



Democratic Support

Plymouth City Council
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Published 6 January 2015

#coopsrutiny

CO-OPERATIVE SCRUTINY BOARD SUPPLEMENT PACK I

Monday 12 January 2015 and 14 January 2015
9.30 am
Council House (Next to the Civic Centre)

Members:

Councillor James, Chair

Councillor Mrs Aspinall, Vice Chair

Councillors Mrs Beer, Bowie, Darcy, Philippa Davey, Jordan, Sam Leaves, Murphy, Parker-Delaz-Ajete and Kate Taylor.

Co-opted Representative:

Jacky Clift (The Zebra Collective).

Please find attached information for your consideration under agenda items 4.2, 4.3, 4.7 and 4.9.

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Tracey Lee

Chief Executive

CO-OPERATIVE SCRUTINY BOARD

AGENDA

PART I – PUBLIC MEETING

- | | |
|---|------------------------|
| 4.2. Delivering the Co-operative Vision within a Four Year sustainable Balanced Budget | (Pages 1 - 60) |
| 4.3. Consultation Feedback | (Pages 61 - 70) |
| <ul style="list-style-type: none">• Plymouth Community Homes• NHS Trust• Voluntary and Community Sector | |
| 4.7. New Devon CCG NHS Future | (Pages 71 - 80) |
| 4.9. Staff Survey Results | (Pages 81 - 86) |

EQUALITY IMPACT ASSESSMENT

Cooperative Centre of Operations Programme – Transformation

DRAFT FOR CONSULTATION



PLYMOUTH
CITY COUNCIL

STAGE 1: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

The Cooperative Centre of Operations (CCO) Transformation Programme aims to solve the following PCC requirements;

- Improved integration of strategy and planning, joining up within the Council and with Partners
- Better integration of intelligence, decision making and policy implementation
- Co-operative Council vision needs to be translated into practice with new co-operative service partners
- Improved public engagement in decision making and service design
- Simplified corporate services offerings designed to meet the Council needs

By implementing the following solutions;

- Strategic capability providing leadership & direction for PCC, and managing co-operative operations, decisions, ethos
- Providing a controlled approach to planning and delivery changes to service delivery models
- Commissioning & contract management capability to manage service delivery models
- Affordable and appropriate corporate services sized to meet the needs of the Council in the future

For the following benefits

- Services better tuned to customer needs (citizens, businesses, partners, visitors, staff)

<p>STAGE I: What is being assessed and by whom?</p>	<ul style="list-style-type: none"> • Better decisions for local needs due to improved intelligence & engagement • Improved customer satisfaction: more involvement, better targeted services • Reduced overhead costs and complexity of operations <p>The CCO Programme has 3 Project areas that will make this possible, creating a series of 'capabilities' backed by tools, guidelines & support teams.</p> <ul style="list-style-type: none"> • One will help us Evolve, Assure, Advise and Enable Plymouth City Council as an organisation. • One will facilitate high quality Service Integration & Management, with consistent processes & tools. • One will transform selected corporate services (HR, Finance, Legal, Support, etc.) improving efficiency & effectiveness. <p>The first two of these project areas are about using the skills and experiences of our existing resources in a better way and improving the tools and processes at their disposal. While certain roles and people may become more influential as a result of the projects, they will be chosen for these roles purely based on their skills and experience.</p> <p>The third project area may result in changes to Corporate Services, with some services being delivered by different in-house resources or in a different way, some being transferred into Local Authority Trading Companies under a TUPE process, some being delivered with our partners and some being outsourced to 3rd Party companies. Our latest existing processes & policies (e.g. HR / Procurement) will be followed to ensure there is no inadvertent negative impact on equality.</p> <p>We have clear policies and procedures in place to ensure that staff sharing protected characteristics are not unfairly discriminated against. The CCO programme may adapt processes to promote consistency and integration but will ensure that this does not result in unfair discrimination. Selection processes will be based solely upon skillset & experience and the redesign of services and processes will be carried against objective criteria.</p>
<p>Responsible Officer</p>	<p>Rob Pendleton</p>
<p>Department and Service</p>	<p>Transformation</p>

STAGE 1: What is being assessed and by whom?	
Date of Assessment	27 th November 2014

STAGE 2: Evidence and Impact																		
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?														
Age	<p>17.5% of the population is under 16.</p> <p>Children and young people under-18 account for 19.8% of the population</p> <p>34.1% of people in Plymouth are over 50 years old.</p> <p>7.6% are over 75 years old</p> <p>Current workforce profile:</p> <table border="1"> <tr><td>Teens</td><td>10.55%</td></tr> <tr><td>20s</td><td>20.50%</td></tr> <tr><td>30s</td><td>33.28%</td></tr> <tr><td>40s</td><td>28.04%</td></tr> <tr><td>50s</td><td>5.91%</td></tr> <tr><td>60-65</td><td>0.81%</td></tr> <tr><td>Over 65</td><td>0.91%</td></tr> </table> <p>Largest workforce ages are 20s, 30s & 40s with under-representation for</p>	Teens	10.55%	20s	20.50%	30s	33.28%	40s	28.04%	50s	5.91%	60-65	0.81%	Over 65	0.91%	Young people and those over 50 are currently underrepresented.	Age will not be used as a criteria for selection for redundancy. Our modern apprenticeship programme will continue to provide opportunities for young people.	Changes will begin in 2015 and continue through to 2017. Cllr. Taylor is the Portfolio Holder. Giles Perritt is the Senior Responsible Owner / Officer. Les Allen is the Head of Portfolio. Robert Pendleton is CCO Programme Manager.
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STAGE 2: Evidence and Impact					
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?	
	young people and those over 50.				
Disability	<p>A total of 31,164 people (from 28.5% of households) declared themselves as having a long-term health problem or disability (national figures 25.7% households).</p> <p>Current workforce profile;</p> <p>No Disability 98.01%</p> <p>Have a Disability 1.99%</p>	<p>People who with a disability or long-term health problem are currently underrepresented in our workforce.</p>	<p>To mitigate any adverse impact on people with disabilities, PCC will continue to make appropriate reasonable adjustments, e.g. availability of quiet rooms, physical access to buildings, hearing loops fitted.</p> <p>We will maintain our commitment to the two ticks scheme and continue to offer guaranteed interviews to suitably qualified candidates with disabilities.</p>	<p>Changes will begin in 2015 and continue through to 2017.</p> <p>Cllr. Taylor is the Portfolio Holder. Giles Perritt is the Senior Responsible Owner / Officer. Les Allen is the Head of Portfolio. Robert Pendleton is CCO Programme Manager.</p>	
Faith, Religion or Belief	32.9% of the Plymouth population stated they had	No adverse impact is anticipated.	We will review our corporate monitoring	Changes will begin in 2015 and continue through to 2017.	

STAGE 2: Evidence and Impact																			
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?															
	<p>no religion.</p> <p>Those with a Hindi, Buddhist, Jewish or Sikh religion combined totalled less than 1%.</p> <p>0.5% of the population had a current religion that was not Christian, Islam, Buddhism, Hinduism, Judaism, or Sikh such as Paganism or Spiritualism.</p> <p>Current workforce profile;</p> <table border="1"> <tr><td>Buddhist</td><td>0.02%</td></tr> <tr><td>Christian</td><td>5.23%</td></tr> <tr><td>Hindu</td><td>0.09%</td></tr> <tr><td>Muslim</td><td>0.03%</td></tr> <tr><td>Other</td><td>0.43%</td></tr> <tr><td>None</td><td>1.26%</td></tr> <tr><td>Not Declared</td><td>92.93</td></tr> </table>	Buddhist	0.02%	Christian	5.23%	Hindu	0.09%	Muslim	0.03%	Other	0.43%	None	1.26%	Not Declared	92.93		processes to encourage staff to declare their Faith, Religion or Belief.	Cllr. Taylor is the Portfolio Holder. Giles Perritt is the Senior Responsible Owner / Officer. Les Allen is the Head of Portfolio. Robert Pendleton is CCO Programme Manager.	
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Other	0.43%																		
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Not Declared	92.93																		
Gender - including marriage, pregnancy and maternity	Overall 50.6% of Plymouth's population are women; this reflects the national figure of 50.8%	PCC employs a much higher % of women than men.	We are an employer of choice for women we are satisfied that the overrepresentation of women in our	Changes will begin in 2015 and continue through to 2017. Cllr. Taylor is the Portfolio Holder. Giles Perritt is the															

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>Of those aged 16 and over 90,765 (42.9%) people are married.</p> <p>5,190 (2.5%) are separated and still legally married or legally in a same-sex civil partnership.</p> <p>Current workforce profile; Female 78.46% Male 21.54%</p> <p>PCC had 264 employees who took either maternity, adoption or paternity leave between 01.01.2013 and 31.12.2013</p>		<p>workforce is not the result of discrimination on grounds of gender including marriage, pregnancy and maternity and follows both national and local policies, procedures and guidelines of employment laws.</p> <p>We will be mindful of any differential impact upon women when considering service redesign.</p>	<p>Senior Responsible Owner / Officer. Les Allen is the Head of Portfolio. Robert Pendleton is CCO Programme Manager.</p>

STAGE 2: Evidence and Impact					
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?	
Gender Reassignment	<p>It is estimated that there may be 10,000 transgender people in the UK.</p> <p>There were 26 referrals from Plymouth made to the Newton Abbott clinic, the nearest clinic, in 2013/14 to February.</p> <p>The average age for presentation for reassignment of male-to-females is 40-49.</p> <p>For female-to-male the age group is 20-29.</p> <p>23 transgender people belong to the Plymouth Pride Forum</p>	No adverse impact is anticipated.	Our corporate monitoring policy does give staff the opportunity to declare that they are transgendered.		
Race	Plymouth's recorded BME population rose from 3% in 2001 to 7.1% who identify themselves as Black & Minority Ethnic (BME) with White Other	PCC workforce does not reflect the cities demographic population of those who identify themselves as from a black and minority ethnic	Our BME population has increased rapidly at a time when our organisation has been contracting we are satisfied that the	Changes will begin in 2015 and continue through to 2017. Cllr. Taylor is the Portfolio Holder. Giles Perritt is the Senior Responsible Owner / Officer. Les Allen is the Head	

STAGE 2: Evidence and Impact																														
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?																										
	<p>2.7%, Chinese 0.5% and Other Asian 0.5% the most common ethnic groups 6.7% from 2011 census and has therefore has more than doubled since the 2001 census.</p> <p>Current workforce profile;</p> <table border="0"> <tr> <td>White</td> <td>70.21%</td> </tr> <tr> <td>White - British</td> <td>69.86%</td> </tr> <tr> <td>White - Gypsy or Traveller</td> <td>0.01%</td> </tr> <tr> <td>White - Irish</td> <td>0.34%</td> </tr> <tr> <td>BME</td> <td>2.72%</td> </tr> <tr> <td>Another Asian</td> <td>0.12%</td> </tr> <tr> <td>Another Black</td> <td>0.02%</td> </tr> <tr> <td>Another ethnic</td> <td>0.14%</td> </tr> <tr> <td>Another mixed</td> <td>0.27%</td> </tr> <tr> <td>Another White</td> <td>1.61%</td> </tr> <tr> <td>Black African</td> <td>0.19%</td> </tr> <tr> <td>Black Caribbean</td> <td>0.08%</td> </tr> <tr> <td>Chinese</td> <td>0.09%</td> </tr> </table>	White	70.21%	White - British	69.86%	White - Gypsy or Traveller	0.01%	White - Irish	0.34%	BME	2.72%	Another Asian	0.12%	Another Black	0.02%	Another ethnic	0.14%	Another mixed	0.27%	Another White	1.61%	Black African	0.19%	Black Caribbean	0.08%	Chinese	0.09%	<p>background based upon data available – with 6.7% being the Plymouth population and PCC workforce from BME backgrounds being 2.72%.</p>	<p>current underrepresentation of BME people in our workforce is not the result of unfair or unlawful discrimination of grounds of Race.</p> <p>We will be mindful of any differential impact upon BME staff when considering service redesign.</p>	<p>of Portfolio. Robert Pendleton is CCO Programme Manager.</p>
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STAGE 2: Evidence and Impact					
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?	
Sexual Orientation -including Civil Partnership	<p>Indian 0.04%</p> <p>Pakistani 0.01%</p> <p>White and Asian 0.13%</p> <p>White and Black African 0.02%</p> <p>Non Declared 27.07%</p> <p>Non Declared 27.07%</p> <p>There were 34 Civil Partnership Formations in Plymouth in 2013.</p> <p>There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth, but nationally the government have estimated this to be between 5 - 7% and Stonewall agree with this estimation given in 2005. This would mean that for Plymouth the figure is approximately 12,500 – 17,500 people aged over 16 in Plymouth are LGB</p>	No adverse impact is anticipated.	We will review our corporate monitoring processes to encourage staff to declare their sexual orientation.	Changes will begin in 2015 and continue through to 2017. Cllr. Taylor is the Portfolio Holder. Giles Perritt is the Senior Responsible Owner / Officer. Les Allen is the Head of Portfolio. Robert Pendleton is CCO Programme Manager.	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken	
Local Priorities	Implications
Reduce the inequality gap, particularly in health between communities.	No implications at this stage
Good relations between different communities (community cohesion).	No implications at this stage
Human Rights	<p>Article 14 of Human Rights Act states that - people have the right not to be treated differently because of their race, religion, sex, political views or any other status and therefore the right to receive Equal Treatment and prohibit discrimination including sex, race, religion and economic and social status in conjunction with the Equalities Act which includes age and disability.</p> <p>We are committed to ensuring that everyone is treated fairly and human rights will be respected.</p> <p>No adverse impact on human rights has been</p>

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken	
Local Priorities	Implications
	Timescale and who is responsible?
	identified.

STAGE 4: The Principles of Fairness	
Principles	Comment
People should be able to access opportunity whatever their circumstances	We will work with HR to ensure everyone has access to opportunities
The city should give priority to those in greatest need when it allocates resources	Improving efficiency & effectiveness of corporate services (HR, Finance, Legal, Support, etc.) will enable resources to be directed to front line services.
Things that make the biggest difference to people's lives should get priority when deciding where resources go	Improving our strategic decision making & consistent high quality management of services will benefit all our citizens and partners.
The way things are done in the city matters just as much as what is done	Consultations and stakeholder engagement will continue throughout the programme.
Unfairness which takes time to remove needs policies for the long term	N/A
Preventing inequalities is more effective than trying to eliminate them	The CCO programme may adapt processes to promote consistency and integration but will ensure that this does not result in unfair discrimination.
Services should be provided 'with' people, not 'for' them	Consultations and stakeholder engagement will continue throughout the programme.
The needs of future and current generations should be balanced when making decisions.	Improving our strategic decision making & consistent high quality management of services will benefit all our citizens and partners.

