



### **Oversight and Governance**

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Published 29 November 2024

## **CABINET**

Monday 9 December 2024  
2.00 pm  
Council House, Plymouth

### **Members:**

Councillor Evans OBE, Chair

Councillor Laing, Vice Chair

Councillors Aspinall, Briars-Delve, Coker, Dann, Haydon, Lowry, Penberthy and Cresswell.

Members are invited to attend the above meeting to consider the items of business overleaf.

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### **Tracey Lee**

Chief Executive

# Cabinet

## Agenda

### Part I (Public Meeting)

#### 1. Apologies

To receive apologies for absence submitted by Cabinet Members.

#### 2. Declarations of Interest

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

#### 3. Minutes

**(Pages 1 - 14)**

To sign and confirm as a correct record the minutes of the meeting held on 11 November 2024.

#### 4. 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.

#### 5. Chair's Urgent Business

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

### Items for decision

#### 6. Health Improvement Services

**(Pages 15 - 44)**

#### 7. Family Hubs Contract Award

**(Pages 45 - 68)**

### Items for discussion

#### 8. SEND Sufficiency Project Plan

**(To Follow)**

#### 9. Children's Services Update

**(Pages 69 - 74)**

**Items for noting**

- |                                   |                        |
|-----------------------------------|------------------------|
| <b>10. Leader's Announcements</b> | <b>(Verbal Report)</b> |
| <b>11. Cabinet Member Updates</b> | <b>(Verbal Report)</b> |
| <b>12. LGA Update</b>             | <b>(Verbal Report)</b> |

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**Cabinet****Monday 11 November 2024****PRESENT:**

Councillor Evans OBE, in the Chair.

Councillor Laing, Vice Chair.

Councillors Aspinnall, Briars-Delve, Dann, Haydon, Lowry, Penberthy and Cresswell.

Apologies for absence: Councillor Coker.

Also in attendance: Karen Blake (Head of Service, CYPF), Liz Bryant (Head of Legal), Matt Garrett (Service Director, Community Connections), Jens Gemmel (Interim Chief Operating Officer), Ruth Harrell (Director of Public Health (via Microsoft Teams)), Karime Hassan (Interim Strategic Director for Growth), Ross Jago (Head of Governance, Performance and Risk), Tracey Lee (Chief Executive), Vivien Lines (Project Consultant, CSC Improvement), David Northey (Service Director for Finance) and Jamie Sheldon (Senior Governance Advisor).

The meeting started at 2.02 pm and finished at 4.38 pm.

*Note: The full discussion can be viewed on the webcast of the City Council meeting at [www.plymouth.gov.uk](http://www.plymouth.gov.uk). At a future meeting, the Council 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.*

**56. Declarations of Interest**

There were no declarations of interest.

**57. Minutes**The minutes from the meeting held 14 October 2024 were agreed as a true and accurate record.**58. Questions from the Public**

There were no questions from the public.

**59. Chair's Urgent Business**

There were no items of Chair's urgent business.

**60. Finance and Capital Monitoring report Q2**

Councillor Lowry (Cabinet Member for Finance) introduced the item and highlighted the following points:

- a) The revenue position was forecasting a £4.6 million overspend or 2% of the net budget;

- b) This was down from a forecasted £74.7 million at this period last year;
- c) The Chief Executive department was showing a nil variance;
- d) Customer and Corporate Directorate was showing a forecast spend of £36 million against a budget of £35 million, totalling a £1 million overspend;
- e) There was a substantial forecast overspend in Children's Services of £7 million;
- f) The Adult Social Care and Community Directorate was showing a forecast overspend of £1.6 million;
- g) Much of this overspend derived from an excess of £.38 million from services directed at Homelessness;
- h) There had been a draw-down from the contingency reserve of £5.4 million to address the overspend rates, particularly in respect to Children's Services;
- i) The total revised Capital Budget (2024/25 – 2028/29) was forecast at £376 million. The five year programme was funded predominately by corporate borrowing which equated to 24.7%;
- j) The affordability of the Capital Programme was in a constant state of review.

David Northey (Service Director for Finance) added:

- k) Despite the deficit of £4.6 million, savings had been extracted from every member of the Council and progress had been made.

Cabinet agreed:

1. To note the forecast revenue monitoring position at Period 6 as set out in the report as an adverse variance of £4.609m;
2. Senior Officers would continue to work with Cabinet to reduce the forecast overspend;
3. To note the Capital Budget 2024-2029 was revised to £372.669m as shown in Table I and agreed that this revised forecast was recommended to Full Council for approval;
4. To note the Prudential Indicators Q2 2024/25.

61. **Medium Term Financial Strategy 2024/25 – 2028/29**

Councillor Lowry (Cabinet Member for Finance) introduced the item and highlighted the following points:

- a) The recent federal budget indicated a real term increase in the core Local Government spending power of around 3.2% in 2025 and 2026;
- b) This included at least £1.3 billion of new grant funding, £600 million of which would be new grants to support social care;
- c) There were other initiatives which may ameliorate the budget position of certain key areas of concern for local governments e.g. homelessness, disabled facility grants, budgets for schools and business rights;
- d) The plan of the current administration in Westminster was to move away from one-year government settlements towards three year settlements;
- e) The Medium Term Financial Strategy was a dynamic document which would be constantly and frequently updated.

David Northey (Service Director for Finance) added:

- f) There were unknown factors emanating from the budget announcement, the most serious of which were the changes to National Insurance;
- g) Overall, the budget announcement was good news and welcomed;
- h) The move from a revenue deficit of £17 million to £4 million indicated a pleasing achievement.

Councillor Evans OBE (Leader of the Council) added:

- i) The budget was targeting an increase in funding for public institutions and Local Governments and the uplift in National Insurance in the National Budget would be utilised in this respect;
- j) Three-year settlements would be welcomed to create headroom for Local Government budgets;
- k) The budget displayed support and relief for Hospitality and Retail sectors across the City and Nation.

Cabinet agreed to:

- I. Approve and recommend the Medium Term Financial Strategy to the Council at its meeting 25 November 2024.

62. **Director of Public Health Annual Report (Thrive Plymouth: A decade of impact, a future of possibilities)**

Ruth Harrell (Director of Public Health) introduced the report and highlighted the following:

- a) The ten-year Thrive Plan was launched in February 2014;

- b) There was an initial focus on the “4-4-54 construct” to address four health behaviours (poor diet, lack of physical activity, tobacco use and excess alcohol consumption) which contributed to four diseases (coronary heart disease, stroke, cancer and respiratory disease) and were responsible for 54% of deaths in Plymouth;
- c) Health inequalities were intrinsically linked to external factors and it was often beyond the scope of individual actors to combat overall inequality;
- d) The programme operated with annual “themes” which brought in a diverse array of participants;
- e) Organisations involved included – local schools, Plymouth Community Homes and Livewest;
- f) The Council had achieved the Sustainable Food Silver Award across the City;
- g) There were numerous positive changes observed including smoking rates fell, healthy behaviours in children had risen and mortality rates for the four indicated diseases had fallen;
- h) Whilst life expectancy had improved, the City still trailed behind the national average;
- i) The refreshed approach for a further year would be launched officially on the 28th of November – widening the construct to look at “healthy body, healthy mind, healthy places and healthy communities”;
- j) The updated Thrive Plymouth construct included the T.H.R.I.V.E principles (Together, Human Centred, Respectful, Inequalities Focused, Versatile and Evidence Based);
- k) The updated approach aimed to link with Plymouth City Council’s strategic goals e.g. Community building and community empowerment.

Councillor Aspinall (Cabinet Member for Health and Adult Social Chair) added:

- l) In general, the cross-cutting approach to health appeared to have worked effectively;
- m) Women’s health still remained a key area of investigation for improvement.

Councillor Cresswell (Cabinet Member for Education, Skills and Apprenticeships) added;

- n) In addition to the multi-pronged approach in its impacts on children’s nutrition, government initiatives such as breakfast clubs for primary school aged children would have a positive impact;
- o) It was the culmination of local, national, collective and individual approaches which would forge a real impact in this area.



Councillor Penberthy (Cabinet Member for Housing, Cooperative Development and Communities) added:

- p) Early intervention and engagement at a community level was often a rarity at Local Government level but the current Thrive report and process employed this tool effectively;
- q) Although it was a challenge, it was hoped that the finding and successes of the report could be utilised to lobby for national funding.

Councillor Evans OBE (Leader of the Council) added:

- r) There was a major disparity in Public Health funding between the City of London and more deprived rural locations;
- s) Dentistry also had a major effect on children's public health outcomes;
- t) Various funding schemes caused a major concern for achieving public health outcomes within the City of Plymouth.

Councillor Dann (Cabinet Member for Customer Services, Sport, Leisure & HR, and OD) added:

- u) The Active to Thrive Plan had taken a dynamic, co-operative and cohesive approach across the city which was essential in pulling in various activities across the City;
- v) This included events such as working with Poole Park Farm to render children in touch with green space, the Horizon's Bid, ensuring children have access with the sea, swimming lessons, collaboration work that goes on between Plymouth Active Leisure and the YMCA and Plymouth Community Trust, Well-being Hubs throughout the community.

Councillor Lowry (Cabinet Member for Finance) added:

- w) Over 75% of the revenue budget was being spent on helping people and the Thrive Plan was a major component of this.

In response to questions, it was explained:

- x) Whereas the area of women's health still required attention, various comparative gaps continued to close;
- y) Two major areas of statistical analysis for the Public Health were in identifying real improvement in outcomes as well as comparatively with England;
- z) Childhood obesity remained a major concern for the directorate and was heavily correlated with deprivation;
- aa) Policies employed to counteract childhood obesity included; "Healthy Place Schools", recalibration of planning laws and restrictions in respect to fast food establishments

within distances of schools, abiding by national policies relevant to this area of concern as well as being at the national forefront of this area, gathering data on the issue and using this to identify actionable considerations;

Cabinet agreed to:

1. Endorse the report for publication as the annual Director of Public Health report and also publish and launch to the Thrive Plymouth network;

2. Specific recommendations within the report are:

- a. To refresh Thrive Plymouth for a further ten years;
- b. To broaden the Thrive Plymouth framework to include Healthy Body, Healthy Mind, Healthy Places and Healthy Communities as integral to health;
- c. To provide more structure to PCC public health team's leadership role in Thrive Plymouth.

63. **Foster Summit Outcomes: Phase 2 Proposals**

Councillor Laing (Deputy Leader and Cabinet member for Children's Social Care, Culture and Communications) introduced the report and highlighted the following:

- a) The report described the second phase of the support and retention offer to Plymouth City Council foster carers which had been co-designed following the Foster Carer Summit;
- b) Key themes discussed included financial, practical and emotional support as well as training and development opportunities for both foster carers and for staff;
- c) The financial offer, which was implemented from 1 April 2024, included a 6% uplift in the fostering allowance and the introduction of a council tax allowance.

Karen Blake (Head of Service, Children, Young People and Families) added:

- d) The fundamental sentiment of the report and feedback was that "your commitment, our commitment and the commitment of the wider community made fostering much easier than the challenging job which it is" in essence, the commitment was more than financial.

Cabinet agreed to:

1. Endorse 'Our Commitment To You: Plymouth City Council's Support and Retention Offer to Our Foster Carers 2024/2025'

64. **Foster for Plymouth Recruitment**

Councillor Laing (Deputy Leader and Cabinet member for Children's Social Care, Culture and Communications) introduced the report and highlighted the following points:

- a) Plymouth City Council's Family Homes for Plymouth Children Programme had been established to improve practice placement sufficiency and outcomes for children and young people;
- b) It was strongly believed that children and young people should grow up in a family setting with Foster carers as close as possible to their home area in order to maintain relationships stay in the same school access to social workers as well as health and therapeutic services;
- c) Foster for Plymouth, Plymouth City Council's in-house fostering team, revitalized and enhanced their approach to foster care recruitment in order to attract and recruit more carers and in-house fostering sufficiency;
- d) This included work with the regional fostering hub and the launch of Plymouths first mockingbird constellation - a new approach to fostering;
- e) There were four major businesses working with the Council to develop marketing strategies for the recruitment drive: Dartmoor Zoo, Babcock and Brown, YMCA and Vospers.

Karen Blake (Head of Service, Children, Young People and Families) added:

- a) The addition of cards utilising QR codes would enhance the connection with potential foster carers and augment foster care uptake.

Cabinet agreed to:

1. Support the recruitment campaign by sharing promotional material, spreading the word across networks and advocating for Foster for Plymouth.
2. Urge the greater Council to support recommendation one.

65. **Corporate Plan Performance Report Q2**

Chris Penberthy (Cabinet Member for Housing, Cooperative Development and Communities) introduced the report and highlighted the following:

- a) The report was consistently being updated to improve clarity of data and was consistently reviewed by internal and external groups;
- b) Data was included from a wide range of data sets, including from before the Covid-19 pandemic, to assess robust performance indicators at a broad level;
- c) The report highlighted the resilience and innovation that the Council had been taking to combat circumstances which affected the entire nation and were often out of Local Government control;
- d) Plymouth had maintained excellent performance against carriageway works and road defects within agreed timescales, although this was hampered by successive funding cuts since 2006;

- e) 100% of major development applicants were determined on-time by the Planning Department;
- f) There was some success with the reduction of numbers of under 25-year olds claiming Universal Credit and an increase in employment rates;
- g) The ability for pupils to access schools in Plymouth had increased to its highest level since the pandemic;
- h) In terms of healthcare, patients in primary care had seen positive improvements – rates of being seen within a fortnight had increased from 63% to 83%;
- i) This had not occurred within the field of dental care across the City.

Councillor Evans OBE (Leader of the Council) added:

- j) Electoral registration performance had been remarkable with 213, 000 people being registered.

Cabinet agreed to note the report.

#### 66. **Strategic Risks Q2**

Councillor Lowry (Cabinet Member for Finance) introduced the report and highlighted the following points:

- a) There were 18 strategic risks on the register in total;
- b) Three risks had been removed from the register:
  - i. The lack of adult social care workforce;
  - ii. I.T supply chain constraints;
  - iii. Senior management capacity.
- c) Risk was still present in terms of:
  - i. Council expenditure
  - ii. Impact of planning reforms
  - iii. Cyber security
  - iv. Health inequality
- d) One new risk had been added to the register which was centred on Governance Arrangements for the family of companies associated with the PCC.

In response to questions, it was explained:

- e) The first quarter (Q1) “risk score” for the penultimate listed risk “Emergency Response Centre (ERC) back-up power” was set at zero as the risk was not present

in the first quarter and that the second quarter risk score would be consistently reviewed;

- f) Senior Management Capacity risk had been correctly removed from the register as interim appointments were assessed to have been filled concretely;
- g) There were additional risk that were listed by various other means in lists deferential to the Strategic Risk Register.

Cabinet agreed to note the report.

