



**Oversight and Governance**

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## HEALTH AND WELLBEING BOARD

Thursday 29 June 2023  
2.30 pm  
Warspite Room, Council House

**Members:**

Councillor Aspinall, Chair  
Councillors Carlyle, Laing and Dr Mahony.

**Statutory Co-opted Members:**

Strategic Director for People, Director of Children's Services, NHS Devon ICB, Director for Public Health and Healthwatch.

**Non-Statutory Members:**

Livewell SW, University Hospitals Plymouth NHS Trust and the voluntary and community sector.

Members are invited to attend the above meeting to consider the items of business overleaf. For further information on attending Council meetings and how to engage in the democratic process please follow this link - [Get Involved](#)

**Tracey Lee**  
Chief Executive

## Health and Wellbeing Board

### 1. **Appointment of a Chair and Vice-Chair for the Municipal Year 2023-24**

For the Committee to note the appointment of Councillor Mary Aspinall as Chair, and appoint a Vice-Chair for the municipal year 2023-24.

### 2. **Apologies**

To receive apologies for non-attendance by Health and Wellbeing Board Members.

### 3. **Declarations of Interest**

The Board will be asked to make any declarations of interest in respect of items on this agenda.

### 4. **Chairs Urgent Business**

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

### 5. **Minutes** (Pages 1 - 8)

To confirm the minutes of the meeting held on 26 January 2023.

### 6. **Questions from the Public**

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to [democraticsupport@plymouth.gov.uk](mailto:democraticsupport@plymouth.gov.uk). Any questions must be received at least five clear working days before the date of the meeting.

### 7. **Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2021-22:** (Pages 9 - 52)

### 8. **Five-Year Integrated Care Strategy for NHS Devon - Update:** (Pages 53 - 56)

### 9. **Community Empowerment Update:** (Pages 57 - 90)

### 10. **Plymouth Report:** (Pages 91 - 228)

**11. Tracking Decisions**

**(Pages 229 -  
230)**

For the Committee to note the progress of the Tracking Decisions Log.

**12. Work Programme**

**(Pages 231 -  
232)**

The Board are invited to add items to the work programme.

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## Health and Wellbeing Board

**Thursday 26 January 2023**

### **PRESENT:**

Councillor Dr Mahony, in the Chair.  
Councillor McDonald, Vice Chair.  
Councillors Aspinall.

Apologies for absence: Sharon Muldoon (Director of Children's services)

Also in attendance: Anna Coles (Service Director for People), Ruth Harrell (Director of Public Health), Gary Wallace (Public Health Specialist), Lincoln Sargeant (Director of Public Health, Torbay), Alison Wilkinson (Associate Director of Transformation, NHS Devon ICB), Annie Gammon (Interim Service Director for Education, Participation and Skills), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 10:00 and finished at 12:30.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

24. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

25. **Chairs urgent business**

There were no items of Chair's urgent business.

26. **Minutes**

The Board agreed the minutes of 29 September 2022 as a correct record, subject to minor grammatical changes.

27. **Questions from the public**

There were no questions from members of the public.

28. **Local Care Partnership**

Dave McAuley (Programme Director, Strategic Co-operative Commissioning) delivered the 'Local Care Partnership' update to the Board, and highlighted the following points-

- a) Community researchers had now been recruited and trained, and were in place to begin working with local residents to gather data which would help alleviate social isolation and loneliness. This helped address the first priority, 'building a compassionate and caring city';
- b) There was now GP telephone support available to Care-Homes. While this had initially been targeted towards care homes which were frequent users of the Emergency Department (ED), this had now been expanded to all. Furthermore, the Cost of Living Taskforce had been established to monitor household support funding outcomes. These measures helped meet the second priority of 'developing a sustainable system of primary care';
- c) Plymouth had been awarded £1 million for 2022/23 through the SEND Innovations Grant, (1 of only 7 authorities successful nationally), the Peninsula Fostering Tendering Programme had now progressed to contract award stage, and the Children's Home Treatment Service was now operational. This helped address the priority of 'Ensuring the best start through a Bright Future';
- d) Despite considerable investment and additional capacity, there remained significant operational pressures surrounding the target of 'Homelessness prevention', with continued reliance on temporary accommodation such as bed and breakfast;
- e) The Extra Care Hotel was opened in November 2022, delivering an extra 40 beds across the system to help alleviate stretched capacity. The William and Patricia Venton Centre was also open, providing a short term care facility with 24 beds. This aimed to address the target of 'Integrated care';
- f) The Eating Disorder, Personality Disorder and Rehabilitation Mental Health models were now in place. Two additional ARRS roles had been recruited, and PCC had been commended for making good progress at implementing the Community mental health framework. The Virtual Walls programme was also nearly operational;
- g) PCC was involved in a pilot to develop and approach to recruiting international staff to Adult Social Care, with the first recruit set to join in the forthcoming weeks. PCC had also established the Strategic Health and Care Skills Partnership, developing a focus plan, which had already led to successful recruitment;
- h) A new Acute Mental Health Unit was now available at the Glenbourne Unit, consolidating all acute mental health provision in the city to one site;
- i) Key risks included: risk of poverty and homelessness, fostering and residential capacity, the care market, workforce, the urgent care system, and primary care.

In response to questions from the Board, it was reported that-

- a) The Community Builders programme had now started, linking with Communities and ensuring available resources within communities were directed to those in need;
- b) Healthwatch had seen little change in feedback received regarding GP services. There was considerable variation across the city, with some practices receiving better feedback than others;

The Board agreed-

- 1. To note the content of the report, acknowledging progress and successes;
- 2. To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term;
- 3. To acknowledge and note system wide, enabling work relating to Estates and Workforce that aims to address some of the wider system challenges;
- 4. To add an update on Warm Spaces, Cost of Living, the Carers Strategy, and ICS Primary Care to the work programme.

29. **Integrated Care Strategy**

Ruth Harrell (Director of Public Health), Lincoln Sargeant (Director of Public Health, Torbay), and Alison Wilkinson (Associate Director of Transformation, NHS Devon ICB) delivered the 'Integrated Care Strategy' to the Board, and highlighted the following points-

- a) The Health and Care Act 2022 had established Integrated Care Boards, along with the requirement to set out a joint committee for Integrated Care Partnership. NHS Devon was the Integrated Care Board, and One Devon was the Integrated Care Partnership;
- b) The Integrated Care System was focussed on integration, population health and tackling health inequalities, shifting away from isolated views of the different components of health and care;
- c) This Integrated Care Strategy was founded upon the health and wellbeing strategies of each local authority in Devon, and combined with population engagement to identify common regional themes and targets. These were then developed into a broader strategy across One Devon and NHS Devon;
- d) The NHS was mandated to respond to the strategy through the 5 year Joint Forward Plan. The Integrated Care Strategy was not a new plan, but instead a collation of strategies and plans at local level, which were then aligned to the Integrated Care System, focussing on delivery and milestones;
- e) The purpose of the Integrated Care Strategy was to identify and set the overall aims of the system, incorporating the voluntary sector, social care and

wider partners that influenced healthcare, beyond just the NHS. This aimed to produce more preventative and patient centred care. Once finalised, this strategy would inform the Joint Local Plan, detailing how the NHS would need to deliver on the strategic aims in partnership with other organisations. This was due to be published by the end of March 2023;

- f) To produce the Integrated Care Strategy, detailed analytical work had been conducted towards the strategic needs of the population, and consultation with local people to understand their health and healthcare priorities;
- g) 12 challenges had been identified to be addressed throughout the strategy across Torbay, Plymouth and Devon. While many of these challenges were shared by local authorities, Plymouth was unique in having a statistically younger population, with people dying younger than national average. Plymouth also experienced high levels of deprivation, with 9 of the most deprived 10 GP practice populations in Devon;
- h) The Integrated Care Strategies' vision was for 'equal chances for everyone in Devon to lead long, happy, and healthy lives'. The strategic aims were to 'improve outcomes in population health and healthcare', 'address inequalities', 'improve access, experience and outcomes', 'enhance productivity and value for money', and to 'help the NHS to support broader social and economic development';
- i) The deadline for the publication of the final Integrated Care Strategy was 30 June 2023. Specific guidance stated that Health and Wellbeing Boards must be consulted and engage with the development of this strategy, and must submit an opinion before finalisation. The Joint Forward Plan and Integrated Care Strategy would then be combined into the Devon Plan.

In response to questions from the Board, it was reported that-

- j) While the strategy was highly detailed and complex, there had been a very short timeframe in which to draft it. It was recognised that further work and drafts would need to be published;
- k) While all of the targets and goals set out within the strategy were desirable, there were many questions surrounding the practicality of their timeframes and methods for achievement. It was however, key to include them within the strategy to set out the needs, aspirations and desires of the system;

The Board praised the work that had been undertaken and ambitions of the strategy however, recorded significant concerns surrounding the practicality and achievability of many of the ambitions. It was suggested that further work should be undertaken regarding objective prioritisation and timetabling, and that this Board would need greater engagement with the strategy development.

The Board agreed-

- l. To note the report;

2. To request that a workshop or working group be established for further consultation and engagement with the strategy's development, before the Board could respond to the recommendations contained within this report.

30. **Plymouth Substance Misuse Needs Assessment (To Follow)**

Gary Wallace (Public Health Specialist, PCC) delivered a presentation on the 'Plymouth Substance Misuse Needs Assessment' to the Board, and highlighted the following points-

- a) There had been a tight timetable set by national Government to produce a quantitative Substance Misuse Needs Assessment as part of the new national strategy 'From Harm to Hope', which Plymouth had met however, Plymouth was aware it needed to conduct further qualitative research to understand the anomalies it had revealed;
- b) While still in draft format, the report had identified that Plymouth's cohort of people in treatment or in need of treatment were older, sicker and required longer term treatment, than the England average. This was largely due to Plymouth being a greater deprived area than the national average however, Plymouth's performance was relatively in-line with its statistical neighbours;
- c) There was a particular issue within the peninsula, with the estimated prevalence of Primary Crack Cocaine use;
- d) 53% of new presentations had reported behavioural and emotional disability, and 11% had reported progressive disability, compared to the England average of 17% and 4% retrospectively. Devon had also reported similar statistics, but the cause was still unknown;
- e) People entering treatment for prescription and 'over the counter' use drugs in Plymouth was high above the England average, recorded at 52% and 14% retrospectively. While this included addiction to drugs legitimately prescribed by a doctor, there had been a significant increase in 'grey market' purchases;
- f) 'From Harm to Hope' was launched nationally in 2021 as part of a 10 year strategy in response to Dame Carol Black's report findings. It had been found that treatment had significantly contracted in the past decade, specialist roles had been lost, caseloads and demand were high, capacity could not meet demand, drug related deaths were at record levels, and that the current provision for prevention, treatment and recovery was not fit for purpose;
- g) While the strategy required many targets to be met by local authorities, Plymouth would be receiving an additional £2.4 million over 3 years to undertake the work. There was a national target to increase the number of people in treatment by 20% by 2025;

- h) A new Local Drug Partnership had been established to set local plans, oversee performance and evaluate progress to provide a local strategic focus;
- i) Plymouth was recognised as having a higher than average penetration of the problem cohorts, which would lead to increased difficulty attaining the 20% target increase set nationally. Plymouth was therefore reliant on targeting cohorts who were not currently as well served, such as people in treatment for non-opiates, people in treatment for alcohol, and young people;
- j) By 2025, Plymouth would have 55 new posts in the drug and alcohol treatment system, including more doctors, pharmacists, nurses, drug workers, alcohol workers, dual diagnosis workers, recovery workers, peer workers, and trainers for workforce development;
- k) Plymouth scored double the England average for drug related deaths, at 10 per 100,000 and double for alcohol deaths in treatment at 3.27 per 100,000;

In response to questions from the Committee, it was reported that-

- l) Everyone in Plymouth who injected opiates was offered free Naloxone and provided education and training on its use, to combat the effects of opioid overdose. This offer was extended to relatives, recognised drug using groups, hospitals and emergency services. Plymouth was above the national average for Naloxone provision;
- m) There was a single point of contact through the alliance, for Councillors to contact for advice and out of hours signposting for residents. Signposting of relevant services was also available through the Plymouth Online Directory;

The Board thanked Gary Wallace for the report, and agreed to-

- 1) Note the contents of the report;
- 2) Note the formation of the Plymouth Drug Strategy Group;
- 3) Invite biannual updates on the progress of the strategy implementation.

### 31. **Terms of Reference Update**

Ruth Harrell (Director of Public Health), and Elliot Wearne-Gould (Democratic Advisor) outlined the Health and Wellbeing Board Terms of Reference update, and highlighted the following points-

- a) Minor amendments had been made to the Board's Terms of Reference were necessary to bring them in line with the latest Government advice, following the publication of the Health and Social Care Act 2022;

- b) There would be future training and development provided to the Local Care Partnership, and Health and Wellbeing Board, through the Local Government Association.

The Board agreed-

- 1. The updated Terms of Reference for the Health and Wellbeing Board;
- 2. To refer the Terms of Reference to the relevant Council body, for approval;

32. **Tracking Decisions**

The Board agreed to note that all tracking decisions had been actioned.

33. **Work Programme**

The Board agreed to add the following items to the work programme-

- 1. Warm Spaces Update;
- 2. Cost of Living Update;
- 3. ICS Primary Care Update;
- 4. Carers strategy;
- 5. Integrated Care Strategy – Workshop and Feedback.

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## Health and Wellbeing Board



Date of meeting:	29 June 2023
Title of Report:	Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2021-22
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Julie Frier
Contact Email:	<a href="mailto:julie.frier@plymouth.gov.uk">julie.frier@plymouth.gov.uk</a>
Your Reference:	<a href="#">Click here to enter text.</a>
Key Decision:	No
Confidentiality:	Part I - Official

### Purpose of Report

To present the annual assurance report of the Devon and Cornwall Health Protection Committee 2021/22 for information.

Local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. To this end the Health Protection Committee (HPC) is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance to the local Health and Wellbeing Boards that adequate arrangements are in place for prevention, surveillance, planning and response to communicable disease and environmental hazards, to protect the public's health.

The HPC produces an annual report to the Health and Wellbeing Boards, which provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period 1 April 2021 to 31 March 2022, for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly.

The report considers the following domains of health protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and anti-microbial resistance

For each of these domains the report sets out:

- Assurance arrangements
- Performance and activity during 2021/22
- Actions taken against health protection priorities identified for 2021/22
- Priorities for the current year.

### Communicable disease control and environmental hazards

The health protection agenda in 2021/22 continued to be dominated by the COVID-19 pandemic. The end of this period was marked by the stepping back of many aspects of the COVID19 response that had been dominant in the earlier year.

#### *Management of COVID-19 outbreaks*

The report includes numbers of outbreak by setting type dealt with by UKHSA. These numbers in particular for education and businesses settings will be smaller than the actual figures for outbreaks in these settings as local public health management were in place for education and workplace settings. Care settings were managed in collaboration with UKHSA but with local teams taking a far more proactive and supportive role than previously.

Rates of non-COVID infectious diseases reported to UKHSA were low during the pandemic, but have risen as restrictions and control measures have been lifted.

#### *Local areas of innovation and good practice*

COVID-19 and flu vaccination were coordinated under a Devonwide seasonal vaccination programme. Plymouth has developed a robust outreach COVID19 vaccination models which has been successful in reaching a wide variety of groups and areas with lower uptake.

The Devonwide Community Infection Management System was central to the COVID-19 response, working locally as part of a Plymouth multi-agency team supporting care homes throughout the pandemic. This offer included the development of bespoke and care-home specific support via 'virtual infection prevention and control walkrounds'.

Local Outbreak Engagement Boards in all areas helped local authorities to keep in touch with key stakeholders, and sharing key messages with communities.

### Screening & Immunisation programmes

All screening and immunisation programmes (with the exception of the routine childhood immunisations) suffered from the impact of the COVID-19 pandemic to varying degrees with the focus during 2021/22 to support providers to implement detailed recovery plans to safely recommence screening and immunisations and to tackle the backlog that had developed during the pandemic. Most services are recovered and now need to focus on improving uptake and reducing inequalities.

### Healthcare associated infections

This work is part of the Anti-Microbial Resistance programme seeking to prevent and tackle those infections which are resistance to anti-virals, antibiotics, or antifungal treatments. Restarting this programme is a key priority as we move on from the acute phase of the pandemic and need to maintain the important learning around infection prevention and control.

### Health Protection Committee Priority areas

Priorities agreed by Health Protection Committee members for 2022/23 are to:

1. Maintain response to COVID-19 in line with current guidance, resourcing and activity.
2. Ensure preparedness and system wide resilience to respond to future pandemics or health protection emergencies, including sharing learning to inform future approaches.
3. Continue recovery of screening and immunisation programmes including launch of the Maximising Immunisation Uptake Groups and a renewed focus on addressing health inequalities in uptake, including a focus on flu and covid uptake amongst vulnerable and inclusion health groups.

4. Embed and strengthen community infection management services to prevent and respond to infections throughout the community, ensuring that there is IPC support for all settings, aligning to the broader SW IPC Strategy Work.
5. Continue work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities
6. Work towards continuous improvement in all areas of health protection through audit, peer review, training, and development. Specifically address improvement areas highlighted by the Sector Led Improvement self-assessment and the UKHSA Gap Analysis/Action Planning tool.
7. Maintain a focus on local action to address the climate emergency, building on the findings of the SW sector-led improvement Climate and Public Health work.
8. Refresh health protection governance structures in line with integrated care board and integrated care system strategy development including a review of existing meetings and terms of reference.
9. Advocate for a rolling CPD and training programme to ensure a robust and resilient system which can respond to major incidents and emergencies.

Progress against these will be included in the next annual assurance report.

### **Recommendations and Reasons**

The Health and Wellbeing Board notes the contents of the report.

### **Alternative options considered and rejected**

None

### **Relevance to the Corporate Plan and/or the Plymouth Plan**

The role of the Health Protection Committee, along with its annual assurance report, is to provide the structures and arrangements required to assure adequate performance against health protection priorities across communicable disease control and environmental hazards; immunisation and screening; health care associated infections and antimicrobial resistance. All areas of action are designed to protect and support individuals and settings at greatest need or risk.

The function of the Committee and its assurance role helps to deliver against the caring priorities within the Corporate Plan, and particularly with regards to the Plymouth Plan aim to become a Healthy City.

### **Implications for the Medium Term Financial Plan and Resource Implications:**

None

### **Financial Risks**

None

### **Carbon Footprint (Environmental) Implications:**

None

### **Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

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### **Appendices**

*\*Add rows as required to box below*

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Originating Senior Leadership Team member: Julie Frier, Consultant in Public Health											
Please confirm the Strategic Director(s) has agreed the report? Yes – Ruth Harrell Date agreed: 19/06/2023											
Cabinet Member approval: Approved by Councillor Aspinall (Cabinet Member for Health and Adult Social Care) verbally Date approved: 20/06/2023											



# Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council

1 April 2021 – 31 March 2022



## Contents

Section No	Title	Page No
1	Introduction	1
2	Assurance Arrangements	1
3	Prevention and Control of Infectious Disease	1
4	Screening Programmes	7
5	Immunisation Programmes	13
6	Health Care Associated Infections	17
7	Emergency Planning and Response	18
8	Work Programme Priorities 2021/22- Progress	19
9	Work Programme Priorities 2022/23	22
10	Authors	23
11	Glossary	23
12	Appendices	23

## 1. Introduction

- 1.1 This report provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period from 1 April 2021 to 31 March 2022, for the Health and Wellbeing Boards of Cornwall Council and the Council of the Isles of Scilly, Devon County Council, Plymouth City Council, and Torbay Council.
- 1.2 The report considers the following key domains of Health Protection:
- Communicable disease control and environmental hazards
  - Immunisation and screening
  - Health care associated infections and antimicrobial resistance
  - Emergency planning and response.
- 1.3 The report sets out for each of these domains:
- Assurance arrangements
  - Performance and activity during 2021/22
  - Actions taken to date against health protection priorities identified for 2021/22
  - Priorities for 2022/23.

## 2. Assurance arrangements

- 2.1 Local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their populations.
- 2.2 The Devon and Cornwall Health Protection Committee is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance that adequate arrangements are in place for prevention, surveillance, planning, and response to communicable disease and environmental hazards.
- 2.4 Summary terms of reference for the Committee and affiliated groups are listed at **Appendix 1**.
- 2.5 A summary of organisational roles in relation to delivery, surveillance and assurance is included at **Appendix 2**.
- 2.6 A major organisational change has been the transition from Public Health England (PHE) to the UK Health Security Agency (UKHSA) which took place in October 2021.

## 3. Prevention and control of infectious disease

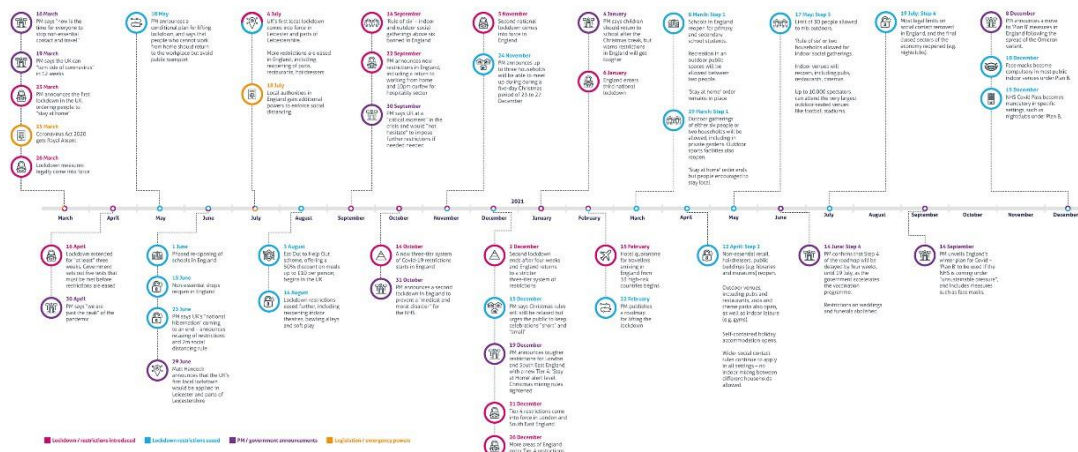
- 3.1 Since the end of December 2019 when the first cases of COVID-19 were reported in China, to now, the world, Europe, the UK and DCIOS have seen waves and troughs of cases. This is expected to continue.
- 3.2 From December 2020 the first COVID-19 vaccinations were administered and vaccination programme established. Winter 2021 saw a surge in vaccination due to the emergence of the highly transmissible Omicron variant.



## Activity in 2021/22

## Timeline of UK government coronavirus lockdowns and measures, March 2020 to December 2021

IfG



Source: Institute for Government analysis.

CC BY-NC

## Jan 2022

Isolation period reduced to 10 days (or 7 days following two negative lateral flow tests 24 hours apart). Fully vaccinated contacts are not required to self-isolate and are advised to take lateral flow tests every day for 7 days, only being required to isolate following a positive result. Unvaccinated contacts will still need to isolate for 10 days.

11th Jan those testing positive using a lateral flow test no longer need to take a PCR test to confirm the result.

The Government reintroduced the Statutory Sick Pay Rebate Scheme which had previously ended on 30 September 2021.

## Feb 2022

End of legal restrictions in England.

End of routine contact tracing.

Close contacts who are fully vaccinated no longer required to test and unvaccinated close contacts no longer required to self-isolate.

Care home staff asked to take lateral flow test before their shifts rather than weekly PCR tests.

Outbreak management rules reduced to 14 days from 28 days.

## March 2022

18th March – Government removed the remaining international travel restrictions.

31st March Free PCR testing in the community ended.

Targeted Community Testing ended.

Care home staff testing daily using lateral flow tests prior to each shift. All residents test monthly using a PCR test.

## 3.3

UKHSA, peninsula local authorities and CCGs worked in partnership to support settings with high-risk cases or outbreaks of COVID-19. Common settings where an outbreak response is required include care homes, supported living settings, early year and education settings,



health care settings, workplaces (particularly those associated with national infrastructure or are otherwise high risk) prisons and homelessness settings. Table 1 shows the number of COVID-19 situations recorded on HPZone (UKHSA case management system) by principal context and local authority area in the year 2021-2022. This will be a significant under representation of the number of settings reported as it does not include situations where the local authority led the response. For example, where the local authority led on providing a response to local schools or workplaces these will not be included in the setting figures below.

**Table 1 Number of Covid-19 situations recorded on PHE/UKHSA system between 1 April 2021 – 31 March 2022 by Local Authority and setting type**

- 3.4 The table below represents notifications made to UKHSA, and not necessarily situations managed by UKHSA. Many situations (schools and workplaces) were managed locally. Local authorities all developed their own systems to support and manage outbreaks in a range of settings and these figures will not reflect the totality of the work down across the system to support the settings with situations or in outbreak.

Local Authority	Adult Care Home	Educational setting	Workplace	Healthcare	Other
Cornwall*	399	47	12	5	<5
Devon**	529	99	8	<5	7
Plymouth	224	47	8	<5	<5
Torbay ***	127	107	101	<5	<5

\*In Cornwall between June 21 and Jan 22 553 businesses were supported with Covid activity within their workforce/customers.

\*\*Devon is much lower as they managed a significant number of their outbreaks locally – without direct involvement from the HPT. The above figures are an underestimation of impact.

\*\*\* Torbay managed the majority of outbreaks locally. Figures include education, business and hospitality settings April 2021 – March 2022

- 3.5 UKHSA regional Health Protection Teams provided the specialist response to other infectious disease and hazard related situations across Devon and Cornwall, supported by local, regional and national expertise.

- 3.6 Situations responded to alongside management of COVID-19 have included:

- Non-covid related outbreaks in early years, schools and residential care settings
- System pressures (patient flow from acute through to care homes / POC)
- Plymouth shooting
- Bomb threats made to NHS and a secondary school in connection with the Covid 19 vaccination programme
- Major incident declared in December 2021 for mass vaccination booster programme
- G7 summit hosted in Cornwall, 9-11<sup>th</sup> June 2021

- Boardmasters Festival, 6<sup>th</sup>-8<sup>th</sup> August 2021
- Outbreak of GI illness associated with consumption of Oysters (North Cornwall), November 2021

Area of response	Detail
Public Health advice	<p>Throughout 2021/22 public health advice continued to be developed and disseminated in relation to the identification and management of symptoms, case and outbreak response, promotional campaigns, and support for all sectors in relation to the pandemic.</p> <p>Proactive support was provided through a suite of assets and communication tools hosted by local authority, CCG and UKHSA agencies. Examples include early year and education setting regular webinars, care home webinars, flow charts communicating actions to take following possible or confirmed case(s), checklists, and risk assessment tools.</p>
Contact tracing	<p>UKHSA, working with local authority public health teams and NHS Test and Trace, led the process of contact tracing, testing and isolation, interpreting and implementing changing national guidance during the phases of the pandemic. Local Authorities took on more cases over time and adopted Local Zero. Use of a Local number lead to early contact tracing</p>

#### *Area of good practice*

Cornwall case review service – bespoke service set-up in advance of the wider national contact tracing service. Dependent upon case incidence large percentage of confirmed Covid 19 cases contacted by in-house Cornwall Council case review team. Intelligence gathered and support offered to schools, early year settings, businesses etc to keep people safe and an employment.

This model excelled when working with partner organisation during the G7 summit.

The G7 world leaders' event was held in May 2021 at Carbis Bay hotel and Tregenna Castle on the outskirts of St Ives. The event was managed in a way to reduce the risks of Covid infections to delegates, support staff, police, security staff and the general population. It involved liaising with PHE at a national level to determine testing regimens prior to the event for all those attending and working in connection with the event, having testing regimens established and embedded into daily practice during the event and the ability to isolate and contain any cases or outbreaks during the event. Close working practices evolved during the build up to the event and were essential during the 5 day event where there were a small number of cases which were contained as effectively as possible. A surveillance system was established with Field Epidemiology Services to monitor the cases and contacted in relation to the event.

## Testing

*Area of local good practice*

Testing was coordinated across Devon and Cornwall by a regional testing strategist, bringing together clinical, commissioning and public health expertise regularly to review latest guidance and manage implementation in the most effective way for a geographically dispersed population. Testing capacity and capability was targeted to ensure all communities were able to access symptomatic and asymptomatic testing services, taking into account the needs of those without easy access to transport, and vulnerable populations.

Targeted community testing, including deployment of fixed and mobile PCR and LFD testing sites, was used to maximise testing uptake across the peninsula.

Boardmasters was one of only a few music festivals that went ahead in the summer of 2021. It was a four-day event based just outside Newquay which involved music and camping in the evenings and surfing competitions in Newquay during the day. Over 50,000 people attended the events. The Public Health team worked closely with the event organisers to ensure the Covid guidance at that time was followed and also established additional Covid mitigation such as a second Lateral Flow test for all attendees after 2 days at the festival. Despite these mitigations a large number of cases were identified after the event as possibly been transmitted during the event. The learning from the event included the need not to rely on the general public doing unsupervised testing to ensure they able to attend such an event. Learning from the event has been and will continue to be referred to as more events are organised in the future.

Testing teams adapted over time increasingly supporting inclusion health and access wider health protection services allowing area based and targeted solutions to meet local need whilst increasing access to testing.

## Vaccination

*Area of local good practice*

Local authorities continued to work with CCGs to develop an outreach offer, through use of all vaccine partners – CCG, acute trusts, GPs and pharmacies, and use of community settings in areas of high deprivation and low uptake. Inclusion health groups have also been prioritised over the past year along with the evergreen offer for those who have not yet taken up the offer for covid vaccination. During winter 21/22, where possible covid and flu were co-administered and learning from that season will be used for a much wider rollout of co-administration for winter 22/23.

The Devon Health Inequalities (HI) Cell was established early on to address inequalities in uptake of covid vaccinations and focus on priority groups who were least likely to be vaccinated and/or who may be more susceptible to the severe consequences of infection. This group includes representation from a wide range of stakeholders and has been led by a

Consultant in Public Health on behalf of the three Devon Local Authorities. For some time now this group has been expanded to include Flu, focusing on increasing uptake across both vaccination programmes building on the excellent work, outreach programme and relationships that have been established through delivery of the COVID programme. Through the work of the cell, a health inequalities hub and data dashboard have been developed and the learning is being embedded into wider system work to address health inequalities. The work of the cell and its partners has received regional and national recognition, including the NHS Devon Equality and Diversity Award and the National NHS Parliamentary Health Inequalities Award. An example of one project delivered through the work of the cell is below:



Variants of concern	UKHSA led the response to investigating single cases and outbreaks of variants of concern, working closely with local authorities to ensure containment and, in the case of Delta and Omicron, mitigate spread.
Settings based prevention & case & outbreak response	<p>Prevention and response programmes were developed for all settings to prevent and control outbreaks:</p> <ul style="list-style-type: none"> <li>• Schools and early years</li> <li>• Care homes and domiciliary care</li> <li>• Businesses &amp; hospitality</li> <li>• Places of detention</li> <li>• Homelessness settings</li> </ul> <p>Excellent collaborative working continued with all sectors to support them to keep staff, clients and students safe, minimise disruption and keep premises open and functioning.</p>
Communications & engagement	<p><i>Area of local good practice</i></p> <p>Local Outbreak Engagement Boards continued in each local authority and brought together stakeholders from health and care, education, business, hospitality, voluntary and community sectors, faith groups, police, and other sectors to feed into local policy and ensure clear communications to all parts of the community.</p> <p>Covid community champions continued to be a valued source of support and information, acting as trusted voices in promoting key messages with their local networks, and feeding back local issues and concerns.</p> <p>Across all the LAs, teams worked in a variety of ways to develop and support communications for inclusion health groups. This included door-door leafleting, face-face engagement, targeted social media, and webinars.</p>

### **Surveillance Arrangements**

- 3.7 UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.
- 3.8 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus. These bulletins report information for the UKHSA (South West). UKHSA also provides a list of all community outbreaks all year round.
- 3.9 The Devon Health Protection Advisory Group and the CIOS Health Protection Group, led by UKHSA and convened quarterly (twice per year for CIOS), provides a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection control nurses, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

## **4 Screening programmes**

- 4.1 This section summarises some of the key developments for the individual screening programmes during 2021/22.
- 4.2 All screening programmes suffered from the impact of the COVID-19 pandemic to varying degrees with the focus during 2021/22 to support providers to implement detailed recovery plans to safely recommence screening and tackle the backlog that had developed during the pandemic to return programmes back to a business-as-usual footing. For some programmes, this has required significant investment, both regional and national to increase capacity over and above 100% to be able to deliver screening and to offer screening to all those individuals who were affected by the pause in the programmes in as timely a way as possible. As a consequence, this investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.
- 4.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards (for example, round length and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.
- 4.4 The text below provides a summary of performance, challenges, and developments during 2021/22 and future developments.

## Screening programme:

### **Bowel**

Both routine and surveillance programmes had to be paused at the start of the pandemic due to several factors, including IPC concerns at colonoscopy. Invitations were recommenced in a phased way to enable providers to manage flow of patients through the screening pathway and providers increased invitation rates and colonoscopy capacity (compared to pre-Covid) to recover backlogs. All providers met the national recovery ambition. As part of the national recovery plan, bowel scope screening was paused and then a decision made to cease this programme. Any individuals who were invited to bowel scope screening but were not able to be screened due to the pause of services were invited to bowel screening.

In addition to recovery, nationally, age extension of the bowel cancer screening programme commenced from mid May 2021. This is a 4-year extension programme starting with 56-year olds in 2021-22 to include 50 year olds by 2024-25. All providers have commenced age extension to 56-year olds with a plan to launch age 58 invites in Q1 2022/23 in line with national guidance, subject to regional finance allocations.

It has been agreed that screening of individuals with Lynch syndrome will be introduced in 2023/24 with planning around process, IT systems and finance led nationally in 2022/23.

### **Recovery Progress / Service Delivery**

- All providers have recovered.
- North & East Devon have performance improvement plans in place. QA visit scheduled for 28th September 2022.

### **Key risks to programme delivery**

- Notified in August 2022 that there is a national issue with the bowel prep supply required for the diagnostic tests. Not currently impacting the service and is being monitored, and likely to be resolved by October 2022.

**Breast****Recovery Progress / Service delivery**

- The SW backlog has had a continued downward trend. Three programmes have recovered their backlog to at least 90% of women being invited within the 36 month round length, with the remaining six programmes expected to achieve this by November 2022.
- Uptake in Q4 21/22 in the South West slightly improved to 56.8% (acceptable standard 70%).

**Arising issues of note by exception**

- Three radiology fellows have been recruited to the far South -West which should significantly increase capacity. The SW is a national outlier for Radiologists in Breast Screening.
- Task group set up to develop shared, dedicated practice educator roles across SW
- Guidance on smoothing the round received to reduce peaks and troughs. National round length planning tool due to be rolled out to all programmes.
- National Demand & capacity tool does not reflect recovery position of four of our programmes – this has been reported to national team.
- Across the SW, services have been affected by capital delays, arising workforce changes and high levels of sickness absence, compounded by summer holiday annual leave

**Key risks to programme delivery**

- Workforce challenges locally and nationally continue to significantly affect the South-West further delaying recovery / full restoration. Key staff now retiring post recovery.
- High symptomatic demand

**Cervical****Recovery Progress / Service delivery**

- Performance Improvement Plan with NBT is looking to sustain this performance.
- Cervical screening in sexual health commissioned across all systems except Cornwall. Currently working with provider Brook to start service in next few months.
- Trusts are starting to submit data for 28-day faster diagnosis standard (currently incomplete data)

**Arising issues of note by exception**

- Torbay – working through business case to increase capacity/staffing. Trust having conversation with ICB to explore different funding avenues.

**Key risks to programme delivery**

- Increase in colposcopy referrals as a result of the introduction of primary HPV has stretched colposcopy capacity for the providers in the South West (outside of BNSSG). All providers and CCGs have been contacted about this as the CCGs fund colposcopy
- Negative reaction to Wales' decision to increase interval from 3 to 5 years for younger cohort may affect England's rollout date.

**Antenatal/  
Neonatal****Recovery Progress / Service delivery**

- All antenatal screening programmes are fully recovered. Business as usual governance arrangements are in place with 6monthly programme boards and operational mtgs in between for all providers. Monthly incident review mtgs with SQAS enable close oversight of all incidents through to closure. Quarterly KPI submissions have continued and are reviewed by the team and discussed with providers outside of programme boards to ensure actions are in place and being progressed.

**Arising issues of note by exception**

- There are open incidents across several of the programmes. All are on track for investigation and closure.
- Concern that staffing pressures in maternity may be starting to have an impact on screening team functions with some trusts having increased number of incidents, poor timeliness investigation of incidents, lack of capacity to submit KPIs, single point of failure for some tasks.

**Key risks to programme delivery**

- Performance improvement plan in place in, RDE to comply with national standards and key performance indicators



## New-born Hearing

### Recovery Progress / Service delivery

- All new-born screening programmes are fully recovered. Business as usual governance arrangements are in place with 6 monthly programme boards and operational meetings in-between for all providers and the NBT new-born lab. Monthly incident review mtgs with SQAS enable close oversight of all incidents through to closure. Quarterly KPI submissions have continued uninterrupted and are reviewed by the team and discussed with providers outside of programme boards to ensure actions are in place and being progressed.

### Arising issues of note by exception

- New-born bloodspot KPIs continue to be a challenge across the region to consistently meet acceptable and achievable standards. NB1 coverage – several factors may have impacted in the past year, including problems with lab (in Q2), postal delays (Christmas and lock down related issues) and the implementation of NEMS (post NEMS, blood spot results are now not received until all 9 tests are completed, whereas previously results would have been received as completed).
- NB2 avoidable repeats - 2020/21 annual lab data confirms that overall performance in NB2 has declined a little in the last year though some providers do meet the standards. All providers have done extensive work in this area over many years and there has been gradual improvement. New national lab criteria are to be introduced (date TBC) and we anticipate that this will increase the number of samples that will be rejected. The South West region average for NB2 is one of the highest and above the England average. The team will be considering whether a new regional project is needed for this area.
- NB4 movers-in coverage – this is a challenging indicator and most parts of the country do not meet the acceptable standard of a result being recorded in CHIS by 21 days of notification of a mover-in. Several factors impact on performance, including small numbers effect, unable to remove parental declines from denominator, challenges for HV making contact with families, referral pathways into paediatric outpatient departments. The team have been working with system colleagues to improve the local pathway and will be publishing updated regional best practice guidance shortly.
- There are open incidents across most of the programmes. All are on track for investigation and closure.

### Key risks to programme new-born delivery

- Devon NHSP service transitioning from a community model to a hospital model on the 27th April 2022. This will impact future KPI's as the target for completion moves from 5 weeks to 4 weeks.

### Diabetic Eye Screening (DES)

#### Service delivery

- Health inequalities work progressing with use of HEAT tool reviewing what has gone well in last 12 months and planning for the next 12. A lot of the work will focus on addressing serial DNA patients, understanding reasons, and exploring ways to engage these patients with screening.

#### Arising issues of note by exception

- National guidance on introduction of Optical Coherence Tomography (OCT) into screening pathway awaited. Early conversations taking place with CCGs who currently fund OCT through Ophthalmology.
- Reduced screening interval changes planned for 2023 with national working group established to meet monthly until implementation.

#### Key risks to programme delivery

- Capacity within the majority of Hospital Eye Services (HES) continues to be an issue for screening programmes for routine referrals and follow up patients, however this is closely monitored by the programmes and although improving will remain a risk until HES are able to return to pre covid capacity.

### Abdominal Aortic Aneurysm (AAA)

#### Service delivery

- Finished the April 2021 -March 2022 screening cohort in January 2022, two months ahead of schedule.
- Programme now coming to the end of the April 2022-March 2023 cohort.
- No breaches have occurred in the vascular referral pathway, all patients who could have surgery were operated on within the 12 week framework. Any delays were down to allowable patients' factors.
- With GP surgeries now back open issues finding suitable rooms to hold clinics have reduced. Plus, work done during the pandemic to find alternative rooms e.g. rugby clubs and football clubs has helped with the ongoing issues of suitable clinic space.
- All providers requested to complete/refresh HEAT tool

#### Arising issues of note by exception

- Lone working policy redacted nationally - some programmes disappointed due to extra flexibility offered by policy in rural settings.
- Capital funding for van secured by Cornwall local authority – plans to evaluate impact on inequalities in development.

#### Key risks to programme delivery

- Vascular capacity to meet 8-week target to surgery challenging given wider pressures within surgery/ITU.
- SIAFs reviewed for every breach post 12 weeks (predominantly due to co-morbidities). All referrals tracked.
- Most indicate complex needs and good examples of where patient needs are being respected in the face of the challenge of meeting the targets.
- Some examples of where if person tests positive for Covid, current guidance indicates surgery should be pushed back at least 6 weeks from positive test. This still stands and may indicate risk assessed delay at the point of the surgery dates within screening referrals.

## 5 Immunisation programmes

- 5.1 This section summarises some of the key developments for the individual immunisation programmes during 2021/22.
- 5.2 National pandemic guidance prioritised the continuation of all immunisation programmes to ensure that public health protection was maintained, and outbreaks of vaccine preventable diseases were prevented.
- 5.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards in some programmes (for example, recommended intervals between doses and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.
- 5.4 The following table gives a summary of performance, challenges, and developments during 2021/22 alongside future developments.

### Targeted Immunisations

- All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. Numbers eligible are low.
- Due to the Severe Combined Immunodeficiency pilot in other parts of England vaccinations not given at birth but at 28 days of age or soon afterwards to give time for blood spot result to be received. Still observed in SW even though not part of pilot as baby may have been tested if born elsewhere.
- BCG vaccination cannot be given until the dry blood spot result is available for the patient, but national target is for babies to be offered by 28 days. All SW providers struggle to get babies booked in to such a tight timeframe as they have limited numbers of clinics running due to low number of eligible patients and if parents can't make a specified date the next available is likely after 28 days of age. This issue is being seen nationally not just in SW.

### Immunisation programme:

#### Pre School Immunisations

- On average over last few quarters above optimal threshold of 90% for all immunisation uptake for primary immunisations by the time the child turns 12 months old.
- Rotavirus remains below the optimal standard and has high fluctuations in variation. There are some quarters where this has dipped below 90% but more recently over the last three this has been above.
- Emerging improved variation for primaries and pneumococcal conjugate vaccine (PCV), with PCV above optimum of 95% in Q3

#### Service Delivery

- The pattern of immunisation uptake across the SW appears to be following normal levels of variation and is comparable to previous years as shown by the Child Health Information Services (CHIS) covid dataset and is also confirmed by the annual 2020/21 COVER data and the latest 2021/22 Q4 data.
- Maximising Uptake Groups are to be relaunched with co-ordinated improvement plans to improve uptake based on national regional and local priorities. Targeted work at a practice level alongside bespoke data analysis will be incorporated into these plans. New routine locality data packs have been created to help support the

identification of practices where uptake is reducing thus enabling more rapid support and intervention. These will be updated quarterly.

#### Arising issues of note by exception

- Emerging feedback from some GP practices due to potential loss of income in relation to non-achievement of the new QOF targets for childhood immunisations. This is a national issue, and the outcome of these discussions are awaited. Local implications are being managed on a case-by-case basis. An operational working group has been established to investigate the technical aspects of these contractual changes and the outcomes of this workstream will be about identifying opportunities to optimise workload, delivery, recording and reporting, and uptake of immunisations, with the anticipated benefit that this will maximise income for practice within the nationally negotiated contract.
- National Measles and Rubella Elimination Strategy Task and Finish Group commenced to oversee the development and delivery of action plans that take forward the recommendations set out in the UK Measles and Rubella Elimination Strategy (2019).

#### Development work

- New SW Measles and Rubella Elimination Strategy (MRES) action plan being drafted.
- Maximising immunisation uptake groups improvement plans being developed based on underpinning quality improvement methods to support achievement of aims. Work to address uptake and inequalities will be embedded in the locality work of the team within all systems, with jointly agreed action plans.
- Analysis of CHIS Measles Mumps and Rubella (MMR) data is underway to support a re-fresh of the Measles and Rubella Elimination Strategy project plan and will support local discussions to support targeted interventions. The analysis will be repeated on an up-to-date extract of CHIS data for all 0–19-year-olds enabling a population view of coverage and GP practice-based analysis.
- In view of the lower uptake of the preschool booster, analysis of CHIS preschool booster will shortly be commenced using data for all 0–19-year-olds enabling a population view of coverage in addition to the GP practice-based analysis.
- Baseline assessment tool for vaccine uptake in general population has been completed to evaluate whether NHSE screening and immunisations team (SIT) team is meeting recommendations set out in [NG218](#) and its application to the maximising immunisation uptake groups.
- Vaccine confidence project underway in collaboration with University of Bristol & National NHSEI team to develop a training resource to support health, social care and other practitioners to have conversations with individuals to encourage take-up of vaccinations. Initial focus is covid and flu vaccinations and this will be piloted in Devon with a few to expanding to cover other routine vaccinations.

#### Primary childhood immunisations:

All practices continued to deliver the routine child immunisation programmes throughout the pandemic. Routine data collections that monitor uptake and coverage (COVER) do not provide timely data, so the SW Screening and Immunisation Team worked with the Child Health Information Services to develop new real-time data sets that have enabled close monitoring of the impact of the pandemic. These have shown that uptake of primary immunisations has been maintained. Annual Cover of Vaccination

Evaluated Rapidly COVER data for 2021/22 is also reassuring. The real-time datasets however do show that for immunisations at 12 months of age and at 3 years 4 months a larger proportion of children are not immunised as close to the age of eligibility as is recommended. Further investigations will be taking place and improvement plans put in place as necessary.

#### **School-aged immunisations**

The school-aged immunisation programme has been severely impacted by the pandemic due to the initial lockdown, the second wave of school closures, and ongoing outbreaks that have prevented immunisation teams attending schools for clinics. These factors prevented the 2019/20 programme being completed in the Spring and Summer terms 2020 and have continued to impact delivery of the 2020/21 programme. In addition, the COVID vaccination programme for 12-15s and the expanded flu vaccination programme has impacted the 2021/22 programme. Both Devon, Cornwall and Isles of Scilly (DCIOS) providers restarted immunisation clinics during the first COVID lockdown have worked hard to deliver as much of the routine programme as possible as well as catch-up clinics over the summer periods. The aim is to complete the routine programme for those in 2019/20, 2020/21 and 2021/22 cohorts by the end August 2022.

The Cornwall programme had nearly completed the routine programme at the time of the first lockdown in 2020 and was able to achieve expected uptake levels for the 2019/20 cohort. Uptake for the 2020/21 cohort is also good.

The Devon programme was significantly disrupted by the first lockdown and had large numbers of catch-up clinics in the Spring/Summer 2020 terms. The provider was also heavily impacted by involvement in the delivery of the covid programme for 12-15s. Uptake at this stage is therefore lower and it is hoped will improve by the end of August 2022. Work is still underway to complete HPV for the 2020/21 cohort, which is the clinical priority and some second doses may extend into the coming academic year.

Business cases are being developed to expand the provider workforce to achieve the ambition to complete the routine programme for those in 2019/20, 2020/21 and 2021/22 cohorts by the end of August 2022.

#### **Vaccinations in pregnancy**

- Vaccinations in Pregnancy include Flu, Pertussis and COVID. COVID vaccination is not a Section 7a programme.
- The Vaccines in Pregnancy Network meets quarterly to review and address issues across systems. The South West Maternity Collaboration for COVID vaccination in pregnancy meets once a month to discuss point of care access, ways to support staff to have vaccine confidence conversations and to develop regional communications materials. It is likely that there will be one

“vaccines in pregnancy” meeting for each system, monthly, from September.

- There are significant data issues including:
- denominator definition
- data uploading between systems, vaccination programmes and providers
- administration workload to ensure accurate data
- reporting delays

There are inconsistent and inequitable pertussis vaccination delivery models across the South West. A business case to commission all maternity services to provide pertussis is being prepared. Delivery of vaccination in maternity settings has been affected by poor capacity, lack of space, and Trust demands to redeploy stock or staffing to support vaccination elsewhere (i.e. healthcare workers, mass vaccination clinics). Plans for the flu season were developed to include more frequent meetings with Trusts, a checklist as part of the support pack for key lines of enquiry (KLOEs) to acute Trusts, and align flu, COVID and pertussis better.

#### **Older people Immunisations**

##### **Recovery Progress / Service delivery**

- New Quality and Outcomes Framework (QOF) indicator for Shingles: The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years. Payment thresholds 50-60%. On average all systems meet this, however there may be more likely to be below threshold, reducing in likelihood when the cohort now 78 turns 80.
- Shingles communications issued to all GPs who are within the lowest 20% within the CCG for Shingles uptake in aged 78 over Q1/Q2 2020/21. Possible issues with the data now reported for practices on TPP (electronic health record platform) however no current feedback over error from practices (and few on SW on TPP). Updated data now received – light review to see if this changes any practice assumptions.
- Shingrix has been available to offer to all those who are age 70-80 who are immunocompromised (and so not eligible for Zostavax) since Q2 2021/22. Data is under investigation – quality issues of overall data set and review if GPs are coding correctly for this cohort.

##### **Key updates**

- All practices reminded that shingles is an active call at age 70, and all persons eligible for Shingrix can be actively called for the programme. This was distributed via the GP bulletin, practice networks and will be used in specific ICARS responses where this is appropriate as part of feedback (i.e. excess Zostavax in a cold chain).

#### **Flu immunisations**

The flu vaccination programme has continued to be a priority during the 2020/21 and 2021/22 programmes with extension to the eligible groups (2021/22 addition of years 8-11 and those aged 50-64 years) placing pressure on GP practices and Schools immunisation providers at the same time as delivering the COVID



vaccination programme. Delivery through community pharmacy has expanded to support the programme.

Multi-agency arrangements were established in Devon and Cornwall to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza.

## 6 Health Care Associated Infections

6.1 The following table summarises the key performance position and developments for health care associated infections over 2021/22. Note that targets were relaxed due to the pandemic.

Infection type:	
MRSA	<p><i>Devon:</i> There were 8 cases over 2020/21, for an overall rate of 0.68/100,000. The majority of MRSA cases were community-associated and unlinked.</p> <p><i>Cornwall:</i> There was a total of 1 case over 2021/22, an overall rate of 0.17/100,000. There was no prior MRSA history and no clear source for infection identified in the post infection investigation process and therefore the case was deemed unavoidable.</p>
MSSA	<p><i>Devon:</i> There were 312 cases over 2020/21, for an overall rate of 26.4/100,000. MSSA bacteraemia rates continued to be steady, with higher variability in North Devon Healthcare NHS Trust (NDHT) and Torbay and South Devon NHS Foundation Trust (TSDFT) due to the smaller population in these areas.</p> <p><i>Cornwall:</i> There were a total of 164 cases over 2021/22, with an overall rate of and 28.7/100,000. 26 cases above the incidence of previous year 2020-21.</p>
<i>C. difficile</i> Infection	<p><i>Devon:</i> There were 311 cases over 2020/21, for an overall rate of 26.3/100,000. During 2020/21 there was limited scope for investigation and analysis of community cases, despite the new team set up to do so; this is due to that team having to pivot to offering pandemic support. Cases did not rise significantly during this year.</p> <p><i>Cornwall:</i> There were a total of 216 cases over 2021/22, an overall rate of 37.9/100,000, a total of 48 cases above trajectory. Cornwall system is involved in NHS EI collaborative improvement and each <i>C. diff</i> case is investigated to provide learning.</p>
<i>E. coli</i> Bacteraemia	<p><i>Devon:</i> There were 1009 cases over 2020/21, for an overall rate of 85.0/100,000. Projects for <i>E. coli</i> reduction have been limited by the necessities of the pandemic response.</p> <p><i>Cornwall:</i> There were a total of 448 cases over 2021/22, an overall rate of 78.5/100,000. 10 cases above the incidence of previous year 2020-21, however, 58 cases below trajectory for this year.</p>

Antimicrobial resistance	<p><i>Devon:</i> AMR group meetings recommenced in the latter half of 2020/21, however the Chair and primary care lead for the group stood down during 2020/21 and this, along with the impact of the pandemic, limited action during the year.</p> <p><i>Cornwall:</i> The AMR planning and delivery group continues to meet with group members attending from acute, community, local authority, NHSE and ICB. Cornwall Antibiotic Resistance Group (CARG) continues to operate as a 'one health' group with representation from human and animal health sectors.</p>
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- 6.2 The key challenges for 2022/23 include strengthening the antimicrobial resistance programme, continuing to support the COVID-19 response, implementing *E. coli* & *C. difficile* reduction strategies, and ensuring consistent information and analysis from community infections.

## 7. Emergency Planning and Response

- 7.1 Emergency planning continued to be dominated during 2021-2022 by the response to the pandemic. This involved a very substantial amount of work during the year and substantially challenged our systems to deliver. In summary the response involved:

- Activation of emergency structures
- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.
- To maximise co-ordination across the Peninsula, one Tactical Co-ordinating Group for DCIOS was established rather than four across the area.
- Organisations across DCIOS stood up their incident management structures and held desk-top exercises.
- With the need for local multi-agency working groups to respond to COVID-19 below the level of the LRF-wide Tactical Co-ordinating Group (TCG), local Operational Incident Cells were also established.
- Logistical supply chains were set up for obtaining and co-ordinating PPE supplies.
- The South West Regional Strategic Coordination Group instigated in response to the pandemic will be further developed as a concept post COVID-19.

- 7.2 In addition to the pandemic response there were a number of other events during 2021/22:

- System pressures (patient flow from acute through to care homes / POC)
- Plymouth shooting
- Bomb threats made to NHS and a secondary school in connection with the Covid 19 vaccination programme
- Major incident declared in December 2021 for mass vaccination booster programme
- G7 summit hosted in Cornwall, 9-11<sup>th</sup> June 2021
- Boardmasters Festival, 6<sup>th</sup>-8<sup>th</sup> August 2021
- Outbreak of GI illness associated with consumption of Oysters (North Cornwall), November 2021



- 7.3 Despite the pandemic, local and regional exercises were held over the period, these included exercises for G7, Boardmasters festival and Short Sermon (Devonport Dockyard).
- 7.4 It is safe to say that the year 2021/22 saw unprecedented challenges across health and social care systems. The primary focus was on responding and adapting to the issues and risks that arose, from which substantial learning, improvement and good practice has been, and continues to be, identified.

## 8. Work Programme Priorities 2021/22- Progress

- 8.1 Progress against 2020/21 priorities is set out below.

<u>Priority</u>	<u>Progress on delivery</u>
1 Maintain response to COVID-19 and ensure preparedness and resilience to respond to future pandemics or health protection emergencies. As part of this, lead efforts to target vaccination inequalities	<p>Throughout the course of the pandemic, DCIOS local authorities put in place health protection response systems to respond to COVID19 outbreaks. These worked in collaboration with a wide range of partners to support settings to respond to C19 outbreaks. This is currently being maintained at a level which reflects current activity but with surge plans in place to ensure that we are ready to respond to an escalation in covid cases or another pandemic. Devon is running a regular training and CPD programme to ensure that health protection skills and knowledge maintained across the wider Public Health Team. Other teams are similarly working to maintain resilience with a significantly reduced core workforce.</p> <p>Winter preparedness exercise completed and plans in place. System wide winter vaccination plan/comms plan agreed.</p> <p>Continue to identify communities with low uptake of vaccine using <u>Core 20+5 framework</u> via targeted communications, pop ups, bespoke clinics and adapted delivery models.</p>
2 Recover screening and immunisation programme delivery, coverage and uptake	<p>Most services are recovered and now need to focus on improving uptake</p> <p>School aged immunisations providers implementing recovery plans to catch up COVID backlogs following investment being agreed</p> <p>Maximising immunisations uptake groups forming to address challenges in uptake, especially MMR and preschool booster</p>

Collaborative working arrangements between system partners on interdependencies within cancer pathways and improving immunisation uptake are being strengthened

- 3 Embed and strengthen community infection management services to prevent and respond to infections throughout the community

As a result of COMF funding, IPC in person site visits to non-health and care settings were able to provide valuable insight identifying issues and poor practice, as well as support to provide advice and guidance to make improvements.

A variety of resources, which supplement national guidance, have been published to support education settings, homelessness settings, workplaces and events and where relevant translated into different languages. Checklists have been developed to support specific settings in meeting IPC settings in a practical and pragmatic way.

Having fit tester skills and competency (to ensure mask fit for staff members) in the team enable us to help minimise hospitals delays where staff in the community required to be fit tested for respiratory protective equipment.

- 4 Work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities

International Infection Prevention week and World Antimicrobial Awareness Week campaigns have been used to celebrate and shine a light on the good work of the IPC community protecting everyone in their everyday lives as well as highlighting the relevance of IPC behaviours to prevent Sepsis and tackle AMR.

A dedicated resource using Microsoft SharePoint was developed to keep the DCC HP Team updated with all relevant IPC information and resources. Similarly, CIOs have information sharing protocols in place.

Work is under way to consider the consolidation of Devon and CIOs antimicrobial resistance groups, with the aim of creating create a peninsula action plan aligning with the national plan

- 5 Focus efforts to address health inequalities, in particular health protection pathways for migrant and homeless communities

In CIOS, a Population health fellow appointed to work on Gypsy, Roma & Traveller needs assessment and gap analysis. One main focus will be on increasing uptake of cervical screening. Integrated homeless health project funding awarded and will run over the next 3 years with a focus on integrated health and care delivery. This will include improving screening and immunisations uptake alongside other activities such as GP registration.

A multi-agency approach was taken when temporary hotel settings were set up to support people arriving in Devon and Torbay, including guidance for the hotels around IPC measures, Covid testing via the Devon public health outreach teams and support for staff to understand routes for escalating any health protection concerns.

Health screening for all new refugees and those seeking asylum was expanded to include health protection checks and led by local primary care teams in each area, with translation and other support available. TB screening clinics were also mobilised in support. Practitioners and host families were offered trauma informed training to recognise the traumatic situations many refugees had experienced.

Regular public health nursing (PHN) clinics to support families were established and the relationships PHN were able to build with residents was also valuable in being able to share health protection guidance, infection prevention and control advice and also pick up and direct any concerns to either public health or primary care. Support was also provided to help people settle in the areas, to access local services around health, education, and local activities. Community groups were also keen to be involved supporting by sourcing clothes, toys and offering support around language lessons, example support for GP registration; skin care advice; hepatitis C advice and wider support offers such as dental care and pet care

- 6 Maintain a focus on local action to address the climate emergency.

Public health inputs to the Climate Emergency infrastructure via the Devon, Cornwall and the Isles of Scilly Climate Impacts and Adaptation Group, the Devon Climate Emergency Response Group, and Devon Tactical Group. The Cornwall

Carbon Neutral Plan was published in July 2019 and the Devon Carbon Plan published in September 2022. These provide a road map for partnership working. Examples of good practice have been the establishment of the Devon Food Partnership which supports the development of a localised, sustainable food system that tackles the issues of food-poverty, diet-related ill health, food waste and unsustainable farming practices.

Plymouth City Council published its Climate Emergency Action Plan 2022- the third of 11 action plans in the City Council's annual Climate Emergency Action Plan series. The action plan addresses the following five themes: Buildings; Mobility; Power and Heat; Waste and Engagement & Responsibility

Cornwall and Devon Public Health consultants have begun a piece of Sector Lead Improvement work to establish and share Public Health and Climate Emergency good practice.

## **9. Work Programme Priorities 2022/23**

9.1 Priorities agreed by Health Protection Committee members for 2022/23 are to:

- 1 Maintain response to COVID-19 in line with current guidance, resourcing and activity.
- 2 Ensure preparedness and system wide resilience to respond to future pandemics or health protection emergencies, including sharing learning to inform future approaches.
- 3 Continue recovery of screening and immunisation programmes including launch of the Maximising Immunisation Uptake Groups and a renewed focus on addressing health inequalities in uptake, including a focus on flu and covid uptake amongst vulnerable and inclusion health groups.
- 4 Embed and strengthen community infection management services to prevent and respond to infections throughout the community, ensuring that there is IPC support for all settings, aligning to the broader SW IPC Strategy Work.
- 5 Continue work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities
- 6 Work towards continuous improvement in all areas of health protection through audit, peer review, training, and development. Specifically address improvement areas highlighted by the Sector Led Improvement self-assessment and the UKHSA Gap Analysis/Action Planning tool.
- 7 Maintain a focus on local action to address the climate emergency, building on the findings of the SW sector-led improvement Climate and Public Health work.

- 8 Refresh health protection governance structures in line with integrated care board and integrated care system strategy development including a review of existing meetings and terms of reference.
- 9 Advocate for a rolling CPD and training programme to ensure a robust and resilient system which can respond to major incidents and emergencies.

## 10. Authors

Dr Whitney Curry, Cornwall Council  
 Brian O'Neill, Cornwall Council  
 Dr Ruth Goldstein, Cornwall Council  
 Lee Evans, Cornwall Council  
 Sarah Ogilvie, Devon County Council  
 Julia Chisnell, Torbay Council  
 Ami Butler, NHS Kernow  
 Dr Emma Kain, NHS England and NHS Improvement  
 Dr Alison Mackenzie, NHS England and NHS Improvement  
 Alistair Harlow, NHS Devon  
 Health Protection Committee

## 11. Glossary

AMR	Antimicrobial resistance
CCG	Clinical Commissioning Group
E. coli	Escherichia Coli
HPV	Human papillomavirus testing (for risk of developing cervical cancer)
IPC	Infection Prevention and Control
MMR	Measles, Mumps and Rubella (immunisation)
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
NEW Devon CCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NHSEI	NHS England and NHS Improvement
NIPE	New-born Infant Physical Examination
PHE	Public Health England
PPE	Personal Protective Equipment
SCID	Severe Combined Immunodeficiency
UKHSA	UK Health Security Agency

## 12. Appendices

<b>Appendix 1</b>	<b>Health Protection Committee terms of reference &amp; affiliated groups</b>
<b>Appendix 2</b>	<b>Roles in relation to delivery, surveillance and assurance</b>
<b>Appendix 3</b>	<b>Screening performance 2021/22</b>
<b>Appendix 4</b>	<b>Immunisation performance 2021/22</b>

## Appendix 1

### Health Protection Committee Summary terms of reference & affiliated groups

Membership of the Committee:

- Local Authority Public Health
- Public Health England (PHE), now UK Health Security Agency (UKHSA)
- NHS England & Improvement (NHSEI)
- NHS Devon and Cornwall Clinical Commissioning Groups (CCG).

Meetings of the Health Protection Committee are held quarterly.

A number of groups sit alongside the Health Protection Committee with remits for:

- Infection Prevention and Control
- Antimicrobial Stewardship
- Immunisation
- Screening
- Seasonal vaccination
- Emergency planning (including Local Resilience Forums)
- Migrant and Refugee health
- TB & Hepatitis.

All oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and Public Health England / UKHSA and into individual partner organisations.

NHSE, PHE / UKHSA and CCG provide quarterly performance, surveillance, and assurance reports to the Health Protection Committee.

The Local Authority lead officers review surveillance and performance monitoring information to identify health protection risks and/or under performance prior to committee meetings. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against any identified risks, or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.

## Appendix 2

### Definition of roles and arrangements in relation to delivery, surveillance and assurance

#### Prevention and control of infectious disease

Normal working arrangements are described in the paragraphs below. During the pandemic there has been an enhanced response to infectious disease, with additional responsibilities taken on by Local Authority Public Health teams in relation to COVID-19 tracing, isolation and containment, funded in part through the national Contain and Outbreak Management Fund.

Public Health England (now UKHSA) health protection teams lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional and national expertise.

NHS England / Improvement is responsible for managing and overseeing the NHS response to any incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

Clinical Commissioning Groups ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks.

Local Authorities, through the Director of Public Health or their designate, has overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE/I and UKHSA, supported by the local Clinical Commissioning Group. In addition, they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

Public Health England / UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the Winter months. These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly, and Somerset). Public Health England also provides a list of all community outbreaks all year round.

The Devon Health Protection Advisory Group, led by Public Health England and convened quarterly, provides a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection control nurses, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

## Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement. There are 20 population immunisation programmes and 11 population screening programmes. These programmes cover the whole life course from antenatal to elderly persons and, in any one year, approximately 70% of the population will become eligible for at least one immunisation or screening test. These programmes are a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

NHS England is the lead commissioner for all immunisation and screening programmes except the six antenatal and new-born programmes that are part of the CCG Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

Public Health England has been responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by NHSE/I, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes and system leadership.

Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHSE/I in efforts to improve programme coverage and uptake.

The South West Screening and Immunisation Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with NHSE/I specialists to agree mitigating activities.

Serious incidents that occur in the delivery of programmes are reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

Locality Immunisation Group activity was suspended during the pandemic but is being re-introduced from 2022 and badged as Maximising Immunisation Uptake Groups.

Separate planning and oversight groups are in place for seasonal influenza and covid.

There are oversight groups (Programme Boards) for all screening programmes and these form part of the local assurance mechanisms to identify risks and oversee continuous quality improvement. In addition, specific project groups are convened, as necessary, to oversee significant developments in the programmes and the introduction of new programmes.

All the oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and Improvement and into individual partners.



## Healthcare associated infections

NHS England and NHS Improvement sets out and monitors the NHS Outcomes Framework which includes Domain Five (safety): treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Locality Teams of NHS England and NHS Improvement hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile* infection (CDI).

UKHSA, through its consultants in communicable disease control, leads the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, and is responsible for declaring a health protection incident.

The Clinical Commissioning Group's role is to ensure, through contractual arrangements with provider organisations, that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. NHS Devon Clinical Commissioning Group deploys this role through the Nursing and Quality portfolio. In addition, Clinical Commissioning Groups must be assured that the Infection Prevention and Control Teams covering the hospital and NHS community healthcare provided services sector are robust enough to respond appropriately to protect the local population's health, and that risks of health care associated infection have been identified, are mitigated against, and are adequately controlled.

The Local Authority, through the Director of Public Health or their designate, has overall responsibility for the strategic oversight of a health care associated infection incident affecting their population's health. They should ensure that an appropriate response is put in place by NHS England and NHS Improvement and Public Health England, supported by the Clinical Commissioning Group.

The Devon Infection Prevention & Control (IPC) Forum is a forum for all stakeholders working towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon, including the Unitary Authorities of Plymouth and Torbay. The group covers health and social care interventions in clinical, home and residential care environments, identifying risks, sharing best practice and collaborating in system-wide approaches. The group is co-ordinated by NHS Devon Clinical Commissioning Group and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, Public Health England, Medicines Optimisation and NHS England and NHS Improvement. The Group meets quarterly with more frequent sub-groups as required.

In Cornwall there is a Directors of Infection Control Group with multi-agency attendance working on a similar agenda, also reporting into the Health Protection Committee. There is cross-attendance between the Devon and Cornwall groups.

## Emergency planning and response

Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency, and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forums cover is based on police areas (Devon, Cornwall and the Isles of Scilly).

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

All Councils continue to engage with the Local Resilience Forum and the Local Health Resilience Partnership in undertaking their local engagement, joint working, annual exercise programme, responding to incidents and undertaking learning as required.

APPENDIX 3: CANCER SCREENING COVERAGE

Annual cancer screening coverage trends DEVON

Source: PHOF, PHE

Key:

Significantly better than the national average

Similar to national average

Significantly worse than the national average

Lower threshold based on the 2018-19 Public Health Functions Agreement

Standard is the clinical standard required to control disease and ensure patient safety.

\* This indicator was first introduced in December 2015

NHS

England

South West

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Devon	79.2	80.4	80.1	80.0	79.1	79.1	78.8	78.3	78.3	78.2	78.1	69.2
			England	76.9	77.1	76.9	76.3	75.9	79.2	78.9	78.5	78.3	78.2	77.6	64.1
2.20ii - Cancer screening coverage - cervical cancer age 25-49 (%)	75	80	Devon	79.1	78.0	77.0	75.2	75.7	76.1	75.3	74.9	75.1	76.7	77.2	75.2
			England	78.0	77.6	77.2	75.2	75.2	74.9	74.4	74.0	73.8	75.0	75.6	68.0
2.20ii - Cancer screening coverage - cervical cancer age 50-64 (%)	75	80	Devon	82.6	82.2	81.6	81.1	80.2	80.1	79.8	79.0	78.1	78.2	78.4	77.3
			England	81.5	82.3	82.0	81.6	81.1	80.4	80.1	79.4	78.5	78.6	78.8	74.7
2.20iii - Cancer screening coverage - bowel cancer (%)*	55	60	Devon						60.5	62.6	64.2	64.2	65.4	69.0	71.4
			England						62.0	62.7	63.6	63.4	64.1	67.9	65.2

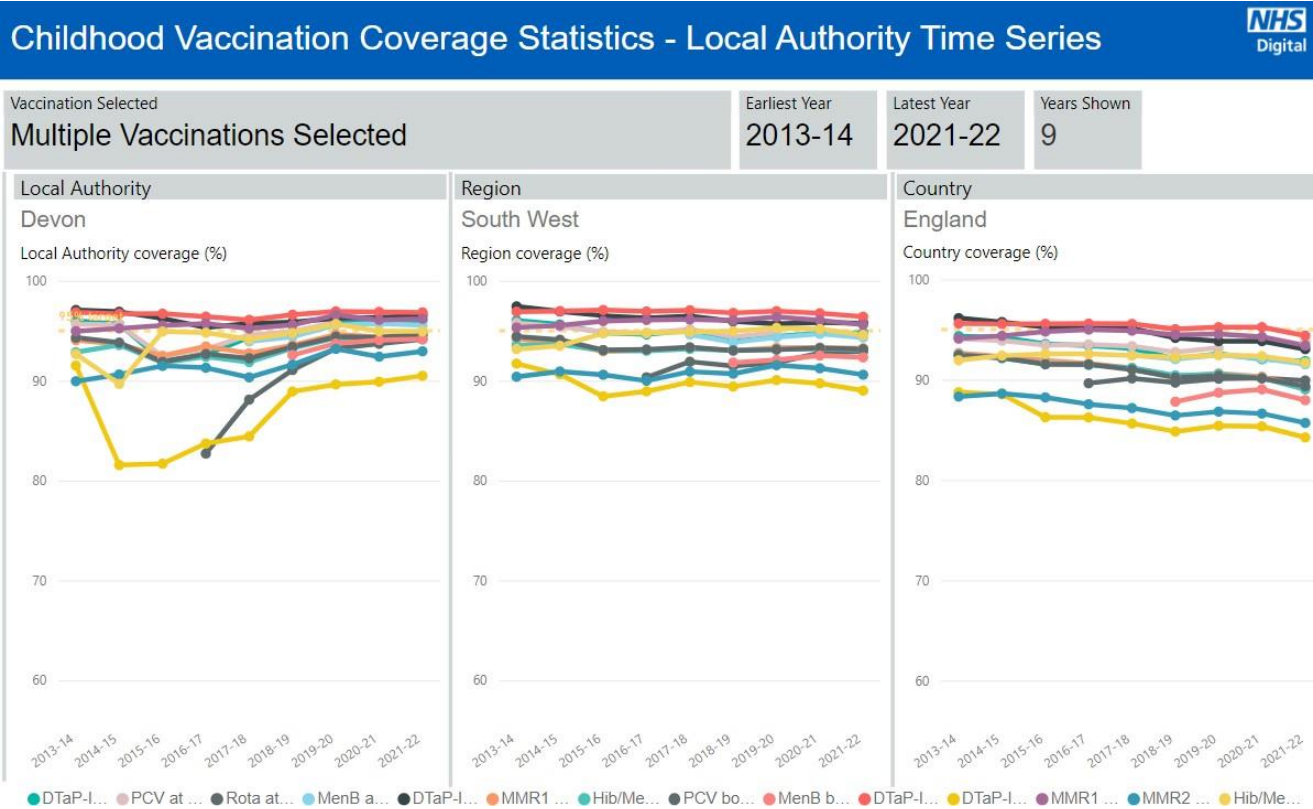
Annual cancer screening coverage trends CORNWALL

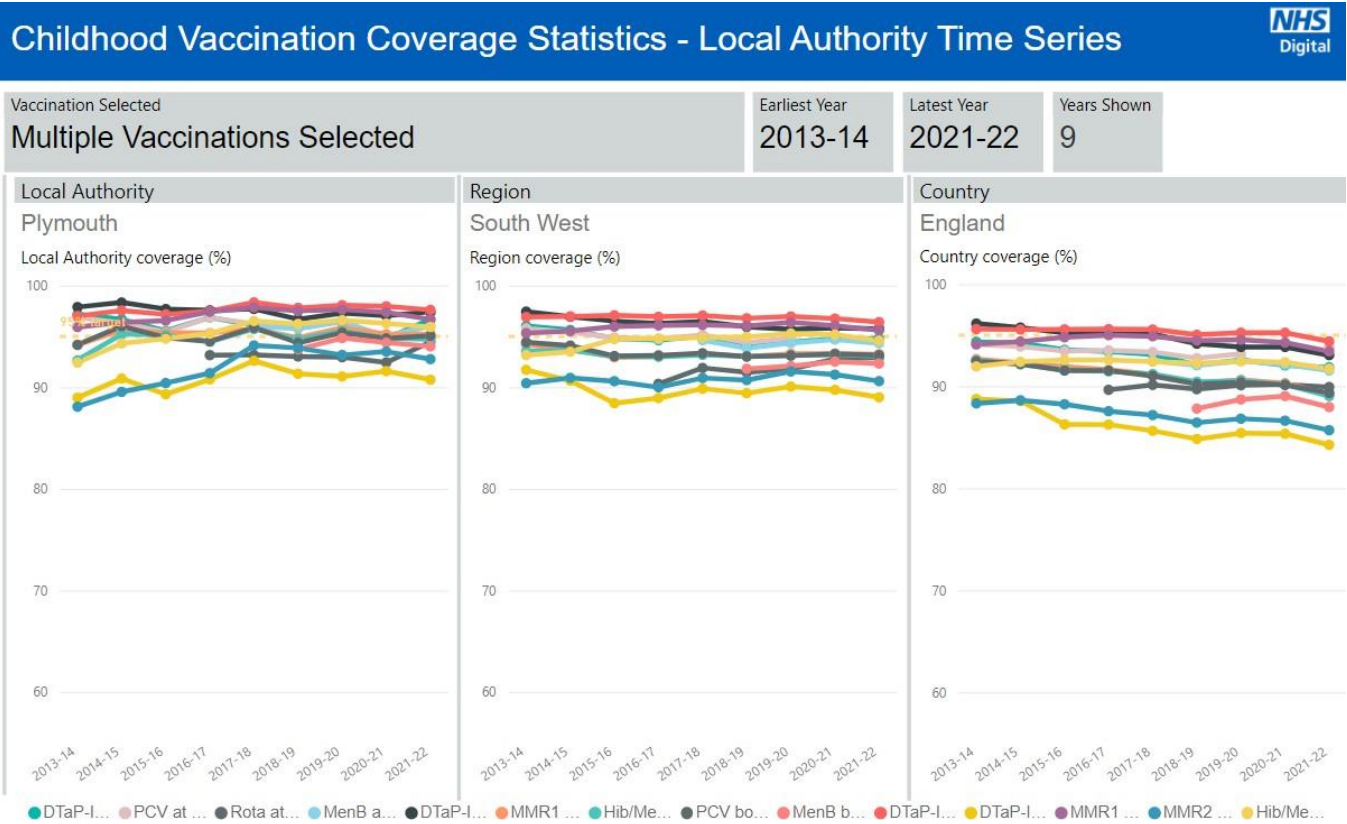


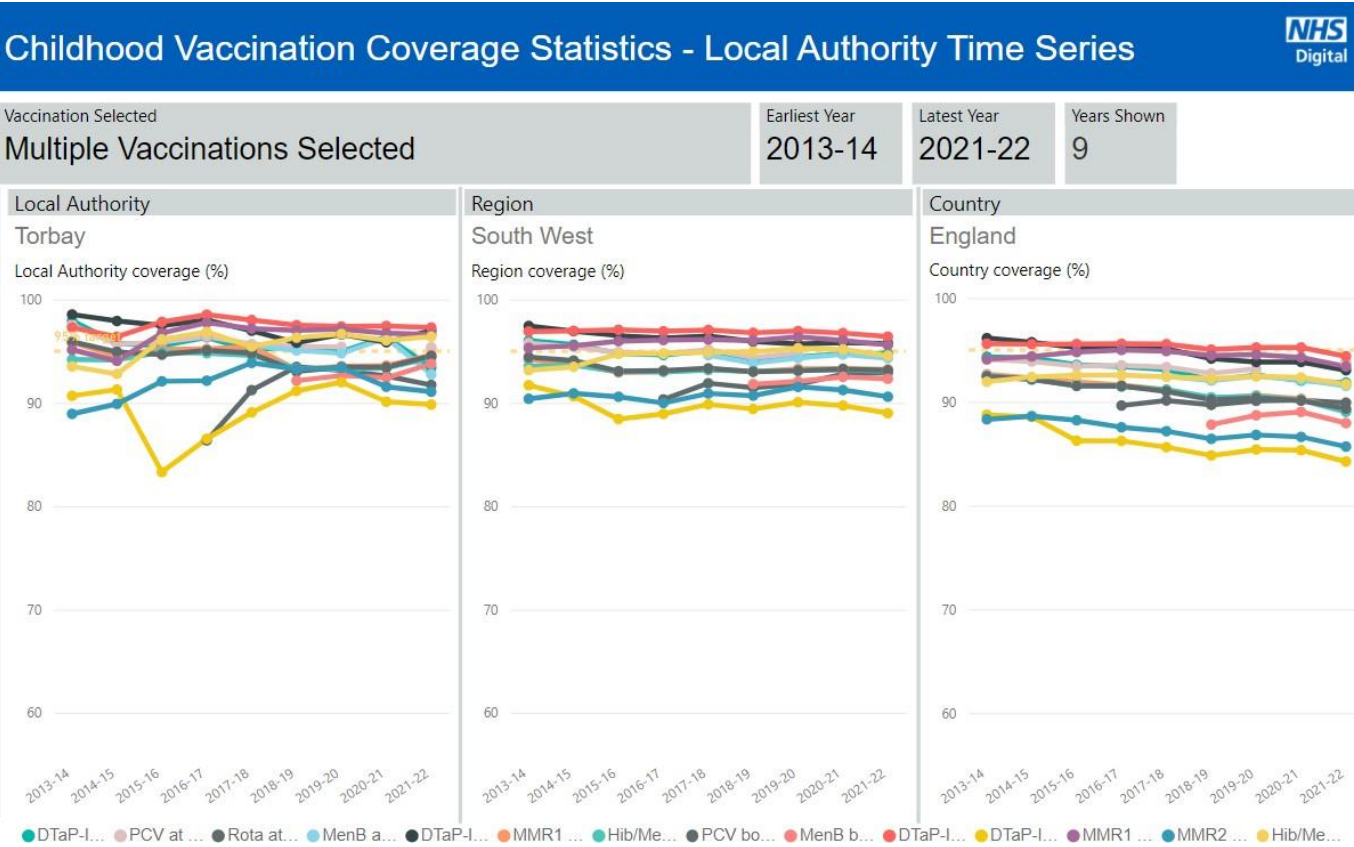
Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Cornwall	80.0	79.8	79.3	79.9	80.1	80.3	80.0	79.3	78.4	78.2	78.1	72.1
			England	76.9	77.1	76.9	76.3	75.9	79.2	78.9	78.5	78.3	78.2	77.6	64.1
2.20ii - Cancer screening coverage - cervical cancer age 25-49 (%)	75	80	Cornwall	78.2	75.4	75.2	78.0	76.8	75.2	74.3	73.6	73.8	75.0	75.9	72.9
			England	78.0	77.6	77.2	75.2	75.2	74.9	74.4	74.0	73.8	75.0	75.6	68.0
2.20ii - Cancer screening coverage - cervical cancer age 50-64 (%)	75	80	Cornwall	80.0	79.7	80.0	79.4	78.8	78.2	77.8	77.2	78.3	78.1	78.6	74.6
			England	81.5	82.3	82.0	81.6	81.1	80.4	80.1	79.4	78.5	78.6	78.8	74.7
2.20iii - Cancer screening coverage - bowel cancer (%)*	55	60	Cornwall						68.3	60.0	61.7	61.5	62.2	66.4	67.9
			England						62.0	62.7	63.6	63.4	64.1	67.9	65.2

Appendix 4: Immunisations

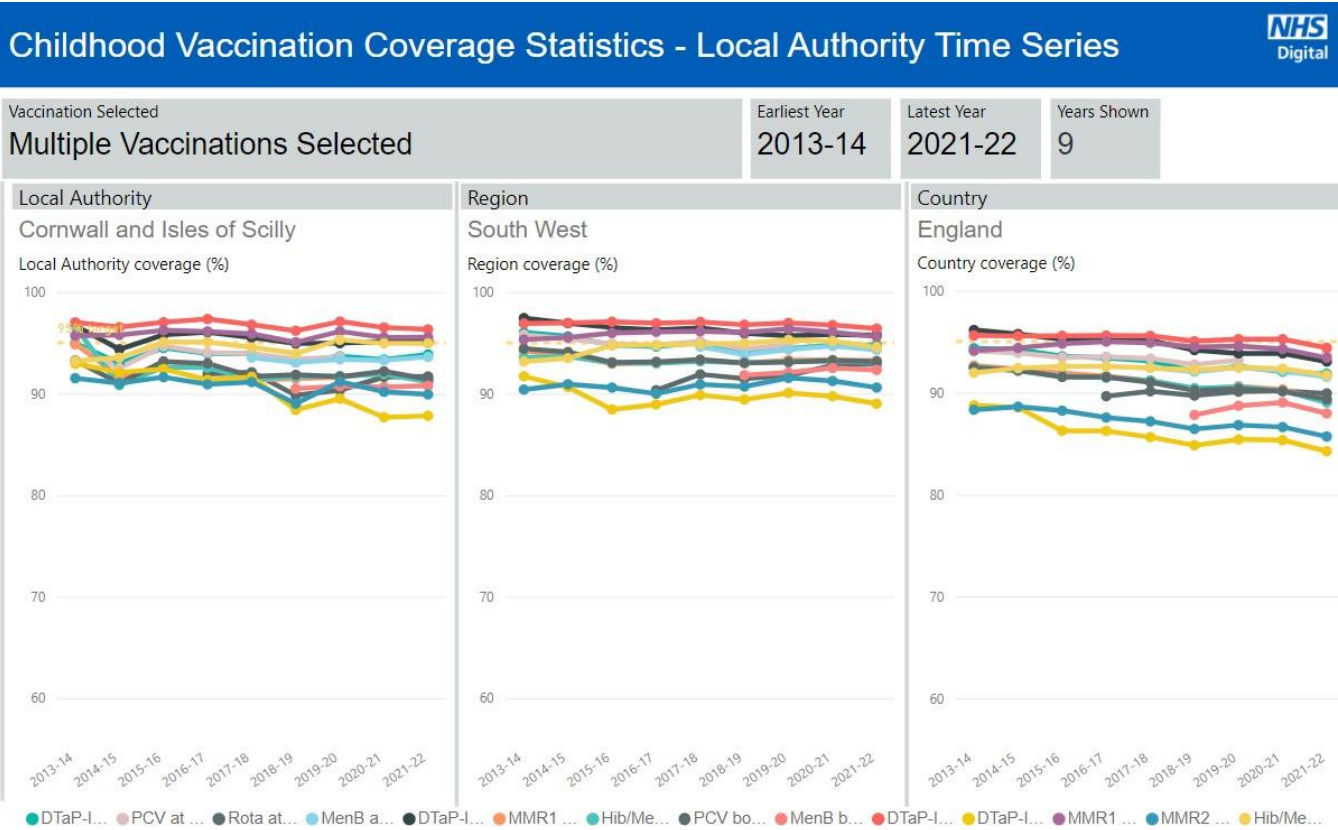
PRESCHOOL



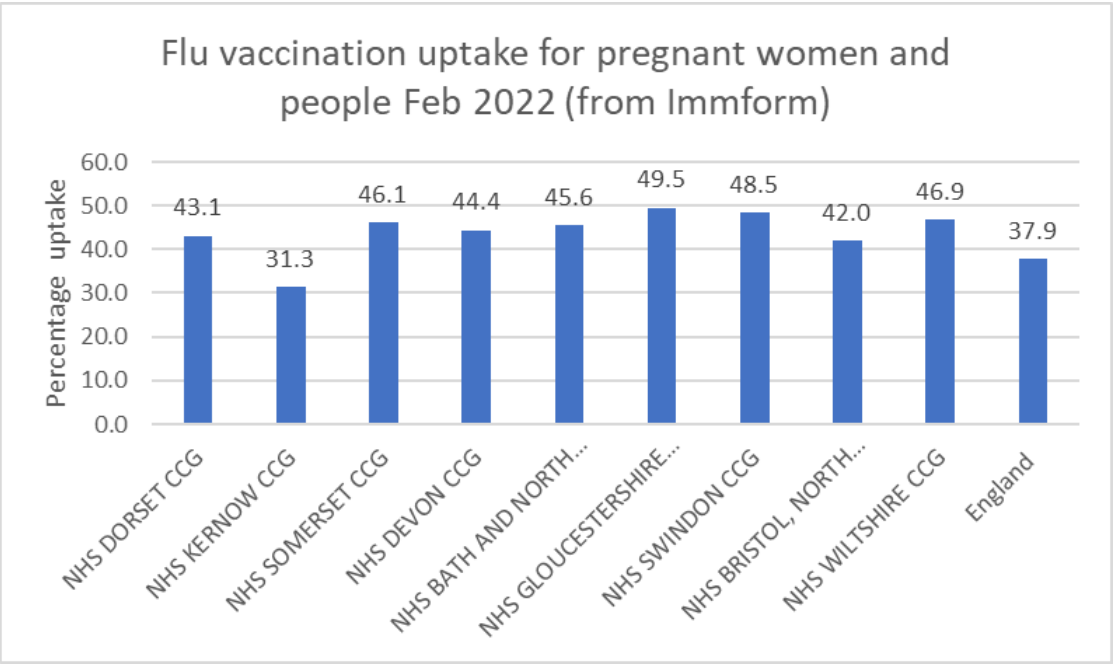








PREGNANCY

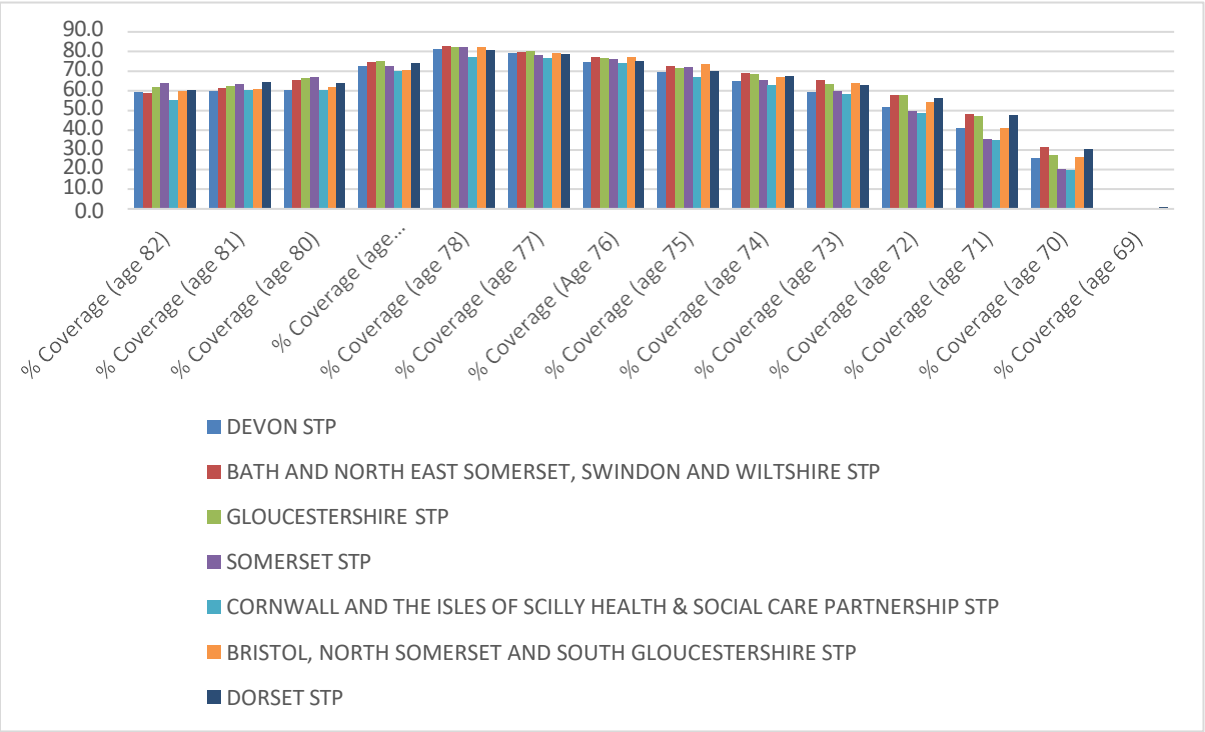




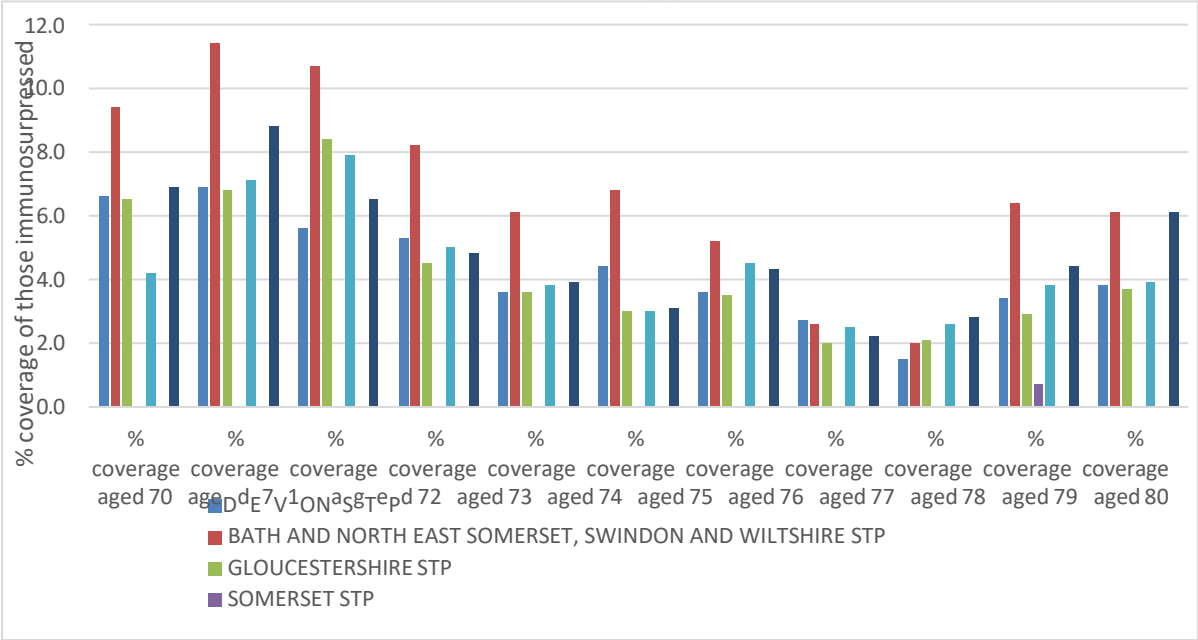
OLDER PEOPLE

Shingles

Total Shingles vaccine coverage - cohort vaccinated at any time who are of this age between 01/04/2021 and 23/03/2022

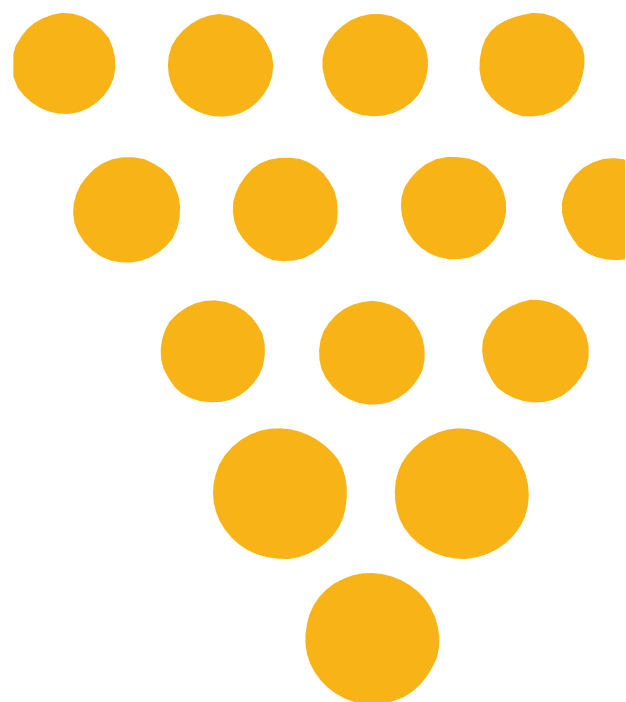


Uptake of Shingrix - cohort vaccinated with dose 1 of Shingrix at any time who are of eligible age and recorded immunosuppressed between 01/04/2021 and 23/03/2022



Caution – Potential Data Quality Issues

Prepared by:  
**Whitney Curry**  
Advanced Public Health Practitioner  
Wellbeing and Public Health  
18 January 2023



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# Health and Wellbeing Board



Date of meeting:	29 June 2023
Title of Report:	Five-year Integrated Care Strategy for NHS Devon - update
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell
Contact Email:	Ruth.harrell@plymouth.gov.uk
Your Reference:	<a href="#">Click here to enter text.</a>
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

To formally approve the opinion of the Health and Wellbeing Board on the One Devon ICS five year Forward Plan, which had been approved by the Chair of the HWBB following circulation to members for comments.

To note the updated strategy, which can be found here  
[Our Five-year Integrated Care Strategy - One Devon](#)

## Recommendations and Reasons

The Health and Wellbeing Board notes the contents of the report.

## Alternative options considered and rejected

None

## Relevance to the Corporate Plan and/or the Plymouth Plan

The One Devon Five- year Integrated Care Strategy described the actions to be taken by partners to support the health outcomes of the population in line with the Plymouth Plan.

## Implications for the Medium Term Financial Plan and Resource Implications:

None

## Financial Risks

None

## Carbon Footprint (Environmental) Implications:

None

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

[Click here to enter text.](#)

## Appendices

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

## Background papers:

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

## Sign off:

Fin	n/a	Leg	n/a	Mon Off	<a href="#">Click here to enter text.</a>	HR	<a href="#">Click here to enter text.</a>	Assets	<a href="#">Click here to enter text.</a>	Strat Proc	<a href="#">Click here to enter text.</a>
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes – Ruth Harrell											
Date agreed: 19/06/2023											
Cabinet Member approval: Approved by Councillor Aspinall (Cabinet Member for Health and Adult Social Care) verbally											
Date approved: 13/06/2023											

## **Plymouth Health and Wellbeing Board Statement of Assurance**

There is a requirement for the Health and Wellbeing Board to provide an opinion on the ICS five year forward plan, in particular to provide assurance that the plan takes into account the needs of the population of Plymouth.

A draft statement was provided to members on 23<sup>rd</sup> May 2023 with a request for response should there be any concerns. No comments were received and so the following statement was provided on the 25<sup>th</sup> May 2023 by the Chair of the Health and Wellbeing Board.

“Plymouth's HWB has been engaged throughout the process of development of the JFP and has been consulted, with the opportunity to raise questions and highlight potential omissions. The Plymouth HWB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim.”

The summary document can be viewed here

[Our Five-year Integrated Care Strategy - One Devon](#)

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# Health and Wellbeing Board



Date of meeting:	29 June 2023
Title of Report:	<b>Community Empowerment Update</b>
Lead Member:	Councillor Chris Penberthy
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Rachel Silcock
Contact Email:	Rachel.silcock@plymouth.gov.uk
Your Reference:	<a href="#">Click here to enter text.</a>
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

To update partners on the Community Empowerment programme, including the Community Builders.

## Recommendations and Reasons

To note the report

## Alternative options considered and rejected

## Relevance to the Corporate Plan and/or the Plymouth Plan

The Community Empowerment programme supports the City's aim to reduce inequalities and support people and communities.

## Implications for the Medium Term Financial Plan and Resource Implications:

N/A – this is an update report on an existing programme of work

## Financial Risks

None

## Carbon Footprint (Environmental) Implications:

Though not a focus of this work, there is alignment to the reduction in carbon footprint though generating safe and thriving communities where people are more likely to spend time locally, because their communities offer more of what they need and are safe and welcoming

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

There are clear alignments to child poverty and cost of living work streams

## Appendices

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A								
B								

### Background papers:

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

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	1	2	3	4	5	6	7

### Sign off:

Fin	n/a	Leg	n/a	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 19/06/2023											
Cabinet Member approval: Councillor Penberthy (Cabinet Member for Housing, Cooperative Development, and Communities)											
Date approved: 31/05/2023											



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# Health and Wellbeing Board



## **Community Empowerment Programme; Community Builders**

**June 2023**

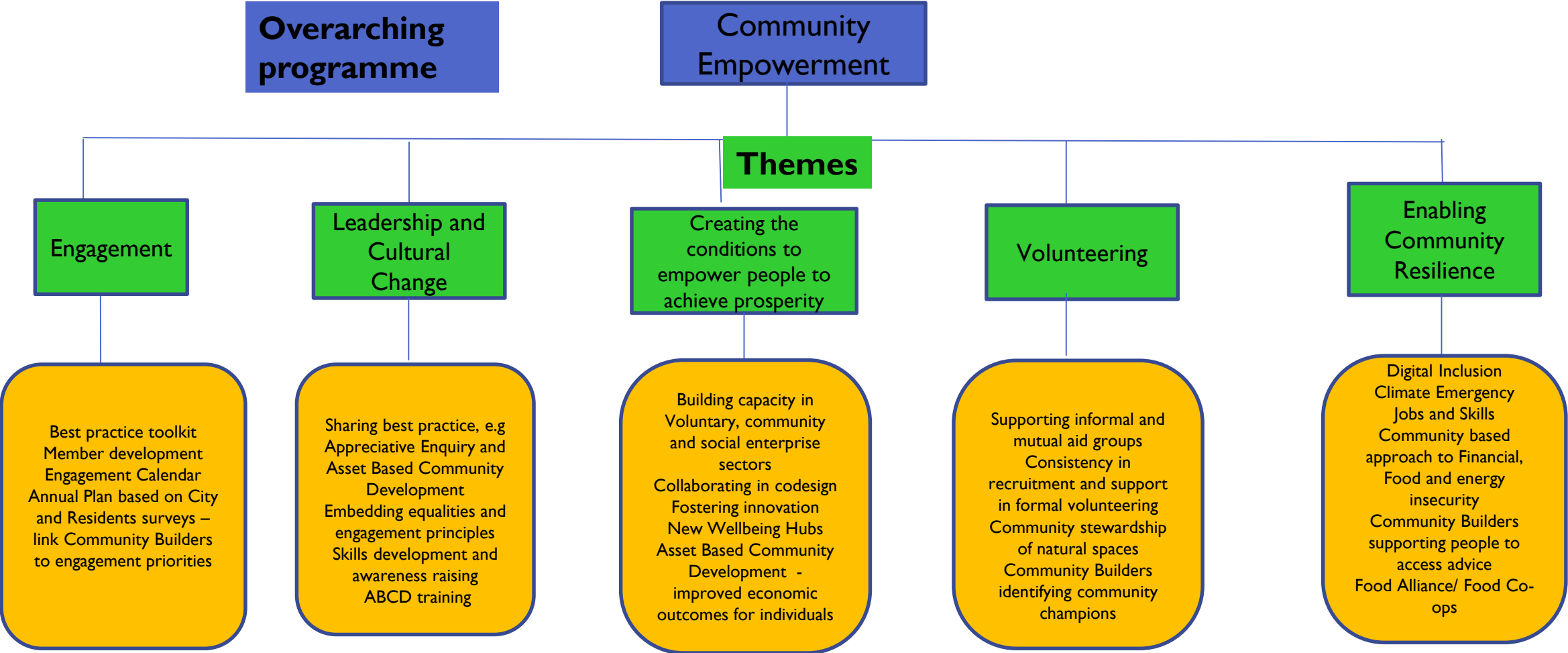
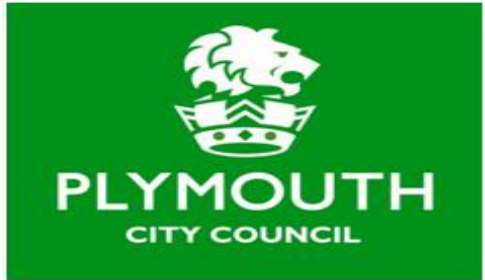
# Building out of COVID



*Community empowerment is the process of enabling communities to increase control over their lives and to make their voices heard in shaping the services they use and the places they live.*

- As a Council we want to work together for a fairer, greener and healthier city in which everyone does their bit
- Builds on the Council operating model & Plymouth Plan principles - the Plymouth Plan aims to promote the sharing and devolving of power to enable action to happen, making use of democratic processes already in place and enabling local communities to influence decisions or make decisions in fair and transparent ways
- Important in reducing inequality
- COVID-19 has proven that when we work together we can transform our city
- 800+ volunteers; 70+ neighbourhood groups; 2,500 xmas meals in a box; Caring for Plymouth; Plymouth Good Neighbours; RESURGAM

# Programme and Themes



# Community Builders – 3 month reflection



- Background and scope
- Resilience programme
- Team – who/where
- Links and resources
  - come and hang out with the team
- Data from first 3 months





# Background: Fair Shares Scope Statement



The Fair Shares Programme is a £800,000 annual investment into Wellbeing Hubs, link workers (social prescribers) in Hubs, Community Builders, and a range of wellbeing activity that link workers can 'prescribe' into. The programme aims to address population-level risk factors associated with mental and physical ill health including deprivation, individual and community resilience, developing community and social capital, physical activity, and use of outdoor spaces. It also supports the implementation of the Community Mental Health Framework, and increase capacity of existing Wellbeing Hubs as well as roll out further Wellbeing Hubs. In all, the programme aims to reduce health inequalities and pressure on primary and social care. The initial phase of investment is focused on three areas:

- **Citizen Connection and Community Building**
- **Ecosystem of VCSE Wellbeing and Support**
- **Individual Resilience**

# Background: Fair Shares Programme Structure



**Citizen Connections and  
Community Building**

Wellbeing Hubs

**Community Builders**

**Ecosystem of VCSE  
Wellbeing and Support**

Belong in Plymouth

Community of Practice

Mappers Network

Capacity Building

Neighbourhood Networks

Sparks Funding

**Individual Resilience**

Food Plymouth

Food Coops

Citizens Advice

Food is Fun

**Community Builders**

# Individual Resilience



A programme of support is available for individuals to tackle financial insecurity as follows:

1. Income Maximisation Advice provided by Citizens Advice through community venues including Childrens' Centres
2. Food growing on a budget sessions
3. Shopping and Cooking on a budget sessions
4. Food co-ops – trialling 3 co-operative models: small-scale residential food buying; food clubs; and larger social supermarkets
5. Plymouth Energy Community Energy Champions

# The Community Builders Team



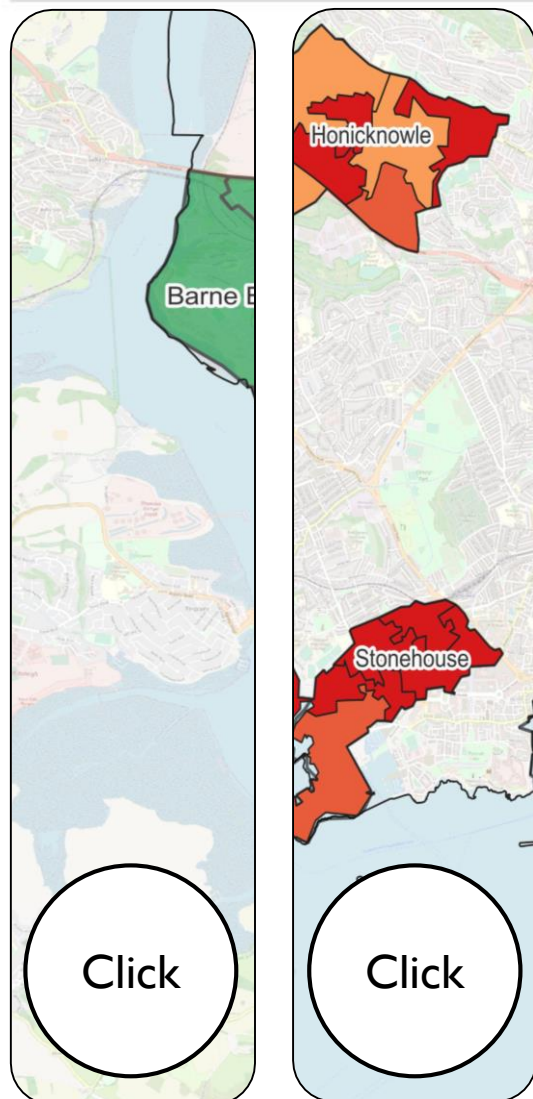
- 13 members of the team working within the following 15 communities or areas of interest:



- LGBTQ+
- Ethnically Diverse communities
- Disabled people
- Young people
- Men
- Community Mental Health
- Food co-ops

- Barne Barton
- Devonport
- Honicknowle
- Stonehouse
- East End
- Efford
- Estover
- Southway

# The Team: Geographical Locations



## Why those locations?

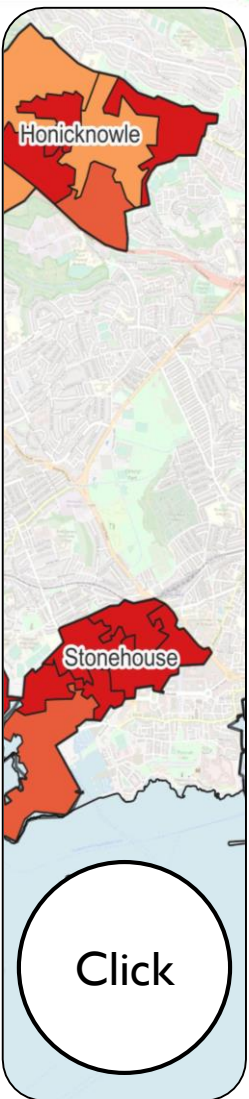
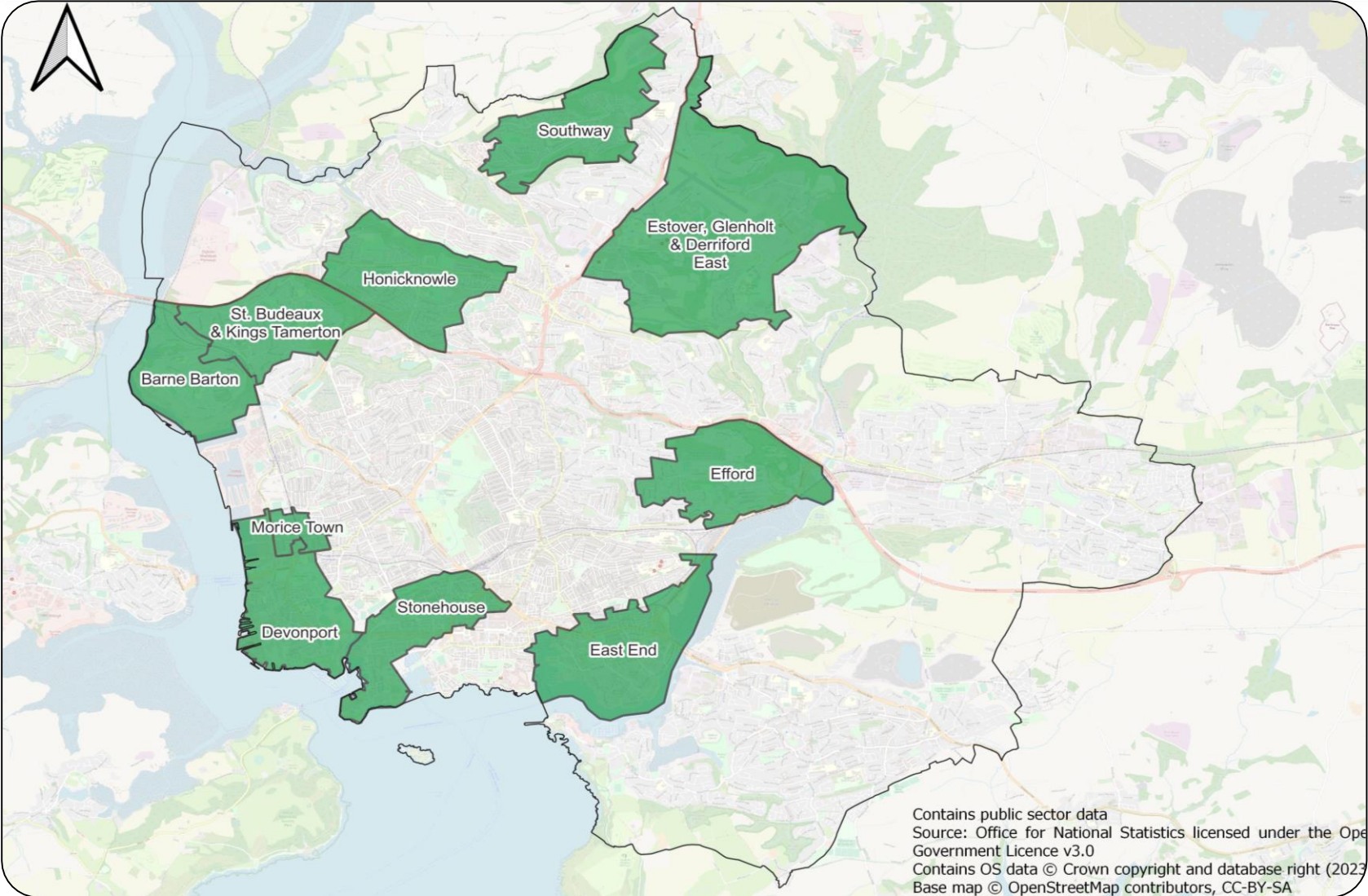
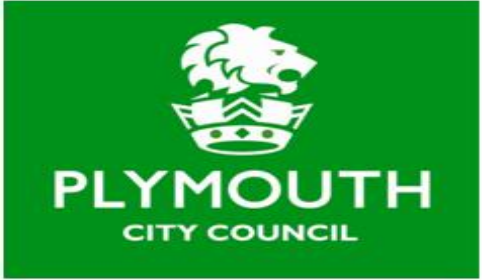
- Based on the IMD the most deprived neighbourhoods are: Stonehouse, Devonport, Barne Barton, Whiteleigh, Ernesettle, East End and North Prospect
- Based on City Survey (2020) indicators of belonging, influencing decisions, pride and involvement in local areas, the worse performing wards are: Devonport, Honicknowle, Ham, St Budeaux and Drake

Therefore, combining these two factors, considering community builder best-practice and existing community builder/development support resulted in selection of the current neighbourhoods

- \*Devonport and Morice Town combined under one community builder
- \*Estover and Efford split between one community builder.

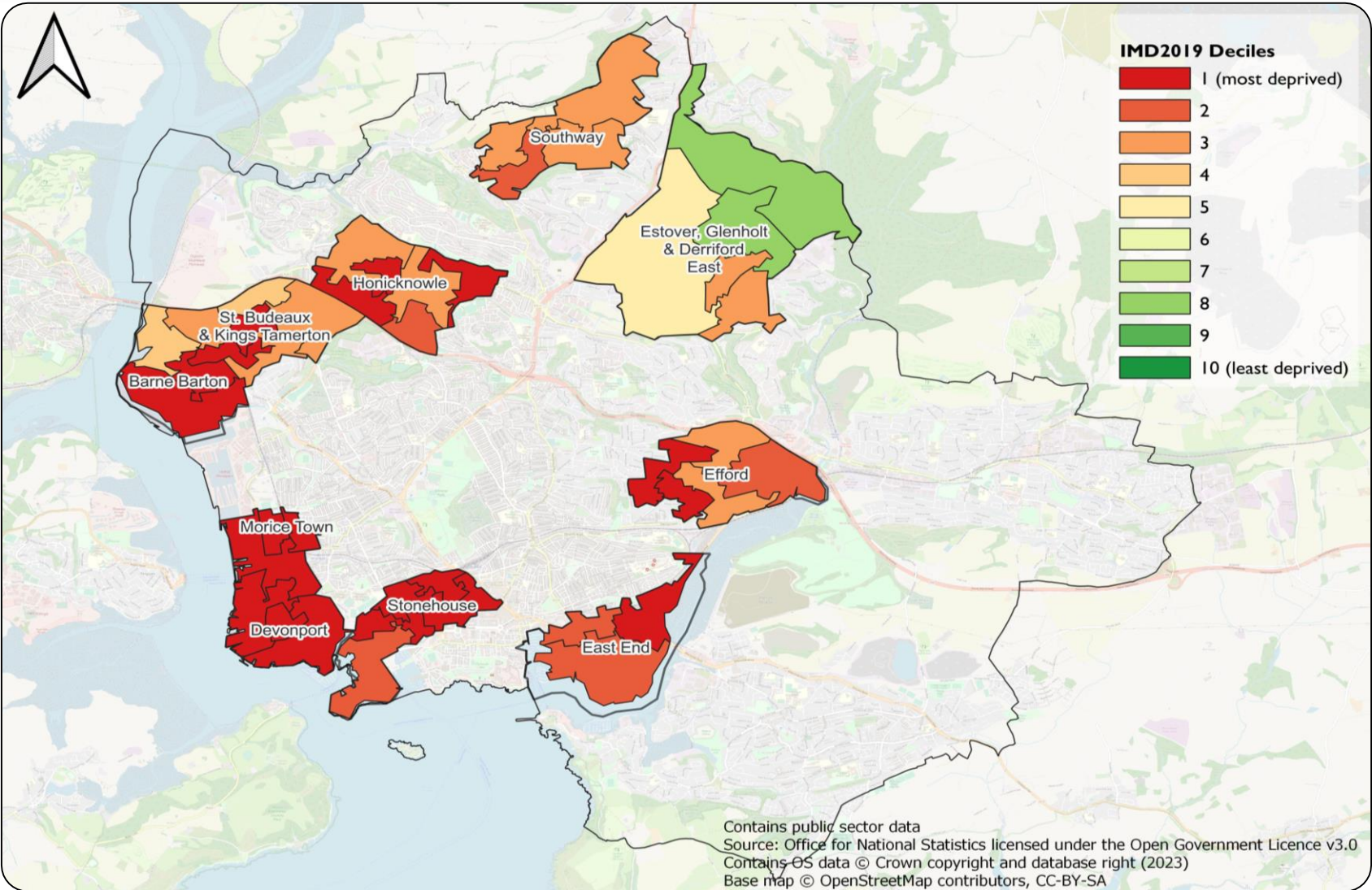
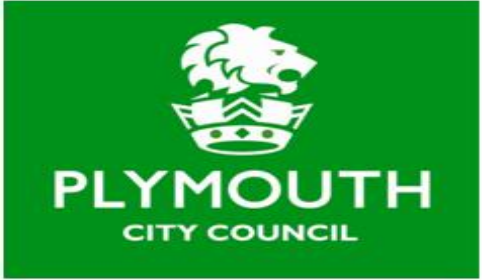


# The Team: Geographical Locations

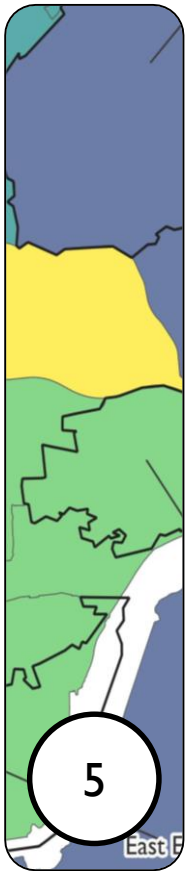
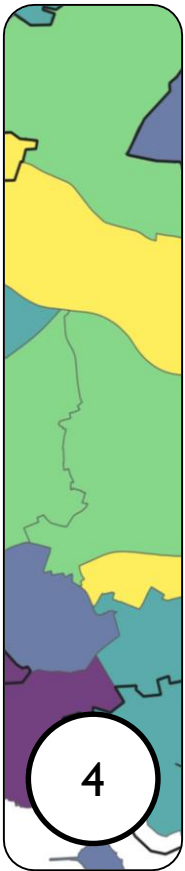
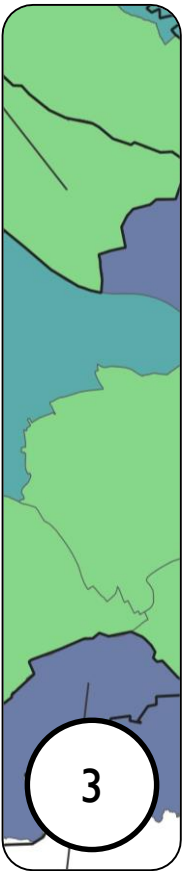
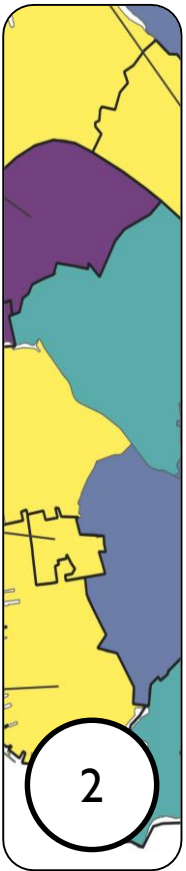
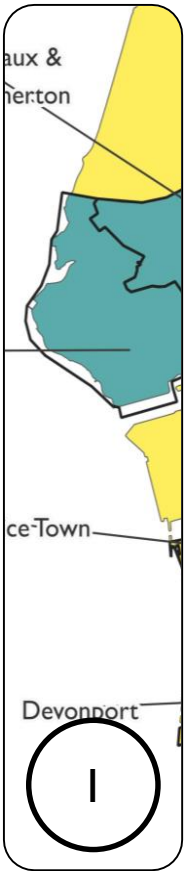




# The Team: Geographical Locations



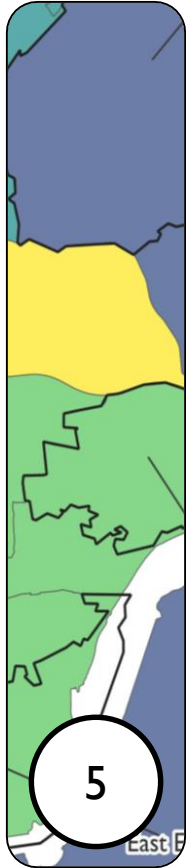
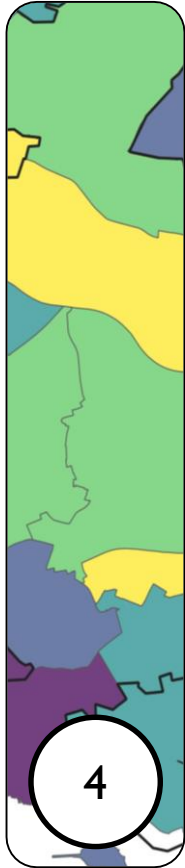
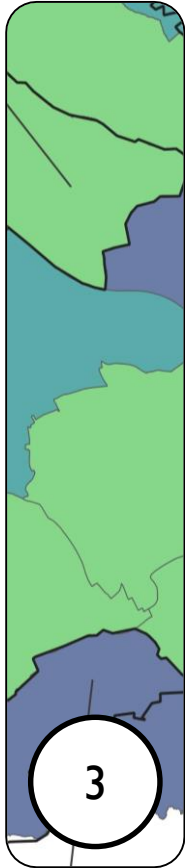
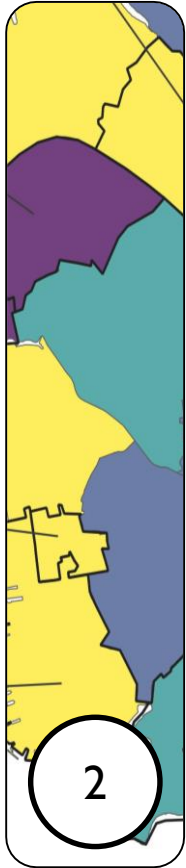
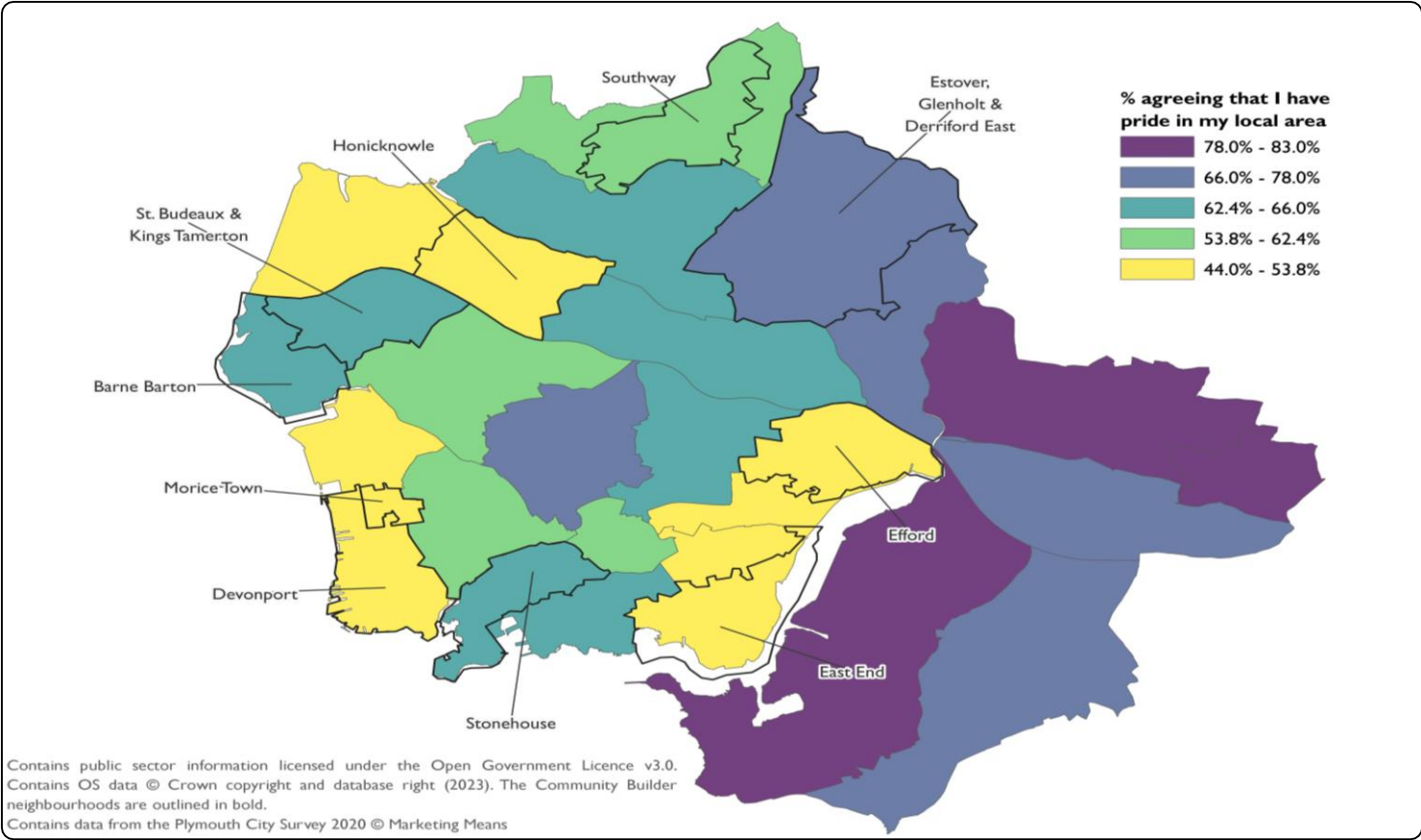
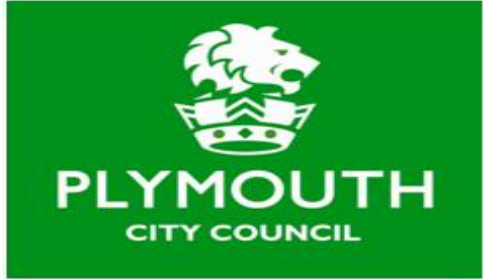
# The Team: City Survey 2020 Results



- 1: % agreeing that they have pride in their local area
- 2: % agreeing that Plymouth is a great place to live
- 3: % agreeing that they belong to their local area
- 4: % agreeing that their local area is place where people from different backgrounds get on well together
- 5: % agreeing that they know how to get involved in decisions that affect their local area
- 6: agreeing that they are involved in community groups/activities in their local area

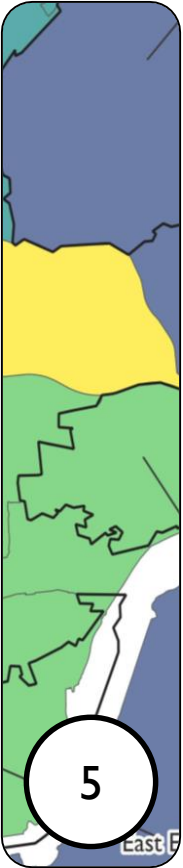
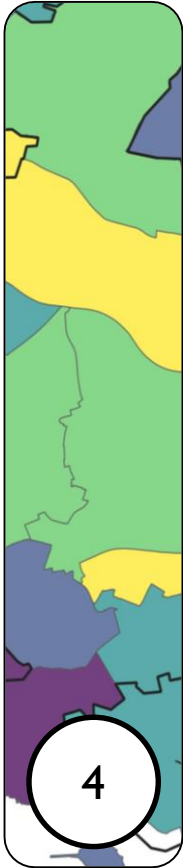
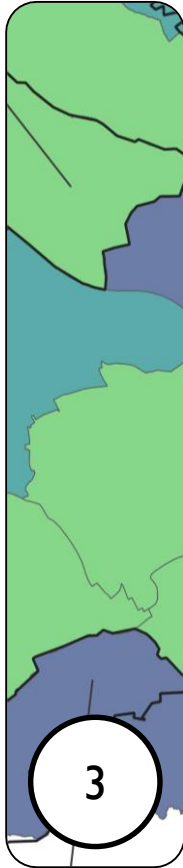
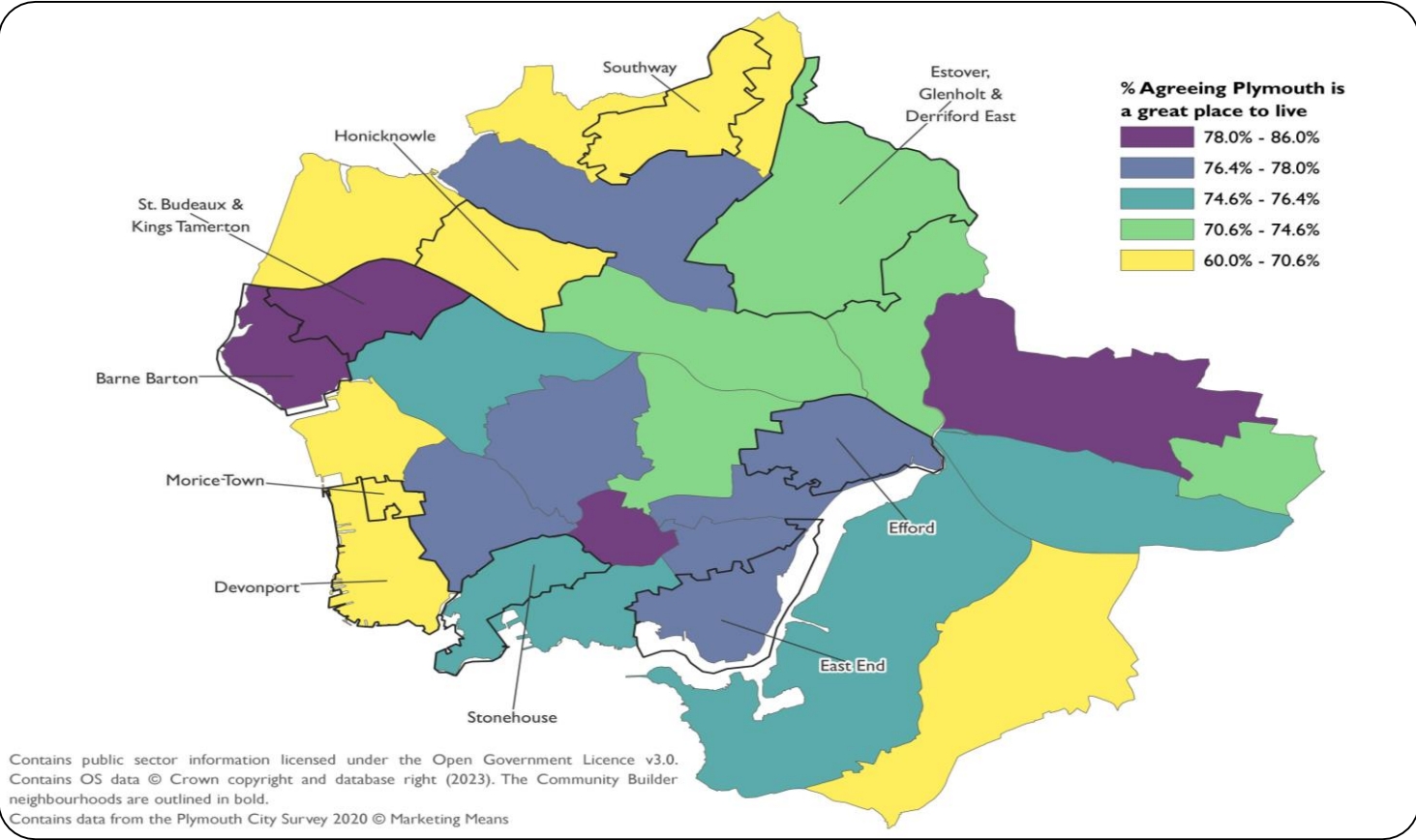
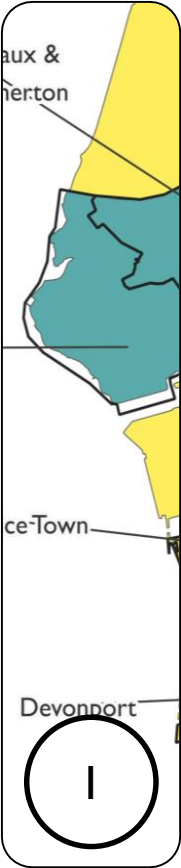