STAGE 4: Publication		
Director, Assistant Director/Head of Service approving EIA.		Date
		2 February 2015

FOR BIDD

EQUALITY IMPACT ASSESSMENT

Customer Service Transformation Programme

DRAFT FOR CONSULTATION



PLYMOUTH
CITY COUNCIL

STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

The Customer Service Transformation Programme is addressing the following identified issues;

- Current customer service standards are inconsistent and need improvement
- Service availability perceived to be poor
- Little customer understanding is available to support and commercialise business plans
- Limited visibility from customer/front office perspective into service delivery
- Limited cross service integration meaning customers have to tell each service they use, of their changed circumstances This can result in customers needing to contact different services within the authority separately to relate the same information (e.g. a change in address).
- A tendency for services to exist in silos and not share information about customers with each other.
- Customers and partners excluded from service design
- Inconsistent customer service standards across departments.
- A failure to adapt to changes in technology (e.g. the growth in mobile computing)
- The failure to capitalise on the national trend of customers to self-serve, meaning people are still mainly using more costly channels like face to face and telephone to interact with the authority.
- A failure to use existing self-service channels to their full potential e.g. not integrating these systems with back office systems.
- A failure to promote self-service options effectively to its customers.

Solutions to addressing these issues are ;

- Corporate service standards co-defined with customers and implemented as part of standard performance management
- Internet and app development allowing customers 24 hour availability to key services
- Customer insight and analytic capability created within Co-operative Centre of Operations
- Migrate services to the customer and channel blueprint with a single customer services function

(for calls and face to face delivery) sharing information across services and channels – co-designed

STAGE I: What is being assessed and by whom?

- with staff and customers

The Customer Transformation Strategy's three aims are outlined as:

1. To improve understanding of the Council's customers
2. To improve the way the Council serves their customers
3. To improve the way that the Council listens and responds to customers.

The Strategy uses a categorisation of interactions as either:

- Simple - a straight forward easy transaction
- Assisted - where the customer wants some guidance or to be shown how to navigate the transaction but will in time learn to do it themselves
- Complex - where the transaction is complicated, has many parts or is an emotionally charged transaction that needs additional face to face support.

This categorisation of interactions will assist the council in achieving channel shift. To achieve this channel shift will require that Council's staff are trained in dealing with customers in a new way and they will need to be enabled to do this through the use of technology. That the Council will educate and support our customers to use these new channels through marketing with targeted campaigns, and provide support through the change.

- Services better tuned to customer needs (citizens, businesses, visitors, staff)
- Better decisions for local needs due to improved intelligence & engagement
- Improved customer satisfaction: more involvement, better targeted services
- Reduced overhead costs and complexity of operations

Where any changes to structures or service delivery arrangements lead to redundancies, we will ensure

	<p>that staff are not unfairly selected for redundancy e.g. on bases of them having a particular protected characteristic within the Equality Act 2010.</p> <p>We have clear policies and procedures in place to ensure that staff sharing protected characteristics are not unfairly discriminated against. The CST programme may adapt processes to promote consistency and integration but will ensure that this does not result in unfair discrimination.</p>
Responsible Officer	Peter Honeywell
Department and Service	Transformation and Change Directorate (Customer and Service Transformation Programme)
Date of Assessment	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p>The customer service improvements developed will be available and apply to all customers irrespective of age.</p> <p>The 2011 Census data % of Population is: -</p> <p>0-4 years – 6%</p> <p>5-9 years - 5%</p> <p>10-14 - 5%</p> <p>15-19 - 7%</p> <p>20-24 - 10%</p> <p>25-29 - 7%</p> <p>30-34 - 6%</p> <p>35-39 - 6%</p> <p>40-44 - 7%</p> <p>45-49 - 7%</p>	<p>Our engagement with customers suggests that younger customers may prefer to communicate with the Council using mobile technology. Similarly we have found from this work that older people may be reluctant to use new technology. For this reason the council have adopted a principle of service delivery as ‘digital by preference’ and not ‘digital by default’.</p> <p>A potential positive impact for this group will be more services</p>	<p>Improve our understanding of customers’ needs by developing customer insight functions and processes.</p> <p>*1 Opportunities to deliver services via community locations and in more convenient community based locations will be explored.</p> <p>*2 We will seek opportunities to improve access to services online by developing mobile apps and improvements to the council’s web provision for</p>	<p>Customer and Service Transformation Programme Manager</p> <p>2015 - 2018</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	50-54 - 6% 55-59 - 5% 60-64 - 6% 65-69 - 5% 70-74 - 4% 75-79 - 3% 80-84 - 2% 85+ - 3% From our surveys of customer contacts for the year 2013 we know that: 19 and under – 177 20 – 29 – 335 30 – 39 - 474 40 – 49 – 690 50 – 59 – 859 60 – 69 – 972 70 – 79 – 695 80 and over – 347 prefer not to say – 257	offered online and in more convenient locations, with staff providing assistance for simple and assisted transactions.	customers based on their needs and requirements. *3 Self-service facilities will be supported by fully trained staff to assist customers unfamiliar with technology. *4 Develop in consultation with customers a customer charter / service standards so that we understand and deliver services in line with customers' needs and expectations. *5 Ensure all consultation on future improvements and service designs; locations are accessible to all and encourage responses from all groups.	
Disability	The customer service improvements developed will be available and apply to all customers irrespective of disability. 30,000 people in Plymouth will have some form of Mental Health issue. 0.8% (2118) of those registered with a GP are listed on the	People with physical and mental health disabilities such as hearing loops, sight, wheelchair access, mobility scooter users, difficulty with walking, size, mental health such as ability to communicate, read, write etc. are regular users of face-to-face facilities and may be adversely impacted by changes to layout and service offerings.	As above *1,*2,*3,*4,*5 The new 1st stop shop customer services location will be fully compliant with the Equality Act disability access requirements. Customers representing disability groups have been consulted with, to ensure that the 1st stop shop is	Customer and Service Transformation Programme Manager 2015 - 2018

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>mental health register.</p> <p>A total of 31,164 people declared themselves as having a long-term health problem or disability in the 2011 Census.</p> <p>1,224 adults currently registered with a GP in Plymouth have some form of a Learning Disability</p> <p>From our surveys of customer contacts for the year 2013 we know that people accessing services with a disability was:</p> <p>Yes – 1533</p> <p>No – 2379</p> <p>Prefer not to say - 458</p>	<p>A potential positive impact for this group is that services will be offered online and in more convenient locations, with staff providing assistance for simple and assisted transactions. Online transactions will be facilitated through our read speaker software</p>	<p>disability friendly and meets their needs.</p> <p>Face to Face customers visiting the 1st Stop Shop with disabilities will receive better facilities than the Civic Centre with better laid out facilities in a more central city centre location.</p> <p>Meet and greet staff to be fully trained in dealing with mental health and learning disability needs.</p>	
Faith, Religion or Belief	<p>The customer service improvements developed will be available and apply to all customers irrespective of their faith, belief or religion.</p> <p>Data shows that 32.9% of the Plymouth population stated they had no religion.</p> <p>Hindu, Buddhist, Jewish and Sikh combined totalled less than 1%.</p> <p>0.5% of the population had a</p>	<p>No adverse impact is anticipated.</p> <p>A positive impact will be the availability of simple service interactions 24 / 7 enabling customers to access and request services at times and</p>	<p>As above *1,*2,*3,*4,*5</p> <p>Monitor and review as necessary and appropriate.</p>	<p>Customer and Service Transformation Programme Manager</p> <p>2015 - 2018</p> <p>Person in charge (Business as usual) 2015 - 2018</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>current religion that was not Christian, Islam, Buddhism, Hinduism, Judaism, or Sikh such as Paganism or Spiritualism.</p> <p>From our surveys of customer contacts for the year 2013 we know that people accessing services with a faith, religion or belief was:</p> <p>Buddhist – 183 Christian – 2,558 Hindu – 45 Jewish – 27 Muslim – 69 Sikh – 23 None – 815 Other – 336 Prefer not to say - 478</p>	<p>locations convenient to their needs e.g. at times around religious events or commitments.</p>		
Gender - including marriage, pregnancy and maternity	<p>The customer service improvements developed will be available and apply to all customers irrespective of gender.</p>	<p>There could be an impact on women who access our services with young children.</p>	<p>As above *1,*2,*3,*4,*5</p> <p>Provision and availability of facilities e.g. baby</p>	<p>POD Programme Manager – pre Nov 2014</p> <p>Customer and Service Transformation</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>Citywide data shows that overall 50.6% of our population are women; this reflects the national figure of 50.8%</p> <p>From our surveys of customer contacts for the year 2013 we know that people accessing services based on gender was:</p> <p>Female – 2631</p> <p>Male – 1938</p> <p>Prefer not to say - 330</p>		<p>change/breast feeding in new 1st stop shop location on ground floor.</p> <p>Monitor and review.</p>	<p>Programme Manager 2015 - 2018</p> <p>Person in charge (Business as usual) 2015 - 2018</p>
Gender Reassignment	<p>The customer service improvements developed will be available and apply to all customers irrespective of gender reassignment.</p> <p>National figures (ONS 2013) indicate that up to 10,000 people have gone through this process, with 23 known cases in Plymouth.</p>	<p>No adverse impact us anticipated.</p> <p>A positive impact will be the availability of simple service interactions 24 / 7 enabling customers to access and request services at times and locations convenient to their needs and confidentially.</p>	<p>As above *1,*2,*3,*4,*5</p> <p>Monitor and review as necessary and appropriate.</p>	<p>Customer and Service Transformation Programme Manager 2015 - 2018</p> <p>Person in charge (Business as usual) 2015 - 2018</p>
Race	<p>The customer service improvements developed will be available and apply to all customers irrespective of race.</p>	<p>No adverse impact anticipated.</p> <p>A positive impact will be the availability of simple service interactions 24 / 7 enabling</p>	<p>As above *1,*2,*3,*4,*5</p> <p>We will continue to meet customer language needs through our online</p>	<p>Customer and Service Transformation Programme Manager 2015 - 2018</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>92.9% of Plymouth's population is White British</p> <p>7.1% are Black and Minority Ethnic (BME) with White Other (2.7%), Chinese (0.5%) and Other Asian (0.5%) the most common.</p> <p>The Council has 4.1% BME employees across its workforce.</p> <p>We have a rapidly rising BME population which has doubled since the 2001 census</p> <p>From our surveys of customer contacts for the year 2013 we know that people accessing services based on race / ethnicity was:</p> <p>Asian or Asian British – 71 Black or Black British – 47 Mixed – 90 N/A – 157 White – 4170 Prefer not to say - 378</p>	customers to access and request services at times and locations convenient to their needs.	<p>translation services and through Translate Plymouth our language service provider.</p> <p>Monitor and review as necessary</p>	<p>Person in charge (Business as usual)</p> <p>2015 - 2018</p>
Sexual Orientation -including Civil	The customer service	No adverse impacts anticipated.	As above *1,*2,*3,*4,*5	Customer and Service


STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Partnership	<p>improvements developed will be available and apply to all customers irrespective of sexual orientation.</p> <p>There is no precise local data on numbers of Lesbian, Gay and Bisexual (LGB) people in Plymouth, but it is nationally estimated at between 5 – 7%. This would mean that approx. 12,500 people aged over 16 in Plymouth are LGB.</p>	<p>A positive impact will be the availability of simple service interactions 24 / 7 enabling customers to access and request services at times and locations convenient to their needs and confidentially.</p>	<p>Monitor and review as necessary</p>	<p>Transformation Programme Manager 2015 - 2018</p> <p>Person in charge (Business as usual) 2015 - 2018</p>

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	<p>The customer service strategy 2015 – 2018 will promote equality by providing customer service improvements across five themes:</p> <p>Accessibility - Locations and times which meet our customers' needs</p> <p>Relevant - Services that are fit for purpose, joined up and minimise potential barriers</p> <p>Inclusive - All customers are treated equally and fairly and customer feedback is acted upon</p> <p>Quality and Efficiency - Reliable, flexible and responsive services which are continuously improved and delivered</p>	<p>Assistant Director for Customer Service</p>

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
	<p>cost effectively</p> <p>Empowered and Effective Staff - Ensuring our workforce has the appropriate skills, tools, and authority to effectively deliver quality services.</p>	
Good relations between different communities (community cohesion).	Development of community based service delivery will enhance community cohesion and social capital.	Customer and Service Transformation Programme Manager
Human Rights	<p>Plymouth City Council recognises (Article 14) the Human Rights Act – The right to receive Equal Treatment and prohibits discrimination including sex, race, religion and economic and social status in conjunction with the Equalities Act which includes age and disability.</p> <p>All staff and service users will be treated fairly and their human rights will be respected.</p> <p>No adverse impact on human rights has been identified.</p>	Ongoing

STAGE 4: The Principles of Fairness	
Principles	Comment
People should be able to access opportunity whatever their circumstances	Improved way of working will ensure access to services regardless of anyone's circumstances
The city should give priority to those in greatest need when it allocates resources	<p>The changes being made will prioritise those in greatest need who will gain a more enhanced service such as First Stop Shop compared to those who have the ability to access services themselves for example by using I.T. services.</p> <p>I.T. services will also provide confidently where necessary.</p>
Things that make the biggest difference to people's lives should get priority when deciding where resources go	Good council services can and do make a difference and we are therefore giving them priority in terms of resources

The way things are done in the city matters just as much as what is done	We consult and involve our customers and staff in all the changes we are making to ensure what we do is best service provision from all stakeholder's perspective
Unfairness which takes time to remove needs policies for the long term	As one part of the overall Transformation Programme of work we will work jointly to ensure fairness and equality are central to how we work
Preventing inequalities is more effective than trying to eliminate them	We will consistently work to ensure our policies and practice deliver services that comply with Equality Act and Human Rights Act
Services should be provided 'with' people, not 'for' them	As above consultation and engagement
The needs of future and current generations should be balanced when making decisions.	We are taking into consideration how all ages and generations access council services and making available face to face and technology based services as appropriate.

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.	 Faye Batchelor-Hambleton Assistant Director for Customer Service	Date	19/12/2014

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EQUALITY IMPACT ASSESSMENT

Growth, Assets & Municipal Enterprise (GAME)

DRAFT FOR CONSULTATION



STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

The Growth , Assets and Municipal Enterprise (GAME) Transformation Programme is working towards achieving Plymouths 'Brilliant Co-operative Council' agenda, driving forward its values of being Pioneering Growing Confident and Caring, supporting the city in its growth.

The GAME Transformation Programme is addressing the following identified issues;

- The need to accelerate and co-ordinate economic growth and housing delivery within the City whilst incentives remain
- Financial imperatives, reducing financial envelope in which to deliver services, whilst improving quality
- A range of services that were designed around service provision rather than customer need with varying degrees of service quality to the citizen.
- Lack of customer data and skills to introduce commercialism across the Council thus not maximising revenue

Solutions to addressing these issues are being developed to;

- Generate and accelerate additional income for Plymouth City Council from economic and housing growth across the Council
- Undertake a full review of Street services which will define:
 - Operational changes to enhance service delivery
 - Provide evidence to design and deliver new service delivery models
 - Identify and deliver new opportunities for commercialism, new income streams

STAGE I: What is being assessed and by whom?

