

Public Document Pack



BARRY KEEL
Chief Executive
Floor 1 - Civic Centre
Plymouth
PL1 2AA

www.plymouth.gov.uk/democracy

Date 20/07/10 Telephone Enquiries 01752 307815 Fax 01752 304819
Please ask for Mrs Katey Johns e-mail katey.johns@plymouth.gov.uk

OVERVIEW AND SCRUTINY MANAGEMENT BOARD

DATE: WEDNESDAY 28 JULY 2010
TIME: 2.00 PM
PLACE: COUNCIL HOUSE (NEXT TO THE CIVIC CENTRE)

Committee Members –

Councillor James, Chair.
Councillor Ball, Vice-Chair.
Councillors Browne, Nicholson, Ricketts, Stevens, Thompson, Wildy and Williams.

Co-opted Representative –

Mr D Fletcher (Chamber of Commerce)

Substitutes–

Named substitutes from the Panels may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

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

Members and Officers are requested to sign the attendance list at the meeting.

BARRY KEEL
CHIEF EXECUTIVE

OVERVIEW AND SCRUTINY MANAGEMENT BOARD

PART I (PUBLIC MEETING)

AGENDA

1. APOLOGIES AND SUBSTITUTIONS

To receive apologies for non-attendance submitted by Overview and Scrutiny Management Board Members and to note the attendance of substitutes in accordance with the Constitution.

2. DECLARATIONS OF INTEREST

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

3. MINUTES

TO FOLLOW

The Management Board will be asked to agree the minutes of the meeting held on 30 June, 2010.

4. CHAIR'S URGENT BUSINESS

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

5. TRACKING DECISIONS

TO FOLLOW

The Management Board will monitor progress on previous decisions.

6. URGENT EXECUTIVE DECISIONS

(Pages 1 - 4)

Members will be advised of urgent executive decisions that have been taken since the last meeting of the Management Board (30 June, 2010).

7. ANNUAL SCRUTINY REPORT

TO FOLLOW

To consider the annual scrutiny report for the year 2009/10.

8. TERMS OF REFERENCE

TO FOLLOW

To endorse any proposed changes to scrutiny terms of reference with a view to making recommendations to City Council on 2 August, 2010.

9. FORWARD PLAN:

- 9a** To receive new items from the Forward Plan with a view to identifying items for scrutiny

(Pages 5 - 6)

9b To consider the format of the proposed new forward plan template **(Pages 7 - 8)**

10. RECOMMENDATIONS (Pages 9 - 10)

To receive and consider recommendations from panels, Cabinet or Council.

11. WORK PROGRAMMES:

11a To consider and approve work programmes for each of the Panels, including receipt of a work programme update from each panel Chair **(Pages 11 - 16)**

11b To receive Task and Finish Group Reports **(Pages 17 - 34)**

11c To agree Project Initiation Documents / Task and Finish Groups **TO FOLLOW**

12. THE STATE OF PLYMOUTH REPORT (Pages 35 - 88)

The Board will consider 'The State of Plymouth Report', a high level analysis of needs and capacity within the city, which has been produced as a basis for integrated planning across the Local Strategic Partnership. This report will be considered by Cabinet at its meeting on 10 August, 2010.

13. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) ... of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

MEMBERS OF THE PUBLIC TO NOTE

that, under the law, the Overview and Scrutiny Management Board is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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PLYMOUTH CITY COUNCIL

REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY A CABINET MEMBER

Delegated Authority Reference No. CS – SSC&LCS 5 10/11

Name of the Matter

Cessation of Free Swimming Initiative for over 60's and under 16's

Cabinet Member Exercising Delegated Authority

Councillor Peter Brookshaw, Cabinet Member for Community Services (Safer and Stronger Communities and Leisure, Culture and Sport)

Decision

That the Council withdraw from the over 60's and 16s and under free swimming initiatives from 31 July 2010, to avoid incurring further revenue costs under this initiative which will not be covered by a grant.

Reasons for Decision

The delegated decision on 10 December 2009 by the Portfolio Holder for Leisure, Culture and Sport was for the Council to enter the 16s and under free swimming programme which therefore also enabled it to submit a Free Swimming Capital Modernisation Grant application for £0.750m. Council officers received notification from Sport England staff on the 17 June that the Free Swimming programme had been withdrawn by the Government. Subsequently, on 9 July the Government also withdrew the Capital Grant.

To enable the appropriate steps to be taken to affect the cessation of this initiative in a timely manner it is requested that this be actioned as an urgent decision.

Alternative Options Considered and Rejected (if not applicable, please provide explanation)

Continuation of free swimming to 16s and under and over 60s
Continuation of free swimming to 16s and under
Continuation of free swimming to over 60s only

All of these options would require a revenue subsidy from Plymouth City Council, above allocated budgets, that would not be recouped through the Free Swimming Initiative and, as such, would go against the direction of Government.

Financial Implications

The original 2010/11 allocation of Government revenue grant support to free swimming for over 60's and 16s and under was £0.187m. The Leisure budgets for 2010/11 were also increased by £0.2m to reflect the estimated net cost of reduced income and payments to other public swimming providers over and above the grant. Following the Secretary of State for Culture, Olympics, Media and Sport's announcement in June that the free swimming programme would cease from 31 July 2010, Plymouth's grant allocation for 2010/11 has been reduced to £0.074m.

If no action was taken following the cessation of the grant from 1 August 2010 this will generate an additional pressure of at least £0.100m for 2010/11 (difference between the original and revised grant allocation)

In Consultation with:

- **Other Cabinet Member (if applicable)**
- Carole Burgoyne, Director for Community Services

and

	(Officer's initials or N/A)
• Democratic Support (mandatory)	DSO201011
• Finance (mandatory)	CoSF LD1011 003 CDR
• Legal Services (mandatory)	TH16/7
• Human Resources	N/A
• Corporate Property	N/A
• IT	N/A
• Strategic Procurement	N/A


(N.B. Sign-off by Democratic Support, Finance and Legal is mandatory. Sign off by HR, CP, IT and SP need only be sought in those cases where there are implications for the particular service. If not appropriate, please enter 'N/A').

Is the Decision

- A key decision (in the Forward Plan)* Y/~~N~~
- Within the policy and budget framework?* Y/~~N~~
- In accordance with Equalities Assessment?# Y/~~N~~
- A case of special urgency agreed by the Chair of Overview and Scrutiny Management Board*? Y/~~N~~ -

If Yes

Signature of Chair of Overview and Scrutiny Management Board

.....  Vice Chairman P. CHAMBERLAIN D. GAMES 19/7/10

Reason for Urgency (please indicate how delay for call-in would seriously prejudice the Council's or the public interest)

To enable the appropriate steps to be taken to affect the cessation of this initiative in a timely manner it is requested that this be actioned as an urgent decision.

