years has been set out in 125 promises to residents. While these cover a range of service improvements, the focus has been on delivering major improvements to homes via a Decent Homes programme and the regeneration of North Prospect. We are in the business of creating places where people want to live, supporting residents and improving services to our customers
- 1.3 The business plan to support the transfer incorporated an expectation of £117m in government gap funding, all of which has been received. A 30 year loan facility of £110m was also arranged with RBS at the time of transfer. A further £30m loan facility was put in place in July 2013 to support the long-term funding regarding North Prospect.
- 1.4 PCH is regulated and funded by the Homes and Communities Agency (HCA).

2. National Policy

- 2.1 There are four key areas of Government policy that impact on the work of PCH:
- Rent policy
 - Housing supply
 - Energy efficiency
 - Welfare reform
- 2.2 With regard to rents, Government policy is to change from enabling housing associations to increase rents at a maximum of RPI +0.5 (plus £2 a week to enable convergence with other housing association rent levels) to CPI +1%. The inability to charge the extra £2 a week for some properties from 2016 will impact in the long term and will need to be offset by efficiency savings. PCH's rents are among the lowest in the country and some £10 a week cheaper than other housing associations. Our annual rental income in 2013/14 will be c £50m.
- 2.3 With regard to housing supply, the availability of HCA grant to support new housing is critical to the on-going regeneration of North Prospect. Bids will be made in April to HCA to support the regeneration of North Prospect phases 3 & 5. To date phases 1 & 2 have seen 380 homes demolished and 570 new homes built, of which 260 are new private homes. Altogether, £11m of HCA grant will lever in £47m of PCH loan funding and £65m of funding from the private developer Barratts.

- 2.4 Any funding reduction in future phases would inevitably threaten the numbers of affordable homes provided as part of the regeneration and potentially reduce the employment opportunities that such a regeneration programme generates. To date 600+ jobs have been create through the regeneration.
- 2.5 Under the Governments energy policy PCH has benefitted from energy company funding first under CESP and now under ECO (Energy Company Obligations). These funding programmes have involved external wall cladding to solid wall properties which improves thermal insulation reduce fuel bills by c40%, dramatically enhances the appearance of estates and creates hundreds of local jobs. The Government's recent recalibration of ECO funding focus and timescale should not affect the £30m partnership with British Gas to improve some 4000 homes in the next 3 years. If the contract with British Gas was reduced in value this would have implication not only for our business but also for tenants and their fuel bills..
- 2.6 Welfare reform policy is beginning to impact strongly on PCH. It is unlikely that Universal Credit including housing benefit will be implemented in Plymouth next year. Some 1400 tenants are affected by the bedroom tax/spare room 'subsidy'. PCH has provided extra resources to support and advise tenants affected. Some 140 tenants have moved home since April. Our rent arrears overall have been pegged at around 2.6% which is at pre-bedroom tax levels. However the medium term sustainability of this is questionable as tenants are no longer able to maintain the additional rent payments from their own resources to offset the loss of housing benefit.
- 2.7 Around 57% of PCH residents claim some sort of housing benefit. PCH's position on this policy is consistent with that of other housing associations in that these changes places additional burdens on already vulnerable people and in the medium term will increase our costs and reduce our income.

3. PCH Priorities

- 3.1 Over the last 4 years PCH has made a major impact in the economic life of Plymouth and for example £115m has been invested in Decent Homes to date. PCH's annual turnover is c £83m and last year £47m was spent with local SMEs/PL based businesses. We are the city's leading housing provider and we employ 650 employees of which 97% live in areas with a PL postcode. From April 2013 all staff are paid at or above the living wage.
- 3.2 Our work has been, and will continue to be aligned closely to the City Council's agenda. Our business plan 2013-18s sets out our key priorities which include:
- Continuing customer service transformation
 - Developing 750 new homes in the next 5 years outside North Prospect
 - On-going North Prospect regeneration
 - On-going business effectiveness around maximising increased of value for money
 - Reducing barriers to work health inequalities for our tenants.

- Improving our environmental sustainability across the organisation including our housing stock.

3.3 As an organisation we are financially secure. We have a clear value for money/fit for purpose services strategy. We have challenging efficiency savings built into our business plan but have already made substantial progress. We have delivered both service improvements and reduced costs in areas like housing repairs, caretaking and grounds maintenance. Savings have also been achieved on procurement especially around the kitchen & bathroom replacement programme. This has enabled us to invest in communities beyond bricks & mortar. Our £1m annual investment in improving the environment on our estates is an example of this.

3.4 Our recent move to our new premises at Plumer House where the majority of PCH staff will be based will help support further efficiencies around accommodation costs and act as the base for a new enhanced customer contact centre.

3.5 We aren't planning major changes outside this ambitious agenda to service delivery and certainly nothing which will detrimentally impact adversely on partners or the communities we support.