67. **Children's Services update**

Councillor Laing (Deputy Leader and Cabinet member for Children's Social Care, Culture and Communications) introduced the report and highlighted the following:

- a) The report was being brought as a standing item to Cabinet on the basis that the overspend prevalent in item six necessitated public openness and transparency and out of a desire to display the difficulty of the situation and the effectuality of approaches being employed to mitigate the circumstances;
- b) Whilst the number of children in care was reducing in line with statistical neighbours, as a result of a national shortage of fostering placements the City had more children than expected placed in residential settings and a small number in unregistered settings;
- c) The cost of residential provision has risen as a result of national sufficiency issues and unregistered provision remains particularly costly;
- d) The considerable challenges facing the authority's Children Services department were common nationwide;
- e) Schemes to recruit and support additional foster carers were underway;
- f) Proposals for the development of the 'Family Homes for Plymouth Children' Programme had been examined.

Vivien Lines (Project Consultant – CSC Improvement) added the following:

- g) Whilst the goals of Children's Services and the institutional models of development evident within the 'Family Homes for Plymouth Children' may sound conflicting, there were 57 Plymouth Children placed in Children's Homes, 33 of which were not in Plymouth;
- h) It was evident that Children requiring a high level of intensive support would be granted a greater chance of success by opening in-house provision of this model.

Councillor Lowry (Cabinet member for Finance) added:

- i) In addition to the aspirational goals of the programme, it was hoped there would be some financial benefit;
- j) The programme would commence slowly with aspirations to provide far more accommodation in the future.

Councillor Chris Penberthy (Cabinet Member for Housing, Cooperative Development and Communities) added:

- k) The next ten years' worth of supported means, primarily for people aged 18 years upwards, were being looked into.

Councillor Laing (Deputy Leader and Cabinet member for Children's Social Care, Culture and Communications) added:

- l) Whilst the terminology applied to "residential children's home" might incur outdated connotations, these homes were essentially modern in both design and philosophically, being two-to-three bedroom homes intended to create a family atmosphere.

Cabinet agreed to note the report.

#### 68. **Leader's Announcements**

Councillor Evans OBE (Leader of the Council) made the following announcements:

- a) Remembrance Day commemorations had been conducted on Sunday 10 November, to a crowd larger than before and transpired successfully;
- b) A run of success had been experienced since the General Elections in terms of economic investment, growth and procurement of grants within the City, totalling over £120 million and were comprised of:
  - I. Completion of a £23 million pound investment in port facilities at MillBay;
  - II. £25 million pound Community Diagnostics Hub;
  - III. Completed in handing over an £18 million investment in the Derriford District Centre;
  - IV. All of the £25 million Freeport Seed Capital had been allocated;
  - V. £7 million had been invested into 'Innovation Barns';
  - VI. Planning was secured and procurement was complete for the £8 million Beaumont Way development;
  - VII. The £10 million Waterfront Regeneration Scheme had started;
  - VIII. Contracts had been awarded for the Mount Batten Centre's improvement scheme.
- c) The Port Strategy had been completed and brought through the Scrutiny Process;
- d) The Port Strategy was especially important for Plymouth as the City had the highest marine sector employment within the UK at 20,110 jobs or 19% of the city employed in the sector or Gross Value Added (GVA) of £1.2 Billion;

- e) The strategy aimed to grow this sector by at least 2,500 indirect jobs and 4,200 indirect jobs by 2030;
- f) The Marine Stewardship Council were hosted at The Box within the previous month and work would be conducted with this entity to boost local fishing incentives and initiatives.

69. **Cabinet Member Updates**

Councillor Penberthy (Cabinet Member for Housing, Cooperative Development and Communities) made the following announcements:

- a) A thank-you was extended to all organisations and individuals involved in the successful operation of Remembrance Day, a wide array of organisations assisted ranging Schools to small and large businesses such as Babcock and Brown;
- b) Plymouth was awarded £600,000 by the Ministry of Housing, Communities and Local Government following the public disorder which occurred in Plymouth during August. Of this grant, £510, 000 is designated for revenue and £90,000 is designated for capital expenditure;
- c) 20 Applications for use of the awarded money were received from the Community totalling a request for £1.4 million, which passed funds available by 137%;
  - I. Pride in Place were allocated £90,114, 15% of the budget
  - II. Children, Young People in Schools received £77400, 13%
  - III. Community Cohesion received £389, 874, 65% of the budget
  - IV. Community Events received £29, 000, 5% of the budget
  - V. Recovery Costs were 14, 000 or 2% of the budget
- d) The majority of the successful applicants were small voluntary sector organisations with the background of delivering services in Plymouth and the offer of the grant was subject to their compliance of the conditions of the grant as well as agreed key outcomes and milestones;
- e) Work would be conducted collaboratively between the Council and organisations in receipt of grants in order to maximise the impact of the fund;
- f) A panel of Plymouth City Council employees had made recommendations of a Small Community Grants Programme totalling £46, 000. This had been accepted by the Cabinet and the funds purpose was to promote community cohesion in the city.

Councillor Laing (Deputy Leader and Cabinet member for Children’s Social Care, Culture and Communications) made the following announcements:

- g) The Box Autumn Season had opened on 19 October 2024 and was centred around the theme “Land, Sea and Sky”;
- h) Exhibitions included the works of JMW Turner as well as contemporary artist Ingrid Pollard, a shortlisted candidate for the Turner Prize in 2022, and Vija Celmins;

- i) There were new films from Paul Rooney marking the 200<sup>th</sup> anniversary of Devonport;
- j) A timely installation from Osman Yousef called “When Will We Be Good Enough” was on display;
- k) The “You Can Do It Awards” took place on 07 November to award care leavers.

Councillor Haydon (Cabinet Member for Community Safety, Libraries, Events, Cemeteries and Crematoria) made the following announcements:

- l) Bonfire Night celebrations occurred, with an estimated attendance of 24,000;
- m) Anti-Social Behaviour Week would run between 18 and 24 November and was intended to highlight actions for those experiencing anti-social behaviour and how to support victims;
- n) Plymouth Libraries successfully received £5,000 from Arts Council England to run a project titled “Lets Read Together” which provided books for Early Year Settings;
- o) The Christmas Lights would be switched on the Thursday evening 14 November and the Barbican Lights would be switched on Saturday 16 November.

Sally Cresswell (Cabinet Member for Education, Skills and Apprenticeships) made the following announcement:

- p) The Dolly Parton Imagination Library was functioning in Devonport Ward and St Peter and the Waterfront Ward and would be gifting books to parents and young children.

Councillor Dann (Cabinet Member for Customer Services, Sport, Leisure & HR, and OD) made the following announcement:

- q) Plymouth Active Leisure had developed a referred eight-week programme for people with a wide range of health issues to devise tailored support on health journeys;
- r) Various members of the Cabinet were trialling this programme and would act as advocates.

Councillor Aspinall (Cabinet Member for Health and Adult Social Care) made the following announcements:

- s) The week commencing 18 November was “Adult Safeguarding Week”, a national event dedicated to reminding people of their safeguarding responsibilities.

70. **LGA Update**

Councillor Evans OBE (Leader of the Council) introduced the item and highlighted:



- a) Councillor Louise Gittins, Chair of the LGA, was posed to visit Plymouth at the start of December;
- b) The movement towards “prevention” strategies within Children’s social care was heavily predicated upon additional funding supplied by National government and the LGA had thanked them for this contribution;
- c) The LGA had called for fundamental reform of the SEND system, focusing on improving inclusion in mainstream settings;
- d) Greater clarity been requested regarding financial reform and multiyear settlements and the LGA had effectively called for greater headroom in their day-to-day operations;
- e) The LGA were supporting the government “Smoke Free Generation” ambition and this was being reflected within Plymouth;
- f) The request on Children’s Social Care was to cover in totality Council’s expenditure in their efforts to support vulnerable children.

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# Cabinet



Date of meeting:	09 December 2024
Title of Report:	<b>Health Improvement Service Contract Award</b>
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Dan Preece
Contact Email:	dan.preece@plymouth.gov.uk
Your Reference:	DP 12 11 24
Key Decision:	Yes
Confidentiality:	Part I - Official

## Purpose of Report

This report sets out the decision to directly award a new contract for health improvement services to the existing provider, Livewell Southwest, with a commencement date of 1<sup>st</sup> April 2025. The annual contract value proposed is set at a value of £1,108,760 over a contract length of 5 years (consisting of 3 years and optional extension period of additional 2 years).

The total five-year lifetime contract value is £5,543,800

## Recommendations and Reasons

It is recommended that Cabinet:

1. Approves the decision to award a new contract for Health Improvement Services (as detailed in this report) to Livewell Southwest.
2. Grants authority for the decision regarding the activation of the two-year contract extension included in this decision to be delegated to the Director of Public Health in consultation with the Cabinet Member for Health and Adult Social Care, where they would not already have authority to award within the scheme of delegation.

**Alternative options considered and rejected****I. Do nothing through allowing contract to expire without replacement arrangements**

This option would entail letting the current contract expire without replacing it, and therefore Plymouth residents would be left without any health improvement services.

Lack of direct support for people in Plymouth to change and maintain health related behaviours.

Long term increased preventable disease burdens: increased treatment costs and increased health inequalities.

Reputational and legal risk – Plymouth City Council has a statutory obligation under the National Health Service Act 2006 to “take such steps as it considers appropriate for improving the health of the people in its area”, including providing information, advice and services. Therefore, Plymouth City Council would be in contravention of our legal duty to take sufficient action to protect and improve the health of its population.

Increased pressures in other parts of the system, for example, people would need to be diverted to other services including Primary Care and other adults’ services which would therefore increase pressures within these already stretched services.

Summary: This is not a viable option because we have a legal duty to provide Health improvement services and NICE guidelines state that “There is overwhelming evidence that changing people’s health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity.”

**Insourcing through TUPE process to bring services into PCC PH Directorate**

This would involve the Health Improvement Service team moving to PCC ODPH and current management joining ODPH Senior Management Team

The Council does not currently deliver health services for residents and therefore does not currently have the necessary infrastructure in place. As a partially clinical service the Health Improvement Service requires clinical oversight and governance of practice and registration, training and development. Delivering a clinical service internally would require a longer time to mobilise. The majority of the staff team delivering this contract have NHS terms and conditions including agenda for change and TUPE rights. With this option, the Council would be responsible for any related costs and potentially the transfer of NHS terms and conditions.

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

The Plymouth City Council Corporate Plan, updated in 2023, sets out our mission of Plymouth being one of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone. The contract provider contributes significantly to the priority: "Working with the NHS to provide better access to health, care and dentistry" and does this by:

- Providing quality public services,
- Trusting and engaging our communities
- Spending our money wisely, and
- Focusing on prevention and early intervention

The Plymouth Plan

Health Improvement provision also aligns to the Plymouth Plan which sets a shared direction of travel for the long term future of the city. In particular, by directly contributing to:

HEA1: Addressing health inequalities, improving health literacy

HEA3: Supporting adults with health and social care needs

HEA4: Playing an active role in the community

HEA9: Delivering accessible health services and clinical excellence

Plymouth Local Care Partnership

The council is a key partner in the Plymouth Local Care Partnership which was formed to strengthen on existing partnerships and relationships across the health and care sector, to drive change, reduce inequalities and lead to better more joined-up care for the benefit of our population, as set out below Its priorities are:

- Improve health and wellbeing outcomes for the local population
- To reduce inequalities in health & wellbeing of the local population
- To improve people's experience of care
- To improve the sustainability of the health and wellbeing system
- To develop into autonomous "place based" partnership with delegated responsibility from the ICB

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

The existing contract is funded by the ring-fenced Public Health grant. The net budget for year 1 of the new contract is £1,088,760. As the Public Health grant allocation is confirmed on an annual basis, this may impact on the availability of funding, though it is anticipated that financial resources will continue to be available via the S31. Public Health grant to enable the continued commissioning of the services for the life of the proposed contract. Annual contract amounts will be varied over the course of the contract under provisions made as part of contractual arrangements.

<sup>1</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>

## Financial Risks

This business case seeks to award a new contract for Health Improvement services, over a period over a lifetime of up to 5 years. The total contract value proposed is £5,443,800 and covers a contract length of 3 years initially with options to extend for 2 years thereafter. There will be financial implications for local authority by way of approving this decision given that the proposed envelope for the service falls within the ring-fenced Public Health budget, which is not fixed and has experienced real-term reductions<sup>1</sup>.

There is also a financial risk to not approving this decision. Plymouth would be left without health improvement services from 1<sup>st</sup> April 2025. We have a mandatory duty to provide health improvement service and therefore people would need to be diverted to other services including GPs and adults services which are paid on tariff and would not provide best value for money.

## Carbon Footprint (Environmental) Implications:

None identified

## 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.

None identified

## Appendices

\*Add rows as required to box below

Ref.	Title of Appendix	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
A	Briefing Note							
B	Equalities Impact Assessment							
C	Climate Impact Assessment							
D	Contract Award Report							
E	One You Plymouth Stats							

## 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.

<sup>1</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>

	1	2	3	4	5	6	7
None							

**Sign off:**

Fin	CH.2 4.25.0 46	Leg	LS/00 0031 97/22 /LB/2 6/11/ 24	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	JS/SC/061/ CAB/BC/1 124
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Originating Senior Leadership Team member: Ruth Harrell

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 26/11/2024

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) approved by email.

Date approved: 26/11/2024

## Health Improvement Service Contract Award

This decision is proposed in accordance with Health and Care Act 2022, and associated regulations for procuring health care services in England, which came into force on 1 January 2024. These regulations introduced a new procurement regime, which removed the need for health care services to be procured in accordance with the wider and more general UK procurement law. This new procurement regime (called the “Provider Selection Regime” (PSR)) is designed to enable a more flexible and proportionate process for selecting providers of health care services within a framework that allows collaboration and ultimately ensures health care decisions are made in the best interests of patients and services users. In applying the regime, relevant authorities including the council should:

- Act to secure the needs of people who use the services, improving the quality of the service and improving the efficiency of the service provision.
- Ensure decisions about which organisations provide health care services are robust and defensible, with any conflicts of interests appropriately managed; and
- Adopt a transparent, fair and proportionate process when following the PSR.

The new regulations include a process that authorities can follow to directly award health care service contracts. Part of this process includes a mechanism to award new contracts directly to an existing provider where there is limited or no reason to seek to change from that provider or the existing provider is the only provider that can deliver the health care services.

It is considered that in the case of health improvement services within Plymouth, that the existing provider namely Livewell Southwest is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard. Below are the reasons for this opinion, taking account of five selection criteria stipulated in the statutory guidance ([The Health Care Services \(Provider Selection Regime\) Regulations 2023 \(legislation.gov.uk\)](#)).

### I. Quality & Innovation

The contract for Health Improvement Services is currently delivered by the One You Plymouth team in Livewell Southwest, who have over 10 years’ experience of provision in Plymouth. The latest contract award, in 2017, followed a comprehensive competitive tendering process. Over this time, commissioners and providers have developed a positive working relationship, which has focussed on providing local health improvement leadership, building strategic partnerships, using data-driven decision making, and broadening engagement with local communities.

The provision of Health Improvement Services is supported by current accredited training programmes and guidance from relevant professional bodies including National Centre for Smoking Cessation and Training and National Institute for Health and Care Excellence (NICE), as well as relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA).