# The Team: City Survey 2020 Results



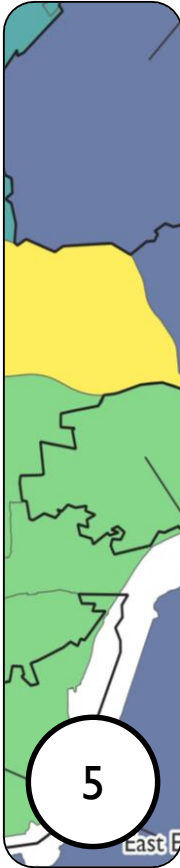
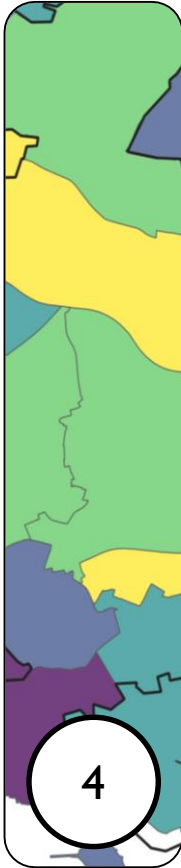
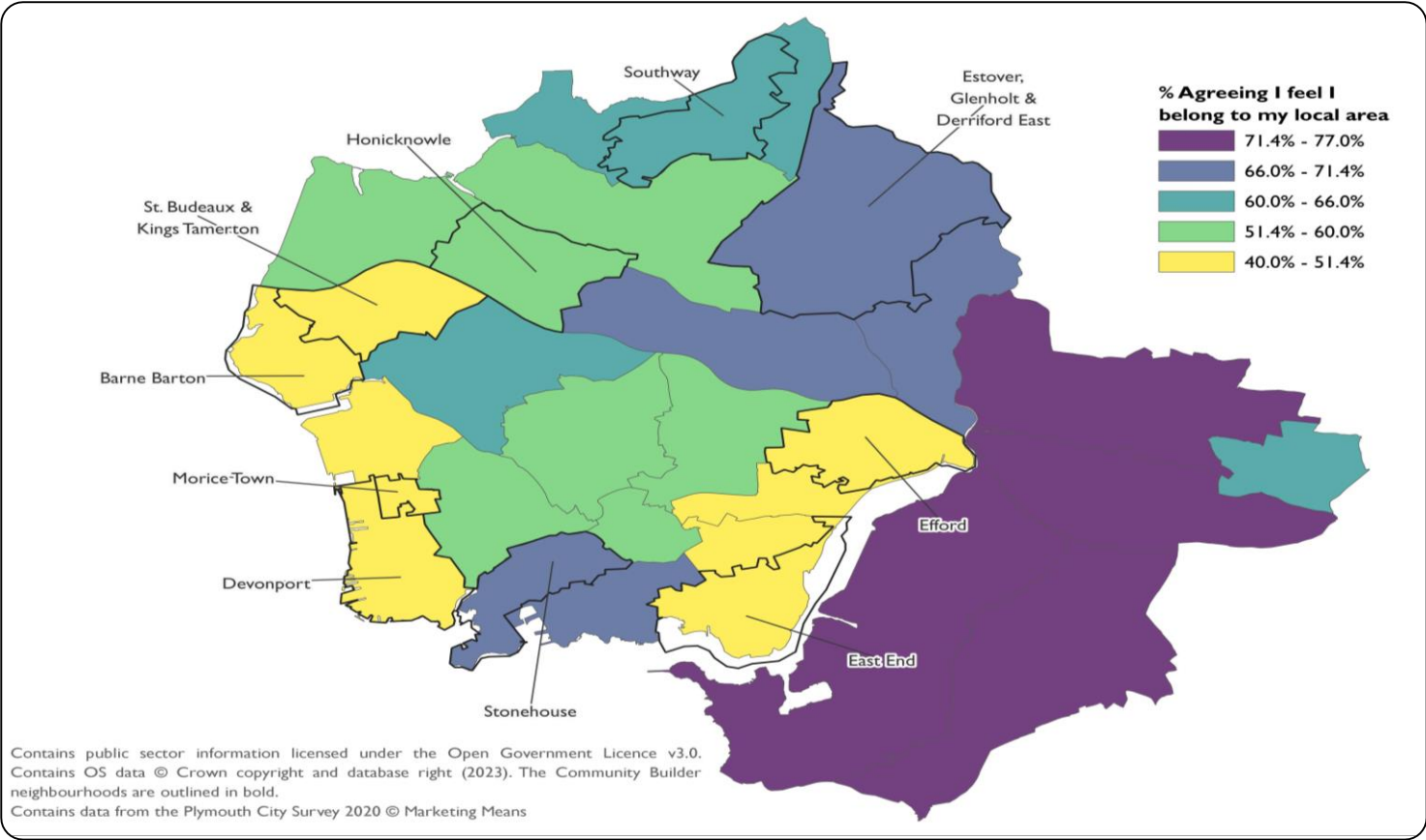
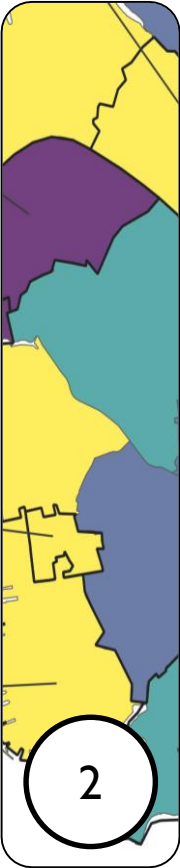
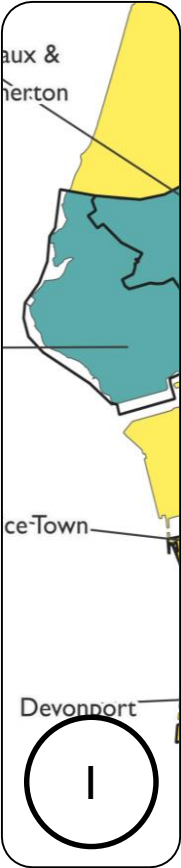
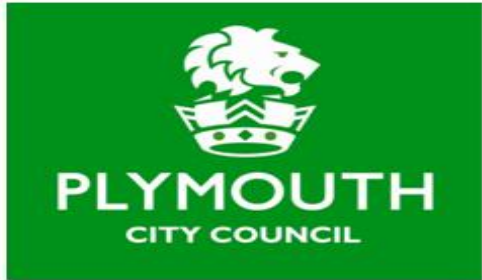
1: % agreeing that they have pride in their local area

# The Team: City Survey 2020 Results



2: % agreeing that Plymouth is a great place to live

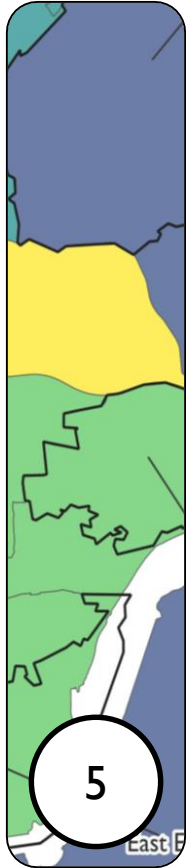
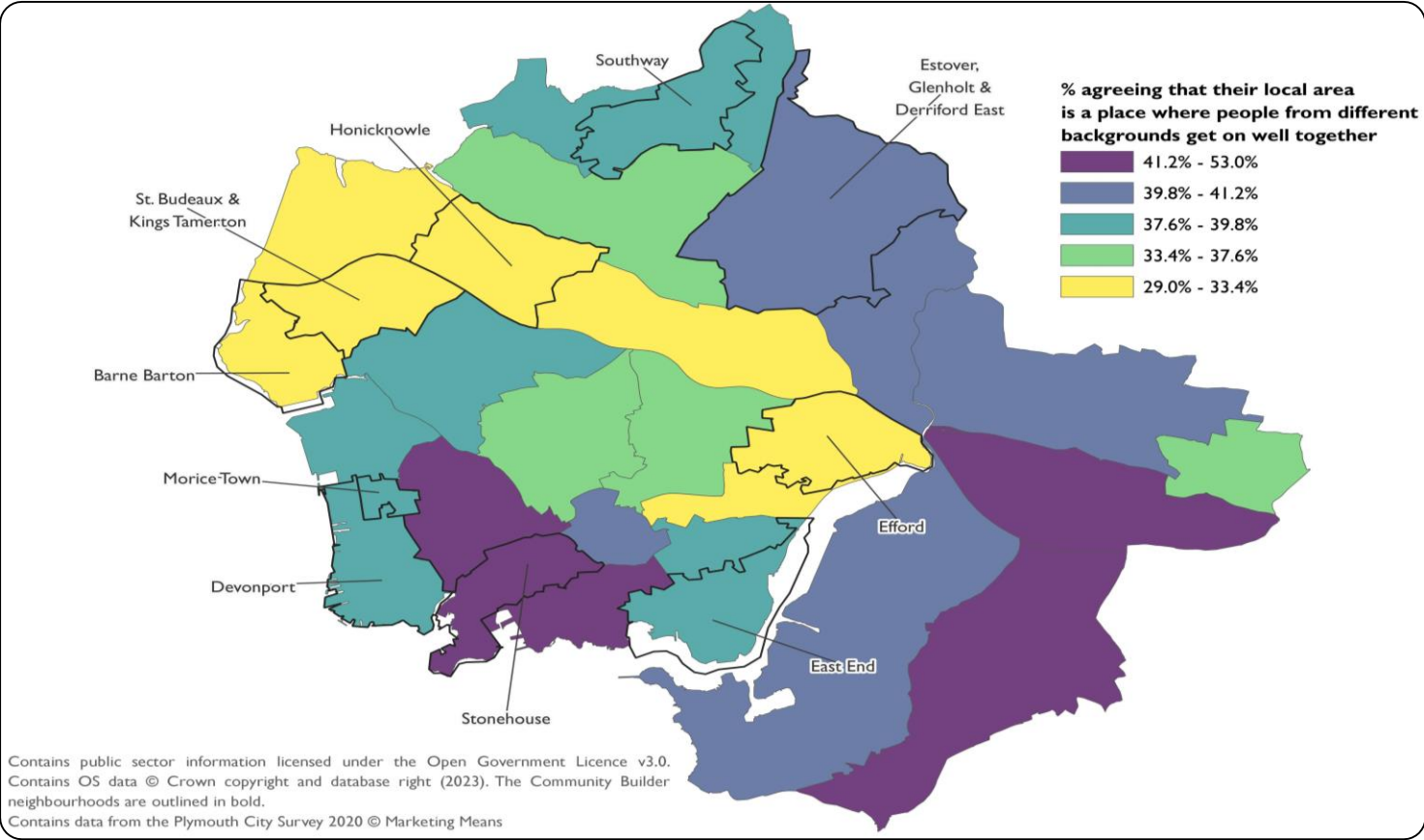
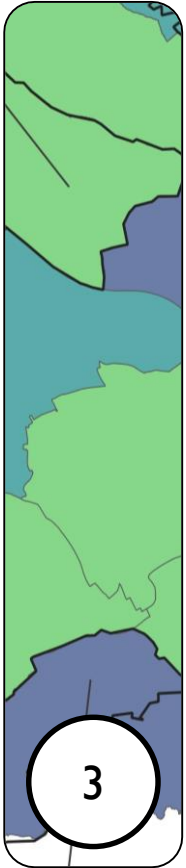
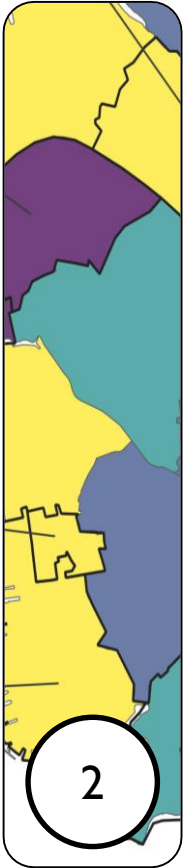
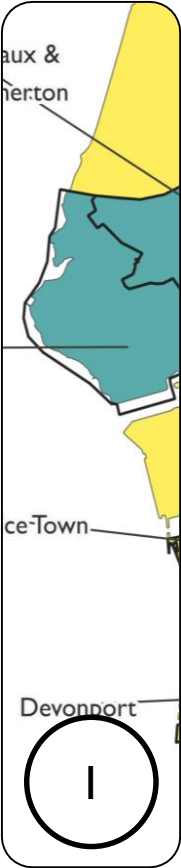
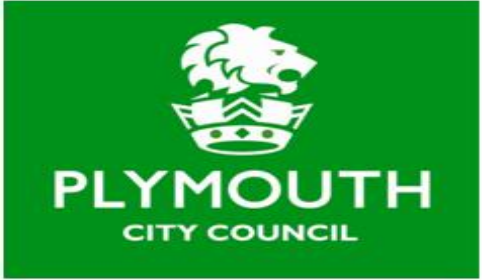
# The Team: City Survey 2020 Results



3: % agreeing that they belong to their local area

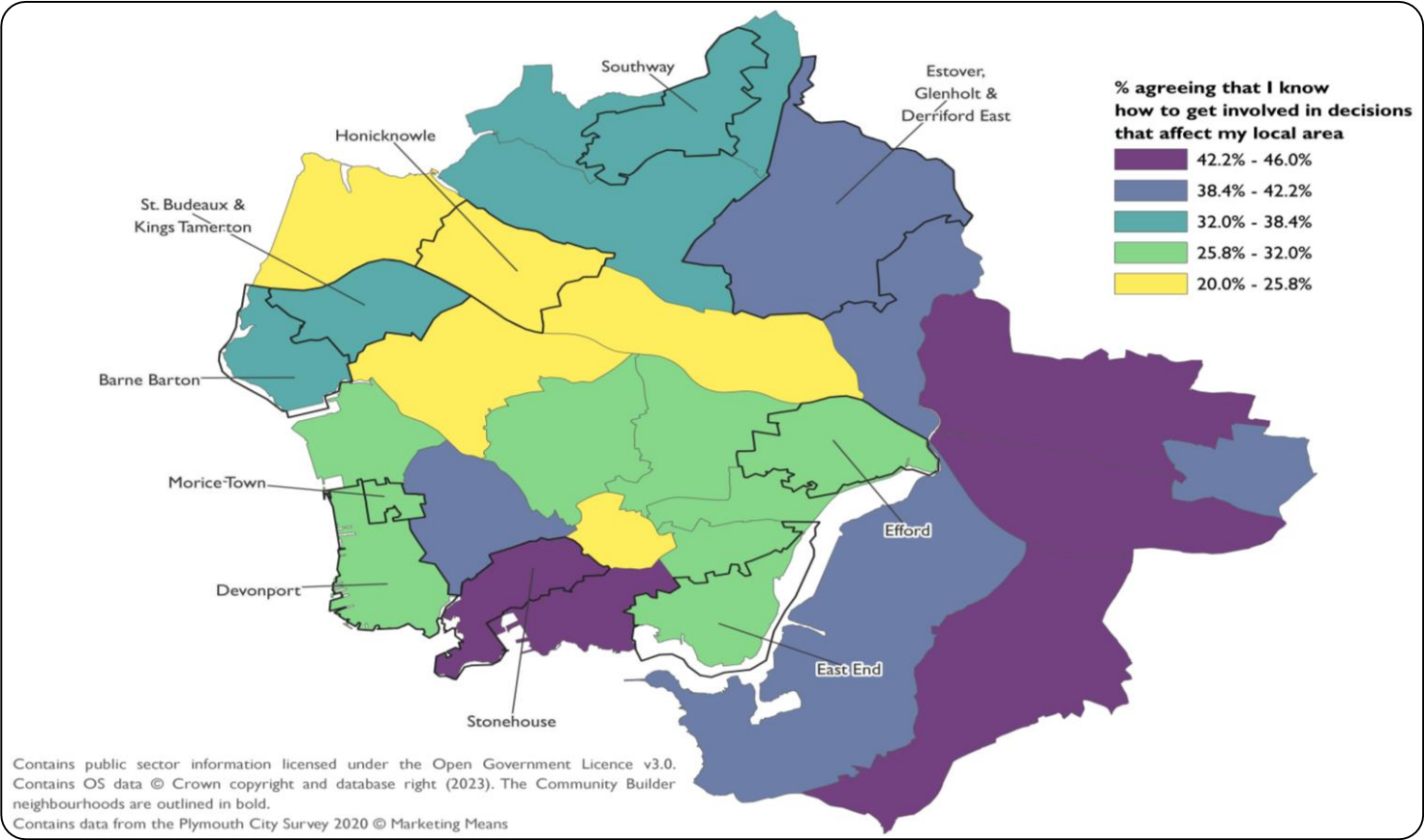
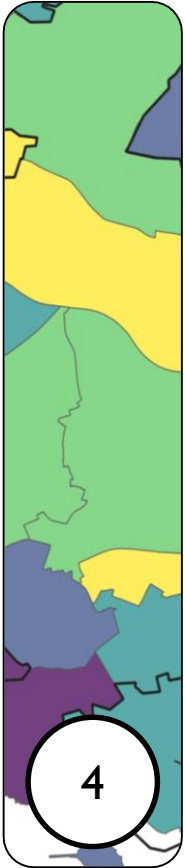
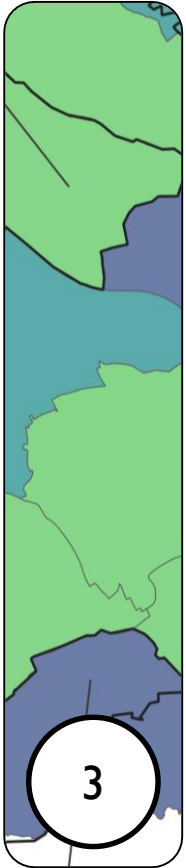
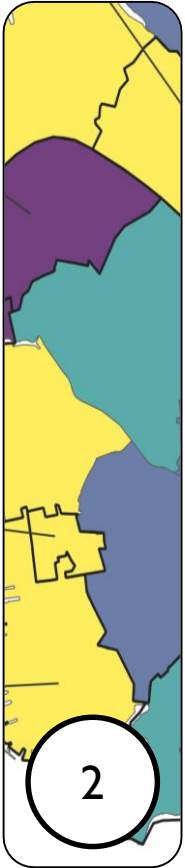
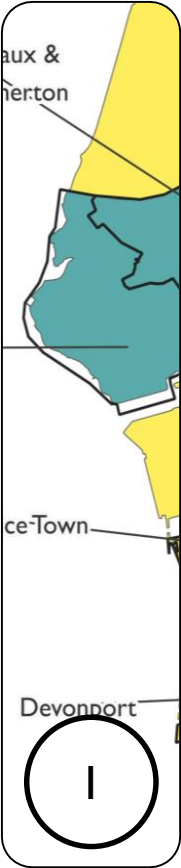


# The Team: City Survey 2020 Results



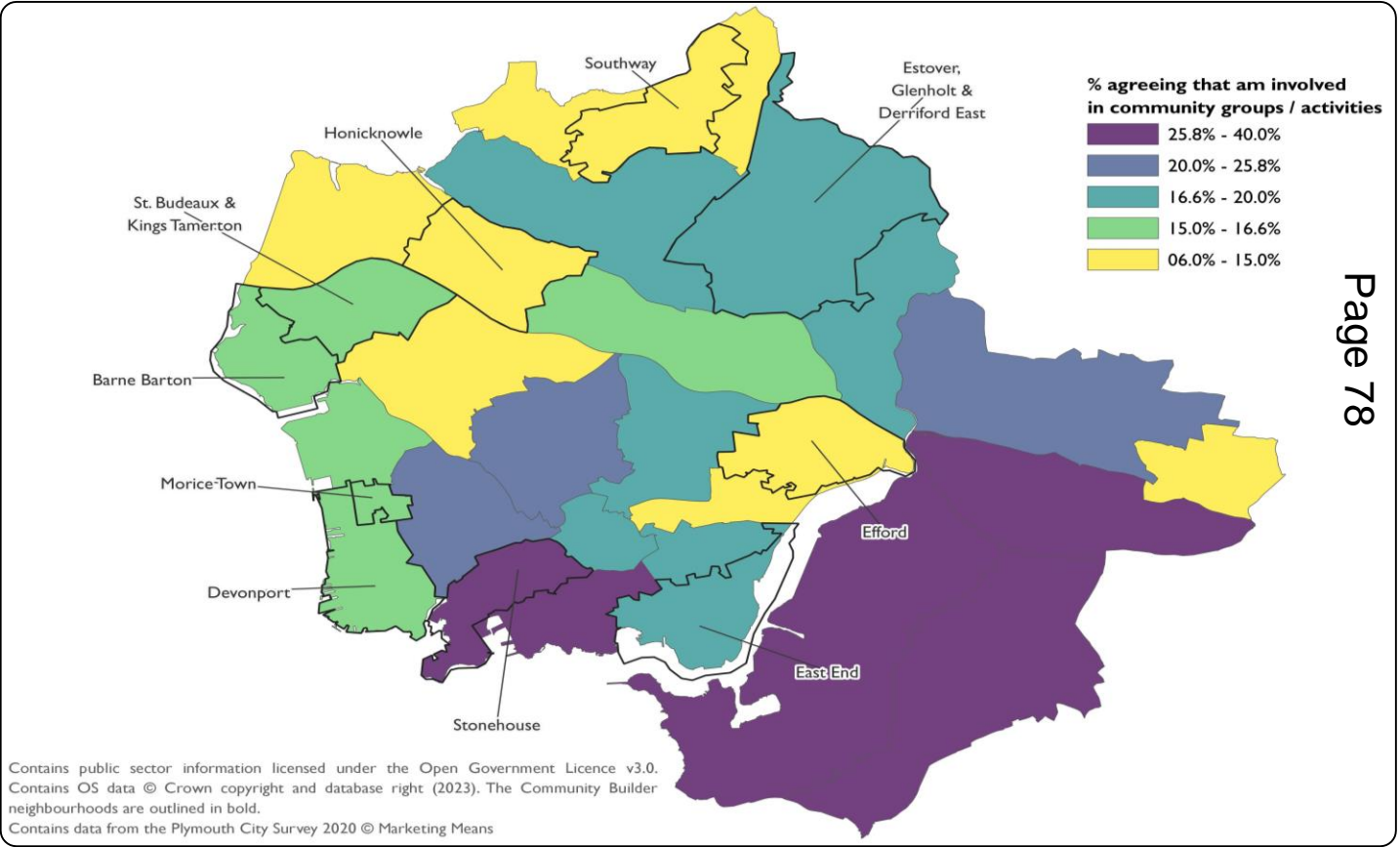
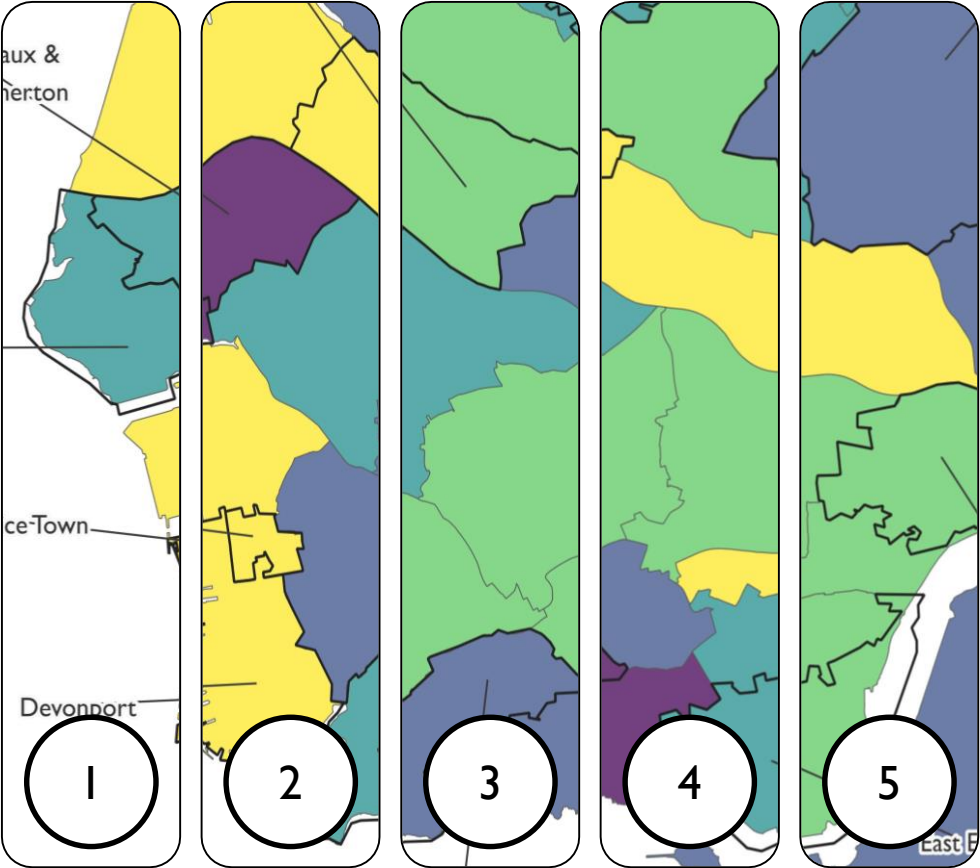
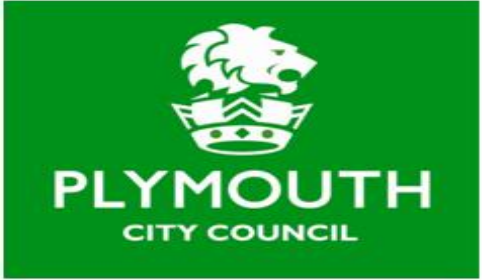
4: % agreeing that their local area is a place where people from different backgrounds get on well together

# The Team: City Survey 2020 Results



5: % agreeing that they know how to get involved in decisions that affect their local area

# The Team: City Survey 2020 Results



6: agreeing that they are involved in community groups/activities in their local area

## First 3 months: team activity



- Building the team
- Getting to know communities
- Locating and building relationships with local Community Connectors
- Attending and supporting community events e.g. IWD, Hello Stonehouse, Southway Showcase
- Starting Appreciative Inquiries conversations and 'story' collecting
- Building partnership connections
- Lots of training – e.g. Dementia Awareness, Asset Based Community Development, Wellbeing Champions, Appreciative Inquiry, Modern Day Slavery and more to come e.g. Trauma Informed practice and Climate Literacy



# First 3 months: data monitoring



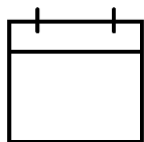
- Logic model for the Fair Shares Programme established previously (with UoP) (appendix I)
- Mapped and aligned logic model outcomes to community builder objectives to form a set of nine indicators for monitoring progress (appendix II)
- Focus has initially been on quantitative data with metrics. Co-designing with the Community Builders including metric definitions
- Currently working with UoP on qualitative evaluation which may potentially draw through other strands of the Fair Shares Programme
- Establishing data monitoring strategy for the wider programme with specific section on the Community Builder Programme
- Setting up and training the builders on 'Upshot' software (FGCT)



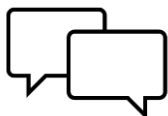
# First 3 months: the data – Geographical CBs



**40** people/organisations involved in developing new community led activity  
**48** community connectors engaged with  
**81** partnership connections

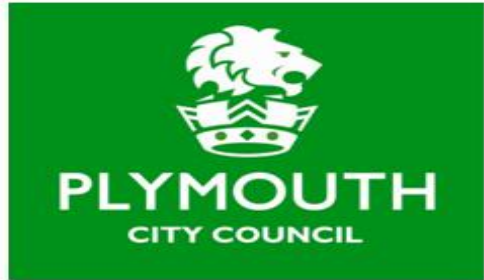


**18** new community led activities  
**21** community events (where listening conversations have taken place)  
**22** volunteers supported to be involved with community-led activities

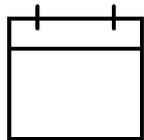


**97** conversations (that have led to further action/further engagement) taken place

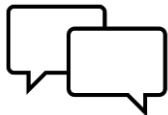
# First 3 months: the data - Cross Cutting CBs



**25** people/organisations involved in developing new community led activity  
**94** community connectors engaged with  
**200** partnership connections

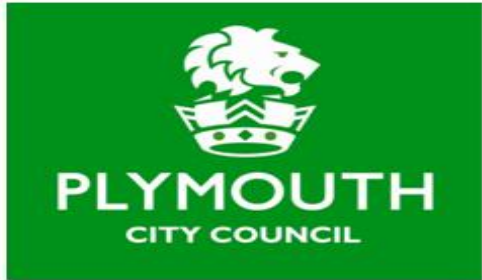


**5** new community led activities  
**17** community events (where listening conversations have taken place)  
**13** volunteers supported to be involved with community-led activities



**95** conversations (that have led to further action/further engagement) taken place

# First 3 months: stories from the builders



Organising a community litter pick and storytelling activity to engage families over the Easter holiday in West Park

Engaging with an older group of residents at Bingo at Brake Farm and Chaucer Way through the Blue Bus

Facilitating a garden space project with local groups in Honicknowle

Supporting church in Efford to start up coffee morning again to support older people in the community

Holding a 'meet your community builder' drop-in in East End and Efford

Eight new community asset maps uploaded to digital map

Supporting person from the LGBTQA+ community to set up a Pride 'pop-up' group in Southway who attended a community event: that saw 300 people attend

Group of women from diverse backgrounds ran an International Womens Day even that saw approx. 200 women and their children celebrate together

Mapping Mens groups and activities in the city – and bringing together the first Men's Network

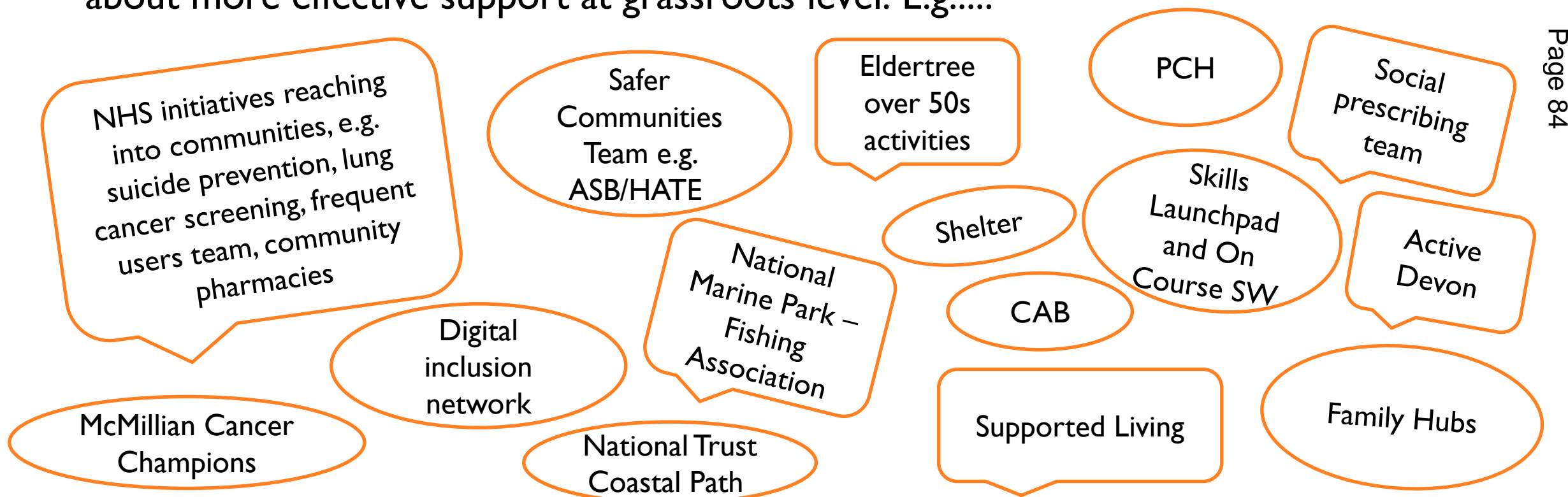
Co-produced Devon Mental Health Alliance listening project

Re-launching Mental Health network (collective)

# Examples of Cross Cutting Orgs and Agencies partnership working



- First 3 months 25+ local organisations have teamed up with the Community Builders team to improve links within communities – for the Builders to be aware of their offers, to work closely together and for the Team to influence their services to bring about more effective support at grassroots level. E.g.....



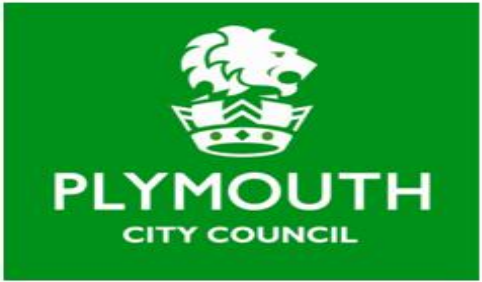
# Appreciative Inquiries



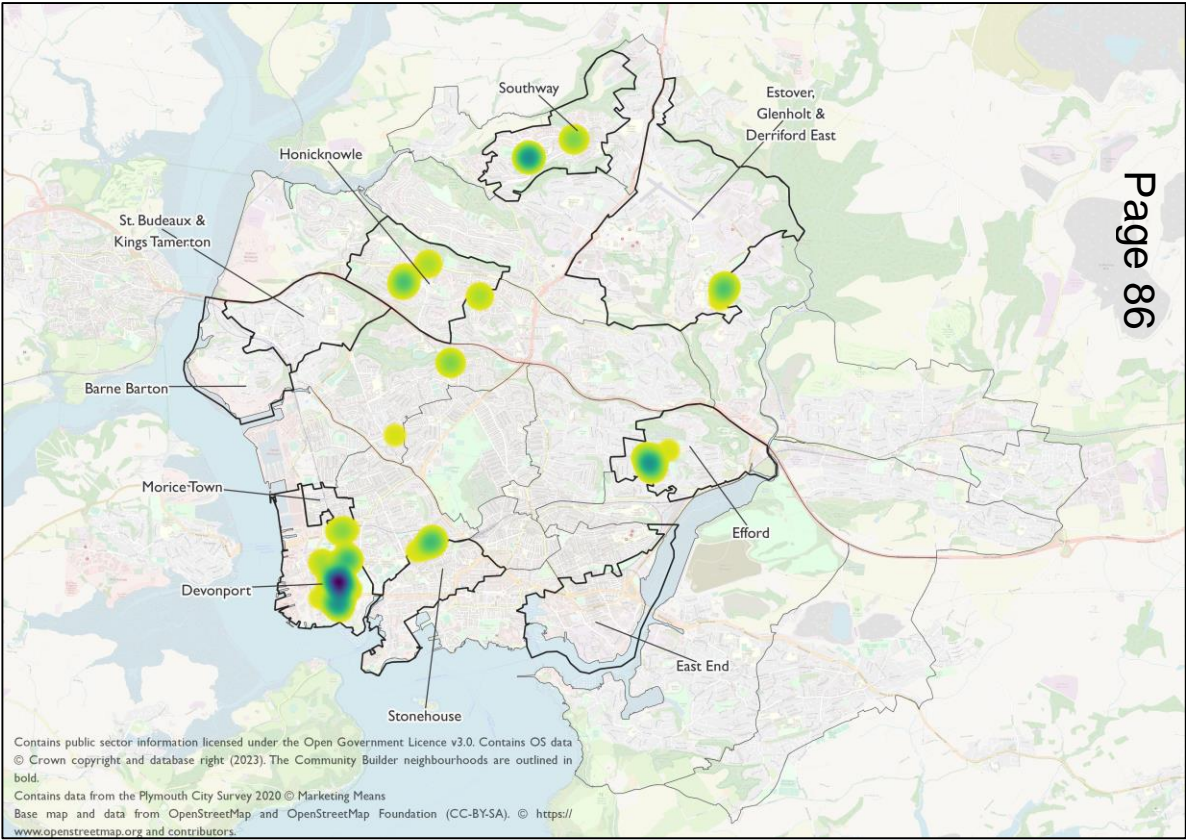
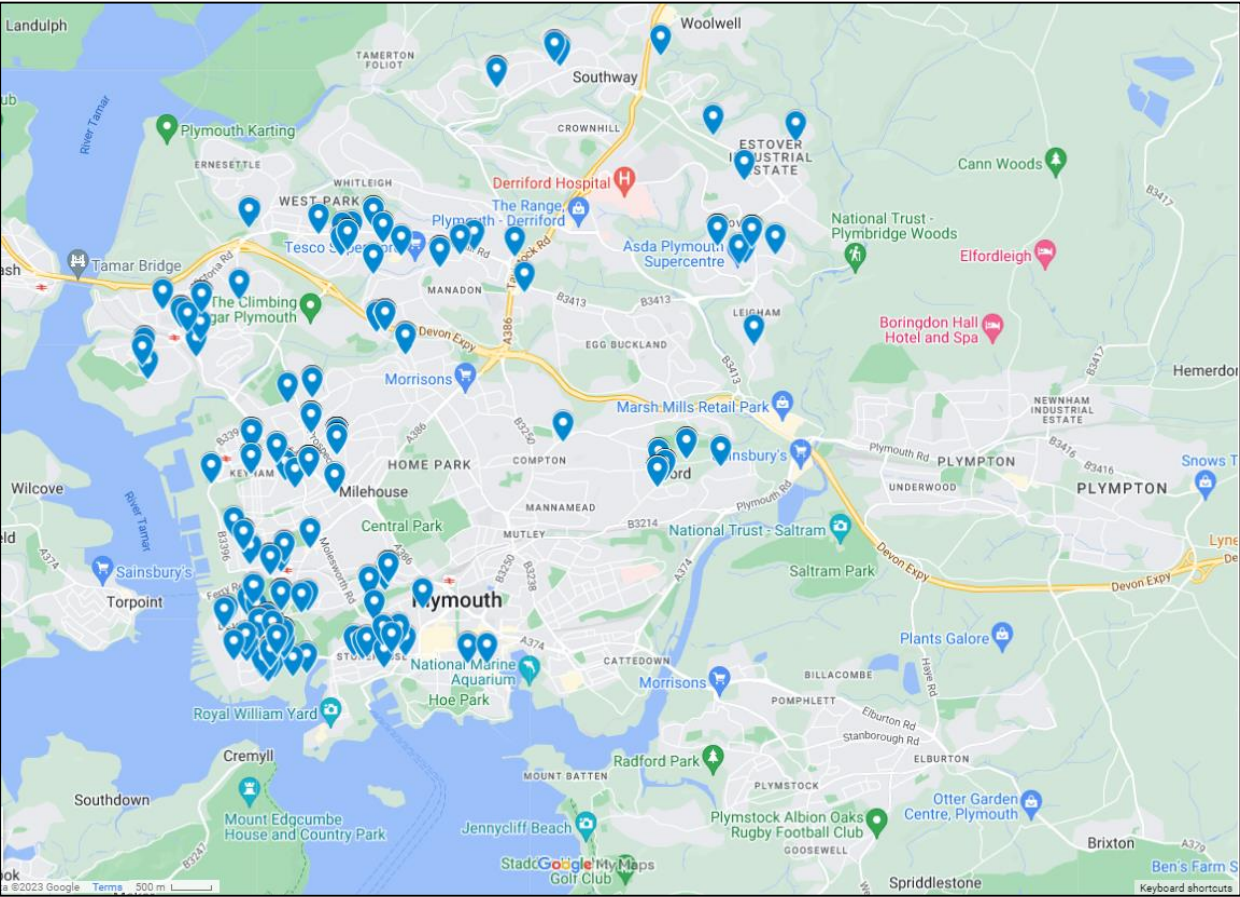
- Two training sessions delivered in December and January
- A learning circle of Plymouth practitioners has been coordinated by Public Health across different agencies who are using AI/collecting stories and lived experiences so that the conversations and themes can be collated and influence system change
- Consenting process being finalised for sharing of stories
- Conversations being noted and themes being extracted (first session 12th April)
- AI training on offer across Plymouth system



# Asset Maps



■ [In your community | PLYMOUTH.GOV.UK](https://plymouth.gov.uk)



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## Links and resources



- Asset maps to be found at:

[In your community | PLYMOUTH.GOV.UK](https://plymouth.gov.uk)

- Community Empowerment PCC web platform:

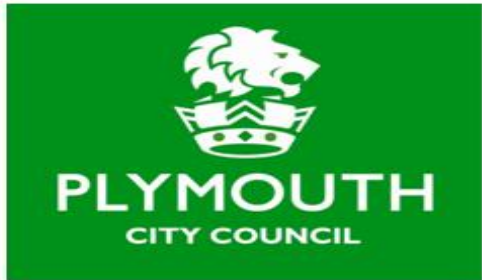
[Get involved in your community | PLYMOUTH.GOV.UK](https://plymouth.gov.uk)

- Community Builders page on Four Greens Community Trust webpage

[About Us | Four Greens Community Trust CIC](https://fourgreens.org.uk)

- Email us at [communityempowerment@plymouth.gov.uk](mailto:communityempowerment@plymouth.gov.uk)
- Leaflets and other promotional material is available on request
- **OR you would be very welcome to come and meet the Team**

# Appendix I: Fair Shares Logic Model



Targets	Resources	Activities	Outputs	Proximal outcomes	Distal outcomes
People experiencing isolation, loneliness, or poor mental health associated with poverty	<b>People:</b> <ul style="list-style-type: none"> <li>Community builders</li> <li>Community connectors</li> <li>Volunteers</li> </ul> <b>Physical spaces:</b> <ul style="list-style-type: none"> <li>Well-being hubs</li> <li>Natural resources/ blue and green spaces</li> <li>Sports complexes</li> </ul>	<b>Capacity building:</b> <ul style="list-style-type: none"> <li>Asset-based community development</li> <li>Community-led initiatives and interest groups</li> <li>Skills sharing/ development</li> <li>Small sparks funding</li> </ul> <b>Asset mapping</b>	<b>Infrastructure improvements</b>	<b>People feel:</b> <ul style="list-style-type: none"> <li>More willing to share skills and knowledge</li> <li>More willing to volunteer/serve community</li> <li>They belong in the community</li> <li>They have made friends in the community</li> </ul>	Improved sense of community pride and resilience
	<b>Organisations:</b> <ul style="list-style-type: none"> <li>Plymouth City Council</li> <li>VCSE</li> <li>Cooperatives</li> </ul>	<b>Community building:</b> <ul style="list-style-type: none"> <li>Time banking</li> <li>Peer support</li> <li>Mutual aid</li> </ul> <b>Support to access resources for specific areas of need:</b> <ul style="list-style-type: none"> <li>Employment support</li> <li>Food</li> <li>Housing</li> <li>Mental healthcare</li> <li>Social prescribing</li> </ul>	<b>Volunteers</b> <ul style="list-style-type: none"> <li>Per organisation</li> <li>New recruits</li> </ul> <b>Asset map</b>	<b>Awareness of community resources</b>	Improved mental health and well-being for individuals

Overarching purpose:  
“To improve wellbeing and reduce inequalities”

The quantitative KPIs outlined in the next few slides should contribute to the logic model and provide a mechanism to measure the impact of the Fair Shares Programme



# Appendix II: Outcomes Distillation

Community Builders: Objectives Model						
Distal Outcome	Proximal Outcome	Community Builder Outcome	Community Spirit Characteristic	Indicators	Primary data/evidence	Secondary data/evidence
Improved sense of community pride and resilience	Awareness of community resources	Connecting people to activities	Collective or Social Action	Number of people (Community Connectors, local organisations, residents, etc.) involved in developing <b>new</b> community led activity	Quarterly reporting / Community Builder log/diary / WEMWBS survey	City Survey / Community Life Survey
	Peple feel less isolated / more connected to community		Sense of Belonging	Number of <b>new</b> community led activities	Asset map / community development plan / quarterly reporting / Community Builder log/diary / Sparks funds	
				Number of community connectors engaged with	Quarterly reporting / Community Builder log/diary	
				Number of community events (where listening conversations have taken place) and conversations (that have led to action / further engagement) taking place	Quarterly reporting / Community Builder log/diary / Appreciative Inquiries	
				Number of volunteers supported to be involved with community led activities	Quarterly reporting / Community Builder log/diary / City Survey (proportion volunteering)	City Survey / Community Life Survey
				Number of partnership connections	Quarterly reporting / Community Builder log/diary	
	People feel more willing to share skills and knowledge	Feelings of belonging in one's neighbourhood	Collective or Social Action	Increased diversity of participation	Quarterly reporting / Community Builder log/diary / WEMWBS survey	City Survey
	People feel more confident in their skills		Sense of Belonging	Number of <b>new</b> community led activites	Asset map / community development plan / quarterly reporting / Community Builder log/diary	
	People feel more willing to volunteer / serve the community		Quality of Relationships	Number of community events (where listening conversations have taken place) and conversations (that have led to action / further engagement) taking place	Appreciative Inquiries / Community Builder log/diary	
	People feel they belong in the community		Cohesion	Number of volunteers supported to be involved with community led activities	Quarterly reporting / Community Builder log/diary / City Survey (proportion volunteering)	City Survey / Community Life Survey
	People feel they have made friends in the community					
	Diversity of engagement reflects population					
Improved mental health and wellbeing for individuals	People feel they got the right support for an acute problem	Improved wellbeing of volunteering / being involved and participating	Sense of Belonging	Number of community members who have received 'Ambassador' or Awareness-Raising resilience training / support	Quarterly reporting / Community Builder log/diary / WEMWBS survey / organisation reporting	
	Peple feel less isolated / more connected to community		Quality of Relationships			
	People feel more active		Cohesion			
	People feel more confident in their skills					

Page 89

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# Health and Wellbeing Board



Date of meeting: 29 June 2023  
Title of Report: **Plymouth Report 2023**  
Lead Member: Councillor Mrs Mary Aspinall  
Lead Strategic Director: Ruth Harrell (Director of Public Health)  
Author: Sarah Gooding & Rob Nelder  
Contact Email: [sarah.gooding@plymouth.gov.uk](mailto:sarah.gooding@plymouth.gov.uk)  
[robert.nelder@plymouth.gov.uk](mailto:robert.nelder@plymouth.gov.uk)  
Your Reference: PR2023  
Key Decision: No  
Confidentiality: Part I - Official

## Purpose of Report

The Plymouth Report provides an overview of the needs and issues facing the city – with an accompanying narrative about the shared challenges and opportunities that we face. To understand the health of the city, it is essential to also understand its geography, its population, and the environment within which its residents live and work. We also need to understand the city's economic context including wages, infrastructure, jobs, and economic growth. The first Plymouth Report was published in October 2017 with an update in 2019.

The Plymouth Report plays a crucial part in the review cycle of the Plymouth Plan, the city's strategic plan, and aims to stimulate debate and discussion as to whether city plans and resources are aligned with meeting the needs of its residents and communities. The report is compiled using the best available evidence from a wide range of existing data sources and reports, including recently published Census 2021 data.

The Plymouth Report also meets the requirement to produce a Joint Strategic Needs Assessment (JSNA).

The report is presented across six sections, as follows:

**LIVING:** This section introduces the city's geography and population, and highlights some of the key issues across the city such as community cohesion, the environment, crime, deprivation, and education.

**HEALTHY:** This section covers issues including life expectancy, mortality, chronic diseases, mental health, child health, lifestyle behaviours, vulnerable groups and health care.

**GROWING:** This section covers employment and jobs, wages, productivity, innovation, labour demand, and skills and education.

**INFRASTRUCTURE:** This section covers housing demand and provision, local and strategic transport connectivity, and place-based investment.

INTERNATIONAL: This section covers exports, culture, and the visitor economy.

CHALLENGES AND CONCERNS: In the context of the city’s aspirations, this section presents the main areas of concern that have emerged from the preceding sections, aiming to provide policy makers with some further food for thought.

**Recommendations and Reasons**

The H&WB formally adopts the Plymouth Report 2023 noting its content and key messages.

H&WB members agree to promote the Plymouth Report 2023 within their own teams/organisations.

**Alternative options considered and rejected**

Not applicable

**Relevance to the Corporate Plan and/or the Plymouth Plan**

The Plymouth Report forms part of a suite of documents to inform the refresh of the Plymouth Plan which also includes the Plymouth Plan Annual Report and the Authorities Monitoring Report, which sets out key information on the delivery of the Plymouth and South West Devon Joint Local Plan.

The Plymouth Report 2023 will provide valuable insight to inform the Plymouth Plan Annual Convention in November 2023 and the next Plymouth Plan review, scheduled for 2024.

It also provides a consistent narrative and set of headline data that can be used for needs assessments, bid submissions, commissioning plans and many other uses.

**Implications for the Medium Term Financial Plan and Resource Implications:**

None

**Financial Risks**

None

**Carbon Footprint (Environmental) Implications:**

Not applicable

**Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council’s duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

[Click here to enter text.](#)

**Appendices**

*\*Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							

B	Equalities Impact Assessment (if applicable)							
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**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable)						
	If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7

**Sign off:**

Fin	DJN. 23.24. 52	Leg	IW – 21.06. 23 - 1852	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Robert Nelder											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 02/06/2023											
Cabinet Member approval: Approved by Councillor Aspinall (Cabinet Member for Health and Adult Social Care) via email											
Date approved: 05/06/2023											

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...one of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone...

# PLYMOUTH

# REPORT 2023

I wonder what Plymouth's current population is?

How many jobs are there in Plymouth?

How many new homes were built in Plymouth last year?

How fast is the broadband speed in Plymouth?



**DATA  
Plymouth**



How many students are there in Plymouth?



How many veterans live in Plymouth?

How many Plymouth children are living in poverty?



**PLYMOUTH  
CITY COUNCIL**

# CONTENTS

<b>1.</b>	<b>INTRODUCTION</b>	<b>4</b>
	Executive Summary	5
<b>2.</b>	<b>LIVING</b>	<b>12</b>
2.1	Plymouth Geographies	13
2.2	Population	14
2.3	Comunity and Resident Insight	26
2.4	Deprivation, Poverty and Hardship	29
2.5	Crime and Community Safety	34
2.6	Education	35
<b>3.</b>	<b>HEALTHY</b>	<b>39</b>
3.1	Impacts Of The Coronavirus (Covid-19) Pandemic	41
3.2	Life Expectancy And Health Inequalities	42
3.3	Maternal and Child Health	46
3.4	Mental Health and Wellbeing	47
3.5	Dementia	48
3.6	Lifestyle Behaviours	49
3.7	Obesity	51
3.8	Health and Disability	52
3.9	Vulnerable Groups	58
3.10	Mortality	65



<b>4.</b>	<b>GROWING</b>	<b>68</b>
4.1	The Economy	69
<b>5.</b>	<b>INFRASTRUCTURE</b>	<b>89</b>
5.1	Housing	90
5.2	Digital Connectivity	102
5.3	Natural Capital	104
5.4	Transport	107
<b>6.</b>	<b>INTERNATIONAL</b>	<b>116</b>
6.1	Universities and Research	117
6.2	International Exports	118
6.3	Social Enterprises	119
6.4	Tourism and Visitors	119
6.5	Culture	120
<b>7.</b>	<b>CHALLENGES &amp; OPPORTUNITIES</b>	<b>122</b>
7.1	Population Change	123
7.2	Cost of Living	124
7.3	Climate Emergency	125
7.4	Strategic Connectivity	125
7.5	Housing	126
7.6	Unhealthy Lives	126
<b>8.</b>	<b>APPENDICES</b>	<b>128</b>
	Appendix A	129
	Appendix B	130
	Appendix C	133

# INTRODUCTION

The Plymouth Report provides an overview of the key needs and issues facing the city, with an accompanying narrative about the shared challenges and opportunities it faces in its aspiration to become one of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone.

The Plymouth Report plays a crucial part in the review cycle of the [Plymouth Plan](#), the city's strategic plan, and aims to stimulate debate and discussion as to whether city plans and resources are aligned with meeting the needs of its residents and communities. The report is compiled using the best available evidence from a wide range of existing data sources and reports, some of which can be found on the [Data Plymouth](#) website.

The Plymouth Report also meets the requirement to produce a Joint Strategic Needs Assessment (JSNA).

The report is presented across six sections, as follows:

**LIVING** This section introduces the city's geography and population, and explores some of the key issues across the city such as community cohesion, crime, deprivation, and education.

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**CHALLENGES AND CONCERNS** In the context of the city's aspirations, this section presents the main areas of concern that have emerged from the preceding sections, aiming to provide policy makers with some further food for thought.

## EXECUTIVE SUMMARY

### LIVING

Plymouth had a population of 264,700 at the 2021 Census. This is estimated to grow to around 273,314 by 2043, a projected increase of 3.3 per cent.

Between the last two censuses (held in 2011 and 2021), the population of Plymouth increased by 3.2%, from around 256,400 in 2011 to around 264,700 in 2021. This is less than the South West (7.8%), and England (6.6%).

There will be a major shift in the population structure of Plymouth over the next 20 years as the proportion of the population aged 75 and over increases. The ONS projects a rise in the percentage of the Plymouth 75+ population of 60.3%, from 22,800 to 36,550 by 2043. An ageing population suggests an increasing need for care and support services and also an increasing burden placed on the working age population, which is set to decrease by 3 per cent.

Ethnic diversity has increased in Plymouth, with 94.9 per cent of Plymouth residents identifying themselves as White in Census 2021, compared to 96.1 per cent in 2011.

In Plymouth 112,526 (42.5 per cent) of the population describe themselves as 'Christian', a 15.7 per cent decrease (36,391) since 2011 and similar to the national picture. The most common response to the religion question in Plymouth was 'No Religion' with 48.9 per cent (129,338), a rise of 16 per cent from 2011. This is higher than seen in England and Wales as a whole (37.2 per cent).

Over three quarters of residents (77 per cent) agree that Plymouth is a great place to live, while just over half think the city has a lot to offer (51 per cent). 42 per cent agree that their local area is a place where people from different backgrounds get on well together which is an increase from 39 per cent in 2020.

Whilst Plymouth has a lower rate of child poverty than some of its comparators, the extent is still significant. 16.3 per cent of Plymouth children live in poverty (9,866 children), and the vast majority (70.0 per cent) are living in working households. The proportion of children in poverty living in working households is falling as is those living in workless households.

Homelessness remains a significant challenge for Plymouth and homelessness approaches to the Council have continued to increase, with a projected rise of 22 per cent compared to the previous year.

Overall recorded crime in Plymouth increased by 7.9% or 1,656 crimes in the 12-month period to end March 2022 compared with the same period the previous year. This follows on from a 9.0 per cent decrease reported in the previous year. This increase in crime may have been affected by the impacts of the pandemic and the associated lockdowns in the previous years. Serious violence and violence against women and girls are issues of concern for the city. There has also been a decrease in the proportion of residents who feel safe after dark.

Plymouth has made good progress in recent years in education, skills, and opportunities for young people, with improvements in school performance and better educational outcomes and attainment for our children. However, by the end of Key Stage 4 (age 14-16), results remain below the national average in terms of attainment and progress. The percentage of pupils achieving 'the basics'<sup>1</sup> in Plymouth is 45.9 per cent which is slightly below the national average of 46.6 per cent, the region at 49.2 per cent and statistical neighbour average of 47.7 per cent.

Overall, Plymouth pupils with special educational needs and disabilities (SEND) out-performed pupils with SEND nationally, regionally, and from within our statistical neighbour authorities. Additionally, the gap between the attainment of disadvantaged children and all other pupils in Plymouth is smaller than the gap nationally, regionally, and amongst our statistical neighbours.

## HEALTHY

COVID-19 (like any other infectious disease) has highlighted inequalities. There is an overall gradient of increasing cases and deaths with increasing deprivation in addition to significant differences between ethnicities. Factors such as education, housing and employment, drives inequalities in physical and mental health, reduces an individual's ability to prevent sickness, or to take action and access treatment when ill health occurs.

For many of the public, COVID-19 might have been their first brush with an infectious disease which requires additional actions such as testing, time off work, notifying contacts etc. However, this is common and established practice for many infectious diseases. It remains to be seen what level of ongoing control and management COVID-19 will require.

Life expectancy in Plymouth has improved for both males and females in recent years however it remains below the England average. Healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health) is significantly lower than the England average for females whilst similar for males.

In terms of inequalities, the life expectancy gap between those living in the most deprived areas and those in the least deprived areas remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth (at 77 years and 8 months) is 4 years and 4 months lower than the least deprived group of neighbourhoods.

---

<sup>1</sup> Achieving a standard pass of 9-4 in English and Maths

Valuing mental health to the same degree as physical health enables NHS and local authority health and social care services to provide a holistic, 'whole-person' response to each individual in need of care and support. In 2020 there were over 30,500 people (aged 18-64) in Plymouth estimated to be suffering from common mental health problems including depression, anxiety, and obsessive compulsive disorder.

In 2020/21 hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth was 500 per 100,000 population aged 10-24 years old, a value considerably higher than the England average (421 per 100,000 population).

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth. This is the underpinning construct of Thrive Plymouth – the city's programme to improve health and wellbeing and reduce health inequalities. This programme also has a specific annual focus.

Alcohol and drug (illegal and prescribed) dependence are significant issues for Plymouth. These dependencies are commonly associated with mental health problems, homelessness and offending and have negative impacts on families and children. Plymouth has a lower rate of alcohol related hospital admissions than nationally. However, the rate of admissions for alcohol specific conditions in under 18s stands at 40.9 per 100,000 population aged under 18 in Plymouth; a rate higher than the England average (29.3 per 100,000 population).

Compared to the 2011 Census, the 2021 Census data on health shows an increase in the proportion of Plymouth residents reporting very good health (44.8 per cent) and good health (34.1 per cent).

Compared to the 2011 Census, the 2021 Census data on disability shows a decrease in the proportion of Plymouth residents identified as disabled and limited in day-to-day activities a lot (9.7 per cent), whilst those identified as disabled and limited a little (12.3 per cent) shows an increase.

The 2021 Census data show that of the 23,956 unpaid carers in the city 4.4 per cent provide care for 19 hours or less, 2.2 per cent provide 20-49 hours, whilst 3.3 per cent provide 50 hours or more

## GROWING

Plymouth is one of the largest cities on the south coast, with a population of approximately 264,700. Plymouth is the most significant economic centre in the South West Peninsula making it a key location for growth the city had an annual total GVA of £5bn in 2020.

Plymouth has a marginally higher employment rate than nationally with women in Plymouth more likely to work than the national average. The number of jobs in Plymouth has increased from 110,000 in 2020 to 115,000 in 2021. The human health and social work activities sector remains the largest source of employment, but the manufacturing sector has seen year on year growth since 2018. This is reflected in job distribution with Plymouth having more people in skilled trades and process, plant and machinery operators than the national average.

In 2022 Plymouth's average full time weekly earnings by place of residence for all workers was £553.40 compared to £619.80 in the South West and £642.20 nationally. However, average workplace wage data for Plymouth shows that wages increased faster than the national average over the last 12 months to November 2022 reaching 92.3% of the national average.

In terms of comparison with the national figures, men earn 85 per cent of the national average for full time male workers whilst women earn 91 per cent the national average for female full-time workers. Locally the gender pay gap, measured in terms of average hourly pay excluding overtime, has been all but eliminated.

Resident male take home pay still exceeds resident female take home pay with weekly gross pay for men averaging £584.60 compared to £535.80 for women. In March 2022, employed women with dependant children spent more time on all work combined (an average of 496 minutes per day working from home, working away from home, on unpaid childcare and unpaid household work) than employed men with dependant children (481 minutes per day).

Plymouth's earnings divide, measured by the gap in residents' gross weekly pay between the top 20 per cent and the bottom 20 per cent of earners within the city, has decreased in 2022. For full time workers the gap closed by £60.10. Whilst opportunity for wage growth is improving for some it remains to be seen if this can be sustained and a lack of income leads to a city that is unfair for some.

Plymouth's productivity gap with the national average had been narrowing up until 2018 but has since widened again and currently stands at 82.8 per cent of the national average, this is in part due to the effect of the pandemic.

There were 1,040 new business start-ups in Plymouth in 2021, an increase from 910 in 2020. Short term business survival rates are comparable with both national and regional figures. The city has a slightly higher proportion of high growth businesses than the UK average and a slightly higher proportion of businesses employing 10 or more people.

Plymouth has a lower proportion of the resident adult population that are economically active than regional and national rates and a slightly higher proportion of both men and women unemployed than the regional average.

Plymouth is continuing to transform and re-balance its economy. Its distinctive industry strengths are in advanced engineering, marine technology, and defence. The two industrial sectors that contribute most to the growth figures are Manufacturing and the Marine and Defence sectors.

Plymouth's ports handled over 2.3 million tonnes of cargo in 2021, still slightly below the pre pandemic peak, and passenger numbers fell by 8 per cent in 2021. The fishing industry contributes over £10 million in GVA to Plymouth each year putting Plymouth in the top four fishing ports in England. Despite declining landings in recent years value remains high.

HM Naval Base Devonport (HMNB) is the largest naval base in Western Europe covering 650 acres, has world-class infrastructure and a highly skilled workforce which directly accounts for 14.1 per cent of the city's economic value in terms of GVA and 10.1 per cent of Plymouth's total employment.

The city also has an emerging specialism in the health and life sciences sector, anchored by one of Europe's largest teaching hospitals. The sector currently represents 16.8 per cent of the total FTE employment in the city.

In March 2021 it was announced that Plymouth would become one of the eight Freeports that are the flagship of the Government's Levelling Up programme. The Freeport is expected to generate 3,500 new high-quality jobs.

In future, 43 per cent of the job growth will be in graduate level / higher skilled roles, with the majority of these roles in marine (75 per cent) followed by: environmental industries, photonics & electronics, advanced manufacturing & engineering and medical, health & life sciences.

Plymouth has seen relatively higher average levels of job vacancy postings in 2022 when compared to pre-pandemic levels, up by over 60 per cent since 2019. Over 60 per cent of unique job postings require a Level 4 qualification or higher, but only 27.5 per cent of Plymouth residents are qualified to this level.

## INFRASTRUCTURE

A profile of Plymouth's housing stock shows that the city has around a third of terraced housing (compared to 23 per cent nationally). The proportion of detached homes in the city has increased slightly and is around half the national figure, which given the city's urban character is not unexpected. Plymouth also has a larger proportion of smaller dwelling types and a smaller proportion of larger four or more bedroom homes compared to nationally.

Plymouth has slightly lower levels of overall home ownership than nationally or regionally. Tenure patterns reveal high concentrations of owner occupation in the east of the city with lower levels evident in the south and west of the city.