If no action was taken following the cessation of the grant from 1 August 2010 this will generate an additional pressure of at least £0.100m for 2010/11 (difference between the original and revised grant allocation)

* All key decisions must be taken by Cabinet, unless, in exceptional circumstances, they are urgent. See Forward Plan for further guidance.

For further advice, contact Assistant Director for Safer Communities, ext. 4388.

List of Background Papers

- Letter from Paul Bolt, Department of Culture, Media & Sport dated 6 July 2010

Cabinet Member –

I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, City Strategy and Corporate Plan (Medium Term Financial Plan).

Signature  Date 19-7-2010

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**POLICY FRAMEWORK ITEM
CITY PRIORITIES
DATE FIRST INCLUDED IN THE FP: 15 JULY 2010**

Nature of the decision:

To approve the key priorities for the city which will be the basis for corporate planning and budgeting, informed by the State of Plymouth report.

(Note: this item is a voluntary addition to the Forward Plan. The decision is not a Key Decision)

Who will make the decision? City Council (Cabinet Member: The Leader)

Timing of the decision? 11 October 2010

Who will be consulted and how?

Persons to be consulted with:

Overview and Scrutiny Management Board, the Cultural Board, Plymouth Third Sector Consortium, Plymouth Chamber of Commerce, Children and Young People's Trust, Health and Adult Social Integration Board, Economic Development Board, Local Strategic Partnership: Safe and Strong Theme Group, Healthy Theme Group, Wealthy Theme Group, NHS Board and police authority

Process to be used:

Meetings and discussions

Information to be considered by the decision makers:

Report on draft city priorities
State of Plymouth report
Cabinet recommendation of 10 August 2010

Documents to be considered when the decision is taken

As above for decision makers

Representations: In writing by 26 July 2010 to -
Assistant Chief Executive
Councillor Mrs Pengelly (Leader)

Contact details available from Plymouth City Council Tel: 01752 668000

Further information – Availability of Documents: For further information contact:
Giles Perritt, Head of Policy, Performance and Partnerships
giles.perritt@plymouth.gov.uk Tel: (01752) 304446

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Forward Plan template (as amended July 2010)**TITLE OF ITEM (REF FP****Date first included in the Forward Plan:****The decision***What is the decision? Why is it being made?***Who will make the decision?***Cabinet (on the recommendation of Councillor (the relevant Cabinet Member)
or the City Council (on the recommendation of Councillor(the relevant Cabinet Member)***When will the decision be made?***The date of the meeting (or a period between meeting dates)***Who will be consulted and how?**People/organisations to be consulted:*For example: external partners or organisations / scrutiny panel(s) / ward members / all councillors / officers etc.*Process to be used:*How will the above be consulted and when?***Information to be considered by the decision maker***What is going to be presented to the decision maker? For example written report/documents, surveys, consultation results, policies, benchmarking information, legislation, statutory guidance etc.***Is this a part of the Policy Framework or agreed Budget?***If it isn't, the decision must be made by full Council***Representations:***In writing by (date - the day before the Cabinet Planning meeting to finalise the draft report) to -**The Director or Assistant Director
Councillor(Cabinet Member)*

For further information contact:

*Name of lead officer, post**E mail address of that officer Tel:(01752) 30.....*

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OVERVIEW AND SCRUTINY MANAGEMENT BOARD

28 JULY, 2010

PANEL RECOMMENDATIONS

Date/min number	Resolution / Recommendation	Explanation / Minute	Response
Support Services			
8/07/10 19	Corporate Support Departmental Overview <u>Recommended</u> that an urgent update on the progress of locality working and the appointment of Neighbourhood Officers be presented to the Overview and Scrutiny Management Board.	As part of the Corporate Support Departmental Overview it was mentioned that the development of locality working arrangement could assist members in the future when dealing with casework enquiries. Members requested an update on how locality working was progressing.	
18	Appointment of Co-opted Representatives <u>Recommended</u> that Janet Isaac be formally invited to take up the role of co-opted representative onto the Support Services Overview and Scrutiny Panel starting at the panel's next meeting to be held on 3 September 2010.	The Democratic Support Officer informed the panel the University of Plymouth had nominated Janet Isaac, Head of Strategic Planning to be co-opted onto the Support Services Overview and Scrutiny Panel.	
Customers and Communities			
19/07/10 16	Appointment of Co-opted Representatives <u>Recommended</u> to the Overview and Scrutiny Management Board that Dr Anita Jellings is co-opted to the Customers and Communities Overview and Scrutiny Panel.	The panel considered the appointment of co-opted representatives.	

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Topics	J	J	A	S	O	N	D	J	F	M	A
Monitor CIPs that the Panel is responsible for – CIP 1 (improve customer satisfaction by providing services designed around customer needs) CIP 6 – (to enhance the quality of life of Plymouth residents by widened and improved opportunities to participate in cultural and leisure activities)											



**Children and Young People Overview and Scrutiny Panel
Joint Task and Finish Group
Scrutiny Review – Report
February 2010**

DRAFT – Working Progress Version 5.0

**A Focus on Reducing Teenage Conception Rates in the
City**

Plymouth City Council

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DRAFT 5.0

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1 Introduction

- 1.1 The Overview and Scrutiny Management Board approved in principle, on 2 September 2009 the establishment of a joint task and finish group that will set out recommendations to maximise the City's drive to reduce teenage conception rates in the City.

The Joint Task and Finish Group would achieve this through reviewing the effectiveness of the new 'Improving Young People's Sexual Health and Wellbeing: Strategy 2009-2012' and accompanying Implementation Plan. Through a series of briefings and interviews the Panel will seek to identify gaps and areas for development with the proposed strategy and plan. Particular emphasis will be placed on the role of the media and the messages that need to be conveyed. A report will be produced including a number of recommendations for improvement to support the implementation plan.

Membership was drawn from both Children and Young People and Health and Adult Social Care Overview and Scrutiny Panels. The Task and Finish Group will submit its findings for approval to the Overview and Scrutiny Management Board, prior to consideration at Cabinet and Council.