4. Areas of Support / Partnership Working

4.1 We have a close working partnership with PCC and other stakeholders.

4.2 PCH participates in a range of agendas/initiatives including:

- Health & Wellbeing Board
- Fairness Commission
- Jobs Task Force
- Digital Inclusion
- Plymouth Community Energy
- One Plymouth
- Social Enterprise Network
- Plymouth Procurement Forum
- Plymouth University Talent & Enterprise Trust

4.3 We deem partnership working in Plymouth to be a strength and the relationships we have at all levels within PCC is a positive feature of our work.

5. Concerns Around PCC Budget Restrictions

5.1 We collaborate on a range of agendas. There is a general concern that reductions in PCC spending will inevitably impact on community infrastructure in terms of mental health / alcohol services, public health education, youth services and investment in schools in priority neighbourhoods. Housing staff already find it difficult to access adult social care support services for residents that have mental health problems but do not meet the "substantive" need criteria that triggers social care support.

- 5.2 We are concerned that any reduction in the budget for discretionary housing payments will cause further hardship to vulnerable tenants facing reductions in income due to welfare reform. Approximately 50% of applications made to date for these payments have been successful and those that are given are often only for a 3 month period.
- 5.3 A key area of PCH funding has been for property adaptations to meet the needs of disabled residents. PCH has spent £3m from the Decent Homes programme in providing compatible kitchen and bathroom facilities. In addition we have spent 500k a year to date on major and minor adaptations. Given the growing needs of an elderly population in particular we expect to spend 700k next year and into the future. To date we have not called on PCC's statutory Disabled Facilities Grant pot. In future we expect to access the DFG funding stream on behalf of our residents when referral requests are above 5K.
- 5.4 The investment PCH is making in North Prospect includes refurbishment of homes as well as redevelopment. Unfortunately there is no funding stream available from central or local government to support low income owner occupiers to improve their own property. As PCH completes its refurbishment the appearance and poor condition of some owner occupied homes will become more and more apparent. In past years PCC has been able to access a grant pot for private sector home improvements. We understand why this is no longer available but consequently some owners will feel marginalised as defects in their homes become more apparent.
- 5.5 At the time of transfer all amenity land around PCH estates in the south of the city were transferred to PCH and PCC kept the amenity land in the north. We would be concerned if grounds maintenance budgets for PCC were cut because this would have an adverse appearance on our estates in the north of the city. Similarly PCH does make investment in environmental improvements on our estates including car parking. It is helpful when PCC budgets and PCH budgets combine to maximise the impact and the value. Again a reduction in these budgets would have an adverse effect on the environment on our estates and we hope that this PCC investment will still be available in the future.
- 5.6 The Council's housing grant strategy is extremely positive and the offer to provide short-term funding to support new affordable homes is very welcome. As part of the transfer agreement with PCC right to buy receipts are shared on a 50/50 basis until 2016 when PCC will receive 100% of the right to buy receipts. To date gross proceeds from right to buy has triggered £ 6.4m through the sale of 123 homes. It is likely that next year we will sell between 50 and 80 homes because of recent increases in the discounts available to tenants .Given the shortage of affordable homes in the city and the impossibility of replacing homes lost via right to buy on a one to one basis it would be extremely helpful if PCC was able to ring fence right to buy sales and use the receipts to directly fund PCH to provide replacement affordable rented homes across the city.



Budget Scrutiny Submission for Plymouth City Council by Plymouth University – January 2014

1. Context

Plymouth University is largest university in the city. We employ approximately 3,000 staff, most who live in the Plymouth City region, and provide higher education for some 30,000 students in partnership with our network of local and regional partner colleges.

Our main source of income is from student fees and teaching and research grant income which we prioritise to improving the student experience, research, community outreach and business engagement.

We have set out our ambitions in our [Strategy 2020](#). These guide our University trajectory and our collective drive. In doing so we focus on:

- Excellent learning in partnership with students
- World-class research and innovation
- Raising aspirations and driving engagement
- Achieving resilience, effectiveness and sustainability

As a not-for-profit higher education institution (HEI), the University is regulated by various bodies including the Higher Education Funding Council, Quality Assurance Agency and Office of Fair Access.

2. National context

The higher education sector has undergone a significant period of change over the past couple of years, with more disruption for the sector anticipated. The move from direct public funding to a student fee model has meant the HE sector is becoming increasingly marketised with greater competition among providers to attract and retain students. The location of a university is therefore also becoming increasingly important, with students taking into account to a greater extent the amenities, culture and general 'offer' of a location as well as wanting to feel safe and included in terms of diversity.