There are potentially around 5,400 private rented homes in Plymouth that are of a non-decent standard and non-decent housing is strongly linked to fuel poverty. There are an estimated 16,866 households (13.9 per cent) in fuel poverty (those who cannot afford to keep adequately warm at a reasonable cost, given their income) in the city with rates rising to 24 and 26 per cent in some neighbourhoods.

Plymouth is on track to meet the Plymouth Local Planning Authority (LPA) area target set out in the Joint Local Plan of 13,200 net additional dwellings to be delivered over the period 2014 to 2034 (annualised to 660 dwellings). This has seen 6,177 net additional dwellings over the period 2014 to 2022.

Plymouth faces some unique structural challenges to delivering new and affordable homes in the city due to higher build costs and relatively low housing values in the city which makes it more difficult to deliver complex, brownfield regeneration projects that involve significant upfront costs, and increases the gap funding required. Furthermore, Plymouth is heavily reliant on brownfield land for housing delivery whilst neighbouring authorities possess many high value greenfield sites with greater demand. This is likely to continue for at least the next two years.

Plymouth's ratio of median house prices to median gross annual residence based earnings is 7.44. Although Plymouth is more affordable than most parts of the South West and England



(9.3 and 8.28 respectively), it is significantly above the usual lending formulae for mortgages which is typically based on 4 to 4.5 times annual salary per person.

Plymouth City Council (PCC) declared a climate emergency in March 2019, pledging the city to become carbon neutral by 2030. To reach net zero (carbon neutrality) we must balance greenhouse gas emissions we generate through travel, heating, building and industry etc so that they are equal (or less than) the emissions that get removed through the planet's natural absorption. Plymouth must reduce its carbon footprint to the lowest possible figure, before offsetting what remains. This requires extensive changes to how Plymothians live and work and to all its supporting systems including the economy, infrastructure and environment. In addition to reducing carbon emissions, Plymouth must also adapt to climate change and the inevitable minimum global temperature increase of 1.5 degrees. The city needs to prepare for sea level rise, with increased incidence of flooding and heatwaves anticipated as a consequence.

21 per cent of working age residents in Plymouth now work mainly at or from home, compared to 7 per cent in 2011 although Census 2021 data may have been influenced by the COVID-19 pandemic and associated lockdown measures.

Plymouth is located 230 miles from London with the average train journey time of three hours and 12 minutes and a route that is subject to low levels of reliability and resilience. One of the city's priorities is connectivity and redressing historic underinvestment in transport infrastructure leading to issues around capacity and resilience. This will require major strategic investment to upgrade the rail links that serve the South West as well as upgrading the strategic road network.

## INTERNATIONAL

One of Plymouth's core objectives is to secure its place as an 'international city'; one that is renowned as Britain's Ocean City and is the UK's premier marine city, famous for its waterfront. By capitalising on its natural assets and rich heritage, Plymouth aims to raise its prosperity and wellbeing through increased investment, tourism, and cultural experience.

The city is home to three universities and two specialist marine research institutions, attracting nearly 23,000 students to the city. The University of Plymouth is now the UK's 15<sup>th</sup> largest university, with more than 18,500 students, 2,400 of which are international students helping to raise its profile, and that of the city, on an international stage.

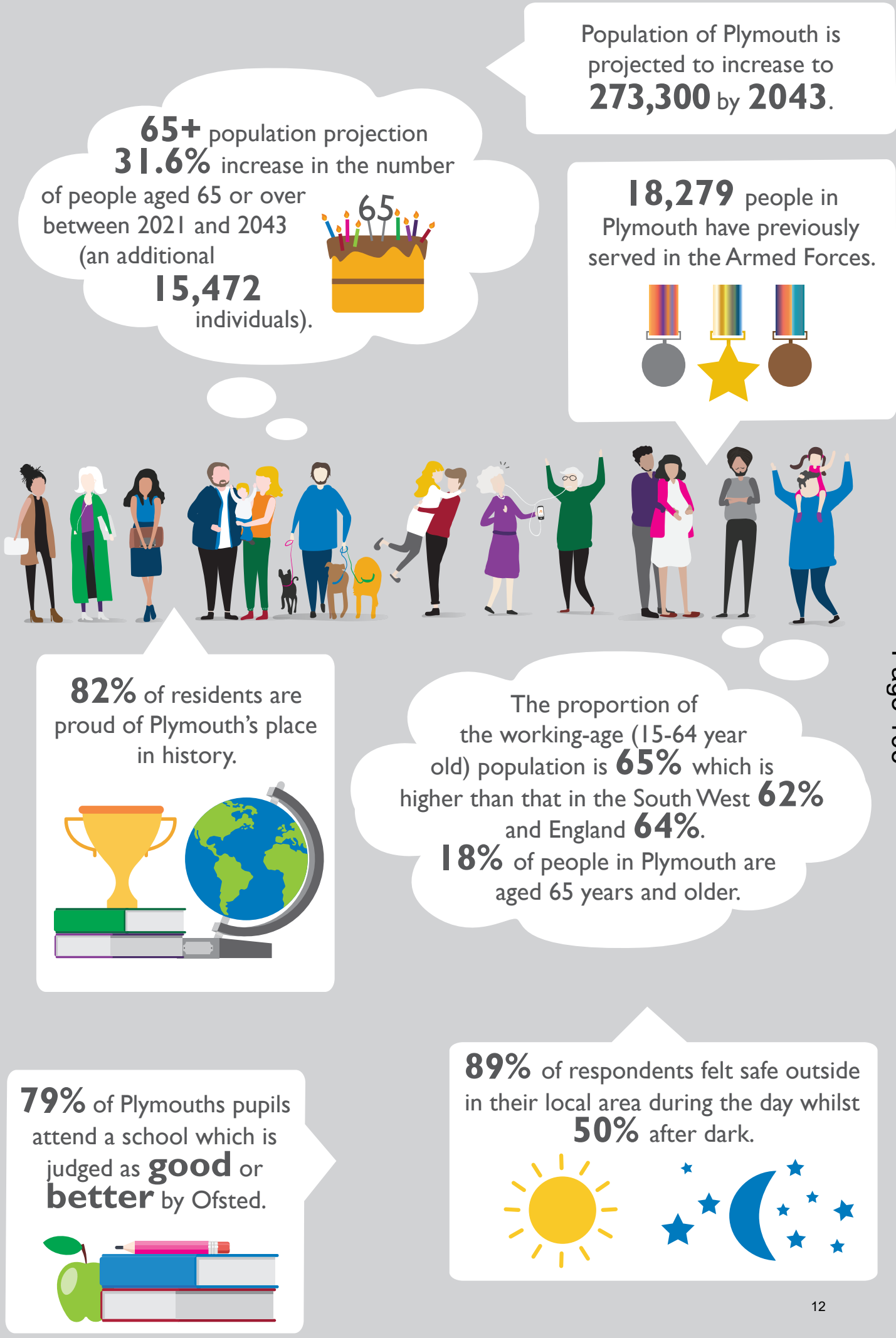
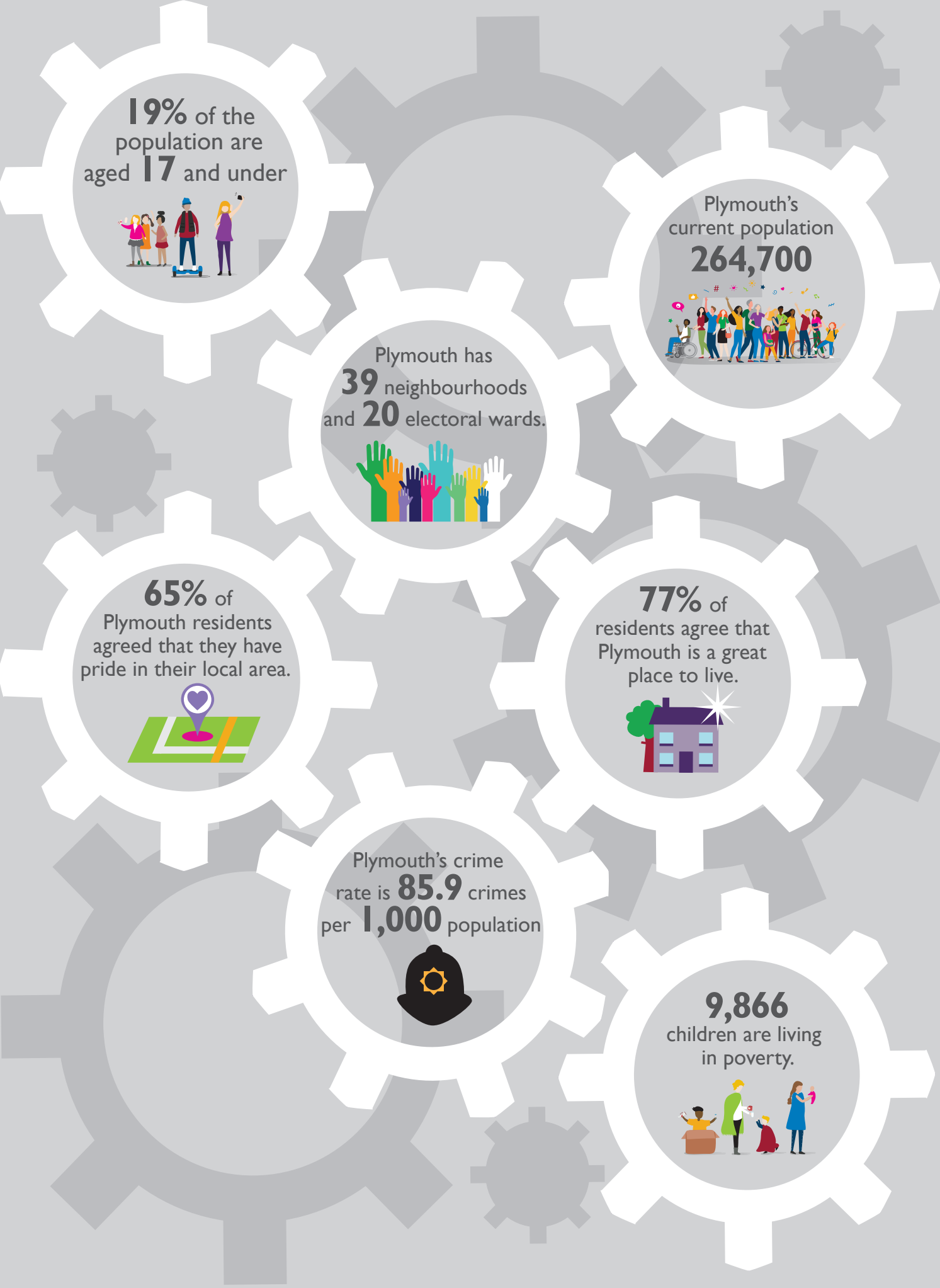
The Creative Industries in Plymouth reflect the national picture as a high value sector. There are 380 creative and cultural enterprises in Plymouth, which has remained relatively stable despite the impact of the pandemic. The sector employs 3,064 FTE who have an output of £44,050 GVA per FTE, which is above the city average, and contributes £130m GVA to the economy.



The visitor economy has been one of the hardest hit sectors by the COVID-19 pandemic. However, recent data suggests a good recovery with visitor numbers growing from the low of 2.4 million in 2020 to 4.03 million in 2021 and spend increasing from £148 million in 2020 to £244 million in 2021 which is in line with the trend nationally. However, more than 85 per cent of visitors to Plymouth are day visitors. In order to increase overall spend the number of overnight visitors needs to increase and additional accommodation is required.

Events are a key part of Plymouth's vibrant cultural offer, helping to encourage visitors to the city and Plymouth has a strong programme of both large national and smaller local events. In the spring and summer of 2022, approximately 365,000 people attended events with total event attendance for the year expected to be over half a million.





# LIVING PLYMOUTH

# 2

This section introduces the city's geography and population, and explores some of the key issues affecting neighbourhoods across the city such as community cohesion, the environment, crime, deprivation, and education.

## 2.1 PLYMOUTH GEOGRAPHIES

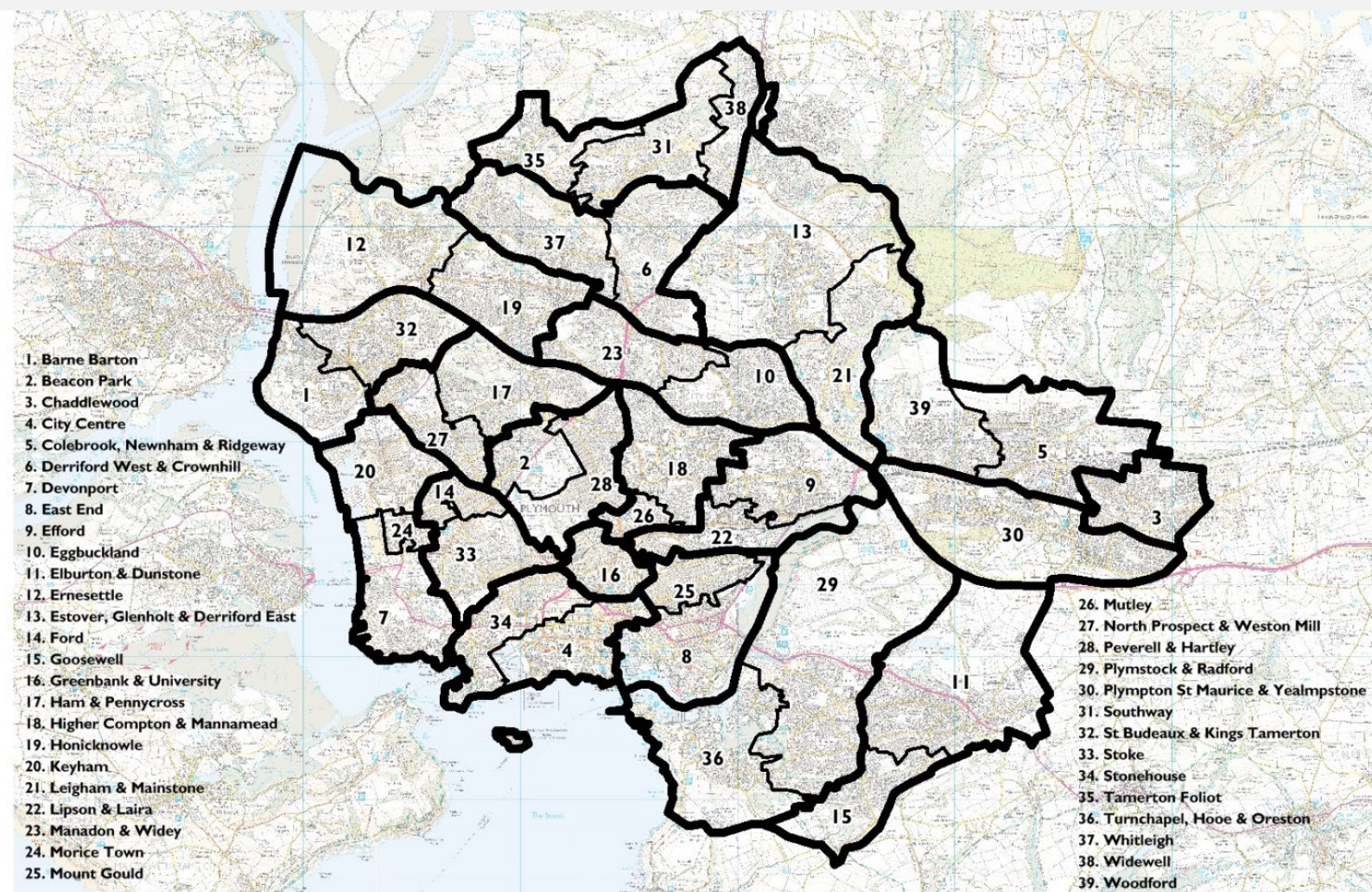
Plymouth is divided into 39 neighbourhoods. These neighbourhoods are aggregations of the city's 161 Lower Super Output Areas (LSOAs).<sup>2</sup> As well as existing in their own right, the neighbourhoods can be grouped together to form 20 electoral wards, five neighbourhood deprivation groups, and a variety of other local geographies.

Plymouth's neighbourhood and electoral ward boundaries are shown in **Figure 1**.

---

<sup>2</sup> LSOAs are part of a geographical framework developed for the collection and publication of small-area statistics. They are not often subject to boundary changes and are of a specified minimum population making them suitable for comparison over time.



**Figure 1:** Plymouth by neighbourhood and electoral ward

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The neighbourhoods that make up each of the 20 electoral wards are shown in [Appendix A](#). [Local profiles](#) are available that contain a variety of information at sub-city levels (including neighbourhood and electoral ward) in comparison to Plymouth as a whole. The area profiles provide a summary of key health and social care indicators whilst the Census profiles provide some of the main findings from the 2011 Census. These will be updated in the coming months to reflect the availability of 2021 Census data.

## 2.2 POPULATION

### 2.2.1 CURRENT POPULATION<sup>3</sup>

Understanding the size and structure of Plymouth's population is fundamental if the Council and its partners are to have the ability to prioritise and deliver services efficiently. In light of the current cost of living pressures, this statement is particularly relevant.

<sup>3</sup> This section uses ONS mid-year population estimates and figures may vary to those used in previous versions of the Plymouth Report. This is reflective of a change in ONS methodology in 2018.

Plymouth had a population of 264,700 at the 2021 Census. Between the last two censuses (held in 2011 and 2021), the population of Plymouth increased by 3.2 per cent, from around 256,400 in 2011 to around 264,700 in 2021. The population of Plymouth increased by a smaller percentage than the overall population of the South West (7.8 per cent), and by a smaller percentage than the overall population of England (up 6.6 per cent since the 2011 Census).

Plymouth is home to around 23.7 people per football pitch-sized piece of land, compared with 22.9 in 2011. This area is the second-most densely populated local authority area across the South West, after Bristol.

In Plymouth, females account for 51 per cent and males 49 per cent (reflecting the England split of 50.7 per cent and 49.3 per cent) of the population.<sup>4</sup> The overall Female/Male percentage split has been very consistent over the last 40 years. Actual numbers have fluctuated, but in 2021, the number of females has increased by 5,300 and males by 3,200 since 2011.

Of significance, there are:

- More 'working age' females (87,200) in Plymouth compared to working age males (85,400).
- More females '65+' (26,600) in Plymouth compared to males (22,300)
- Less 'under 15' females (21,200) in Plymouth compared to males (22,200)

In 2021 children and young people 17 and under accounted for 19.5 per cent of the population. The percentage of 20-24 year olds (8.0 per cent) is higher than that found in England as a whole (6.0 per cent). The proportion of the working-age (16-64 year old) population (64.1 per cent) is higher than that in the South West (60.7 per cent) and England (63.0 per cent). 18.5 per cent of people in Plymouth are aged 65 and older which is comparable with the England average (18.4 per cent) but lower than the South West average (22.3 per cent).

---

<sup>4</sup> ONS Census 2021

**Table 1:** Numbers and percentages by age group in Plymouth, the South West, and England.

	Plymouth		England		South West	
Aged 4 and under	13,205	5.0%	3,076,950	5.4%	274,447	4.8%
Age 14 and under (Under 15)	43,364	16.4%	9,838,980	17.4%	905,146	15.9%
Age 17 and Under (Under 18)	51,637	19.5%	11,774,602	20.8%	1,087,873	19.1%
Aged 20 to 24 years	21,172	8.0%	3,414,450	6.0%	332,202	5.8%
Aged 16-64 (Working age)	169,653	64.1%	35,605,650	63.0%	3,462,211	60.7%
65 and over	48,969	18.5%	10,401,30	18.4%	1,273,631	22.3%
75 and over	22,909	8.7%	4,837,157	8.6%	606,957	10.6%
85 and over	6,482	2.4%	1,372,300	2.4%	176,327	3.1%
90 and over	2,347	0.9%	499,812	0.9%	66,863	1.2%
All persons	264,693	100%	56,490,04	100%	5,701,190	100%

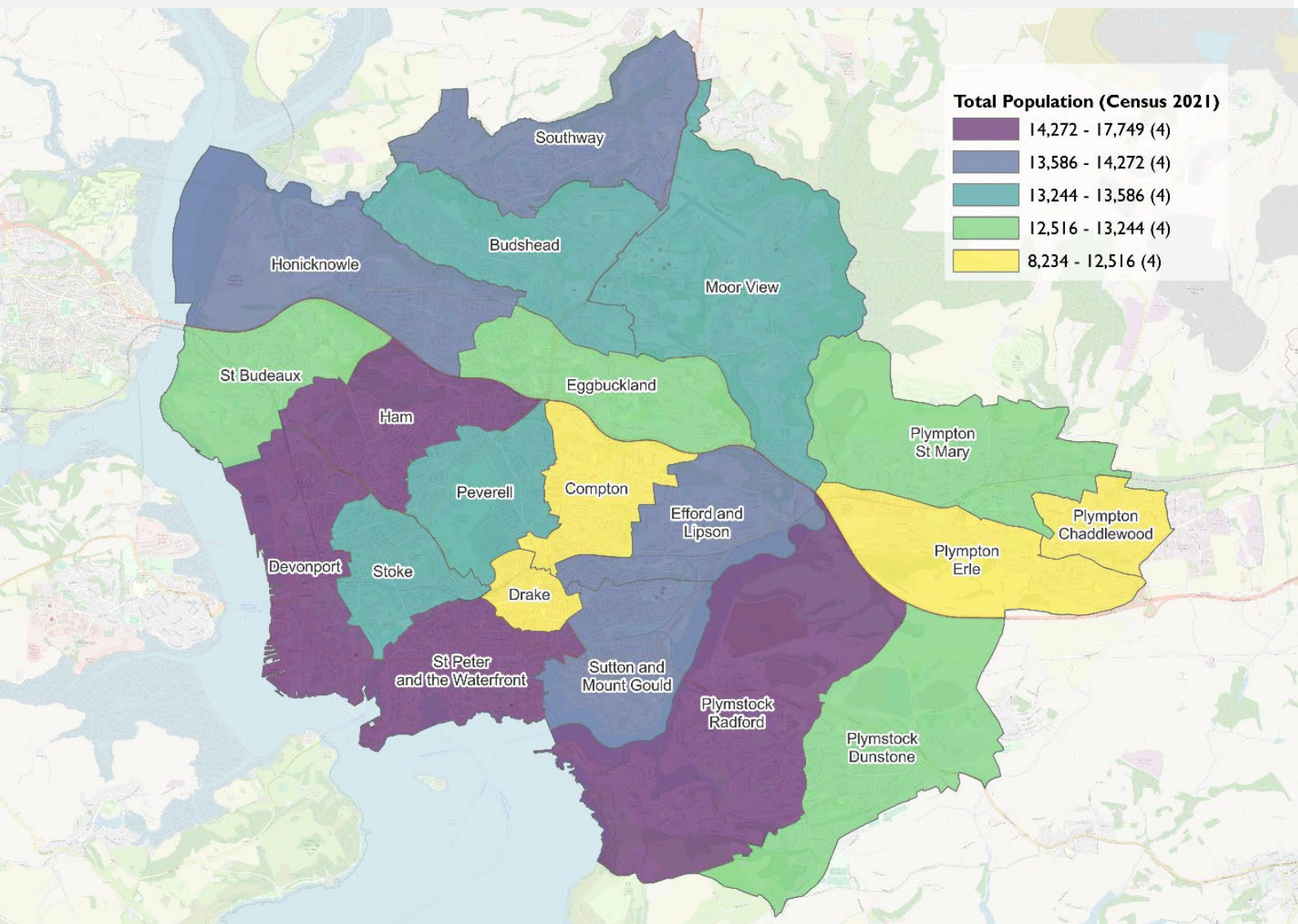
Source: ONS Census 2021

The number of people aged 50 to 64 years rose by just under 4,800 (an increase of 10.5 per cent), while the number of residents between 20 and 24 years fell by just under 3,200 (13.0 per cent decrease).



## 2.2.2 WARD POPULATION

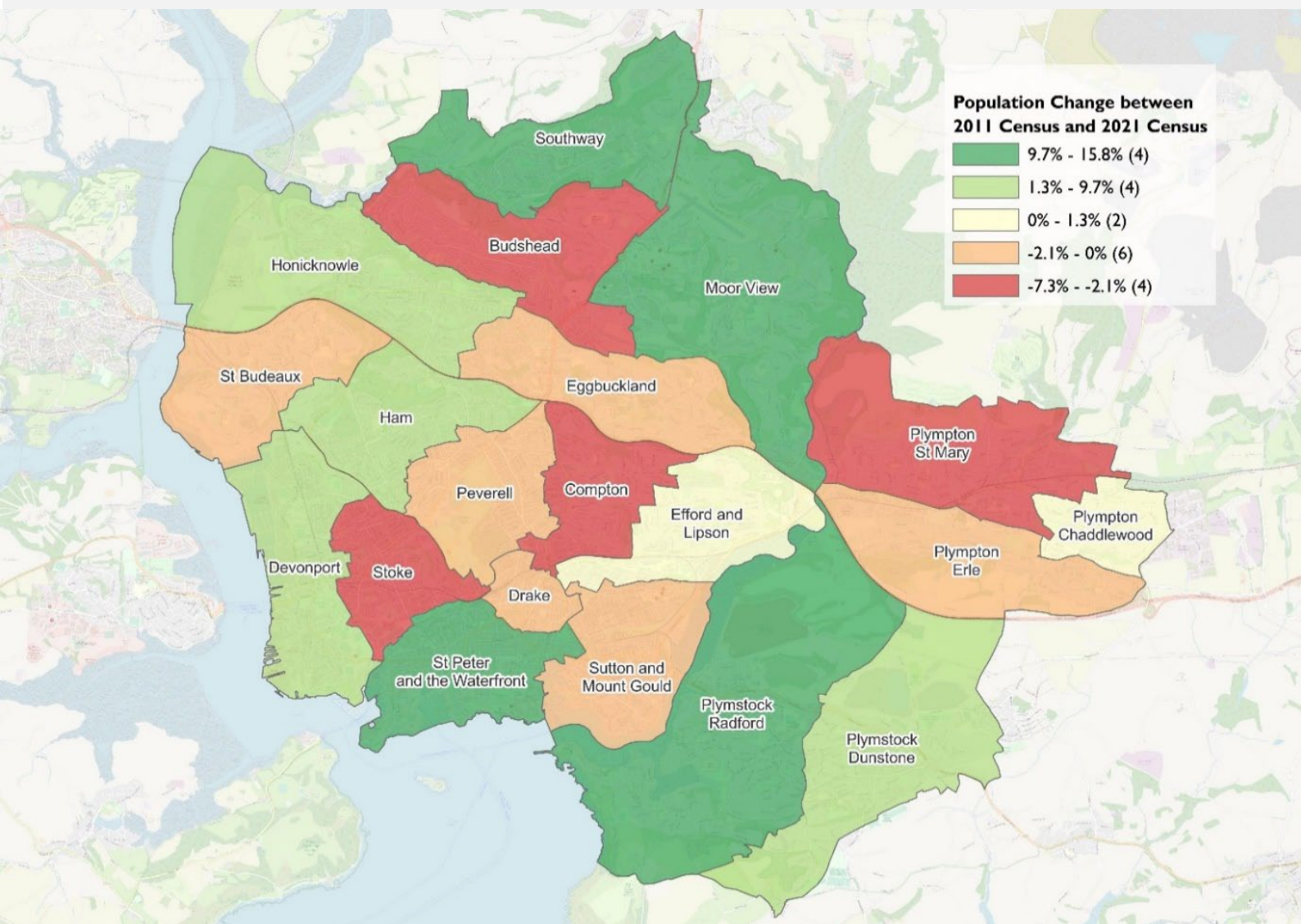
**Figure 2:** Total population (numbers) by Plymouth electoral ward, 2021



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Plymouth's population is not evenly split across the city. There are higher numbers of people living in the wards to the west and southwest of the city (Figure 2). The ward with the biggest population is St Peter and the Waterfront (17,700) whilst Plympton Chaddlewood has the smallest population (8,200).

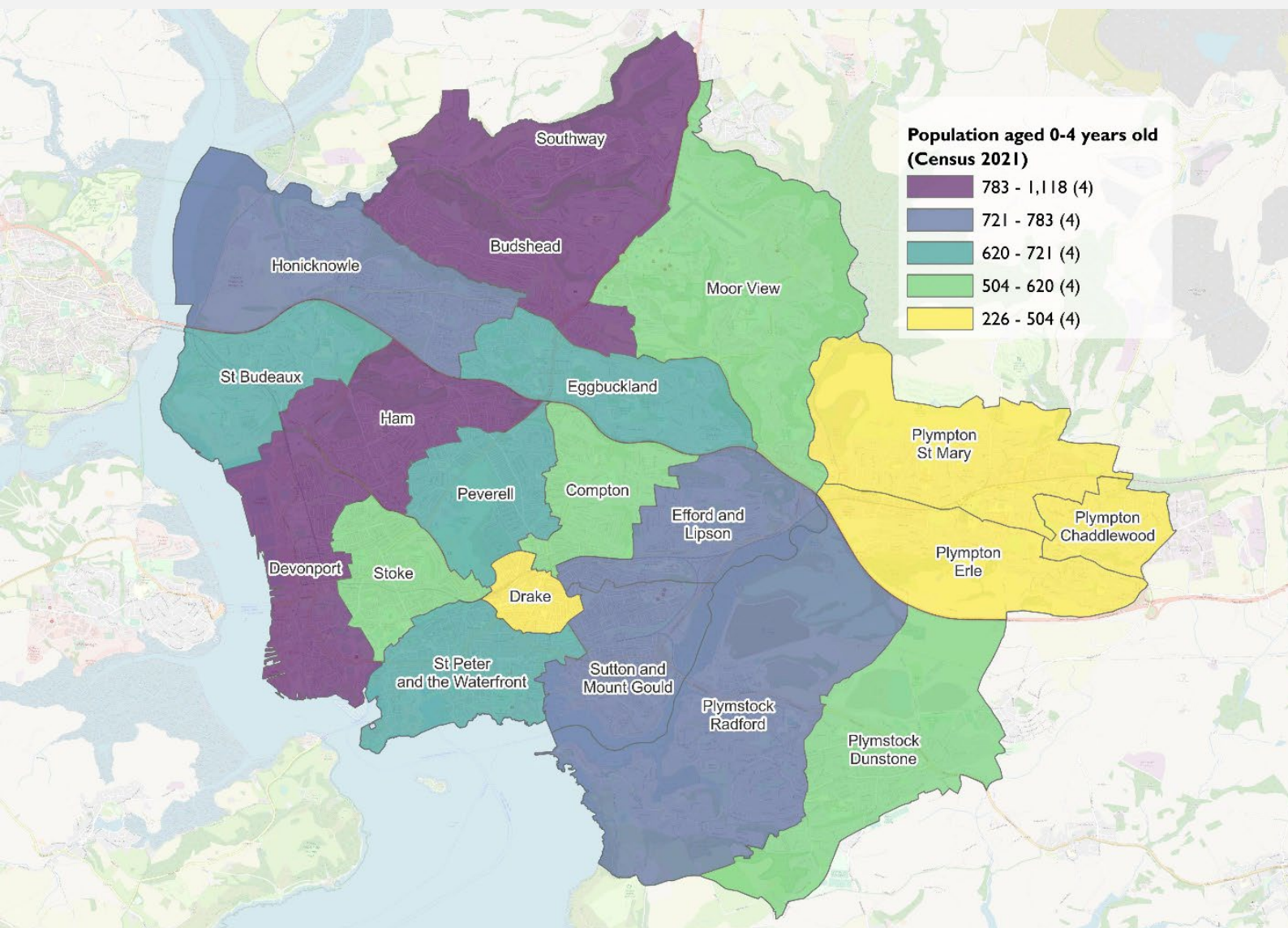
As shown in Figure 3, Budshead, Compton, Stoke, and Plymstock St Mary wards have seen the greatest decline in population between 2011 and 2021. Budshead had the largest decline of 7.3 per cent (n = 969). In contrast Plymstock Radford, St Peter and the Waterfront, Southway, and Moor View wards have seen population growth of between 9.7 per cent and 15.8 percent. Southway had the largest increase of 15.8 per cent (n = 2,174)

**Figure 3:** Population change by Plymouth electoral ward 2011 to 2021

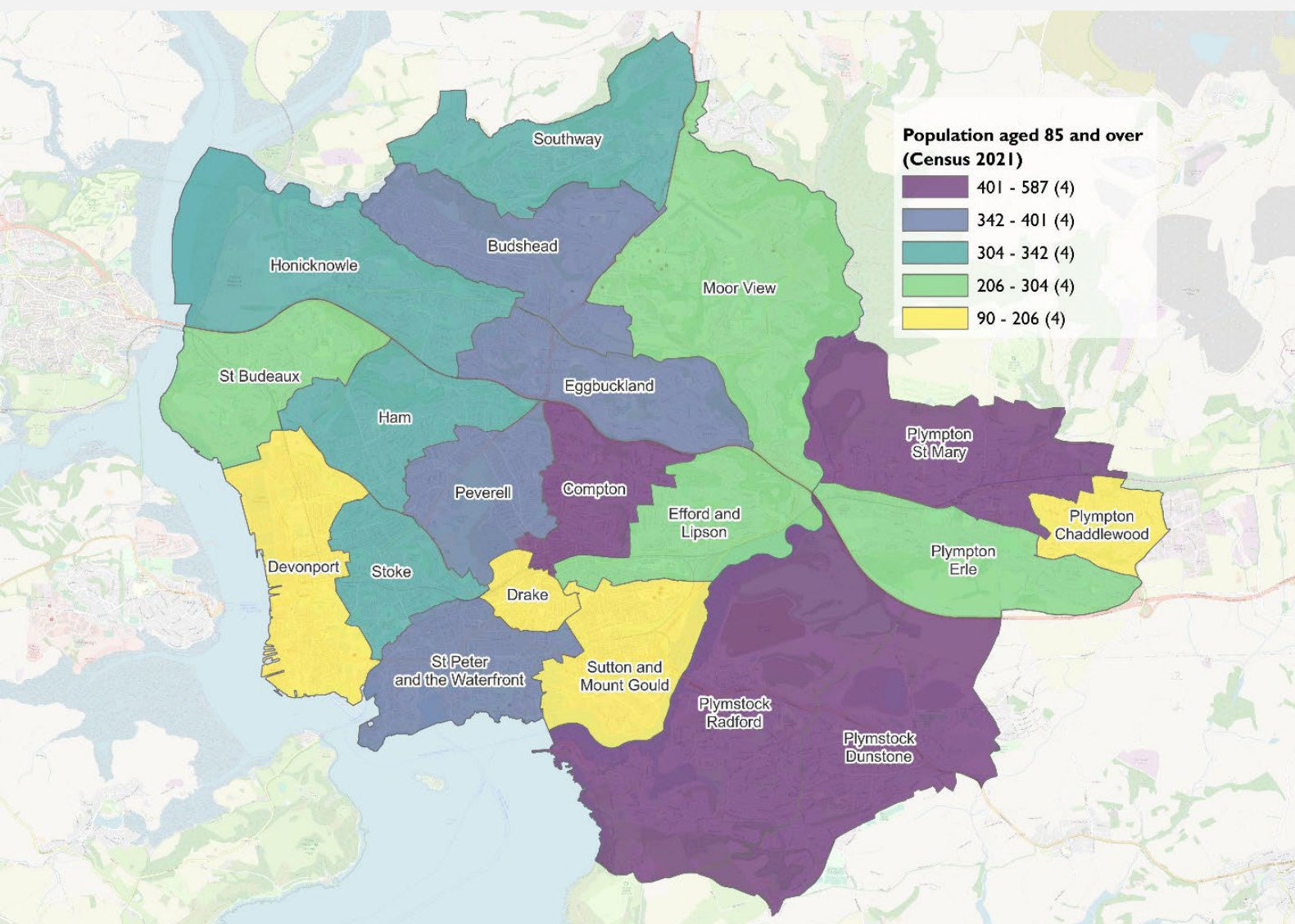
The wards to the west, in addition to Efford & Lipson, Sutton and Mount Gould and Plymstock Radford, have the highest numbers of 0-4 year olds in the city (Figure 4). In contrast, wards in the east, in addition to Compton, have the highest numbers of those aged 85 and over (Figure 5).



**Figure 4:** Population aged 0-4 years (numbers) by Plymouth electoral ward, 2021



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**Figure 5:** Population aged 85 and over (numbers) by Plymouth electoral ward, 2021

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### 2.2.3 POPULATION CHANGE AND MIGRATION

Over the last 10 years, the population of Plymouth has increased by 3.2 per cent, from around 256,384 in 2011 to 264,700 in 2021. This is lower, by nearly half, than the increase for England (6.3 per cent), where the population grew by nearly 3.5 million to 55,597,300. The population of the South West grew by 7.8 per cent.

In 2021, Plymouth ranked 62nd for total population out of 309 local authority areas in England, which is a fall of six places in a decade.

The Census provides the opportunity for accurate longer term trend analysis. Over the last 40 years, Plymouth's population has grown by 10 per cent. The population effectively stagnated for 20 years between 1981 and 2001 with the majority of growth seen between 2001 and 2011, where the population increased by 15,657 (6.5 per cent).

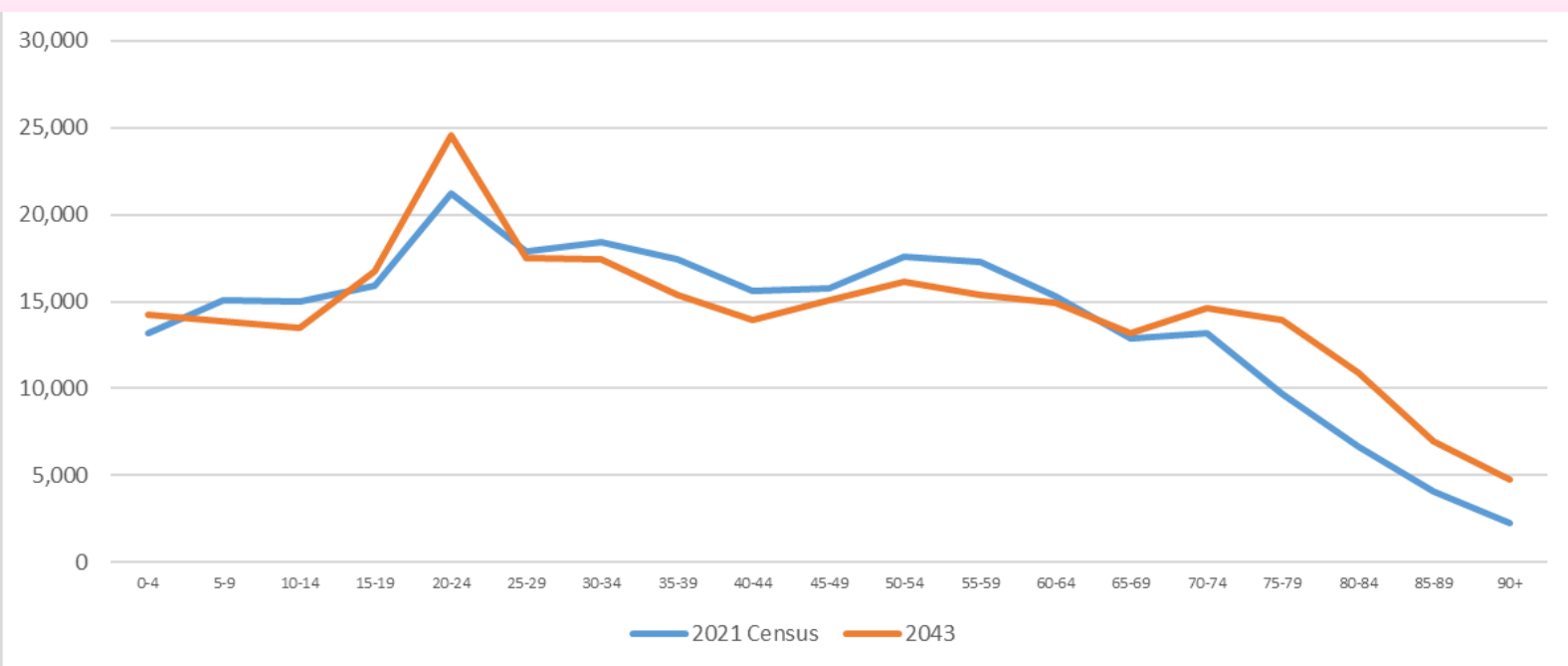


In England, over the same 40-year period, the population grew by 22.8 per cent, and the South West recorded a very considerable increase of 34.1 per cent.

#### 2.2.4. POPULATION PROJECTIONS<sup>5</sup>

Plymouth's population will continue to grow. The Office for National Statistics (ONS) estimates that the city's population will be around 273,314 by 2043, a projected increase of 3.3 per cent (8,614).<sup>6</sup>

**Figure 6:** Plymouth's projected change in population 2021 to 2043



As seen in Figure 6, there will be a significant change in Plymouth's population structure over the next twenty years. Plymouth's population will increase by 3.2 per cent by 2043. This will be mainly due to many more in the over 65 cohort (15,000) and under 25 cohort (2,500). However, this will be offset by the reduction in the 15-64 'working age' cohort. There are notable variations in the age groups particularly the over 75's, and these are explored below.

Plymouth will see an increase in the percentage of the population aged 0-4 years. This age group is projected to rise by 7.9 per cent between 2021 and 2043 (from 13,200 to 14,243). This is lower than the England position which is projected to see a 9.9 per cent increase. This age group currently represents 5 per cent of the Plymouth's overall population and is predicted to increase to 5.2 per cent by 2043. The comparable figures for England are 5.4 and 5.5 percent respectively.

<sup>5</sup> This section is based on ONS 2018 subnational population projections as these are the latest figures currently available. An update will be provided later in 2023 when projections based on the 2021 census are released

<sup>6</sup> ONS 2018 subnational population projections.

The working age group, in this case represented by those aged 15 to 64 years, is the largest of the age group cohorts. In Plymouth, in 2021, this cohort represents 65.1 per cent of the overall population and is predicted to reduce to 61.2 per cent by 2042. This mirrors the England position where this cohort is currently 64.2 per cent and predicted to reduce to 60.5 percent. Where it differs is that in Plymouth, there will be a numerical reduction (less actual people –5,253 from 172,400 to 167,147) by 2043 whereas across England, the number will rise very slightly (more people +777,317). This has many implications, not least that there will be 3 per cent less people making a potential contribution to the local economy.

In Plymouth the over 65 age group is predicted to rise by 31.6 per cent between 2021 and 2043 (from 48,900 to 64,372). This is 10 percentage points lower than the England average of 41.6 percent. This age group currently represents 18.5 per cent of the overall city population and is predicted to rise to 23.6 per cent. This is consistent with the England position.

The over 75 age group cohort alone is predicted to rise by 60.3 per cent. This rise will see Plymouth's over 75's increase from 22,800 to 36,550. This is especially the case in the 75 to 85 age group and is very similar to the national picture. Whilst the over 75 cohort currently represents 8.6 per cent of the city's overall population, it will rise to 13.4 per cent.

In Plymouth the over 85 age group will see an 83 per cent increase (from 6,400 to 11,746) in 2043. This is slightly below the England projections of 86.6 per cent. Within this cohort, the number of 90+ is projected to double by 2043.

With an increase in age, health and wellbeing needs increase; there is a higher burden of chronic disease, an increased susceptibility to the negative impacts of social isolation, and an associated raised need for health and social care services and carers. This is, to a large extent, a national issue in terms of education, health service, and pension provision. However, care and support is often provided by spouses, partners, family members, friends, and neighbours so the impact is felt locally.

The Health and Social Care Secretary has stated that by the end of this decade, there are projected to be over four times as many people aged over 80, as a proportion of the population, that there were around the time the NHS was set up<sup>7</sup>. On average, treating an 80-year-old is four times more expensive than treating a 50-year-old and, as a proportion of the population, there are also fewer working people to pay for healthcare. Around the time the old age pension came in (over a century ago) in England and Wales, there were 19 people aged 20 to 69, for every person over 70. Today that figure is closer to 5 to 1.

A growing, and overall ageing, population raises a number of challenges for consideration. These include additional demands on the provision of homes and health and social care services. An estimated 3.2 per cent decrease in the number of people of working age in Plymouth over the next twenty years means there will be further implications in terms of balancing income and pensions. Further refreshes of the Plymouth Plan, the strategic plan for the city to 2034, will need to consider how to plan for an ageing population, including the impact on housing need and demand for jobs, as well as the demand for health and social care services.

A breakdown of age groups can be found in Appendix B.

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<sup>7</sup> [Health and Social Care Secretary: Spectator Health Summit - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-and-social-care-secretary-spectator-health-summit)

The city has ambitious plans to grow the population of the Plymouth Policy Area to 300,000 by 2034. This growth ambition is set out in the [Plymouth Plan](#), which aims to deliver a step change in Plymouth's economy and reputation, helping the city to become one of Europe's finest waterfront cities. The City Council has collaborated with South Hams District Council and West Devon Borough Council to produce the [Plymouth and South West Devon Joint Local Plan](#) (JLP). This ground-breaking strategic plan establishes an overarching strategic framework for sustainable growth and a shared direction of travel up to 2034. It enables the growth of Plymouth to be seen in the context of the surrounding areas which rely upon the city for facilities and services.

## 2.2.5 POPULATION DIVERSITY

### ETHNICITY

The population diversity within Plymouth is very slowly changing. In 2021, 94.9 per cent (248,727) of usual residents in Plymouth identified their ethnic group within the high-level 'White' category, a decrease from 96.1 per cent (246,509) in the 2011 Census. Across the country, in 2021, 81.7% (48.7 million) of usual residents in England and Wales identified their ethnic group within the high-level 'White' category, a decrease from 86.0% (48.2 million) in the 2011 Census. This represents a Plymouth change of 1.2 percentage points and an England and Wales change of 4.3 percentage points between 2011 and 2021.

The four other ethnic groups (circa 5% and 13,000 people), each report an increase over the last 10 years. Of note, in Plymouth, the proportion of these ethnic groups is one third of those seen in England and Wales (circa 18%). However, the percentage increase in Plymouth, over the last 10 years is proportionally larger so this is likely to increase in the future.

Plymouth's second largest ethnic group, at 2.3 per cent is the Asian ethnic group, which increased from 1.5 to 2.3 per cent of the population (circa 6,000 people). The number of people who identified themselves in the Mixed/Multiple ethnic group also increased and is the next largest group in Plymouth at 1.8 percent (circa 4,600 people). The number of people who identified themselves in both the Black (1.1 per cent) and other ethnic groups (1.0 per cent) also increased and they represent circa 2,700 and 2,500 people respectively. The 'other' subgroup is predominately those who identify as Arab (600).

**Table 2:** Breakdown of Plymouth's Ethnic Groups 2011 and 2021<sup>8</sup>

High Level Ethnic Groups	Plymouth %		England and Wales %	
	2011	2021	2011	2021
White	96.1	94.9	86.0	81.7
Asian	1.5	2.3	7.5	9.2
Black	0.6	1.1	3.4	4.0
Mixed/multiple	1.3	1.8	2.2	2.9
Other	0.4	1.0	1.0	2.2

Source: ONS Census 2011 and 2021

<sup>8</sup> Note: Due to ONS rounding, percentages may not add up to 100%

In Plymouth 92.7 per cent of residents speak English as their main language compared to 91.1 per cent in England and Wales. This is followed by Polish, with 1.02 per cent of residents (2,700) and Romanian with 0.55 per cent (1,640). This mirrors the national picture for the three most common languages spoken.

## RELIGION

For the first time in a census of England and Wales, less than half of the population (46.2 per cent, 27.5 million people) described themselves as 'Christian', a 13.1 percentage point decrease from 59.3 per cent (33.3 million) in 2011. Despite this decrease, 'Christian' remained the most common response to the religion question. 'No religion' was the second most common response, increasing by 12.0 percentage points to 37.2 per cent (22.2 million) from 25.2 per cent (14.1 million) in 2011.

In Plymouth 112,526 (42.5 per cent) of the population describe themselves as 'Christian', a 15.7 per cent decrease (36,391) since 2011 and similar to the national picture. The most common response to the religion question in Plymouth was 'No Religion' with 48.9 per cent (129,338), a rise of 16 per cent from 2011. This is higher than seen in England and Wales as a whole (37.2 per cent).

'Christian' remains the biggest faith group in the city followed by 'Muslim (3,474 people or 1.3 per cent) and 'Buddhist' (1,018 or 0.4 per cent).

**Table 3:** Religion in England and Wales

Plymouth	Number	%
No religion	129,338	48.9%
Christian	112,526	42.5%
Buddhist	1,018	0.4%
Hindu	814	0.3%
Jewish	207	0.1%
Muslim	3,474	1.3%
Sikh	96	0.0%
Other religion	1,527	0.6%
Not answered	15,695	5.9%
Total	264,695	

Source: ONS Census 2021

## SEXUAL ORIENTATION<sup>9</sup>

88.95 per cent (199,465) people aged 16 years and over in Plymouth are straight or heterosexual compared to 89.4 per cent in England and Wales. 4.45 per cent (9,730) of people aged 16 years and over in Plymouth are lesbian, gay, bisexual, or other (LGBO) (England and Wales 3.3 per cent) and of these:

- 2.06 per cent (4,509) are bisexual (England and Wales 1.3 per cent)
- 1.97 per cent (4,297) people are gay or lesbian. (England and Wales 1.5 per cent)
- 0.42 per cent (924) have another sexual orientation (England and Wales 0.3 per cent)

## GENDER IDENTITY<sup>10</sup>

94.2 per cent (205,959) people aged 16 years and over in Plymouth have a gender identity the same as their sex observed and registered at birth compared to 93.5 per cent in England and Wales. Just over 5 per cent chose not to respond. The remaining 0.5 per cent (1,221) have a gender identity different from their sex observed and registered at birth. This is identical to the England and Wales rate.

## 2.2.6 POPULATION SUBGROUPS

### MILITARY POPULATION – PREVIOUSLY SERVED

The Armed Forces are an integral part of the history and heritage of Plymouth. For the first time ever, via the Census 2021, robust data on UK Armed Forces veterans has been released. This vital information on past service in the UK Armed Forces will help service providers and others to support veterans in line with the [Armed Forces Covenant](#).

Across England and Wales there are 1,853,127 people who have previously served in the Armed Forces. The Local Authority with the largest number in England is Hampshire with 72,308. The city with the largest number who have previously served is Leeds (20,401), followed by Plymouth (18,279). Devon County Council reports 39,929 so, together with Plymouth, this equates to a combined Devon figure of 58,208, making it the second largest concentrations of veterans in England and Wales.

The top three wards with people who have ‘Previously Served in the UK Armed forces’ are:

- Plymstock Radford
- Eggbuckland
- Plymstock Dunstone

As would be expected, schools in the vicinity of military bases have a higher percentage of children from service families, often giving rise to a mix of nationalities and an increase in younger parents with less family stability. As at 2021, there are 2,161 service children in Plymouth schools.

<sup>9</sup> This classifies people according to the responses to the sexual orientation Census question. This question was voluntary and was only asked of people aged 16 years and over.

<sup>10</sup> This classifies people according to the responses to the Gender Identity (GI) Census question. This question was voluntary and was only asked of people aged 16 years and over.

A breakdown of results for the City Survey 2022 (see section below) reveals differences in opinion for those who have served in the Armed Forces. They were more likely to disagree that Plymouth is a great place to live (13 per cent compared to 9 per cent) or that they see positive changes happening in Plymouth (38 per cent compared to 28 per cent).

## 2.3 COMMUNITY AND RESIDENT INSIGHT

The most recent resident insight information available comes from the Plymouth City Survey 2022 which has provided rich intelligence into the feelings of residents about Plymouth as a place to live.

Residents were asked to describe Plymouth in one word and generally have very good things to say about the city. The positive words mostly focused around the 'feel' of the city and the emotional attachment residents have to it, such as 'nice; improving; pleasant; lovely and home'. Conversely, the negative words mostly focused on the physical appearance of the city such as 'rundown; poor; dirty; abandoned; neglected and scruffy'. This gives an idea of what issues the residents of Plymouth view as the most important to be addressed.

Over three quarters of residents (77 per cent) agreed that Plymouth is a great place to live, which is slightly higher when compared with the Plymouth City Survey 2020 (75 per cent). 10 per cent disagreed which again was slightly higher than the 2020 survey (8 per cent).

However, there are disparities between different wards across the city with 85 per cent agreeing with the statement in Plymstock Dunstone and Radford compared with just 68 per cent in Southway and 69 per cent in Honicknowle.

Disparities were found between different age groups with those aged 35-44 (81 per cent) significantly more likely to agree with the statement compared with those aged 65-74 (72 per cent). Respondents who had served in the UK Armed Forces (13 per cent) were significantly more likely to disagree with the statement than those who had not (9 per cent).

82 per cent agreed that they are proud of Plymouth's place in history while only 4 per cent disagreed. This has reduced slightly from 2020 (84 per cent) and 2018 (86 per cent). Residents in the age categories 35 and over were significantly more likely to agree they are proud of Plymouth's place in history (83-90 per cent doing so) compared with those aged 16-24 and 25-34 (54 per cent and 75 per cent respectively).

Just over half agreed the city has a lot to offer (51 per cent), with just over one in five (22 per cent) disagreeing. The proportion of residents agreeing with this statement has reduced significantly from the 59 per cent agreeing in the 2020 City Survey. Those aged under 45 (26 per cent) were significantly more likely to disagree with the statement than those aged 45+ (19 per cent). The percentage of respondents who agreed that Plymouth has a lot to offer varied from 43 per cent in Moor View and Plympton Chaddlewood to 64 per cent in Plympton Erle.

Two-fifths (40 per cent) agreed that they see positive changes happening in Plymouth, with 30 per cent disagreeing. The proportion of residents agreeing with this statement is significantly lower than the 52 per cent agreeing with this statement in the 2020 City Survey. There was also a significant increase in those who disagreed with the statement compared with 2020 (21 per cent).



Those aged 'Under 45' (47 per cent) were significantly more likely to have agreed with the statement than those aged '45+' (37 per cent). Respondents who had 'previously served in regular or reserve armed forces' (38 per cent) were significantly more likely to have disagreed with the statement than those who had not (28 per cent). This can also be seen with carers, with those who consider themselves a carer (37 per cent) significantly more likely to disagree with the statement than those who did not (28 per cent). Respondents of 'Any other ethnic group' (59 per cent) were significantly more likely to have agreed with the statement than 'White' respondents (40 per cent).

The proportion of respondents who agreed they see positive changes happening in Plymouth ranged from 24 per cent in Southway to 64 per cent in Drake. The proportion of respondents in Drake who agreed they see positive changes happening in Plymouth (64 per cent) was significantly higher than those in all other wards (24-49 per cent).

Only 29 per cent agreed that the City Centre is improving, while 51 per cent disagreed. This was a new question for the 2022 survey therefore cannot be compared to previous years. Older people (aged 75+) and younger people (aged 16 – 24) were significantly more likely to disagree with this statement. However, those in the 'any other ethnic group' category were much more likely to agree (64 per cent) than those in the 'white category' (28 per cent). Again, difference between wards can be seen with residents of Eggbuckland (14 per cent) and Southway (14 per cent) significantly less likely to have agreed with the statement than almost all other wards. More analysis would be needed to understand what is causing these differences.

The Plymouth City Survey also revealed that people with disabilities are less satisfied with the city as a place to live. People who were 'limited a lot' by a health problem or disability were significantly more likely to disagree with the positive statements about Plymouth than those with no health problems or disabilities or who were 'limited a little'. They were less likely to agree that Plymouth was a great place to live (65 per cent compared to 80 per cent); that the city centre was improving (25 per cent compared to 31 per cent); and that they could see positive changes happening (43 per cent compared to 36 per cent). Further research into why this is and what the city is lacking for people with health problems or disabilities could have a large positive effect on the direction of the city's development.

### 2.3.1 COMMUNITY COHESION

The most recent statistics available for community cohesion also come from the Plymouth City Survey 2022. The results show that 42 per cent of respondents agreed that Plymouth is a place where people from different backgrounds get on well together, while 14 per cent disagreed. The proportion of residents agreeing with this statement has increased compared with 39 per cent who agreed in 2020 and 38 per cent in 2018.

The percentage of residents that agreed their local area is a place where people from different backgrounds get on well together in Plympton St Mary (53 per cent) and Drake (51 per cent) was significantly higher than in Budshead (36 per cent), Efford & Lipson (27 per cent), Eggbuckland (34 per cent), Honicknowle (35 per cent), St Budeaux (34 per cent) and Stoke (31 per cent).

Plymouth's cohesion rate, which is calculated by excluding the neutral options, is currently 77 per cent which is a significant increase from 74 per cent in 2020. However, it remains well behind the most recent national score recorded in the Community Life Survey 2022 which was 84 per cent in 2021/22 and 83 per cent in 2021/2020.

Residents were asked to what extent they felt they belonged to their local area. The overall result showed that 61 per cent agreed that they feel they belong to their local area, while 13 per cent disagreed. This has remained the same as in 2020.

People aged 75+ were significantly more likely to feel they belonged (75 per cent) compared to younger people aged 16-64 (49 to 65 per cent). Males were more likely to agree than females (14 per cent compared to 10 per cent). People limited with health problems or disabilities were less likely to agree than those without (53 per cent compared to 62 per cent). The proportion of 'Bisexual / Gay / Lesbian' respondents who disagree with the statement (21 per cent) was significantly higher than those who identified as 'Heterosexual / Straight' (12 per cent).

There was also significant variation between wards, ranging from 45 per cent in Stoke ward to 80 per cent in Plymstock Radford. Southway, Drake and Efford & Lipson also featured highly in residents not feeling they belong in their local area.

Residents were also asked whether they had pride in their local area and whether they were aware of local community activities or groups. Overall, nearly two-thirds (65 per cent) agreed that they have pride in their local area, with younger people being less likely to agree than older people. 40 per cent agreed they were aware of community groups / activities. However, only 18 per cent agreed they took part in these groups or activities with just over half (52 per cent) disagreeing. Respondents over 75 were significantly less likely to agree they were involved in community groups / activities.

Again, there was some significant variation between wards, ranging from 36 per cent in Plympton St Mary to just 8 per cent in Efford & Lipson which also had the lowest awareness of community groups/activities. Wards where less people were aware of, or took part in, groups or activities were also less likely to feel they belonged to their local area which suggests people are more likely to feel they belong if they are at least aware of local community activities.

Further information can be found in the Plymouth City Survey 2022 Report.

## 2.4 DEPRIVATION, POVERTY AND HARDSHIP

There is a long standing awareness of the deprivation that exists in Plymouth.<sup>11</sup> Inequalities occur both geographically across the city, and within and across communities, with disadvantaged and marginalised populations most severely affected.

### DEPRIVATION

The Index of Multiple Deprivation (IMD) 2019 is the current official measure of relative deprivation in LSOAs<sup>12</sup> in England. Analysis of the [IMD 2019 for Plymouth](#) reveals that deprivation in Plymouth remains higher than the England average.

Plymouth's current and previous ranks for the IMD are set out below.

**Table 4:** Plymouth local authority district rankings, IMD 2007 to IMD 2019

IMD	2007	2010	2015	2019	
Local authority	Rank	Rank	Rank	Rank	Score
Plymouth	76/354	72/326	69/326	<b>64/317</b>	26.6

Source: Index of Multiple Deprivation (IMD) 2019 Plymouth Summary Analysis, Plymouth City Council

At a local authority district level Plymouth ranks 64<sup>th</sup> (out of 317) using the average score summary measure. This places Plymouth within the 20% most deprived districts in England.

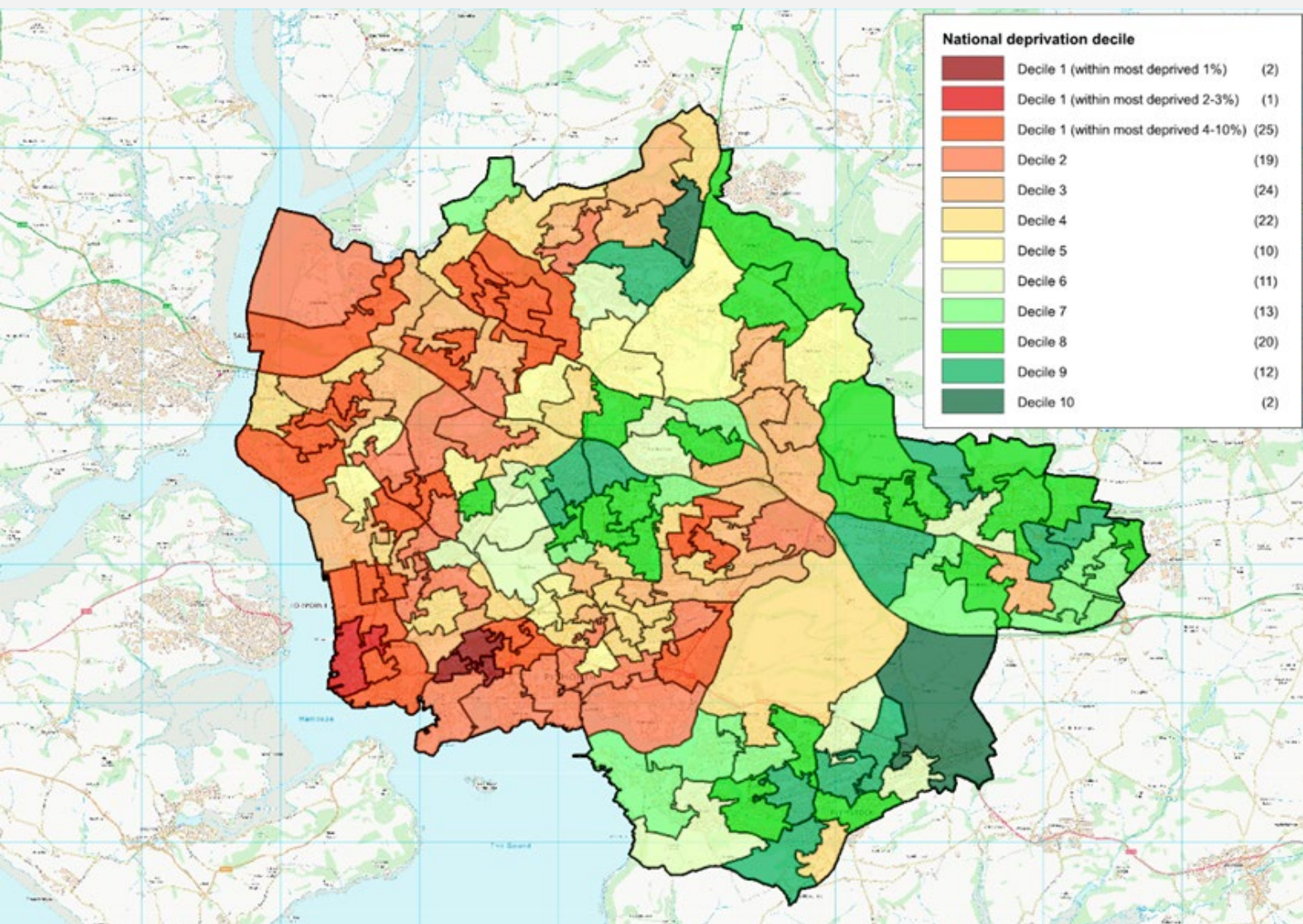
Plymouth has two LSOAs in the most deprived 1% in England. These LSOAs are home to 3,617 residents (1.4% of the total Plymouth population).

Plymouth has 28 LSOAs in the most deprived 10% in England. These LSOAs are home to 46,075 residents (17.6% of the population).

The most deprived LSOA in Plymouth is located in the Stonehouse neighbourhood and is the 163<sup>rd</sup> most deprived LSOA in England. The most deprived neighbourhood in the city is in Stonehouse while the least deprived neighbourhood is Woodford. Figure 7 shows which national deprivation decile each of the 161 LSOAs in Plymouth fall within. Those falling within decile one have been further split to show the areas in the city that are most deprived nationally.

<sup>11</sup> A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are more likely to face challenges to such as ill health, lower educational attainment, unemployment, limited access to goods and services, and inferior housing.

<sup>12</sup> These are small geographic areas produced by the ONS to enable reporting of small area statistics in England and Wales. There are 32,844 LSOAs in England, each having a population of approximately 1,500.

**Figure 7:** Plymouth LSOAs by IMD 2019 national deprivation decile

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More information can be found in the [Index of Multiple Deprivation 2019 summary analysis for Plymouth](#).