2 The Panel

- 2.1 The Joint Task and Finish group had a cross-party membership comprising the following Councillors –

- Councillor Purnell (Chair)
- Councillor Mrs Aspinall (Vice Chair)
- Councillor Delbridge
- Councillor Mrs Stephens
- Councillor Mrs Watkins

For the purpose of the review, the joint task and finish group was supported by –

- Dave Schwartz, Strategic Commissioning Officer - Lead Reducing Risk Taking Behaviour
- Patrick Hartop, Policy and Performance Officer
- Amelia Boulter, Democratic Support Officer

3 Scrutiny Approach

- 3.1 The task and finish group convened on five occasions to consider evidence and hear from witnesses -

- 21 October 2009
- 11 November 2009
- 24 November 2009
- 22 January 2010
- 22 February 2010

3.2 At its meetings on 21 October, 24 November and 22 January, the task and finish group considered evidence from witnesses, raised questions and considered answers and recommendations relating to a focus on reducing teenage conception rates in the city.

4 Witnesses

4.1 The task and finish group heard representations from –

- Teenage Parents
- Plymouth Centre for Young Parents
- Young People's Sexual Health Team
- Personal, Social, Health and Economic (PSHE) Education
- Plymouth District Scouts
- Plymouth City Council Youth Service
- Connexions
- Education Welfare Services
- Harbour Young People's Specialist Substance Misuse Team
- Team Manager, Children's Services
- Foster Carers
- Children's Social Care
- Community Contraception and Sexual Health Service
- Midwifery
- Family Nurse Partnership

5 Acknowledgements

5.1 The Joint Task and Finish Group wish to thank and acknowledge the contribution from the witnesses and council officers. The Panel would like to state a special thank you to the teenage mothers who attended to give evidence. The evidence provided by the teenage mothers was powerful and the Panel hope that the recommendations that have followed reflect some of the important issues they raised.

6 Executive Summary

6.1 The Overview and Scrutiny Management Board established a Joint Task and Finish Group to undertake a review that would focus on how the city can maximise its impact on reducing teenage conception rates in the city.

6.2 The Group was asked to make recommendations on –

- the effectiveness of the 'Improving Young People's Sexual Health and Wellbeing: Strategy 2009 – 2012' and accompanying Implementation Plan;
- areas of development with the proposed strategy and plan; and
- the role of the media.

6.3 The Group heard representations from a variety of witnesses and received questionnaire responses.

6.4 Key findings included;

- the City's new strategy shows a greater coherence than previous and reflects a wide Partnership response. The City must ensure that the approach is joined-up and avoids letting young people slip through the net;
- reducing harmful risk taking behaviour (including reducing unprotected sex) is an important priority and this agenda should be championed at the highest level in the City;
- there are clear links between income inequality and teenage pregnancy levels;
- 9 neighbourhoods (out of a total of 43) account for 45% of all conceptions in the city. These neighbourhoods are also some of our most deprived neighbourhoods;
- teenage pregnancies can sometimes be seen as route to a positive experience in loving relationships for the young Mums and Dads – this is particularly true where low self esteem or low aspiration were factors;
- poor attendance at school has a significant affect on young people's vulnerability to becoming pregnant;
- respectful and healthy relationships need to be a more prominent part of the message to help delay sex and promote sexual health and wellbeing;
- uptake of Local Authority training for secondary school staff on Relationships and Sex Education is improving but inconsistent – with most schools now engaging;
- teachers do not appear to have sufficient time to undertake training on sexual health matters;
- the quality of RSE across all schools is improving but inconsistent. As part of the new Sexual Health Strategy a Task and Finish group focused on schools will seek to address this inconsistency;
- it is clear that young people vulnerable to harmful risk taking, including having unprotected sex, should be identified as early as possible and schools have a key role in achieving this;
- parents and carers need to feel able to talk about these issues with their children and to improve life chances;
- issues around boys and young men have not been adequately addressed. For example we need to ensure that sexual health services improve accessibility for boys and young men who often perceive these services as being for young women and girls; there also needs to be appropriate emphasis given to issues for boys and young men in relationship and sex education particularly around areas of responsibility toward contraception and implications of pregnancy.

- media messages and the range of media available mean that young people are exposed to many sexualised images and sex-related articles. This can give an impression that the majority of young people are sexually active and increase pressure on young people to have sex when they are not ready;
- use of different media mediums such as social networking sites should be explored to get messages out to young people about relationships, sex and where to get support with the aim of reducing any pressure to have sex when young people are not ready;
- there is a need to improve co-ordination of grant funding that aims to impact on reducing risk- taking behaviour (including reducing unprotected sex);
- there is evidence of pockets of best practice across the city with a wide variety of providers involved in delivery. Scrutiny took evidence from many people, representing a wide range of services doing really good work;

7 Recommendations

7.1 The Joint Task and Finish Group have agreed the following recommendations. The first recommendation should be driven by the Local Strategic Partnership and the remaining recommendations should be given enhanced focus within the City's implementation plan to support delivery of the City's Young Peoples Sexual Health Strategy –

- (1) The City must strive to raise aspirations of all people particularly young people and this will support a reduction in teenage conceptions;
- (2) Governance and accountability for the delivery of this agenda must be clear with a named senior champion at the highest level promoting the City's drive to reduce harmful risk taking behaviour including unprotected sex. An effective Partnership, working to a clear and transparent understanding of the financial costs to support the delivery of this agenda is required across Plymouth City Council, Plymouth NHS and the Voluntary and Community sector;
- (3) Key services must have the capacity and be competent to identify, at the earliest point, vulnerability to teenage pregnancy (and other harmful risk taking behaviour). Primary and Secondary Schools are pivotal in this identification. The City must then be able to provide personalised holistic support to the young person that can contribute to outcomes linked to an increase in self esteem, aspiration and attainment. The work of Education Welfare Officers should be further explored to determine their potential to maximise their role in early identification and support;
- (4) The City must aim to provide a consistently delivered, high quality, age appropriate Relationship and Sex Education (RSE) programme in all schools (primary, secondary and alternative provision) with Governors and members of Senior Management Teams committing to training to support the delivery of Relationship and Sex Education in their schools;

- (5) Within the Relationship and Sex Education programme the relationship of substance (including alcohol) misuse to high risk sexual activity, and media messages on sex, should be addressed;
- (6) Issues for boys and young men need to be equally addressed through our planning and delivery of services;
- (7) Services to better assist families to talk about relationships and sex, with parents/carers having access to clear advice for help and identifiable sources of support;
- (8) The City needs to ensure that data reflecting use of the emergency contraceptive pill by under-18s from Pharmacies is collected to further improve understanding of need and to determine if this provision is accessible with respect to locality and opening hours;
- (9) Services for Children and Young People need to clearly promote messages that support equipping young people with the skills to resist harmful risk taking behaviour including unprotected sex. Alongside acknowledging the legal age of consent to be 16 the City needs to promote the notion of a young person making healthy choices about their sex life including understanding the implications of becoming a parent. To support this, the City should explore how to best utilise young people's use of information, advice and support through a range of media systems e.g. internet; mobile phones; magazines posters etc;
- (10) Services for Children and Young People need to ensure routine engagement with young people to help shape strategy, service planning and design in line with best practice and innovative developments.