- Realise opportunities to bring in additional income from the commercialisation and increased trading of services

This will achieve the following benefits

- Increased investment in Plymouth
- Increased sustainable income streams from new homes and from charged and commercialised services
- More efficient use and increased revenue from corporate and commercial estate
- Improvement in the quality delivery of front line services at reduced cost
- Increased employment opportunities, reduced dependency on benefits and increased local economic activity
- Enhanced reputation for Growth and opportunity

GAME aims to improve service standards across Street Services, Waste Collection, Commercialisation and Fleet Services and at the same time achieve efficiencies that will support the Council in meeting its funding gap.

There are many work streams for each of these service areas which will consist of:

- Service re-organisation
- A review of service provision, providing an understanding of existing capacity and cost in the context of statutory, strategic and stakeholder requirements
- Following from the review, the aim is to develop and create a more streamlined, transparent and focused service for customers. At the same time we will aim to produce efficiencies, improve service provision and structures for delivery, optimise opportunities to work with Partners on providing some services in different ways, while focusing on core services that are retained within the Council to make them 'brilliant'.

Ongoing Community and Staff engagement will enable the Council to understand which services it should be focusing on and the standards it needs to achieve to become 'brilliant'. This will enable services to build on already good standards of provision. Due regard will be given to ensuring that the project articulates the voice of all our diverse communities and staff groups.

STAGE 1: What is being assessed and by whom?

	Through alternative methods of service delivery we hope to give the community the opportunity to take a greater role in creating a positive environment, encouraging intergenerational work and building community capital. Regular networking meetings are taking place with Plymouth Octopus Project to engage with the Voluntary and Community Sector, not just as a communication tool but also focusing on service improvement and the potential for the co-design and co-production of services. We will engage the public by attending relevant community events e.g. Silver Sunday, Youth Centres.
Responsible Officer	Alex Hurth
Department and Service	Transformation GAME
Date of Assessment	03/12/2014

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	Age represents a significant issue in the provision of a universal waste collection service. In 2011/12 data, 33.1% of people in Plymouth are over 50, with 7.7% over 75. Over 75's are predicted to	GAME recognises that many of the functions within Street Services, Waste Collection, Commercialisation and Fleet Services, contribute to the quality of life of all sections of the community. The needs of older and	1) Collect and collate information from partner agencies to identify current assisted collection users who will continue to require support 2) Engage with partner agencies such as the Fire Service to promote	Depending on the service area the Programme/Project Manager; <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans • Tom Cox • Lee Pundsack

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	rise faster than any other group (19,000 in 2008 to 31,000 in 2028).	<p>younger people will be considered in any actions taken. The project does not envisage withdrawing key services.</p> <p>For example assisted collection will continue to remain open to any individuals who require support. Individuals may be required to reapply for the service.</p> <p>However we will contact partners to produce intelligence identifying legitimate service users; this will limit the number of households we contact asking them to reapply.</p>	<p>joined up provision</p> <p>3) Contact agencies such as Senior Citizens Forum to collect feedback and enable input into proposed changes</p> <p>We will monitor to ensure we identify any adverse impacts that occur due to changes being implemented.</p>	
Disability	Data for 2011 shows that 49,545 (20.6%) of people have declared themselves as having a limiting long term illness, against a national average of 18.2%.	Fleet Services aim to improve the Council's fleet. While this may involve achieving efficiencies in Adult Social Care and	The introduction of a more efficient fleet will enable resources to be focused on areas of need, including people with disabilities.	<p>Depending on the service area the Programme/Project Manager;</p> <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans • Tom Cox


STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>11,655 (6.7%) of people consider themselves permanently sick or disabled against a national average of 5.5%.</p> <p>Around 30,000 people have a diagnosed mental health issue.</p>	<p>Children's Social Care contexts, where people with disabilities may be accessing support. We will achieve this through better use of vehicles rather than the removal of services.</p>	<p>We will monitor to ensure we identify any adverse impacts that occur due to changes being implemented.</p>	<ul style="list-style-type: none"> • Lee Pundsack
Faith, Religion or Belief	<p>As of 2011 Plymouth's breakdown in relation to religion was: No faith: 30% Hindu, Buddhist and Jewish combined less than 1%. Christian 68% Muslim/Islam 1.7%</p>	<p>No adverse impact anticipated. The same service is provided irrespective of faith, religion or belief.</p> <p>For example waste collection and management is contained to Mon – Thurs which takes account of some of the main Sabbath days.</p>	<p>We will monitor to ensure we identify any adverse impacts that occur, e.g. in relation to collection days, due to changes being implemented</p>	<p>Depending on the service area the Programme/Project Manager;</p> <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans • Tom Cox • Lee Pundsack
Gender - including marriage, pregnancy and maternity	<p>There were 3216 births in 2008/9.</p> <p>7.4% homes are headed by a lone parent.</p>	<p>No adverse impact anticipated. The same standard of service will be provided irrespective of an individual's gender,</p>	<p>We will monitor to ensure we identify any adverse impacts that occur, e.g. in relation to collection days, due to</p>	<p>Depending on the service area the Programme/Project Manager;</p> <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
		marital status, pregnancy and/or maternity.	changes being implemented	<ul style="list-style-type: none"> • Tom Cox • Lee Pundsack
Gender Reassignment	Data for this area is limited. It is estimated that there are 10,000 transgender people in the UK. In Plymouth as of 2011, 23 transgender people were registered with Plymouth Pride.	No adverse impact anticipated. The same standard of service will be provided irrespective of an individual's gender reassignment.	We will monitor to ensure we identify any adverse impacts that occur, e.g. in relation to collection days, due to changes being implemented	Depending on the service area the Programme/Project Manager; <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans • Tom Cox • Lee Pundsack
Race	As of 2011 Plymouth's BME community accounted for 7.1% of the overall population, significantly below the national average.	No adverse impact anticipated. The same standard of service will be provided irrespective of an individual's race.	We will monitor to ensure we identify any adverse impacts that occur, e.g. in relation to collection days, due to changes being implemented	Depending on the service area the Programme/Project Manager; <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans • Tom Cox • Lee Pundsack
Sexual Orientation -including Civil Partnership	No accurate data exists regarding the LGB community in Plymouth, but nationally the population is estimated at	No adverse impact anticipated. The same standard of service will be provided irrespective of an individual's sexual	We will monitor to ensure we identify any adverse impacts that occur, e.g. in relation to collection days, due to	Depending on the service area the Programme/Project Manager; <ul style="list-style-type: none"> • Alex Hurth • Stephen Evans

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	between 5 to 7 %. This would mean that around 12,500 people aged over 16 in Plymouth are LGB.	orientation.	changes being implemented	<ul style="list-style-type: none"> • Tom Cox • Lee Pundsack

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	GAME recognises that different areas in the city face different challenges and have different needs in relation to Street Services, Waste Collection, Commercialisation and Fleet Services. Whilst services are mainly universal the potential impact on people with disabilities has been identified and will be mitigated ensuring the service continues to help to close the health inequality gap.	N/A
Good relations between different communities (community cohesion).	The project aims to increase community cohesion by promoting co-design and co-production and realising cleaner, more attractive environments. It will also seek to embrace working with VCS organisations which build community cohesion, for example 'Friends of' groups and Residents Associations.	N/A
Human Rights	No Human Rights implications have been identified. The service will remain universal, ensuring that all residents receive equitable and effective provision.	N/A

STAGE 4: The Principles of Fairness	
Principles	Comment
People should be able to access opportunity whatever their circumstances	We have sought to promote opportunities in the community to enable personal development, notably through a time banking approach.
The city should give priority to those in greatest need when it allocates resources	The project will create a more efficient service, enabling resources to be allocated to those in greatest need e.g. assisted waste collection
Things that make the biggest difference to people's lives should get priority when deciding where resources go	More efficient provision will enable the Council to divert resources to other services such as Children's Social Care and Adult Social Care that deal with high level community need. Commercialisation is about generating income for the organisation enabling resources to be diverted where it is needed.
The way things are done in the city matters just as much as what is done	<p>We regularly engage with Members, voluntary community sector, partner agencies and stakeholders to promote opportunities to co-design and co-produce the service going forward and to improve working relationships between groups.</p> <p>This is already taking place by means of ongoing engagement with Members, staff meetings, joined-up meetings with partners and stakeholders and networking meetings with the voluntary community sector.</p>
Unfairness which takes time to remove needs policies for the long term	We provide services on a city-wide basis to a short and medium-term service delivery plan as well as in line with longer-term plans in keeping with the Council's vision.
Preventing inequalities is more effective than trying to eliminate them	We will create a more efficient service, enabling resources to be allocated to those in greatest need.
Services should be provided 'with' people, not 'for' them	We will engage with service users, Members, voluntary community sector, partner agencies and stakeholders to promote opportunities where it impacts upon them, giving them the opportunity to co-design changes.
The needs of future and current generations should be balanced when making decisions.	We will take into account the needs of different generations. The needs of future generations are embedded in GAME. For example we will ensure we take an environmentally friendly approach to achieve a reduction in carbon emissions and hope to improve recycling.

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.		Date	19.12.14

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EQUALITY IMPACT ASSESSMENT

P&OD Transformation Programme

DRAFT FOR CONSULTATION



STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

The P&OD Transformation Programme aims to support the Transformation Programme at Plymouth City Council through:

- The planning of future workforce needs, capacity and capability.
- The review of current HR policies and processes, to ensure they support transformation and the improvement of services to the citizens of Plymouth, provide opportunities to attract, develop and retain the staff that will underpin this work, whilst continuing to meet statutory Equality and Health and Safety requirements.
- The development of leadership across the organisation towards a systems-led culture of collaboration
- The provision of flexible and modern office environments
- By implementing the following solutions:
 - Options to address the capability gap identified by colleagues from CMT, SMT and Team Plymouth to focus on delivering the correct capability and working practices in the future
 - The review of policies and processes in line with the support required to deliver transformational change
 - Bringing together appropriate resources to address shared priorities for system improvement with partners through collaboration
 - Release significant excess space. Create flexible modern space and support, shared where it makes sense to do so. Introduce highly flexible working practices

For the following benefits:

- Increased likelihood of successful transformation
- Increased speed and size of benefits of transformation

STAGE 1: What is being assessed and by whom?	
	<ul style="list-style-type: none"> • Reduction in space across the city • Reduction in associated lease and operational costs of property occupation and maintenance • Reduced absence and long term sick, reduced attrition • Improved employee skill levels, flexibility and satisfaction • Improvement in services offered by Plymouth City Council and its partners
Responsible Officer	Chris Squire, Assistant Director of Human Resources
Department and Service	Transformation, People and Organisational Development
Date of Assessment	8/12/14

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	Census data: 0-15 17.5% 34% of people in Plymouth are over 50 years old. 22.2% are over 60, 7.7% are over 75 years old.	No adverse impact anticipated.	Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further engagement is planned across the programme and will be evidenced in lower level EIAs. The apprentice programme is seen as a key driver for increasing youth employment and will, therefore, continue.	The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational director. Programme Manager Transformation - P&OD
		From the accommodation	Gather customer needs	Accommodation Transformation

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
		transformation programme EIA.- Service to be relocated to 71 New George Street within city centre.	based upon questionnaires and information giving	Programme Manager
Disability	<p>30,000 people in Plymouth will have some form of Mental Health issue.</p> <p>0.8% (2118) of those registered with a GP are listed on the mental health register.</p> <p>A total of 31164 people declared themselves as having a long-term health problem or disability.</p> <p>1224 adults registered with a GP in Plymouth have some form of a Learning Disability</p>	No adverse impact anticipated.	<p>Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further engagement is planned across the programme and will be evidenced in lower level EIAs.</p> <p>Guaranteed interviews for eligible disabled applicants will continue..</p>	<p>The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational director.</p> <p>Programme Manager Transformation - P&OD</p>
		<p>From the accommodation transformation programme EIA.</p> <p>Compliant facilities required.</p> <p>Disability and staff specific needs will apply for both locations.</p>	<p>The new Front of House customer services location to be fully Equality Act compliant.</p> <p>Reception will be on the ground floor and will provide accessibility for wheelchair users. Reception desks to be lowered to improve visibility & aid communication.</p> <p>Sufficient seating (including for large families), disabled toilets and access to private</p>	Accommodation Transformation Programme Manager/Project Manager

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
			<p>interview rooms with hearing loops should be provided.</p> <p>Disability considerations to be worked through as part of detailed design for both locations to reduce impact on staff with disabilities.</p>	
Faith, Religion or Belief	<p>32.9% of the Plymouth population stated they had no religion.</p> <p>58.1% of the city population is Christian.</p>	No adverse impact anticipated.	Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further engagement is planned across the programme and will be evidenced in lower level EIAs. Part of this process will be to look at potential new measures that could be implemented in policy to assist PCC in reflecting the city demographic.	The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational director.
Gender - including marriage, pregnancy and maternity	Overall 50.6 % of the city population are women. The current workforce profile shows that 78.46% are women.	No adverse impact anticipated.	Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further engagement is planned across the programme and will be evidenced in lower level EIAs	The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational director.
		From the accommodation	Provision of existing facilities	Line Manager

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
		<p>transformation programme EIA.</p> <p>Availability of facilities e.g. baby change/breast feeding in new location</p> <p>Existing risk assessments for pregnant workers will be out of date</p>	<p>in new location as a minimum</p> <p>Revised risk assessment to be undertaken for relevant staff for both new locations</p>	
Gender Reassignment	23 trans people belong to Plymouth Pride Forum	No adverse impact anticipated.	Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further engagement is planned across the programme and will be evidenced in lower level EIAs	The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational director.
Race	<p>92.9% of Plymouth's population is White British, 7.1% are black & minority ethnic (BME), White Other 2.7%, Chinese 0.5% and other Asian 0.55 most common.</p> <p>The Council has 4.1% BME employees across its workforce.</p>	No adverse impact anticipated.	Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further engagement is planned across the programme and will be evidenced in lower level EIAs	The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational director.
Sexual Orientation -including Civil Partnership	There is no precise local data on numbers of Lesbian, Gay and Bisexual (LGB) people in Plymouth, but it is nationally	No adverse impact anticipated.	Engagement has taken place across the programme to date and is evidenced in lower level EIAs. Further	The P&OD transformation programme is expected to run for a three year period under the leadership of the transformational

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	estimated at between 5 – 7%. This would mean that approx. 12,500 people aged over 16 in Plymouth are LGB.		engagement is planned across the programme and will be evidenced in lower level EIAs The feasibility of better data collection in this area will be addressed and actioned where appropriate.	director.