The 'Income Domain Affecting Children Index' (IDACI), a subset of the IMD 2019, highlights that in Plymouth 7,594 children under the age of 16 (16.4 per cent of the total in this age-group) are living in income deprived households.<sup>13</sup> This is a slight increase from 2015 of 288 children (0.5 per cent).

<sup>13</sup> Ranked 1 in the IDACI index



When looking at individual neighbourhoods, more than eight out of 10 children in Barne Barton and more than six out of 10 children in Morice Town and Stonehouse are affected by income deprivation. This is also the case for more than half of all children in the neighbourhood of Devonport. The number of children in income deprived areas is of particular concern as a lack of income suggests they are likely to be experiencing child poverty based on traditional measures.<sup>14</sup>

When looking at individual wards, over half of all children in St. Peter and the Waterfront and St. Budeaux are affected by income deprivation with the situation in Devonport very similar. These three wards account for 4,477 children, nearly 60 per cent of all the children living in the city who are living in income deprived households.

### RELATIVE LOW INCOME (CHILD POVERTY)

The latest data shows that in 2021, there were 9,866 children under 19 years (16.3 per cent) living in relative low income families, before housing costs are removed. This is a reduction compared to the previous year. This metric is one of a number used to identify children who might be considered living in poverty.

The vast majority of relative low income families, with children, are in work, with 70% working. The remaining 30% are in non-working families.

**Table 5:** Relative low income families in Plymouth

Relative low Income families	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
In working families	6,675	6,292	5,913	6,233	6,471	7,362	6,879
Non working families	4,108	4,066	3,377	3,351	3,411	3,284	2,991
Total	10,787	10,359	9,292	9,585	9,882	10,644	9,866

### ABSOLUTE LOW INCOME

Children living in absolute low income families are a sub set of the relative low income families. These are families that have been in this situation since 2010/11 and have not increased their income over this period.

The latest data shows that in 2021, there were 7,561 children (12.5 per cent) living in absolute low income families, before housing costs were removed. This is a reduction compared to the previous year and is considerably less than the position six years ago. The vast majority of absolute low income families with children are in work, with 72% working.

<sup>14</sup> 'The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income' (Child Poverty Act 2010)

**Table 6:** Numbers of absolute low income families in Plymouth

Absolute Low Income	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
In working families	6,589	5,936	5,195	5,037	5,283	6,014	5,462
Non working families	4,108	3,969	3,005	2,642	2,823	2,665	2,101
Total	10,695	9,902	8,205	7,677	8,109	8,675	7,561

## COST OF LIVING

The Centre for Progressive Policy ‘Cost of Living Vulnerability tool’<sup>15</sup> provides a sum of poverty-based vulnerability and work-based vulnerability indicators for each local authority. A higher score indicates an area's relative risk of more people being pulled into poverty, and the relative risk of those who were already hard up being pushed into destitution. Plymouth’s overall score places it at 89 of 307 in England<sup>16</sup>.

The Plymouth City Survey 2022 asked respondents to agree with the statement ‘the food that I/we buy just doesn’t last, and I/we don’t have money to get more. Just over one in five respondents (21 per cent) agreed that the food they buy just doesn’t last and they don’t have money to buy more. This was a new question for 2022 so there is no opportunity for comparison to previous years. Younger people (aged 16-24), people with disabilities and carers were significantly more likely to agree with this statement.

Residents in wards such as Drake (32 per cent), Honicknowle (31 per cent), St Peter & The Waterfront (30 per cent), Efford & Lipson (29 per cent) and Devonport (28 per cent) were significantly more likely to have agreed with the statement than those living in Eggbuckland (13 per cent), Moor View (10 per cent), Peverell (14 per cent), Plympton St Mary (11 per cent), Stoke (12 per cent) and Sutton & Mount Gould (15 per cent).

The well documented extent of poverty, deprivation and inequality that exists in Plymouth is strongly linked to poor health outcomes across the city. As shown in [section 3.1](#), there is a substantial gap in life expectancy across Plymouth and lower than average healthy life expectancy. Health issues such as obesity and mental health problems are more prevalent in people from disadvantaged backgrounds.

<sup>15</sup> The Centre for Progressive Policy (CPP) index is based on six separate rankings for local authorities in England:

- (1) Fuel Poverty - Department for Business, Energy & Industrial Strategy
- (2) Food Insecurity - The University of Sheffield: Adult food insecurity
- (3) Child Poverty - Loughborough University: Local indicators of child poverty after housing costs
- (4) Claimant Count - Office for National Statistics
- (5) Economic Inactivity - Office for National Statistics
- (6) Low Pay - The Health Foundation: Proportion of low-paid jobs

<sup>16</sup> [CPP | Hard Up \(progressive-policy.net\)](https://progressive-policy.net/)

The pockets of deprivation and poverty in Plymouth also relate to the city's economic growth and development in a reinforcing cycle. Mirroring a pattern seen nationally, the type and nature of jobs in the city mean that some working families are still struggling to afford to pay for basic essentials such as food and heating and to maintain a good quality home. As discussed in the [growing chapter](#), Plymouth's pay currently stands at 92.3 per cent of the UK average and the city has a higher rate of economic inactivity than seen nationally.

The Plymouth Plan 2014-2034 recognises and seeks to overcome some of these challenges and ensure that people in Plymouth live in happy, healthy, safe and aspiring communities, where social, economic and environmental conditions and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities. There are a number of delivery plans in place to deliver this objective. The recent Covid-19 epidemic and current cost of living pressures are likely to compound some of the challenges outlined above and put further pressures on the city. The next review of the Plymouth Plan will need to consider how they can best be addressed.

### 2.4.1 HOMELESSNESS

Homelessness is a significant challenge for Plymouth and homelessness approaches to the Council have continued to increase. In 2021/22, 2,850 households approached the Council for housing advice and assistance. Between April 2022 and December 2022, the number of households that approached the Council was 2,616. This means that the Council is projected to have received approximately 3,500 household approaches by the end of March 2023, an increase on 2021/22 of 22 per cent.

Increasing demand and an increase in the complexity of cases means that numbers continue to grow. The biggest pressure is the number of households in temporary accommodation and an over-reliance on Bed and Breakfast (B&B).

At the beginning of January 2023, the number of households in all forms of temporary housing was 376, 69 per cent higher than in April 2021. The number of households in B&Bs at the start of January 2023 was 181, which is 155 per cent higher than April 2021 when the number of households in B&Bs was just 73.

At March 2022 Plymouth had a rate of 2.78 households in temporary accommodation per 1,000 households. This is lower than the rate for England (3.98) but higher than the South-West regional rate of 1.68. It is also higher than the CIPFA group of most similar local authorities.

Plymouth City Council prevented 564 households from becoming homeless in 2021/22.<sup>17</sup> Secured accommodation for a period of six plus months was found for 199 (35.3 per cent) of these preventions, and of these, 41 (20.6 per cent) were able to stay in their existing accommodation. The remaining 158 (79.4 per cent) were moved to alternative accommodation. The most common reasons for the loss of a household last settled home is the 'end of a private rented tenancy' (51.4 per cent), friends or family no longer willing/able to accommodate (15.4 per cent) and 'non-violent relationship breakdown' (10.0 per cent). The most common support needs of households owed a prevention or relief duty is 'history of mental health problems' (20.6 per cent) and 'physical ill health and disability' (12.3 per cent)<sup>18</sup>.

<sup>17</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

<sup>18</sup> [Live tables on homelessness - GOV.UK \(www.gov.uk\)](#)



It is estimated that there are on average 26 people sleeping rough in Plymouth. This is based on a single night street count carried out by Plymouth City Council each month between April and September 2022. In September 2022 the rate of rough sleeping per 100,000 population across England was 5.1, in Plymouth this was 11.4, more than double the national rate.<sup>19</sup>

## 2.5 CRIME AND COMMUNITY SAFETY

Overall recorded crime in Plymouth increased by 7.9 per cent (1,656 crimes) in the 12 month period to end March 2022 compared with the same period the previous year. This follows on from a 9.0 per cent decrease reported in the previous year. This increase in crime may have been affected by the impacts of the pandemic and the associated lockdowns in the previous years.

Plymouth has a comparatively low crime rate for a city of its type and is placed first in its most similar family group of 15 partnerships (where first is lowest). Plymouth's crime rate is 85.9 crimes per 1,000 population compared to an average of 107.7 for the comparator group of similar areas within which it sits. As well as having the lowest overall crime rate, Plymouth also has the lowest rates for residential burglary, theft other, shoplifting, theft from vehicle and public order offences.

However, Plymouth does not benchmark as well for violence with injury (14th), other sexual offences (14th) and possession of drugs (15th). The biggest percentage increases are in other sexual offences, which increased by 35.8 per cent (+233), this is followed by a 24.4 per cent increase in violence with injury (+729) and 16.7 per cent in violence without injury (+599). Eight other crime/incidents types increased in 2021/22, these are; public order, robbery, rape, non-crime domestic incidents, theft other, hate crime, criminal damage and shoplifting.

Safer Plymouth is the community safety partnership for the city of Plymouth and more information can be found here [Safer Plymouth | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk/safer-plymouth)

### 2.5.1 SERIOUS VIOLENCE

There has been an increase in all categories of violent offences, with the numbers of violence with injury offences increasing from 1,750 to 2,467 (41 per cent). The number of violent incidents with or without injury in the night time economy have risen from 461 to 980 (113 per cent).

Reported crimes of robbery have increased by 13 per cent and crimes of possession of weapons have increased overall by 15 per cent (from 332 to 381), with the most significant increase being possession of firearm offences, which have risen from 20 to 38 (90 per cent).

### 2.5.2 MALE VIOLENCE AGAINST WOMEN AND GIRLS

In response to the abduction and murder of Bobbi-Anne McLeod in November 2021, Plymouth convened a Violence Against Women and Girls Commission. The Commission used the Home Office definition as the basis for their inquiry and focused specifically on violence committed by men against women and girls. The Commission took the decision to widen the crimes and behaviour covered by the term VAWG to also include drink spiking, misogyny, sexism, and pornography.

<sup>19</sup> [Support for people sleeping rough in England, September 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/support-for-people-sleeping-rough-in-england-september-2022)

Plymouth has had more than its fair share of violence against women and girls in the past year and the terrible crimes are a reflection of the journey to eliminate these harms. An estimated 132,300 women and girls live in Plymouth, with 107,600 being over 16.<sup>20</sup> Therefore, around 36,000 Plymouth women are likely to have been subjected to at least one form of harassment in the last year (based on the ONS estimate of 1 in 3 women).

The Plymouth City Survey 2022, found that 60 per cent of respondents agreed that violence against women and girls is a problem, while only 9 per cent disagreed. Younger people aged 16-24 were significantly more likely to agree (82 per cent) as were females (63 per cent compared to 56 per cent of males). Responses varied by ward, from 75 per cent in Drake to 51 per cent in Plympton Chaddlewood.

Further analysis and a list of recommendations can be found in the [Plymouth Violence Against Women and Girls Commission final report](#).

### 2.5.3 DOMESTIC ABUSE

Plymouth has a high prevalence of domestic abuse and the numbers of reported incidents show an increasing trend over the past five years. Domestic abuse accounts for approximately 27 per cent of all violent crime in the city compared to a national figure of 16 per cent. There were 6,933 domestic abuse crimes and incidents reported to the police in 2020/21, an increase of 21 per cent on the previous year.

### 2.5.4 SELF-REPORTED PERCEPTION OF SAFETY

Results from the Plymouth City Survey 2022 show that 89 per cent of respondents feel safe outside in their local area during the day; a figure that reduces to 50 per cent after dark. This has decreased significantly from 58 per cent in 2020 and 62 per cent in 2018. The proportion of respondents feeling safe after dark was significantly lower in younger people (25 per cent for age 16-24). The proportion of females less likely to feel safe after dark (40 per cent) was significantly lower than males (60 per cent).

When looking at feelings of safety after dark by ward, results range from 77 per cent in Plymstock Dunstone to just 29 per cent in St Peter and the Waterfront.

## 2.6 EDUCATION

### 2.6.1 EDUCATION PROVISION

Plymouth has a diverse range of early years and childcare settings, and high percentages of children take up their free entitlements. Plymouth currently has 98 schools, consisting of 18 local authority maintained schools, two non-maintained nursery schools and 78 academies. The Plymouth Education Board works across the whole education system at a strategic level to address improvements with an aim of raising attainment and aspirations in all Plymouth schools.

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<sup>20</sup> 2020 Population Estimates, Office for National Statistics

In terms of the quality of provision, at the end of December 2022, 79 per cent of Plymouth's pupils attended a school which was judged as 'good' or 'outstanding' by Ofsted. The number of schools with these ratings can be broken down to: 84 per cent of primary schools; 74 per cent of secondary schools; and 86 per cent of special schools. Overall, this is an improving picture in the city, and the 'place based' plan and strong governance provided by the Plymouth Education Board will ensure that momentum continues.

### **2.6.2 EARLY YEARS TAKE UP AND ATTAINMENT**

A new Early Years Foundation Stage Framework was published on the 31 March 2021, which means that comparisons to previous years should be treated with caution. The percentage of children in Plymouth achieving a 'good level of development' in the Early Years Foundation Stage (EYFS) has decreased over the last five years from 68 per cent in the 2017/18 academic year to 64 per cent in 2021/22 academic year. This sits on par with the statistical neighbour and national averages (64 per cent and 65 per cent respectively).

The most recent published figures<sup>21</sup> show that 73 per cent of two-year-olds are taking up free early education places. This is slightly higher than the national (72 per cent) average but below the statistical neighbour (76 per cent) average.

### **2.6.3 EDUCATIONAL ATTAINMENT KEY STAGES (KS) 1 AND 2 (AGES 5-11 YEARS)**

Educational attainment standards over recent years in Plymouth have shown some variation. In general, attainment has been below average for pupils in KSI.

The percentage of children meeting the expected standard in phonics decoding in Plymouth has decreased from 83 per cent in 2018/19 to 76 per cent in 2021/22 but is above the national figure (75 per cent) and the statistical neighbour (72 per cent) average.

Following national trends,

- the percentage of children meeting the expected standard in reading in Plymouth (65 per cent) has declined slightly from 71 per cent and remains below the national average (67 per cent).
- the percentage of children meeting the expected standard in writing in Plymouth (55 per cent) has declined from 66 per cent and remains below the national average (58 per cent).
- the percentage of children meeting the expected standard in maths in Plymouth (65 per cent) has declined from 72 per cent and remains below the national average (68 per cent).

At KS2 59 per cent of Plymouth pupils reached the expected standard in reading, writing, and maths (RWM) combined, results which are on par with the 59 per cent nationally. Plymouth's figure is above the regional average (57 per cent) and the statistical neighbour average (55 per cent).

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<sup>21</sup> Me2 funding figures provided by Department for Work and Pensions on a bi-monthly basis and published annually by the Department for Education. Latest data available is for 2021/22.

The progress made by pupils from KS1 to KS2 in Plymouth is above that made by similar pupils regionally and within our statistical neighbours for reading, writing, and maths. The progress made by disadvantaged pupils (eligible for Free School Meals) is below that of non-disadvantaged pupils (those not eligible for Free School Meals) at the end of KS2.

### **KEY STAGE 4 (KS4) (AGES 14-16 YEARS)**

KS4 reports on the percentage of pupils meeting Attainment 8<sup>22</sup>, Progress 8 and achievement of 'the Basics' (5+ in English and maths).

Plymouth's average Attainment 8 score is 47.5 points. This is above the national average (47.1 points) but below the regional average (48.7 per cent) and the statistical neighbour average (47.7 per cent).

By the end of KS4, the progress made by Plymouth pupils is below that made by similar pupils within the statistical neighbour group. The progress made by disadvantaged pupils is below that of non-disadvantaged pupils at the end of KS4.

The percentage of pupils achieving a strong pass in the 'the basics'<sup>23</sup> in Plymouth is 45.9 per cent which is below the national average of 46.6 per cent, the regional average 49.2 per cent and the statistical neighbour average of 47.7 per cent.

### **2.6.4 CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)**

As outlined in the government's recent SEND review<sup>24</sup>, children and young people with SEN often have consistently worse outcomes than their peers across every measure. However, Plymouth's SEND pupils outperformed pupils overall nationally, regionally, and from within the statistical neighbour authorities.

The Attainment 8 score for pupils with a statutory Education Health and Care Plan (EHCP) was 16.6 points. This is above the national average (14.3 points), the regional average (15 points) and the statistical neighbour average (13.1 points).

The Attainment 8 score for pupils receiving special educational need (SEN) support was 36.5 points. This is above the national average (34.8 points), regional average (34.9 points) and statistical neighbour average (33.2 points).

Plymouth has a 34.5 point Attainment 8 gap between EHCP pupils and all other pupils in Plymouth. Whilst this gap is significant, it is smaller than the regional gap (37.7 points), the statistical neighbour gap (38.8 points) and the national gap (38.2 points).

<sup>22</sup> Attainment 8 measures a student's average grade across eight subjects

<sup>23</sup> Achieving a standard pass of 9-4 in English and Maths

<sup>24</sup> [SEND Review - right support, right place, right time \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672212/SEND_Review_-_right_support_right_place_right_time.pdf)

### 2.6.5 DISADVANTAGED CHILDREN

According to the Institute for Fiscal Studies, there has been virtually no change in the 'disadvantage gap' in GCSE attainment over the last 20 years<sup>25</sup>. While GCSE attainment has been increasing over time, 16-year-olds who are eligible for free school meals are still around 27 percentage points less likely to earn good GCSEs than less disadvantaged peers. Children from disadvantaged backgrounds also make slower progress through secondary school: in the 2019 GCSE cohort, just 40% of disadvantaged children who achieved the expected level at age 11 went on to earn good GCSEs in English and maths, compared with 60% of their non-disadvantaged peers. There are concerns that the Covid-19 pandemic may well have exacerbated these inequalities but it is too soon to see this in the data.

Plymouth is highlighted as having a large Early Years attainment gap (21.1 percentage points) between those eligible for Free School Meals and all other (those not eligible) pupils nationally (47.7 per cent compared to 68.8 per cent). Locally, there is a 20 percentage point gap between disadvantaged pupils and all other pupils in the local area (47.7 per cent compared to 67.7 per cent).

Attainment 8 data for 2021/22 shows a 15.9 point gap in attainment between local pupils eligible for FSMs compared to all other pupils (those not eligible) nationally (36 points compared to 51.9 points). Locally, there is a 14.5 point gap between disadvantaged pupils and all other pupils in the local area (36 points compared to 50.5 points).

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<sup>25</sup> [Education inequalities | Institute for Fiscal Studies \(ifs.org.uk\)](https://ifs.org.uk)



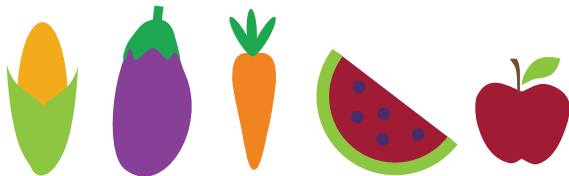
There were **23,956** unpaid carers in Plymouth at the time of the 2011 census

In Plymouth **41%** of mothers are breastfeeding at the 6-8 weeks check in 2020/21.

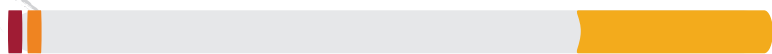


**68.8%** of adults in Plymouth are estimated to be physically active in 2020/21.

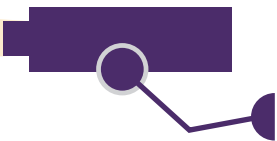
**52%** of adults in Plymouth are estimated to eat the recommended “five-a-day” in 2019/20.



**15.5%** of adults in Plymouth are estimated to be smokers in 2021.

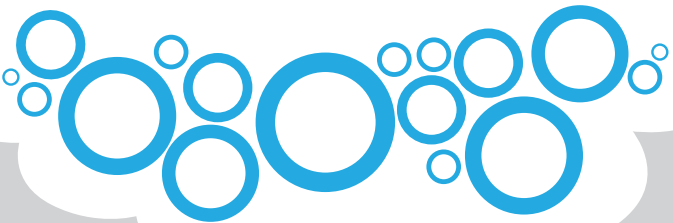


**1,350** safeguarding concerns reported in 2021/22..



**24.4%** children starting primary school are either overweight or obese, rising to **35.1%** when they leave 2021/22.

The prevalence of diabetes in Plymouth was **7.4%** in 2021/22.



Plymouth has a premature mortality rate (for persons under the age of 75) of **374 per 100,000** population in 2019-21.

The prevalence of coronary heart disease in Plymouth was **3.7%** in 2021/22.



**15.4%** of the population registered (18+) with a GP are recorded as having depression in 2021/22.

Life expectancy for males is **78 years and 10 months**, healthy life expectancy is 64 years and 4 months. Life expectancy for females is **82 years and 6 months**, healthy life expectancy is 59 years 4 months in 2018-20.

In 2019/20 **44.1%** of adult social care users reported that they have as much social contact as they would like.

**332** children aged one to 16 years living in Plymouth had teeth removed under general anaesthetic (GA) in 2020/21.





# HEALTHY PLYMOUTH

# 3

Health and wellbeing are determined by complex interactions between an individual's personal fixed characteristics (age, gender, and genetics), and factors such as their lifestyles choices, the social and physical settings in which they live, and the wider socio-economic, cultural, and environmental conditions. Together these factors are often known as the 'determinants of health.'

- *Socioeconomic status*: it is well established that health follows a social gradient, with worsening health occurring with decreasing socioeconomic position.<sup>26</sup>
- *Education*: the availability of high-quality education is key in enabling residents to maximise opportunities. Educational attainment can determine future employment and income as well as lower the risk of alcohol and drug misuse and teenage pregnancy.
- *Physical environment*: environmental themes can play an important role in affecting our quality of life and health. Those living in areas with clean air and good quality housing are more likely to be in good health than those lacking such conditions.
- *Social environment*: having support from family, friends, and the local community is important for preventing isolation and loneliness, contributing to good mental wellbeing, and therefore improving overall health.

The following section highlights some of the health and wellbeing issues in the city focussing on life expectancy, child health, chronic diseases, mental health, lifestyle behaviours, vulnerable groups, health care, and mortality.

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<sup>26</sup> Fair Society Health Lives, The Marmot Review, 2010

### 3.1 IMPACTS OF THE CORONAVIRUS (COVID-19) PANDEMIC

COVID-19 is the disease caused by infection with a virus called Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2. This is a type of virus called a coronavirus, known to be of concern because they can be very severe and spread easily.

On 13th March 2020, we became aware of the first case of COVID-19 in a Plymouth resident and by the 23rd March 2020, the need for a national lockdown was announced. Between 13th March 2020 and spring of 2021, there was a cycle of COVID-19 numbers being suppressed by lockdown measures, but then increasing again as those measures were reduced.

In December 2020, the UK vaccination programme began. This was a very significant point in the pandemic response; an intervention which reduced spread but most importantly prevented serious disease and deaths. The benefits of the vaccination programme started to be felt around spring 2021, when sufficient people who were vulnerable had been double-vaccinated and hospitalisation and death rates reduced in those groups.

National, regional, and local evidence on the impacts of COVID-19 shows that inequalities in physical and mental health have widened as a consequence of the pandemic. This is a result of both the direct effects of the virus, and the indirect effects through the control measures taken. There is an overall gradient of increasing cases and deaths with increasing deprivation, in addition to significant differences between ethnicities.

Factors such as education, housing, and employment, drives inequalities in physical and mental health and reduces an individual's ability to prevent sickness or access treatment when ill health occurs. This was evident early in the pandemic and is highlighted in 'Build Back Fairer: the COVID-19 Marmot Review'.<sup>27</sup> This document reiterates the health inequalities position in England before the pandemic – that since 2010 improvements in life expectancy in England had stalled. Life expectancy follows the social gradient – the more deprived the area, the shorter the life expectancy. This gradient has become steeper; inequalities in life expectancy have increased.

'Build Back Fairer' highlights the inequities in risk of mortality from COVID-19 including those related to: underlying health conditions and disability; levels of deprivation, housing conditions, occupation, income and being from certain ethnic groups. The likelihood of mortality from COVID-19 is lower among people who are wealthy, working from home, living in good quality housing, have no underlying health conditions, and are of White ethnicity.

The number of people who have died in Plymouth from COVID-19 is lower than in other areas with similar demographics. It is not clear why this is the case, but the geographical distance from other large urban centres may well have helped. Of course, mortality was not the only indicator of harm through the pandemic, but it was by far the easiest to produce robust data on. As well as the direct harms from the virus there have been a wide range of indirect harms, and these too are not equally distributed across the population.

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<sup>27</sup> Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison (2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity

‘Build Back Fairer’ reiterates the earlier findings of the Marmot report – that we need to actively manage the wider determinants of health to create the conditions in which everyone can thrive. This requires ‘proportionate universalism’ – interventions and support available to all, but with a very clear focus on those most impacted and who need the most support because they are the most in need. This is the approach being taken in Plymouth; we can be confident that we are doing the right things.

The COVID-19 pandemic and the control measures to reduce transmission impacted on almost all aspects of our lives. This had profound health, economic and social consequences, all of which impacted on our mental health and wellbeing then, now, and into the future. Moreover, these impacts are experienced differently by distinct groups. The impacts of the COVID-19 pandemic on mental health and wellbeing are discussed further in the 2021 Director of Public Health Annual Report, Plymouth.<sup>28</sup>

### 3.2 LIFE EXPECTANCY AND HEALTH INEQUALITIES

Life expectancy is an estimate of the average number of years a person would live from a given age, if he or she experienced the area’s age- and sex-specific mortality (death) rates for that period throughout their life. This measure makes no allowance for any future actual or projected changes in mortality and that people may live in other areas for at least some part of their lives. In practice, a population’s mortality rate is likely to change in the future, so this period-based life expectancy does not therefore give the number of years someone would expect to live.<sup>29</sup>

In England:<sup>30</sup>

- Life expectancy for males at birth was 76 years 2 months for 2001-03 and 79 years 5 months for 2018-20
- Life expectancy for females at birth was 80 years 8 months for 2001-03 and 83 years 1 month in 2018-20.

In Plymouth:<sup>30</sup>

- Life expectancy for males at birth was 75 years 8 months for 2001-03 and 78 years 10 months for 2018-20. The value has consistently been below England
- Life expectancy for females at birth was 80 years 5 months for 2001-03 and 82 years 6 months for 2018-20. The value has been below England for 10 of the 11 latest time periods.

When we consider life expectancy in Plymouth against similar areas we find that both male and female life expectancy in Plymouth is equal highest in the CIPFA comparator group.<sup>30</sup>

<sup>28</sup> Director of Public Health Annual Report, Plymouth City Council, 2021

<sup>29</sup> Health state life expectancies, UK: 2015 to 2017, ONS, 2018

<sup>30</sup> Indicator A01b Life expectancy at birth male 3-year range and female 3-year range, Public Health Outcome Framework, OHID.

In the pandemic years, life expectancy for England dropped overall due to excess deaths, it also dropped in Plymouth but by a lesser amount. This reflects the lower COVID-19 death rate in Plymouth - one of the lowest local authority rates across the country. This meant that the gap between Plymouth and England reduced during the pandemic. Although of course the reduction in the gap is a positive outcome, this has been achieved through the life expectancy for England worsening.<sup>31</sup>

Inequality in life expectancy is the gap in life expectancy between the most deprived and least deprived deciles.<sup>32</sup>

- For males in England the gap in life expectancy at birth has increased slightly (by less than one year) over the last decade.
- For males in Plymouth the gap has also increased slightly (by less than 6 months) and is approximately the same as for England (within statistical significance).
- For females in England the gap in life expectancy at birth has increased (by just over one year) over the last decade.
- For females in Plymouth the gap has reduced (by over one year) and is now below that for England (statistically significant).

Local analysis shows that across the city life expectancy varies, from a low of 76 years in the Drake ward to a high of 85 years 11 months in the Plympton Chaddlewood ward.<sup>33</sup>

Figure 8 highlights that wards just a few miles apart can have a life expectancy value varying by years. Travelling the five miles south from Southway, each mile closer to St Peter and the Waterfront represents eight months of life expectancy lost. Travelling the seven miles west from Plympton Chaddlewood to the same destination, each mile represents over one year of life expectancy lost.

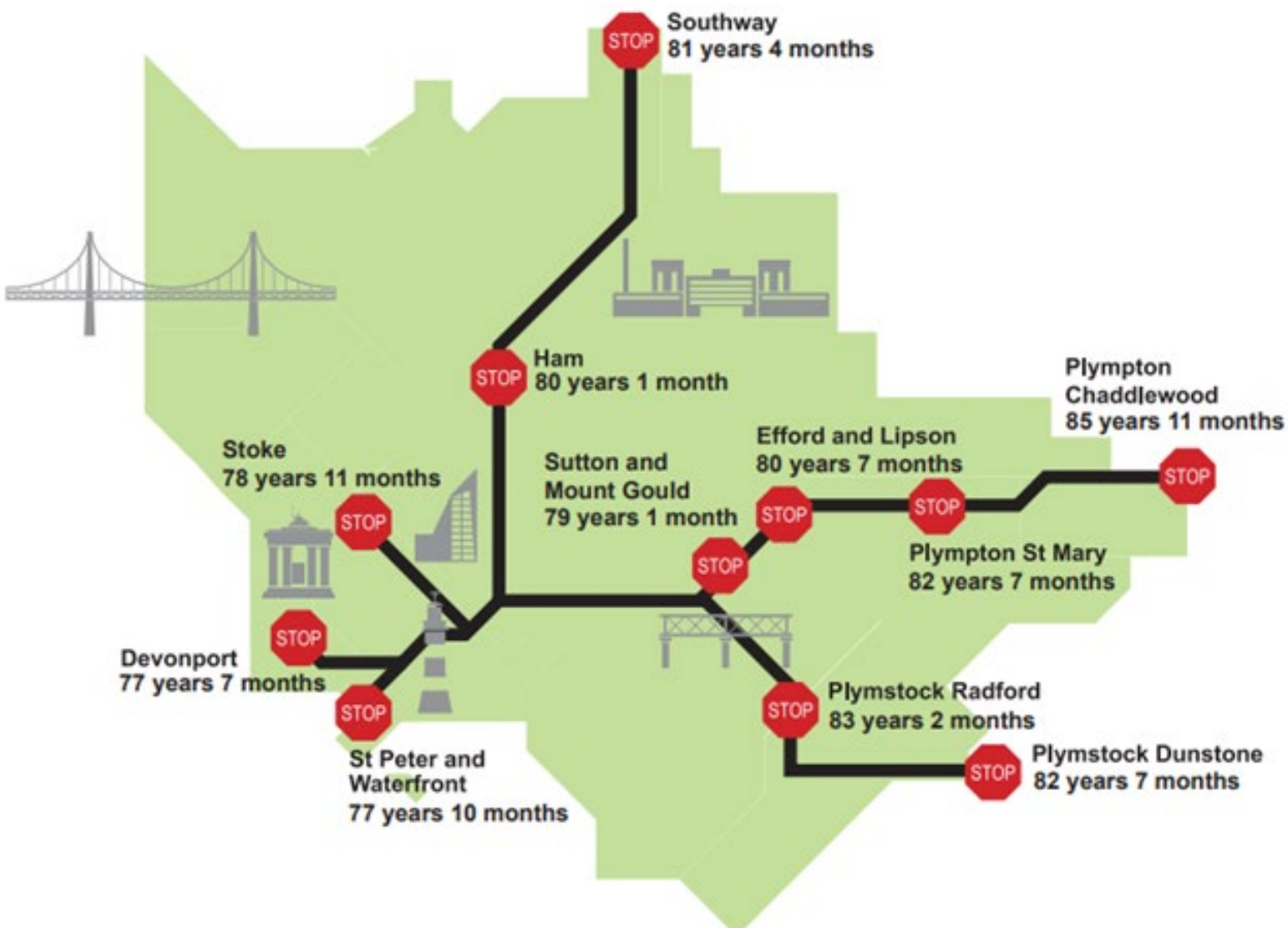
The differences in life expectancy across Plymouth are probably due to health inequalities. It should be noted that the Plymouth life expectancy 'bus route' is simply a way to illustrate variations in life expectancy across the city. It does not mean an individual would necessarily die sooner if they were to move to St Peter and the Waterfront or live longer if they moved to Plympton Chaddlewood.

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<sup>31</sup> Life Expectancy and Healthy Life Expectancy in Plymouth, Director of Public Health, Plymouth City Council, 2022

<sup>32</sup> Indicator A02a Inequality in Life Expectancy at birth (male) and (female), Public Health Outcomes Framework, OHID

<sup>33</sup> Life Expectancy analysis, Public Health, Plymouth City Council 2022

**Figure 8:** Plymouth's life expectancy bus route, electoral ward-based, 2018-20

Health inequalities impact on individuals and communities and are officially described as 'differences between people or groups due to social, geographical, biological, or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives. Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors (also known as 'health inequities') that can be avoided or mitigated'.<sup>34</sup>

<sup>34</sup> Positive choices for better health in a growing city, Public Health, Plymouth City Council, 2014/15

In terms of inequalities, the life expectancy gap between those living in the most deprived group of neighbourhoods and those in the least deprived group of neighbourhoods remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth for 2018-20 (at 77 years and 8 months) is 4 years and 4 months lower than the least deprived group of neighbourhoods.<sup>35</sup>

Using the Office for Health Improvement and Disparities 'Segment Tool'<sup>36</sup> it is possible to identify the major causes of death that contribute most to the gap in life expectancy between Plymouth and England in 2020/21. For men, the three main causes of death making up the gap are circulatory diseases (23.7 per cent), cancer (17.2 per cent) and external causes including deaths from injury, poisoning, and suicide (19.5 per cent). For women, the three main causes of death making up the gap are cancer (38.0 per cent), circulatory diseases (24.0 per cent), and respiratory diseases (21.3 per cent).

### 3.2.1 HEALTHY LIFE EXPECTANCY

Healthy life expectancy is an estimate of the average number of years a person would expect to live in good/fairly good health based on contemporary mortality rates and prevalence of self-reported good health.

Healthy life expectancy in England has shown little change since 2009-11 when the data was first calculated:<sup>37</sup>

- Healthy life expectancy for males at birth was 63 years for 2009-11 and 63 years 1 month for 2018-20
- Healthy life expectancy for females at birth was 64 years for 2009-11 and 63 years 11 months in 2018-20.

Healthy life expectancy in Plymouth was:<sup>37</sup>

- 64 years 4 months for males (similar to England) for 2018-20. There have been changes over time, but these are small; previously (up until 2015-17) Plymouth was significantly below England but is now similar.
- 59 years 4 months for females (significantly lower than England) for 2018-20. There has been a slight reduction over time, though this is not statistically significant, and there is no evidence of a worsening trend.

When we consider Plymouth's healthy life expectancy against similar areas in the CIPFA comparator group we see that:<sup>37</sup>

- For males, as well as having the highest life expectancy of the comparators, Plymouth also has the highest healthy life expectancy.
- For females, despite having the highest-ranking life expectancy, healthy life expectancy is one of the worst compared to similar areas (12<sup>th</sup> out of 16)
- This means that a female in Plymouth tends to report worse health than a similar woman (in terms of age, deprivation etc.) in a comparator area, but does not die any earlier.

<sup>35</sup> Life Expectancy analysis, Public Health, Plymouth City Council 2022

<sup>36</sup> Segment Tool, Office for Health Improvement and Disparities

<sup>37</sup> Indicator A01a Healthy Life expectancy at birth (male) and (female), Public Health Outcomes Framework, OHID



Due to the difference in overall life expectancy, males in Plymouth can expect to live on average the last 14 years and 6 months of their lives in poor health whereas for females it is the last 23 years and 3 months.

There is no conclusive reason as to why female healthy life expectancy in Plymouth is low. Healthy life expectancy has not been used for long enough to have evidence from places who have managed to improve healthy life expectancy. There is also no concrete evidence to differentiate between the risk factors for life expectancy and for healthy life expectancy and yet, there are large variations.<sup>31</sup>

### 3.3 MATERNAL AND CHILD HEALTH

#### 3.3.1 LOW BIRTHWEIGHT BIRTHS

Low birthweight is associated with poor outcomes in infancy and increasing evidence suggests that low birthweight is an important predictor of future child and adult health. Of the full-term babies born (i.e., babies not born prematurely) in Plymouth in 2020, 2.4 per cent were low birthweight, a value similar to the England average (2.9 per cent). Looking at the trend for the previous 10 years the Plymouth and England values have been similar.<sup>38</sup>

#### 3.3.2 BREASTFEEDING

Breast milk provides the ideal nutrition for infants in the first stages of life. Breastfeeding reduces illness in young children, has health benefits for the infant and the mother, and results in cost savings to the NHS through reduced hospital admissions for the treatment of infection in infants.

The percentage of babies whose first feed is breastmilk (including expressed or donor milk) in Plymouth (67.6 per cent of mothers) was similar to the England average (67.4 per cent) in 2018/19.<sup>39</sup> Due to a change in data collection methods, it is not possible to comment on trends at this time.

Levels of breastfeeding at 6-8 weeks (infants either totally or partially breastfed) in Plymouth (41.0 per cent) was below the England average (47.6 per cent) in 2020/21.<sup>40</sup> Looking at the trend since 2015/16, Plymouth's value has consistently been below the England value.

#### 3.3.3 TEENAGE PREGNANCY

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women, having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult. It may result in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing, and the likelihood of both the parent and child living in long-term poverty.

In 2020 the rate of teenage conceptions in Plymouth was 15.5 per 1,000 females aged 15-17, a value similar to the England average (13.0 per 1,000). Plymouth's rate has decreased from 44.1 in 2010.<sup>41</sup> This drop in rate has been greater than England's and has led to the difference between the Plymouth and England rates becoming smaller.

<sup>38</sup> Indicator C04 Low birth weight of term babies, Public Health Outcomes Framework, OHID

<sup>39</sup> Indicator C05a Baby's first feed breastmilk, Public Health Outcomes Framework indicator, OHID

<sup>40</sup> Indicator 2.02ii Breastfeeding prevalence at 6-8 weeks after birth, Child and Maternal Health profile, OHID

<sup>41</sup> Indicator C02a Under 18 conception rate, Public Health Outcomes Framework indicator, OHID

### 3.3.4 CHILDREN'S DENTAL HEALTH

Tooth decay in children can result in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. It is a predominantly preventable disease but for many children it remains a major problem.

In Plymouth, 332 children (aged one to 16 years) had teeth removed under general anaesthetic (GA) in 2020/21. There are large differences in the extent of dental decay experienced by children depending on where they live. On an electoral ward basis, the rate of children undergoing dental extractions under GA ranged from a low of 21.6 per 10,000 children aged 0-16 years in Plympton Chaddlewood to a high of 134.6 per 10,000 children in Drake (this represents a greater than six-fold difference).<sup>42</sup>

Those from more deprived groups of neighbourhoods often suffer from a higher burden of disease. The rate of children undergoing dental extractions under GA ranged from a low of 36.2 per 10,000 children in the least deprived groups of neighbourhoods to a high of 85.0 per 10,000 children in the 'upper middle' group of neighbourhoods (this represents a greater than two-fold difference).<sup>42</sup>

## 3.4 MENTAL HEALTH AND WELLBEING

### 3.4.1 MENTAL HEALTH

Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise several types of depression and anxiety and include obsessive compulsive disorder. In Plymouth in 2020, over 30,500 adults aged 18-64 were estimated to be suffering from common mental health problems, a figure that is projected to remain fairly static over the next 15 to 20 years.<sup>43</sup>

Psychotic disorders produce disturbances in thinking and perception severe enough to distort perception of reality. Psychoses can be serious and debilitating conditions, associated with high rates of suicide and early mortality. Some adults meet the diagnostic criteria for two or more psychiatric disorders. This is known to be associated with increased severity of symptoms, longer illness duration, greater functional disability, and increased use of health services. In Plymouth in 2020 over 11,500 adults aged 18-64 years were estimated to have more than one psychiatric disorder, a figure that is projected to remain fairly static over the next 10 to 15 years.<sup>43</sup>

<sup>42</sup> Dental extractions under general anaesthetic in Plymouth children 2020/21, Public Health, Plymouth City Council

<sup>43</sup> Predicted mental health problems, Projecting Adult Needs and Service Information, 2020

Nationally the number of children and young people accessing mental health services is on the rise. In the 12 months leading up to March 2021 572,912 children and young people had accessed these services. In the 12 months leading up to July 2022 this had increased by 20.4 per cent to 689,621.<sup>44</sup> Locally, between April 2020 and March 2021 3,610 young people were referred to Livewell Southwest, in 2021/22 this increased to 4,400.<sup>45</sup>

In 2020/21 hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth was 500 per 100,000 population aged 10-24 years old, a value significantly higher than the England average (421 per 100,000 population). Over the past few years, Plymouth has seen an increase in the rate (475 in 2014/15 to 669 in 2019/20) which has led to a widening between the Plymouth and England values. The latest 2020/21 values, although still significantly higher than England, have resulted in a closing of the gap between the two areas.<sup>46</sup>

### 3.4.2 SUICIDE

Suicide is seen as an indicator of the underlying rates of mental ill-health. The suicide rate for the three-year period 2019 to 2021 in Plymouth was 10.7 per 100,000 population (76 deaths registered) and was similar to the England average (10.4 per 100,000 population). The rate in Plymouth has been similar to England since the 2013 to 2015 period. The Plymouth three-year rate has decreased from a high of 12.7 per 100,000 in 2012 to 2014 (84 deaths registered).<sup>47</sup>

### 3.4.3 DEPRESSION

In 2021/22 15.4 per cent of the over-18 Plymouth population registered with a GP were recorded as having depression – a value higher than the England average (12.7 per cent). Over the last five periods Plymouth has seen an increase in the prevalence of depression from 12.8 per cent in 2017/18. This increase has been mirrored by an increase in England's value.<sup>48</sup>

## 3.5 DEMENTIA

In 2020, 3,514 people over the age of 65 were estimated to be living with dementia in Plymouth. By 2040 it is projected that this number will have risen to 5,163.<sup>49</sup>

<sup>44</sup> [National Mental Health Monthly statistics dashboard](#)

<sup>45</sup> [Children and Young People mental health service referrals](#)

<sup>46</sup> Hospital admissions as a result of self-harm (10-24 years), Child Health Profiles, OHID, 2022

<sup>47</sup> Indicator E10: Suicide rate (persons) 2019-21, Public Health Outcomes Framework, OHID, 2022

<sup>48</sup> Depression: QOF prevalence (18+ years), Fingertips, OHID

<sup>49</sup> Dementia predictions, Projecting Older People Population Information System, 2020

### 3.6 LIFESTYLE BEHAVIOURS

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use, and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth. The four lifestyle behaviours are also risk factors for intervening conditions (such as hypertension, obesity, diabetes, high cholesterol, and depression) that are associated with one or more of the four diseases. Many of the residents with these diseases are also likely to have one or more intervening conditions.

The prevalence of these lifestyle behaviours remains higher in the areas of the city that are more deprived. Addressing these four behaviours is at the heart of the city's Thrive Plymouth programme to tackle health inequalities.<sup>50</sup>

#### 3.6.1 DIET

In a 2022 health-related behaviour survey of secondary school pupils in Plymouth, 17 per cent reported eating five or more portions of fruit and vegetables on the day prior to the survey, whilst a total of 13 per cent stated that they ate no fruit or veg on the day prior to the survey.<sup>51</sup> Table 7 shows the breakdown by sex and year group.

**Table 7:** Five or more portions of fruit and vegetables eaten the day before the survey, percentage, 2022

	Year 8 (%)	Year 10 (%)	Total (%)
Male	20	17	18
Female	16	16	16
Total	18	16	17

In 2019/20 Plymouth had a similar proportion of adults eating the recommended 'five-a-day' (52.0 per cent) compared to the England average (55.4 per cent).<sup>52</sup>

**Figure 9:** Thrive Plymouth 4-4-54 construct



<sup>50</sup> Positive choices for better health in a growing city: director of public health annual report 2014/15, Public Health, Plymouth City Council.

<sup>51</sup> Health Related Behaviour Survey: Plymouth secondary schools 2022, Public Health, Plymouth City Council.

<sup>52</sup> Indicator C15: Proportion of the adult population meeting the recommended '5-a-day' on a usual day (adults) 2019/20, Public Health Outcomes, OHID

### 3.6.2 PHYSICAL ACTIVITY / INACTIVITY

In a 2022 health-related behaviour survey of secondary school pupils in Plymouth, 68 per cent reported that they 'exercised enough to breathe harder and faster on at least three days in the week', whilst nine per cent stated that they did no exercise to make them breathe harder and faster in the week before the survey. Table 8 shows the breakdown by sex and year group.<sup>51</sup>

**Table 8:** Exercised enough to breathe harder and faster on at least three days in the week before the survey, percentage, 2022

	Year 8 (%)	Year 10 (%)	Total (%)
Male	75	76	57
Female	67	59	42
Total	70	67	68

In 2020/21 Plymouth had a similar proportion of adults classed as physically active (68.8 per cent) compared to the England average (65.9 per cent).<sup>53</sup>

### 3.6.3 SMOKING

Smoking prevalence in Plymouth adults was estimated to be 15.5 per cent in 2021 which was higher than the England average (13.0 per cent).<sup>54</sup> Since 2011 Plymouth's smoking prevalence has dropped from 23.4 per cent. The decrease over this period is similar to England's.

Rates of smoking in Plymouth are higher among specific groups of people such as those who live in more deprived areas, those in routine and manual occupations, and those who have never worked. Smoking is a major cause of ill health and one of the reasons for the differences in life expectancy within the city.

### 3.6.4 SUBSTANCE MISUSE

Alcohol and drug (illegal and prescribed) dependence are important issues for Plymouth. Dependence is commonly associated with mental health problems, homelessness, offending behaviour, and has negative impacts on families and children.

In 2020 over 6,250 people in the city aged 18-64 were estimated to be dependent on drugs,<sup>55</sup> and just nearly 7,000 were predicted to be at higher risk of alcohol-related health problems.<sup>56</sup>

<sup>53</sup> Indicator C17a: Percentage of physically active adults 2020/21, Public Health Outcomes Framework, OHID

<sup>54</sup> Indicator C18: Smoking prevalence in adults (18+) – current smoker (APS), 2021, Public Health Outcomes Framework, OHID

<sup>55</sup> Population aged 18-64 predicted to be dependent on drugs, 2020, Projecting Adult Needs and Service Information

<sup>56</sup> Population aged 18-64 predicted to be at a higher risk of alcohol-related health problems, 2020, Projecting Adult Needs and Services Information

The number of alcohol-related hospital admissions provides a measure of the burden of health harms and the impact of alcohol related disease and injury. In Plymouth in 2020/21 there were 1,376 hospital admissions per 100,000 population; a rate significantly lower than the England average (1,500 per 100,000 population). Over the last five years, Plymouth's rate has decreased from 1,758 per 100,000.<sup>57</sup>

During the three-year period 2018/19 to 2020/21, the rate of alcohol-specific admissions in under 18s was 40.9 per 100,000 population in Plymouth; a rate higher than the England average (29.3 per 100,000 population). Since the three-year period 2006/07 to 2008/09 the Plymouth rate has decreased from 116.5 per 100,000 and the difference between Plymouth and England values has also decreased.<sup>58</sup>

### 3.7 OBESITY

There is concern about the rise of childhood obesity and the implications of this persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids; glucose intolerance; Type 2 diabetes; hypertension; increases in liver enzymes associated with fatty liver; exacerbation of conditions such as asthma; and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Results from the National Child Measurement Programme (NCMP) in Plymouth in 2021/22 show that 24.4 per cent of children starting primary school were either overweight or obese; a value higher than the England average (22.3 per cent).<sup>59</sup> Looking at trend data, the proportion of children starting primary school that are either overweight or obese has been fairly static over the last 15 years.

Results for Year 6 pupils in Plymouth in 2021/22 show that 35.1 per cent of children were either overweight or obese; a value significantly lower than the England average (37.8 per cent).<sup>60</sup> Looking at trend data, the proportion of children in Year 6 that were either overweight or obese has increased over the last 15 years.

The data from 2021/22 shows that by the time they start primary school around one in four children living in Plymouth are either overweight or very overweight and by the time they leave primary school this has increased to one in three.

<sup>57</sup> Admission episodes for alcohol-related conditions (Broad); new method 2020/21, Local Alcohol Profiles for England, OHID

<sup>58</sup> Admission episodes for alcohol-specific conditions – under 18s, 2018/19 – 2020/21, Local Alcohol Profiles for England, OHID

<sup>59</sup> Indicator C09a: Reception Prevalence of overweight (including obesity) 2021/22, Public Health Outcomes Framework, OHID

<sup>60</sup> Indicator C09b: Year 6 Prevalence of overweight (including obesity) 2021/22, Public Health Outcomes Framework, OHID



Compared to England, more children in Plymouth are overweight or very overweight when starting primary school, however fewer children are overweight or very overweight when leaving primary school. This suggests that the environment in Plymouth may be more obesogenic for pre-school children but less obesogenic for those of primary school age when compared to England.

As a result of more sedentary lifestyles and increased availability and affordability of high calorie food, the prevalence of obesity among adults has grown considerably over the past few decades. Survey data for Plymouth in 2020/21 shows that 68.8 per cent of adults aged 18+ were classified as overweight or obese; a value higher than the England average (63.5 per cent).<sup>61</sup>

### 3.8 HEALTH AND DISABILITY

Health and levels of disability are closely related to age. As people get older, health generally declines and disabilities increase. To overcome this, the 2021 Census data has been age-standardised. This makes it easier to compare data across age-groups, over time, and between different geographic areas because the differences in population size and age structure have been considered. Of course, there are instances where it is more useful to use non-standardised data. Service providers like GPs, social services, and local charities are likely to need to know about the population in their area and what proportions / numbers have health concerns or a disability. This helps in understanding what needs exist in an area and planning service provision to support them. For this reason, non-standardised ward data is also provided.

#### 3.8.1 GENERAL HEALTH

Respondents to the 2021 Census were asked to assess their general health on a five-point scale: very good; good; fair; bad; or very bad. This assessment is not based on a person's health over any specified period of time. The 2021 Census was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health, and therefore may have affected how people chose to respond. The following England and Plymouth data are age-standardised proportions.

In England, the data on health show an increase in the proportion of people reporting very good health, and decreases in all other categories compared with the 2011 Census (Table 9).<sup>62</sup> There was:

- an increase of 2.5 percentage points in the proportion of people reporting very good health, from 45.0 per cent (25.0 million) in 2011 to 47.5 per cent (27.4 million) in 2021
- a decrease of 0.6 percentage points in the proportion of people reporting good health (from 34.8 per cent in 2011 to 34.2 per cent in 2021), although the overall number who reported good health increased (from 18.1 million in 2011 to 19.0 million in 2021)
- a decrease of 1.2 percentage points in the proportion of people reporting fair health, from 14.2 per cent (7.0 million) in 2011 to 13.0 per cent (7.1 million) in 2021
- a decrease of 0.5 percentage points in the proportion of people reporting bad health, from 4.6 per cent (2.3 million) in 2011 to 4.1 per cent (2.2 million) in 2021

<sup>61</sup> Indicator C16: Percentage adults classified as overweight or obese, 2020/21, Public Health Outcomes Framework, OHID

<sup>62</sup> [General health, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

- a decrease of 0.2 percentage points in the proportion of people reporting very bad health (from 1.4 per cent in 2011 to 1.2 per cent in 2021), although there was a small increase in the overall number who reported very bad health (from 661,000 in 2011 to 663,000 in 2021).

In Plymouth, the data on health show an increase in the proportion of people reporting very good health and good health, and decreases in the other three categories compared with the 2011 Census (Table 9).<sup>63</sup> There was:

- an increase of 1.3 percentage points in the proportion of people reporting very good health, from 43.5 per cent (117,969) in 2011 to 44.8 per cent (121,117) in 2021
- an increase of 0.1 percentage points in the proportion of people reporting good health from 34.0 per cent (85,956) in 2011 to 34.1 per cent (89,371) in 2021
- a decrease of 0.9 percentage points in the proportion of people reporting fair health (from 15.3 per cent in 2011 to 14.4 per cent in 2021), although there was an overall increase in the number who reported fair health (from 35,756 in 2011 to 37,196 in 2021)
- a decrease of 0.5 percentage points in the proportion of people reporting bad health, (from 5.6 per cent in 2011 to 5.1 per cent in 2021), although there was a slight increase in the number who reported bad health (from 13,012 in 2011 to 13,109 in 2021)
- a decrease of 0.1 percentage points in the proportion of people reporting very bad health (from 1.6 per cent in 2011 to 1.5 per cent in 2021), although there was a small increase in the overall number who reported very bad health (from 3,684 in 2011 to 3,902 in 2021).

**Table 9:** General health of usual residents in Plymouth and England (age-standardised proportions and numbers)

Self-reported health	Plymouth				England	
	2011 (%)	2011 number	2021 (%)	2021 number	2011 (%)	2021 (%)
Very good	43.5	117,976	44.8	121,117	45.0	47.5
Good	34.0	85,956	34.1	89,371	34.8	34.2
Fair	15.3	35,756	14.4	37,196	14.2	13.0
Bad	5.6	13,012	5.1	13,109	4.6	4.1
Very bad	1.6	3,684	1.5	3,902	1.4	1.2

Sources: [How life has changed in Plymouth: Census 2021 \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/physicalhealth/articles/howlifehaschangedinplymouth/census2021); Dataset TS037ASP 2021 Census, ONS; Dataset TS037 2021 Census, ONS

The following ward-based data are not age-standardised. General health varies across the city. On an electoral ward basis, 'very good health' ranged from 40.8 per cent in Honicknowle to 52.5 per cent in Peverell whilst 'very bad health' ranged from 0.6 per cent in Plympton Chaddlewood to 2.2 per cent in Honicknowle (Table 10).

<sup>63</sup> [How life has changed in Plymouth: Census 2021 \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/physicalhealth/articles/howlifehaschangedinplymouth/census2021)

**Table 10:** General health of usual residents in Plymouth by electoral ward (proportions and numbers)

Electoral ward	Very good health		Good health		Fair health		Bad health		Very bad health	
	%	Number	%	Number	%	Number	%	Number	%	Number
Budshead	44.6	5,916	33.7	4,463	14.6	1,931	5.5	723	1.7	223
Compton	50.3	6,183	32.2	3,950	12.2	1,498	4.1	502	1.2	150
Devonport	44.5	7,256	33.2	5,414	14.8	2,408	6.0	976	1.6	269
Drake	48.2	5,328	35.8	3,950	11.1	1,227	3.6	401	1.3	142
Efford & Lipson	44.5	6,323	33.4	4,747	14.9	2,116	5.6	791	1.6	223
Eggbuckland	47.0	6,145	33.5	4,387	13.9	1,816	4.4	576	1.2	157
Ham	43.6	6,271	34.3	4,924	14.8	2,127	5.6	804	1.7	250
Honicknowle	40.8	5,822	32.8	4,682	16.9	2,412	7.3	1,036	2.2	319
Moor View	45.0	6,019	33.8	4,520	14.5	1,941	5.1	687	1.6	212
Peverell	52.5	7,070	32.6	4,387	11.0	1,484	3.0	409	0.9	127
Plympton Chaddlewood	51.3	4,218	35.0	2,884	10.2	842	2.9	238	0.6	48
Plympton Erle	46.8	4,094	33.2	2,903	14.4	1,258	4.5	390	1.2	107
Plympton St Mary	47.6	5,986	33.9	4,267	13.1	1,650	4.2	523	1.2	153
Plymstock Dunstone	46.6	5,977	34.6	4,439	13.3	1,707	4.1	524	1.5	192
Plymstock Radford	49.3	7,047	32.8	4,695	13.1	1,867	3.7	533	1.1	158
Southway	46.3	6,368	33.1	4,556	13.9	1,914	5.2	719	1.5	201
St Budeaux	41.7	5,506	34.1	4,509	16.3	2,151	6.1	812	1.8	241
St Peter & the Waterfront	41.6	7,375	34.6	6,131	15.8	2,801	6.3	1,121	1.8	316
Stoke	44.3	5,947	34.4	4,616	14.7	1,981	5.0	669	1.7	225
Sutton & Mount Gould	44.3	6,268	35.0	4,944	14.6	2,065	4.8	676	1.3	189

Source: Dataset TS037, 2021 Census, ONS via NOMIS 06/03/23

### 3.8.2 DISABILITY

More people are living with a disability now than in the past because the population, as a whole, is living longer and improved medical treatments are enabling more people to manage long-term health problems.

To identify disability in England and Wales, the 2021 Census asked “Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?” If the answer was yes, a further question “Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?” was presented. One of three choices: not at all; limited a little; or limited a lot could then be selected.

The identification of disability differs from the 2011 Census question, which asked “Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months?” The question changed in order to collect data that more closely aligned with the definition of disability in the 2010 Equality Act (defining an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities). The way disabled people are identified has therefore changed between 2011 and 2021 and this may have had an impact on the number of people identified as disabled. As Census 2021 was undertaken during the coronavirus (COVID-19) pandemic, this may also have influenced how people perceived their health status and activity limitations, and therefore may have affected how people chose to respond.

Therefore, caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options. The following England and Plymouth data are age-standardised proportions.

In England, the proportion of disabled people decreased between censuses (from 19.3 per cent in 2011 to 17.7 per cent in 2021). However, there was an increase in the number of disabled people (from 9.4 million in 2011 to 9.8 million in 2021) (Table 11).<sup>64</sup>

In Plymouth in 2021:<sup>65</sup>

- 9.7 per cent of Plymouth residents were identified as being disabled and limited a lot in 2021. This figure decreased by 1.4 percentage points from 11.1 per cent in 2011
- just under one in eight people (12.3 per cent) were identified as being disabled and limited a little, compared with 11.3 per cent in 2011
- the proportion of Plymouth residents who were not disabled increased from 77.6 per cent to 78.0 per cent
- Plymouth had the second highest proportion of residents who were identified as being disabled and limited a lot in the South West region, only Torbay with 9.9 per cent, had a higher proportion.

**Table 11:** Disability of usual residents in Plymouth and England (age-standardised proportion and numbers)

Disability under the Equality Act	Plymouth				England	
	2011		2021		2011	2021
	%	number	%	number	%	%
Disabled: day-to-day activities limited a lot	11.1	25,548	9.7	25,001	9.1	7.5
Disabled: day-to-day activities limited a little	11.3	26,644	12.3	32,394	10.2	10.2
Not disabled	77.6	204,192	78.0	207,300	80.7	82.3

Source: Dataset QS303EW 2011 Census; Dataset TS038ASP 2021 Census, ONS via NOMIS; [How life has changed in Plymouth: Census 2021 \(ons.gov.uk\)](#)

<sup>64</sup> [Disability, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>65</sup> [How life has changed in Plymouth: Census 2021 \(ons.gov.uk\)](#)

The following ward-based data are not age-standardised. Disability varies across the city. On an electoral ward basis, 'disabled and limited a lot' ranged from 6.1 per cent in Peverell to 13.3 per cent in Honicknowle, whilst 'not disabled no long-term physical or mental health condition' ranged from 67.8 per cent in St Budeaux to 77.7 per cent in Plympton Chaddlewood (Table 12).

**Table 12:** Disability of usual residents in Plymouth by electoral ward (numbers and proportions)

Electoral ward	Disabled under the Equality Act: day-to-day activities limited a lot		Disabled under the Equality Act: day-to-day activities limited a little		Not disabled under the Equality Act: has long-term physical or mental health condition but day-to-day activities not limited		Not disabled under the Equality Act: no long-term physical or mental health condition	
	%	Number	%	Number	%	Number	%	Number
Budshead	10.5	1,386	12.7	1,687	7.2	961	69.6	9,222
Compton	8.1	995	11.4	1,403	8.2	1,002	72.3	8,883
Devonport	11.2	1,830	12.4	2,019	6.3	1,028	70.1	11,446
Drake	6.9	761	14.0	1,544	8.4	930	70.7	7,813
Efford & Lipson	10.0	1,421	13.0	1,843	7.2	1,027	69.8	9,907
Eggbuckland	8.7	1,137	11.6	1,516	7.5	985	72.2	9,443
Ham	11.1	1,590	12.4	1,776	6.3	908	70.3	10,102
Honicknowle	13.3	1,899	13.5	1,922	6.9	988	66.3	9,462
Moor View	9.4	1,260	12.0	1,599	7.7	1,026	71.0	9,495
Peverell	6.1	828	9.9	1,336	8.4	1,138	75.5	10,175
Plympton Chaddlewood	5.0	413	9.6	790	7.6	629	77.7	6,395
Plympton Erle	8.9	776	11.6	1,011	7.7	673	71.9	6,290
Plympton St Mary	8.3	1,043	11.3	1,423	8.3	1,045	72.1	9,072
Plymstock Dunstone	8.6	1,103	11.4	1,463	8.0	1,029	72.0	9,244
Plymstock Radford	7.9	1,126	11.3	1,616	7.4	1,061	73.4	10,497
Southway	9.6	1,322	12.1	1,659	7.6	1,052	70.7	9,725
St Budeaux	12.0	1,585	13.5	1,778	6.7	889	67.8	8,967
St Peter & the Waterfront	11.2	1,982	14.2	2,512	6.8	1,208	67.9	12,042
Stoke	9.8	1,322	12.7	1,712	8.3	1,118	69.1	9,286
Sutton & Mount Gould	8.6	1,222	12.6	1,785	7.7	1,092	71.0	10,046
Plymouth	9.4	25,001	12.2	32,394	7.5	19,788	70.8	187,512

Source: Dataset TS038 Disability, 2021 Census, ONS via NOMIS 06/03/23

Disability within households (not age-standardised)

In England, the 2021 Census data on disability within households show that:

- in 68.0 per cent of households, no people are disabled
- 25.4 per cent of households include one disabled household member
- there are two or more people disabled in the remaining 6.6 per cent of households

In Plymouth, the 2021 Census data on disability within households show that:

- in 62.3 per cent of household, no people are disabled
- 29.2 per cent of households include one disabled household member
- there are two or more people disabled in the remaining 8.4 per cent of households

### 3.8.3 LEARNING DISABILITY

The overall prevalence of learning disabilities in Plymouth was 0.6 per cent in 2019/20; this is slightly higher than the England average (0.5 per cent).<sup>66</sup> In 2020 the rate of children with Autism known to Plymouth schools was 21.5 per 1,000 pupils; a value higher than the England average (18.0 per 1,000).<sup>67</sup> The rate of children with general learning disabilities known to Plymouth schools in 2020 was 28.3 per 1,000 pupils; a value lower than the England average (34.4 per 1,000).<sup>68</sup> In 2019/20 the rate of adults (18+ years) with learning disabilities receiving long-term support from the local authority was 4.3 per 1,000 population; a value higher than the England average (3.5 per 1,000).<sup>69</sup>

National published data indicates that 16.6 per cent of all pupils (all schools including maintained early year settings and independent schools) in Plymouth have a Special Educational Need and or Disability (SEND). This equates to 7,147 individuals, of which 1,621 (4.0 per cent) have an Education, Health, and Care Plan (EHCP) and 5,106 (12.6 per cent) receive Special Educational Needs (SEN) support.<sup>70</sup> The percentage of pupils with EHCPs has remained broadly unchanged in Plymouth since 2015/16. Until recently, England rates had tracked slightly below those in Plymouth but are now broadly similar. There has been a slight upward trend in the percentage of children identified as needing SEN Support in both Plymouth and England since 2015/16. Plymouth levels have continually been above England.

It is estimated that approximately one per cent of the adult population in England will have an autistic spectrum disorder (ASD). In Plymouth, an estimated 1,600 people aged 18-64 are therefore thought to have an ASD.<sup>71</sup>

### 3.8.4 PREVALENCE OF CHRONIC DISEASES

Data for chronic diseases is available at either unitary authority (UA) level, or NHS Devon Integrated Care Board (ICB) level.