Request for Scrutiny Work Programme Item

1	Title of Work Programme Item	A Focus on Reducing Teenage Conception Rates in the City.
2	Responsible Director (s)	Bronwen Lacey, Director of Services for Children and Young People
3	Responsible Officer tel No.	Dave Schwartz, Strategic Commissioning Officer - Lead Reducing Risk-Taking Behaviour ext: 7561
4	Aim	To review the Strategy and develop the accompanying Implementation Plan with a specific focus on those areas having a clear impact on reducing the teenage conception rate of the city
5	Scope	<i>The Panel to review the effectiveness of the Improving Young People's Sexual Health and Wellbeing: Strategy 2009-2012' and accompanying Implementation Plan.</i> Through a series of briefings and interviews the Panel will seek to identify gaps and areas for development with the proposed strategy and plan. Particular emphasis will be placed on the role of the media and the messages that need to be conveyed. A report will be produced including a number of recommendations for improvement to support the implementation plan.

5	Objectives	<p>To:</p> <ul style="list-style-type: none"> • provide an overview of <i>deep dive findings from national teenage pregnancy unit – this sets out best practice and is the basis for determining areas of improvement in the city. Specific challenges to reducing the teenage conception rate in Plymouth will also be identified</i> • Brief <i>Scrutiny Panel on areas of activity requiring most improvement and establishing a clear understanding of who currently delivers this activity or whether there are gaps in service provision</i> • Gather evidence from a series of panel interviews with key local stakeholders • Produce a report summarising findings including a communications plan and key recommendations. Report to be received by the Responsible Officer by October 26th 2009 to support completion of the Implementation Plan.
	Benefits	<ul style="list-style-type: none"> • Greater understanding of what works and why in Plymouth • Smarter delivery plan focused on areas for greatest improvement • Greater clarity on how to create media images
	Beneficiaries	All children and young people in the city
6	Criteria for Choosing Topics	<ul style="list-style-type: none"> • Focus on reducing teenage conception rate of the city • Focus on delivery that requires most attention in regard to improving performance and meeting best practice criteria • Focus on improving coherent communication of strategy through media
	Exclusions	All areas of the strategy that do not require significant improvement in support of reducing the teenage conception rate

8	Programme Dates	<ul style="list-style-type: none"> • PID to be completed by 21.08.09 • PID submitted to Overview and Scrutiny Management Board 02.09.09 • PID submitted to Health and Adult Social Care OSP 23.09.09 • PID submitted to Children and Young People OSP 24.09.09 • Task and Finish Group meeting to take place by 26.10.09 • Sexual Health Strategy and Implementation Plan to be finalised by 31.10.09 		
	Timescales and Interdependences	Milestones	Target Date for Achievement	Responsible Officer
			Report from Scrutiny to be with Responsible Officer by October 26th	Dave Schwartz
9	Links to other projects or initiatives / plans	<p><u>Corporate Improvement Priorities</u> CIP 7 Keeping Children Safe?? CIP 8 Improving skills and educational achievement?? Children and Young Peoples Plan 2008 – 2011 Priority 8</p> <p><u>Stretch targets</u> Reduce the under 18 Teenage pregnancy rate - conception rate (conceptions to women aged less than 18 years per 1,000 women aged 15-17 years inclusive)</p>		
10	Relevant Overview and Scrutiny Panel	Children and Young People Overview and Scrutiny Panel / Health and Adult Social Care Overview and Scrutiny Panel		
11	Lead Officer for Panel	Richenda Broad, Acting Asst Director, Commissioning, Policy and Performance		
12	Reporting arrangements	O&S Management Board (to approve this document) - 02.09.09 HWB OSP (to set membership) – 23.09.09 CYP OSP (to set membership) – 24.09.09		
13	Resources	The Responsible Officer will support the process as required by Scrutiny as will a Policy Officer / assistant Policy Officer		
14	Budget implications	Mainly within existing resources??		

15	Risk analysis	The work of Scrutiny will help maximise a determined drive to reduce teenage conceptions set within a broad strategic approach to improving young people's sexual health. The work will therefore support the city in impacting on one of its priority areas. For Scrutiny to not be involved will reduce the potential impact on this priority.
16	Project Plan / Actions -	

DRAFT 5.0

National Strategy, Plymouth's Response, Performance and Need

1. National Strategy

1.1 The reasons for tackling teenage pregnancy are well documented and include health and wider inequalities issues. For example:

- teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner;
- teenage mothers are 20% more likely to have no qualifications at age 30;
- teenage mothers experience 3 times the rate of post-natal depression and have a higher risk of poor mental health for 3 years after the birth;
- teenage mothers are 3 times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, with negative health consequences for the child;
- children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems;
- the infant mortality rate for babies born to teenage mothers is 60% higher;
- the majority of teenage pregnancies are unplanned and nearly half end in abortion;
- many of the above issues are equally relevant to teenage fathers;
- England's teenage pregnancy rate is much higher than comparable Western European countries;

1.2 The Teenage Pregnancy Strategy (1999) set out a national target to halve the under 18 conception rate by 2010

2. Plymouth Response

2.1 As well as working toward the national target Plymouth agreed a local stretch target requiring a drop from the base-line of 57% by 2010.

2.2 During the Summer of 2008 as a recognition of slow progress against the City's targets Plymouth's Director of Public Health and the Director of Children's Services requested a 'summit' of key stakeholders take place to address performance.