Since the current contract was awarded, we have experienced continued significant developments and challenges across the local health improvement system. The provider continues to deliver a locally available, holistic, flexible and responsive model of provision that balances primary prevention, early intervention and planned care. For example:

- Marketing and promotion of services through brand development (“One You Plymouth”) based on insight-based market research and health data analytics.
- A mixed model of access, including developing digital access in addition to traditional face to face and telephone options, through a newly designed website, which provides a single online “front door access point”.
- Collaborating through the wellbeing at work, community capacity programmes and community wellbeing champions’ programme.
- organisational mandatory training, as well as role specific public health training.

<sup>1</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>



- CQC Peer Reviews Livewell Southwest services, including the health improvement services are peer reviewed annually to assess and ensure standards around effectiveness, safety, care and leadership are sustained and improved.
- Flexible public health response to new and emerging crises, including Covid 19 pandemic and recent evacuation in Keyham.

## 2. Value

The annual budget allocated for this contract is set at a minimum £1,108,760 and will have a combined maximum total value of £5,543,800 over a potential 5-year contract lifetime (3 +2 years). This budget has been agreed within the terms of Local Government Act 2003 s 31 grant funding remaining consistent each financial year.

The value provided by the Health Improvement Services is rooted in the financial and social benefits gained through a healthier population (invest to save). The successful provision of these services improves the range of public health outcomes, addressing both immediate acute health concerns and long-term wellness goals. This leads to reduced healthcare treatment costs, and more resilient communities, for example.

- Prevention and Early Intervention measures reduce the incidence of diseases, reducing the financial and social burden of chronic diseases (like diabetes, cancers and cardiovascular diseases). The return on investment for Plymouth's stop smoking services alone is an estimated £5.8m per year, or £29m over the five year life of the new contract.
- Capacity Building and Education: By investing in training healthcare professionals and educating the public, the team strengthens the healthcare ecosystem, empowering communities to take charge of their health.
- Economic Productivity: A healthier population translates into greater economic productivity. Fewer sick days, a healthier workforce, and lower disability rates contribute to economic growth.
- Reduced Health Disparities: The wellbeing team focuses on reaching underserved populations, reducing health inequalities.
- securing additional funding streams specifically for public health innovation such as treating tobacco dependence work programme with University Hospitals Plymouth and establishing a new team expanding the engagement with stop smoking support for people with multiple complex needs and challenging lives.

## 3. Integration, collaboration and service sustainability

The Health Improvement Service focus on multidisciplinary collaboration delivers a more integrated approach across the health and VCSE systems. This ensures that communities can both influence the design and delivery of services, which in turn enables better access and more engagement with support for people living in Plymouth. Examples of this approach include:

- As part of Plymouth's Integrated Care Partnership Health Improvement Services contribute to the creation of a place-based model of care for Plymouth and the area and are building on the work that has already taken place to integrate health and social care.
- Integrated Care Pathway development is creating smooth transitions between the range of different support services.
- Network Involvement: active support and contributions to a wide range of health-related networks across Plymouth, including the Trauma Informed network and Thrive Plymouth.

<sup>1</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>

- VCSE Connections, including membership of local VCSE strategy groups, and regular support for community-based events, including Plymouth's Community Builders in their role through access to our wellbeing training, and co-locating practitioners across the local network of Wellbeing Hubs.
- Cross-Sector Collaboration with education, housing, and social care agencies to tackle the broader social determinants of health.
- Risk Management and Crisis Response: The team uses protocols to maintain service continuity and flexibility during public health crises (e.g. pandemics) or natural disasters.

#### 4. Improving access, reducing health inequalities, and facilitating choice

The wellbeing team are developing a Human Learning Systems approach to the way they provide services. This involves use of human insight research, customer evaluation and years of experience of delivery of hi services to develop more engaging and tailored service offer. They constantly monitor and understand provision, which ensures that provision is steered towards underserved populations of greater need. For example:

- Community Partnerships to bringing services into communities: The wellbeing team is working with Plymouth's Well Being Hubs Alliance to locate health improvement offers in the hubs
- Flexible Appointment Scheduling
- Telehealth and Virtual Care Services
- Health Education and Empowerment Programs, including teaching people how to manage chronic conditions, access health services, and understand preventive care measures

#### 5. Social Value

Successfully improving health and preventing ill health has a net benefit on local economic, social and environmental well-being. The costs of tobacco to Plymouth's local economy, for example is currently estimated by Action of Smoking and Health at £246M per year. This is made up of productivity costs £158M, Healthcare costs £9M, social care costs £77M, Fire costs £2M. The social care costs are felt by the local authority and are further broken down into £3M on cost of residential care, £3M on cost of domiciliary care, £43M on cost of informal care by family & friends and £28M on cost of unmet care needs.

Job Creation and Workforce Development The wellbeing team contributes to the local economy by supporting health-related job opportunities. The wellbeing at work programme provides organisations across Plymouth the opportunity to enhance their wellbeing offer and understand the value a healthy workforce can have for their business and the local community.

Health Equity and Accessibility A major focus of the wellbeing team is to ensure that all residents, regardless of background, have access to high quality public health support services. The team works to eliminate social barriers by offering easily accessible, free to access programs targeted at the most deprived communities in Plymouth.

Mental Health and Social Inclusion Mental health is a key area of focus for the wellbeing team. By promoting mental health awareness and reducing stigma, the team helps improve social inclusion and community cohesion.

Sustainable Public Health Initiatives The wellbeing team integrates environmental sustainability into its public health strategies. By promoting healthy, active transportation like cycling and walking, they not only improve individual health but also reduce carbon emissions. This approach helps create a cleaner, more environmentally friendly city.

<sup>1</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant...>

Green Spaces and Community Gardening: The team supports the development and maintenance of green spaces and community gardens across Plymouth.

### **Smokefree generation grant**

PCC PH are in receipt of an additional annual grant under the government's Smoke Free Generation strategy ('ring fenced' by the Local Government Act 2003, Section 31). This has been received for 24/25, with a requirement to invest it in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the public health grant. The grant for 24/25 was included in the current Health Improvement Service contract via a contract variation. The Smokefree Generation funding has been pledged (but not confirmed) for five years on an annual basis. We therefore intend to commission work under this grant by annual variation. The conditions of the grant include a requirement to maintain existing spend on smoking cessation and that it will be used for increasing the provision of evidence-based stop smoking support and improving the success rate of those accessing the service.

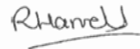
### **Summary**

The Health Improvement Services, in Livewell Southwest are well established and have been delivering health improvement services since the initial contract was directly awarded in 2013 and re-procured following competitive tendering process in 2017. A direct award would provide further stability and encourage the provider to continue with longer-term investments in capacity and capabilities within the service. It would also enable the current provider to continue delivering the service with no additional set-up costs or time required.

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# EQUALITY IMPACT ASSESSMENT – HEALTH IMPROVEMENT SERVICE CONTRACT AWARD

## SECTION ONE: INFORMATION ABOUT THE PROPOSAL

<b>Author(s):</b> The person completing the EIA template.	Dan Preece (Public Health Specialist)	<b>Department and service:</b>	ODPH	<b>Date of assessment:</b>	18 Nov 2024
<b>Lead Officer:</b> Head of Service, Service Director, or Strategic Director.	Ruth Harrell (Director of Public Health)	<b>Signature:</b>		<b>Approval date:</b>	29/11/24
<b>Overview:</b>	To directly award a new contract for health improvement services to the existing provider, Livewell Southwest, with a commencement date of 1 <sup>st</sup> April 2025. The annual contract value proposed is set at a value of £1,108,760 over a contract length of 5 years (consisting of 3 years and optional extension period of additional 2 years). The total five-year lifetime contract value is £5,443,800. This will enable Plymouth City Council to continue to meet its statutory requirement to provide confidential, open access health improvement services for the population of Plymouth. There will be no significant changes to how the service is currently contracted and provided.				
<b>Decision required:</b>	<ol style="list-style-type: none"> <li>1. Approves the decision to award a new contract for Health Improvement Services (as detailed in this report) to Livewell Southwest.</li> <li>2. Grants authority for the decision regarding the activation of the two-year contract extension included in this decision to be delegated to the Director of Public Health in consultation with the Cabinet Member for Health and Adult Social Care, where they would not already have authority to award within the scheme of delegation.</li> </ol>				

## SECTION TWO: EQUALITY IMPACT ASSESSMENT SCREENING TOOL

<b>Potential external impacts:</b> Does the proposal have the potential to negatively impact service users, communities or residents with protected characteristics?	<b>Yes</b>		<b>No</b>	<b>X</b>
<b>Potential internal impacts:</b> Does the proposal have the potential to negatively impact Plymouth City Council employees?	<b>Yes</b>		<b>No</b>	<b>X</b>

<p>Is a full Equality Impact Assessment required? (if you have answered yes to either of the questions above then a full impact assessment is required and you must complete section three)</p>	<p><b>Yes</b></p>		<p><b>No</b></p>	<p><b>X</b></p>
<p>If you do not agree that a full equality impact assessment is required, please set out your justification for why not.</p>	<p>The Health Improvement Contract is already in existence, and this re-procurement will have no significant changes to the current operation or provision of health services.</p>			

**SECTION THREE: FULL EQUALITY IMPACT ASSESSMENT**

<p><b>Protected characteristics (Equality Act, 2010)</b></p>	<p><b>Evidence and information (e.g. data and consultation feedback)</b></p>	<p><b>Adverse impact</b></p>	<p><b>Mitigation activities</b></p>	<p><b>Timescale and responsible department</b></p>
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<b>Age</b>	<p>Plymouth</p> <ul style="list-style-type: none"> <li>• 16.4 per cent of people in Plymouth are children aged under 15.</li> <li>• 65.1 per cent are adults aged 15 to 64.</li> <li>• 18.5 percent are adults aged 65 and over.</li> <li>• 2.4 percent of the resident population are 85 and over.</li> </ul> <p>South West</p> <ul style="list-style-type: none"> <li>• 15.9 per cent of people are aged 0 to 14, 61.8 per cent are aged 15 to 64.</li> <li>• 22.3 per cent are aged 65 and over.</li> </ul> <p>England</p> <ul style="list-style-type: none"> <li>• 17.4 per cent of people are aged 0 to 14.</li> <li>• 64.2 per cent of people are aged 15 to 64.</li> <li>• 18.4 per cent of people are aged 65 and over.</li> </ul> <p>(2021 Census)</p>			
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<p><b>Care experienced individuals</b> (Note that as per the Independent Review of Children’s Social Care recommendations, Plymouth City Council is treating care experience as though it is a protected characteristic).</p>	<p>It is estimated that 26 per cent of the homeless population in the UK have care experience. In Plymouth there are currently 7 per cent of care leavers open to the service (6 per cent aged 18-20 and 12 per cent of those aged 21+) who are in unsuitable accommodation.</p> <p>The Care Review reported that 41 per cent of 19-21 year old care leavers are not in education, employment or training (NEET) compared to 12 per cent of all other young people in the same age group.</p> <p>In Plymouth there are currently 50 per cent of care leavers aged 18-21 Not in Education Training or Employment (54 per cent of all those care leavers aged 18-24 who are open to the service).</p> <p>There are currently 195 care leavers aged 18 to 20 (statutory service) and 58 aged 21 to 24 (extended offer). There are more care leavers aged 21 to 24 who could return for support from services if they wished to.</p>			
<p><b>Disability</b></p>	<p>9.4 per cent of residents in Plymouth have their activities limited ‘a lot’ because of a physical or mental health problem.</p> <p>12.2 per cent of residents in Plymouth have their activities limited ‘a little’ because of a physical or mental health problem (2021 Census)</p>			



<b>Gender reassignment</b>	0.5 per cent of residents in Plymouth have a gender identity that is different from their sex registered at birth. 0.1 per cent of residents identify as a trans man, 0.1 per cent identify as non-binary and, 0.1 per cent identify as a trans women (2021 Census).			
<b>Marriage and civil partnership</b>	<p>40.1 per cent of residents have never married and never registered a civil partnership. 10 per cent are divorced, 6 percent are widowed, with 2.5 per cent are separated but still married.</p> <p>0.49 per cent of residents are, or were, married or in a civil partnerships of the same sex. 0.06 per cent of residents are in a civil partnerships with the opposite sex (2021 Census).</p>			
<b>Pregnancy and maternity</b>	The total fertility rate (TFR) for England was 1.62 children per woman in 2021. The total fertility rate (TFR) for Plymouth in 2021 was 1.5.			

<p><b>Race</b></p>	<p>In 2021, 94.9 per cent of Plymouth’s population identified their ethnicity as White, 2.3 per cent as Asian and 1.1 per cent as Black (2021 Census)</p> <p>People with a mixed ethnic background comprised 1.8 per cent of the population. 1 per cent of the population use a different term to describe their ethnicity (2021 Census)</p> <p>92.7 per cent of residents speak English as their main language. 2021 Census data shows that after English, Polish, Romanian, Chinese, Portuguese, and Arabic are the most spoken languages in Plymouth (2021 Census).</p>			
<p><b>Religion or belief</b></p>	<p>48.9 per cent of the Plymouth population stated they had no religion. 42.5 per cent of the population identified as Christian (2021 Census).</p> <p>Those who identified as Muslim account for 1.3 per cent of Plymouth’s population while Hindu, Buddhist, Jewish or Sikh combined totalled less than 1 per cent (2021 Census).</p>			
<p><b>Sex</b></p>	<p>51 per cent of our population are women and 49 per cent are men (2021 Census).</p>			
<p><b>Sexual orientation</b></p>	<p>88.95 per cent of residents aged 16 years and over in Plymouth describe their sexual orientation as straight or heterosexual. 2.06 per cent describe their sexuality as bisexual, 1.97 per cent of people describe their sexual orientation as gay or lesbian. 0.42 per cent of residents describe their sexual orientation using a different term (2021 Census).</p>			

**SECTION FOUR: HUMAN RIGHTS IMPLICATIONS**

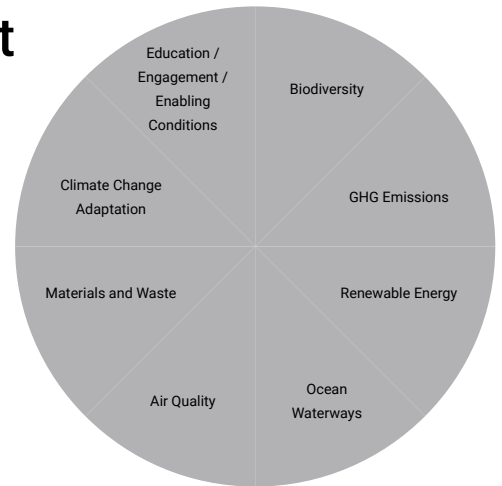
Human Rights	Implications	Mitigation Actions	Timescale and responsible department
	N/A		

**SECTION FIVE: OUR EQUALITY OBJECTIVES**

Equality objectives	Implications	Mitigation Actions	Timescale and responsible department
<p><b>Work together in partnership to:</b></p> <ul style="list-style-type: none"> <li>▪ promote equality, diversity and inclusion</li> <li>▪ facilitate community cohesion</li> <li>▪ support people with different backgrounds and lived experiences to get on well together</li> </ul>	N/A		
<p><b>Give specific consideration to care experienced people to improve their life outcomes, including access to training, employment and housing.</b></p>	N/A		
<p><b>Build and develop a diverse workforce that represents the community and citizens it serves.</b></p>	N/A		
<p><b>Support diverse communities to feel confident to report crime and anti-social behaviour, including hate crime and hate incidents, and work with partners to ensure Plymouth is a city where everybody feels safe and welcome.</b></p>	N/A		

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# Health Improvement Service Contract Award FINAL



**Assessment ID:** HEA818

**Assessment Author:** Dan Preece

## Project Summary:

This project (and key decision) sets out to directly award a new contract for health improvement services to the existing provider, Livewell Southwest, with a commencement date of 1st April 2025. The annual contract value proposed is set at a value of £1,088,760 over a contract length of 5 years (consisting of 3 years and optional extension period of additional 2 years). The total five-year lifetime contract value is £5,443,800

## Summary of Assessment:

Output of the tool does not identify any environmental implications.