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	<p>As a wide ranging programme with a focus on improving the way PCC does business, the P&OD programme has already made progress in this regard, which is evidenced in lower level EIAs. As the programme progresses further strides will be made in enabling a reduction in the inequality gap through improvements in the way PCC conducts its internal business and customer facing activities. A major part of this process is analysing the best ways to meet this local priority by tailoring services and processes to enable progress in this area. Engagement of the public and staff as appropriate has taken place and is planned to ensure this priority is given due focus in the programme.</p> <p>The relocation of customer facing services will have a positive impact for people from our most deprived areas, since the service will be more centrally located than the Civic Centre, closer to city centre shops and facilities including the railway station, thus helping to manage interview waiting times. The service transformation will help to improve customer relations,</p>	Transformation Programme Managers/Service Managers/Project Managers – 3 years

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken

Local Priorities	Implications	Timescale and who is responsible?
	<p>reduce conflict through the design and reduce waiting times by supporting online accessibility for some services.</p> <p>The relocation of staff will not have a negative impact for people from our most deprived areas, since both locations are relatively accessible by all modes of transport and are within central Plymouth.</p>	
<p>Good relations between different communities (community cohesion).</p>	<p>A major part of the programme was the relocation of customer facing services. This has had a positive impact on community cohesion through the effort made to reduce conflict through the design particularly in housing interviews where a reported 15% of interviews are seen to be hostile in some form or another. The creation of an attractive, welcoming facility with reduced waiting times achieved through a service transformation and the availability of digital screens was aimed at defusing conflict and engendering better community relations and perception of the Council's services. This has been assisted by the public and community leaders being informed about the plans prior to delivery on the ground and being invited to comment.</p> <p>Other areas of the programme either have neutral effect or has not yet been scoped. EIAs will be carried out for all projects to assess the impact.</p>	<p>Transformation Programme Managers/Service Managers/Project Managers – 3 years</p>
<p>Human Rights</p>	<p>It is important that both our customers and staff feel they are treated fairly and that their human rights have been respected. To date, engagement and, moreover, adhering to law has been paramount, this will continue to be the case throughout the programme with supporting EIAs submitted and in the pipeline.</p>	<p>Transformation Programme Managers/Service Managers/Project Managers – 3 years</p>

STAGE 4: The Principles of Fairness	
Principles	Comment
People should be able to access opportunity whatever their circumstances	Part of the programme will include a provision of training for the current and future staff population to enable them to meet the requirements of the transformed organisation. Likewise, a career transition workstream has been stood up to ensure that we help staff who will be leaving the Council in realising their ability to access opportunities outside of the organisation.
The city should give priority to those in greatest need when it allocates resources	Savings found in this programme will potentially enable increased funding for areas of greatest need.
Things that make the biggest difference to people's lives should get priority when deciding where resources go	Savings found in this programme will potentially enable increased funding for areas of greatest need.
The way things are done in the city matters just as much as what is done	The list of HR Policies to be reviewed will be screened for a potential impact on equality and EIAs will be carried out where necessary.
Unfairness which takes time to remove needs policies for the long term	Any alteration to the recruitment policy will have an objective of reflecting the community
Preventing inequalities is more effective than trying to eliminate them	The EIA process will ensure no inequality issues are introduced within the review process.
Services should be provided 'with' people, not 'for' them	Thorough engagement the programme will develop the need with the staff.
The needs of future and current generations should be balanced when making decisions.	The programme will look at opportunities for younger people within PCC and will not undermine current initiatives.

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.		Date	19.12.2014

EQUALITY IMPACT ASSESSMENT

Integrated Health and Wellbeing Transformation Programme.

DRAFT FOR CONSULTATION



STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

Plymouth City Council and Northern, Eastern and Western Devon CCG are facing a combination of severe budget pressures, and rising demand for services. These challenges will require system-wide changes, and it is in this context that the two organisations have committed to create a vision for integrated commissioning, health and social care provision, and provision of services focused on children and young people. All of this will help to achieve the Health & Wellbeing Board's vision of "Healthy, happy, aspiring communities."

The Integrated Health and Wellbeing Programme aims to engage with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how the organisations commission and deliver services, with the aim of ensuring excellent patient/service user experience, improving outcomes for residents in Plymouth and reducing costs. This approach fits with PCC's ambition of being a [co-operative council](#) and the [CCG's vision](#) of healthy people living healthy lives in healthy communities whilst supporting the ethos of collaboration set down by all partners and will ultimately help to achieve the [Health & Wellbeing Board's](#) vision of "Healthy, happy, aspiring communities".

PCC and the Western Locality of the NEW Devon CCG and Community partners are committed to the development of an integrated model for the delivery of services for the City of Plymouth. This has been endorsed at the Plymouth Health and Wellbeing Board as an agreed work stream as a priority for 2014.

NEW Devon CCG is organised around three clusters, North, East and West. The western locality spans about 260 square miles and stretches from Lifton to Salcombe and Plymouth to North Bovey. More than 350,000 people live in the western locality and 18% of them (almost 63,000) are aged over 65 years compared with a national average of 16%. Within the Western Locality there are two main arms Localities and partnerships. Partnerships works across both Devon and Plymouth Local Authorities.

STAGE I: What is being assessed and by whom?

NEW Devon CCG and PCC have embarked on an ambitious Integrated Health and Wellbeing transformation programme which aims to establish a more collaborative, integrated and strategic approach to how PCC and the CCG commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth. This is centred around four projects:

1. Integrated Commissioning: a single, integrated and co-ordinated approach to commissioning across the social care and health system

The Integrated Commissioning Project aims to build upon co-location and existing joint commissioning arrangements, with the focus of establishing a single commissioning function, the development of integrated commissioning strategies and pooling of budgets. Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities.

In order to promote integrated whole person care that improves outcomes it is recognised that an integrated approach to commissioning is a pre-requisite with commissioners being required to develop “one system, one budget”

2. Co-operative Children’s and Young People’s Services: alternative delivery models for a variety of children’s and young people’s services, including many of those currently provided by the Education, Learning and Family Support Service within PCC, in conjunction with partners. The exact shape, size, form and number of these will be dependent on business case development. The Co-operative Children’s and Young People’s Services Project will maintain Children’s Social Care in its current structure however allow for a collaborative commissioned partnership with organisation such as NEW Devon CCG, 3rd sector partners and school to be developed.

3. Integrated Health & Social Care Provision: an alternative delivery models for health and social care services, and to facilitate the development of an integrated health and social care economy within Plymouth

The Integrated Community Health and Social Care Service Delivery Project will focus on developing an integrated service delivery model stretching across health and social care, providing

STAGE I: What is being assessed and by whom?

	<p>the right care at the right time in the right place. Emphasis will be placed on those who would benefit most from person centred care, such as intensive users of services and those who cross organisational boundaries. The project will also allow focus on developing joined up population based, public health, preventative and early intervention strategies.</p> <p>4. Care Act: The Care Act is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support.</p> <p>The Care Act places a new duty on Local Authorities to promote integrated care, mirroring the duties in the Health and Social Care Act 2012.</p> <p>As the current projects progress separate EIA's will be developed for each service change, these will be reviewed at agreed intervals.</p> <p>In order to address the current health inequalities of the city there will be aspects Health and Social Care that will not be prioritised in this programme of change In addition to this as the programme develops PCC and NEW Devon CCG will look to sources such as the JSNA to determine any need there may be to invest in particular geographic areas to address specific inequalities.</p> <p>Where any changes to structures or service delivery arrangements lead to redundancies, we will ensure that staff are not unfairly selected for redundancy e.g. on bases of them having a particular protected characteristic within the Equality Act 2010.</p> <p>Plymouth City Council has clear policies and procedures in place to ensure that staff sharing protected characteristics are not unfairly discriminated against. The Integrated Health and Wellbeing programme may adapt processes to promote consistency and integration but will ensure that this does not result in unfair discrimination.</p>
Responsible Officer	Carole Burgoyne and Jerry Clough
Department and Service	PCC People Directorate and Plymouth aspects of NEW Devon CCG's Western Locality

STAGE 1: What is being assessed and by whom?

Date of Assessment

December 2014

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p>The Programme focuses on the review and redesign of existing Health and Social Care services driven by the feedback from individuals through extensive engagement over the last twelve months. Each of the projects is utilising feedback from staff and the public to shape future access to improved service offers.</p> <p>Based on those staff whose age is recorded the people directorate has a majority aged in their 40's with 60.28% of the whole directorate aged 40-60.</p> <p>In the areas most directly affected by these</p>	<p>Existing services are fragmented and confusing for people to access. It is anticipated that the redesign will address many of these issues but the new operating pathways will be subject to regular review from users of the service.</p> <p>It is anticipated that the creation of a single point of access for services will have a positive impact on individuals of all ages as it improves ease of access.</p>	<p>Plymouth City Council will act appropriately with regards to age so that customers are treated with dignity and respect.</p> <p>Support and advice will be available to staff who require it by HR, management, Employee Assistance Programme.</p> <p>Plymouth City Council will monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>proposals 25.15% of the 2371 are aged in the 40's as well as 25.15% in their 50's. This means 50.3% of staff in these areas are aged 40-60 which is higher than the directorate average and higher than the council wide average of 33.95%.</p> <p>34.1% of people in Plymouth are over 50 years old.</p> <p>7.6% are over 75 years old</p> <p>The over 75's age-group is predicted to rise from 19,716 in 2011 to 24,731 in 2021</p> <p>17.5% of the population is under 16.</p> <p>Children and young people under-18 account for 19.8% of the population.</p>		access to options to provide feedback and that action plans are developed from this.	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Disability	<p>Within PCC across the People directorate there are 91 members of staff who have declared they have a disability. This equates to 4% of the 2371 staff in the directorate.</p> <p>In the areas most directly affected by these proposals the percentage of staff with a declared disability is 2.2% which is higher than the council wide average of 1.99%</p> <p>The 2011 census states that a total of 31,164 people (from 28.5% of households) declared themselves as having a long-term health problem or disability (national figures 25.7% households)</p> <p>10% of Plymouth's population have their day-to-day activities limited a lot by a long-term health</p>	<p>There are no anticipated negative impacts on this group, service changes will not affect the provision of health or social care to individuals with a disability.</p> <p>An improvement in process and a single point of access will have a positive impact on all individuals regardless of a disability.</p>	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p> <p>Support and advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>problem or disability.</p> <p>Self-assessment of health yielded percentages of fair, bad, and very bad health of 13.9%, 5.1% and 1.4% respectively</p> <p>1,224 adults registered with a GP in Plymouth have some form of learning disability (2010/11).</p> <p>17.5 per 1,000 children in Plymouth have a learning difficulty reported by schools.</p> <p>30,000 people in Plymouth will have some form of Mental Health issue.</p> <p>0.8% (2118) of those registered with a GP are listed on the mental health register</p> <p>A total of 31164 people declared themselves as having a long-term health problem or disability in the</p>			

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>2011 Census</p> <p>1224 adults currently registered with a GP in Plymouth have some form of a Learning Disability</p>			
Faith, Religion or Belief	<p>The outputs of the programme will apply to all individuals using Health and Social Care Services in Plymouth irrespective of faith, religion or belief but taking associated needs into account.</p> <p>Within the People Directorate although staff come from many faiths we have records for only 7% of the total. Of these 5.22% of staff are Christian which reflects the council wide average of 5.23%.</p> <p>In the areas most directly affected by these proposals the total for whom we have records is</p>	There are no anticipated adverse impacts on this group.	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p> <p>Plymouth City Council will continue to act in a way that accommodates all faiths and will ensure all future actions comply with this. Support and</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>higher at 18%. Of these 9.33% declared themselves to be Christian which is higher than the council wide average of 5.23%. .</p> <p>According to the 2011 Census, 148,917 people in Plymouth are Christian, 881 are Buddhist, 567 are Hindu, 168 are Jewish, 2,078 are Muslim, 89 are Sikh, 1,198 are listed as 'other religion' 84,295 have no religion and 18,191 did not state a religion.</p>		<p>advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	
Gender - including marriage, pregnancy and maternity	<p>The Programme focuses on the review and redesign of existing Health and Social Care services driven by the feedback from individuals through extensive engagement over the last twelve months. The projects are utilising feedback from</p>	<p>Any activity from the programme will not discriminate against staff.</p> <p>Whilst acknowledging the higher rate of female employees the organisation will continue to hire the best candidate for the job</p>	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints</p> <p>Track performance data trend by protected characteristics</p> <p>Ensure customers have</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>staff and the public to shape future access to improved service offers.</p> <p>We hold records for 78% of the 2371 staff in the People Directorate. Of these 10.58% are male whilst the majority are female (67.1%). This shows that the People Directorate has a higher proportion of male workers than the council average (8.19%. of those recorded.)</p> <p>In the areas most directly affected by these proposals 65.26% of staff are female employees and 13.76% are male. This is higher proportion of men than the directorate and council wide average.</p> <p>PCC had 264 employees who took either maternity, adoption or paternity leave between</p>	regardless of gender.	<p>access to options to provide feedback and that action plans are developed from this.</p> <p>Council policy will be followed in respect of staff that are on maternity/paternity leave or which to exercise their right to request flexible working, with advice and guidance provided by HR.</p> <p>Plymouth City Council will continue to offer equal opportunities to staff from any gender.</p> <p>Support and advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	<p>and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>01.01.2013 and 31.12.2013.</p> <p>Overall 50.6 % of the city population are women</p> <p>Plymouth's 2012 teenage conception rate is joint highest of all the SW unitary and district authorities (Torbay has an equal rate).</p>			
Gender Reassignment	<p>The outputs of the programme will apply to all individuals using Health and Social Care Services in Plymouth irrespective of gender reassignment.</p> <p>Of the referrals made to the Newton Abbott clinic in 2013 to February 2014 26 were from the Plymouth area. (This is the nearest clinic to Plymouth and latest data)</p> <p>The average age for presentation for reassignment of male-to-females is 40-49.</p>	There is no anticipated adverse impact on this group.	<p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>For female-to-male the age group is 20-29.</p> <p>We are aware that 23 trans people belong to Plymouth Pride Forum Staff</p> <p>Plymouth City Council currently does not collect information on Gender Reassignment from its staff</p>			
Race	<p>BME employees make up has 4.1% of all those who have declared their ethnicity across the Plymouth City Council workforce.</p> <p>Plymouth City Council averagely has 69.26% of white employees, 2.7% black or of a minority ethnicity (BME) and 27.07% who don't declare their ethnicity.</p> <p>The People Directorate has a total of 2371 staff. Of these 49.75% are</p>	There is no anticipated adverse impact on this group.	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p> <p>Support and advice will be available to everyone</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>White 1.47% are from a BME background and 48.78% have not declared their ethnicity.</p> <p>In the areas most directly affected by these proposals 66.48% are White, 3.24% BME and 30.28% have not declared their ethnicity.</p> <p>The People Directorate has lower figures due to the higher than average level of non-declared. However, the cluster of departments that are most affected reflect the council wide average.</p> <p>According to the 2011 census approximately 93% of the population of Plymouth are White British. The remaining 7% come from a wide range ethnic backgrounds, including significant population of British Asian</p>		<p>who needs it by HR, management, Employee Assistance Programme.</p> <p>Our BME population has increased rapidly at a time when our organisation has been contracting we are satisfied that the current underrepresentation of BME people in our workforce is not the result of unfair or unlawful discrimination of grounds of Race.</p>	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>(including Chinese), Black British African.</p> <p>It is well documented that there are a number of issues that families from BME communities face, such as discrimination, isolation, hate crime and lack of culturally sensitive services.</p>			
Sexual Orientation -including Civil Partnership	<p>The outputs of the programme will apply to all individuals using Health and Social Care Services in Plymouth irrespective of sexual orientation.</p> <p>There is no precise local data on numbers of Lesbian, Gay and Bisexual (LGB) people in Plymouth, but it is nationally estimated at between 5 – 7%. This would mean that approx. 12,500 people aged over 16 in Plymouth</p>	There are no anticipated adverse impacts on this group.	<p>Consider monitoring and reviewing taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March</p>


STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>are LGB</p> <p>There were 34 Civil Partnership Formations in Plymouth in 2013.</p> <p>Plymouth City Council currently does not collect information on its staff's sexual orientation.</p>		<p>Plymouth City Council will continue to not act in a way that will discriminate against any sexual orientation.</p> <p>Support and advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	2016

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	Better collaboration between Health and Social Care services; aiming to join up support offered to individuals and families. Programme planning focused on the improvement of person centred care informed by geographic, demographic and JSNA data	<p>Integrated Commissioning, Integrated Service Delivery and Care Bill projects - March 2015</p> <p>Cooperative Children and Young People's Services project – March 2016</p> <p>Carole Burgoyne and Jerry Clough (Senior Responsible Officers)</p>
Good relations between different communities (community cohesion).	Better community services will enable people to engage with their community and feel better connected with others	

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Human Rights	<p>This service recognises Article 14 of Human Rights Act – The right to receive Equal Treatment and prohibits discrimination including sex, race, religion and economic and social status in conjunction with the Equalities Act which includes age and disability.</p> <p>All staff and service users will be treated fairly and their human rights will be respected.</p> <p>No adverse impact on human rights has been identified.</p>	

STAGE 4: The Principles of Fairness	
Principles	Comment
People should be able to access opportunity whatever their circumstances	There is currently a complex system for customer contact to both health and social care services. An improved way of working will help with the delivery and accessibility of services to those in need taking into account individual circumstances. This will implicitly improve fairness across the city as it will increase the availability of all the health and social care services to all individuals.
The city should give priority to those in greatest need when it allocates resources	The changes being made will prioritise those in the greatest need who will gain a more enhanced service of customer centred 'wrap –around' care.
Things that make the biggest difference to people's lives should get priority when deciding where resources go	Providing excellent Health and Social Care services in key areas will make a noted difference. Preventative care and promoting healthy living are examples of this that meet our city's health needs.
The way things are done in the city matters just as much as what is done	The process change will be accompanied by a programme encouraging cultural change to influence positively on the way things are done
Unfairness which takes time to remove needs policies for the long term	The programme through integrated commissioning looks to work with partners to jointly ensure that fairness and equality are central to how we work in the

	long term.
Preventing inequalities is more effective than trying to eliminate them	We will consistently work to ensure our policies and practices deliver services that comply with the Equality Act and Human Rights Act and address health inequalities through early intervention and prevention as much as possible.
Services should be provided 'with' people, not 'for' them	Throughout the design of the Programme customers and staff have been included in extensive consultation. We will continue to listen to feedback from individual customers to ensure a personalised service is provided to them.
The needs of future and current generations should be balanced when making decisions.	We are taking into consideration how all ages and generations access health and social care services. Making available face to face and technology based services as appropriate.

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.		Date	6 th January 2015

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Plymouth Community Homes response to PCC Budget Scrutiny 2015

1. The budget challenges faced by the City Council are considerable but we welcome the determination to protect front line services, to deliver early interventions, to reduce health inequalities and the commitment to a preventative approach
2. Plymouth Community Homes will remain a strong partner for PCC going forward. Our own financial pressures come from a number of directions.

Welfare Reform - the impact of the bedroom tax has not significantly increased rent arrears but it is still early days. It has certainly caused hardship for our residents and we have resourced a significant increase in staffing to support our residents. Universal Credit will, if fully implemented, cause further hardship while posing a significant threat to our income stream. Pilots around the country show rent arrears increasing to over 15%.

Right to Buy – the increases to the available discounts have meant a dramatic rise in RTB applications. We currently have 175 expressions of interest from tenants. The level of receipt we receive is not enough to provide one for one replacement. For example, we recently sold a 2 bedroom house valued at £100,000 for £30,000 because of the £70,000 discount. This reduces the level of affordable rented housing in the City and the scale of RTB will inevitably have an impact on our services in the future.

Rent Convergence – the sudden changes to housing association rent policy from DCLG has meant that PCH is no longer allowed to increase our rents in line with the Business Plan agreed with DCLG when the housing stock transferred. Simply put we will no longer be allowed to add an additional £2 per week to rents to deliver a more coherent rent policy across the City this despite the fact that our social rents are some £10 a week cheaper than other social landlords in Plymouth. It also takes £50m out of our Business Plan and will have a major impact on PCH's development of new homes.

3. There are important areas of future work that PCC needs to be able to deliver on for the benefit of the city as a whole in relation to housing.
 - The supply of new homes. The current Council has made a major contribution to increasing housing supply in the City. This commitment to land disposals and funding packages needs to be sustained in order to see more affordable homes built in the City.
 - The private rented sector. The Fairness Commission has highlighted the need to improve the quality of the private rented sector in Plymouth. There are too many poor quality homes and too many poor landlords. The continuing role of enforcement, registration and regulation that the council provides must be maintained in order to help improve the quality of the homes on offer.
 - Health inequalities and integrated commissioning. There is significant and welcome progress and leadership on these issues. A concern remains on the availability and

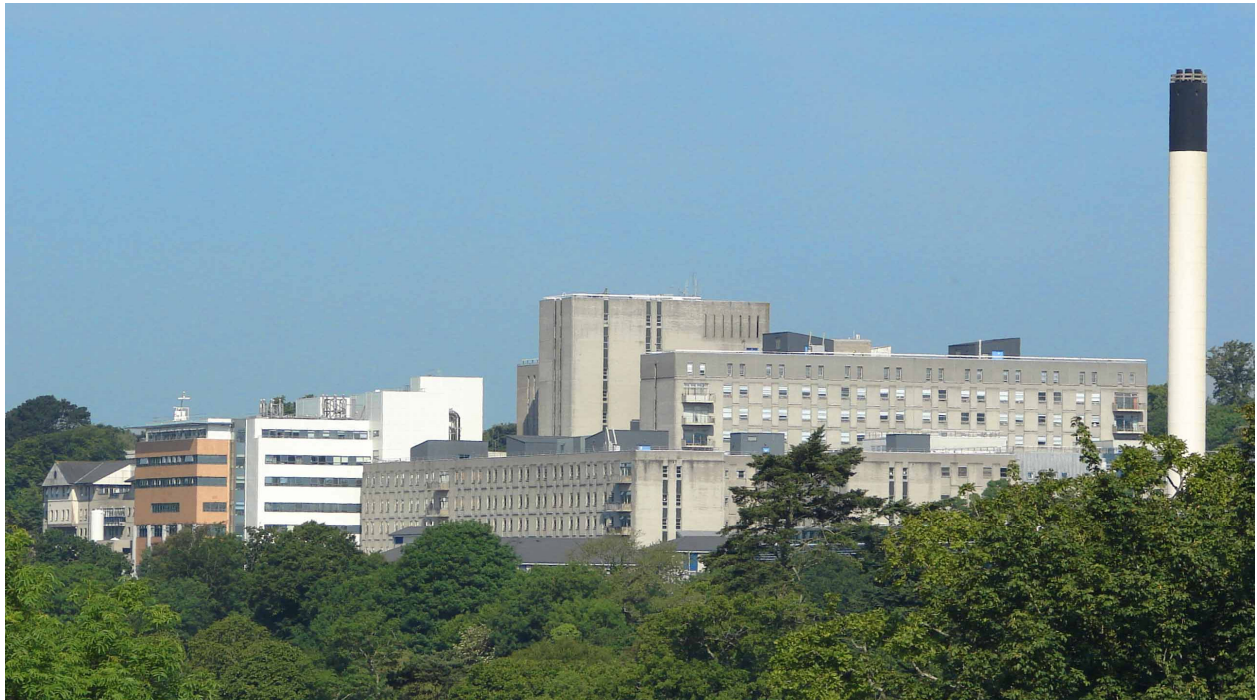
access to mental health services for vulnerable people whose needs do not meet the 'substantial' or 'critical' thresholds but who are struggling with a range of complex problems. Our Housing Officers are dealing with residents everyday who need access to services that will sustain them in their homes. A focus in commissioning services on this large group of residents is essential to improve their sense of independence & wellbeing.

- Economic Development – PCC & partners have had success in promoting jobs via initiatives like Jobs Task Force and 1000 Apprentice Scheme. This needs to remain a key focus for PCC as is the support for more locally focussed procurement and issues such as the Living Wage. The continued focus on construction jobs and the supply of young people to fill is another area that PCC needs to retain a strong leadership role. PCH is one of the few Living Wage employers in the City and we are committed not only to using local suppliers where possible but also paying them quickly and supporting the sustainability of the SME and small enterprise sector.

Other points in brief:

- PCH will continue to engage strongly in Cities of Service and see this as a key initiative for the city.
- The agendas around discrimination and community development are highlighted by the Fairness Commission and the response from PCC but also other partners needs to be prioritised and supported.
- Small but important improvements to green spaces can be delivered by a transfer of amenity land from PCC to PCH and this is now in hand but momentum needs to be maintained.
- There is a current discussion about the use of our RTB receipts after April 2015 when the council will over a period receive £10m of receipts without a legal obligation to share these with PCH. Intervention in the private rented sector, more construction apprenticeships, buying back homes from owner occupiers in North Prospect, more aids & adaptation funding and replacing 'lost' RTB homes are on the table as propositions for how these receipts can be used to support housing in the city.

Clive Turner
Chief Executive
Plymouth Community Homes
December 18th 2014



Budget Scrutiny 2015 Briefing Note January 2015



- 1.1 Plymouth Hospitals NHS Trust provides a wide range of secondary care services to a local population of 450,000 across Plymouth, South and West Devon, and North and East Cornwall and specialised and tertiary services to a wider peninsula population of almost 2,000,000 people.
- 1.2 Along with other parts of the NHS the Trust has faced financial challenges over a number of years and has a planned deficit of £13m in 2014-15.
- 1.3 The local NHS context is also extremely challenging with the Trust's main commissioner, the North, East and West Devon Clinical Commissioning Group (NEW Devon CCG) facing a financial deficit in 2014-15 of around £15m.
- 1.4 Despite the financial challenges the Trust has achieved much to be proud of, providing a full range of specialised services to the local population, has a national reputation for research, is a Ministry of Defence Hospital Unit and has one of the one of the lowest mortality ratings in the country.
- 1.5 The Trust has significant funding issues that make the achievement of financial sustainability even more challenging: -

Market Forces Factor (MFF) - 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). The Trust receives £15m less than if we were located in Bristol.

More locally the CCG are reviewing funding allocations within the NEW Devon CCG to move towards capitation based funding, early indications are this will provide benefits to the western locality.

- 1.6 Based on current funding allocations the future outlook for the Trust is extremely challenging and the income for NHS Trusts will continue to reduce over the next two years whilst 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 around 4% per annum. This equates to around £15m per annum for Plymouth Hospitals NHS Trust and this together with the Trust's recurring opening deficit means that savings of around £50m will be required to return to financial balance over the two years 2015-16 and 2016-17.
- 1.7 Given the scale of the Trust's financial challenges the Trust has a financial recovery plan which sets out that the Trust is planning a staged recovery and is likely to have a further deficit in 2015-16 and aiming to return to a breakeven position at some time after this. The extent of the deficit in 2015-16 and the time when the Trust will achieve financial balance is not yet known as the Trust works with the Trust Development Authority and Commissioners on what can be achieved and how soon.
- 1.8 In approaching this significant savings challenge the Trust is committed to maintaining safe and high quality services.
- 1.9 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 an ongoing 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.

- 1.10 The Hospital Board will not achieve savings by just cutting services and our aim is to grow the range and type of services on the Peninsula but only where these can be provided in a sustainable manner. The recovery of the Trust's financial position will require a relentless focus on productivity, transformation and cost control and this work is overseen by a Board which is chaired by the Chief Executive and attended by all executive directors.
- 1.11 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.
- 1.12 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.
- 1.13 More specifically discharge from hospital remains a key concern with Plymouth residents accounting for c.75% of bed days lost due to discharge delays at PHNT. This will include a combination of health and social care delays and will include time lost as part of the patient assessment process. Having said this it is important to acknowledge the work that is ongoing in this area and a commitment from partners in Plymouth to coordinate c.10 complex discharges each working day this winter.
- 1.14 More widely the Trust will continue to collaborate with partners in the region and will take a lead in responding to the changing health and wellbeing needs of patients. The Trust would want to be recognised within the city for innovation in new services and models of care and aims to be at the heart of an entrepreneurial healthcare hub for the city, providing high value employment, wealth and opportunity to our communities.

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BUDGET SCRUTINY: VCS RESPONSE TO CONSULTATION

From a meeting on 11th December 2014 and subsequent contributions:

The meeting considered Integrated Services (Adult Social Care) and Children and Young People's services

Several themes emerged from both groups:

- That commissioning needs to consider added value
- That there needs to be trust and respect between agencies and the VCS
- That the VCS needs to be a full partner with agencies
- That the effect of one service changing has to take into account knock on changes in other services
- That the VCS is in a good position to spot gaps in service as they begin to emerge and would probably be the best gateway into an integrated, person centred service.
- It is also in a good position to spot opportunities and to collaborate to find ways of taking them up
- The VCS needs to be engaged early in the process of designing services, and is capable and eager to co-design, co-produce and co-deliver.
- In order to take a full part in these processes the VCS sector needs to be defined and quantified, so that it is fully known and can be used effectively.
- Data needs to be transparently available and shared early to allow early intervention and co-design of services by the VCS.
- There are risks, as detailed below, that need to be considered and guarded against.

There is great willingness from all sides and agreement about what should be done – the work now is to find the 'how' and put the mechanisms in place to change the culture of service delivery.

RISKS IDENTIFIED IN THE BUDGET PAPER:

Children's Services:

- Reductions in Child Protection and Care could leave the VCS to handle families with more complex issues.
- There could be erosion to the VCS offer as contract values are being driven down, possibly ruling out the added value
- There is a real risks that thresholds will increase to reduce pressure on budgets
- Early intervention is being cut out of other budgets (police/GPs). The VCS will need to be engaged early and currently there is not enough information, intelligence and statistics to allow this to happen
- Links to the community are weakened if PCC community wardens are lost.
- Though procurement looks at added value, this could be lost when the process reaches the economic constraints of commissioning.
- Current VCS infrastructure and resource in Plymouth needs to be stronger and more unified to deliver collaborative services between VCS organisations, or with agencies.
- Increasing routes into services could erode safeguarding.
- There is a risk if the council is the front door, as people may be unwilling to approach agencies. This is where community organisations can be a portal.