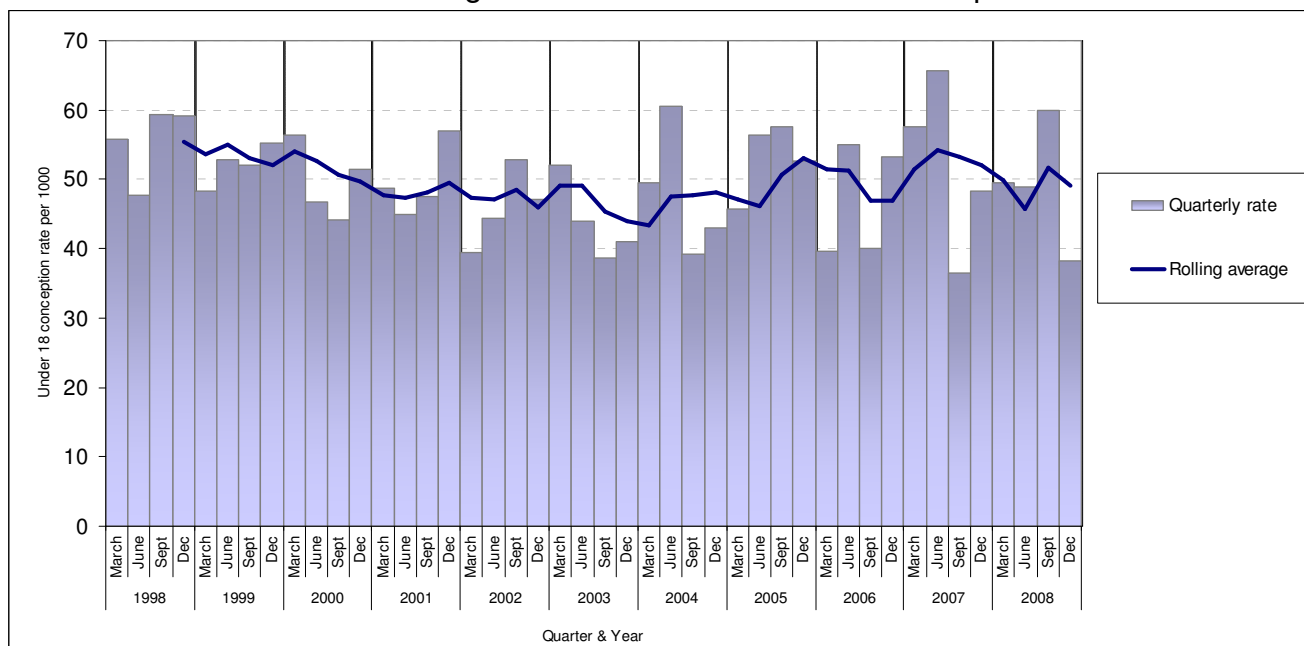
2.3 The 'Summit' led to a short term action plan. Key outcomes from this plan were an improved strategic coherence and drive across the partnership and an enhancement in activity in the City commencing quarter 4 in 2008.

- 2.4 The basis for developing a longer term strategy was set in motion and in the following year a needs assessment was undertaken, strategy produced and a comprehensive implementation plan is now being completed. Activity is increasing and the use of data and intelligence has clearly improved.
- 2.5 The new strategy is called, Improving Young People's Sexual Health and Wellbeing. The strategy has 4 key strategic outcomes. These are (1) Increased resilience and raised aspirations of children, young people and their families to improve sexual health and wellbeing (2) Young people are enabled to engage with safe and responsible behaviours that promote sexual health and wellbeing needs and choices (3) Young people have access to and utilise high quality, locally delivered and timely support and services that respond to their sexual health needs and choices (4) Systems will be in place that facilitate effective delivery of integrated sexual health advice, services and support to young people and their families
- 2.6 A new Young Peoples Sexual Health and Teenage Pregnancy Partnership is the group that is accountable for the delivery of the Sexual Health Strategy. This Partnership reports to the Children and Young Peoples Trust Executive Group.

3. Performance and Need

- 3.1 The Scrutiny Panel Joint Task and Finish Group held its final meeting on February 22nd 2010. On February 24th the latest official data was released covering the year 2008. This data and some brief analysis are included to ensure this report reflects the most up to date information available.
- 3.2 Progress to date shows that the latest official (provisional) data for 2008 under-18 conception rate for **England** was **40.4** per 1000 girls aged 15-17 – a decrease of 3.2% from the 2007 rate and the lowest rate for over 20 years. Since the 1998 baseline, the under-18 conception rate has fallen by **13.3%**.
- 3.3 The latest official (provisional) data for 2008 under 18 conception rate for **Plymouth** was **48.6** per 1000 girls aged 15 -17 a decrease of 2.5% from the 2007 rate. Since the baseline, the under-18 conception rate has fallen by **11.2%**.

3.4 Quarterly rates in Plymouth Unitary Authority (Source: ONS) from the 1998 baseline. The change in baseline reflects an 11.2% drop.



3.5 For Plymouth in 2008 the percentage of conceptions leading to termination was 47% which reflects a 9% increase on the 2007 figure of 38%. The average % for conceptions leading to termination over the 11 years since baseline is 39.6%.

3.6 Data for 2008 (covering 2005-2008) shows that the number of repeat abortions for under 18s in Plymouth was 3.5% (n=10) of all abortions for under 18s. For England this figure is 7.7%. Plymouth's performance is good as this is significantly lower than the England average.

3.7 For 2008/09 the % of under 18s using the Community Contraception and Sexual Health Service that then use long acting reversible contraception (LARC) is 22%. Plymouth's performance is good as this is significantly higher than the England average of 11.5%.

3.8 2008 shows a drop in the actual number of conceptions by 17 from 234 to 217.

3.9 For quarter 4 of 2008 (Oct - Dec) Plymouth had the 2nd lowest number of conceptions in any one quarter since the baseline in 1998. The number of conceptions for quarter 4 was 42 (lowest ever was 41 during quarter 3 2007). This is the lowest ever number of conceptions for quarter 4. The average number of conceptions during quarter 4 for all years since the baseline in 1998 is 55. The quarter 4 2008 number therefore represents 13 less than the average which also reflects a 24% drop on the average for quarter 4. During quarter 4 2008 the partnership stepped up activity significantly in line with the short term action plan in place at the time.

3.10 The evidence leads to the conclusion that the City should be cautiously optimistic that efforts as a partnership, that were stepped up in quarter 4 2008, have begun to improve impact.