<sup>66</sup> Learning disability: QOF prevalence, 2019/20 Learning Disability Profile, OHID

<sup>67</sup> Children with Autism known to schools, 2020, Learning Disability Profile, OHID

<sup>68</sup> Children with learning disabilities known to schools, 2020, Learning Disability Profile, OHID

<sup>69</sup> Adults (18+ years) with learning disability receiving long-term support from local authorities, 2019/20, Learning Disability Profile, OHID

<sup>70</sup> Statistics: special educational needs, Department of Education, June 2022

<sup>71</sup> Autistic Spectrum Disorders 2020, Projecting Adult Needs and Service Information System

### **Coronary heart disease (Plymouth UA)**

The prevalence of coronary heart disease in Plymouth was 3.7 per cent in 2021/22; a value higher than the England average (3.0 per cent). Over the last 10 years Plymouth's prevalence has remained static (between 3.6 and 3.7 per cent), whilst England's prevalence shows a slight reduction over the same time period (3.3 to 3.0 per cent).<sup>72</sup>

### **Stroke (Plymouth UA)**

The prevalence of stroke in Plymouth was 2.0 per cent in 2021/22; a value similar to the England average (1.8 per cent). Over the last 10 years Plymouth's prevalence has increased slightly from 1.7 per cent, whilst England's value has been static.<sup>73</sup>

### **Cancer (NHS Devon ICB)**

The prevalence of cancer in NHS Devon ICB was 4.2 per cent in 2021/22; a value higher than the England average (3.3 per cent). Over the last 10 years both the ICB area and England have both seen an increase in cancer prevalence.<sup>74</sup>

### **Respiratory disease (NHS Devon ICB)**

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in NHS Devon ICSB was 2.3 per cent in 2021/22; a value higher than the England average (1.9 per cent). Over the last eight years NHS Devon ICB has seen a slightly bigger increase in prevalence compared to England.<sup>75</sup>

### **Diabetes (Plymouth UA)**

Around 90 per cent of those with diabetes will have Type 2 diabetes, and around 10 percent will have Type 1.<sup>76</sup> Type 2 diabetes is often influenced by lifestyle and initial treatment frequently focusses on eating well and moving more. The prevalence of diabetes in Plymouth was 7.4 per cent in 2021/22; a value similar to the England average (7.3 per cent). Over the last 10 years the prevalence in Plymouth has increased in line with England.<sup>77</sup>

## **3.9 VULNERABLE GROUPS**

### **3.9.1 FAMILIES WITH COMPLEX NEEDS/ SAFEGUARDING CHILDREN**

In Plymouth the primary category of abuse for the 236 children currently on a Child Protection Plan (as at end January 2023) was: emotional abuse (105; 44.5 per cent); neglect (103; 43.6 per cent); physical abuse (17; 7.2 per cent); and sexual abuse (11; 4.7 per cent).<sup>78</sup>

### **3.9.2 FAMILIES WITH CHILDREN UNDER FIVE**

The Plymouth Health Visitor Caseload Survey collects subjective information about the health circumstances for every family with children under five in Plymouth (around 9,500 families in 2020). It assesses each family against a set of factors covering their social and lifestyle situation together with disabilities and illnesses they may be experiencing.

<sup>72</sup> CHD: QOF prevalence (all ages), 2021/22, Fingertips Public Health Data, OHID

<sup>73</sup> Stroke: QOF prevalence (all ages), 2021/22, Fingertips Public Health Data, OHID

<sup>74</sup> Cancer: QOF prevalence (all ages), 2021/22 National General Practice Profiles, OHID

<sup>75</sup> COPD: QOF prevalence (all ages), 2021/22 National General Practice Profiles, OHID

<sup>76</sup> Diabetes UK <https://www.diabetes.org.uk/professionals/position-statements-reports/statistics>

<sup>77</sup> Diabetes: QOF prevalence, Fingertips Public Health Data, OHID

<sup>78</sup> Policy and Performance Team (Paul Stephens), Plymouth City Council, February 2023



Families which experience four or more of the 26 original factors (there are 31 factors in total, 26 of which have been in the survey since it started) are considered 'vulnerable'. In 2020 1,641 families (16.9 per cent) were in this category, a decrease from 20.7 per cent in 2018. The St Peter and the Waterfront ward had the highest percentage of vulnerable families in 2020 (32.8 per cent; 176 families), whilst the Plympton St Mary ward had the lowest percentage (3.8 per cent; 14 families).<sup>79</sup>

### 3.9.3 CHILDRENS SOCIAL CARE

The number of children supported through social care had been on an increasing trend since the COVID-19 pandemic. At the end of 2021/22 (31 March 2022) there were: 965 Children in Need (CIN) (an increase from 842 in March 2020); 326 children with a Child Protection Plan (CPP) (an increase from 301); and 490 Children in Care (CIC) (an increase from 432). Work continues to stabilise numbers and at the end of December 2022 the number of CIN was 990, numbers with a CCP were reduced to 239, and Children in Care had decreased slightly to 487.

### 3.9.4 CARERS

Health and levels of disability are closely related to age. As people get older, the need for care usually increases. To overcome this, the 2021 Census data has been age-standardised. This makes it easier to compare data across age-groups, over time, and between different geographic areas because the differences in population size and age structure have been considered. Of course, there are instances where it is more useful to use non-standardised data. Service providers like social services and local authorities are likely to need to know about the population in their area and what proportions / numbers are providing unpaid care. This helps in understanding what needs exist in an area and planning service provision to support them. For this reason, non-standardised ward data is also provided.

Unpaid carers are people aged five years and over who look after, or give any help or support to, anyone with long-term physical or mental health conditions or illnesses, or offer support to anyone with problems related to old age. The 2021 Census asked, "Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?" People were asked to exclude anything they did as part of their paid employment. People could answer the question by selecting "no" if they did not provide any unpaid care, whilst those that answered "yes" could then select from five responses: nine hours or less; 10 to 19 hours; 20 to 34 hours; 35 to 49 hours; or 50 hours or more. The wording of the question differs from the 2011 Census question, which began "Do you look after, or give any help or support to family members, friends, neighbours or others?"

The 2021 Census was undertaken during the coronavirus (COVID-19) pandemic, which may also have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond. The following England and Plymouth data are age-standardised proportions.

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<sup>79</sup> Survey of health visitor caseloads 2002 to 2020, Public Health, Plymouth City Council

In England, most unpaid carers provided 19 hours or less unpaid care a week (2.3 million), followed by 50 or more hours unpaid care a week (1.4 million).<sup>80</sup>

In Plymouth, the 2021 Census data on unpaid care<sup>80</sup> show that of those aged five years and over 90.1 per cent (227,533 individuals) provided no unpaid care. Of the 23,956 unpaid carers in Plymouth:

- 4.2 per cent (10,646) provided 19 hours or less
- 2.1 per cent (5,267) provided 20 to 49 hours
- 3.2 per cent (8,043) provided 50 or more hours.

In 2021, 4.4% of Plymouth residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased by 2.4 percentage points from 6.8% in 2011 (Table 13).

**Table 13:** Hours of unpaid care provision of residents aged five years and over (age-standardised proportions and numbers)

Hours per week	Plymouth				England	
	2011 (%)	2011 number	2021 (%)	2021 number	2011 (%)	2021 (%)
No weekly care	88.0	229,137	90.1	227,533	88.7	91.1
Up to 19 hours	6.8	15,624	4.4	10,646	7.2	4.4
20-49 hours	1.8	4,057	2.2	5,267	1.5	1.8
50 or more hours	3.4	7,566	3.3	8,043	2.7	2.7

Sources: Dataset QSDataset TS039 unpaid care 2021 Census; Dataset TS309ASP unpaid care 2021 Census; [How life has changed in Plymouth: Census 2021 \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/longtermconditions/articles/howlifehaschangedinplymouth/census2021);

The following ward-based data are not age-standardised. Unpaid care provision varies across the city. On an electoral ward basis, the proportion providing 'no unpaid care' ranged from 88.4 per cent in Honicknowle to 95.7 per cent in Drake, whilst the proportion providing '50 or more hours per week' ranged from 1.0 per cent in Drake to 4.8 per cent in Honicknowle (Table 14).

<sup>80</sup> Dataset TS039 unpaid care, 2021 Census, ONS via NOMIS

**Table 14:** Unpaid care in Plymouth by electoral ward (proportions and numbers)

Electoral ward	No unpaid care		19 hours or less		20 to 49 hours		50 or more hours	
Budshead	89.2	11,121	4.7	586	2.3	284	3.8	475
Compton	92.0	10,835	4.5	526	1.3	153	2.2	262
Devonport	90.7	13,789	3.4	513	2.7	416	3.2	490
Drake	95.7	10,353	2.4	262	1.0	104	1.0	104
Efford & Lipson	90.2	12,096	3.8	504	2.5	339	3.5	475
Eggbuckland	89.5	11,152	5.2	645	2.0	255	3.2	404
Ham	89.4	12,089	4.0	537	2.6	358	4.0	540
Honicknowle	88.4	11,928	3.8	519	3.0	399	4.8	644
Moor View	89.4	11,454	4.4	568	2.2	287	3.9	498
Peverell	90.8	11,585	4.9	630	1.4	184	2.8	362
Plympton Chaddlewood	91.8	7,098	4.5	350	1.6	122	2.1	160
Plympton Erle	90.0	7,513	4.7	394	2.4	203	2.8	237
Plympton St Mary	90.3	10,944	5.0	605	1.6	200	3.1	373
Plymstock Dunstone	89.3	10,979	5.4	668	1.9	236	3.4	416
Plymstock Radford	89.8	12,194	5.2	700	1.9	257	3.1	423
Southway	89.3	11,522	4.2	547	2.3	299	4.1	528
St Budeaux	88.6	11,078	3.9	488	3.1	385	4.4	551
St Peter & the Waterfront	92.6	15,814	3.2	552	1.8	310	2.3	396
Stoke	90.8	11,654	4.6	586	1.9	241	2.7	347
Sutton & Mount Gould	92.0	12,336	3.5	470	1.8	238	2.7	361

Source: Dataset TS039 unpaid care, 2021 Census, ONS via NOMIS

In 2021/22 over 2,000 carers received an assessment and some form of subsequent carer support (direct payment, advice and information, or another universal service).<sup>81</sup> Support to carers is primarily delivered via Improving Lives Plymouth and Livewell Southwest, both providers commissioned by Plymouth City Council.

### 3.9.5 YOUNG CARERS

Young carers are the children and young people who take on the responsibility of caring for a family member, most often a parent or sibling, who has a condition such as a disability, illness, mental health condition, or a drug and/or alcohol problem.

<sup>81</sup> Adult Social Care Short and Long Term (SALT) activity return, 2021/22

Following the Plymouth Young Carers School Survey (November 2020) the local authority recorded the identification of 907 young carers within Plymouth Schools. Of these:<sup>82</sup>

- 431 were in primary school  
(Foundation = 19; Yr1 = 28; Yr2 = 45; Yr3 = 56; Yr4 = 70; Yr5 = 103, Yr6 = 110)
- 476 were in secondary school  
(Yr7 = 46; Y8 = 87; Yr9 = 84; Yr10 = 96; Yr11 = 96; Yr12 = 40; Yr13 = 27)
- 224 young carers had SEND
- 49 young carers were from service families
- 30 young carers were of an ethnic minority
- 123 young carers had a school attendance less than 90% due to caring responsibilities.

From January 2023 young carer information will be collated within the School Census; the next results are due in March 2023.

In a 2022 health-related behaviour survey of secondary school pupils in Plymouth, six per cent reported that they were a young carer.<sup>83</sup> Table 15 shows the breakdown of young carers by sex and year group.

**Table 15:** Young carer, percentage, 2022

	Year 8 (%)	Year 10 (%)	Total (%)
Male	6	4	5
Female	6	5	6
Total	6	5	6

### 3.9.6 PLYMOUTH LOCAL CARE PARTNERSHIP

Plymouth Local Care Partnership is one of five Local Care Partnerships across the Devon Integrated Care System (ICS). “Together for Plymouth” reinforces the collective intent for collaborative working with the aim to solve some of the deep-rooted challenges the city faces and create a step change in system transformation. The primary purpose of the partnership is to provide leadership and oversight to the ambition of creating an integrated system, which puts the needs of the population ahead of that of any single organisation.

The overarching aims of the partnership are to:

- improve health and wellbeing outcomes for the local population
- reduce inequalities in health and wellbeing of the local population
- improve people’s experience of care
- Improve the sustainability of the health and wellbeing system

Recognising Plymouth’s place in the wider Devon system and the relationship with neighbouring partners, “Together for Plymouth” is committed to supporting the delivery of the Devon ICS six key ambitions:

- (1) Efficient and Effective Care – ensuring evidence-based care, tackling unwarranted clinical variation, and improving productivity everywhere so that Devon’s taxpayer’s money is used to achieve best value for the population

<sup>82</sup> Education Participation & Skills (Michael House, Plymouth City Council, February 2023)

<sup>83</sup> Health Related Behaviour Survey: Plymouth secondary schools 2022, Public Health, Plymouth City Council.

- (2) Integrated Care Model – enhancing primary care, community, social care, and voluntary and community service to provide more care and support out of hospital care including urgent care
- (3) Equally Well – working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities, and/or autism
- (4) Children and Young People – investing more in children and young people to have the best start in life, be ready for school, be physical and emotionally well, and develop resilience throughout childhood and on into adulthood
- (5) Devon-wide Deal – nurturing a citizen-led approach to health and care which reduces variations in outcomes, gaps in life expectancy, and health inequalities in Devon
- (6) Digital Devon – investing to modernise services using digital technology

### 3.9.7 COMMUNITY-BASED CARE

Plymouth's ageing population is likely to put increasing pressure on community-based provision. One of the most significant factors that will impact on further demand for community services is the growing number of older people in Plymouth.<sup>84</sup> There is a projected 32.7 per cent increase in the number of people aged 65 or over between 2016 and 2034 (an additional 15,400 individuals) in Plymouth.

Community-based care delivers targeted services for people who need support in the community to maintain independence or who may be at risk in the future of losing their independence. The services assist people with multiple care and support needs, people requiring urgent care, and people with long-term needs who require ongoing personalised support. Rising demand and growing complexity is placing increased pressures on local providers.

In Plymouth there are 20 providers of domiciliary care, two (10 per cent) of these are CQC rated 'outstanding' and 12 (60 per cent) rated as 'good'. The 2021 Adult Social Care Client Survey showed that 62.8 per cent of people in receipt of long-term social care within the community were either 'satisfied' or 'very satisfied' with the care they receive, a decrease of 1.5 percentage points on the 2019 survey. Historically satisfaction rates in Plymouth are higher than the national and comparator group averages.

In 2021/22 in Plymouth 1,535 people aged 18 to 64 years and 1,679 people aged 65 years and over received a long-term social care service based in the community. The number of people receiving community-based care decreased in 2021/22 by 7.9 per cent (276 people).

The cost of community-based care continues to rise, the latest data tells us that between April 2022 and December 2022 the average weekly cost of a domiciliary care package of care was £253, compared to £227 during the same period in 2021, an increase of 11.5 per cent. It is a similar picture for Supported Living, with weekly average costs rising from £588 to £669, a 13.8 per cent increase.

### 3.9.8 RESIDENTIAL AND NURSING CARE

In 2021/22, 1,001 people accessed long term residential care support, this is an increase of 0.9 per cent on the numbers in 2020/21. The number of people in receipt of care in a nursing home reduced by 2.3 per cent, down from 303 to 296. Over the longer term the trend of social care users in a home is steady.

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<sup>84</sup> Community-based Care Commissioning Strategy, 2016

The average cost of care within a care home continues to rise. The latest data tells us that between April 2022 and December 2022 the average weekly cost of a care home-based package of care was £881, compared to £810 during the same period in 2021.

Plymouth's Nursing and Residential Care Home provision compares favourably with the rest of the country, with 81 per cent of Plymouth Homes rated 'good' or 'outstanding' – three percentage points higher than the national average. This is based on a snapshot in January 2023 (Table 16). *Please note that this information includes all care homes supporting adults 18-64 and those with a learning disability.*

**Table 16:** Care home rating

Rating	National (15,034 homes)	Local (91 homes)
Outstanding	4	10
Good	74	71
Requires improvement	17	16
Inadequate	2	2

The 2021 Adult Social Care Client Survey showed that 78.2 per cent of people in receipt of long-term social care within a care home were either 'satisfied' or 'very satisfied' with the care they receive, an increase of 7.1 percentage points on the 2019 survey. Historically satisfaction rates in Plymouth are higher than the national and comparator group averages.

### 3.9.9 SAFEGUARDING ADULTS

The [Adult Safeguarding Health Needs Assessment](#) provides an in-depth analysis of the people in Plymouth who are in need of safeguarding<sup>85</sup>.

In 2021/22 there were 7,363 referrals received and completed under the safeguarding triage process, of these 1,350 (18.3 per cent) were triaged as a safeguarding concern, i.e., met the Care Act definition for a safeguarding response. The number of Section 42 (s42) safeguarding enquiries in 2021/22 was 846, a decrease of 131 (13.4 per cent) on 2020/21. With several alternative responses to a concern being part of the safeguarding process since August 2020, the number of s42 enquiries was expected to drop.

A person's own home (which could include several settings) continues to be the highest percentage of safeguarding locations reported, in 2021/22, 61 per cent of completed enquiries were recorded under that location, down from 63 per cent in 2020/21. The percentage of s42 enquiries reported within a care home setting (nursing or residential) increased from 17 per cent (198) to 22 per cent (177). These changes are likely to be due to arrangements to support people at home during the COVID-19 pandemic, hence different referrer contact with people, and an increase in professional visits to care settings due to an easing of restrictions.

<sup>85</sup> People in need of care and support who also, due to these needs, may be unable to protect themselves, and therefore must be protected from the risk of abuse, or actual, abuse.

Safeguarding enquiries often cover several co-existing categories of abuse or neglect. In 2021/22 the numbers of 42 enquiries relating to organisational abuse increased from 122 to 178 (45.9 per cent), this type of abuse has now increased in the past two years. The five most common categories of abuse are unchanged in 2021/22, although the order of these five has changed. The most reported is neglect/ acts of omission (15.8%), followed by physical abuse (15.5 per cent), self-neglect (14.9 per cent), financial/ material abuse (14.1 per cent) and psychological abuse (13.9 per cent).

In 2021/22, 808 individuals were the subject of a completed safeguarding enquiry, of which 563 expressed a desired outcome at the start of the enquiry (69.7 per cent compared to 68.7 per cent in 2020/21). In 2021/22 67.0 percent of desired outcomes were fully met, this is a decrease from 67.5 per cent in 2010/21. The percentage of outcomes partially met increased slightly in 2021/22, to 28.4 per cent compared to 28.1 per cent in 2020/21. Practitioners endeavour to support people to hold realistic desired outcomes but this is not always achievable. Overall, in 2021/22 95.4 per cent of expressed outcomes were partially or fully met.

### 3.9.10 SOCIAL ISOLATION

The percentage of families with children under five surveyed in the biennial health visitor survey in Plymouth experiencing social isolation has increased from 8.5 per cent in 2018 to 9.1 per cent in 2020.<sup>86</sup>

Similarly, adult social care users reporting 'that they have as much social contact as they would like' has decreased from 44.8 per cent in 2018/19 to 44.1 per cent in 2019/20. Plymouth has for the last two years performed below the England average for this indicator.<sup>87</sup>

## 3.10 MORTALITY

The mortality rate (all-age all-cause) in Plymouth was 1,017 per 100,000 population in 2020 compared to 1,042 for England.<sup>88</sup> In Plymouth the mortality rate for males was 1,153 per 100,000 population compared to 896 per 100,000 population for females in 2020.<sup>88</sup>

Rates across Plymouth for the three-year period 2019 to 2021 (calculated locally) vary from a low of 732 in the Plympton Chaddlewood ward to a high of 1,404 per 100,000 in the Drake ward as shown in Figure 10.<sup>89</sup>

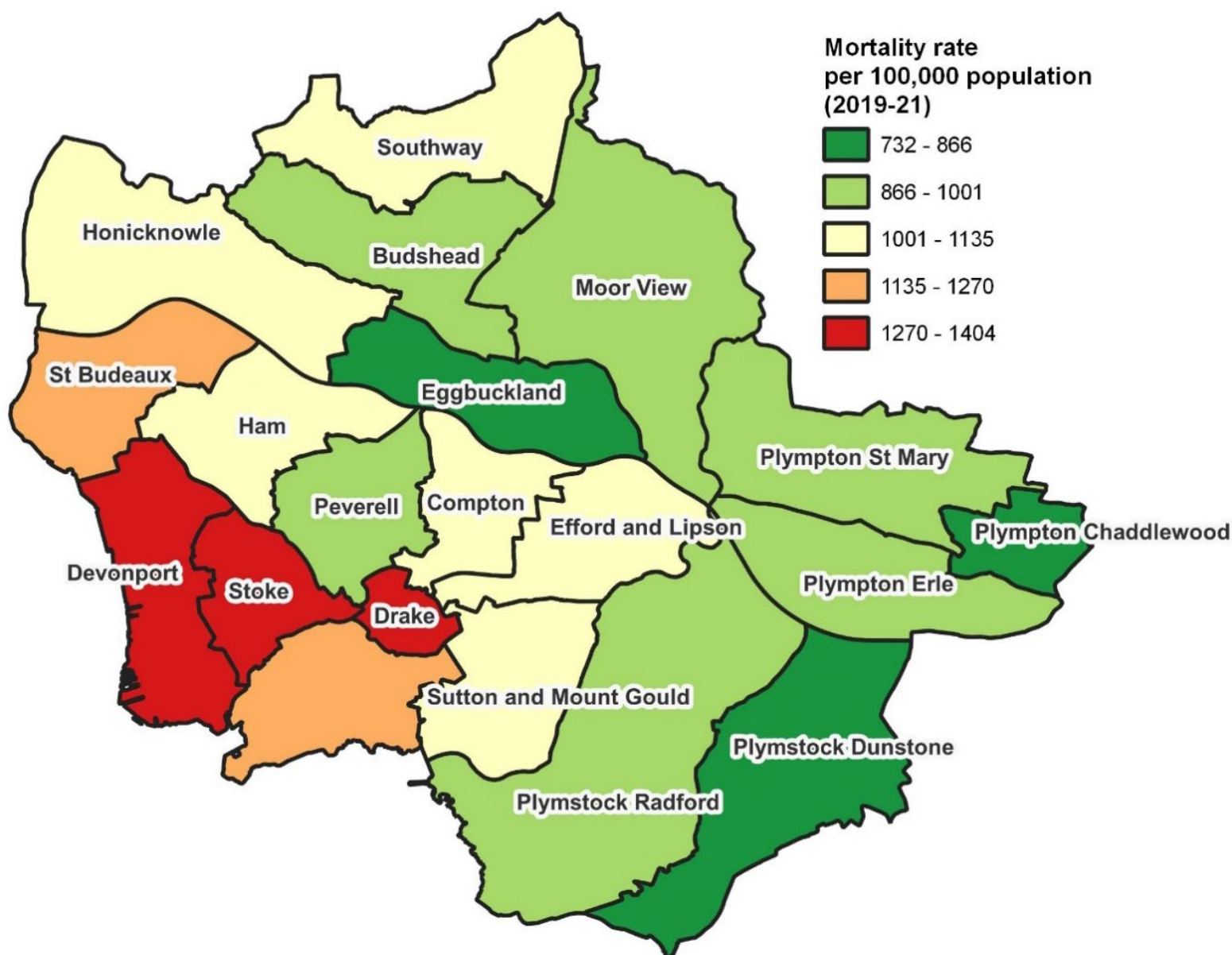
<sup>86</sup> Survey of health visitor caseloads 2002 to 2020, Public Health, Plymouth City Council

<sup>87</sup> Indicator B18a, 2019/20, Public Health Outcomes Framework, OHID. Accessed 09/11/22.

<sup>88</sup> Deaths registered by area of usual residence UK, 2020, ONS, Accessed 09/11/22

<sup>89</sup> Public Health, Plymouth City Council, 2022



**Figure 10:** All-age all-cause mortality rate per 100,000 population, by ward, 2019-21

The infant mortality rate (under the age of one) in Plymouth is 3.7 per 1,000 live births for the three-year period 2018 to 2020; a value similar to the England average (3.9 per 1,000). The Plymouth three-year rate has fallen from 5.5 per 1,000 live births for the period 2001 to 2003; a trend which is in line with England.<sup>90</sup>

The premature mortality rate (for persons under the age of 75) for Plymouth for the three-year period 2019 to 2021 is 374 per 100,000 population. Premature mortality varies across the city with more deprived groups of neighbourhoods having rates over twice as high as the least deprived group of neighbourhoods.<sup>91</sup>

<sup>90</sup> Infant mortality rate 2018-20, Child and Maternal Health Profile, OHID. Accessed 09/11/22

<sup>91</sup> Public Health, Plymouth City Council, 2022

Plymouth has a higher premature mortality rate than the England average for cancer (142 compared to 122 per 100,000 population) and cardiovascular diseases (79 compared to 61 per 100,000 population) for the period 2017 to 2019. The premature mortality rate for respiratory diseases (38 per 100,000 population) was similar to the England average of 27 per 100,000 population for the same time period.<sup>92</sup>

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<sup>92</sup> Indicators E05a, E04a, E07a, 2017-2019, Public Health Outcomes Framework, OHID. Accessed 09/11/22

**GROWING CITY** - using Plymouth's strengths to drive quality growth which transforms the city's long term prosperity, to meet the needs of all its people.



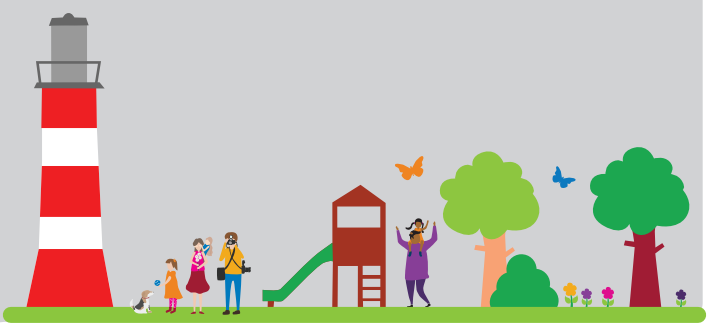
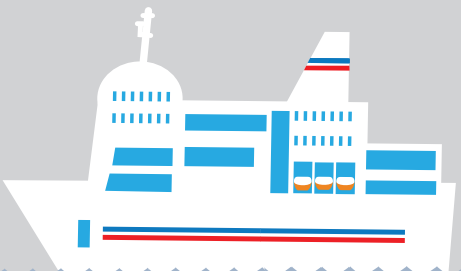
Plymouth has an employment rate of **75.5%** that is higher than the national average.

Plymouth has a population of **264,700**.



Plymouth will soon have **one** of the first 8 **Freeports**, expected to generate **3,500** new high-quality jobs.

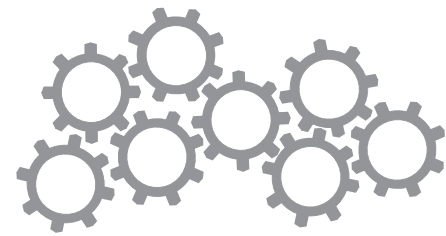
Plymouth's ports handled over **2.3 million** tonnes of cargo in 2021.



The fishing industry contributes over **£10 million** in GVA to Plymouth each year putting Plymouth in the **top four** fishing ports in England.

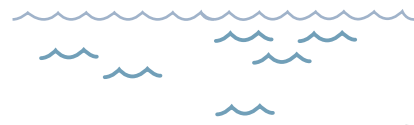
Plymouth's average full time weekly earnings by place of residence is **£553.40** compared to **£642.20** nationally.

Plymouth's productivity stands at **82.8%** of the UK average.



HM Naval Base Devonport (HMNB) is the **largest naval base** in Western Europe and directly accounts for **14.1%** of the city's economic value in terms of GVA and **10.1%** of Plymouth's total employment.

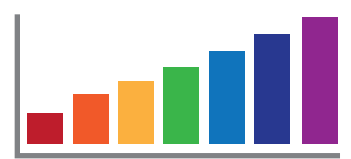
The marine industry in Plymouth is nearly **10 times** more concentrated than the national average.



There were **1,040** new business start-ups in Plymouth in 2021.



Plymouth has an economic activity rate of **75.9%**, slightly lower than the national average.



# GROWING PLYMOUTH 4

## 4.1 THE ECONOMY

### 4.1.1 EMPLOYMENT AND JOBS

Plymouth is one of the largest cities on the south coast, with a population of 264,700<sup>93</sup>. Plymouth is the most significant economic centre in the South West Peninsula and the largest urban area in the Heart of the South West (HotSW) Local Enterprise Partnership (LEP)<sup>94</sup>, making it a key location for growth. Measured in terms of real Gross Value Added (GVA) the city had an annual total GVA of £5bn in 2020<sup>95</sup>.

Currently Plymouth has a marginally higher employment rate than nationally (75.5 per cent compared to 75.1 per cent) and a slightly lower economic activity rate (75.9 per cent compared to 78.2 per cent)<sup>96</sup>. Of those aged 16-64 who are economically active but unemployed the figures are slightly higher for Plymouth women than the national average (3.9 per cent and 3.6 per cent respectively) with Plymouth men consistent with the national figure (3.8 per cent and 3.8 per cent respectively).<sup>97</sup>

### 4.1.2 JOB NUMBERS

The latest figures (2021) show the number of jobs in Plymouth has increased from 110,000 in 2020 to 115,000 (a net increase of 5,000 jobs). Of the total jobs in Plymouth, 74,000 were full time and 41,000 were part-time (2021).<sup>98</sup>

<sup>93</sup> ONS Census 2021

<sup>94</sup> Local enterprise partnerships (LEPs) are voluntary partnerships between local authorities and businesses set up in 2011 by the then Department for Business, Innovation and Skills to help determine local economic priorities and lead economic growth and job creation within the local area.

<sup>95</sup> Plymouth Growth Board dashboard January 2023

<sup>96</sup> ONS annual population survey October 2021 to September 2022

<sup>97</sup> Annual population survey - updated and corrected by ONS in January 2023

<sup>98</sup> <sup>99</sup> Jobs figure is slightly higher than total employee jobs due to rounding by industry category

**Table 17:** Jobs by industry breakdown, 2013 to 2021

Industry	2013	2014	2015	2016	2017	2018	2019	2020	2021
A : Agriculture, forestry and fishing	31	44	90	20					
B : Mining and quarrying	23	22	20	30	30	30	40	30	30
C : Manufacturing	12,563	13,071	12,700	13,000	13,000	13,000	14,000	15,000	16,000
D : Electricity, gas, steam and air conditioning supply	615	351	300	500	600	700	600	600	500
E : Water supply; sewerage, waste management and remediation activities	360	500	400	450	350	450	400	700	450
F : Construction	3,475	3,901	4,200	4,500	5,000	4,000	4,500	4,000	4,000
G : Wholesale and retail trade; repair of motor vehicles and motorcycles	16,004	15,922	16,500	16,000	16,000	15,000	16,000	15,000	16,000
H : Transportation and storage	4,993	4,623	5,900	5,000	4,500	5,000	5,000	5,000	5,000
I : Accommodation and food service activities	7,731	7,699	7,700	8,000	9,000	9,000	9,000	8,000	10,000
J : Information and communication	1,473	1,756	1,800	1,750	2,000	2,000	1,750	2,250	1,750
K : Financial and insurance activities	2,218	2,067	1,800	1,750	1,750	1,250	1,250	800	900
L : Real estate activities	2,199	2,215	1,900	1,750	1,750	1,750	2,000	2,250	1,750
M : Professional, scientific and technical activities	4,118	4,665	5,000	4,000	5,000	4,500	6,000	6,000	6,000
N : Administrative and support service activities	5,608	6,135	6,300	7,000	8,000	8,000	8,000	8,000	7,000
O : Public administration and defence; compulsory social security	7,029	7,024	5,900	6,000	6,000	6,000	6,000	7,000	7,000
P : Education	13,635	12,720	12,800	13,000	13,000	12,000	12,000	12,000	12,000
Q : Human health and social work activities	19,944	20,577	20,300	20,000	19,000	21,000	20,000	20,000	22,000
R : Arts, entertainment and recreation	2,551	2,780	2,500	2,500	3,000	3,000	2,500	2,500	2,500
S : Other service activities	1,747	1,634	1,700	1,750	2,000	2,000	2,250	1,750	1,500
Total <sup>99</sup>	106,316	107,706	107,800	107,000	109,000	108,000	112,000	110,000	115,000

Table 16 shows that Plymouth's 'human health and social work activities' sector remains the largest source of employment in the city, increasing by 2,000 jobs since 2020. The city's 'manufacturing sector' represents 13.9 per cent of Plymouth's total employment (compared to 7.9 per cent nationally) and has seen a year-on-year increase totalling 3,000 jobs since 2018. The next most significant increase in jobs has come in the 'Professional, scientific and technical activities' industry with an increase of 1,500 jobs since 2018.

<sup>99</sup> Jobs figure is slightly higher than total employee jobs due to rounding by industry category

While significant strides have been made to build diversification and resilience into the Plymouth economy, there is still an over reliance on the public sector for employment. The total number of public sector jobs in the city has increased in recent years, from 21,828 in 2017 (20 per cent) to 26,700 (23 per cent) in 2021.<sup>100</sup> In contrast, the Heart of the South West (HotSW) figure has increased at a much slower rate (17.6 to 17.8 per cent), therefore the gap between Plymouth and the wider Heart of the South West LEP area is growing.<sup>101</sup>

#### 4.1.3 EMPLOYMENT BY OCCUPATION

Mainly due to the growth in associate professional occupations, Plymouth has a higher percentage of people in employment in major occupation groups 1-3 (52.3 per cent) compared to 49.4 per cent nationally.<sup>102</sup> However, the city has lower than national proportions of people in the 'Managers, Directors and Senior Officials' occupations (7.7 per cent compared to 10.5 per cent nationally), 'Caring, Leisure, And Other Service Occupations' (7.5 per cent compared to 8.0 per cent nationally), and 'Sales and Customer Service Occupations' (5.5 per cent compared to 6.5 per cent nationally).

Plymouth has more 'Skilled Trades' (13.8 per cent compared to 8.6 per cent nationally), Associate Professional Occupations (19.2 per cent compared to 14.9 per cent nationally) and Process Plant & Machine Operatives (6.5 per cent compared to 5.5 per cent nationally) also remain higher.

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<sup>100</sup> ONS Business Register and Employment Survey (2021 and 2017) *public sector figures*, (accessed February 2023) [data file]

<sup>101</sup> *Ibid.*

<sup>102</sup> Nomis (2018) Nomis (2022) Labour Market Profile, Employment by occupation, October 2021 to September 2022 (accessed January 2023) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

**Table 18:** Employment by occupation

Employment by occupation (Standard Occupational Classification (SOC))	Plymouth (numbers)	Plymouth (%)	South West (%)	Great Britain (%)
<b>Soc 2020 Major Group 1-3</b>	<b>64,700</b>	<b>52.3</b>	<b>49.4</b>	<b>51.6</b>
1 Managers, Directors And Senior Officials	9,600	7.7	10.2	10.5
2 Professional Occupations	31,300	25.2	24.9	26.0
3 Associate Professional Occupations	23,900	19.2	14.2	14.9
<b>Soc 2020 Major Group 4-5</b>	<b>27,000</b>	<b>21.8</b>	<b>20.7</b>	<b>18.8</b>
4 Administrative & Secretarial Occupations	9,800	7.9	10.0	10.1
5 Skilled Trades Occupations	17,100	13.8	10.6	8.6
<b>Soc 2020 Major Group 6-7</b>	<b>16,200</b>	<b>13.1</b>	<b>15.2</b>	<b>14.5</b>
6 Caring, Leisure And Other Service Occupations	9,400	7.5	8.6	8.0
7 Sales And Customer Service Occs	6,800	5.5	6.6	6.5
<b>Soc 2020 Major Group 8-9</b>	<b>15,800</b>	<b>12.8</b>	<b>14.7</b>	<b>15.1</b>
8 Process Plant & Machine Operatives	8,100	6.5	5.4	5.5
9 Elementary Occupations	7,700	6.2	9.2	9.5

Source: Nomis (2022) Employment by occupation (October 2021 to September 2022)

Plymouth has less employment in 'Administrative and Secretarial Occupations' (7.9 per cent) than both the South West (10.2 per cent) and nationally (10.5 per cent). Of those aged 16-64 years old considered economically active 15,900 people or 8.6 per cent were self-employed; less than the national figure of 10.6 per cent.<sup>103</sup>

#### 4.1.4 WAGES

Workforce earnings can be measured in two different ways – weekly earnings by place of residence or gross weekly workplace wages. The resident-based data set provides information about earnings of employees who are living in the city, who are on adult rates, and whose pay for the survey pay-period was not affected by absence. Workplace pay relates to the earnings of employees who are working in the city.

Average workplace wage data for Plymouth shows that wages increased faster than the national average over the last 12 months to November 2022 (+9 per cent compared to +5 per cent across the UK). However, inflation stood at 10.2 per cent in December 2022 meaning that Plymouth workers were still worse off in terms of take-home pay. Plymouth's pay currently stands at 92.3 per cent of the UK average.<sup>104</sup>

<sup>103</sup> Nomis (2022) Labour Market Profile, Employment and unemployment, October 2021 to September 2022 (accessed January 2023) [data file]. Available from:

<https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

<sup>104</sup> ONS annual survey of hours and earnings - workplace analysis data for 2021/22



Plymouth's average full time weekly earnings by place of residence fell in 2019 for the first time since the impact of the financial crisis more than a decade ago and only recovered to pre-pandemic levels in 2022.<sup>105</sup> Plymouth's average full time weekly earnings by place of residence for all workers is £553.40 compared to £619.80 in the South West and £642.20 nationally (2022). This has steadily increased from the £506.20 recorded in 2019, reaching £512.70 in 2020 and increasing to £522.00 in 2021.

The gender pay gap, measured in terms of average hourly pay excluding overtime, has been all but eliminated. Measured in terms of earnings by place of residence full time female workers average hourly pay excluding overtime stands at £14.15 compared with £14.02 for full time male workers. This is reversed for workplace-based earnings with full time male workers average hourly pay excluding overtime standing at £15.37 compared with £15.28 for full time female workers, giving a gender pay gap of 0.6%. Using the same data for part time workers, average hourly wages for female part time workers were £12.02 compared with £11.56 for male part time workers giving a positive gap of +4.3 per cent<sup>106</sup>.

Nationally the gender pay gap in terms of average hourly pay excluding overtime remained at 9.5 per cent in 2022. The local difference may be partially explained by the lower proportion of Major Group type I (Managers, Directors and Senior Officials) in the local workforce limiting the 'glass ceiling' effect. It is also notable that whereas in 2020 women only earned only 88 per cent of the national figure and men 89 per cent, by 2022 women were earning 93 per cent of the national and men only 83 per cent.<sup>107</sup> In April to June 2021, 10.7 per cent of fathers reported that they worked mainly from home compared with 13.4 per cent of mothers, with the highest rates amongst mothers with a youngest dependent child aged between three and four years (16.4 per cent).<sup>108</sup> Research conducted in the US has shown that Managers, Directors and Senior Officials are among the most likely to be able to work from home in most sectors.<sup>109</sup> Women may be able to compensate to some extent for the glass ceiling effect by reaching a labour pool outside the local area where higher paid work is more prevalent whilst retaining a local base.

Resident male take home pay still exceeds resident female take home pay with weekly gross pay for men averaging £584.60 compared to £535.80 for women<sup>109</sup> a gap that increases when workplace wages are considered with figures of £613.50 for men and £552.60 for women (2022).<sup>110</sup> The data suggests that this is the result of a difference in the number of hours worked rather than a pay rate differential. In terms of comparison with the national figures men earn 85 per cent of the national average for full time male workers whilst women earn 91 per cent the national average for female full-time workers.

<sup>105</sup> ONS annual survey of hours and earnings - resident analysis 2021/22

<sup>106</sup> ONS annual survey of hours and earnings - resident analysis

<sup>107</sup> ONS annual population survey

<sup>108</sup> Labour Force Survey (LFS) Household datasets, April to June 2021, UK

<sup>109</sup> ONS annual survey of hours and earnings - resident analysis

<sup>110</sup> ONS annual survey of hours and earnings - workplace analysis

This may be the result of labour market inflexibility and the greater proportion of childcare, and other domestic caring responsibilities done by women. Women whose youngest dependent child was aged between one and eight years were more likely to be in part-time employment than full-time employment. When asked about any special working arrangements, such as flexible or term-time hours, 33.3 per cent of mothers reported an agreed special working arrangement in their job, compared with 23.6 per cent of fathers.

Until 2020 the most common working arrangement for families where both parents worked was for a man to work full-time and the partner part-time. However, since 2020 the most common working arrangement has been both parents working full-time.<sup>111</sup> During the pandemic women with dependent children recorded 17% more time on unpaid childcare each day (an average of 102 minutes per day) while for men it increased more, by 92 per cent (an average of 90 minutes per day). By March 2022 women with dependent children spent an average of 85 minutes on childcare while men with dependent children continued to provide 18% more unpaid childcare than in 2014 to 2015, recording an average of 56 minutes a day. In March 2022, employed women with dependent children spent more time on all work combined (an average of 496 minutes per day working from home, working away from home, on unpaid childcare and unpaid household work) than employed men with dependent children (481 minutes per day).<sup>112</sup>

Plymouth's earnings divide, measured by the gap in residents' gross weekly pay between the top 20 per cent and the bottom 20 per cent of earners within the city, has decreased in 2022. The 20th percentile saw a significant increase of 22 per cent to £286.20 and the 80th percentile saw an increase of 4.6 per cent to £682.20. As a result, the wage gap shrank from 2021 to 2022. The gap between the 20th and 80th percentiles is lower in Plymouth than the South West and Great Britain although this is largely due to Plymouth having a lower 80th percentile wage.

For full time workers the gap closed by £60.10 from 2019 (a decrease of 16.5 per cent). In 2021 the full time earnings gap was £304.60 in Plymouth, significantly less than the South West (£501.80) and national (£447.10) gaps. Between 2019 and 2022 this growth has been 16.5 per cent for the bottom 20 per cent compared to 0.1 for the top 20 per cent.<sup>113</sup>

Whilst opportunity for wage growth is improving for some it remains to be seen if this can be sustained and a lack of income resulting in poverty leads to a city that is unfair for some. Maximising opportunities for all, to ensure that everyone can benefit from the growing economy, is essential to reduce inequalities and to equip those who may otherwise be left behind to participate fully in the city's success. Inclusive growth was highlighted as a challenge facing cities such as Plymouth in the last Plymouth Report and whilst these early signs are positive it still remains a priority. Plymouth has always taken this challenge seriously, with many initiatives across the city promoting fairness and helping to reduce poverty and inequality.

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<sup>111</sup> Labour Force Survey (LFS) Household datasets

<sup>112</sup> Office for National Statistics (ONS) Time Use Survey data from 2014/15, March and April 2020 and March 2022.

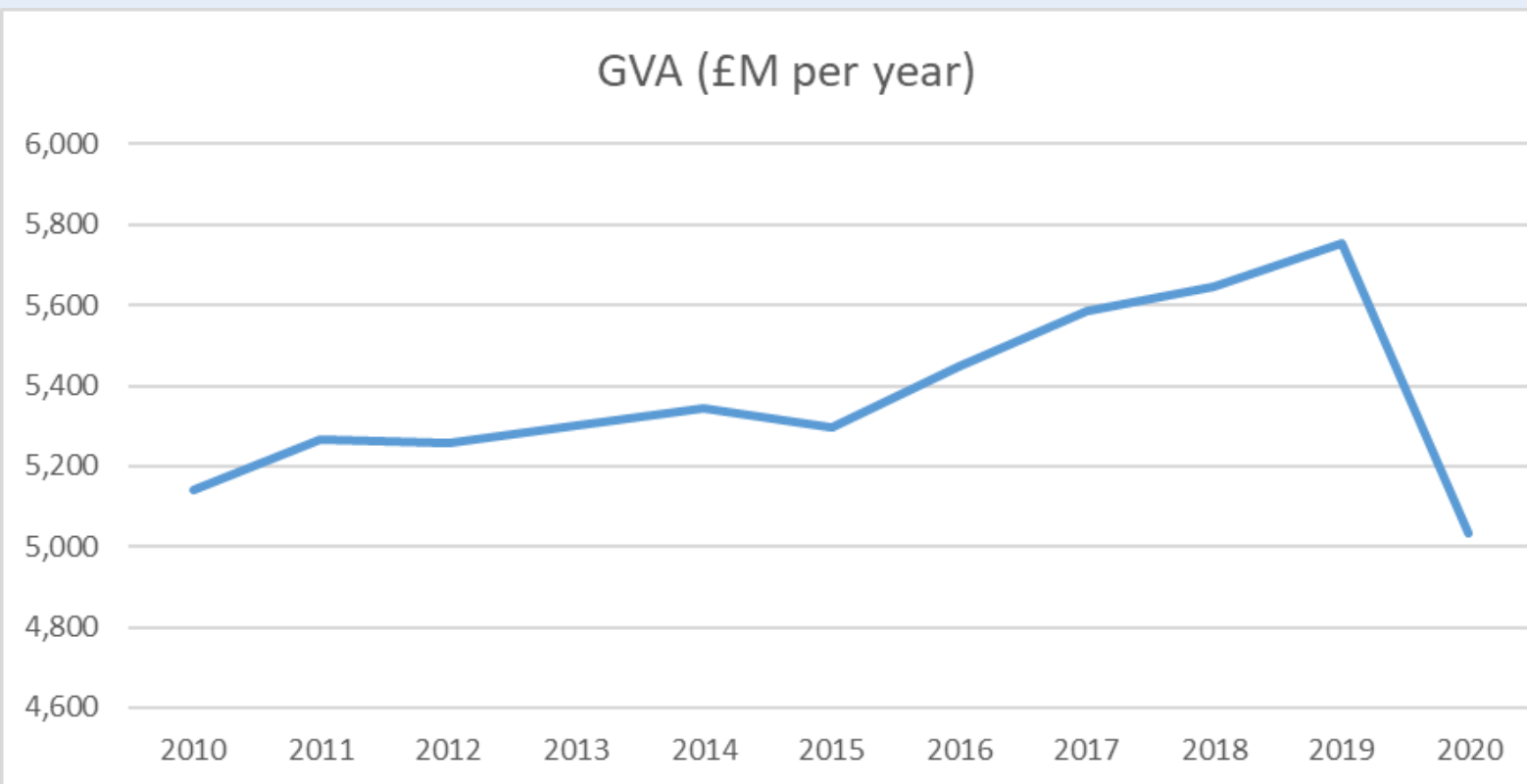
<sup>113</sup> Nomis (2022) Labour Market Profile, Annual survey of hours and earnings by residence, October 2021 to September 2022 (accessed February 2023) [data file]. Available from:

<https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

#### 4.1.5 PRODUCTIVITY

Following years of sustained output and growth Plymouth's productivity gap with the national average had been narrowing up until 2018 but has since widened again, this is in part due to the effect of the pandemic. The impact of this is clearly visible with a significant decline of 12 per cent in real GVA, this compares with a 9.8 per cent fall in the UK wide figure.

**Figure 11:** Plymouth GVA (£M per year) 2010 – 2020



Plymouth's productivity gap had been narrowing up until 2018 but has since widened again and stands at 82.8 per cent of the national average down from 83.5 per cent in 2019. This compares with 69.1 per cent in Torbay, 82.9 per cent across the Devon County Council area and 79.6 per cent in Somerset. The two industrial sectors that contribute most to our growth figures are Manufacturing and the Marine and Defence sectors. The Manufacturing sector accounts for £987m GVA and supports 15,588 FTE jobs while the Marine and Defence sector generates £1121m in GVA and supports 19,199 FTE jobs in the city (2019).

Over the spring and summer of 2020, Plymouth City Council worked with stakeholders across Plymouth to design an economic recovery plan that would first stabilise and then build back a more inclusive and resilient economy. Six 'pillars' were identified to support future growth.

- **Build 4 Plymouth:** We can help stimulate recovery by accelerating big construction, building and infrastructure projects that will create jobs and build foundations for future prosperity.
- **City centre renaissance:** The pandemic has accelerated existing trends, the clear direction of travel is towards a mixed-use city centre and a more locally distinctive offer for all the people of Plymouth.
- **Recovery beacons:** These are the transformational projects that will symbolise our recovery and set the direction for positive change in the local economy and life of the city.
- **Sector action plans:** Every sector will have unique challenges. We have set up sector taskforces to work with sector leaders and groups to deliver focused and tailored support.
- **Skills 4 Plymouth:** We need to help our people to gain the skills they need to meet the demand of our local employers and sectors as an aid to recovery and to address future skills demands.
- **Spend 4 Plymouth:** By focusing on the importance of spending our pounds in Plymouth and maximising the benefits generated from our spending, not only to the economy, but to the society and environment (Social Value) in Plymouth we can support local jobs and grow our city.

Plymouth's future growth potential is likely to lie in productivity-led growth with a focus on the 'quality' of the jobs created. This means increased private sector jobs and the creation of more high-productivity jobs with opportunities to progress into these jobs through career and wage progression.

#### **4.1.6 BUSINESS START-UPS AND GROWTH**

There were 1,040 new business start-ups in Plymouth in 2021 (the most recent year for which data is available)<sup>114</sup>. This represents an increase over the 910 in 2020 and exceeds pre pandemic figures, representing a 34% uplift in new business births over the last 5 years.

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<sup>114</sup> Business Demography 2021 - Office For National Statistics - 17th November 2022

**Table 19:** Active businesses in Plymouth 2021 - 2016

Year <sup>115</sup>	2021	2020	2019	2018	2017	2016
New business births <sup>116</sup>	1,040	910	830	875	770	775
New business deaths <sup>117</sup>	715	660	660	705	805	675
Net change	+325	+250	+170	+70	-35	+100
High growth enterprises <sup>118</sup>	30	40	35	40	35	40
Active enterprises with more than 10 employees	800	775	785	805	810	800
Total active businesses	6,965	6,610	6,440	6,395	6,390	6,330

Source: ONS Business Demography 2021

Allowing for business deaths there was net growth in active business in each of the last five years for which figures are available except 2017, net growth has been particularly strong as Plymouth exited the pandemic.

Looking at businesses born in 2016, short term business survival rates were comparable with both national and regional figures ( $\pm 1$  per cent). Longer terms rates outperformed the regional average, being significantly better at 2 years (+6.5 per cent) and maintaining an advantage up to 5 years later (+2.3 per cent) when they also marginally exceeded the national rate (+1.4 per cent). Businesses born post-pandemic in 2020 were marginally less likely to have survived than the UK (-1 per cent) and regional average (-1.6 per cent).

Since the pandemic Plymouth has experienced a temporary fall in the number of businesses with more than 10 employees however this has now recovered to pre-pandemic levels.

<sup>115</sup> All data from Business Demography 2021 published 17<sup>th</sup> November 2021

<sup>116</sup> A birth is identified as a business that was present in year t, but did not exist in year t-1 or t-2.

<sup>117</sup> A death is defined as a business that was on the active file in year t, but was no longer present in the active file in t+1 and t+2.

<sup>118</sup> All enterprises with average annualised growth greater than 20% per annum, over a three year period. Growth can be measured by the number of employees or by turnover. For this analysis growth has been measured using employment.

The city has a slightly higher proportion of high growth businesses than the UK average (0.45 per cent compared with 0.39 per cent), and a slightly higher proportion of businesses employing 10 or more people (11.5 per cent compared with 10.5 per cent nationally)<sup>119</sup>. Of the 800 businesses employing more than 10 people, 650 are small (employing less than 50 people), 120 are medium (employing more than 50 and less than 250 people), and 30 are large (employing more than 250 people).<sup>120</sup>

#### 4.1.7 ECONOMIC ACTIVITY

Economic activity rates are very dynamic, and the reader is recommended to check the latest figures published quarterly by ONS in their Labour Market profile. The figures in the table below published in January 2023 relate to the period October 2021 to September 2022. Plymouth had a lower proportion of the resident adult population that were economically active than regional and national rates. This was mainly due to a significantly higher proportion of people looking after family/home or retired.

**Table 20:** Overview of Economic Activity in Plymouth October 2021 to September 2022

	Plymouth (Level)	Plymouth (%)	South West (%)	Great Britain (%)
<b>All People - economically active</b>				
Economically Active†	129,200	75.9	80.3	78.4
In Employment†	124,400	73.0	78.1	75.5
Employees†	107,700	63.6	66.7	66.0
Self Employed†	16,000	9.0	11.2	9.2
Unemployed (Model-Based)§	4,100	3.2	2.7	3.7
<b>All People – economically inactive</b>				
Total	40,300	24.1	19.7	21.6
Student	7,100	17.5	23.9	26.6
Looking After Family/Home	10,900	27.0	18.3	19.6
Long-Term Sick	13,600	33.6	25.7	25.5
Retired	4,400	10.9	19.0	14.1
Other	4,400	10.9	11.0	11.8
Wants A Job	8,000	19.8	18.0	18.4
Does Not Want A Job	32,400	80.2	82.0	81.6

Source: ONS Labour Market Profile January 2023

<sup>119</sup> Business Demography 2021- Office for National Statistics - 17th November 2022

<sup>120</sup> UK Business count 2022 - Inter Departmental Business Register (ONS)

#### 4.1.8 UNEMPLOYMENT

Employment rates are very dynamic, and the reader is recommended to check the latest figures published quarterly by ONS in their Labour Market profile. Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out, the number of people recorded as being on the Claimant Count is therefore likely to rise. In January 2023 Plymouth had a slightly higher proportion of both men and women unemployed than the regional average but less than the national average.

**Table 21:** Unemployment in Plymouth January 2023

	Plymouth (Numbers) <sup>121</sup>	Plymouth (%)	South West (%)	Great Britain (%)
All People	5,400	3.2	2.5	3.6
Males	3,195	3.8	2.9	4.3
Females	2,205	2.6	2.1	3.0

Source: ONS Labour Market Profile January 2023

#### 4.1.9 COMPETITIVE ADVANTAGES

Plymouth is continuing to transform and re-balance its economy, building a strong inward investment and export portfolio with a focus on productivity, higher value, and knowledge-based industries. Its distinctive industry strengths are in advanced engineering, marine technology, and defence as well as an emerging specialism in the health and life sciences sector. Plymouth is recognised for its strength across these industries with global companies and world-leading research institutions already based in the city.

The city is a global centre of excellence for marine science and technology with one of the largest clusters of expertise in Europe. The Marine Business Technology Centre has recently been launched and is based in the UK's first marine Enterprise Zone at Oceansgate connecting marine related and supply chain businesses with the research knowledge base across the HotSW.

The two industrial sectors that contribute most to our growth figures are Manufacturing and the Marine and Defence sectors.<sup>122</sup>

Plymouth has a location quotient<sup>123</sup> of 9.90 (GVA), meaning that the marine industry in Plymouth is nearly 10 times more concentrated than the national average. The building of ships and floating structures and the building of pleasure and sporting boats in Plymouth boast location quotients of 40.5 and 42.0 respectively; around 40 times the national average.

Plymouth also has the highest concentration of manufacturing employment on the south coast of Britain, providing opportunities in management, process engineering, and advanced manufacturing.

<sup>121</sup> Claimant count by sex - not seasonally adjusted (January 2023)

<sup>122</sup> Data supplied by Plymouth City Council Economic Development

<sup>123</sup> A location quotient (LQ) is a way of quantifying how concentrated a particular industry, cluster, occupation, or demographic group is in a region as compared to the nation. It can reveal what makes a particular region 'unique' in comparison to the national average.



**Table 22:** Comparison of the Manufacturing Sector and Marine and Defence Sector in Plymouth

Manufacturing Sector	Marine and Defence Sector
15,588 FTE manufacturing jobs (2019)	13,197 FTE jobs in marine and defence (2019)
£986.5m GVA (2019)	£713.6m GVA for the marine and defence industries (2019)
£63,280 GVA per FTE (2019)	£54,080 GVA per FTE (2019)

Source: Plymouth City Council Economic Development Team

Plymouth's ports provide an opportunity for the city to maximise its export potential and contribute to the UK's international competitiveness. Plymouth's ports handled over 2.3 million tonnes of cargo in 2021, up from 1.9 million tonnes in 2020 but still slightly below the pre pandemic peak of 2.4 million tonnes<sup>124</sup>.

With regular sailings most days during peak season Plymouth's roll on roll off ferry service typically carries around 430,000 passengers per year however data from the Department for Transport suggests that passenger numbers fell by 8% in 2021 by comparison with 2020. Given that the main route is to France and passenger journeys from the UK to France fell overall by 28% this is quite a resilient result. However, 2020 was highly affected by COVID, and the continued decrease could threaten the long term viability of the service.

The fishing industry contributes over £10 million in GVA to Plymouth each year putting Plymouth in the top four fishing ports in England. In 2021 5.2 thousand tonnes of fish were landed at a value of £10.9m. Catches have been decreasing in recent years, pre pandemic 2017 10.9 thousand tonnes were landed, however the value of landings per tonne has fallen less dramatically at £10.9m in 2022 compared with 15.9m in 2017.

HM Naval Base Devonport (HMNB) is the largest naval base in Western Europe covering 650 acres, with 15 dry docks, four miles of waterfront, 25 tidal berths and five basins. It is currently home to the Type 23 frigates and the primary UK location for maintenance of surface ships and submarines including base-porting options for the future Type 26 and Type 31 frigates. HMNB Devonport is of vital importance to the UK's defence capability and the city's overall marine offer.

The naval base has world-class infrastructure and a highly skilled workforce which directly accounts for 14.1 per cent of the city's economic value in terms of GVA and 10.1 per cent of Plymouth's total employment. The dockyard and naval base encompass facilities for highly specialised engineering work including the deep maintenance of nuclear submarines. Nuclear technologies are also a significant and growing component of activity at Devonport. With a new class of nuclear submarines coming into service by 2026, the older vessels will require decommissioning. This will mean further developing the skills and capacity of the workforce, both to maintain some of the country's most expensive assets and to safely decommission the retiring fleet.

<sup>124</sup> UK major port freight traffic by port and year (filter by direction and cargo type), from 2000

The city also has an emerging specialism in the health and life sciences sector, anchored by one of Europe's largest teaching hospitals which incorporates the region's trauma centre, a teaching trust in partnership with Plymouth University, and a Ministry of Defence Hospital Unit employing around 150 military medical personnel. Plymouth's health and life sciences sector currently represents 16.8 per cent of the total FTE employment in the city. This includes large public sector activity around healthcare, as well as specialised manufacturing of medical instruments, medical research, and digital technologies (e-health). The potential for growth in the sector is significant due to the wealth of research facilities and collaborative working, building on strengths at the University of Plymouth in artificial intelligence and augmented and virtual reality as well as other university partnering opportunities. Plymouth Science Park also represents a significant asset with the potential for development growth.

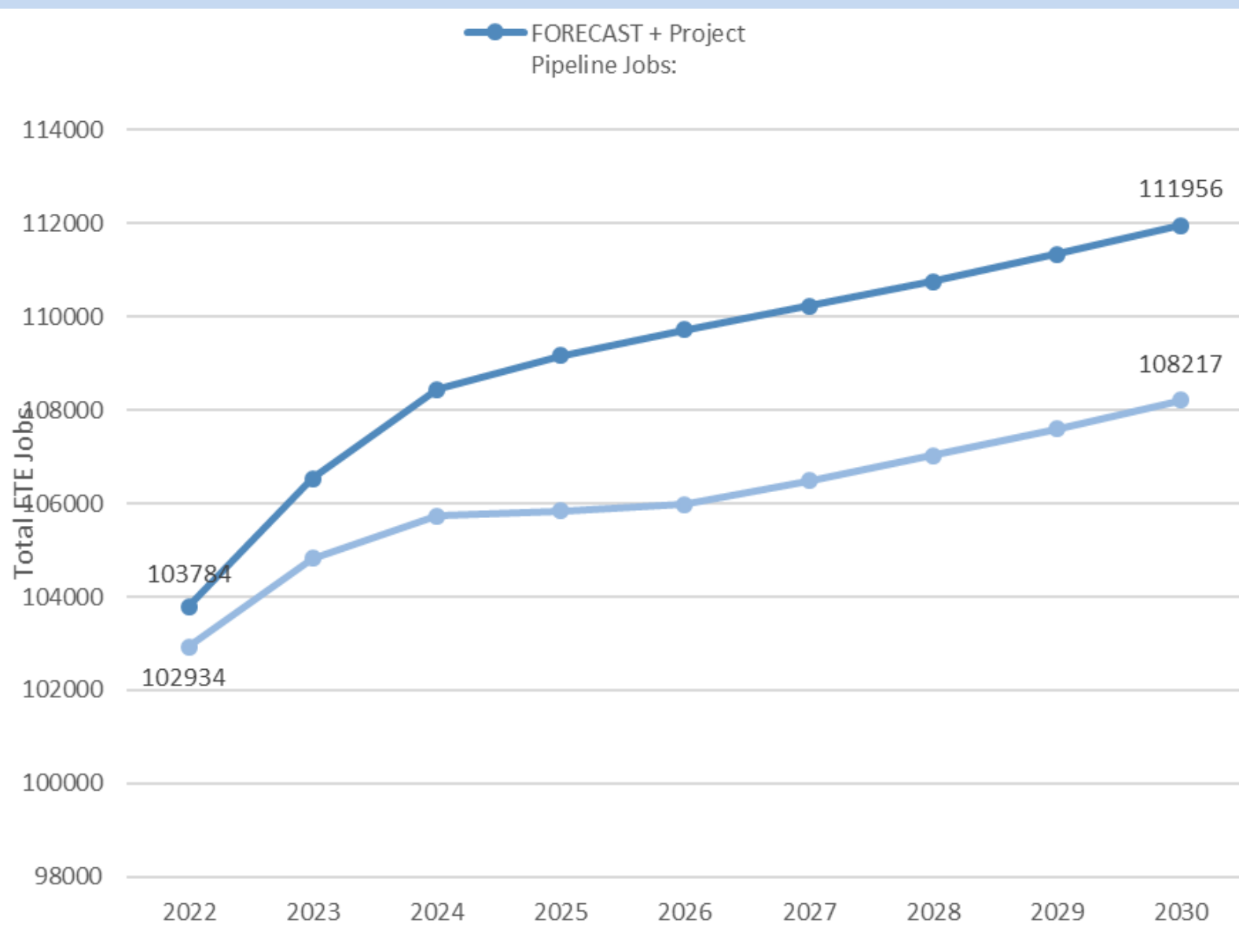
In March 2021 it was announced that Plymouth would become one of the eight Freeports that are the flagship of the Government's Levelling Up programme and in January this year a Memorandum of Understanding was signed that will release the first tranche of £25m in seed capital to help build it. The Plymouth and South Devon Freeport is expected to generate 3,500 new high-quality jobs with 80 per cent of them expected to be paid at above the current median wage.

#### 4.1.10 SKILLS DEMAND

Current skills demand is best illustrated by the AMORE forecast<sup>125</sup> carried out by Plymouth City Council's Economic Development team in November 2021. Using the AMORE model, Plymouth is projecting growth of 5,283 Full Time Equivalent (FTE) jobs between 2022 and 2030. These forecasts are based primarily on the Office for Budget Responsibility (OBR) national forecasts (including the impact of the Covid-19 pandemic) as well as the historical trends seen for each sector in Plymouth. However, this forecast does not include the pipeline of projects for Plymouth and subsequent job creation. This includes the developments at the Plymouth and South Devon Freeport, Devonport Naval Base, Derriford Hospital and the Civic Centre / Guildhall. When this local data is factored in, the growth rises to 8,173 Full Time Equivalent (FTE) jobs.