### Biodiversity Score: 3

**Biodiversity Score Justification:** This project is contracting direct service provision for health related behaviours. There are no impacts on biodiversity.

**Biodiversity Score Mitigate:** No

### GHG Emissions Score: 3

**GHG Emissions Score Justification:** This project involves direct provision of support for maintaining health related behaviours. There are no planned activities that relate to ghg emissions.

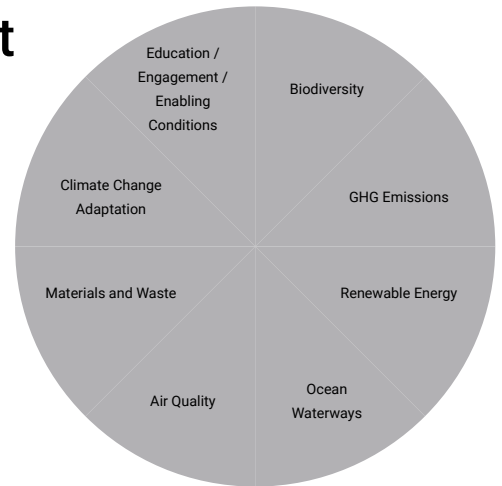
**GHG Emissions Score Mitigate:** No

### Renewable Energy Score: 3

**Renewable Energy Score Justification:** This project involves direct provision of support for maintaining health related behaviours. There are no planned activities that relate to RE.

**Renewable Energy Score Mitigate:** No

# Health Improvement Service Contract Award FINAL



**Ocean and Waterways Score: 3**

**Ocean and Waterways Score Justification:** This project involves direct provision of support for maintaining health related behaviours. There are no planned activities that relate to oceans and waterways.

**Ocean and Waterways Score Mitigate: No**

**Air Quality Score: 2**

**Air Quality Score Justification:** This project involves direct provision of support for maintaining health related behaviours. Service provision may lead to minimal increase in car journeys by staff and clients.

**Air Quality Score Mitigate: Yes**

**Air Quality Revised Score: 3**

**Air Quality Revised Score Justification:** Mitigation through application of organisational green transport policies.

**Materials and Waste Score: 3**

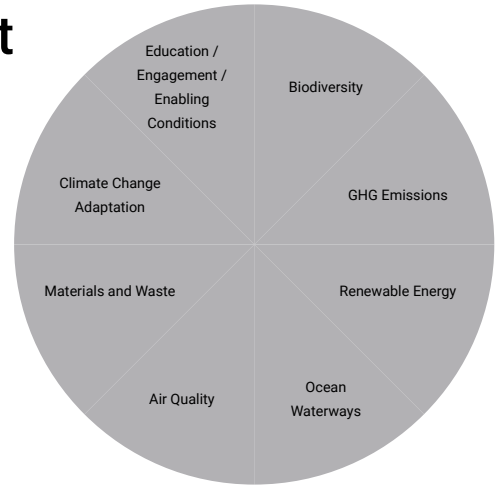
**Materials and Waste Score Justification:** This project involves direct provision of support for maintaining health related behaviours. There are no planned activities that relate to materials and waste.

**Materials and Waste Score Mitigate: No**

**Climate Change Adaptation Score: 3**

**Climate Change Adaptation Score Justification:** This project involves direct provision of support for maintaining health related behaviours. There are no planned activities that relate to climate change adaptation.

# Health Improvement Service Contract Award FINAL



Climate Change Adaptation Score Mitigate: No

Education / Engagement / Enabling Conditions Score: 3

**Education / Engagement / Enabling Conditions Score Justification:** This project involves direct provision of support for maintaining health related behaviours. There are no planned activities that relate to education/ engagement/ enabling conditions.

Education / Engagement / Enabling Conditions Score Mitigate: No

## Wheel Key

- Long lasting or severe negative impact
- Short term or limited negative impact
- No impact or neutral impact
- Short term or limited positive impact
- Long lasting or extensive positive impact

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# **PROCUREMENT GATEWAY 3 - CONTRACT AWARD REPORT**

## **Health Improvement Service Contract Award**



### **1. INTRODUCTION**

This contract award report is in relation to the re-procurement of the Health Improvement Service. The scope of the requirement includes: The provision of health improvement services to help people live healthier lives. This includes stop smoking support, wellness and healthy weight programmes, physical activity sessions, NHS Health Checks and mental health support, including suicide prevention training.

Contract Duration: Commencing 01 April 2025 for 5 years (consisting of a 3 year contract, and optional extension period of additional 2 years).

### **2. BACKGROUND**

Plymouth City Council has a legal duty to provide Health improvement services, and NICE guidelines state that “There is overwhelming evidence that changing people's health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity.” The Health Improvement Services in Livewell Southwest are well established and have been delivering health improvement services since the initial contract was directly awarded in 2013 and re-procured following competitive tendering process in 2017. The existing contract is set to expire and needs to be re-procured 01 April 2025 to ensure Plymouth residents maintain access to these improvement services. The effect of not re-procuring this service would be:

- Lack of direct support for people in Plymouth to change and maintain health related behaviours.
- Long term increased preventable disease burdens: increased treatment costs and increased health inequalities.
- Reputational and legal risk – Plymouth City Council has a statutory obligation under the National Health Service Act 2006 to “take such steps as it considers appropriate for improving the health of the people in its area”, including providing information, advice and services. Therefore, Plymouth City Council would be in contravention of our legal duty to take sufficient action to protect and improve the health of its population.
- Increased pressures in other parts of the system, for example, people would need to be diverted to other services including Primary Care and other adults’ services which would therefore increase pressures within these already stretched services.

### **3. PROCUREMENT PROCESS**

The Health and Care Act 2022 and associated regulations for procuring health care services in England, which came into force on 1 January 2024. These regulations introduced a new procurement regime, which removed the need for health care services to be procured in accordance with the wider and more general UK procurement law. This new procurement regime (called the “Provider Selection Regime” (PSR)) is designed to enable a more flexible and proportionate process for selecting providers of health care services within a framework that

allows collaboration and ultimately ensures health care decisions are made in the best interests of patients and services users. In applying the regime, relevant authorities including the council should:

- Act to secure the needs of people who use the services, improving the quality of the service and improving the efficiency of the service provision.
- Ensure decisions about which organisations provide health care services are robust and defensible, with any conflicts of interests appropriately managed; and
- Adopt a transparent, fair and proportionate process when following the PSR.

The new regulations include a process that authorities can follow to directly award health care service contracts. Part of this process includes a mechanism to award new contracts directly to an existing provider where there is limited or no reason to seek to change from that provider or the existing provider is the only provider that can deliver the health care services.

It is considered that in the case of health improvement services within Plymouth, that the existing provider namely Livewell Southwest is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard. Below are the reasons for this opinion, taking account of five selection criteria stipulated in the statutory guidance ([The Health Care Services \(Provider Selection Regime\) Regulations 2023 \(legislation.gov.uk\)](#)).

#### 1. **Quality & Innovation**

The contract for Health Improvement Services is currently delivered by the One You Plymouth team in Livewell Southwest, who have over 10 years' experience of provision in Plymouth. The latest contract award, in 2017, followed a comprehensive competitive tendering process. Over this time, commissioners and providers have developed a positive working relationship, which has focussed on providing local health improvement leadership, building strategic partnerships, using data-driven decision making, and broadening engagement with local communities.

The provision of Health Improvement Services is supported by current accredited training programmes and guidance from relevant professional bodies including National Centre for Smoking Cessation and Training and National Institute for Health and Care Excellence (NICE), as well as relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA).

Since the current contract was awarded, we have experienced continued significant developments and challenges across the local health improvement system. The provider continues to deliver a locally available, holistic, flexible and responsive model of provision that balances primary prevention, early intervention and planned care. For example:

- Marketing and promotion of services through brand development (“One You Plymouth”) based on insight-based market research and health data analytics.
- A mixed model of access, including developing digital access in addition to traditional face to face and telephone options, through a newly designed website, which provides a single online “front door access point”.
- Collaborating through the wellbeing at work, community capacity programmes and community wellbeing champions’ programme.
- organisational mandatory training, as well as role specific public health training.
- CQC Peer Reviews Livewell Southwest services, including the health improvement services are peer reviewed annually to assess and ensure standards around effectiveness, safety, care and leadership are sustained and improved.
- Flexible public health response to new and emerging crises, including Covid 19 pandemic and recent evacuation in Keyham.

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The annual budget allocated for this contract is set at a minimum £1,108,760 and will have a combined maximum total value of £5,543,800 over a potential 5-year contract lifetime (3 +2 years). This budget has been agreed within the terms of Local Government Act 2003 s 31 grant funding remaining consistent each financial year.

The value provided by the Health Improvement Services is rooted in the financial and social benefits gained through a healthier population (invest to save). The successful provision of these services improves the range of public health outcomes, addressing both immediate acute health concerns and long-term wellness goals. This leads to reduced healthcare treatment costs, and more resilient communities, for example:

- Prevention and Early Intervention measures reduce the incidence of diseases, reducing the financial and social burden of chronic diseases (like diabetes, cancers and cardiovascular diseases). The return on investment for Plymouth's stop smoking services alone is an estimated £5.8m per year, or £29m over the five year life of the new contract.
- Capacity Building and Education: By investing in training healthcare professionals and educating the public, the team strengthens the healthcare ecosystem, empowering communities to take charge of their health.
- Economic Productivity: A healthier population translates into greater economic productivity. Fewer sick days, a healthier workforce, and lower disability rates contribute to economic growth.
- Reduced Health Disparities: The wellbeing team focuses on reaching underserved populations, reducing health inequalities.
- securing additional funding streams specifically for public health innovation such as treating tobacco dependence work programme with University Hospitals Plymouth and establishing a new team expanding the engagement with stop smoking support for people with multiple complex needs and challenging lives.

## 3. Integration, collaboration and service sustainability

The Health Improvement Service focus on multidisciplinary collaboration delivers a more integrated approach across the health and VCSE systems. This ensures that communities can both influence the design and delivery of services, which in turn enables better access and more engagement with support for people living in Plymouth. Examples of this approach include:

- As part of Plymouth's Integrated Care Partnership Health Improvement Services contribute to the creation of a place-based model of care for Plymouth and the area and are building on the work that has already taken place to integrate health and social care.
- Integrated Care Pathway development is creating smooth transitions between the range of different support services.
- Network Involvement: active support and contributions to a wide range of health-related networks across Plymouth, including the Trauma Informed network and Thrive Plymouth.
- VCSE Connections, including membership of local VCSE strategy groups, and regular support for community-based events, including Plymouth's Community Builders in their role through access to our wellbeing training, and co-locating practitioners across the local network of Wellbeing Hubs.
- Cross-Sector Collaboration with education, housing, and social care agencies to tackle the broader social determinants of health.
- Risk Management and Crisis Response: The team uses protocols to maintain service continuity and flexibility during public health crises (e.g. pandemics) or natural disasters.

#### 4. **Improving access, reducing health inequalities, and facilitating choice**

The wellbeing team are developing a Human Learning Systems approach to the way they provide services. This involves use of human insight research, customer evaluation and years of experience of delivery of hi services to develop more engaging and tailored service offer. They constantly monitor and understand provision, which ensures that provision is steered towards underserved populations of greater need. For example:

- Community Partnerships to bringing services into communities: The wellbeing team is working with Plymouth's Well Being Hubs Alliance to locate health improvement offers in the hubs
- Flexible Appointment Scheduling
- Telehealth and Virtual Care Services
- Health Education and Empowerment Programs, including teaching people how to manage chronic conditions, access health services, and understand preventive care measures

#### 5. **Social Value**

Successfully improving health and preventing ill health has a net benefit on local economic, social and environmental well-being. The costs of tobacco to Plymouth's local economy, for example is currently estimated by Action of Smoking and Health at £246M per year. This is made up of productivity costs £158M, Healthcare costs £9M, social care costs £77M, Fire costs £2M. The social care costs are felt by the local authority and are further broken down into £3M on cost of residential care, £3M on cost of domiciliary care, £43M on cost of informal care by family & friends and £28M on cost of unmet care needs.

Job Creation and Workforce Development The wellbeing team contributes to the local economy by supporting health-related job opportunities. The wellbeing at work programme provides organisations across Plymouth the opportunity to enhance their wellbeing offer and understand the value a healthy workforce can have for their business and the local community.

Health Equity and Accessibility A major focus of the wellbeing team is to ensure that all residents, regardless of background, have access to high quality public health support services. The team works to eliminate social barriers by offering easily accessible, free to access programs targeted at the most deprived communities in Plymouth.

Mental Health and Social Inclusion Mental health is a key area of focus for the wellbeing team. By promoting mental health awareness and reducing stigma, the team helps improve social inclusion and community cohesion.

Sustainable Public Health Initiatives The wellbeing team integrates environmental sustainability into its public health strategies. By promoting healthy, active transportation like cycling and walking, they not only improve individual health but also reduce carbon emissions. This approach helps create a cleaner, more environmentally friendly city.

Green Spaces and Community Gardening: The team supports the development and maintenance of green spaces and community gardens across Plymouth.