- 3.11 Though the City is a long way off reaching the national target (50% drop from baseline) and local stretch target (57% drop from baseline) performance with respect to the % change from the base-line when compared to the whole of England is 2.1 % off the average. The whole country has therefore found the national target a very challenging task.
- 3.12 Plymouth also uses local data (known as proxy data) to help with planning. This data does not count conceptions in the same way as the official data and should not therefore be compared with the official data. However this data does provide some important evidence. This includes:
- 9 neighbourhoods (out of a total of 43) account for 45% of all conceptions in the city. They are also some of our most deprived neighbourhoods;
 - there is a 4 fold difference in conceptions when comparing least deprived to most deprived neighbourhoods;
 - in 8 out of the top 9 neighbourhoods we identify occasions where clusters of 3, 4 or 5 conceptions occur in a single month. These stand out when compared to the average monthly conception numbers and we have been able to determine through partnership analysis that in many cases these clusters are linked by friendship or through events e.g. a party.
- 3.13 Levels of deprivation are higher in Plymouth than England as a whole. 53.9% of Plymouth people are in the bottom two quintiles for deprivation. Given the relationship of teenage pregnancies and conceptions to deprivation this infers that we also need to address deprivation to impact on teenage conception rates.
- 3.14 Plymouth and Children Young Peoples Trust assessment of sexual health need identified 3 main areas we need to focus on. Further work on the strategy and implementation plan recognises some key issues we need to address to meet these needs.
- first, in any population where there are sexually active young people we will see a number of conceptions take place. In order to minimise the number of conceptions there needs to be support for parents and carers to be able to speak to their children about relationships and sex, high quality relationship and sex education delivered through schools, a range of accessible high quality universal provision providing access to information, advice and support including access to contraception;
 - second, young people who drink alcohol and whose judgement then becomes impaired may become sexually vulnerable leading to sex that is regretted. In order to minimise conceptions we need to ensure that young people understand the consequences of alcohol on decision making and that targeted provision is in place providing access to information, advice and support including access to contraception. The capability to identify early emerging risk taking behaviour and provide support to address this is significant;

- third issues around low aspiration and low self esteem have strong links to teenage conceptions. In order to minimise conceptions we need to better understand what may delay decisions to become pregnant or engage in harmful risk taking behaviour. There are also strong links here with agendas aiming to address the inequality gap; trans-generational expectations, improving attainment and raising aspiration. The capability to identify early emerging need and provide support to address this is significant.

3.15 The current strategy is new and the implementation plan being finalised. Impact of the strategy with respect to achieving its strategic outcomes is too early to determine though activity from quarter 4 2008 and subsequent continual increases in activity supports a view of being cautiously optimistic.

DRAFT 5.0

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CITY OF PLYMOUTH

Subject: State of Plymouth Report and LSP priorities
Committee: Cabinet
Date: 13 July 2010
Cabinet Member: The Leader,
CMT Member: Assistant Chief Executive
Author: Jonathan Fry, Policy, Performance, Partnerships
Contact: Tel: (01752 (30) 4144
e-mail: jonathan.fry@plymouth.gov.uk
Ref: Your ref.
Part:

Executive Summary:

This Cabinet planning report highlights observations from the evolving State of Plymouth Report. It provides in one place and for the first time a summary of a range of detailed needs analysis, strategies, performance and inspection data from across the four key thematic areas of the partnership, as well as key customer and capacity data. The aim to give people a better overall understanding of where we are and the challenges we face; as well as being a basis for refreshing or confirming headline priorities as part of the integrated business planning process with partners. The Executive Summary of what is a nearly completed document is attached with the key observations further highlighted in the box.

Corporate Plan 2010-2013:

The report will inform the development of the Corporate Plan 2011-14

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

Not identified at this stage, as report will inform thinking around headline priorities

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

None at this stage

Recommendations & Reasons for recommended action:

Note the key observations and the next steps in the integrated business planning process including OSMB 22/7; CMT/CAB consider OSMB feedback 27/7; Cab sign off 10/8; LSP Board 11/8; Council 11/10.

Alternative options considered and reasons for recommended action:

N/A at this stage

Background papers:

The most up to date version of the detailed State of Plymouth Report, which includes tables, graphs etc, will be available on the day.

Sign off:

Fin		Leg		HR		Corp Prop		IT		Strat Proc	
Originating SMT Member											

Executive summary



Purpose of the State of Plymouth Report

This is the first State of Plymouth Report that covers the range of activities and services covered by the Local Strategic Partnership (LSP), including customer and capacity issues. It pulls together headline findings from other more detailed theme based assessments, strategies, performance and inspection reports, as well as drawing in critical data around the cities capacity. The aim is to give people a better understanding of where we are and the challenges we face across the partnership and city; as well as being a basis for refreshing or confirming headline priorities and enabling individual partners to see how they best fit their activities to support the headline agenda. This first report is in many respects a prototype for how things should develop in the future. The intention is for it to be continuously refreshed and built up over the year, so that it is always in a 'ready state' at the required stages of the new integrated business planning process across the partnership.

The city and its customer

Although residents feel positive about Plymouth, the city is near the average across a number of service satisfaction areas. Some services, like health care, are provided to a single customer in many different settings by many organisations. The city is comparatively isolated and lacks a dynamic image despite its discovery heritage and needs to be better connected. These are issues that are being worked on. Visitors within its catchment area have a reasonably good view of it, though there is scope to build on the existing visitor base.

Wealth

The city is successfully implementing a spatial framework and developing the infrastructure to meet its very ambitious vision of becoming one of Europe's major waterfront cities. Many major schemes and investments are already delivered or in progress and the changes to the city are visible. There are clear strategies in place around the economy, health and housing and annual monitoring of the Local Development Framework shows that it is progressing strongly and it is seen as a national exemplar. However, the city's current profile does not meet that level of ambition, as the population is in the main insufficiently entrepreneurial or skilled in the right areas. For instance, the city has a low gross value added score amounting to a £1b prosperity gap; self-employment is significantly lower than the regional and national average;

Emerging key observations

- The city is successfully implementing a spatial framework and developing the infrastructure to meet its very ambitious vision, but its current profile does not match that ambition as in the main it is insufficiently entrepreneurial or skilled in the right areas.
- Health is improving but health inequalities have widened slightly and together with a range of other disadvantages tend to converge around the western edge of the city.
- The Third Sector in Plymouth is not as large as in comparable cities at a time when there is likely to be increasing demands made on it.
- Educational attainment is improving well, but entry to higher education is relatively low when compared to other cities; while attention should be given to international comparisons, given the cities ambition.
- The same customers are often dealt with by many agencies in many places; while there is likely to be growing pressure around how resources are used more effectively across the partnership.
- The growth agenda covers all aspects of partnership activity, but it is not always explicit in all areas.

occupationally the city is under represented in manager, senior official, professional and associate occupations, as well as in the finance, IT and other business industrial classification; there is an over representation in public sector employment, while recent employment growth has been in part-time work; relatively low numbers of people are skilled to Level 4 and above and it does comparatively poorly for young people going onto higher education. This needs to be addressed and may in part involve greater inward migration. It is not clear that the city will achieve its desired population increase to time, though estimates that have just come out show a rise, and a lot will depend on the composition of that increase if it is to be the dynamic, vibrant waterfront city.