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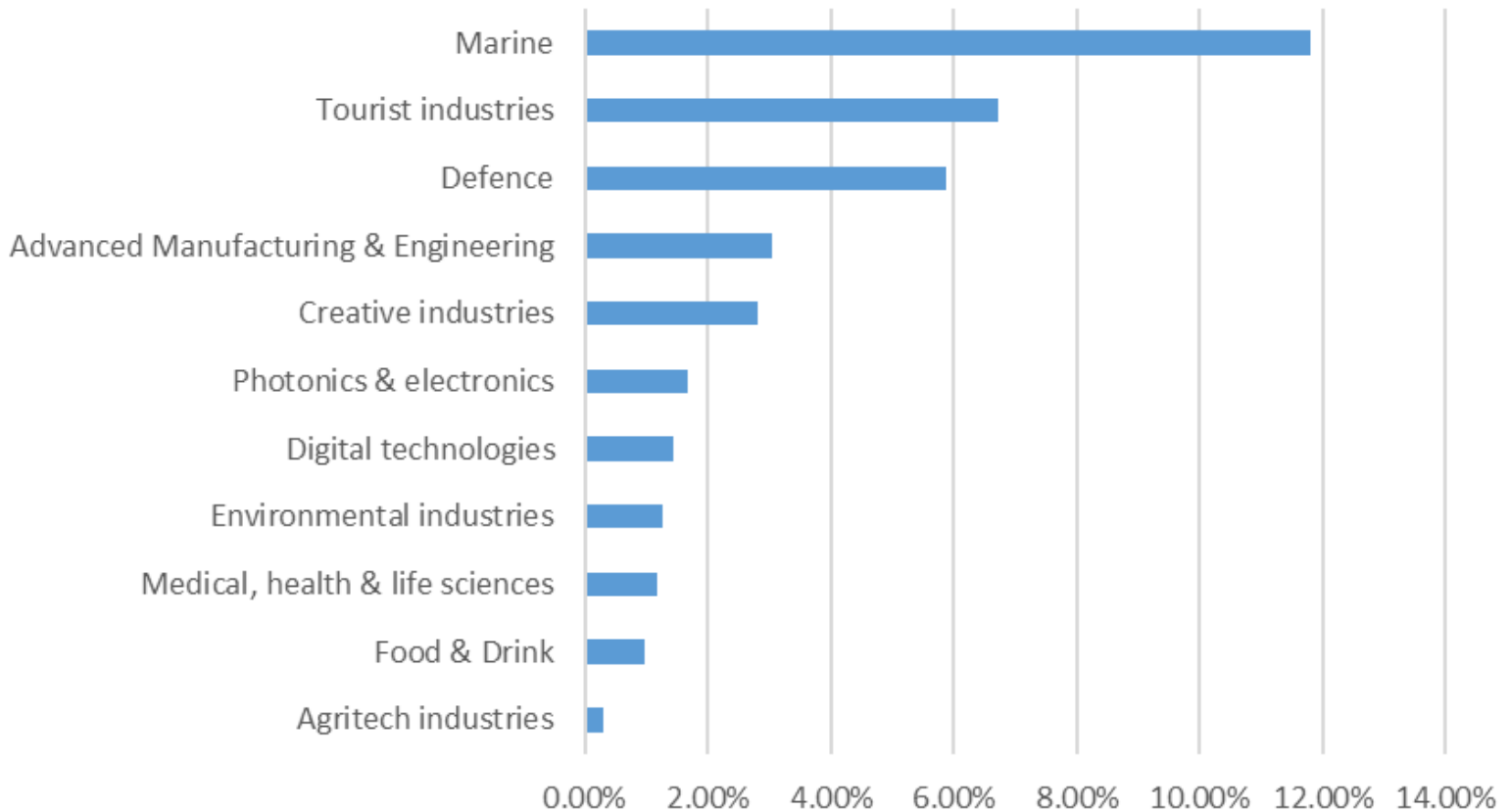
<sup>125</sup> The Advanced Modelling of Regional Economies (AMORE) is used by a number of organisations, including local authorities, to forecast future jobs and is built on the Business Register and Employment Survey (BRES) produced by the Office for National Statistics (ONS).

**Figure 12:** Forecast FTE job growth in Plymouth with and without project pipeline

The data also reveals that 43 per cent of the job growth will be in graduate level / higher skilled roles, with the majority of these roles in marine (75 per cent) followed by: environmental industries, photonics & electronics, advanced manufacturing & engineering and medical, health & life sciences. This is largely reflected in the city's key sectors as outlined previously.

In addition to the higher skilled roles which will drive Plymouth's productivity, the importance of traditional sectors such as tourism & hospitality should not be ignored as highlighted in the graph below.

**Figure 13:** Proportion of FTE jobs in Plymouth by key sector



Source: Plymouth City Council Economic Development Team AMORE profile

One final observation concerns the high number of job roles in defence / infrastructure. It is worth noting that security clearances are required for these roles and this needs to be factored in to planning.

### SKILLS GAPS

Current skills gaps are best illustrated by the number of unique job vacancy postings in Plymouth<sup>126</sup>. In Plymouth there were 61,903 total job postings through the whole of 2022, of which 27,122 were unique. These numbers give us a Posting Intensity of 2-to-1, meaning that for every 2 postings there is 1 unique job posting.

The table below shows the number of unique job vacancy postings per month.

<sup>126</sup> This data is sourced from Lightcast, the market leader in labour market data.

**Table 23:** Unique Job Vacancy Postings 2019 – 2022

Year	Average number of unique job vacancy postings per month
2019	1,360
2020	1,543
2021	2,104
2022	2,260

Source: Lightcast

As can be seen, Plymouth has seen relatively higher average levels of job vacancy postings in 2022 when compared to pre-pandemic levels, up by over 60 per cent since 2019.

This is compounded by the number of vacancies requiring a Level 4 qualification or higher. Over 60 per cent of unique job postings require a Level 4 qualification or higher, but only 27.5 per cent of Plymouth residents are qualified to this level (some apprenticeships are Level 4). The city also fares poorly in comparison to England as a whole, with 33.9 per cent of the population holding a Level 4 qualification or higher; a gap of 6.4 per cent.

**Table 24:** Education Demand

Qualification Level	Unique Postings	% of Postings with Qualification Level Required
Level 1 & 2 (GCSE or equivalent)	1,641	19.57%
Level 3 (A levels or equivalent)	1,395	16.63%
Level 4 & 5 (HNC/HND or equivalent)	1,106	13.19%
Level 6 (Bachelor degree or equivalent)	2,856	34.05%
Level 7 (Master's Degree or equivalent)	1,047	12.48%
Level 8 (Doctorate or equivalent)	342	4.08%

Source: Lightcast

**Table 25:** Highest level of qualification by percentage of Plymouth population

Highest Level of Qualification	% of People in Plymouth	% of People in England
No Qualifications	17.3%	18.1%
Level 1 (1-4 GCSEs)le	9.8%	9.7%
Level 2 (5 or more GCSEs)	14.1%	13.3%
Level 3 (2 or more A Levels)	21.7%	16.9%
Level 3 & 4 Apprenticeship	7.2%	5.3%
Level 4 (HNC) or above	27.5%	33.9%
Other (Vocational or work-related)	2.4%	2.8%

Source: Office for National Statistics Census 2021

A further analysis of Plymouth's most in-demand industries is also revealing, with 56% of unique job postings in only two areas in 2022:

- Administrative and Support Service Activities
- Human Health and Social Work Activities

**Table 25:** In-Demand Industries in Plymouth 2022

Industry	Total Postings	Unique Postings
Administrative and Support Service Activities	14,809	7,281
Human Health and Social Work Activities	15,990	3,854
Professional, Scientific and Technical Activities	4,115	1,927
Education	2,320	1,373
Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles	2,555	1,128
Accommodation and Food Service Activities	2,257	950
Manufacturing	1,742	736
Construction	923	474
Information and Communication	1,064	460
Public Administration and Defence; Compulsory Social Security	678	386
Transportation and Storage	830	328
Other Service Activities	556	297
Real Estate Activities	531	286
Financial and Insurance Activities	565	240
Arts, Entertainment and Recreation	228	133
Water Supply; Sewerage, Waste Management and Remediation Activities	64	39
Electricity, Gas, Steam and Air Conditioning Supply	43	35
Mining and Quarrying	21	13
Agriculture, Forestry and Fishing	5	4

Source: *Lightcast*



## **STRATEGIC INTENTION**

All of this data and evidence is critical to informing local strategy formulation. Working with partners and stakeholders across the city, Plymouth City Council has developed two strategic plans to help drive forward growth in the city, while supporting both our residents and employers.

## **SKILLS 4 PLYMOUTH**

Skills 4 Plymouth is an ambitious 5-year transformation programme that has been co-designed with local employers and businesses, skills providers and wider stakeholders. It is designed to make sure:

- People have the right skills they need now and in the future to get a job and progress in work
- Employers and individuals invest in skills and lifelong learning
- Employers have people with the right skills they need for recovery and growth

The key aim for the strategy is to close the skills gaps (in the current workforce) and skills shortages (difficulties in recruitment) that have been holding Plymouth back economically. As a city, we do not have enough engineers, technicians, construction professionals, tradespeople, health care professionals, social care workers, or hospitality and tourism workers, to meet the growing demand of our local businesses and key sectors. Employers report recruiting difficulties in these areas as a key constraint and redressing this is critical to improving productivity, competitiveness and growth.

## **UNLOCKING PLYMOUTH POTENTIAL**

The evolving strategy for our young people covers the period from 2023 to 2025. Most young people succeed in education and make a positive transition to adult life and the world of work, however, there is a proportion of young people who do not and become Not in Employment, Education or Training (NEET). As of September 2022, 5.2 per cent (346) of young people aged 16- to 18-year-old are classed as NEET, with 3,698 Universal Credit (UC) claimants aged 16- to 24-year-old in Plymouth (July 2022). NEET rates are also particularly high amongst young people with:

- Experience of the care system
- Experience of the criminal justice system
- Physical or learning disabilities

It also affects young carers, service children and low-income families.

The purpose of the new strategy is to unlock potential through early identification and interventions to support young people so that they confidently become Seeking Employment, Education or Training (SEET).

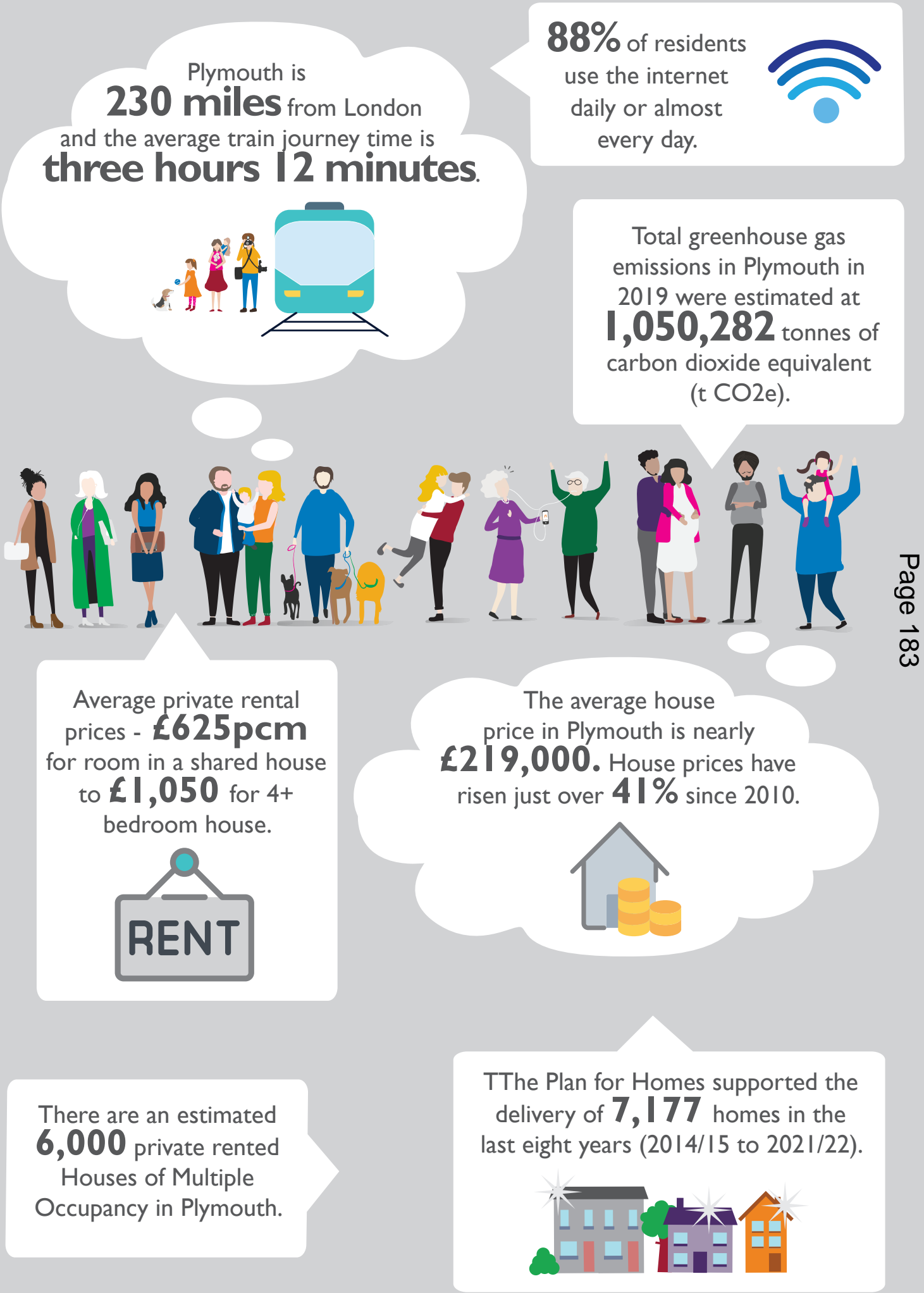
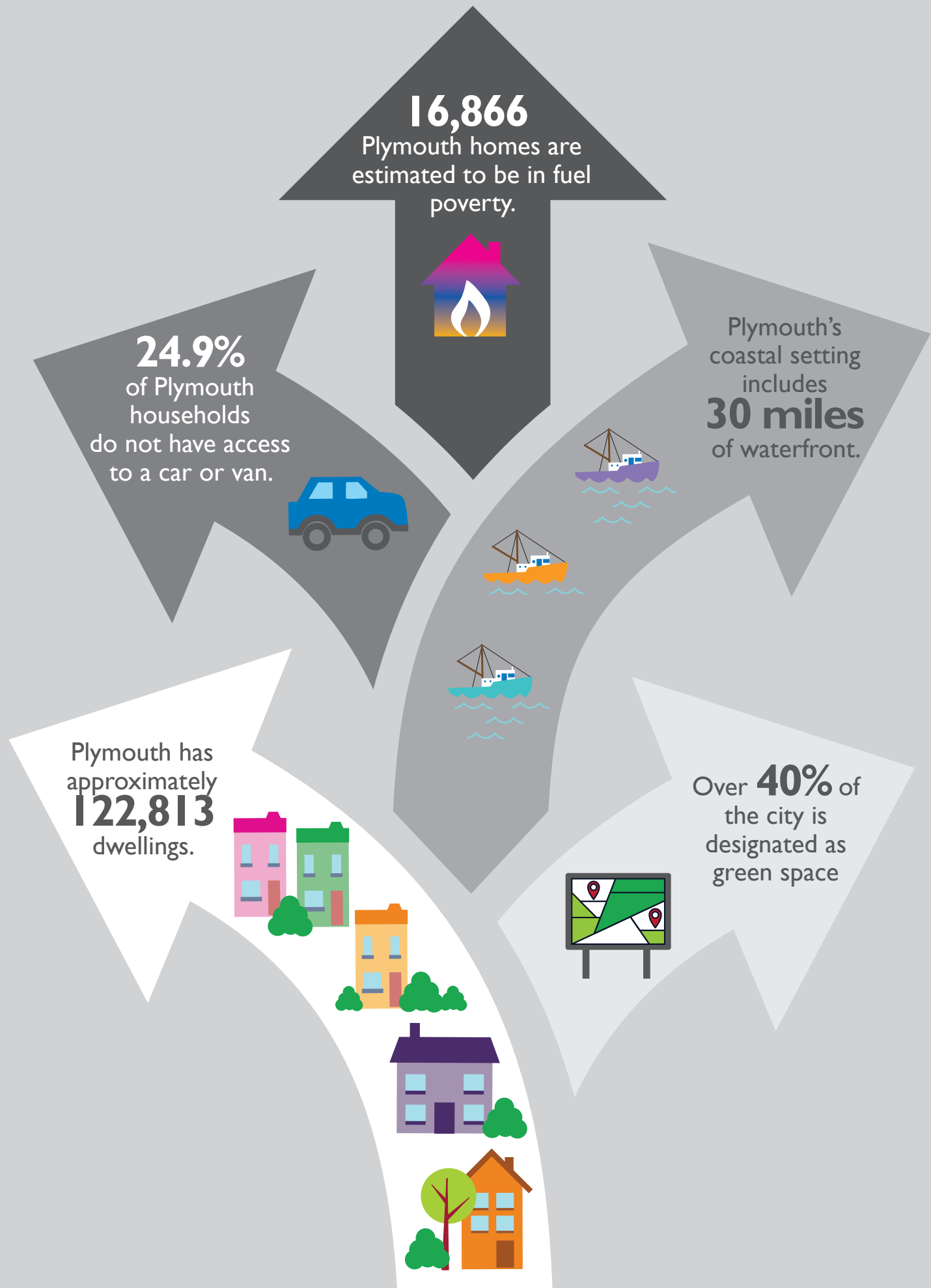
- **Identify** - Identify those young people at risk of becoming NEET
- **Act Early** - Strategic interventions implemented before the age of 16 to young people at risk of NEET designed to ensure they become SEET
- **Remove Barriers** - Identify and remove barriers and support young people back into employment, education or training
- **Collaborate** - Coordinated and collaborative multi-agency approach across Plymouth with data shared
- **Opportunities** - Work with employers to provide and ring-fence opportunities for young people. Equip employers with the skills and resources they need to provide successful opportunities
- **Celebrate** - Track and monitor to reduce NEETS, share best practice and celebrate success

This work is not done in isolation and aligns with regional developments such as the Local Skills Improvement Plan (LSIP) and the emerging County Deal.

#### 4.1.1.1 GRADUATE RETENTION

On average large employers in the city are recruiting circa 30 per cent from local universities vs 70 per cent from universities outside of the city. This is confirmed by Babcock, one of the city's major employers of graduates. They received one third of graduate applications from one of Plymouth's three universities between 1<sup>st</sup> September 2021 and 31<sup>st</sup> August 2022. The University of Plymouth accounted for approximately 30 per cent of applications. They also have an attrition rate of under 10 per cent for graduates with more than 5 years' service.

**INFRASTRUCTURE** - all the public systems, services and facilities that are necessary for economic and social activity, including roads, telecommunications, power and water supplies. Collectively they constitute the physical and social foundations of a strong society.



# INFRASTRUCTURE

# 5

Infrastructure includes all the public systems, services, and facilities that are necessary for economic and social activity, including roads, telecommunications, and power and water supplies. Collectively these elements constitute the physical and social foundations of a strong society.

Infrastructure provision is crucial for sustainable development. The successful delivery of growth will be, to a large extent, dependent on significant improvements to, and investments in, infrastructure. Although much can be achieved through making more efficient use of existing infrastructure such as transport systems and schools, the potential to deliver economic growth and quality of life improvements will be constrained without the delivery of some targeted programmes and projects.

The Infrastructure Needs Assessment (INA) prepared as part of the Plymouth and South West Devon Joint Local Plan (JLP) identifies a need for 475 infrastructure projects with a total value of over £1.8 billion for the 20 years of the plan period. For the Plymouth Policy Area, 314 projects have been identified at a value of over £1.39 billion. Of these, about half are considered to be key infrastructure projects indicating that they are either critical or necessary for the delivery of growth. Since 2014, within the Plymouth Policy Area, 124 of these projects have commenced or been completed, with a total value of circa £905 million. The specific infrastructure interventions identified for Plymouth's growth areas are seen as the primary projects needed to deliver a step change in growth and quality of place; this includes transport, public realm, and greenspace projects. Transport projects are the highest value sector overall with 107 projects valued at £603 million.

## 5.1 HOUSING

The delivery of housing is central to the city's growth agenda. Building the right type of homes, in the right place, at the right price, while creating quality environments, is necessary for Plymouth's citizens to thrive. Without a new and improved supply of the right homes, the economic and physical regeneration of the city will be constrained.

The Joint Local Plan (JLP) for Plymouth and South West Devon seeks to deliver 26,700 new homes, of which 6,600 should be affordable, by 2034 across the two policy areas of Plymouth and the Thriving Towns and Villages of South West Devon.

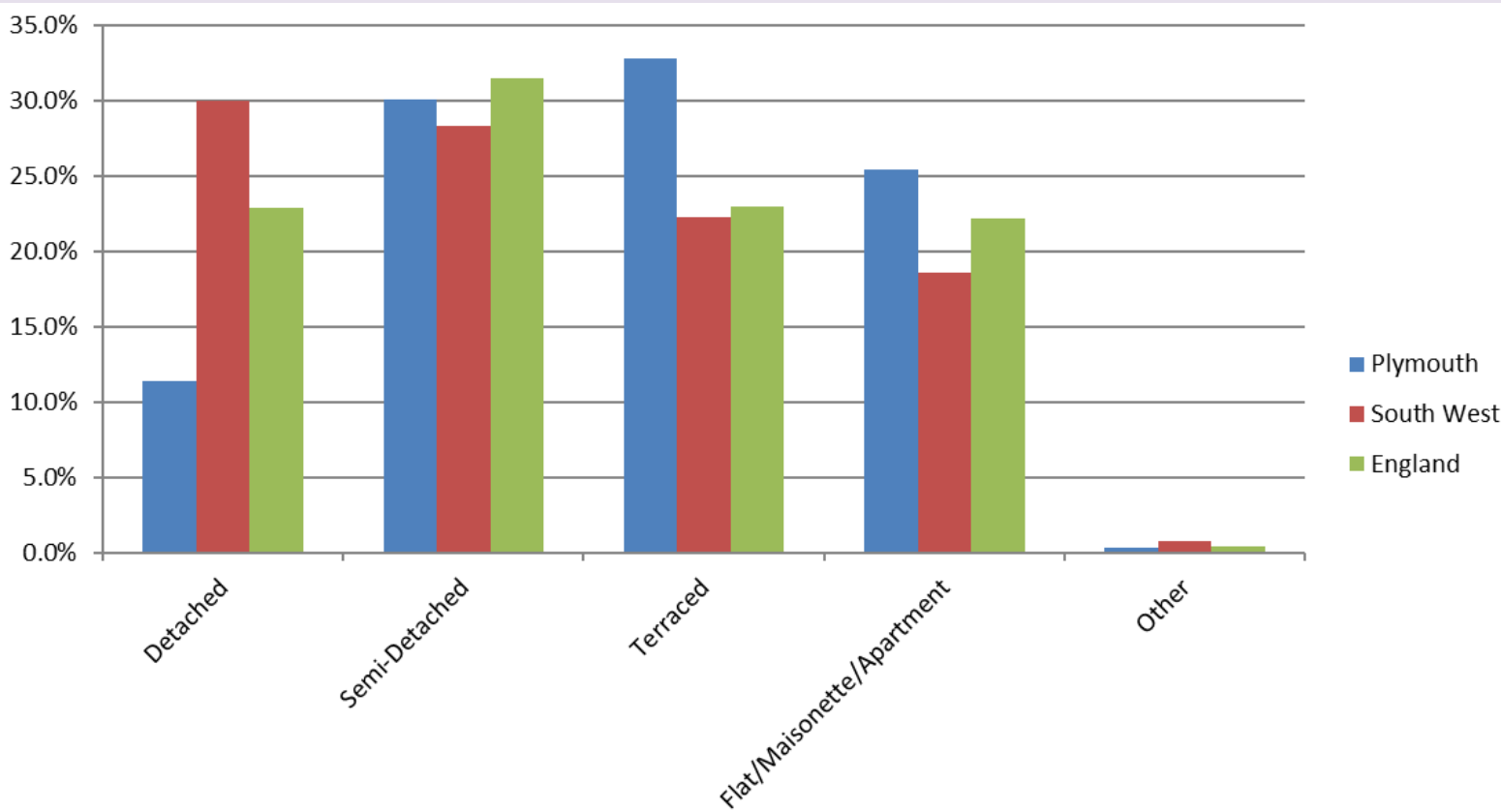
Plymouth is on track to meet the Plymouth Local Planning Authority (LPA) area target set out in the Joint Local Plan of 13,200 net additional dwellings to be delivered over the period 2014 to 2034 (annualised to 660 dwellings per annum). This has seen 6,177 net additional dwellings over the period 2014 to 2022 and is currently significantly ahead (by 897 dwellings) of the Plymouth LPA cumulative target (5,280 net additional dwellings over the period 2014 to 2022). Of the 6,177 homes, 1,030 were affordable homes, which is an annualised average of 129 (17 per cent of net housing delivery). However, this hides the significant amount of new affordable housing that has been delivered through the replacement of existing poor quality housing over the period (1,720 dwellings), accounting for 24 per cent of gross housing delivery (7,149 dwellings). This major regeneration in areas of Devonport, North Prospect and Barne Barton have seen the demolition of 690 poor quality affordable homes being replaced by the provision of new high quality affordable homes.

### 5.1.1 CURRENT HOUSING PROFILE

Plymouth has approximately 122,813 dwellings.<sup>127</sup> This has increased from 114,543 in 2011. A profile of Plymouth's housing stock, taken from the 2021 Census, shows that Plymouth's housing profile remains significantly different to that of England as a whole and also the South West region. The proportion of detached homes in the city has increased slightly from 10.9 per cent to 11.4 per cent in 2021. This is around half the national figure (22.9 per cent), which given the city's urban character is not unexpected. A third (32.8 per cent) are terraced compared to 23 per cent nationally.

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<sup>127</sup> Council Tax Base Return September 2022

**Figure 14: Breakdown of property type (2021 Census)**

Generally there are more flats in the south of the city, in the city centre and Stonehouse and areas with the highest proportion of detached houses are found in Plympton, Plymstock, and Glenholt and Widewell. An interactive map displaying this data can be found [here](#).

Plymouth has a larger proportion of smaller dwelling types with one bedroom homes accounting for 14.2 per cent of properties compared to 11.4 per cent nationally. Conversely, there is a smaller proportion of larger homes, with 15.5 per cent having four or more bedrooms compared to 21.1 per cent nationally.

### HOUSEHOLDS BY TENURE<sup>128</sup>

In comparison with the UK (62.3 per cent), and much of the South West (67.0 per cent), Plymouth has slightly low levels of overall home ownership (58.8 per cent). This is a small decrease from 59.5 per cent in 2011<sup>129</sup> which mirrors a national trend. The South West region has one of the highest rates of home ownership in the country. 29.5 per cent of households in Plymouth are owned outright which is below the national average (32.8 per cent) while 29.3 per cent are owned with a mortgage, loan or shared ownership, close to the national average of 29.7 per cent).

Tenure patterns reveal high concentrations of owner occupation in the east of the city with lower levels evident in the south and west of the city.

<sup>128</sup> ONS Census 2021

<sup>129</sup> ONS Census 2011

Outright home ownership rises to 50 per cent or above in areas such as Plympton St Mary, Plymstock Elburton and Glenholt & Widewell but falls to 11.5 per cent in the area of Devonport, Mount Wise & Morice Town which has a high level of social renting (43.5 per cent) as well as the city centre area (32.5 per cent) which is to be expected. An interactive map displaying this data can be found [here](#).

### PRIVATE AND SOCIAL RENTS

There are higher levels of private rented housing at 22.7 per cent as opposed to 19.6 per cent regionally and 20.4 per cent nationally. This is a slight increase from 21.2 per cent in 2011. Plymouth also has higher levels of social/affordable rented housing,<sup>130</sup> at 18.4 per cent as opposed to 13.3 per cent regionally and 17.1 per cent nationally). From 2011 to 2021 the number of social/affordable rented households decreased by 0.9 per cent which is greater than the national decrease of 0.5 per cent.

### HOUSEHOLD OCCUPANCY

Whether a household's accommodation is overcrowded, ideally occupied or under-occupied, is calculated by comparing the number of bedrooms the household requires<sup>131</sup> to the number of available bedrooms.

An occupancy rating of:

- -1 or less implies that a household's accommodation has fewer bedrooms than required (overcrowded)
- +1 or more implies that a household's accommodation has more bedrooms than required (under-occupied)
- 0 suggests that a household's accommodation has an ideal number of bedrooms

In Plymouth 97.4 per cent of households have an ideal number of bedrooms or more than required. This is similar to the South West average of 97.6 per cent. Both Plymouth and the South West have more than the national average at 95.7 percent.

2.6 per cent of households are considered over occupied (3037). This is similar to the South West average of 2.4 per cent. Both Plymouth and the South West have significantly less over occupied households than the national average of 4.3 per cent.

<sup>130</sup> 'Social rented' properties includes both 'affordable' and 'social' rented properties

<sup>131</sup> The number of bedrooms the household requires is calculated according to the Bedroom Standard, where the following should have their own bedroom: 1. married or cohabiting couple 2. single parent 3. person aged 16 years and over 4. pair of same-sex persons aged 10 to 15 years 5. person aged 10 to 15 years paired with a person under 10 years of the same sex 6. pair of children aged under 10 years, regardless of their sex 7. person aged under 16 years who cannot share a bedroom with someone in 4, 5 or 6 above



**Table 26:** Occupancy ratings by bedrooms

	Occupancy rating of bedrooms: +1	Occupancy rating of bedrooms: +2 or more	Occupancy rating of bedrooms: 0	Occupancy rating of bedrooms: -1	Occupancy rating of bedrooms: -2 or less	Grand Total
Plymouth	35.2%	31.9%	30.3%	2.4%	0.2%	100%
South West	33.7%	39.9%	24.0%	2.1%	0.3%	100.0%
England and Wales	33.3%	35.9%	26.5%	3.6%	0.7%	100.0%

## COUNCIL TAX

Plymouth has comparatively more properties in lower council tax bands than regionally and nationally and less in the higher bands. As at September 2022, Plymouth had 39.1 per cent of properties in Band A compared to 23.9 per cent in England. When Band B is included this rises to 66.2 per cent compared to 43.5 per cent. Conversely, 14.6 per cent of Plymouth homes are in Band D and above, which is less than half of that seen nationally (34.6 per cent)<sup>132</sup>.

**Table 27:** Percentage of Plymouth properties by Council Tax Band

	Band A	Band B	Band C	Band D	Band E	Band F	Band G	Band H	Total
Plymouth	39.1%	27.1%	19.2%	8.3%	4.2%	1.5%	0.5%	0.0%	100.0%
England	23.9%	19.5%	21.9%	15.6%	9.7%	5.2%	3.5%	0.6%	100.0%

Source: Council Tax Base Live Tables September 2022, Department for Levelling Up, Housing and Communities

## 5.1.2 STUDENT ACCOMMODATION

As highlighted in Section 6.1, Plymouth has a significant student population. Many first-year students live in halls of residence, private purpose-built halls, or, to a lesser extent, in student housing (flats and houses in multiple occupation). The majority of the remaining undergraduate students (including international) are in private accommodation sourced privately in the city or through the Student Union Letting Agency or the universities' accredited lists. Postgraduate students are more likely to be in private housing or purpose built private halls.<sup>133</sup>

## 5.1.3 HOUSES IN MULTIPLE OCCUPATION

Houses in multiple occupation (HMOs) are houses that are occupied by more than one household and where common areas such as bathrooms and kitchens are shared, they are often called house shares. There are an estimated 6,000 private rented HMOs in Plymouth<sup>134</sup>. A percentage of HMOs (as per Part 2 of the Housing Act 2004) require some shared houses to have a licence to operate and meet certain standards. In Plymouth, in 2023, there are currently 1,219 licenced HMOs housing approximately 8,000 individuals. HMOs are generally occupied by, single people, couples or groups of friends and students. Non student occupiers consist of working professionals, low income residents and vulnerable groups.

<sup>132</sup> Council Tax Base (CTB) as at September 2022.

<sup>133</sup> Plymouth and South Devon Joint Local Plan SHMA, Peter Brett Associates, 2017

<sup>134</sup> Plymouth City Council HMO register 2023

#### 5.1.4 HOUSING DECENCY

There are 122,813 households in Plymouth<sup>135</sup> and statistics from the English Housing Survey 2021 suggest that around one in five households privately rent. The English Housing Survey also states that 23 per cent of the private rented sector are of a non-decent standard (i.e. a combination of being cold, having health and safety hazards, in a state of disrepair, and/or without modern bathroom or kitchen facilities) which equates to 5,373 households in the city.

The most common category one hazard failure across the private sector is excess cold, followed by falls on stairs and fire. Hazards are most commonly found in private rented housing. It is common that old housing stock is likely to contain more hazards than new stock.

There is a correlation between non-decent housing and areas of deprivation, poor health and wellbeing outcomes, and areas where acquisitive crime is higher. This suggests significant inequalities in housing quality, particularly for certain groups such as those on a low income, vulnerable families, and migrant workers, who are increasingly being reported as living in poor conditions.<sup>136</sup> Non-decent housing contributes to poor health, lower educational attainment and is a recognised contributor to, and symptom of, child poverty, with approximately a third of non-decent housing occupied by people in receipt of some sort of benefit.<sup>137</sup>

Non-decent housing is strongly linked to fuel poverty. A household is classified as being in fuel poverty if the homes Energy Performance Certificate (EPC) rating is Band D or lower (E, F, G); and the households total disposable income (after housing and fuel costs have been deducted) is below the poverty line.<sup>136</sup> In Plymouth there are an estimated 16,866 households (13.9 per cent) in fuel poverty which is slightly above the national figure of 13.2 per cent, and higher than the overall South West figure of 11.4 per cent.<sup>137</sup>

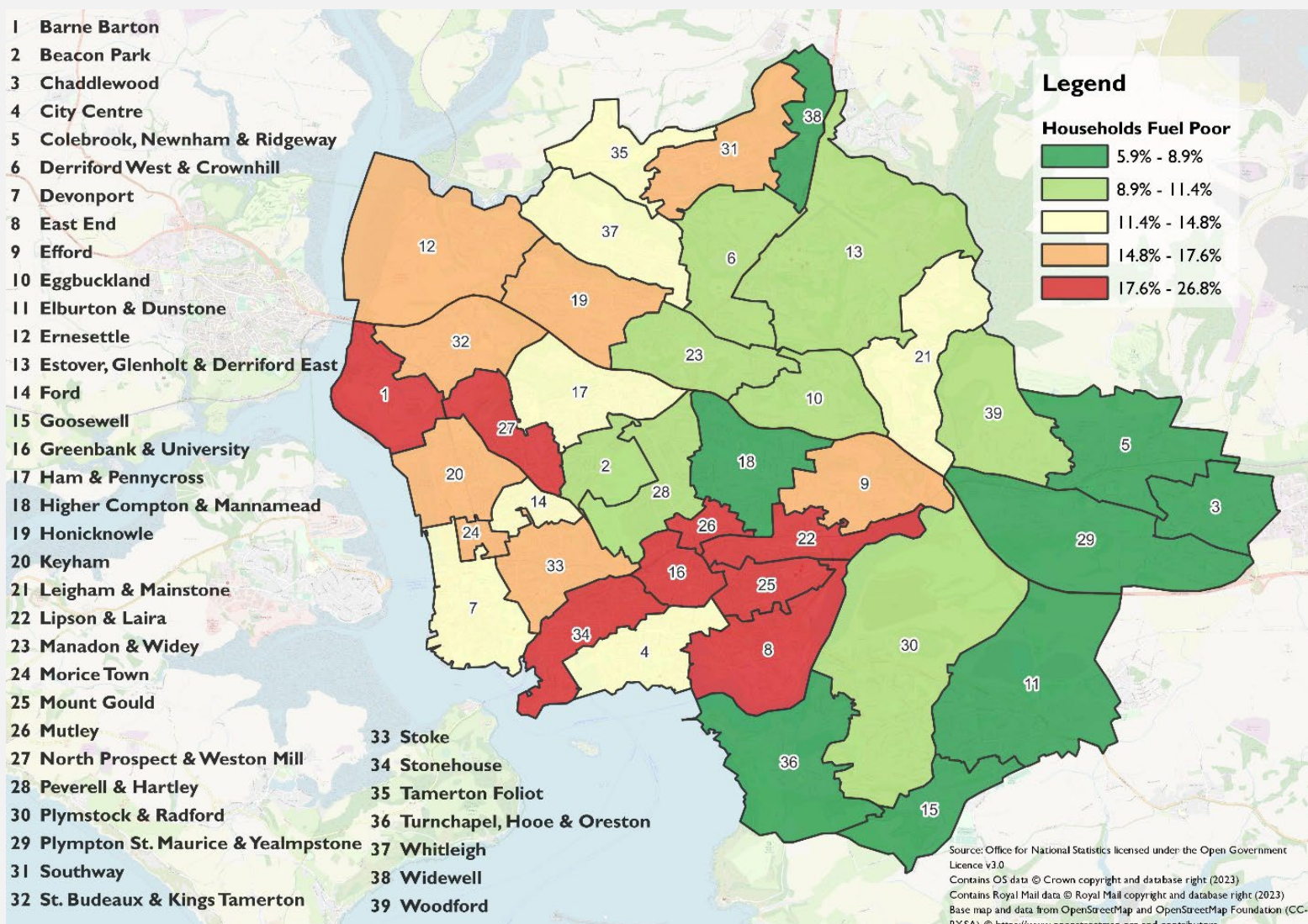
Figure 15 shows fuel poor households by neighbourhood with Greenbank & University and Mutley neighbourhoods having the highest proportion of fuel poor households (26.8 per cent and 24.9 per cent respectively) while Chaddlewood has the lowest proportion (5.9 per cent).

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<sup>135</sup> Council Tax Base Return September 2022

<sup>136</sup> BEIS Fuel Poverty Factsheet England 2020

<sup>137</sup> BEIS Sub-Regional Fuel Poverty England 2022 (2020 data)

**Figure 15: Fuel poor households by neighbourhood (2020)**

### CENTRAL HEATING

In Plymouth, the overwhelming majority, 98.1 per cent of households, have one form of central heating. This is similar to the South West with 98.3 percent and England and Wales with 98.5 per cent.

In Plymouth, of the 2,150 (1.9 per cent) households with no central heating, every single ward has a minimum of 55 households in this position. The highest in a ward is St Peter and the Waterfront with 245.

**Table 28:** Breakdown of Census 2021 Household Heating Source

	Plymouth	South West	England and Wales
No central heating	1.9%	1.7%	1.5%
Mains gas only	80.9%	66.9%	73.8%
Tank or bottled gas only	0.4%	1.6%	1.0%
Electric only	7.4%	10.3%	8.5%
Oil only	0.1%	7.1%	3.5%
Wood only	0.0%	0.3%	0.1%
Solid fuel only	0.0%	0.2%	0.2%
Renewable energy only	0.1%	0.8%	0.4%
District or communal heat networks only	0.4%	0.5%	0.9%
Other central heating only	0.7%	0.5%	0.9%
Two or more types of central heating (not including renewable energy)	7.5%	9.2%	8.5%
Two or more types of central heating (including renewable energy)	0.6%	0.8%	0.5%
	100.0%	100.0%	100.0%

Source: ONS Census 2021

### 5.1.5 HIGH RISE BUILDINGS

A new high rise buildings team embarked on a programme of inspections in Spring 2022 as part of a pro-active approach to improve safety and reduce risk in high rise properties. The Council has been working with Devon and Somerset Fire and Rescue Service to create the team to co-ordinate the work needed to be done to meet requirements set by Government, who want more progress, nationally, in respect of cladding remediation.

In Plymouth there is already a strong professional working partnership with Devon and Somerset Fire and Rescue Service on a joint service approach to these buildings. The two organisations have worked closely for a number of years since the Grenfell tragedy in 2017. They initially concentrated on buildings with the same cladding – in Plymouth’s case, the Devonport Towers, which had extensive remedial work carried out. A Devon and Somerset Fire Service inspection in 2021 highlighted issues in the Latitude 52 building in Devonport, with both organisations continuing to work with the owners of the building to address this.

The new High Rise Buildings Team will comprise a team manager, fire safety officer, building control officer and technical officer and will be turning their attention to higher-risk high rises in the city. The definition of a higher-risk building under the Building Safety Act 2022 is one that is at least 18 metres in height or has at least seven storeys and contains at least two residential units. Plymouth has 73 buildings that are 18 metres or higher, with around 56 of these believed to meet the criteria of the 'higher-risk building'. All 73 buildings will need to be reviewed to ensure that any building meeting this description is correctly identified through a 'higher-risk building inspection programme'.

### 5.1.6 HOUSING NEED

As outlined in [section 2.4.1](#), the city has seen a rise in homelessness and families living in temporary accommodation. There are currently 10,956 households on the Devon Home Choice Register of which 1,585 are Emergency or High Housing Need<sup>138</sup>. There is also a high demand for one bed units (over 6,000) and larger family homes (nearly 600 requiring four or more bedrooms) which have very limited 'churn'.<sup>139</sup>

At present, there are 9,422 households on the Devon Home Choice Register with accessibility needs. This includes 1,019 households requiring a maximum of 3 steps, 573 households requiring step free properties and a further 152 requiring wheelchair accessible properties<sup>140</sup>.

The number of people aged 65 or over who are living with a limiting long-term illness is projected to increase from just over 25,000 in 2020 to over 33,000 by 2035, and the number of people aged 65 or over with mobility issues is forecast to increase from 9,000 to just under 12,000<sup>141</sup>. It is therefore critical that the city's housing delivery achieves the best value in terms of housing outcomes whilst meeting a wide range of housing needs such as extra care housing for older people, wheelchair accessible housing, homes for both single people and couples without children, as well as larger family homes.

### 5.1.7 HOUSING DELIVERY

The Plymouth Plan for Homes Programme was launched in November 2013 in response to the need to drive accelerated housing delivery to address the city's housing needs. Since its launch the programme was refreshed in March 2016 and March 2021 with the ambition to deliver a rolling programme of 5,000 homes over five years. The Plan for Homes 3 has a Capital Investment Fund Programme of £7.93m, to directly support the increased and accelerated delivery of new homes to help address identified housing needs and to support the growth agenda.

<sup>138</sup> Plymouth Devon Home Choice register as at 03.02.2023

<sup>139</sup> Plymouth Devon Home Choice register as at 03.02.2023

<sup>140</sup> Plymouth Devon Home Choice register as at 03.02.2023

<sup>141</sup> [Projecting Older People Population Information System \(poppi.org.uk\)](https://poppi.org.uk)



The Plan for Homes Programme has provided the framework for housing delivery in the city over the last eight years (2014/15 to 2021/22). Over this period the Plan for Homes Programme has delivered 7,177 homes (gross) of which 1,867 (24 per cent) have been provided as affordable homes<sup>142</sup>. Of those affordable homes 65 per cent are social or affordable rent and 35 per cent low cost home-ownership. Completed schemes demonstrate enhanced housing outcomes on these sites and include extra care housing for older people and people with learning disabilities, service veteran's self-build homes, and wheelchair and accessible homes. During this period 385 long term empty properties (over six months empty) have also been brought back into occupation.

There was stronger delivery over the first five years than more recently. This reflects a challenging period of delivery over the last two years. Plymouth faces some unique structural challenges to delivering new and affordable homes in the city due to higher build costs and relatively low housing values in the city, which makes it more difficult to deliver complex, brownfield regeneration projects that involve significant upfront costs, and increases the gap funding required. Furthermore, Plymouth is heavily reliant on brownfield land for housing delivery whilst neighbouring authorities possess many high value greenfield sites with greater demand.

This challenge is likely to continue for at least the next two years due to significant macroeconomic factors. High inflation, high build costs, high mortgage rates coupled with reduced living standards/disposable incomes and predicted falls in house prices will inevitably place downwards pressure on housebuilding output across the whole country in the short-term.

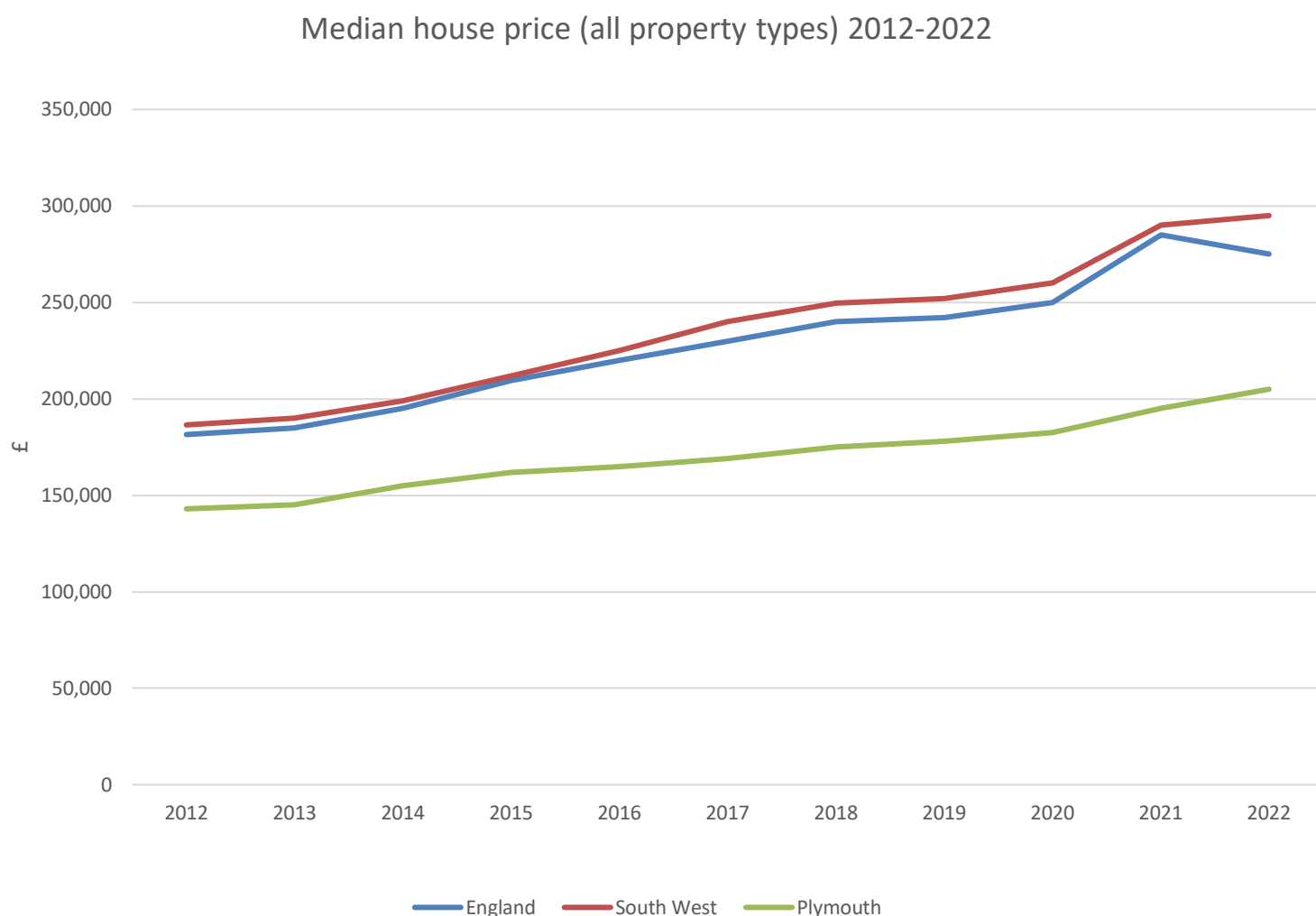
#### **5.1.8 HOUSING VALUE AND AFFORDABILITY**

According to the ONS, the median house price in Plymouth for the year ending September 2022 was £205,000. This is significantly less than both the South West and England median house price (£295,000 and £275,000 respectively). For Plymouth this is a 43 per cent rise on median house prices in 2012 compared to a 52 per cent rise in England and 58 per cent rise across the South West. Over the last three years house prices have risen slightly more across the South West (13 per cent) than in Plymouth (12 per cent) and nationally (10 per cent).

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<sup>142</sup> N.B. These figures are different to those reported in the Authorities Monitoring Report for the Joint Local Plan because they include delivery in the urban fringe, empty homes brought back into use and exclude any conversion losses and demolitions.

**Figure 16** Median property price (all property types), September 2012 to September 2022 (ONS<sup>143</sup>)



Source: ONS, *Ratio of house price to residence-based earnings*

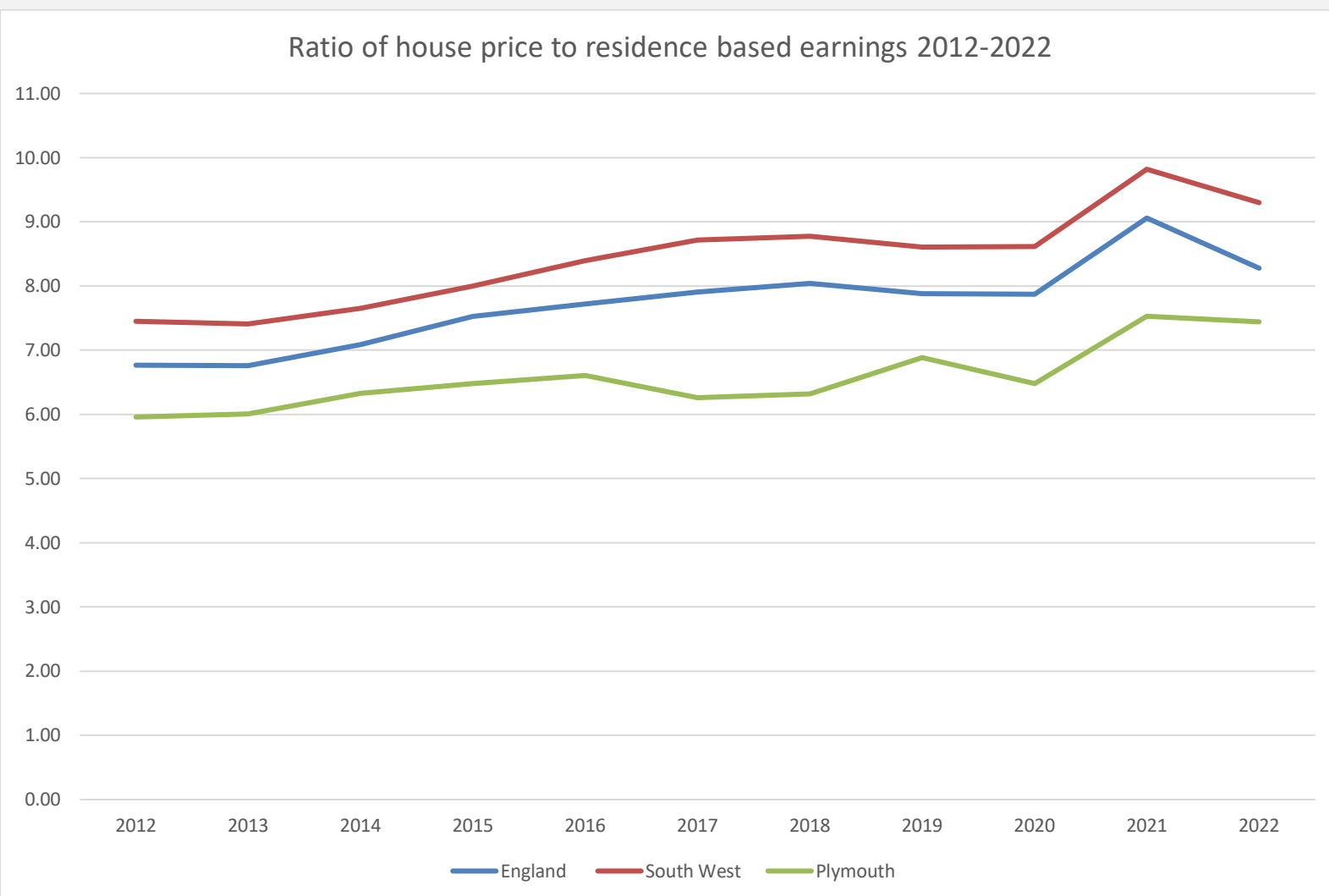
In 2021 Plymouth's ratio of median house prices to median residence based earnings was the highest that it has been since records began with an affordability ratio of 7.53. However whilst this ratio still remains high, this decreased slightly in 2022 to 7.44. Although Plymouth is more affordable than most parts of the South West and England (which have an affordability ratio of 9.30 and 8.28 respectively in 2022), it is significantly above the usual lending formulae for mortgages which is typically based on 4 to 4.5 times annual salary per person. The South West has the highest affordability ratio of any region outside the East, London and South East.<sup>144</sup>

<sup>143</sup> ONS, Ratio of house price to residence-based earnings (lower quartile and median) [House price to residence-based earnings ratio - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/house-price-to-residence-based-earnings-ratio)

<sup>144</sup> *Ibid.*



**Figure 17:** Ratio of median house price to median residence based earnings 2012-2022 (ONS)



Source: ONS, Ratio of house price to residence-based earnings

The city's lower housing costs could be a draw for people seeking more affordable housing or relocating from other more expensive parts of the country to take advantage of the quality of the surrounding natural environment that living in Plymouth can bring. However, barriers to affordability can exist to those moving to Plymouth from lower cost housing areas in other parts of the country as it can be expensive to relocate given the difference in the cost of housing. At the other end of the scale the city also has a limited mid to high-end housing offer which may make the city a less attractive option to work in for some in the higher occupation 'managers, directors and senior officials' group who may choose to live outside the city and commute in.

## PRIVATE RENTAL

As outlined in section 5.1.1, private rental accounts for 22.7 per cent of the housing tenure in the city. The median private rental in the city is £625 with an average private rental price ranging from £400 per calendar month (pcm) for a room in a shared house to £1,050 pcm for a four or more bedroom house (median monthly rents).<sup>145</sup> Private rents in Plymouth are significantly lower than the England and South West median monthly average (£795 pcm).

**Table 29:** Summary of monthly median rents recorded between 1 April 2021 and 31 March 2022

Region	Median
England	£795
South West	£795
Plymouth UA	£625

Source: ONS Private Rental Market statistics March 2022

## 5.2 DIGITAL CONNECTIVITY

In 2020, the Government published the National Infrastructure Strategy which set out a commitment to roll out gigabit broadband to at least 85 per cent of the country by 2025.<sup>146</sup> The Levelling Up White Paper set a new target for gigabit capable broadband to be available nationwide by 2030 and therefore connecting the remaining 15 per cent of premises by this date.<sup>147</sup> According to ThinkBroadband more than 72 per cent of premises across the UK in December 2022 were able to access gigabit-capable broadband, up from just 5.8 per cent in January 2019.<sup>148</sup>

Plymouth has also seen this upward trend. While Plymouth lags behind England and the South West for full fibre coverage it exceeds England and South West for gigabit coverage. At the end of 2019 Plymouth had a 1.2 per cent gigabit-capable broadband coverage compared to 12.2 per cent across the South West and 10.4 per cent across England. By the end of 2022 this had risen to 89.8 per cent in Plymouth compared to 65.1 per cent across the South West and 73.6 per cent across England.<sup>149</sup> At the end of 2019 Plymouth had a 1.2 per cent coverage of full fibre compared to 10.4 per cent across England and 12 per cent across the South West. By the end of 2022 this had risen to 21.1 per cent in Plymouth compared to 41 per cent across the South West and 44.2 per cent across England.<sup>150</sup>

<sup>145</sup> Private Rental Market Statistics, ONS, December 2022 [Private rental market summary statistics in England - Office for National Statistics \(ons.gov.uk\)](#) Summary of monthly rents recorded between 1 April 2021 to 31 March 2022, VOA's administrative database as at 31 March 2022 [accessed 08 February 2022]

<sup>146</sup> HM Treasury, [National Infrastructure Strategy](#), 25 November 2020

<sup>147</sup> House of Commons Library Research Briefing, Georgina Hutton, 25 February 2022, *Gigabit-broadband in the UK: Government targets and policy*. Available from: [CBP-8392.pdf \(parliament.uk\)](#) [accessed 08 February 2022]

<sup>148</sup> [Broadband Coverage and Speed Test Statistics for City of Plymouth](#) (thinkbroadband.com), [accessed 17 January 2023]

<sup>149</sup> *Ibid.*

<sup>150</sup> *Ibid.*

These significant increases over the last three years have been due to Government investment and private telecoms provider investment. For example, in 2019 Plymouth City Council received a £2.23 million grant from the Department of Culture Media and Sport's Local Fast Fibre Network (LFFN) Scheme. This allowed the Council to supply a new ultrafast gigabit connection to public sector buildings in the city including Council offices, GP surgeries, and local hospitals and health centres. The LFFN scheme was intended to stimulate the commercial telecoms providers to invest in new infrastructure in the area and has led to significant investment by commercial providers in the city. By 2025 Plymouth residents and businesses anywhere in the city should be able to access gigabit services from one of the three main providers, representing a significant improvement on the situation in 2019.

Results from the Plymouth City Survey 2022 found that the number of respondents in the city who said they use the internet daily or almost every day had increased from 85 per cent in 2020 to 88 per cent in 2022, while 6 per cent stated that they never use the internet (down 2 per cent from the 2020 City Survey). Those aged '25-34' (100 per cent) and '35-44' (99 per cent) were significantly more likely to use the internet daily or almost every day than all older age groups (52-96 per cent). Those aged '75 plus' (27 per cent) were significantly more likely to never use the internet than all other age groups (0-11 per cent).

For those respondents who use the internet:

- 94 per cent use it for email (similar to 2020)
- 85 per cent use it for online banking (4 per cent increase on 2020)
- 81 per cent use it for shopping (similar to 2020)
- 76 per cent use it for social media (4 per cent increase on 2020)
- 69 per cent use it for accessing public services (15 per cent increase on 2020)

For those who had never used the internet or hadn't been online in the last three months:

- 57 per cent are not interested in accessing the internet
- 43 per cent do not know how to use the internet
- 36 per cent don't have a device that can access the internet
- 32 per cent do not trust the internet
- 20 per cent cannot afford to pay for internet access/data

### 5.3 NATURAL CAPITAL

Plymouth has one of the most unique and diverse natural environments of any city in the country. Over 40 per cent of the city is designated as green space and is surrounded by three Areas of Outstanding Natural Beauty (AONB's), a European Marine Site, a Marine Conservation Zone and Dartmoor National Park. This provides an enviable setting and a distinctive collection of assets that can support the growth of Plymouth. Green and blue spaces that are healthy and able to function naturally also provide solutions to climate change impacts, including reducing flooding, improving water quality and enabling wildlife to thrive.

Accounting for inlets, Plymouth's coastal setting, includes 30 miles of waterfront, is arguably the city's most valuable asset and is central to its identity as Britain's Ocean City and vision to become 'one of Europe's most vibrant waterfront cities'. Plymouth Sound and Estuaries contains a wealth of rare and diverse wildlife, a significantly important port, and industries reliant on the marine environment. It also forms an arena for communities to interact with the natural environment.

Plymouth is home to the UK's first National Marine Park. Plymouth Sound National Marine Park aims to deliver a positive response to climate change, improving access and engagement to our natural and maritime heritage to ensure all citizens can enjoy the significant benefits that being on, in, under or next to the sea provides. By increasing community connection with the natural environment, the National Marine Park aims to improve engagement with sustainability and ocean protection, improve the health, wellbeing and resilience of our community and boosting the blue economy.

The area is reliant on abundant natural assets, and the ecosystem services that derive from them, to power economic growth through tourism and employment in sectors that depend directly on natural capital such as agriculture and fisheries. There is more potential for increasing economic benefits from natural capital than in any other region. Many of the digital industries for example cite natural and cultural capital as prerequisites before making investment and locational decisions: the quality of the South West's natural capital is a significant draw and part of its essential character.

Access to green space is a key part of a sustainable community and delivers significant health and wellbeing benefits. Overall, Plymouth's greenspace is estimated to save £9.26 per person in healthcare costs by removing air pollutants from the atmosphere such as particulate matter (PM<sub>2.5</sub>) from vehicles.<sup>151</sup> Currently within Plymouth there are nearly 1,440 hectares of accessible green space including parks and nature reserves, however provision is not spread evenly throughout the city's electoral wards. The city currently contains 123 children's play spaces and the aim is to have a play area within 400m of every home.

The city has 10 local nature reserves covering over 250 hectares, over 40 wildflower meadows covering 100 hectares, nine Special Sites of Scientific Interest, and 28 County Wildlife Sites.

The Plymouth City Survey 2022 found that 90 per cent of respondents agreed that parks and woodlands were important to Plymouth while 91 per cent agreed that the Plymouth Sound was special to the city. 88 per cent agreed that being in nature made them happy although only 58 per cent agreed they feel part of nature.

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<sup>151</sup> ONS, Centre for Ecology and Hydrology, July 2018

84 per cent agreed there is good access to parks and woodlands in/from my local area, while only 7 per cent disagreed. This is a slight decrease on the 2020 City Survey (85 per cent). Responses by ward ranged from 98 per cent in Peverell to 64 per cent in St Peter and the Waterfront.

### 5.3.1 AIR QUALITY

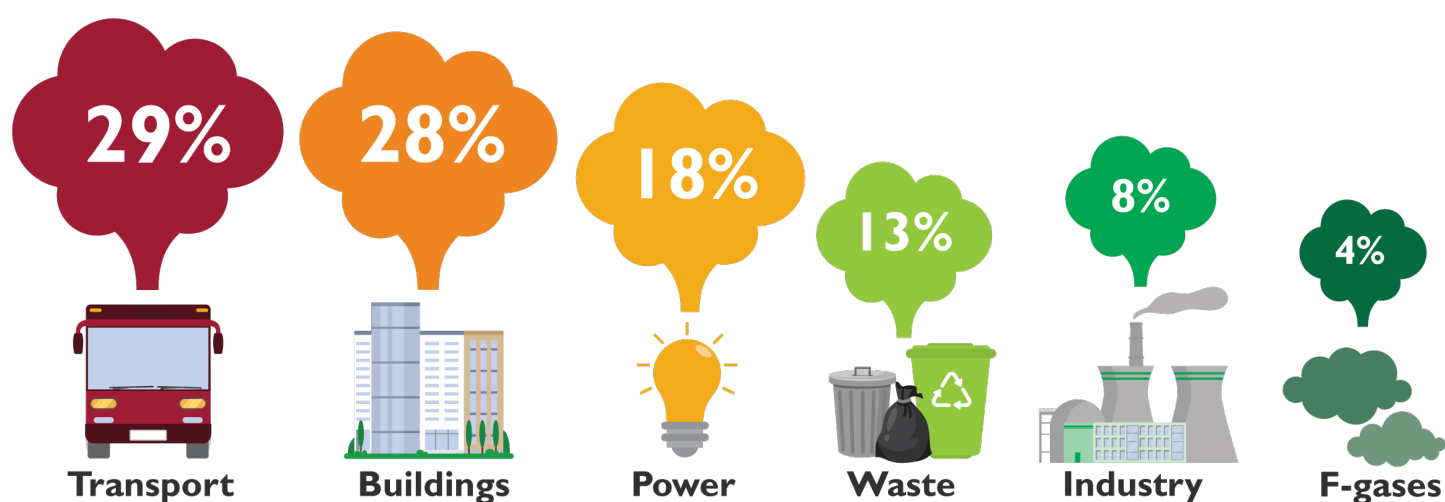
Air pollution is associated with a number of adverse health impacts and is a recognised factor in the onset of heart disease and cancer. Air pollution can impact on the most vulnerable people in society such as children, older people, and those with heart and lung conditions. Areas of poor air quality often correlate with less affluent areas.

Air quality in Plymouth is good and air pollution appears to be decreasing although the Covid-19 pandemic will have influenced results over the past few years. The city has a single Air Quality Management Area (AQMA), which was declared in 2014 for Nitrogen Dioxide (NO<sub>2</sub>). The only area of concern in 2021 was Mutley Plain along with one area of Stoke Village, as the mean NO<sub>2</sub> concentrations were slightly higher than other areas, however these were still below air quality objectives.<sup>152</sup> These concentrations are largely related to road traffic emissions.

### 5.3.2 CLIMATE CHANGE

Plymouth City Council (PCC) declared a climate emergency in March 2019, pledging the city to become carbon neutral by 2030. The urgency of undertaking measures to reduce carbon emissions reflects guidance from the Committee for Climate Change's Sixth Budget which recommends rapid decarbonisation this decade.

Total greenhouse gas emissions in Plymouth in 2019 were estimated at 1,050,282 tonnes of carbon dioxide equivalent (t CO<sub>2</sub>e). This is based on a territorial carbon footprint, counting only those emissions released within Plymouth's geographical boundary.