## 5. TENDER EVALUATION CRITERIA

Section	Priority*	Evaluation criteria: Factors which may be taken into account include (without limitation):
<b>1. Quality and Innovation</b>	3	<p><u>The extent to which the answers demonstrate that the provider:</u></p> <ul style="list-style-type: none"> <li>▪ Flexibility in meeting different challenges</li> <li>▪ Ability to respond to changing need, e.g. infectious disease response</li> <li>▪ Engages with market research, and responds accordingly</li> </ul>
<b>2. Value</b>	5	<p><u>The extent to which the answers demonstrate that the provider:</u></p> <ul style="list-style-type: none"> <li>▪ Benchmarking against national statistics</li> <li>▪ Provides local leadership to the sector</li> <li>▪ Utilises existing local resources</li> </ul>
<b>3. Integration</b>	2	<p><u>The extent to which the answers demonstrate that the provider:</u></p> <ul style="list-style-type: none"> <li>▪ Supports local infrastructure through integration and collaboration</li> <li>▪ Support the sustainability of other services e.g. reduces demand on other health/care services</li> </ul>
<b>4. Improving Access</b>	1	<p><u>The extent to which the answers demonstrate that the provider:</u></p> <ul style="list-style-type: none"> <li>▪ Improves access to relevant services</li> <li>▪ Monitors and understand the impact on local health inequalities</li> </ul>
<b>5. Social Value</b>	4	<p><u>The extent to which the answers demonstrate that the provider:</u></p> <ul style="list-style-type: none"> <li>▪ Makes considerations for increasing social value within their own activities and the potential improvement on health outcomes</li> <li>▪ Address key local, and national issues, e.g. net zero and the elimination of modern slavery</li> </ul>

The provider also meets the following relevant basic selection criteria: Technical and Professional Ability, through the operation of Livewell Southwest's clinical competency process, which is approved by a professional lead and includes relevant National Centre for Smoking Cessation and Training accreditation.

## 6. FINANCIAL IMPLICATIONS

Financial provision has been made for this contract within the project budget. Details of the contractual pricing are:

A direct award of a new contract for Health Improvement services, over a period of up to 5 years. The annual contract value proposed is set at a value of £1,108,760 over a contract length of 5 years (consisting of 3 years and optional extension period of additional 2 years). The total contract value proposed is therefore £5,443,800. The proposed envelope for the service falls within the ring-fenced Public Health budget, and will be funded by the grants annual revenue.

Risks:

- The ring-fenced Public Health Budget is not fixed and has experienced real-term reductions
- There is also a financial risk to *not* approving this decision. Plymouth would be left without health improvement services from 1<sup>st</sup> April 2025. We have a mandatory duty to provide health improvement service and therefore people would need to be diverted to other services including GPs and adults services which are paid on tariff and would not provide best value for money.

## 7. RECOMMENDATIONS

It is recommended that a contract be awarded to Livewell Southwest on PCC Services Terms & Conditions.

## 8. APPROVAL

### Authorisation of Contract Award Report

Author (Responsible Officer / Project Lead)	
<b>Name:</b>	Dan Preece
<b>Job Title:</b>	Specialist, Public Health
<b>Additional Comments</b>	N/A
<b>Signature:</b>	<i>Dan Preece</i>
<b>Date:</b>	29/11/2024
Head of Service / Service Director [Signature provides authorisation to this award report and award of Contract]	
<b>Name:</b>	Ruth Harrell
<b>Job Title:</b>	Director of Public Health
<b>Additional Comments</b>	N/A
<b>Signature:</b>	<i>Ruth Harrell</i>
<b>Date:</b>	29/11/2024

# ONE YOU PLYMOUTH

The Wellbeing Team had a busy few months from April to June 2024. Here's a snapshot of activity...

**381**

people attended community events



**23**

Mental Health First Aiders accredited



“ A great thought-provoking course with very considerate trainers. ”

**43**

people engaged in the Wellness and Weight Loss programme

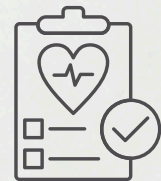


One You Plymouth have partnered up with Plymouth Argyle Community Trust to deliver a new weight management programme

**140**

community and workplace health checks completed

“ I had no idea I had high blood pressure. I have none of the symptoms. I was told to contact my GP straight away. I've been put on medication to bring my blood pressure down. I'm really glad I had the check. ”



**198**



people quit smoking

**143**



took up Swap to Stop offer

**182**



took up 'no strings attached' vape offer

**41**

New Wellbeing Champions joined us

bringing our network to a total of 616



One You Plymouth are working with other organisations in Plymouth to create a community of practice for community walks. Our first network meeting was September.

**98**

People have completed 4MH: Emotional Resilience Training



**City College Plymouth**

achieved their Bronze Award in the Wellbeing at Work Awards



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# Cabinet



Date of meeting:	09 December 2024
Title of Report:	<b>Family Hubs Contract Award</b>
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Strategic Director Adults, Health and Communities)
Author:	Emma Crowther, Service Director, Integrated Commissioning
Contact Email:	Emma.crowther@plymouth.gov.uk
Your Reference:	FHCA
Key Decision:	Yes
Confidentiality:	Part I - Official

## Purpose of Report

The purpose of this paper is to provide an update on the work of the network of Family Hubs in Plymouth, with a view to awarding new contracts for a limited period from 1<sup>st</sup> April 2025. Plymouth is successfully transforming the city's Children's Centres (supporting families with children aged 0-5) into Family Hubs, offering support for families with children from pre-birth to 19 or up to the age 25 for young people with SEND.

## Recommendations and Reasons

It is recommended that:

1. Three new Family Hub contracts are awarded to Action for Children, Barnardo's and Lark for a period of 2 years from 1st April 2025, with the option to extend by a further year, until 31st March 2028. These will replace the current Emerging Family Hub contracts. The total contract value for 2025/26 is confirmed as £2,443,693 and indicative contract value for 2026/27 is confirmed as £2,199,323.75.

This is to enable time for the city's plan for the development of early help and preventative services in the city to be developed and embedded, which will in turn determine the future delivery model for Family Hubs from 2027/28. It will also enable closer scrutiny of the use of buildings and joint working across Council services and partners. The Family Hubs would form a key part of developing the vision for the delivery of our preventative and early help services for the future in Plymouth.

In the October budget the Start for Life grant funding received for the last 3 years has been announced to continue for local authorities currently in receipt of funding for one year from April 2025 to March 2026. The exact amount of grant funding is yet to be confirmed. Any further grant settlement beyond 2026 will not be known until after spending review in Spring 2025.

## Alternative options considered and rejected

### Re-procuring new contracts through a full procurement process.

This has been rejected for the following reasons:

- The next 2 years will be a period of significant change in the local Early Help system – until this period of redesigning and trialling new approaches has concluded it is very difficult to design and procure a new service fit for the future needs of the city. The future funding envelope for the service is also not clear and this would impact the success of any procurement at this stage.
- The current providers have been in place since 2014, operating as Children’s Centres and Emerging Family Hubs, with providers well embedded in the city and known and trusted by families and professionals; this will provide stability during a period of change
- The current providers have been instrumental in the design of grant funding bids and provide expertise in delivery of services for expectant parents and parents of children aged 0-2 which will be a key focus of grant funded delivery if the Start for Life funding is extended.
- This will allow for the Family Hubs to open and embed as part of the new Early Help TOM and in line with grant funding requirements and outcome measures, while longer term partnership, commissioning and contractual arrangements for Early Help are developed.

**Ceasing the contracts and service delivery** was rejected for the following reasons:

- There would be no community based early help and support offer for families in Plymouth through our remaining registered Children’s Centres or 10 Family Hubs sites which would be likely to have a detrimental effect on outcomes for families and lead to increased demand for more intensive forms of support.
- There would potentially be DfE capital grant clawback costs on the former Sure Start Children’s Centres that may outweigh any benefits in ceasing to use buildings

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

- The Corporate Plan to ‘keep children, adults and communities safe’; and
- The Plymouth Plan 2014-2034 ‘to create the conditions where children, young people and families can thrive, assisting them to build resilience through the early development of good physical and emotional health and by equipping young people and parents with the skills to improve their wellbeing’.

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

The revenue budget for the Family Hubs is held in Strategic Commissioning, and the proposed core contract values for 2025/26 are built into the financial forecasting.

In addition for 2024/25 Start for Life grant funding of £1,190,175 including £72,547 for capital projects was received but it is not anticipated that the capital funding will be available for 2025/26. The revenue funding is linked to the Family Hubs and specifically supporting the first 1001 days of a child’s life. This funding is to be extended from 1<sup>st</sup> April 2025 for a year, and we are awaiting confirmation of the amount of the grant.

#### **Financial Risks**

The core revenue budget for the Children’s Centres/Emerging Family Hubs/Family Hubs has been reduced over several years in line with the Council’s available budget. The three providers have worked flexibly and creatively with the Council to adjust to this, with a focus on maintaining service delivery.

Start for Life grant funding has enabled additional services to be delivered to support children in their earliest years. The autumn budget confirmed that grant funding will be paid for a further year from April 2025, but at this point the amount of funding has not been confirmed.

**Carbon Footprint (Environmental) Implications:**

The Family Hubs aim to provide the option for support for Plymouth families in a location that is close to their networks, whether linked to where they live or their child's school. It is intended to reduce the need for families to travel significant distances to be supported. The Family Hubs contribute to the Net Zero Action Plan for the Council.

**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.*

The Family Hubs enable support to be offered to a broad range of families, including services for children and young people with protected characteristics. The Hubs aim to understand the holistic needs of families, including the impact of child poverty on their emotional and economic wellbeing.

**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	Family Hubs Contract Award							
B	Equalities Impact Assessment							
C	Climate Impact Assessment							

**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
Early Help Case for Change							

**Sign off:**

Fin	HS.24 .25.28	Leg	LS/00 0031 97/24 /LB/2 8/11/ 24	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	JS/SC/062/ CAB/BC/1 124
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Originating Senior Leadership Team member: Emma Crowther, Service Director Integrated Commissioning

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 26/11/2024

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) approved verbally

Date approved: 29/11/2024

# FAMILY HUBS CONTRACT AWARD

Strategic Commissioning



## I. PURPOSE

The purpose of this paper is to provide an update on the work of the network of Family Hubs in Plymouth, with a view to awarding new contracts for a limited period from 1<sup>st</sup> April 2025. Plymouth is successfully transforming the city's Children's Centres (supporting families with children aged 0-5) into Family Hubs, offering support for families with children from pre-birth to those with SEND aged 25.

The Family Hubs offer a range of support from a universal offer to extra/early help and safeguarding and SEND support for families. This is creating a growing network of agencies who are building together an integrated offer locally for families. This is in turn building on the proud history of Sure Start Children's Centres in Plymouth.



The Family Hubs are currently delivered by three commissioned providers: Barnardo's, Lark and Action for Children, and delivered from 12 buildings (9 Family Hubs and 3 Children's Centres). Three are co-located with Wellbeing Hubs. There are no performance issues with the current providers which would preclude the award of new contracts.

## 2. PROGRESS TO DATE



Plymouth's Children's Centres were originally contracted to be delivered by the current providers in 2014.

In March 2021 the decision was taken at Plymouth City Council's Cabinet to award a no-cost collaborative contract (Early Help Innovative Partnership), as a means of transforming the Early Help and Targeted Support offer to children and families in Plymouth. One element of this work was to begin the process of creating Family Hubs across the city, taking the next step in adapting from the Children's

Centre model to a broader age group. The plans drew on feedback from young people, families and practitioners who highlighted that early support was difficult to navigate, was not adaptable to their needs and was not easy to access locally, early and easily, particularly when families faced multiple challenges.

The contract to lead this work was awarded to a local partnership made up of the following local community and voluntary organisations and work progressed to think about our shared ambition for Early Help:

- Livewell Southwest
- Harbour
- Action for Children
- Lark
- Hamoaze House

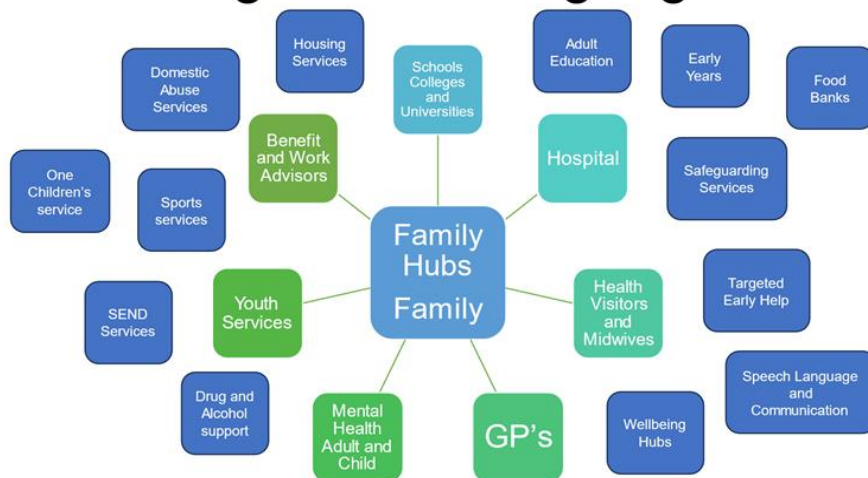
In 2022 Plymouth was successful in being one of the 75 local authority areas in England to receive a share of the Government’s Family Hubs and Start for Life Programme funding for 2022 – 2025. The programme focused on the first 1001 days of a child’s life and measures including parenting support, the home learning environment and infant feeding.

In February 2023 Cabinet agreed a 2-year award of a new Emerging Family Hubs contract to Action for Children, Barnardo’s and Lark, to formalise the conversion process from Children’s Centres to Family Hubs. The service specification was revised to focus on the emerging Family Hubs model, and to also make best use of the Start for Life grant funding, which Plymouth received to support the first 1001 days of a child’s life.

9 Family Hubs are now open, with one more to follow in early 2025, with the network of associated support coalescing around the Hubs:

OFFICIAL:SENSITIVE

## Networks established Working and building together



Please see Appendix I for information on the work carried out by the Family Hubs over the last year.

The current Emerging Family Hubs contracts expire on 31<sup>st</sup> March 2025. The current services offer a wide range of support underpinned by intervening as early as possible through open, universal services (such as midwifery, health visiting etc) accessible via Family Hubs buildings and other community locations including schools and teams within the Council Targeted Support Service:

- A virtual offer is in development for parents and practitioners (e.g. Solihull Parenting Programme);
- Single Point of Access (no wrong door) approach, to build trusted relationships with families through meaningful engagement, so that families disclose early when they need help;
- Focused effort on engaging fathers/male carers (seeing good levels of engagement in dad & toddler groups);
- Tell My Story Once approach to assessment;
- Support open to pregnant families and those with children & young people 0-19; adults without children in their care can access support via Wellbeing Hubs (some of which are co-located with Family Hubs);
- Peer supporters – developing this approach, through which parents encourage other parents to engage with the offer;
- Working with Community Builders to maximise engagement with the offer (dedicated Family Hubs Community Builder funded until the end of March 2025);
- Safe Families –support includes host families who can provide overnight care for children where this support isn't available within the parent(s)' own network;

### 3. PROPOSAL

The award of new contracts will enable the development of the Plymouth Early Help model to progress, which will in turn inform the most appropriate future delivery model and scale for the Family Hubs. Future options may include:

- Recommissioning the service via a contractual route – fee for service or outcomes-based funding
- Commissioning the service to an alternative delivery model – for example a CiC
- Bringing the service back into local authority-led delivery

A 2-year extension with the option for a further year would allow time for any procurement or transfer process to take place. As part of the contract award process, the service specification will be reviewed to refresh expectations as we move from Emerging to full Family Hubs. This will include a refresh of the performance indicators, to help inform a central Early Help data set. This will include:

1. **Referral Rate:** The number of referrals received per month/quarter.
2. **Referral Source:** Breakdown of referrals by source (e.g., schools, healthcare providers, social services).
3. **Initial Response Time:** Time taken to respond to a referral.
4. **Engagement Rate:** Percentage of referred families who engage with Early Help services.
5. **Service Access Equity:** Analysis of access to services across different demographics to identify and address disparities.
6. **Impact on School Attendance:** Changes in school attendance rates among children receiving Early Help.
7. **Parental Satisfaction:** Survey results reflecting parent/carer satisfaction with the services received.
8. **Child Development Metrics:** Improvements in key child development indicators, such as speech, language, and communication.