Health

Health has improved across the population with life expectancy increasing and now standing at 81.9 years for women and 76.8 years for men, which is a slight widening and just above the national average for women (81.8yrs) and a below that for men (77.7yrs). However, health inequalities have widened slightly and feature strongly within Plymouth and together with crime, educational attainment, housing quality, susceptibility to fire and deprivation levels generally converge around the western boundary of the city, with multiple demands on multiple services. At the extreme there is a 13 year gap between wards at the top and bottom end of the spectrum. When comparing the bottom and top 20% of areas the gap is 6 years for

men and 3 years for women, which is slightly better than our statistical family group. Health in the city is significantly worse than average in 17 of the 32 comparative health categories. However, across all 32 categories its profile is less exaggerated towards the lower end of the spectrum than cities like Bristol, Liverpool, Hull and to an extent Portsmouth, but significantly poorer than the south west. The proportion of the population that is elderly is below average, but is growing numerically and there are consequently rising demands for care packages. Whether the city's elderly population remains proportionally below average will depend on the composition of the city's population rise.

Safe/strong

Plymouth is a comparatively safe city when compared to other urban conurbations, with falling overall crime, particularly acquisitive crime. Sexual assault, drunkenness and to an extent violence remain problems. Although wounding has gone down, the city still performs poorly within its iQuanta comparator group. Actions in these areas to improve people's sense of safety should help both the night-time and day economies as the city tries to attract more people to it. There is a strong focus on safeguarding children as well as adults and excellent examples of partnership working around emergency type issues, where the city received a green flag under CAA inspection. Safeguarding will always be a concern, particularly at a time of public sector cutbacks, and there are large numbers of children and young people in care or with care plans. The environment is relatively clean and the city has undergone a major change in the collection of waste. Satisfaction results compare well with other public services in Plymouth, though not so well with national figures on waste. Considerable success has been achieved around social cohesion and the city is officially classed as 'low' risk for tension, though it is recognised that the city's expansion will need to be managed in a cohesive way. The city's voluntary and community sector, though making good progress from the mid-nineties, is not as developed as in comparable cities according to the local Whitfield study and National Study of the Third Sector. This needs to be seen in the context of the national push to commission the Third Sector more, as part of the approach to reducing public expenditure and putting less reliance on government.

Wise

The city is trying to improve its cultural and sporting offer with creative industries one of the six priority growth areas and through the development of initiatives like the Life Centre and World Cup bid. Both Plymouth's university and college are focused outwards on business and skills. There is a strong focus within schools on educational

attainment and improving learning environments, though progress with the schools building programme is likely to be affected by current national cutbacks. The Children and Young People's Trust has a strong focus on attainment and this area, together with safeguarding, is going to be the priority of the new coalition government. Progress with educational attainment has been good and needs to be maintained; but a comparatively low number of young people are going into higher education when contrasted with other cities and keeping or attracting those who already have such qualifications is also recognised as necessary. The city should also think how it compares internationally on attainment, given its ambitions.

Capacity

Although performance is generally good and finances managed well it should be noted that resource management only met minimum requirements across the four key partners inspected in the 2009 Use of Resources assessment. In the current climate there is likely to be a sharper focus on the need for further enhancing joint commissioning activity, shared service provision and support functions as a means of more effective delivery, improved value for money and cost savings. The first draft of an investment plan for the city has been completed, though there is no LSP resource plan as such that would include the use of resources like people, assets and IT across the partnership. There is a wealth of data, numerous needs analysis and multiple strategies across the agencies. They are, however, not always aligned in their scheduling, can contain contradictory data and do not always demonstrate shared objectives. Some staff survey data from different public agencies is not that encouraging. A focus on how staff are motivated, work together effectively, feel supported and have an opportunity to influence improvements will be even more important as partners try to do more for less from the reduced resources available, with innovation increasingly valued.

General observation

The growth agenda touches all aspects of partnership activity, which is not surprising given its ambitious scale in Plymouth. For example, it interweaves with health as both a vehicle for planning more healthy communities, in terms of better quality housing, local services and improved access to specialist facilities, which can help reduce inequalities and prevent poor health; and, is a means of attracting more high value jobs and companies to the city, with the development of medical sciences, hospital and university. Whilst explicit in some core documents, the growth agenda is not as explicit as it might be in all the plans, strategies and analysis that cover the themes and activities overseen by the LSP. ■

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Customer

Healthy

Wealthy

Safe/Strong

Wise

Capacity

The State of Plymouth Report

A high level analysis of needs and capacity within the city
Produced as a basis for integrated planning across the
Local Strategic Partnership

In progress first draft

5 July 2010

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



Purpose and focus



Purpose and focus

This is the first State of Plymouth Report that covers the range of activities and services covered by the Local Strategic Partnership. It pulls together summary headline findings from other more detailed theme based assessments, strategies, performance and inspection reports, as well as drawing in critical data around the city's capacity and customer focus. The aim is to give people a better understanding of where we are and the challenges we face across the partnership and city; as well as being a basis for refreshing or confirming headline priorities and enabling individual partners to see how they best fit their activities to support the headline agenda.

It is recognised that priorities already existed within the LSP and partner organisations and that consultation within theme groups has been taking place around long-term delivery outcomes. The intention is not to come up with another list of priorities, but to say this is where we are, these are the pressure points for keeping us on track to achieve the vision, how well are we addressing those pressure points with our current approach and what, if anything, needs to be given greater priority or refocused. The report is based on the continuing commitment of the LSP to achieve the vision and the desire to be able to coalesce around a small set of critical priorities that the LSP could work to and which would inform resource allocation.

The evidence is arranged under three broad headings:

- **Our customers:** focused on what we know about customers - residents, businesses, visitors - our localities and the accessibility of the city and its services
- **Our city:** focused on the major delivery themes of our vision - a **healthy, wealthy, safe/strong and wise city** - and issues that cut across them
- **Our capacity:** focused on value for money, partnership working, workforce development, the quality of assets, resources and sustainability

The State of Plymouth Report is a working document and some information is still being assimilated into the first draft. It is a prototype for how things can be done in the future and it is envisaged that it will be regularly refreshed and improved. A lot of people have already contributed to it and given its range there may no doubt be points that may still need amendment. However, on the big points the draft is robust and the basis for some key observations. ■

State of Plymouth Report 2010 evolving1 draft 9-7-102

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Capacity to deliver	
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Contact

Jonathan Fry
 Policy, Performance and Partnerships
 Chief Executive's Office
 Plymouth City Council
 Civic Centre
 Plymouth PL1 2AA
 Tel: 01752 304144
 Jonathan.fry@plymouth.gov.uk
 5 July 2010

NB – This is an evolving first draft that many people are contributing to. Some inserts and tables may be moved around for the finished first draft and there will be additional editing, correcting, referencing and formatting..