Adult Services:

- There is a risk that smaller providers will close if bigger ones get contracts and the smaller ones have no way of engaging. The smaller groups need to be listened to, as they are trusted by their clients and will be invaluable in assessing need, referring to services and spotting gaps in service early.
- There are risks to providers who are going to be sharing contract delivery targets, and risks in the alliance commissioning arena and the natural disadvantage that smaller groups will have when it comes to due diligence.
- The value of the VCS might be underestimated – both in impact and outcomes, and cost savings.
- There is a risk that the voice of the consumer/community is not heard if agencies and VCS groups are focussed on working across their own differing cultures and the internal issues that will raise. There is a need to focus on the benefits to the city and its people.
- Conversely, the VCS risks its clients not benefitting fully if it does not improve its ways of working together within the VCS sector.
- The pace of achieving this brings risks to quality of care and safe service.
- Care might break down more quickly and therefore cost more.
- People may not know where to go – they need a clear first port of call.
- Those that fall through the net are often the lower levels of mental health and learning disability needs. A reduction in costs by combining agency provision will only work if resources are in place to support this level. An example might be difficulty of finding appropriate support when moving out of Glenbourne.
- Rising life expectancy means more home care and the threshold is raised for people to access residential care; this could have an impact on quality of care for some people at home, and on A&E hospital admissions and bed blocking.
- If domiciliary care is seen to cost £8000, against £23000 for residential care, there is a risk that the increased level of care needed at home will not be of sufficient quality.
- People are sceptical about cuts and may not see the benefits of this approach. Education is needed.

SUGGESTED SOLUTIONS:

Children's services

- Ensure that good quality data is shared early across agencies including the VCS to establish the need for early intervention. Establish a central data repository for the city.
- Develop a shared language and publicise clear thresholds.
- New thresholds for care should be clearly communicated to VCS and to citizens, to allow for challenge.
- Greater transparency of palliative care budgets from schools, how do they spend their Pupil Premium budgets, SEN Funding and Service Family budgets? It would be

good if these budgets could be used more widely for early intervention, and the VCS could provide support.

- An information and mapping exercise is needed for each client so that everyone knows who is working with a family and can collaborate, and ensure that care is child centred.
- Support the VCS to work collaboratively on QA systems. Good practice sharing/mentoring/economies of scale, and training and bursaries.
- Mobilise the VCS and signpost to the VCS for early intervention work.
- Establish first points of entry for people – community hubs, possibly based on existing and trusted community organisations.

Adult Services:

- The VCS will work with PCC to produce a State of the Sector report to map and describe the sector and its economic and social contribution to the city and its budget.(recommendation 9 of the Fairness Commission report)
- VCS will find ways in which the larger VCS agencies can link, support and tender with smaller ones, and find other ways in which small organisations can take part and add value.
- We can investigate how to invest to save money. Resources need to go to prevention to see results in costly services
- Contracting should include added value and an attempt to keep money in the city. The VCS can offer local provision and the ethics and principles of the sector.
- Use what is in place. There are non-threatening drop in centres providing local support for low level needs and signposting for other issues. These are not costly provision, but are currently in danger as funding reduces. Local community centres form a two way opportunity for engaging people by being able to signpost and support people to access services but also by providing a channel via which services can be taken to the community.
- Consider ways of working that are used internationally:
 - Services need to have an entry at a one stop shop, with services working together.
 - Most cost effective service picks it up and engages what is needed
 - CVS is a good portal for other services – people will go to safe local places
 - Reduced signposting – work in hubs so that contact is easy
 - Statutory services need to be open to this

The VCS will identify areas of work where they can collaborate and move forward. Many of these areas already exist. There is also work going on to investigate how the VCS can be a stronger and more united sector in organisational terms. (Fairness Commission Report)

QUESTIONS for the Scrutiny Board on Transformation and Integrated Services:

Children's Services:

- How much higher will thresholds for provision be set? How will this be communicated?
- How many children are just below the threshold?

- Has there been an Impact Assessment done on proposed changes in service? Can this be shared with the VCS?
- How accurate is the Sufficiency Statement?
- Where is the most appropriate 'front door' for services?
- Where is there a place of safety for children and young people? Healthwatch do not accept Glenbourne as appropriate. Is Plymbridge bed blocked?
- Where is the Early Intervention Plan? Can the VCS be part of finding innovative ways to create a city-wide offer for children potentially at risk?
- Where are schools spending the fund they are given for additional needs? How will this be picked up in the cluster model?
- How can an integrated service map and access VCS contacts?
- How can a VCS organisation be commissioner ready? How much will they need to do?
- What is the demand? How reliable is the data?

Adult Services:

- What level of resource can be given to domiciliary and community provision if thresholds for residential and acute care rise?
- How much is about prevention as opposed to reactive measures?
- Who takes the risk, and has the liability/accountability with integrated commissioning?
- How will the commitment to a diverse provider group (including smaller less established providers doing grass roots work) be checked and assured in the budget?
- How will the commitment to the strategic priority of early intervention and prevention be aligned and evidenced, where budget restraints mean there isn't money to invest in this priority before seeing the impact of reductions in more expensive services?
- How can we ensure that spend takes into account service delivery which is less easily quantified statistically (as public health would focus on)?
- How can we ensure and enforce co-design – so that services are designed by people using them and therefore will be focused on delivering what's needed and be more cost effective?



Northern, Eastern and Western Devon
Clinical Commissioning Group

Devon and Plymouth Challenged Health Economy & NHS Futures

Budget Scrutiny 14th January 2015

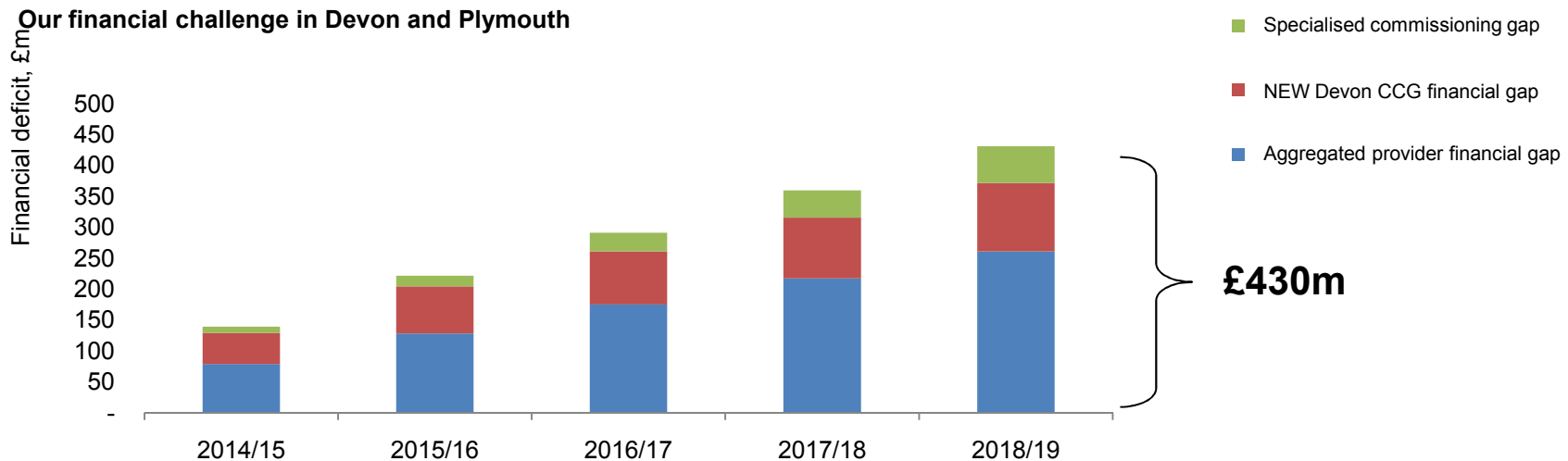
The financial challenge grows to £430m in 5 years

Devon faces a severe financial challenge over the next five years

Local Finance Directors have led a process of identifying the total financial gap faced by the care economy over the period of the 5 year plan due to be submitted to NHSE in June.

The financial gap faced by the health economy as a whole is projected to reach approximately **£430m** by 2018/19

This is the challenge faced in a 'do nothing' scenario, which assumes that the CIP and QIPP savings planned by providers and commissioners are not delivered. The figure includes the CCG, specialised commissioning and the four largest trusts in the area. It excludes the CCG's current deficit, the requirement for surpluses, and the impact of any changes in tariff.



NHS Futures Planning and Delivery

Turning strategy into action

NHS Futures Programme

1. Strategic support

Integration

Outcomes-based Commissioning

Ongoing evidence-based research

Projects	2. Urgent Care	3. Community-based Care	4. Planned Care	5. Prevention	6. Continuing Health Care (CHC)	7. Management Efficiency	8. Specialised commissioning
Work streams	Acute internal processes	Transferring services	Outcome based model	Being Born	Roles and responsibilities	Review of estate	Repatriation options
	Whole system processes	Chronic disease management	Reduce cost and activity levels	Living	Staff competence and development	Review of back office processes	Specialised service delivery
	Roles and responsibilities	Community beds	Reduce duplication	Ageing	Control demand growth	Best price	Alignment with planned care
	Delivery of pilot schemes	Integration initiatives	Potential repatriation		Assure access but reduce cost		
		Community clinical services	Whole system redesign		Align decisions, delivery, finance		
		Estates reduction					
		community based care innovations					
							10. Information Technology

9. Mental Health

Specialist Services

Parity of Esteem

NHS Futures Planning and Delivery

Delivery Schedule

Date	Milestone
24 Nov 14	Outline Business Case
Feb 15	Full Business Case
Feb-Apr 15	Commence Implementation
Apr 15 – Apr 18	Recovery period
Apr 18 – Apr 20	Extended recovery period (by exception)

NHS Futures Planning and Delivery

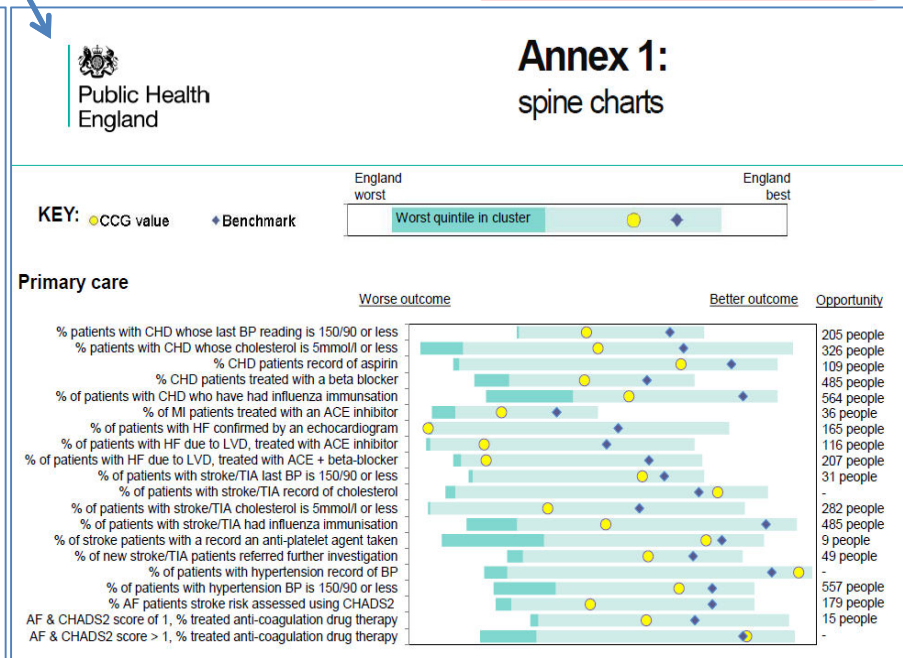
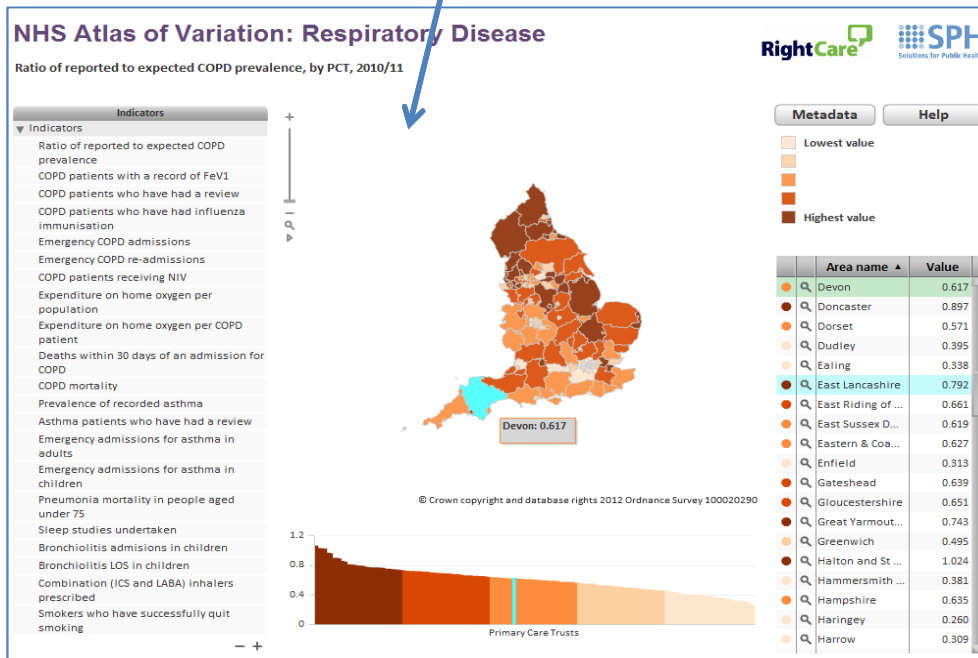
The Approach 1 of 2

- Strategic Approach
 - Outcomes based commissioning
 - Exploring a range of provider models
 - Seeking multiple funding options
 - Testing, adjusting and implementing existing strategies
 - System / pathway redesign where necessary
- Operational Approach
 - Marginal value services (MMA approach)
 - Reduction in variance (Commissioning for Value; Atlas of Variation)
 - Best value opportunity (value for money; cost improvement)
 - Managing demand (CHC, Referrals, A&E, emergency admissions, prescribing)

NHS Futures Planning and Delivery

The Approach 2 of 2

- Commissioning for Value measures 11 themes and tells us **where to look**
- Each theme has a deep dive telling us **how we're doing**
- Atlas of Variation digs deeper into each theme to tell us **what to do**



NHS Future

Headlines of CCG Assumptions

Gap of £111m is after assuming:-

- Allocation growth over period of £71m. Currently only 2 years of allocations have been published
- Net Tariff Deflator (provider efficiency less inflation) delivers £31m across period. Monitor currently reviewing provider efficiency
- Growth funding of £137m for demographic growth, CHC and Prescribing
- Non recurrent headroom to support change currently in plan
- SCG planned growth outside of CCG planning assumptions in respect of providers in scope of £85m

NHS Future

Headlines of provider assumptions

Provider gap of £260m is after assuming:-

- Net tariff deflation of £36m across whole contract
- income growth for additional activity of £117m across all commissioners
- Cost of additional Capacity £97m
- Other inflation and cost pressures £223m
- Total planned provider CIP across period assumed undelivered in 'Do Nothing Gap' £261m

Key Areas in Western Locality Work Programme

1. Integrated commissioning
2. Integrated provision:-
 - BCF
 - reduced elective admissions by 3.5%
3. Elective orthopaedic integrated model of care

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THE VIEW FROM YOU 2014

Plymouth City Council



I. REPORT HEADLINES

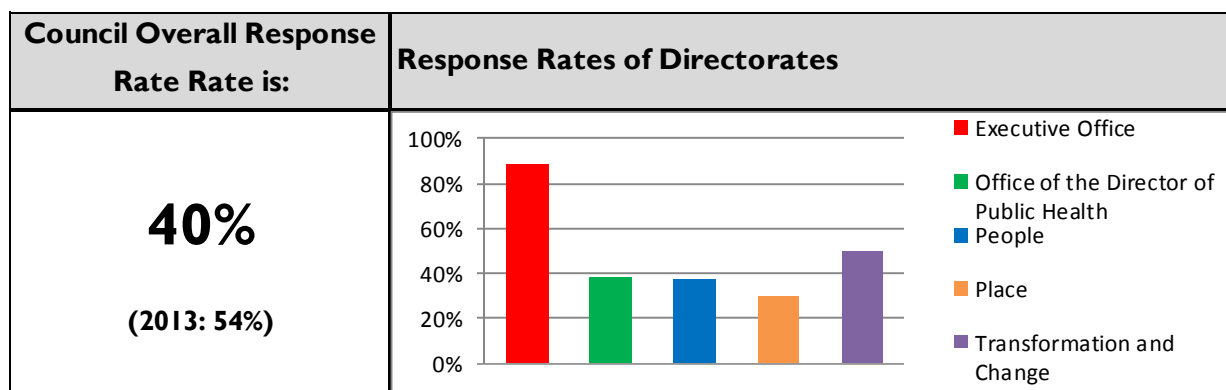
The initial analysis of the 2014 staff survey shows progress in many areas and also highlights where the Council needs to focus attention. The engagement score is very similar to last year, reflecting the degree of commitment and enthusiasm that colleagues have for their work, however the overall response rate was a lot lower.