9. **Re-referral Rate:** Percentage of families who are re-referred to Early Help services within a year, indicating recurring or unresolved issues.
10. **Outcomes Tracking:** Monitoring the outcomes of Early Help interventions, such as improvements in children's academic performance, behavioural changes, and family stability.
11. **Cost-Effectiveness:** Analysis of the cost-effectiveness of different Early Help interventions.

The new specification will include the requirement for a range of ways of seeking the voices of those with Lived Experience. These should include:

- **Regular Surveys:** Conducting regular surveys/appreciative enquiry with families who have used Early Help services to gather feedback on their experiences and suggestions for improvement.
- **Focus Groups:** Organizing focus groups with parents, carers, and children to discuss their needs and experiences in more depth including the parent and carer start for life panel, Maternity Voices, Parent Carer Voice – SEND.
- **Feedback Forms:** Providing easy-to-use feedback forms at Family Hubs and other service points.
- **Online Portals:** Utilizing online platforms for families to provide feedback and rate their satisfaction with services.
- **Community Consultations:** Engaging with community leaders and organisations to understand broader community needs and perspectives on Early Help services.

The collected data and intelligence should be used to:

- **Identify Trends:** Analyse data to identify trends and emerging issues that require attention communities of need and geographical need.
- **Inform Policy:** Use data insights to inform policy decisions and strategic planning for Early Help services and commissioning of work.
- **Improve Services:** Continuously improve service delivery based on feedback and performance data.
- **Allocate Resources:** Ensure resources are refocussed/allocated efficiently to areas of greatest need and impact.
- **Demonstrate Impact:** Provide evidence of the positive impact of Early Help services to stakeholders and funders.

#### 4. INTERDEPENDENCIES

The award of new contracts will run alongside the development of the Plymouth Early Help model for the city:

*Early help is to ensure that every child and their family can access and receive timely, effective support from trusted sources. We aim to build supportive trusted relationships around families and communities, addressing diversity and equity to provide equal life chances for all children.*

The Delivery of Early Help is part of the One Children's Service Programme, and it aims to, in collaboration with all key city partners, build on the existing Early Help offer and delivery of Family Hubs to embed a network of services, processes and interactions that are able to understand, predict the need and respond together to help children, young people and families at the earliest opportunity.



**Plymouth's Vision for Early Help**

Plymouth's vision for early help is to ensure that every child and their family can access and receive timely, effective support from trusted sources. We aim to build supportive trusted relationships around families and communities, addressing diversity and equity to provide equal life chances for all children. We will do this by building any future change using the agreed strategic pillars:

**Universal and Specialist Services Integration**

- Leverage both universal services (education, health) and specialist services (parenting support, mental health, etc.) to create a cohesive support network.
- Ensure that children and families can easily transition between universal and specialist services as needed.

**No Wrong Door Approach**

- Develop a system where families can access support through multiple entry points.
- Ensure all services are welcoming, respectful, and encourage families to seek help without hesitation.

**Building Support through Multi-Agency Collaboration**

- Review the assessment tools used with families and create a Team around the Family approach to coordinate services.
- Enhance collaboration among local agencies, including health, education, housing, and employment services.

**Family Hubs Network**

- Utilise the Family Hub Network to provide comprehensive support from pre-birth to 25 years (for those with SEND).
- Co-locate multi-agency teams, including midwives, health visitors, early years settings, schools, and other relevant services.

**Trauma-Informed Practices**

- Embed trauma-informed approaches across all children's and adult services.
- Use trauma-informed lenses to understand and address the complexities of children's and families' lived experiences.

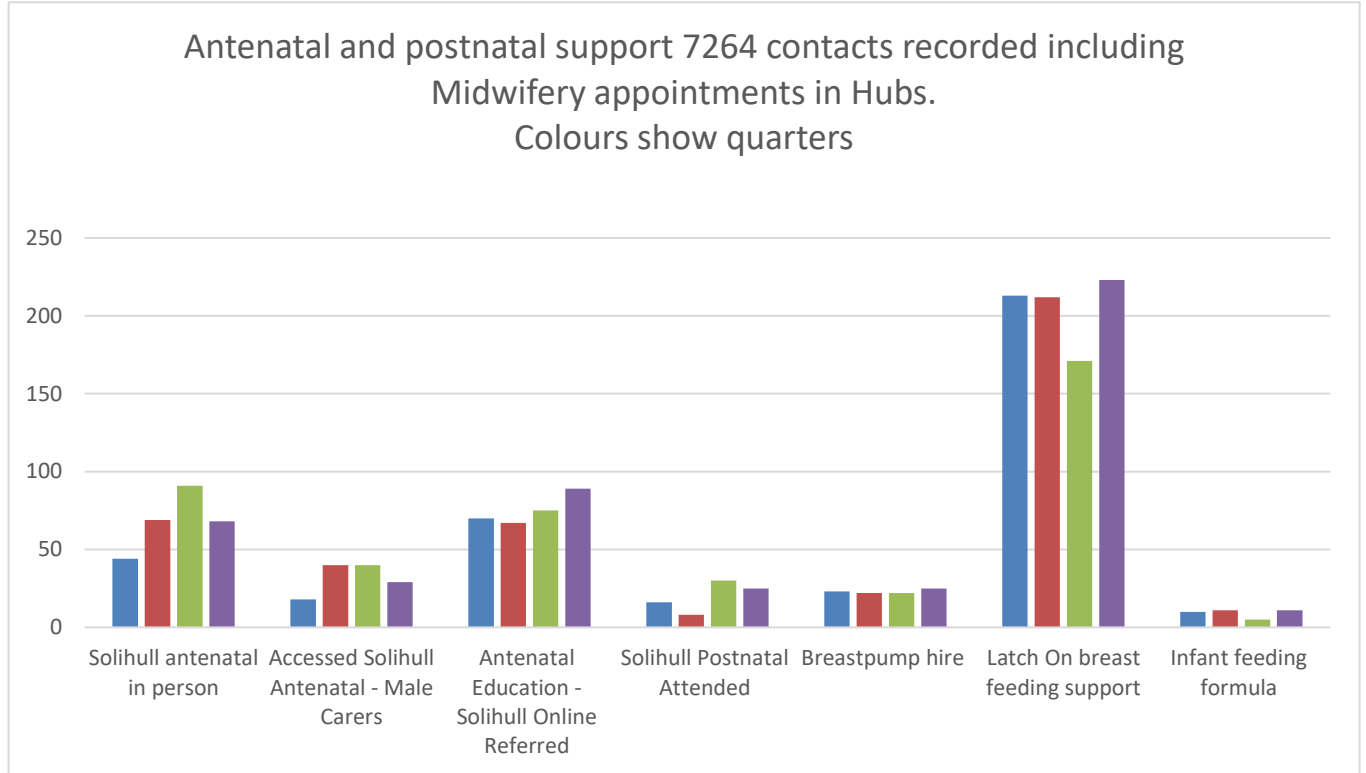
**Asset-Based Community Development (ABCD)**

- Focus on local assets and strengths to foster sustainable community development.
- Promote the involvement of community members in developing solutions and support systems.

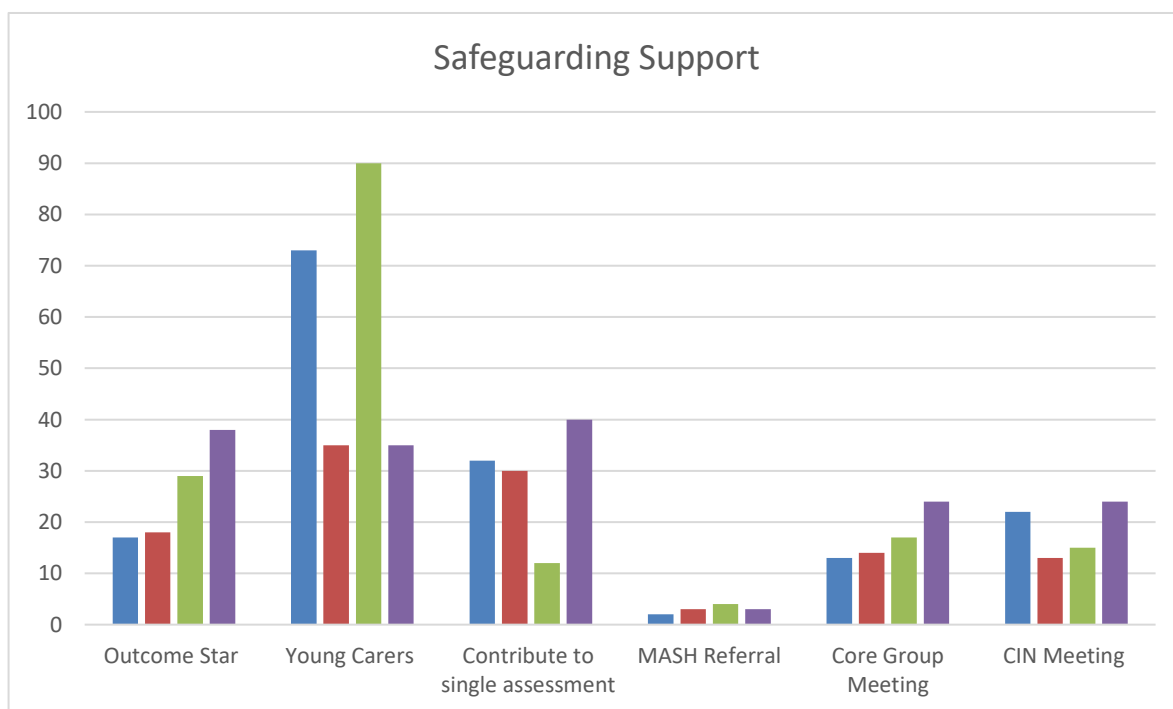
Our aim is to create a city-wide system of early help, that will improve prevention and provide self-help support options for families, children and young people from pre-birth to 19 and up to 25 years for young people with SEND.

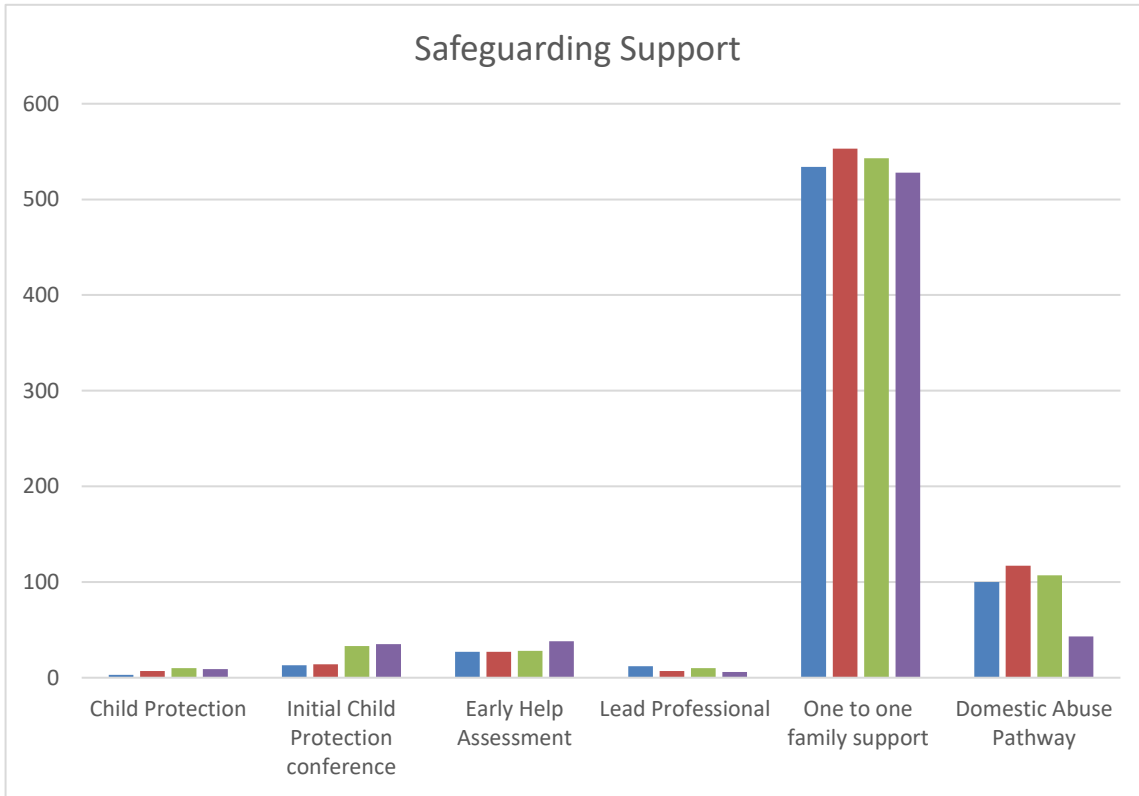
**APPENDIX I – WORK CARRIED OUT BY THE FAMILY HUBS OVER THE LAST YEAR**

The Family Hubs have had 29,546 contacts/activities with families over the last year, from initial contact and signposting to group work and 1:1 support.