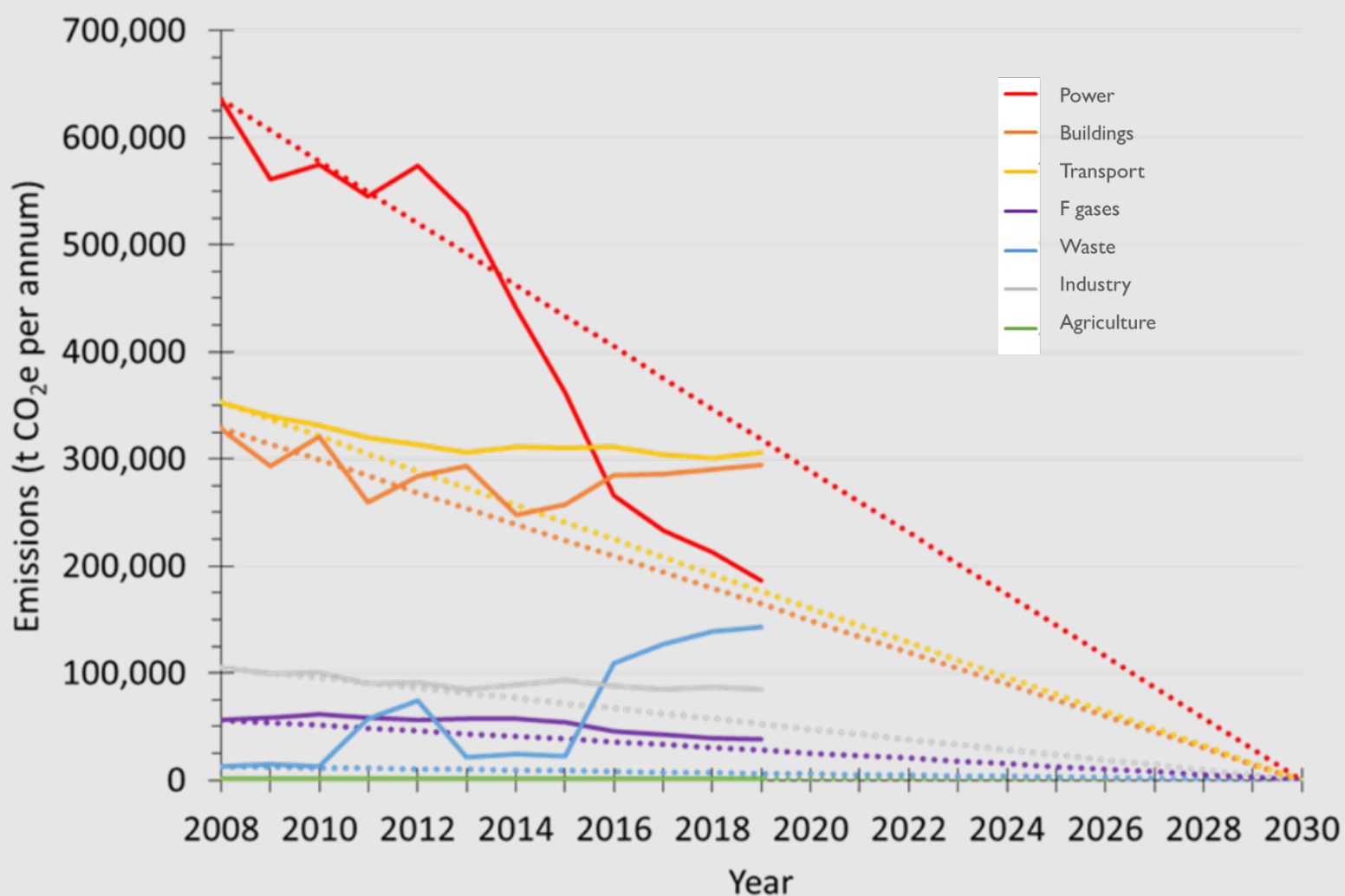
<sup>152</sup> Plymouth City Council Air Quality Annual Status Report 2022

### THE JOURNEY TO NET ZERO

To reach net zero (carbon neutrality), Plymouth must reduce its carbon footprint to the lowest possible figure, before offsetting what remains. This requires extensive changes to how Plymouthians live and work and to all its supporting systems including the economy, infrastructure and environment.

A decrease of 15,516 t CO<sub>2</sub>e (1.5 per cent) from 2018 was recorded. Gains have been achieved mostly from the power sector through changes to national infrastructure while buildings and transport have remained largely static in the last three years. Progress to net zero is summarised in Figure 18 below.

**Figure 18:** Emissions reductions against a linear trajectory to net zero by 2030 (dotted), 2008 base, by sector.



Source: Plymouth City Council Greenhouse Gas Inventory Update, Centre for Energy and the Environment, January 2022

## **BUILDINGS**

The majority of emissions associated with the buildings sector are due to the requirement for space heating and hot water (electricity emissions are covered in the power sector). To reach net zero by 2030, Plymouth needs to achieve the following

- 59,758 homes fitted with loft insulation
- 17,308 homes fitted with cavity wall insulation
- 16,672 homes fitted with solid wall insulation
- 72,000 homes switched to heat pumps
- All non-domestic buildings EPC rated D-G improved to A-C
- 8,360 non-domestic buildings switched to low carbon heating source

## **TRANSPORT**

Car journeys are responsible for the majority of Plymouth's transport emissions. Drivers in Plymouth clocked up 964 million miles in 2019. To reach net zero, a 10% reduction in vehicle miles from 2019 to 710 million miles is required with all vehicles using electric or low carbon fuel source.

## **ADAPTING TO CLIMATE CHANGE**

In addition to reducing carbon emissions, Plymouth must also adapt to climate change and the inevitable minimum global temperature increase of 1.5 degrees. The UK's Climate Impacts Programme projects more extreme weather conditions and increased frequency of their likely occurrence with wetter winters and hotter summers. Plymouth must also prepare for sea level rise. Increased incidence of flooding and heatwaves is anticipated, as a consequence. At the same time the World Health Organisation reported that impacts to health from climate change are increasing (November 2022).

## **5.4 TRANSPORT**

At the time of the Census 2021, government guidance and lockdown restrictions resulted in unprecedented changes to travel behaviour and patterns as well as a high concentration of furloughed respondents which may have affected the data. It is also likely that restrictions during the pandemic contributed to changes in the way people travelled to work, including fewer people using public transport. The following information should therefore be treated with caution when comparing to previous census results, it is also unlikely that the Census 2021 data presented below is an accurate indicator of longer-term trends.

### **5.4.1 METHOD OF TRAVEL**

Figure 19 shows that at the time of the Census 2021, 21 per cent of working residents in Plymouth worked mainly at or from home, 10 per cent lower than across England and Wales however significantly more than in 2011 where only 7 per cent of Plymouth residents worked mainly at or from home, broadly in line with the England and Wales figure (10 per cent).

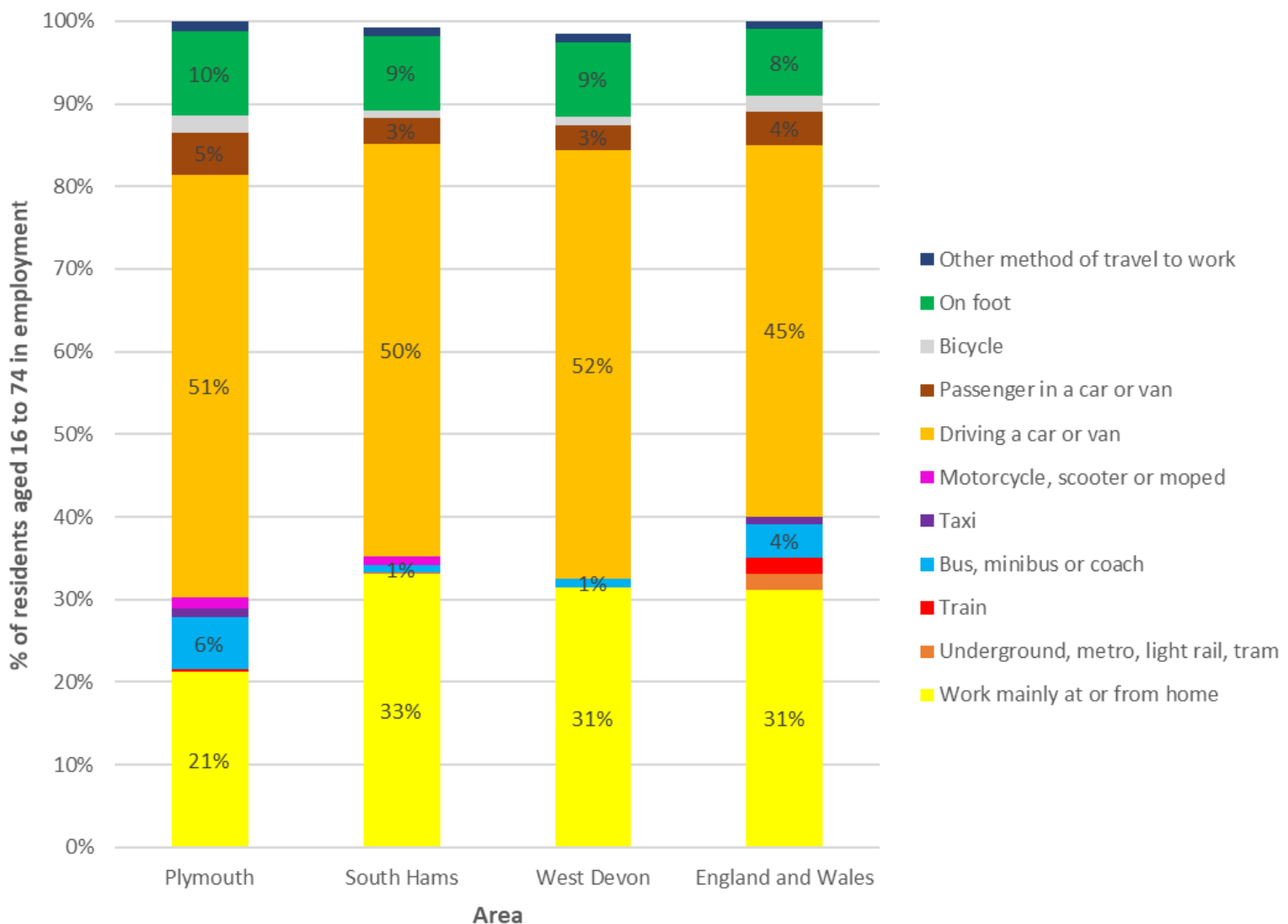


In 2021 across England and Wales, 45 per cent of the people who travelled to work travelled mainly by driving a car or van. This was slightly higher for Plymouth at 51 per cent but broadly similar to residents in South Hams and West Devon. This was also the main mode of travel to work for Plymouth residents in 2011 (55 per cent). The highest proportions of residents (over 60 per cent) using this mode of transport live to the east of the city in Plympton Chaddlewood, Plympton St Maurice and Goosewell and Staddiscombe. However other areas across the city also had a significant proportion of residents (over 56 per cent) travelling to work by car or van. For example, Deer Park and Leigham, Higher Compton and Eggbuckland, Ernesettle, Kings Tamerton and West Park and Southway. The lowest proportions of people driving to work (under 36.6 per cent) are found in Plymouth's central areas around the City Centre, Barbican and Sutton Harbour, Mutley and Victoria Park. Further detail can be explored in the Census 2021 [interactive maps](#).

Data from the Census 2021 shows that a larger percentage of people in the South West overall travelled to work on foot (14 per cent) when compared to other regions. After driving a car or van, the next selected mode of travel to work by Plymouth residents in 2021 was on foot (10 per cent) slightly less than in 2011 (14 per cent). Much of the southern part of the city has a substantial proportion of working residents walking to work.

Residents travelling to work in Plymouth by bus, minibus or coach also dropped from 11 per cent in 2011 to 6 per cent in 2021. While those who cycle to work in Plymouth decreased slightly from 3 per cent in 2011 to 2 per cent in 2021.

**Figure 19:** Method of travel to work by percentage of residents aged 16 and over in employment, by Plymouth and South West Devon JLP Planning Authority (2021 Census)<sup>153</sup>



Source: ONS Census 2021

Data from the 2021 Census shows that 24.9 per cent of Plymouth households do not have access to a car or van, a decrease from 28 per cent in 2011 which mirrors a national decrease. However, this is still higher than the national figure of 23.3 per cent (down from 26 per cent in 2011) and the South West (16.8 per cent). This is comparably higher than some neighbouring areas but similar to the urban areas of Exeter and Torbay.

<sup>153</sup> N.B this excludes those not in employment and aged 15 and under.

**Table 30:** No car or van availability by South West Local Authority

Local Authority	No car or van availability
Exeter	25.40%
Plymouth	24.90%
Torbay	23.20%
Cornwall	15.00%
West Devon	12.10%
South Hams	11.70%

Source: ONS Census 2021

43.5 per cent of Plymouth households have access to one car or van, similar to the national figure (41.3 per cent) and the regional average (41.7 per cent). 31.5 per cent have 2 or more cars or vans available to them compared to 35.5 per cent nationally and 41.5 per cent across the South West region<sup>154</sup>.

The majority of the city south of the A38 (the Parkway) has lower than average vehicle ownership. More than a third of households in areas such as Stonehouse, Devonport, Mount Wise and Morice Town have no access to a car or van, rising to more than half of households in the City Centre (56.7 per cent). Residential neighbourhoods on the fringes of the city have the lowest levels of non-car or van availability; in particular Plympton Chaddlewood (9 per cent), Plympton Underwood (11.8 per cent) Glenholt and Widewell (11.4 per cent).

Further detail can be explored in the Census 2021 interactive maps [Census Maps - Census 2021 data interactive, ONS](#)

### 5.4.2 TRAVEL TO WORK

2021 Census data relating to commuting patterns indicates that Plymouth is relatively self-contained in terms of employment, with 76 per cent of all workers usually resident in the city also working there. This is an increase on the 67 per cent previously reported in 2019. It is therefore likely that the remaining 24 per cent work outside the city.

In 2021, 55.5 per cent of people (66,035) aged 16 years and over in employment in Plymouth travelled less than 10 km to work. While 21 per cent (25,656) reported working mainly from home. 7 per cent of people (8,103) travelled between 10km and 60km to work while 2 per cent travel 60km or more to work.

### 5.4.3 ROAD SAFETY

Between 2017 to 2021 collision statistics for roads in Plymouth have reduced by 25 per cent for all road user groups from the previous five years. However, fatal collisions have not reduced and there has been an increase of 12 per cent in the numbers of seriously injured when compared with the previous five years data. Young car drivers and their passengers aged 17-24 years are the most commonly injured.

<sup>154</sup> ONS Census 2021

Statistics for recent years have been distorted to some extent by the effects of the pandemic. During the first lockdown in spring 2020, deaths and serious injuries on Plymouth's roads and nationally dropped by 70 per cent reflecting the lower traffic volumes. However, total casualty numbers for the year, whilst lower than 2019 did not maintain this welcome reduction. Casualty numbers in 2021 were only 82 per cent of the 2019 total but it is anticipated that the figures for 2022 will show an increase when published.

Plymouth City Council is a founder member of Vision Zero South West (VZSW), a road safety partnership working to stop all fatal and serious collisions in Devon and Cornwall by 2040. The interim goal of the partnership is to reduce the number casualties killed and seriously injured by 50 per cent by 2030. Activities delivered by the partners involve education, training, publicity and enforcement. Initiatives currently being progressed within Plymouth include an increase in Camera Enforcement activity, Child Pedestrian and Cycle Training, Young Driver education and the introduction of road schemes designed to improve the safety of vulnerable road users such as Pedestrian Crossings and improved cycleways as well as schemes specifically targeted at Casualty Reduction.

#### **5.4.4 BUS TRAVEL**

On 15 March 2021 the Government published the National Bus Strategy (NBS) for England [Bus Back Better](#). The NBS requires the establishment of a formal, statutory, partnership arrangement, led by Plymouth City Council as the Local Transport Authority (LTA), for all local bus services operated within the city boundary.

Buses play an important role in keeping people and places connected. The Council and the local bus operators wish to further improve public transport, by delivering a reliable, resilient transport system which supports a thriving economy and growth for everyone. It is hoped that improving service reliability, frequency, integration, co-ordination, infrastructure and quality will help overcome the setbacks of the lost patronage suffered during the Covid-19 pandemic and re-establish the growth and development that was underway prior to this.

Bus patronage decreased significantly as a result of the pandemic. In 2020/2021 6,881,673 bus trips were made, of which 1,722,313 (25 per cent) were concessionary trips this is compared to 18,027,681 bus trips in 2019/2020, of which 5,098,348 (28 per cent) were concessionary trips. As the country emerges from the pandemic data shows that overall patronage and concessionary patronage has not returned to pre-pandemic levels. In 2021/2022 12,481,802 bus trips were made, of which 2,870,138 (23 per cent) were concessionary trips. The recovery of concessionary bus patronage is currently slower than that seen for fare paying passengers. Boosting concessionary confidence in bus travel will be key to restoring bus patronage to pre-pandemic levels.

Satisfaction with public transport in Plymouth is measured using the National Highway and Transport Public Satisfaction Survey (NHT Survey). The survey collects the public's views on different aspects of Highway and Transport in local authority areas. Passenger satisfaction with overall bus services in Plymouth has consistently been above the NHT average since 2018. However, the most recent data shows a slight decrease on the NHT average by 3 per cent in 2022 (52 per cent compared to 55 per cent NHT average). Overall the NHT data shows a notable decrease in satisfaction with overall bus services between 2021 and 2022 for both Plymouth and across the NHT average compared to previous years.

### 5.4.5 RAIL TRAVEL

Plymouth Rail Station on North Road East in the city centre is the busiest of the six stations in the city and acts as the primary gateway for long distance rail travel for the wider region. At its peak pre-pandemic, over 2.5 million passenger entries and exits were recorded at Plymouth Rail Station in 2016/17, making it the busiest in the far South West. It is also an important interchange station between long-distance and local services. However, Covid-19 had a dramatic impact on levels of rail travel across the UK during 2020/21 with passenger numbers across the national network falling by more than 75 per cent. The fall in passenger numbers at all stations in the Joint Local Plan area was either slightly or significantly lower than the national average.

**Table 31** highlights the changes in passenger numbers between 2014/15 and 2021/22. It is clear that while rail passenger travel has risen again significantly in 2021/22, footfall has not as yet returned to pre-pandemic levels. Data for 2022/23 when available, should give a better indication as to the long-term recovery of train journeys. What has been significant is that whilst patronage has returned strongly, the trend to cheaper tickets for leisure use instead of the more expensive tickets for commuting five days a week, means that revenue has not recovered so well and frequency and length of trains operating is by no means secure with Government seeking to find ways to reduce subsidy to the railways.

**Table 31:** Footfall by station 2014 to 2021 across the JLP area

Station	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	2014/15 2020/21 + / -
Plymouth station	2,495,000	2,488,000	2,509,000	2,449,000	2,416,376	2,372,040	678,094	1,992,020	-20.16%
Plymouth stations	61,462	64,596	67,264	67,760	63,854	72,532	28,118	55,766	-9.27%
Devonport	33,968	39,742	41,404	45,492	39,464	43,046	16,150	30,866	-9.13%
Dockyard	6,300	4,160	4,728	4,432	4,406	10,368	4,050	7,154	13.56%
Keyham	6,936	7,338	9,122	7,188	7,516	7,806	3,374	8,786	26.67%
St. Bud. FR	3,926	2,980	3,976	2,680	3,092	2,348	1,068	2,444	-37.75%
St. Bud. VR	10,332	10,376	8,034	7,968	9,376	8,928	3,476	6,516	-36.93%
<b>South Hams</b>									
Totnes	657,754	657,370	667,730	700,042	696,226	725,038	225,454	575,630	- 12.49%
Ivybridge	59,374	53,020	55,518	56,888	54,482	55,204	20,220	66,764	12.45%
<b>West Devon</b>									
Bere Ferrers	16,858	16,982	16,000	15,704	16,108	15,026	4,410	10,786	-36.02%
Bere Alston	37,082	39,570	40,978	39,710	40,250	39,462	12,052	27,588	-25.60%
<b>National footfall</b>	<b>1653m</b>	<b>1715m</b>	<b>1729m</b>	<b>1705m</b>	<b>1756m</b>	<b>1738m</b>	<b>387m</b>	<b>990m</b>	<b>+256%</b>

#### 5.4.6 STRATEGIC TRANSPORT CONNECTIVITY

Considered part of the far South West, Plymouth is located 230 miles from London with the average train journey to the capital of three hours 12 minutes, thereby amongst the slowest rail speeds between major cities anywhere in the country. The route, being a single route without alternative diversionary routes has less resilience than that found elsewhere and ageing rolling stock has meant train availability below industry targets leading to poorer reliability or reduced capacity as trains have to operate in short form. The nearest core city is Bristol, located 120 miles, or two hours away.

#### 5.4.7 SUB-NATIONAL TRANSPORT BODY

Peninsula Transport is a shadow sub-national transport body (STB), bringing together the five lead transport authorities in the peninsula; Cornwall, Devon, Plymouth, Somerset and Torbay to transform the economic potential of the region. The partnership aims to guide regional investment for transport, particularly in relation to the Strategic Road Network and rail investment, provide a cohesive regional voice to the Department for Transport and lead on policy and national issues such as achieving net zero for transport carbon emissions. The first priority for Peninsula Transport is the development of a regional transport strategy, which plans and prioritises strategic infrastructure across the peninsula over the next 30 years.

The A30, A38 and mainline rail all provide strategic access to Devon and Cornwall but the current network is vulnerable to incidents and disruption.

#### ROAD

Effective operation and maintenance coupled with modernisation of the A38 to improve journey time reliability on the road network between Plymouth and Exeter is crucial to the growth of the city. It will also help address the challenge of low productivity faced in Plymouth caused, in part, by poor connectivity within the region to London and the rest of the UK.

The 'A38 Case for Action – The Wider Economic Case for Investment in the A38'<sup>155</sup> study indicates that the historic lack of strategic investment in the road is holding back regional economic growth. It shows that nearly £900m of productivity growth and investment would be gained by improving the A38 between Bodmin and Exeter. This would encourage new investment, business start-ups, and benefit growing industries such as aerospace, marine science, engineering, and renewables as well as the area's well established tourism sector.

#### RAIL

Increasing connectivity and capacity, together with improvements to rail network resilience, is vital to help meet Plymouth and the South West's challenging growth agenda and unlock the city's potential. The only major rail transport corridor of the far south west runs through Plymouth (from Exeter into Cornwall). The South West's peripherality reduces the region's productivity due to longer journey times. For example, the average rail journey time from Plymouth to London is eight minutes slower than from Newcastle to London, and yet the route is 40 miles shorter. Research has shown that productivity falls by 6 per cent for every 100 minutes from London and a journey time reduction of 60 minutes would create a £1.2 billion uplift in GVA for the Peninsula.

<sup>155</sup> The A38 Case for Action – The Wider Economic Case for Investment in the A38

The Peninsula Rail Task Force's (PRTF) 'Closing the gap: The South West Peninsula Strategic Rail Blueprint' sets out the the long term improvements needed to close the growing gap between the South West and the rest of the UK in terms of rail funding and improvements. The priorities in the 20 year plan focus on:

- Resilience and reliability
- Faster journey times
- Improved connectivity with sufficient capacity.

Peninsula Transport STB are developing a Rail Strategy for the region which will build on the PRTF's 20-year plan, undertaking an in-depth examination of specific travel corridors, working with strategic partners including Network Rail and Western Gateway STB.

#### **5.4.8 LOCAL TRANSPORT CAPACITY INVESTMENT**

Transport and accessibility create the conditions for growth. A combination of targeted infrastructure investment and complementary behavioural change programmes is required in order to support this growth of the city.

Between April 2022 and March 2026, Plymouth will benefit from over £225 million of planned investment in transport. Almost 54 per cent of this will be through external grant funding including: £58.9 million Transforming Cities Fund funding, £27million from Large Local Majors and £8.3million from National Productivity Investment Fund all from the Department for Transport, £19.9million from Levelling up Fund from the Department for Levelling UP, Housing and Communities, £9.5million Growth and Housing Fund from National Highways and £3.4million Growth Deal funding from the Local Enterprise Partnership.

In addition to this over £5m has been secured to support the redevelopment of Plymouth Station through central government's Growth Deal 3. The capital investment will be delivered alongside a comprehensive smarter choices behavioural change programme, designed to reduce traffic congestion by providing and promoting realistic travel choice. For example, Personalised Travel Planning (PTP), which is a key part of the strategy, is designed to raise awareness, and use, of sustainable transport. In doing so, it encourages people to review their travel options and consider if there is a different travel mode which might be more convenient and could help them save time and money, explore new places, and become fitter and healthier. This time £1.2million of funding has been secured through Active Travel England's Active Travel Social Prescribing programme for the period 2022 - 2025. Through encouraging behavioural change it encourages the population to consider active travel modes as part of a healthier lifestyle as well as release capacity on the network for other vehicular trips thus accommodating the increase in travel demand associated with economic growth.



**Table 32:** Strategic Transport Projects 2015 to 2030

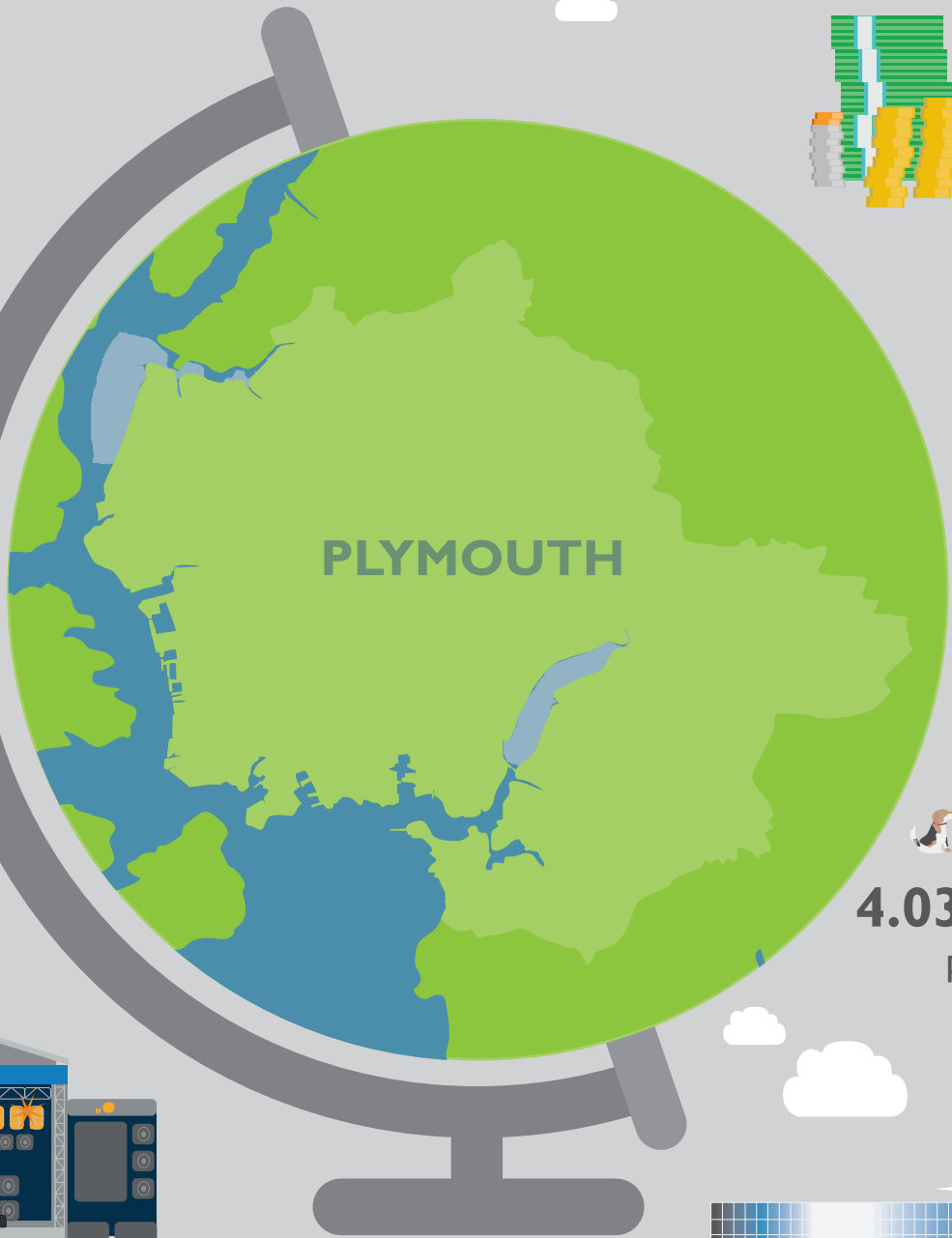
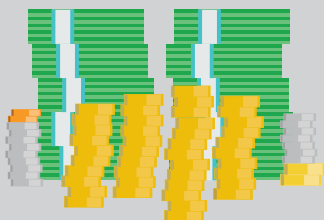
Scheme	Developer/ third party	Local Authority	External grant funding	Total	Status
Plymouth Coach Station	4.9			<b>4.90</b>	Completed 2016
Marjon Link Road Bus Priority	0.00	1.25	1.05	<b>2.30</b>	Completed 2015
Derriford Hospital Bus Interchange		0.83	1.31	<b>2.14</b>	Completed 2017
Derriford Transport Scheme	3.38	3.84	10.40	<b>17.62</b>	Completed 2018
Northern Corridor Junctions		1.64	2.10	<b>3.74</b>	Completed 2018
Northern Corridor Walking/Cycle Way	0.17	0.88	2.46	<b>3.51</b>	Completed 2022
Charles Cross	5.30		2.10	<b>7.40</b>	Completed 2019
Plymouth Road	2.10	1.84	1.46	<b>5.40</b>	Completed 2023
Forder Valley Interchange	3.83	1.71	5.00	<b>10.54</b>	Completed 2022
Eastern Corridor Walking/Cycle Way	1.49		3.42	<b>4.91</b>	In progress
Forder Valley Link Road	6.40	21.27	27.03	<b>54.70</b>	Completed 2023
Morlaix Drive Bus Priority		1.62	3.31	<b>4.93</b>	Completed 2023
Transforming Cities Fund	29.80	24.44	58.86	<b>113.10</b>	In progress
Charlton Road phase 2		1.72		<b>1.72</b>	Funding approved
Woolwell to the George and P&R	5.00	11.90	19.94	<b>36.84</b>	In progress
MRN Plymouth A374/A386/A3064	7.02	0.47	42.46	<b>49.95</b>	OBC submitted
LLM Manadon	7.30	12.90	114.50	<b>134.70</b>	OBC Submitted
<b>Total (£m)</b>	<b>76.69</b>	<b>86.32</b>	<b>295.40</b>	<b>458.40</b>	
% of total	16.73	18.83	64.44	100.00	

**INTERNATIONAL CITY** - projecting Plymouth's reputation to the wider world, to people who might invest or visit the city, and the sense of pride local people take in their city.



The University of Plymouth is the UK's **15th** largest university, with more than **18,500** students.

Visitor spend in Plymouth  
**£244 million**  
in 2021.



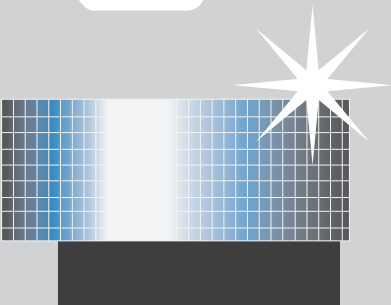
Plymouth's businesses export **£364m** goods to the EU and **£357m** outside the EU (2021).



Over **500,000** people attended city events in the last year.



**4.03 million** people visited Plymouth in **2021**.



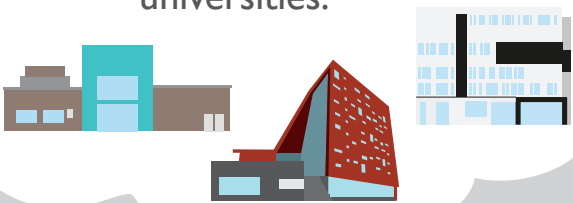
The Box, Plymouth's new **£38 million** gallery and museum opened in 2020 as the flagship building of the Mayflower 400 commemorations.

**“Welcome!”**



The visitor sector is now worth **£327 million** per year and supports nearly **8,000** jobs, accounting for **seven per cent** of Plymouth's total employment.

There are just under **22,500** people studying at Plymouth's 3 universities.



There are **380** creative and cultural enterprises in Plymouth and the sector contributes **£130m** GVA to the city's economy.



Plymouth is the UK's first 'social enterprise city' - There are approximately **200** social enterprises in the city, employing around **9,000** people and bringing in an income of more than **£560 million**.

# INTERNATIONAL

# 6

A key part of Plymouth's vision is securing its place as one of Europe's most vibrant waterfront cities. It is renowned as Britain's Ocean City and is the UK's premier marine city, famous for its waterfront and strong military ties. Projecting the city in this way raises Plymouth's prosperity and aims to attract increased investment, tourism, and cultural experience.

The international agenda aims to achieve a virtuous circle of improvement to Plymouth. Positive activity in the city leads to an improved image, and an improved image increases the positive activity in the city. Plymouth is fortunate to have some unrivalled geography and a unique 500-year history. These assets are integral to building an international city.

This chapter seeks to present some key statistics about Plymouth's profile as an international city. It outlines the activities that appear to most directly contribute towards the international agenda and gives some indicators that might provide a view on the city's direction of travel, for example the state of the visitor economy. However, by its very nature the 'image' of the city is a challenging aspect to measure.

## 6.1 UNIVERSITIES AND RESEARCH

The city is home to three universities and two specialist marine research institutions (Table 33). Together, these provide a strong academic image and improve the skills available to potential employers expanding in, and coming to, the city.

**Table 33:** Universities and research institutions in Plymouth, 2022

Universities	Research institutions
University of Plymouth	Marine Institute
Plymouth Marjon University	Sustainable Earth Institute
Arts University Plymouth	Plymouth Institute of Health and Care Research

**Table 34:** Student enrolments by domicile at higher education providers in Plymouth, 2021/22

HE provider	Overseas students	Total enrolments
Arts University Plymouth	22	1,559
University of Plymouth	2,435	19,095
University of St Mark and St John	612	1,836
Total Plymouth	3,069	22,490

The University of Plymouth was founded in 1862 as the School of Navigation and is now the UK's 15<sup>th</sup> largest university, with more than 18,500 students, 2,500 staff, and a £239.4 million annual turnover. It has invested £155 million in improvements to its campus over the past decade and is the only post-1992 university to have launched its own Medical and Dental School. The University of Plymouth is ranked as a top five Young University in the 2022 Times Higher Education University rankings. More than three quarters of University of Plymouth research outputs were ranked as either 'World Leading' or 'Internationally Excellent' in the most recent 2014 Research Excellence Framework.<sup>156</sup>

The [Plymouth Plan Annual Report 2022](#) gives an overview of UK ranking for the University of Plymouth and Plymouth Marjon University since the Plymouth Plan began in 2014.

## 6.2 INTERNATIONAL EXPORTS

International trade and exports are important to a country's economy as they stimulate domestic economic activity through employment, production, and revenues. Recent HM Revenue and Customs (HMRC) statistics show that Plymouth's propensity to export goods internationally has increased slightly in 2021 compared to 2020. In 2021, Plymouth had 528 businesses exporting £364 million to the EU. This has increased slightly from £327 million and 437 businesses the year before. In 2021, the value of exports to non-EU countries was £357 million while the number of businesses exporting to outside the EU was 426. For 2020, this was slightly lower at £304 million and 445 businesses.

Reviewing the exports in services, we can see that for the latest available data (2018), Plymouth had 45% of these going to EU countries – equivalent to £143 million. The exports in services going to non-EU countries was 55% of the total at £177 million.

<sup>156</sup> [Facts and figures - University of Plymouth](#)

### 6.3 SOCIAL ENTERPRISES

Plymouth is the UK's first 'social enterprise city' and is a hot spot for social enterprise activity in the UK. The city is developing as a globally recognised social enterprise location and the University of Plymouth is the world's first officially certified 'social enterprise university'. There are approximately 200 social enterprises in the city, employing around 9,100 people and bringing in an income of more than £560 million. These include mega-social enterprises, such as the University of Plymouth, as well as an increasing number of smaller businesses; more than one in three social enterprises in the city have a turnover under £50,000.<sup>157</sup>

### 6.4 TOURISM AND VISITORS

Plymouth is Britain's Ocean City and is internationally renowned as a leading UK tourist destination. Visitors from around the world are welcomed to a city that provides a diverse cultural experience and a perfect base for enjoying the city's surrounds, land and marine. Tourism is a major contributor to the local economy. Up to 2019, the growth of tourism and the visitor economy has been a great success story for the city with over 25% growth since 2010. The visitor economy has been one of the hardest hit sectors by the COVID-19 pandemic. However, 2021 Cambridge model data shows that there has been good recovery with visitor numbers growing from the low of 2.4 million in 2020 to 4.03 million in 2021 and spend increasing from £148 million in 2020 to £244 million in 2021 which is in line with the trend nationally.

Whilst visitors are an important part of Plymouth's economy, the number of visitors and their attributable spend also serves to inform how well the cultural offer attracts people to the city.

The Plymouth Visitor Plan 2020 to 2030 has been designed to help drive Plymouth's visitor economy with the aim of growing visitor numbers by 15 per cent from 5.1 to 6 million, and visitor spend by 30%. This will generate an estimated 1,000 new jobs, bringing employment in tourism to just over 9,000 jobs. Plymouth's residents will benefit from the visitor economy, supporting quality job retention and creation; whilst also enabling Plymothians to take full advantage of the city's rich history, heritage and unique environment, by promoting opportunities for education, health and wellbeing, and pride. The not-for-profit company, 'Destination Plymouth', is a partnership between Plymouth City Council and businesses in the city centre, Barbican, Hoe and Waterfront areas and co-ordinates the strategy for the city's visitor economy. It is responsible for marketing the city and promoting visitor attractions and events.

Work began in 2017 to develop the cruise market and help Plymouth to become a key cruise port in the South West, attracting overseas visitors on cruise liners. 2022 was a good year for cruise in Plymouth as calls start to build up post pandemic. An estimated seven cruise liners were booked for 2022 and bookings for 2023 appear positive. The regeneration of Plymouth's railway station and road network, as detailed in the Infrastructure chapter, will improve transport links to the rest of the UK and encourage more people to visit the city.

<sup>157</sup> [PSEN-Research-Final-Report-04-11-19.pdf \(plymsocent.org.uk\)](#)

The visitor sector is now worth £327 million per year and supports nearly 8,000 jobs, accounting for seven per cent of Plymouth's total employment. However, more than 85 per cent of visitors to Plymouth are day visitors. In order to increase overall spend the number of overnight visitors needs to increase and additional accommodation is required. Although there have been some developments going 'live' in the city during the past three years (there has been success with the opening of Premier Inn, Oyo and soon to be 'Moxy' in 2023), Plymouth is still underperforming in relation to its nearby competitors and as a city nationally.

As well as encouraging visitors into the city, all of the activities outlined in the Visitor Plan for Plymouth will lead to benefits for the city's residents by supporting the creation and retention of jobs and promoting opportunities for education, health, and wellbeing. They will enable residents to take full advantage of Plymouth's rich history, heritage, environment, and unique cultural offer.

## 6.5 CULTURE

The Creative Industries are a high value, high growth sector. Prior to the pandemic, the Creative Industries contributed £116bn in GVA in 2019, growing twice as fast between 2011 and 2019 than the rate of the UK economy as a whole (DCMS 2021). In the year from October 2019 to September 2020 the Creative Industries accounted for 2.2 million jobs (DCMS 2021) and 3.2 million were employed in the wider creative economy (DCMS 2019). The Creative Industries in Plymouth reflect the national picture as a high value sector. There are 380 creative and cultural enterprises in Plymouth, which has remained relatively stable despite the impact of the pandemic. The sector employs 3,064 FTE who have an output of £44,050 GVA per FTE, which is above the city average, and contributes £130m GVA to the economy.

The Creative Industries are central to the expansion of the city's cultural offer such as i-DAT, an Open Research Lab for experimentation with creative technology. Plymouth is also host to the nationally significant Theatre Royal, alongside the Arts University Plymouth. Plymouth's creative industries span across design, advertising, marketing, crafts, television, video, radio, photography, publishing, fashion, music, software services, museums, galleries and libraries, and performing and visual arts. Plymouth is also home to The Box, a £38 million gallery and museum redevelopment and the flagship building of the Mayflower 400 commemorations in 2020. It is a nationally significant visitor attraction and offers a real opportunity for Plymouth to continue to raise its profile internationally following Mayflower 400.

Plymouth is also home to a dynamic and diverse digital sector. In 2022, the sector was worth approximately £144.5 million GVA, supported 3,350 jobs, and accounts for more than five-million-day visitors a year which generates £108.8 million in GVA for Plymouth.<sup>158</sup> The emerging £7 million Devonport Market Hall project will create a hub for digital businesses as well as for community and arts groups. It will continue to increase the visibility of the sector and contribute towards the city's cultural offer.

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<sup>158</sup> <https://www.visitplymouth.co.uk/invest/why-plymouth/key-sectors/digital>

Events are a key part of Plymouth's vibrant cultural offer, helping to encourage visitors to the city. Plymouth has a strong programme of events, including large national events such as the British Fireworks Competition, MTV Crashes, and Armed Forces Day and smaller events, for example Plymouth Pirates Weekend and the Lord Mayor's Festival. In the spring and summer of 2019, there were around 290,000 visitors to events. Events during 2020 and the first half of 2021 were heavily impacted by the pandemic, however in the spring and summer of 2022, approximately 365,000 people attended events with total event attendance for the year expected to be over half a million.

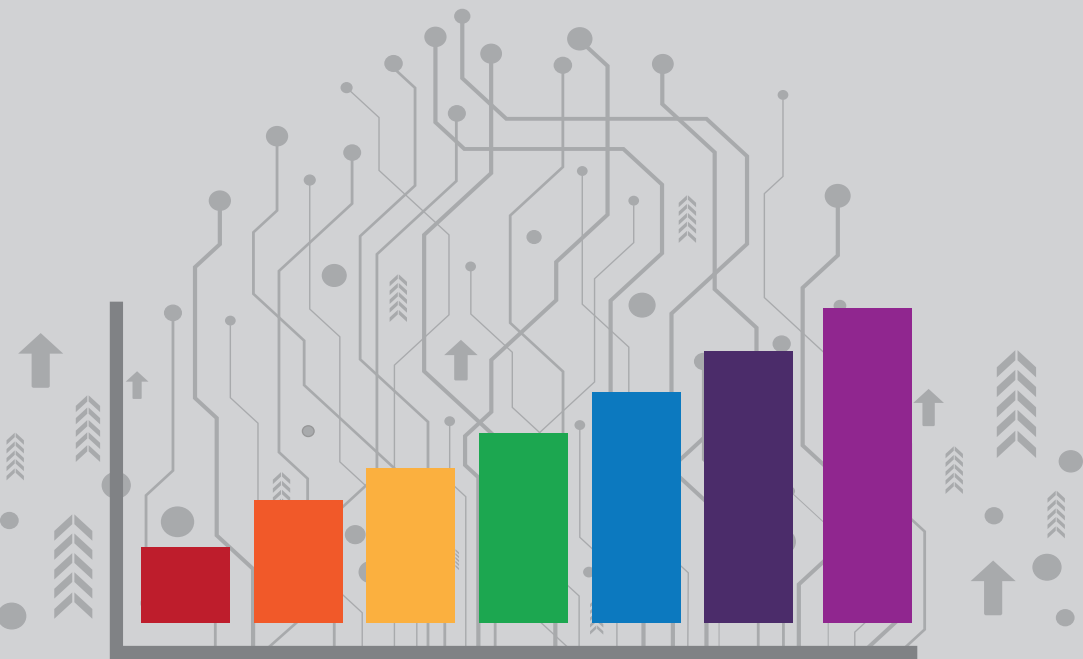
Commercial Wharf and Royal William Yard are two of Plymouth's key cultural hot spots and have both recently been successfully re-developed. Commercial Wharf is now a successful café and boat trips attraction, while Royal William Yard has been developed by Urban Splash into a thriving destination of offices, restaurants, cafes, bars, and a new 14 bedroom boutique hotel. Royal William Yard, an award winning Grade I listed ex-Naval victualling yard, is host to a unique programme of events, including artisan food markets, open theatre, outdoor cinema, and live music and circus performances.

The 2022 Plymouth City Survey gave insight into residents' perception of Plymouth's cultural offer. Just less than half (51 per cent) of respondents agreed that Plymouth has a lot to offer while 21 per cent disagreed with this statement. Improving residents' view of Plymouth's cultural offer is the first step towards making the city a great place to live, work, and visit. The same survey showed that residents are proud of Plymouth's place in history, with 82 per cent of respondents agreeing with the statement 'I am proud of Plymouth's place in history'. 56 per cent also agreed that they appreciate the City Centre's post-war architecture (e.g. Royal Parade, the House of Fraser, Royal Bank of Scotland, Civic Centre and Theatre Royal buildings) while 26% disagreed. This indicates that the majority of residents are aware and proud of the city's heritage and historical importance.

As highlighted in the previous Plymouth Report, the unique lifestyle, leisure, and cultural assets available in Plymouth can entice prospective visitors and investors into the city, whilst at the same time be celebrated assets to those currently living in Plymouth. Continuing to build on the already impressive cultural programme within the city is both a challenge and an opportunity for the city.



**CHALLENGES AND OPPORTUNITIES** - presenting the main areas of concern that have emerged from the preceding sections. It aims to provide policy makers with some further food for thought.



# CHALLENGES AND OPPORTUNITIES

# 7

The data and analysis presented in this report show that Plymouth faces similar challenges to many other UK cities and will be impacted by significant change and likely turbulence in response to the events taking place at both national and international levels.

These challenges must be addressed in order to maximise the city's potential for growth and prosperity and to take advantage of opportunities as they arise. However, there are some key concerns raised within this report that warrant attention from city leaders to consider whether enough is being done to address the challenges in the context of Plymouth's ambitions.

The following challenges are fundamentally interlinked and consideration must be given to the impact and/or benefits that addressing each one will have on the others.

## 7.1 POPULATION CHANGE

As outlined in section 2.2, Plymouth's population is estimated to grow by 3.3 per cent by 2043. This will be mainly due to an increase in the over 65s and under 25s cohorts although to some extent this will be offset by the reduction in the 15-64 'working age' cohort.

Plymouth will see a 7.9 per cent increase in the population aged 0-4 years and an increase in the 65+ age group by 31.6 percent between 2021 and 2043. However, the working age group (15 to 64 years) will reduce by 3 per cent and by 2042, will reduce from 65.1 per cent of the local population to 61.2 per cent by 2042. This has many implications, not least that there will be 3 per cent less people making a potential contribution to the local economy.

A growing and changing population raises a number of challenges for consideration. This will have an impact on future housing, education, employment and transport needs and will mean increased demands on the provision of services related to health and children's and adults' social care. A decrease in the number of people of working age in Plymouth over the next 20 years means there will be further implications in terms of balancing income and pensions.

## 7.2 COST OF LIVING

Partly due to the pandemic and partly due to other factors such as the war in Ukraine, the cost of living has been increasing across the UK since early 2021. Inflation reached its highest recorded level in April 2022 and despite a slight reduction, remains at a near 40-year high, affecting the affordability of goods and services for households. Energy prices are steadily increasing. Gas prices in the UK rose by 129.4%, and electricity prices by 66.7%, in the 12 months to January 2023<sup>159</sup> and are still on the increase. Food and road fuel prices have also risen consistently.

Low-income and vulnerable households are forecast to be most affected by the rising cost of living. It is not yet known how sustained these increases will be however, if household bills remain high, this is likely to have a sustained impact on the standard of living of some of the most vulnerable people in the city. This will undoubtedly exacerbate some of the city's pre-existing challenges and make some of the ambitions within the Plymouth Plan harder to achieve.

Deprivation and poverty levels, which are already higher than average in some parts of the city, are likely to rise. More people in food and fuel poverty will mean that health and living conditions are likely to deteriorate for some of the city's residents. Evidence suggests that around half of adults are buying less food due to the rising cost of living, with the price of food and non-alcoholic beverages in the UK rising by 16.8% in the year to January 2023<sup>160</sup>. The Plymouth City Survey 2022 found that just over one in five respondents (21 per cent) agreed that the food they buy just doesn't last and they don't have money to buy more. This rises to over 30 percent in wards such as Drake, Honicknowle and St Peter and the Waterfront.

This negative effect on health and wellbeing could impact on life expectancy and healthy life expectancy, which are already recognised as an ongoing challenge for the city and may deepen existing health inequalities. Existing economic challenges such as lower than average wages and low productivity could worsen and local businesses may struggle to thrive. A reduction in disposable income could have a negative impact on the local economy. Continually increasing costs and rising inflation could impact on the delivery of major projects within the city such as those set to improve infrastructure or address the climate emergency therefore exacerbating pre-existing challenges for the city.

<sup>159</sup> [Cost of living latest insights - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/economy/inflationandcost/articles/costoflivinglatestinsights)

<sup>160</sup> [Cost of living insights - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/economy/inflationandcost/articles/costoflivinginsights)

### 7.3 CLIMATE EMERGENCY

On 18 March 2019, the City Council declared a climate emergency in recognition of the need for an urgent response from the global community to the threat of climate change, with a target of a net-zero city by 2030. As discussed in section 5.5, in order to reach net zero (carbon neutrality), Plymouth must reduce its carbon footprint to the lowest possible figure, before offsetting what remains. This requires extensive changes to how Plymouth residents and those who work in the city live and work and to all its supporting systems including the economy, infrastructure and environment.

A lot of activity is already underway and the city has had an annual [Climate Emergency Action Plan](#) since 2019. However, in order to achieve our net zero ambitions, more change is needed at a quicker pace. Journeys by cars, vans and HGVs need to reduce by 25 per cent. Rethinking the journeys we take requires reliable and affordable public transport<sup>161</sup>. To cut emissions from buildings, we need to improve our homes and buildings to make them more energy efficient and, as noted in section 5.1.4, there are over 5,000 private rented homes estimated to be of a non-decent standard.

The [Net Zero Action Plan 2023 – 2026](#) is a three-year delivery plan, setting out the City Council's proposals to reduce its greenhouse gas emissions. It outlines how the City Council will aim to play its part in delivering the Plymouth Plan's policy aim that Plymouth achieve net zero by 2030.

### 7.4 STRATEGIC CONNECTIVITY

The key challenge for Plymouth is to strengthen its strategic links with the rest of the UK by reinforcing connectivity and being able to exploit opportunities to become more productive. Research shows that for every 100 minutes travel time from London productivity falls by six per cent. Plymouth is 40 miles away from the M5, the nearest motorway; 230 miles from London; the average train journey time to the capital is three hours 12 minutes. The nearest core city, Bristol is 120 miles away, two hours by road. Increasing productivity through improving connectivity within the South West, and to London will require major strategic investment to upgrade the rail links and road network that serve the South West. Plymouth's peripherality, both real and perceived, is a significant inhibitor of the city's potential to grow; government's historic underfunding of strategic transport infrastructure in Plymouth and the wider region must now urgently be addressed.

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<sup>161</sup> [Home - Climate Connections Plymouth](#)

## 7.5 HOUSING

As explored in the infrastructure chapter, whilst housing delivery has generally been consistent over the past 10 years, the number of houses delivered has slowed over the last couple of years. Plymouth faces some unique structural challenges to delivering new and affordable homes in the city due to higher build costs and relatively low housing values, making it more difficult to deliver complex, brownfield regeneration projects that involve significant upfront costs, and increase the gap funding required. Furthermore, Plymouth is heavily reliant on brownfield land for housing delivery whilst neighbouring authorities possess many high value greenfield sites with greater demand. Other factors such as high inflation, high build costs, high mortgage rates coupled with reduced living standards/disposable incomes and predicted falls in house prices will inevitably place downwards pressure on housebuilding output over the next few years.

The city will also need to prepare for the changing structure of the population and a shifting demand for different housing types e.g. those over 65 living alone or larger families needing bigger homes. The drive to achieve net zero may also impact on the type of homes that are needed. With homelessness approaches having risen by 22 per cent, more still needs to be done to ensure adequate housing that meets the needs of our most vulnerable.

Housing affordability is a national issue and Plymouth is no exception. The ratio of median house prices to median residence based earnings is 7.44 in 2022. Although Plymouth is more affordable than most parts of the South West and England (9.3 and 8.28 respectively), it is significantly above the usual lending formulae for mortgages which is typically based on 4 to 4.5 times annual salary per person.

Approximately one third of Plymouth's housing stock is in poor quality, given the age of the housing stock in the city. There is a clear correlation between non-decent housing, areas of deprivation, poor health and wellbeing outcomes, and lower educational attainment that need to be addressed. Non-decent housing is also strongly linked to fuel poverty and there are estimated to be 16,866 households (13.9 per cent) currently in fuel poverty. This will likely increase due to the rising fuel prices outlined above.

## 7.6 UNHEALTHY LIVES

The COVID-19 pandemic and the control measures to reduce transmission have impacted on almost all aspects of our lives. This is having profound health, economic and social consequences, all of which will impact on our mental health and wellbeing now and into the future. Moreover, these impacts are experienced differently by different groups. There is a risk that the pandemic may increase and entrench mental health inequalities that existed and were widening before the pandemic. It is crucial that we increase our knowledge of the broad impacts of the pandemic on mental health and wellbeing and the population groups that are more greatly affected. This will enable the mental health needs of our population and the hardest hit groups to be recognised and monitored so that appropriate support can be provided to mitigate the impact.

Many people want to know when the pandemic will end. There are two ways pandemics come to an end; either the transmission is so well controlled that a point is reached where there are no cases (such as Ebola), or the disease becomes part of the normal infectious disease landscape which is referred to as endemic. Being endemic, or something that society has to live with, does not mean that no steps are required to manage the disease, and it will likely continue to mean some forms of practices that will help to keep rates down.

For many of the public, COVID-19 might have been their first brush with an infectious disease which requires additional actions such as testing, time off work, notifying contacts etc. However, this is common and established practice for many infectious diseases. We have yet to see what level of ongoing control and management COVID-19 will require.

Unfortunately, COVID-19 (like any other infectious disease) has highlighted inequalities. There is an overall gradient of increasing cases and deaths with increasing deprivation in addition to significant differences between ethnicities. Factors such as education, housing and employment, drives inequalities in physical and mental health, reduces an individual's ability to prevent sickness, or to take action and access treatment when ill health occurs.

Long COVID, or post-COVID-19 syndrome, describes a wide range of symptoms that persist for at least 3 months following a diagnosis of COVID-19. Some of these symptoms might be continued from the infection itself, while others seem to develop symptoms after even a mild case of COVID-19. Evidence is still emerging on this, and many things are not currently understood. However, it is very clear that this is a significant problem for many people, with estimates as high as 10% of people who have been diagnosed with COVID-19 suffering from longer-term problems.

Life expectancy in Plymouth has improved for both males and females in recent years however it remains below the England average. Healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health) is significantly lower than the England average for females whilst similar for males. This theme has been included as a challenge in previous Plymouth Reports and remains a priority for the city to address.

Health and wellbeing needs increase with age, with a higher burden of chronic disease, susceptibility to the negative impacts of social isolation, and an associated raised need for health and social care services and carers. As already stated there will be a considerable increase in the population aged 65+ years in the coming years. This will undoubtedly place additional pressures on the already stretched health and social care services in the city.

While the differing rates of life expectancy across the city are relatively well known, healthy life expectancy is less understood and very concerning in terms of how it affects the city's ambitions.

The 10-year Thrive Plymouth programme is based on the local 4-4-54 construct, i.e. that poor diet, lack of exercise, tobacco use, and excess alcohol consumption are risk factors for coronary heart disease, stroke, cancers, and respiratory problems which together contribute to 54 per cent of deaths in Plymouth. Changing these four behaviours will help prevent these four diseases and reduce the number of deaths due to them. Continued efforts must be made to improve life expectancy and healthy life expectancy in Plymouth, and to close the gap between the most and least deprived areas of the city.





## APPENDIX A: PLYMOUTH ELECTORAL WARDS BY NEIGHBOURHOOD

Electoral ward	Neighbourhood	Electoral ward	Neighbourhood
Budshead	Derriford West & Crownhill	Plympton Chaddlewood	Chaddlewood
	Whitleigh	Plympton Erle	Plympton St Maurice & Yealmpstone
Compton	Higher Compton & Mannamead	Plympton St Mary	Colebrook, Newnham, & Ridgeway
	Mutley		Woodford
Devonport	Devonport	Plymstock Dunstone	Elburton & Dunstone
	Keyham		Goosewell
	Morice Town	Plymstock Radford	Plymstock & Radford
Drake	Greenbank & University		Turnchapel, Hooe, & Oreston
Eggbuckland	Eggbuckland	Southway	Southway
	Manadon & Widey		Tamerton Foliot
Ham	Ham & Pennycross		Widewell
	North Prospect & Weston Mill	St Budeaux	Barne Barton
Honicknowle	Ernesettle		St Budeaux & Kings Tamerton
	Honicknowle	St Peter and the Waterfront	City Centre
Lipson and Laira	Efford		Stonehouse
	Lipson & Laira	Stoke	Ford
Moor View	Estover, Glenholt & Derriford East		Stoke
	Leigham & Mainstone	Sutton and Mount Gould	East End
Peverell	Beacon Park		Mount Gould
	Peverell & Hartley		

**APPENDIX B: LIVING SECTION ADDITIONAL TABLES****Table 35:** Projected population of Plymouth by 2043 by age group

<b>Plymouth – age groups (5 Year)</b>	<b>2021</b>	<b>2043</b>	<b>+/-</b>	<b>%</b>
0-4	13,200	14,243	1,043	7.9%
5-9	15,100	13,904	-1,196	-7.9%
10-14	15,000	13,495	-1,505	-10.0%
15-19	15,900	16,739	839	5.3%
20-24	21,200	24,569	3,369	15.9%
25-29	17,900	17,494	-406	-2.3%
30-34	18,400	17,445	-955	-5.2%
35-39	17,400	15,410	-1,990	-11.4%
40-44	15,600	13,968	-1,632	-10.5%
45-49	15,800	15,053	-747	-4.7%
50-54	17,600	16,145	-1,455	-8.3%
55-59	17,300	15,409	-1,891	-10.9%
60-64	15,300	14,916	-385	-2.5%
65-69	12,900	13,193	293	2.3%
70-74	13,200	14,630	1,430	10.8%
75-79	9,700	13,906	4,206	43.4%
80-84	6,700	10,898	4,198	62.7%
85-89	4,100	6,941	2,841	69.3%
90+	2,300	4,805	2,505	108.9%
<b>All ages</b>	<b>264,700</b>	<b>273,161</b>	<b>8,461</b>	<b>3.2%</b>

Source: ONS 2021 Census using the sub national projection percentage increase from 2020 analysis

**Table 36:** Plymouth Ethnic Groups

Ethnic Group - Plymouth	2021 (number)	2021 (percent)
Asian, Asian British or Asian Welsh: Bangladeshi	537	0.20%
Asian, Asian British or Asian Welsh: Chinese	1430	0.55%
Asian, Asian British or Asian Welsh: Indian	1403	0.54%
Asian, Asian British or Asian Welsh: Pakistani	389	0.15%
Asian, Asian British or Asian Welsh: Other Asian	2188	0.83%
Black, Black British, Black Welsh, Caribbean or African: African	2022	0.77%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	460	0.18%
Black, Black British, Black Welsh, Caribbean or African: Other Black	304	0.12%
Mixed or Multiple ethnic groups: White and Asian	1349	0.51%
Mixed or Multiple ethnic groups: White and Black African	860	0.33%
Mixed or Multiple ethnic groups: White and Black Caribbean	1108	0.42%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	1339	0.51%
White: English, Welsh, Scottish, Northern Irish or British	236802	90.34%
White: Irish	1055	0.40%
White: Gypsy or Irish Traveller	165	0.06%
White: Roma	168	0.06%
White: Other White	10537	4.02%
Other ethnic group: Arab	677	0.26%
Other ethnic group: Any other ethnic group	1902	0.73%

Source: ONS Census 2021

**Table 37:** Religion in Plymouth 2021

Plymouth	Number	%
No religion	129338	48.9%
Christian	112526	42.5%
Buddhist	1018	0.4%
Hindu	814	0.3%
Jewish	207	0.1%
Muslim	3474	1.3%
Sikh	96	0.0%
Other religion	1527	0.6%
Not answered	15695	5.9%
Total	264695	

Source: ONS Census 2021

## **APPENDIX C: OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES DATA AND ANALYSIS TOOLS**

A single point of access to all nationally produced Office for Health Improvement and Disparities data profiles and tools can be accessed via the link: <http://fingertips.phe.org.uk/>

The resources cover a range of public health topics including:

- specific health conditions – such as cancer, mental health, cardiovascular disease, and diabetes
- lifestyle risk factors – such as smoking, alcohol, and obesity
- wider determinants of health – such as environment, housing, and deprivation
- health protection.

The interactive profiles/tools require one or more steps to select the desired geography. Often the option to download a PDF is then available.

## **APPENDIX D: LINKS TO A SELECTION OF PLYMOUTH JOINT STRATEGIC NEEDS ASSESSMENT PROFILES AND REPORTS**

- [2011 Census profiles and 2020 Area profiles](#)
- [Alcohol harm mapping: Plymouth neighbourhood profiles 2017](#)
- [Health related behaviour survey analysis: secondary education providers in Plymouth 2018](#)
- [Index of Multiple Deprivation \(IMD\) 2019: Plymouth summary analysis](#)
- [Life expectancy in Plymouth, 2001-03 to 2015-17](#)
- [National Child Measurement Programme Report 2018/19](#)
- [Physical activity needs assessment for Plymouth 2015 to 2018](#)
- [Prevalence of smoking, obesity, and high blood pressure in Plymouth, 2013/14 to 2015/16](#)
- [JSNA alcohol commissioning support pack: key data for Plymouth \(Public Health England\) \(2020/21\)](#)
- [Pharmaceutical needs assessment for Plymouth \(2018-21\)](#)
- [Life Expectancy and Healthy Life Expectancy in Plymouth \(DPH October 2022\)](#)

The full list can be found here:

<https://www.plymouth.gov.uk/publichealth/factsandfiguresjointstrategicneedsassessment>

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**PLYMOUTH**  
CITY COUNCIL

**HEALTH AND WELLBEING BOARD**

Tracking Decisions Log 2022 - 23



**Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.**

For enquiries relating to this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date	Resolution	Target Date	Officer Responsible	Progress
26/01/2023	The Board agreed to request that a workshop or working group be established for further consultation and engagement with the Integrated Care Strategy.	June 2023	NHS Devon ICB	<b>Complete:</b> Workshop held on 23 March 2023 at Buckfast Abbey.
26/01/2023	The Board agreed to add the following items to the Work Programme:  1. Update on Warm Spaces; 2. Update on the Cost of Living; 3. The Carers Strategy; 4. ICS Primary Care.	June 2023	Elliot Wearne-Gould (Democratic Advisor)	<b>Complete:</b> Items added to the work programme.
29/09/2022	The Board <u>agreed</u> to add the following items to the work programme:	September 2022	Elliot Wearne-Gould (Democratic Advisor)	<b>Complete:</b> Agenda Items added to the work programme.



	<div>1. Integrated Care Strategy (NHS Devon)</div> <div>2. Local Care Partnership (progress update)</div>			
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# HEALTH AND WELLBEING BOARD

Work Programme 2023 - 24



**Please note that the work programme is a 'live' document and subject to change at short notice. This is currently a draft document, under consideration with the Chair and council officers.**

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date of meeting	Agenda item	Responsible
<b>29/06/2023</b>	DCIOS Health Protection Committee Annual Assurance Report 2021-2022	Ruth & Debs Dyer
	Integrated Care Strategy	Ruth, Anna & Elliot
	Plymouth Report	Rob Nelder & Debs Dyer
	Community Empowerment Programme (Including Community Builders)	Rachael Silcock
<b>14/09/2023</b>	Food Insecurity, Warm Spaces, and Cost of Living Working Group	Public Health
	Carers Strategy	Anna Coles
<b>18/01/2024</b>		
<b>07/03/2024</b>		
<b>Items to be scheduled</b>	Food Insecurity, Warm Spaces, and Cost of Living Working Group	Public Health
	Aging Well	PCC
	Local Care Partnership- Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB
	Impact of COVID-19 Pandemic	Livewell SW / Public Health
	Safer Plymouth and Plymouth Safeguarding Board	PCC
	Update on cost of living and Citizens advice	PCC Health + CA
	Carers Strategy (Not ready for June)	Anna Coles

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