Positive responses include staff wanting to do their best and the purpose they see in their work. There was also strong support for line managers, teams working to deliver better services and the Council when it comes to achieving its goals. Colleagues also showed a strong recognition of signals for change and their own preparedness to change.

The responses highlighted that the authority has to do better in terms of senior management communication and how it offers opportunities for growth and development.

We will now start a full analysis of the results, in conjunction with Assistant Directors and their teams. This will include looking at the results and comparing them against sickness absence, turnover and areas that have gone through major change this year. We will then be using this information to build on areas where we have performed well and make improvements in other areas.

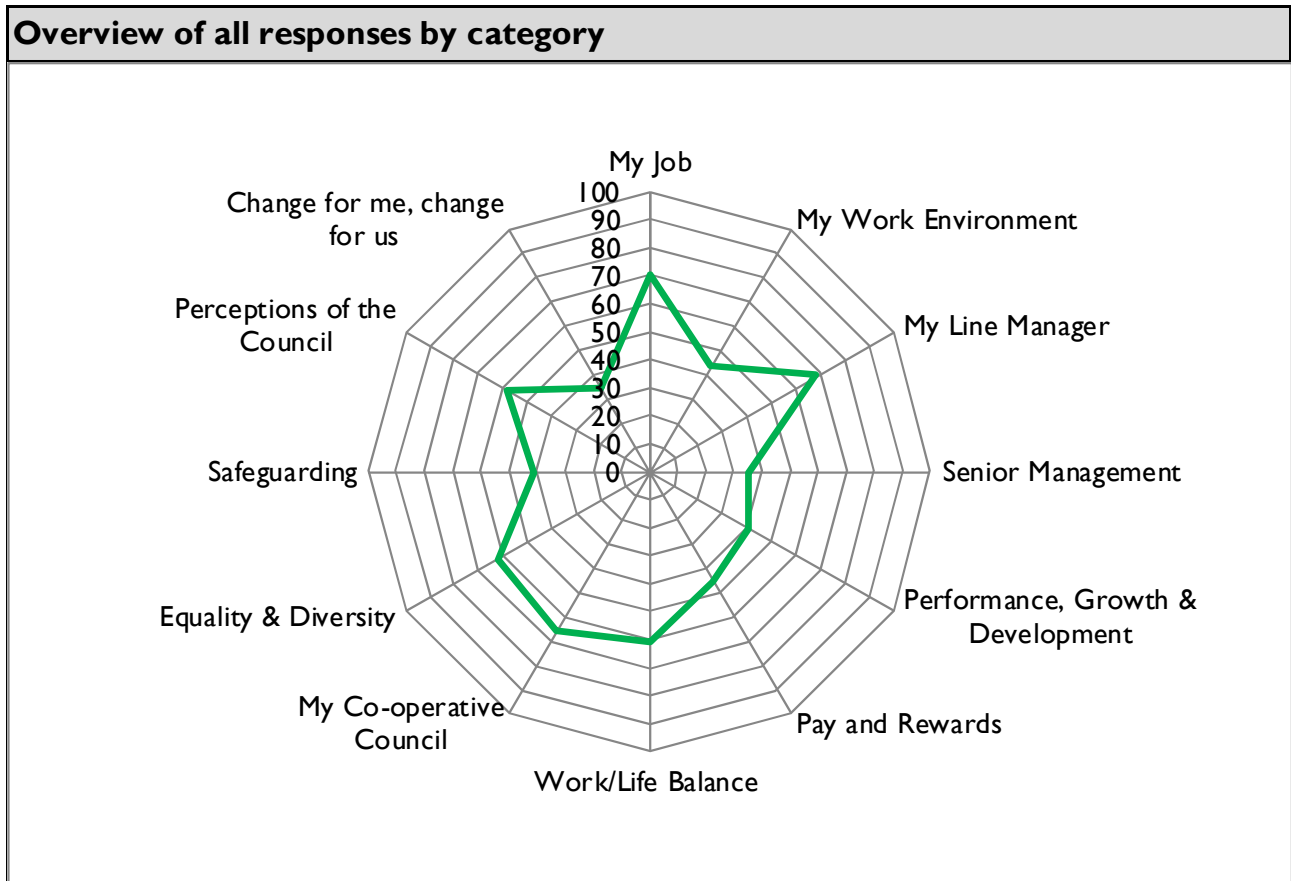
RESPONSE RATE



ENGAGEMENT

Council Overall Employee Engagement:	Directorate Engagement Scores	2013	2014	Change
<p>61%</p> <p>(2013: 62%)</p>	Executive Office	63	71	8
	Office of the Director of Public Health	N/A	54	N/A
	People	63	63	0
	Place	61	65	4
	Transformation and Change	63	55	-8

OVERVIEW OF FINDINGS



HIGHS AND LOWS

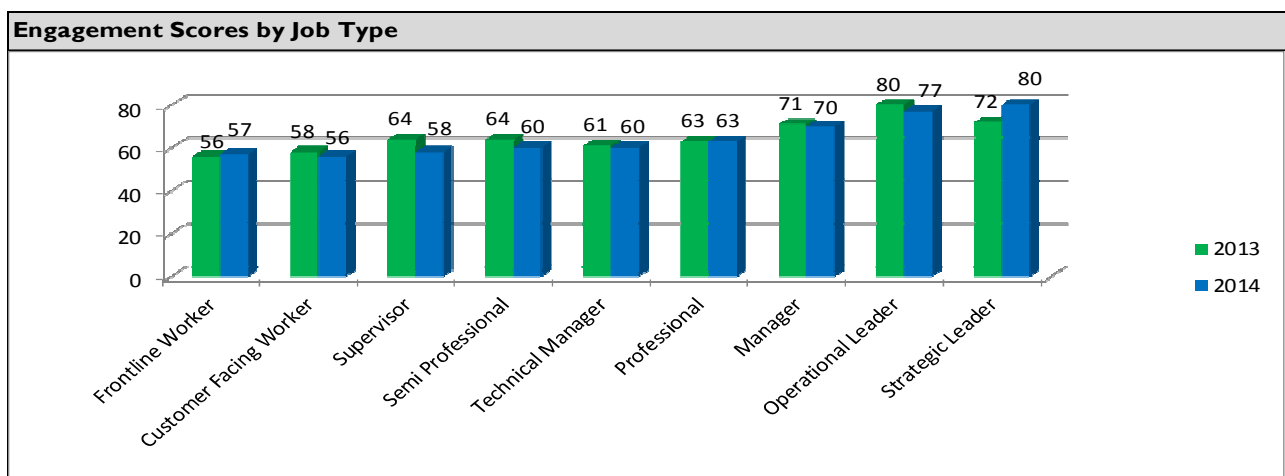
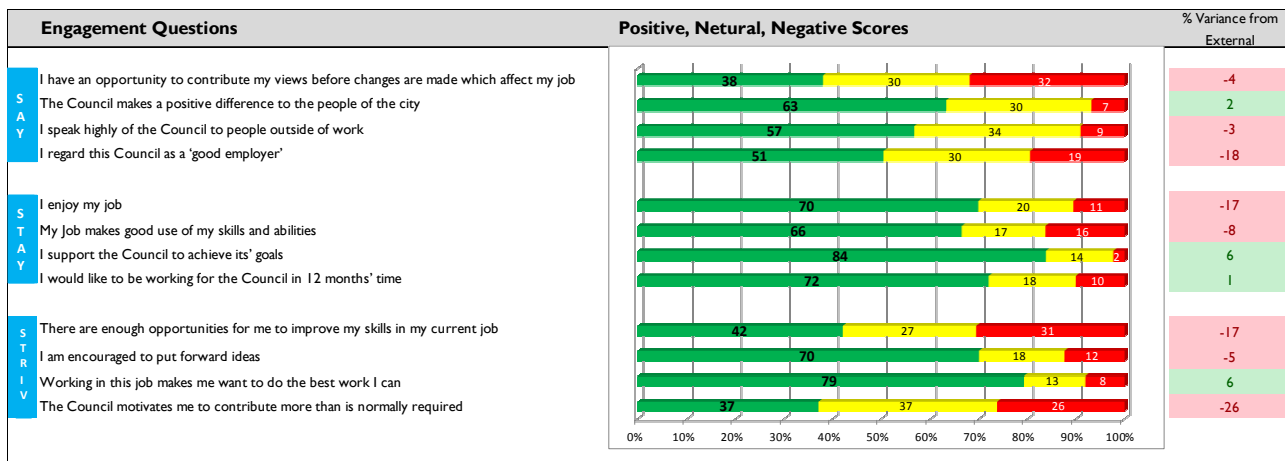
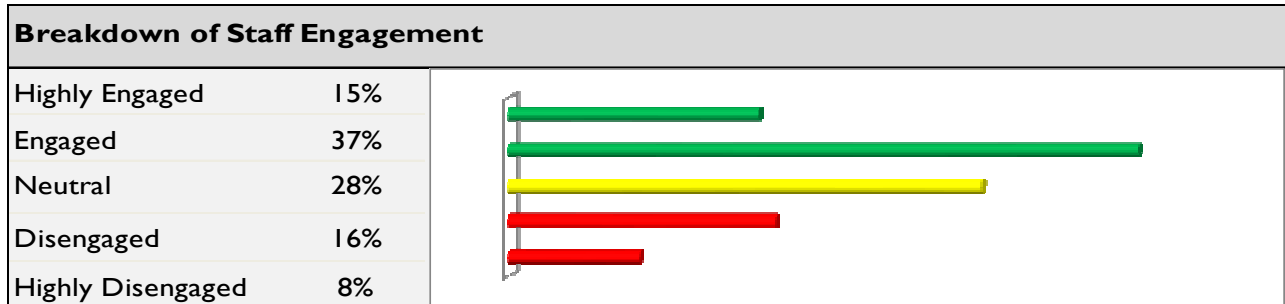
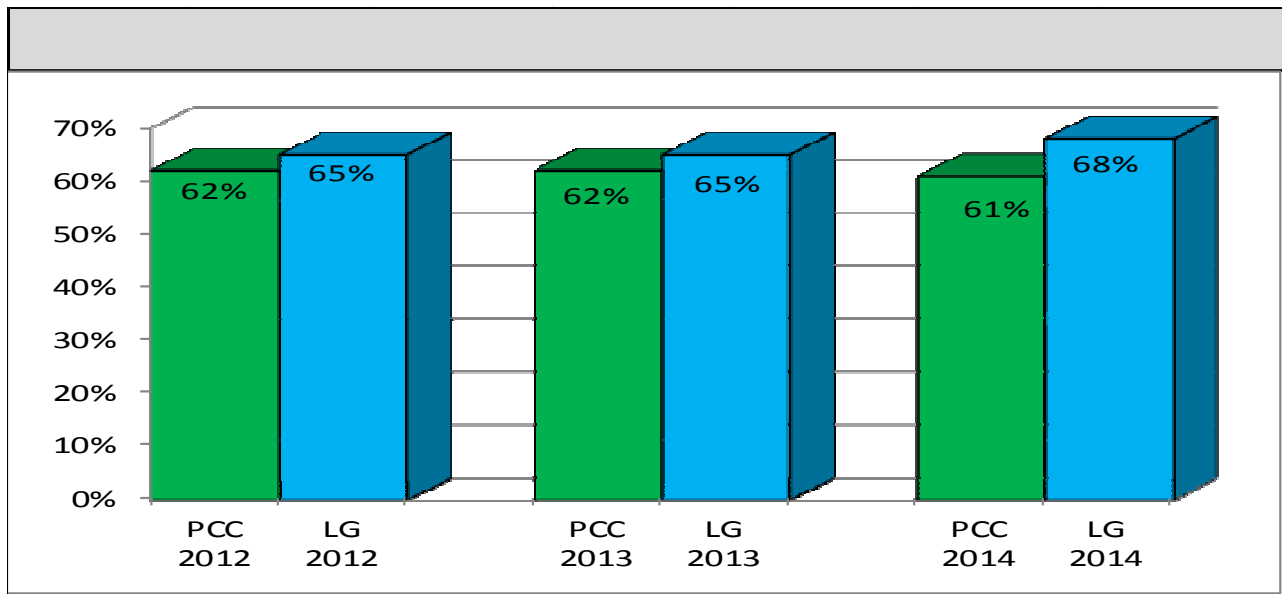
Top Three Positive Scores		2014
54. I support the Council to achieve its' goals.		84
59. Management has sent a clear signal this organisation is going to change		82
2. I know what is expected of me		81
38. My team willingly works with other departments and partners to deliver better services.		81
Top Three Negative Scores		2014
35. Team Morale is high where I work.		48
28. I believe there are enough opportunities for training and development.		43
49. Do you know what the Plymouth Safeguarding Adults Board does?		41

Best and worst change since 2012/2013	2014	2012/13	Variance
54. I support the Council to achieve its' goals.	84	66	18
41. This Council respects individual differences.	55	81	-26

Best and worst comparison with other councils	PCC	Other Councils	Variance
38. My team willingly works with other departments and partners to deliver better services.	81	68	13
13. My Line Manager encourages me to put forward ideas	70	75	-5

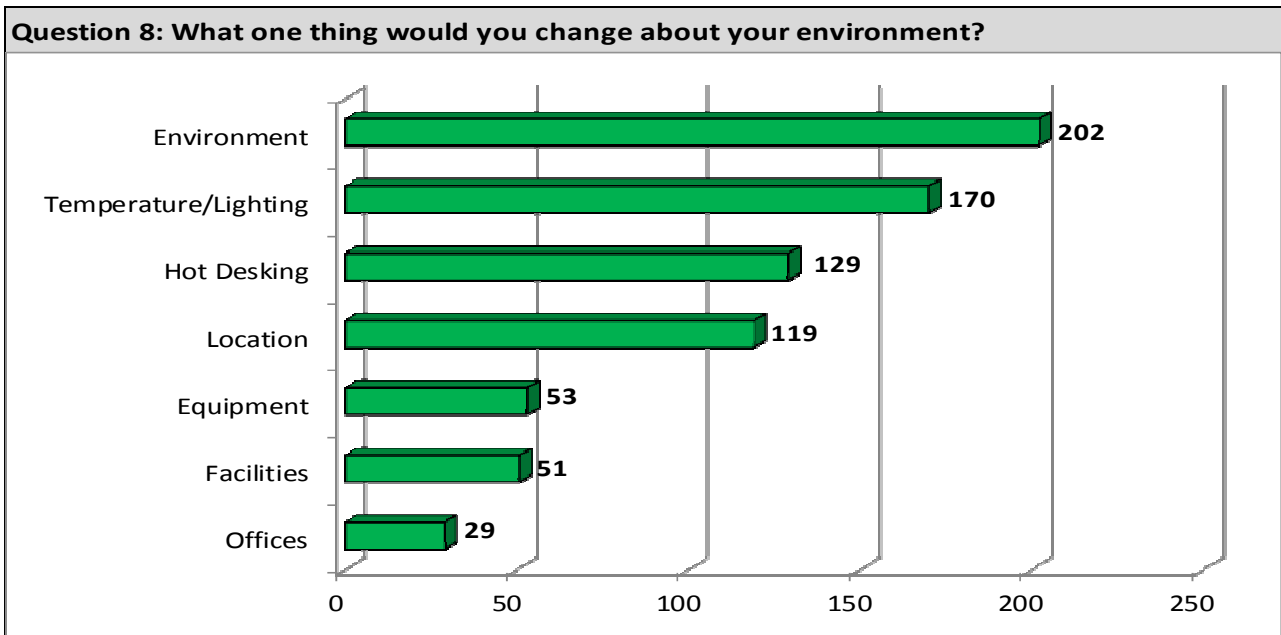
2. EMPLOYEE ENGAGEMENT

As in previous surveys, engagement has been measured here as the extent to which an employee is prepared to 'say', 'stay', and 'strive' as measured in the questions below.