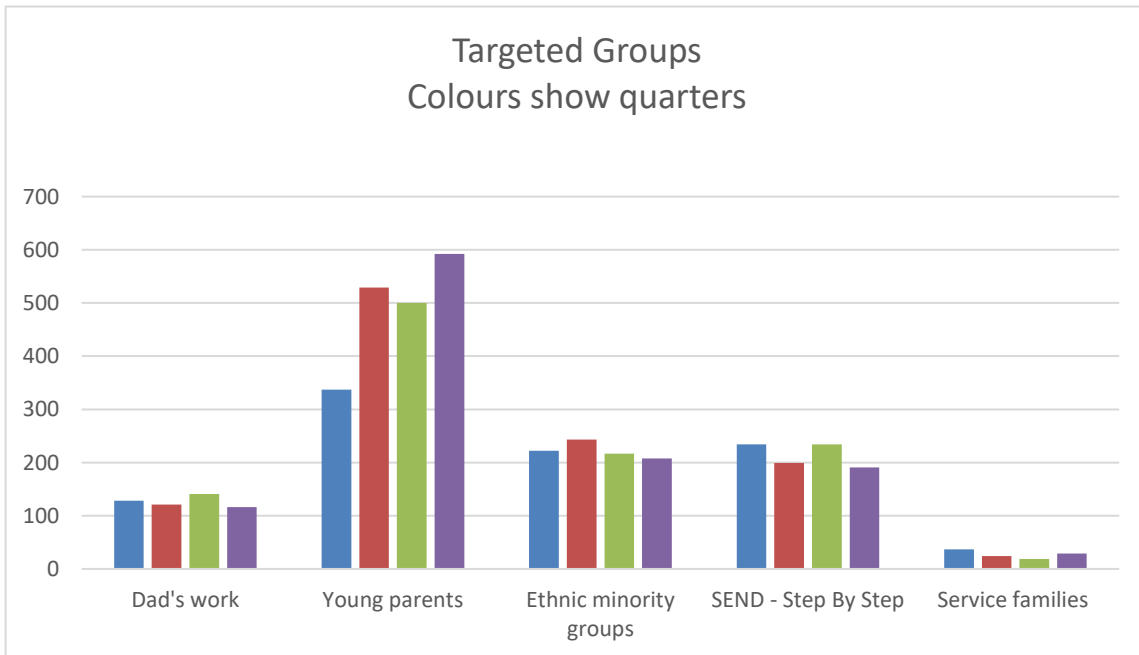


The Hubs work with Children’s Social Care as part of the broader system of safeguarding families, from tracking individual outcomes to being part of the holistic assessment of need:

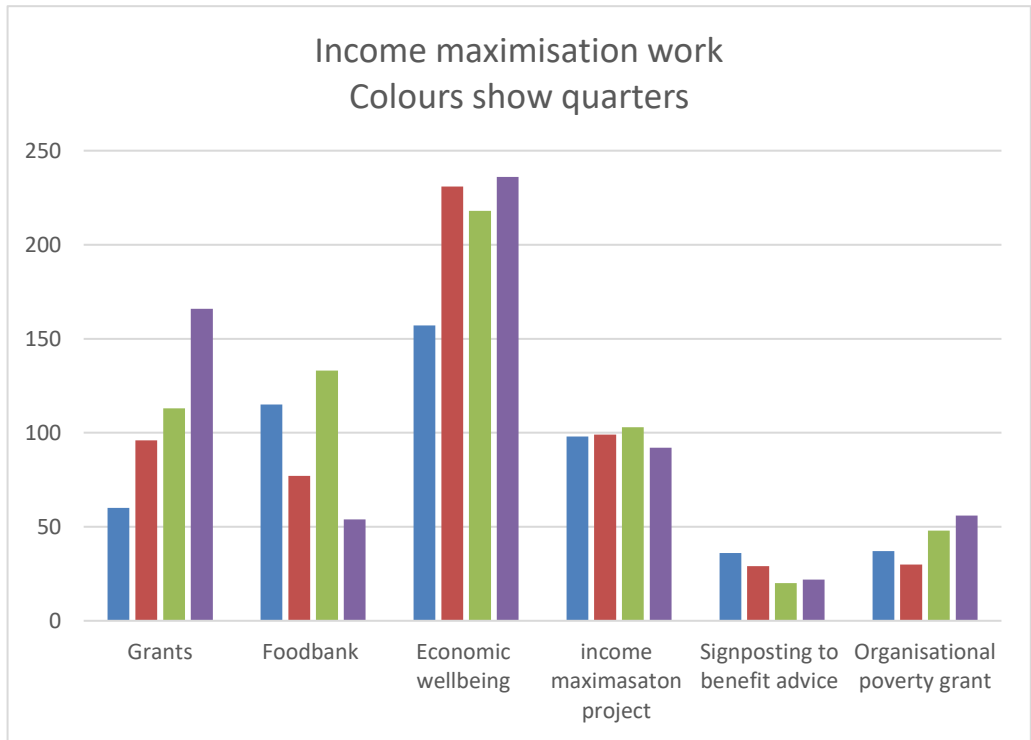




The service is having steady success in working with fathers, and growing success in working alongside young parents:




As part of the Hub offer, services such as the DWP attend the Hubs regularly, to offer advice and support related to income. This is alongside the support from Hub staff related to economic wellbeing:



# EQUALITY IMPACT ASSESSMENT – FAMILY HUBS BUSINESS CASE

## SECTION ONE: INFORMATION ABOUT THE PROPOSAL

<b>Author(s):</b> This is the person completing the EIA template.	Karlina Hall	<b>Department and service:</b>	Adults, Health & Communities	<b>Date of assessment:</b>	04/11/2024
<b>Lead Officer:</b> Please note that a Head of Service, Service Director, or Strategic Director must approve the EIA.	Emma Crowther	<b>Signature:</b>		<b>Approval date:</b>	04/11/2024
<b>Overview:</b>	<p>When considering this EIA it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010.</p> <p>The Family Hubs Contract Award sets out a recommendation to direct award a new contract to the current Family Hub providers for a further period of 2+1 years, the options for the commissioning of Family Hubs services. This business case is due to be considered at Cabinet in December 2024. The Family Hubs support families with children aged 0-19 or up to 25 for young people with SEND in Plymouth through a range of face-to-face and virtual offerings.</p> <p>The vision for the Family Hubs Services to ensure that children, young people and their families receive the right support as early as possible.</p> <p>This EIA will accompany the Family Hubs Contract Award, which will be considered by Cabinet in December 2024.</p> <p>The current Emerging Family Hubs contracts end on 31 March 2025. Key stakeholders will be engaged on the development of the service specification taking account any equality considerations. Contract performance measures and outcomes will be reviewed as part of this process to ensure they are fit for purpose and reflect the needs of the local population.</p>				
<b>Decision required:</b>	<p>It is recommended that:</p> <p>Three new Family Hub contracts are awarded to Action for Children, Barnardo's and Lark for a period of 2 years from 1st April 2025, with the option to extend by a further year, until 31st March 2028. These will replace the current</p>				

	Emerging Family Hub contracts. The total contract value for 2025/26 is confirmed as £2,443,693 and indicative contract value for 2026/27 is confirmed as £2,199,323.75.
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## SECTION TWO: EQUALITY IMPACT ASSESSMENT SCREENING TOOL

<b>Potential external impacts:</b> Does the proposal have the potential to negatively impact service users, communities or residents with protected characteristics?	Yes		No	X
<b>Potential internal impacts:</b> Does the proposal have the potential to negatively impact Plymouth City Council employees?	Yes		No	X
Is a full Equality Impact Assessment required? (if you have answered yes to either of the questions above then a full impact assessment is required and you must complete section three)	Yes		No	X
If you do not agree that a full equality impact assessment is required, please set out your justification for why not.	N/A			

## SECTION THREE: FULL EQUALITY IMPACT ASSESSMENT

Protected characteristics (Equality Act, 2010)	Evidence and information (e.g. data and consultation feedback)	Adverse impact	Mitigation activities	Timescale and responsible department
Age	Plymouth <ul style="list-style-type: none"> <li>16.4 per cent of people in Plymouth are children aged under 15.</li> </ul>	None anticipated – the Family Hubs will support families with children of all ages across the city.	N/A	N/A

	<ul style="list-style-type: none"> <li>• 65.1 per cent are adults aged 15 to 64.</li> <li>• 18.5 percent are adults aged 65 and over.</li> <li>• 2.4 percent of the resident population are 85 and over.</li> </ul> <p>South West</p> <ul style="list-style-type: none"> <li>• 15.9 per cent of people are aged 0 to 14, 61.8 per cent are aged 15 to 64.</li> <li>• 22.3 per cent are aged 65 and over.</li> </ul> <p>England</p> <ul style="list-style-type: none"> <li>• 17.4 per cent of people are aged 0 to 14.</li> <li>• 64.2 per cent of people are aged 15 to 64.</li> <li>• 18.4 per cent of people are aged 65 and over.</li> </ul> <p>(2021 Census)</p>			
<p><b>Care experienced individuals</b></p> <p>(Note that as per the Independent Review of Children’s Social Care recommendations, Plymouth City Council is treating care experience as though it is a</p>	<p>It is estimated that 26 per cent of the homeless population in the UK have care experience. In Plymouth there are currently 7 per cent of care leavers open to the service (6 per cent aged 18-20 and 12 per cent of those aged 21+) who are in unsuitable accommodation.</p> <p>The Care Review reported that 41 per cent of 19-21 year old care leavers are not in education, employment or training (NEET) compared to 12 per cent of all other young people in the same age group.</p> <p>In Plymouth there are currently 50 per cent of care leavers aged 18-21 Not in Education</p>	<p>None identified – the Family Hubs will support families with children, including children in care and parents who have been in care.</p>	<p>N/A</p>	<p>N/A</p>

protected characteristic).	<p>Training or Employment (54 per cent of all those care leavers aged 18-24 who are open to the service).</p> <p>There are currently 195 care leavers aged 18 to 20 (statutory service) and 58 aged 21 to 24 (extended offer). There are more care leavers aged 21 to 24 who could return for support from services if they wished to.</p>			
<b>Disability</b>	<p>9.4 per cent of residents in Plymouth have their activities limited 'a lot' because of a physical or mental health problem.</p> <p>12.2 per cent of residents in Plymouth have their activities limited 'a little' because of a physical or mental health problem (2021 Census)</p>	None identified – Family Hubs are designed to be accessible for people with disabilities, to be able to access support and activities	N/A	N/A
<b>Gender reassignment</b>	0.5 per cent of residents in Plymouth have a gender identity that is different from their sex registered at birth. 0.1 per cent of residents identify as a trans man, 0.1 per cent identify as non-binary and, 0.1 per cent identify as a trans women (2021 Census).	None identified – Family Hubs are accessible to all families with children	N/A	N/A
<b>Marriage and civil partnership</b>	<p>40.1 per cent of residents have never married and never registered a civil partnership. 10 per cent are divorced, 6 percent are widowed, with 2.5 per cent are separated but still married.</p> <p>0.49 per cent of residents are, or were, married or in a civil partnerships of the same sex. 0.06 per cent of residents are in a civil partnerships with the opposite sex (2021 Census).</p>	As above – none identified. Access to Family Hubs does not depend on marital status	N/A	N/A
<b>Pregnancy and maternity</b>	The total fertility rate (TFR) for England was 1.62 children per woman in 2021. The total	None identified – the Family Hubs include specific support	N/A	N/A



	fertility rate (TFR) for Plymouth in 2021 was 1.5.	for families with children in the first 1001 days of life. Midwifery services operate from many of the Hubs, to support families pre-birth		
<b>Race</b>	In 2021, 94.9 per cent of Plymouth’s population identified their ethnicity as White, 2.3 per cent as Asian and 1.1 per cent as Black (2021 Census) People with a mixed ethnic background comprised 1.8 per cent of the population. 1 per cent of the population use a different term to describe their ethnicity (2021 Census) 92.7 per cent of residents speak English as their main language. 2021 Census data shows that after English, Polish, Romanian, Chinese, Portuguese, and Arabic are the most spoken languages in Plymouth (2021 Census).	None identified - Family Hubs are accessible to all families with children	N/A	N/A
<b>Religion or belief</b>	48.9 per cent of the Plymouth population stated they had no religion. 42.5 per cent of the population identified as Christian (2021 Census). Those who identified as Muslim account for 1.3 per cent of Plymouth’s population while Hindu, Buddhist, Jewish or Sikh combined totalled less than 1 per cent (2021 Census).	None identified - Family Hubs are accessible to all families with children	N/A	N/A
<b>Sex</b>	51 per cent of our population are women and 49 per cent are men (2021 Census).	None identified – the Family Hubs offer a range of services for all parents	N/A	N/A
<b>Sexual orientation</b>	88.95 per cent of residents aged 16 years and over in Plymouth describe their sexual orientation as straight or heterosexual. 2.06	None identified - Family Hubs are accessible to all families with children		

	per cent describe their sexuality as bisexual, 1.97 per cent of people describe their sexual orientation as gay or lesbian. 0.42 per cent of residents describe their sexual orientation using a different term (2021 Census).			
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**SECTION FOUR: HUMAN RIGHTS IMPLICATIONS**

Human Rights	Implications	Mitigation Actions	Timescale and responsible department
	None	N/A	N/A

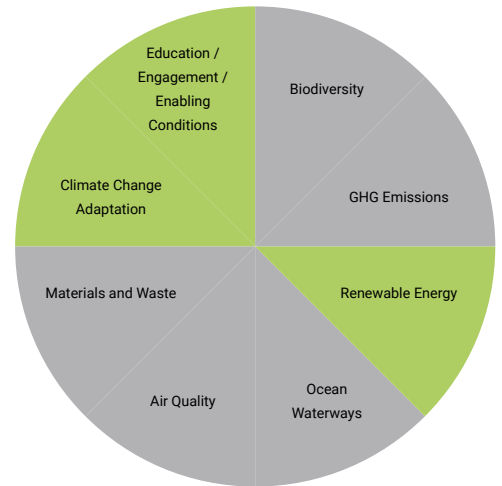
**SECTION FIVE: OUR EQUALITY OBJECTIVES**

Equality objectives	Implications	Mitigation Actions	Timescale and responsible department
<b>Celebrate diversity and ensure that Plymouth is a welcoming city.</b>	None – the Family Hubs are open to all parents with children	N/A	N/A
<b>Pay equality for women, and staff with disabilities in our workforce.</b>	None	N/A	N/A
<b>Supporting our workforce through the implementation of Our People Strategy 2020 – 2024</b>	None	N/A	N/A
<b>Supporting victims of hate crime so they feel confident to report incidents, and working with, and through our partner organisations to achieve positive outcomes.</b>	None	N/A	N/A

<b>Plymouth is a city where people from different backgrounds get along well.</b>	None – the Family Hubs are open to all parents with children, encouraging parents and children to form networks and connections	N/A	N/A
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# Family Hubs FINAL



**Assessment ID:** FAM734

**Assessment Author:** Karlina Hall

## Project Summary:

The CIA to accompany the business case for the continuation of the Family Hubs offer to families with children aged 0-19 or up to 25 with SEND.

## Summary of Assessment:

Neutral impact of the Family Hubs to deliver 5 of the 8 assessment categories and 3 areas with a limited impact.

### Biodiversity Score: 3

**Biodiversity Score Justification:** There is neutral impact on biodiversity as the designated Family Hub buildings will remain at the same locations from April 2025.

**Biodiversity Score Mitigate:** No

### GHG Emissions Score: 3

**GHG Emissions Score Justification:** There is neutral impact on GHG Emissions as the designated Family Hub buildings will remain at the same locations from April 2025. The Family Hubs Network will continue to expand outreach work into local community settings which will reduce the need for some families to travel as far to access some services.

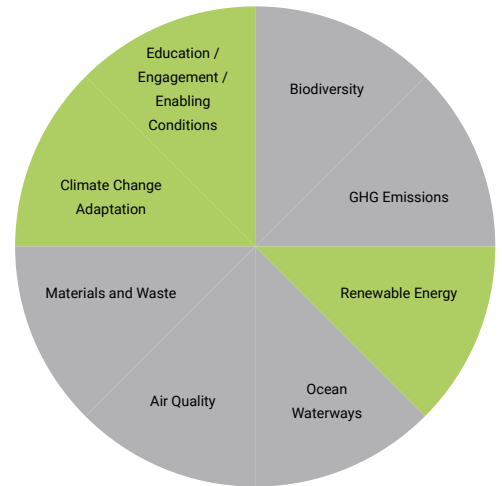
**GHG Emissions Score Mitigate:** No

### Renewable Energy Score: 4

**Renewable Energy Score Justification:** The Family Hubs will help to develop and deliver an inclusive programme of engagement with the community in collaboration with the Plymouth Net Zero Partnership through promoting Net Zero, reaching out to our clients with energy efficiency help and advice (in partnership with Plymouth Energy Community).