3. Plymouth University priorities and areas of support/partnership working

Our priorities are guided by our University Strategy 2020. With specific reference to partnership engagement with the city and region this includes:

- Education outreach: via enrichment and capacity building to support fair access
- Health and medicine
- Marine
- Internationalisation
- Supporting economic growth: via research, innovation, and student and graduate employability and the Growth Acceleration Investment Network
- Culture

Education outreach:

The University supports Marine Academy Plymouth, Marine Academy Plymouth Primary (MAP2), Mayflower Primary, and the University Technical College Plymouth. We are committed to helping to raise aspirations among young people from socially deprived areas and our engagement with these schools in particular is demonstrative of this. We invest significant time, people and financial resources to drive forward improvements at these schools. Our engagement with local schools more generally is a reflection of our desire to strengthen the education pipeline from primary to higher education.

Health and medicine:

We are committed to working with local health organisations including local practices, Plymouth Community Health and Plymouth Hospitals NHS Trust (Derriford) to help improve health outcomes for people of the city and region and reduce health inequalities. Students and staff from our Peninsula Schools of Medicine and Dentistry (PUPSMD), School of Health Professions, School of Biomedical and Health Sciences, and School of Nursing and Midwifery have a significant impact on the delivery of health services and health-related research – both locally, nationally and internationally. PUPSMD is ranked 4th in England and 8th in the UK by *The Guardian* University League Table, and our students have been translating that excellence throughout the year by applying their expertise to help address community health needs.

For example, the Cumberland Surgery – a partnership between PUPSMD and Plymouth Community Healthcare – enables residents in Devonport to access health services in a facility that combines education, research and innovation, and direct treatment to patients. Medical students meet and hold consultations with local people, under the guidance of experienced professional doctors.

And a special Dental Education Facility in Devonport – one of four that PUPSMD runs across Devon and Cornwall – provides dental treatment, free at the point of access, to

Devonport residents to help improve their oral health while also serving as an excellent training ground for our dental students. More than 13,000 people now receive dental treatment thanks to Plymouth University.

Marine:

Our University heritage stems from 1862 and the School of Navigation in terms of higher education provision in the city. We are rooted within and proud of this maritime heritage. This is particularly reflective in the world-class expertise in marine and maritime research that we have. Our marine investment includes the Marine Innovation Centre (MaRIC) which works closely with local, regional and indeed international businesses to test marine/maritime innovations for application in the private sector. We therefore directly partner with local marine/maritime businesses to help maintain and grow further the maritime strengths of the city and region. Research in our core strengths such as marine is a core deliverable for us and we need to continue to invest in both staff and facilities to deliver on this agenda.

Internationalisation:

The University is locally rooted and globally connected. We have a growing international profile (ranked 300th in the world by the Times Higher Education rankings 2013-2014) in terms of our teaching and research partnerships, and increasing numbers of international students choosing to study here.

In an area such as Plymouth where the majority of the population is white British, it is important that the University works in partnership with the City Council and other agencies to ensure that our international students feel part of the broader local community, have access to services with appropriate support (e.g. language translation options) and are generally welcomed openly to our University and the city.

Economic growth:

The University is committed to working in partnership with the City Council, Local Enterprise Partnerships, local businesses and other partners to drive economic growth in the city and beyond. In July 2013, the University, in partnership with the City Council, secured its third award from the Regional Growth Fund (RGF), in relation to the Plymouth City Deal Partnership.

The £4 million investment from the Department for Business, Innovation and Skills will be used to provide grants to high growth businesses and to enhance business support through the region's Growth, Acceleration and Investment Network (GAIN). GAIN is a network covering more than 500 businesses, employing more than 32,000 staff and turning over around £3 billion.

The latest RGF award comes in addition to two other awards each in partnership with the Western Morning News, a combined total of around £9 million. The funding is transformative to the local economy, already having realised 180 new jobs so far with a further 340 forecast.

Culture:

The University supports various aspects of the City's cultural agenda including support, for example, of the Mayflower 2020 preparations, the bid of Plymouth City of Culture, hosting of cultural events on campus and membership on the City's Culture Board. As a University that is committed to driving socio-economic development and improving life-chances, we recognise that culture has the power to transform a city and a community's fortune. Culture is everything that makes somewhere an attractive and stimulating place to live, study, work and visit. This is not just about venues and headline events but making sure the entire community is involved and creates a lasting legacy.

4. Concerns around PCC budget restrictions

Clearly the City Council is facing a significant shortfall in budget that will have a serious impact on some of the services it can provide to local residents. We will continue to work in partnership in those areas mentioned above, and others in line with our mission and strategy.

In terms of budgetary priorities, we emphasise the need to continue to invest in driving economic growth and social inclusion. In particular:

- Supporting business incubation and innovation
- Supporting social enterprise
- School improvement
- Health promotion
- Supporting capital projects through responsive planning
- Addressing issues of diversity and inclusion

We believe that continued investment in the economic growth of the city and region is key to current and future success through a robust, sustainable and resilient economic environment. With economic growth comes jobs, housing and further investment opportunities, helping to raise the profile of Plymouth within the region and across the nation, having potentially positive impacts on many aspects of the city's broader agendas.