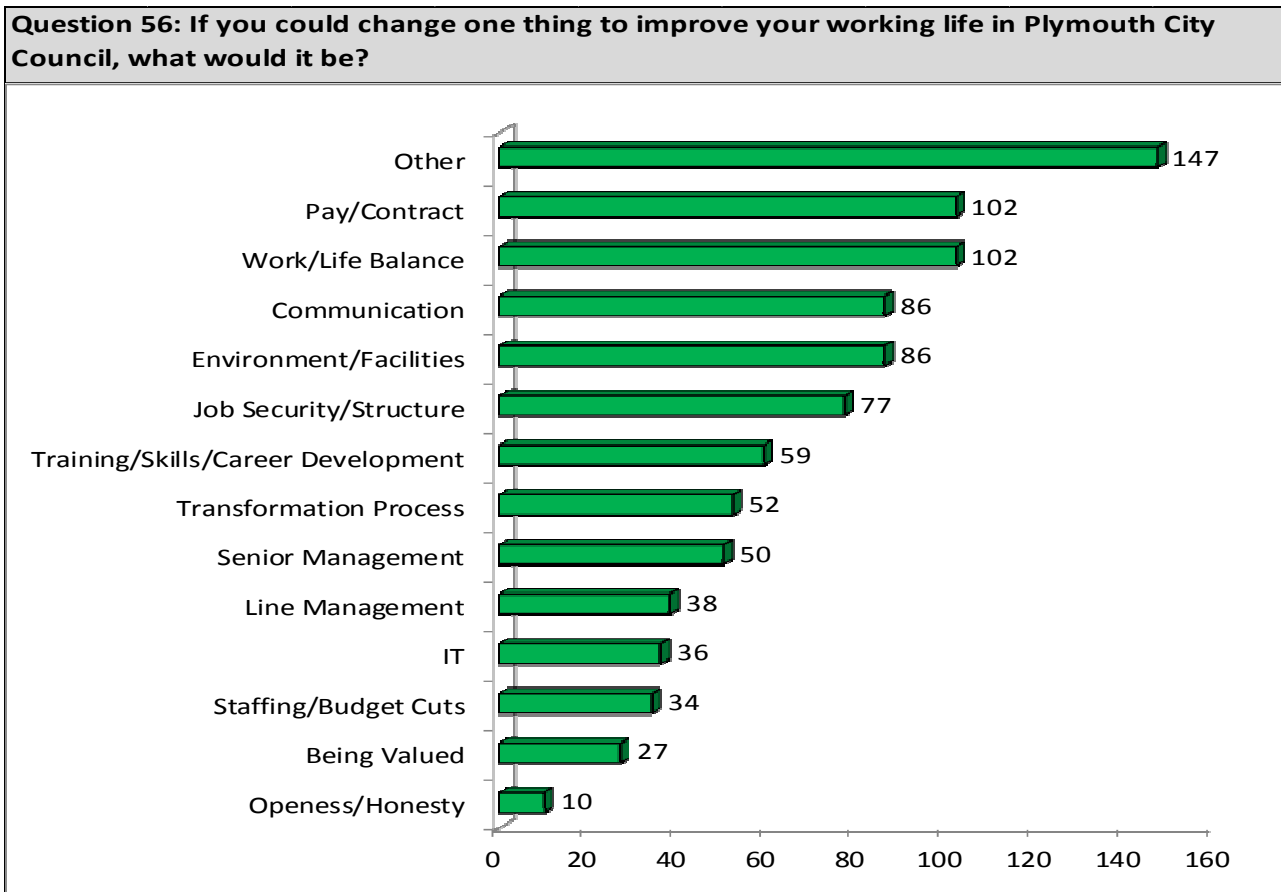


3. OVERVIEW OF COMMENTS

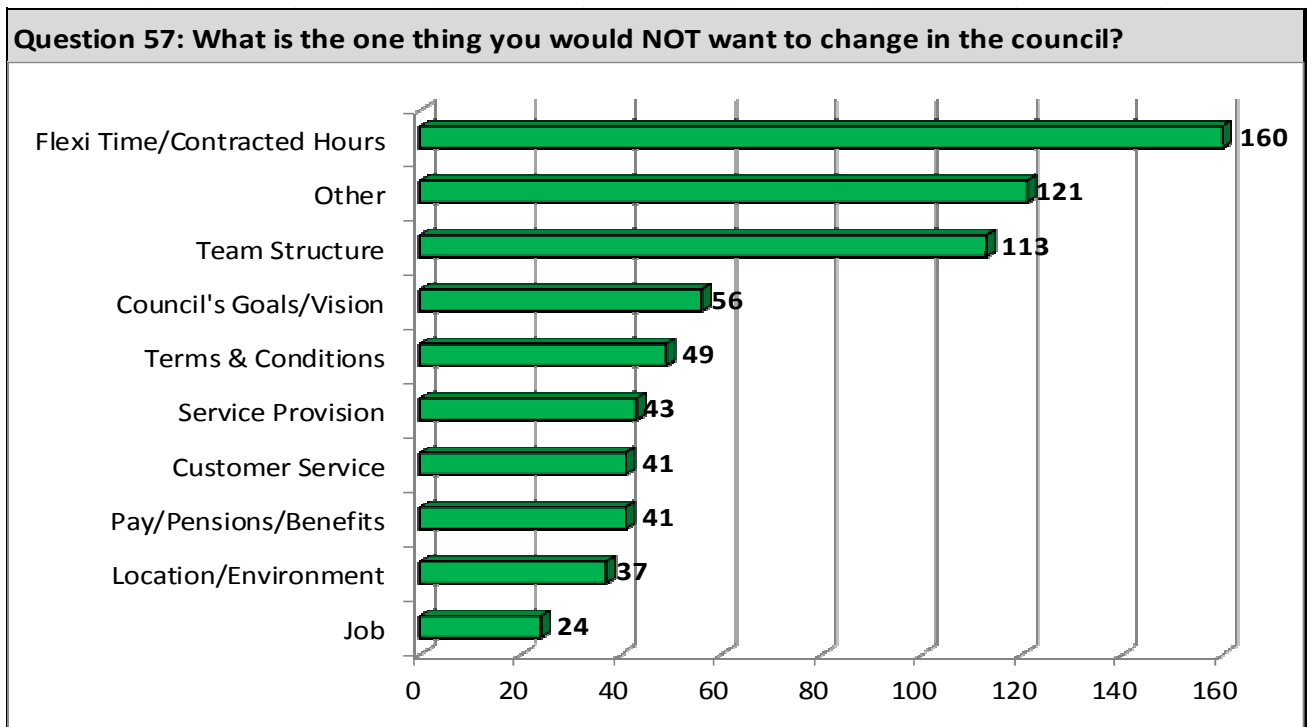
3.1 Improvements to Working Environment



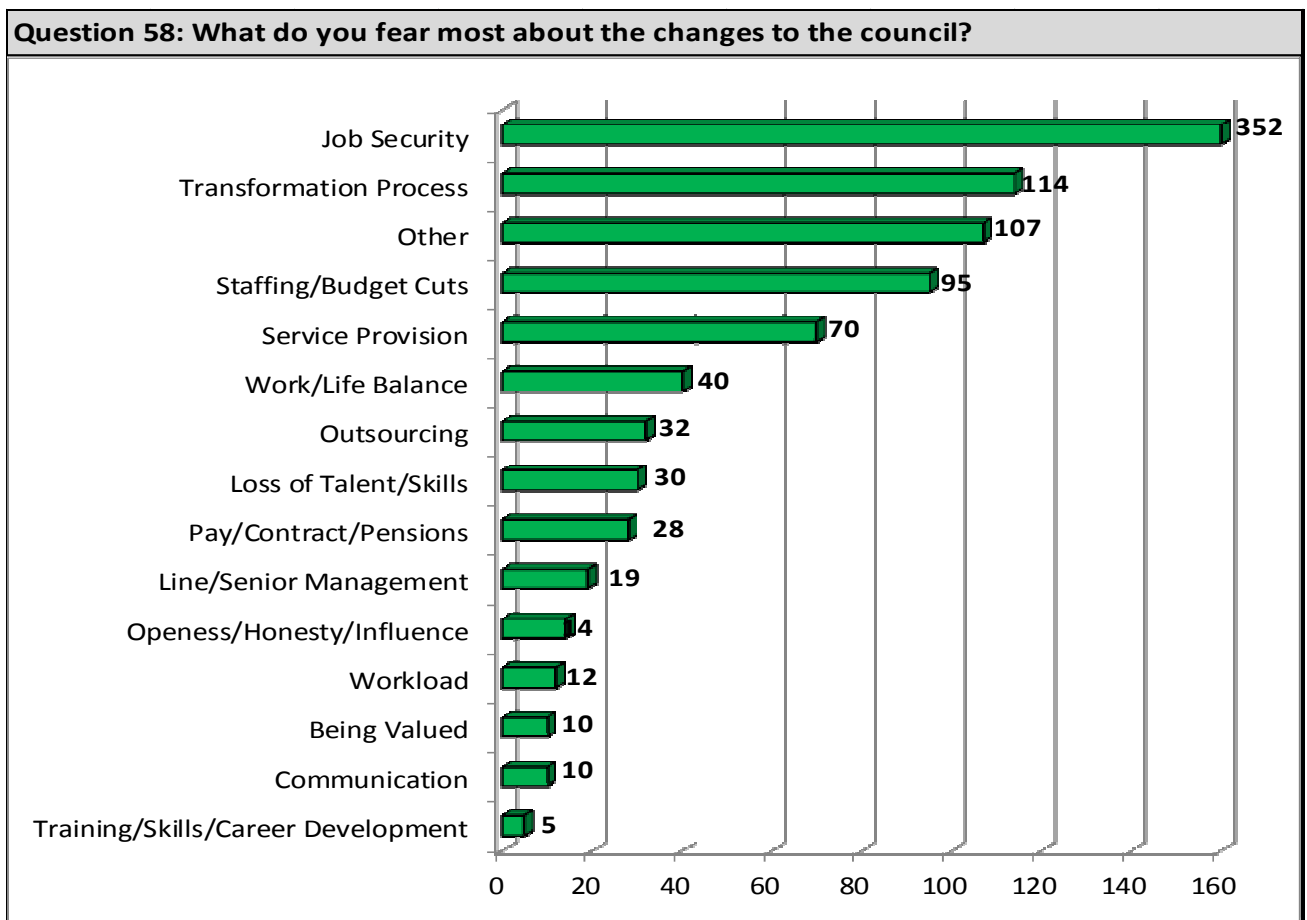
3.2 Improvements to Working Life



3.3 One thing not want to change in the Council



3.4 Fear most about changes in the Council



4. SUMMARY DESCRIPTION OF RESULTS

The overall staff engagement level for the council (using the 'Say, Stay, Strive' model) dropped slightly from 2013 by 1% to 61%. By comparison, the local government benchmark for engagement rose to 68% (updated as at October 2014). As can be seen (Section 2. Employee Engagement) two directorates improved their engagement rate (Executive Office by 8% & Place by 4%), one remained the same (People) whilst Transformation and Change (previously Corporate Services) declined by (8%).

An analysis of the top five questions for each category (positive, neutral, negative) reveals the following:

- The highest score related to supporting the council to achieve its goals (84%), and was closely followed by the belief that management had sent a clear signal this organisation was going to change (82%). Staff knowing what is expected of them, and teams willingly working with other departments and partners to deliver better services both scored 81%. Other high scoring questions related to wanting to do the best work possible (79%), feeling that their line managers are fair, and can be trusted with sensitive information both scored 75%.
- Staff neither agreed nor disagreed that in the long run it would be worthwhile if the organisation adopts change. Other high scoring neutral questions cluster around feeling that change matches the priorities of our organisation and believing in the value of change.
- In terms of negative scoring questions, the most negative at 48% related to team morale where staff work. Other highly negative responses related to: enough opportunities for training and development (43%), and knowing what the Plymouth Safeguarding Adults Board do (41%).

An analysis of changes from the previous survey shows that 8 out of 26 comparable questions increased their positive response rate from 2013. The highest increase (18%) came on the Statement "I support the council to achieve its goals" (up to 84% which is 6% higher than the Local Government benchmark). Also the response to the question about teams acting on feedback on how happy customers are rose by 8% to 72%.

When comparing the council scores to the local government benchmarks we can see the following:

- The council exceeds the Local Government benchmark in nine questions, by up to 13% but scores below in a further 21 questions, by up to 34%.
- The questions with the highest positive variance came on team willingly working with other departments and partners to deliver better services (13%).
- The question with the greatest negative variance was on the question of induction giving the information needed to do my job effectively (34%).

In terms of change from 2013 an increase can be seen in the engagement levels of Frontline Workers and Strategic Leaders. There has been a small decline in engagement levels of Customer Facing Workers (2%), Technical Managers and Managers (both 1%). Higher declines can be seen for Supervisors (6%), Semi Professionals (4%), and Operational Leaders (3%). The only job type which has remained the same in comparison to 2013 was the Professional job types.