**Renewable Energy Score Mitigate:** No

# Family Hubs FINAL



## Ocean and Waterways Score: 3

**Ocean and Waterways Score Justification:** There is neutral impact on waterways, marine habitats, sewage treatment and environmental pollutants as the designated Family Hub buildings will remain at the same locations from April 2025.

**Ocean and Waterways Score Mitigate:** No

## Air Quality Score: 3

**Air Quality Score Justification:** There is neutral impact on Air Quality as the designated Family Hub buildings will remain at the same locations from April 2025. The Family Hubs Network will continue to expand outreach work into local community settings which will reduce the need for some families to travel as far to access some services.

**Air Quality Score Mitigate:** No

## Materials and Waste Score: 3

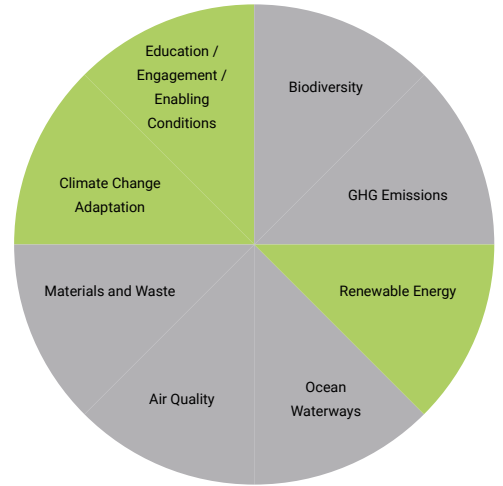
**Materials and Waste Score Justification:** There is neutral impact on Materials and waste as the designated Family Hub buildings will remain at the same locations and any capital building works will be completed by April 2025. The Family Hubs Network will continue to expand outreach work into local community settings which will reduce the need for some families to travel as far to access some services.

**Materials and Waste Score Mitigate:** No

## Climate Change Adaptation Score: 4

**Climate Change Adaptation Score Justification:** The Family Hubs will help to develop and deliver an inclusive programme of engagement with the community in collaboration with the Plymouth Net Zero Partnership through promoting Net Zero, reaching out to our clients with energy efficiency help and advice (in partnership with Plymouth Energy Community).

# Family Hubs FINAL



**Climate Change Adaptation Score Mitigate: No**

**Education / Engagement / Enabling Conditions Score: 4**

**Education / Engagement / Enabling Conditions Score Justification:** The Family Hubs will help to develop and deliver an inclusive programme of engagement with the community in collaboration with the Plymouth Net Zero Partnership through promoting Net Zero, reaching out to our clients with energy efficiency help and advice (in partnership with Plymouth Energy Community).

**Education / Engagement / Enabling Conditions Score Mitigate: No**

## Wheel Key

- Long lasting or severe negative impact
- Short term or limited negative impact
- No impact or neutral impact
- Short term or limited positive impact
- Long lasting or extensive positive impact

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# Cabinet



Date of meeting:	09 December 2024
Title of Report:	<b>Children's Services Update</b>
Lead Member:	Councillor Jemima Laing (Deputy Leader, and Cabinet Member for Children's Social Care, Culture and Communications)
Lead Strategic Director:	David Haley (Director for Childrens Services)
Author:	Vivien Lines (Project Consultant, CSC Improvement)
Contact Email:	Vivien.lines@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This report provides an update on and response to the Quarter 1 Financial Monitoring Cabinet Report presented in August 2024. The Quarter 1 Monitoring Report identified a budget variation of £4.692m forecast overspend related to placement costs of children in Plymouth's care. A first children's services update was provided to September Cabinet as recommended in the Quarter 1 monitoring report and further update reports are being presented to each subsequent Cabinet meeting. This is the fourth update report.

## Recommendations

To note the report.

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

Keeping children, adults and communities in Plymouth safe.

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

The report relates to MTFP commitments for the cost of care for children in our care.

## Financial Risks

There are significant financial risks to the Council from pressures in this area as set out in the paper.

## 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.*

The paper addresses risks to the organisation.

## 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							

**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	CH.2 4.25.0 49	Leg	N/A	Mon Off	LS/00 0031 97/23 /LB/2 8/11/ 24	HR	CS.24 .25.02 8	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: David Haley (Director for Children's Services)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 27/11/2024											
Cabinet Member approval: Councillor Jemima Laing (Deputy Leader, and Cabinet Member for Children's Social Care, Culture and Communications)											
Date agreed: 28/11/2024											

## I. Background and context

I.1 The approved Council budget for Children, Young People and Families in 2024/25 is £59.975m of which £36.725m is allocated to the placement costs for children in the care of Plymouth Local Authority. The Children, Young People & Families Service is currently reporting an overspend at Month 7 of £6.991m against a total budget of £59.975m. Of this variance, £4.453m is directly linked to the fostering and residential placement costs of children in care provided by the independent sector and unregistered settings.

I.2 At the end of October, 58 children in care were living in children's homes or in other residential care homes at a total cost of £17.871m per year (a variance to budget of £2.623m).

I.3 The placements where children live, current numbers and cost are shown in the table below.

Type of Placement	Estimated Numbers	Existing Budget £m	Month 6 Forecast £m	Actual Numbers Month 7	Month 7 Forecast £m	Variance to Month 6 £m	Variance to Budget £m
External Residential	50	15.248	17.683	58	17.871	0.188	2.623
Unregistered	6	3.387	5.419	7	5.806	0.387	2.419
External Fostering	158	9.251	8.880	146	8.88	0.000	-0.371
In-House Foster Care	126	2.855	2.855	132	2.855	0.000	0.000
In-House Connected Carers	42	0.952	0.952	51	0.952	0.000	0.000
External Supported Living	41	3.758	3.540	44	3.540	0.000	-0.218
Other Placement Settings - Children in Care	65	1.274	1.274	79	1.274	0.000	0.000
<b>TOTAL CHILDREN IN CARE</b>	<b>488</b>	<b>36.725</b>	<b>40.604</b>	<b>517</b>	<b>41.178</b>	<b>0.575</b>	<b>4.453</b>

I.4 Currently we have 8 young people cared for in unregistered arrangements. Three young people are in rented accommodation with a staff team, two are in CQC registered provisions which are meeting their needs well, two are in 28 day activity placements which are never OFSTED registered and one is in a Children's Home which is meeting their needs well and is in the final stage of OFSTED registration.

I.5 There are placement offers for two of the young people, both who are in rented accommodation, and they will move into registered provisions by the end of November 2024. An expression of interest from a 28 day provision is being explored for one young person, working towards a move into a registered provision in December 2024. One young person will be 18 on 7<sup>th</sup> December and one young person will cease to be in an unregistered setting when their current Children's Home achieves registration. This leaves three young people who will remain in unregistered arrangements, one of whom we continue to search for a registered children's home and two in CQC registered provisions, which are meeting their needs well, so we are not currently planning for them to move.

I.6 Unregistered Placements can cost on average £12,000-£16,000 per child a week, although in some cases have cost over £29k per child p/week. Our current forecast spend to the end of the year for unregistered placements is £5.806m. Any reduction in this placement type will result in substantial budgetary reductions in future years.

I.7 Eleven percent of children in care are currently placed in residential settings. This is stubbornly high and includes one 6 year old one 8 year old, two 9 year olds and four 10 year olds where foster

placements could not be identified for them despite national searching. A key reason for the forecast budget overspend at the end of October continues to be that we are experiencing significant challenges finding fostering placements for children in residential settings who are ready to move onto a family setting. Children transitioning from residential care are likely to need experienced, specialist foster carers and there is a limited number of this calibre of carers available in Plymouth and across the country. Twenty children in residential placements are now identified as ready to move into a fostering setting but despite extensive local and national searches and conversations with off-framework providers, no suitable foster carers can be identified for most of these children at this time leading to children remaining in high-cost residential placements for longer than they need to. The shortage of foster carers is a national issue.

- I.8 Foster For Plymouth, our in-house fostering service, has identified family placements for two children currently in residential care and introductions are progressing well for their moves early in the New Year. One child has been matched with foster carers from an Independent Foster Agency and introductions are also progressing well ahead of a move in the New Year when the carers are available should things continue to progress well.
- I.9 In response to the challenges finding foster placements for children we have increased our recruitment activity, support and remuneration to foster carers who join Foster for Plymouth as outlined in the detailed report to Cabinet in November and are seeing an increase in applications as a result. We are also working with local Independent Fostering Agencies to support them to increase local capacity in line with the needs set out in our Sufficiency Statement. Since April 2024, 6 more children have been placed with Foster for Plymouth Foster Carers and 12 less placed with Independent Fostering Agency Foster Carers.
- I.10 In October we experienced an increase in forecast spend on placements as a result of five children moving into higher cost placements in unplanned ways. Analysis of these children demonstrates that these children have been subject to repeated referrals and assessments prior to coming into care and when they do come into care, the children experienced several placement moves which are increasingly costly.
- I.11 The audit identified the following characteristics;
- There had been significant involvement by professionals in all of the families throughout the children's lives with repeated assessments but limited support to help with families to make changes needed.
  - Physical abuse was a factor for all of these children, three of the four were also subject to significant neglect and domestic abuse.
  - Children were in their teenage years when they came into our care and the children came into care with experiences that had impacted on their ability to form secure attachments with their carers.
  - All of the children experienced placements moves whilst in our care including;
    - Experiencing a number of high-cost residential placement as a result of foster carers being unable to meet their needs.
    - Experiencing a number of foster placements but becoming stable with an experienced foster carer who sadly became suddenly seriously unwell resulting in the children having to move.
    - Having very complex needs requiring specialist high-cost resources including for displaying serious harmful sexual behaviour and as a result of an adoption breakdown.
- I.12 In line with the strategic priorities in our three-year transformation plan, over the last 12 months we have moved more of our Targeted Help teams to deliver early help and preventative interventions to ensure that we can reach children and families at the earliest opportunity, provide intensive support packages and reduce the need for statutory interventions. As a result, we are already seeing an increase in the number of families receiving targeted help and a reduction in the number of families receiving a statutory social work intervention. Audit work confirms that decisions and support provided is appropriate and is preventing need from escalating and reducing the impact of cumulative

harm on children over time, minimising the likelihood of a need for a high-cost residential placement in the future.

- I.13 Between April 2024 and October 2024, the number of referrals received by statutory social work service reduced from 305 to 215 and at the same time the number of children receiving a targeted help intervention increased from 184 to 269.
- I.14 Service redesign and practice improvements are leading to more assertive and earlier decisions for children where statutory help is needed reducing the stop start interventions with families that have been the experience for too many families, including the children in this audit sample.
- I.15 Increasing our capacity to provide support earlier will not have an immediate impact for those children that have already suffered from repeated patterns of harm, and we will continue to work with these children and their families to mitigate the impact of their experiences.
- I.16 Audits evidence that our social work practice is improving, assessments are more robust and social workers and team managers are making better and more confident decisions for children at risk of significant harm in a timelier way.
- I.17 Specific improvements include;
- Our family hubs and the offer from our Children's Centres to better meet need in local communities.
  - A strengthened early help offer with partners, including through emerging pilots in targeted areas of Plymouth.
  - Implementation of an integrated Front Door to ensure families get the right help when their needs are first identified.
  - The Targeted Help Teams have been implemented within our front door alongside our MASH and Initial Response Teams to provide intensive and focused support to families at the earliest opportunity.
  - Simplifying the pathways between Early Help, Targeted Help and Statutory Support to ensure families are better supported when statutory teams no longer need to be involved and ensure that change is sustained.
  - Implementing a partnership workforce development programme for Domestic Abuse and assessment and care planning with all social workers and managers attending refreshed training covering the fundamental expectations of practice in these areas.
  - Implementing the tools developed by our Plymouth Safeguarding Children Partnership to improve partnership approaches to child sexual abuse, neglect, domestic abuse and adolescent exploitation.
  - Providing training to social workers on holding Family Network Meetings and ensuring these are held with all families they work with at an early point to ensure that family and community resources are maximised in the support plan that is developed for a family and to sustain change when practitioners are no longer involved.
  - Delivery of a Leadership and Management Development Programme setting expectations of managers regarding the quality and oversight of practice, and to develop their performance management and financial skills.
  - Strong senior management oversight through weekly panels chaired by the Service Director for children who are at risk of care, at risk of moving into high-cost placement and of those children with plans to step down from residential.
  - Delivery of the Family Homes for Plymouth Children Programme to ensure children have access to the right family placement to meet their assessed needs from when they first come into care and to ensure that residential provision is only used when it is needed and is high quality, value for money and close to Plymouth.
- I.18 This audit supports the need to ensure that families are provided with the right help when difficulties first emerge, to intervene in a timely and effective way when problems become more complex and to ensure the right placement, stable care and active care planning for children and young people when they do need to be in our care.

- I.19 A lack of skilled and experienced foster carers for these children to provide them with stability and rebuild attachments from when they first came into care is leading to children experiencing a number of moves, including into high cost and unregistered settings.
- I.20 The lack of suitable family placements is leading to some children experiencing residential placements and to children remaining in residential settings for longer than they need. In addition, the pressure on the placements system is leading to some children being placed in very high-cost residential and unregistered settings. This is a national issue.
- I.21 In response to the high cost of residential placements and to ensure that when children do need residential placements, they are close to Plymouth, high quality and value for money, the Council is moving ahead at pace to develop our own residential provision.
- I.22 Cabinet has approved a business case for two three bedded residential children's homes to be opened in Plymouth and for a feasibility study to create a second residential and short breaks home for children with complex health needs and disabilities (Downham House is our residential children's home that already provides for children with complex learning disabilities).
- I.23 Capital investment to get started has been approved and the Council's project and property teams have developed a project delivery plan this week. We are learning from other Local Authorities that are already running residential provision and are working in partnership with health and education. We will be putting in a bid to the Government's recently launched Complex Needs Capital Investment Programme.
- I.24 Properties are being viewed for the two children's homes and architects appointed to conduct the feasibility work needed to determine the suitability of an existing Council building, Colwill Lodge, for the residential short breaks home for disabled children.
- I.25 Everything, including staff recruitment and preparation for Ofsted registration, is being lined up so that we can get the first two homes in place as soon as we possibly can. We do not want to stop there and are ambitious to grow our provision further in the future.

## **2. Conclusions**

The evolving nature of children's needs and predicting the specific timing and requirements for their placement in our care remains a challenge. Additionally, the scarcity of family homes for children and young people adds uncertainty to our ability to transition a child from a residential setting to a family when we would like this to be achieved for the child. The improvements we are making to increase the number of carers who Foster for Plymouth and the development of in-house residential provision for children is a key development as part of an overall approach to support more children to live in families close to Plymouth.