Executive summary



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The city and its customers



Overview observation

Although residents feel positive about Plymouth, the city is near the average across a number of service satisfaction areas. Some services, like health care, are provided to a single customer in many different settings by many organisations. The city is comparatively isolated and lacks a dynamic image despite its discovery heritage and needs to be better connected. These are issues that are being worked on. Visitors within its catchment area have a reasonably good view of it, though there is scope to build on the existing visitor base.

Demographics and topography

Plymouth currently has a population of 252,800, with a further 100,000 in its travel-to-work area. **(new figs just out 256,000 technical adjust – check)** It is mainly white, with a small but significant minority ethnic population. Around 40,000 students reside in the city, with the result that the percentage of 20-24 year olds is higher than that found nationally. The proportion of the working age population is also higher than that nationally, with that for older people below average. However, the population is slowly aging. Whilst there has been a drop in the proportion of the under 19 age group, birthrate trends are now on the increase, with this skewed to the western parts of the city. The number of migrant workers has been above the regional average, but is now falling following the recession. Migration was mainly from European Union Accession Eight countries, though it was not as significant as in other major cities.

Children and young people aged 0-18 account for 22% of the population (56,165). The 2001 Census showed that Plymouth had a total of 102,539 households. Of these, 29,168 (28.5%) contained dependent children and 8,498 (8.3%) contained non-dependent children. There was a total of 7,625 (7.4%) single parent households with dependent children. There were 436 children in care in March 2010. The numbers of people from different ethnic backgrounds is less clear. Schools are required to report the ethnicity of their pupils. Based on the 2009 school census data, there are 36,621 children and young people in schools. Of these 32,194 (87.9%) are classified as White British and 2,400 (6.6%) as other ethnic groups. Details for a further 2,027 (5.5%) children and young people are not available. Nearly three-quarters (71.4%) of the city's population classed themselves as Christian at the last census. The Prevent initiative estimates that there are between 4,500 to 6,500 Muslims living in the

State of Plymouth Report 2010 evolving! draft 9-7-10

South East Plymouth profile

The South East locality has a population of 46,033 spread out over 5 neighbourhoods and covers the majority of the student population in the city. This locality has a much higher number of young adults than the Plymouth average with fewer children and older people, the exception to this is in Efford where there are less young adults (20-24) with other age groups in line with Plymouth averages. The health profile of the locality is below the Plymouth average in nearly all areas, of particular concern is teenage pregnancy, childhood obesity and circulatory disease mortality. The combined health score is ranked 4th out of the 6 localities. Although improving, serious acquisitive crime is well above the Plymouth average in this locality. All other crime levels are in line with the Plymouth average. The combined crime score is ranked 4th out of the 6 localities, however the East End neighbourhood is a particular concern ranked 40th out of the 46 neighbourhoods and getting worse.

Economic indicators are roughly in line with the Plymouth average, with youth unemployment well below the Plymouth average. The combined economy score is 4th out of the 6 localities. However, as with crime, the East End neighbourhood is a particular concern ranked 39th out of the 46 localities. Education indicators are roughly in line with Plymouth averages. The combined education score is 4th out of the 6 localities, though there is a large disparity between neighbourhoods. All schools in the locality are ranked satisfactory or above with Lipson Community College classed as outstanding. Non decent housing, both social and private is a real concern in this locality and is getting worse. Environmental indicators show that fly tipping and missed bins are a major concern. The combined environment score is the lowest of all localities in the city. Mount Gould and Mutley and Greenbank are the neighbourhoods affected the most within this locality - 40th and 43rd out of 46 neighbourhoods. The most commonly reported local concerns are about parking, littering, drug use and antisocial behaviour.

Plymstock profile

The Plymstock locality is situated to the South East of the Plymouth City administrative area with the river Plym to its west and Plymouth Sound on its westerly and southern edges, encompassing the four neighbourhoods of Plymstock, Elburton and Dunstone, Turnchapel Hooe and Oreston and Goosewell. The population of Plymstock is 25,012 and there is a higher number of people aged 60-64 than Plymouth's average. Reflecting high levels of retired residents the locality is home to significantly less people in the 20 to 34 year old age group with a generally older age profile than the average for Plymouth as a whole. The locality comprises a suburban mix of predominantly detached and semi detached housing with house prices reflecting high values compared to Plymouth more generally. With a high proportion of owner occupied housing there are less rented accommodation options available in the locality. The percentage of non decent social housing is lower than the Plymouth average but getting worse.

Life expectancy for residents is ranked highest of the six locality areas in the city with a combined health rating of second best. Health in the community is ranked within the highest with low teenage pregnancy and circulatory disease mortality rates with a second best overall combined locality health score, although childhood obesity rates and emergency hospital admissions are higher than the city average. The locality features the lowest levels of crime in the city with anti social behaviour identified as providing the most concern, although this is significantly less than the city average. The locality environment is good with low levels of litter and detritus, nuisance noise incidents and reported incidents of missed bins. Local neighbourhood priorities include speeding, parking, dog fouling and anti social behaviour. The locality features the second lowest percentage of NEETs, JSA and ESA/IB claimants in the City, although there are concerns that youth unemployment numbers are on the increase. Nine schools fall within the locality, consisting of 5 primaries, two secondary and a special school. Ofsted Inspections illustrate that all the schools are rated between good to outstanding, reflecting a combined general education ranking for the Plymstock locality as the second highest performing.

city, the majority of which are aged 35 and under and living in the south west and south east of the

city. The gender balance in the city is 51/49% in favour of women. It is estimated that around a fifth of the city's population has some sort of disability, while 1 in 10 people give unpaid care. Estimates of the Lesbian, Gay, Bisexual and Trans population are between 17,500 and 30,000. The Office for National Statistics (ONS) projects that the whole population of the city is likely to grow to 272,400 by 2018. House prices are cheaper than those regionally and nationally, while wages are slightly below the national average but above the regional and sub regional ones – though housing affordability is an issue. There is a heavy reliance on public sector employment.

Neighbourhoods and localities

The city has 43 neighbourhoods, with the most deprived skewed to the western part of the city. According to the Index of Multiple Deprivation (IMD) 2007, 28% (71,000) of Plymouth's population live in areas of the city that are ranked in the bottom 20% of deprivation areas nationally. Profiles have just been developed for all the city's neighbourhoods covering crime, environmental, housing, economic, health and educational data. This will be an important tool for helping to focus priorities and service delivery and assess performance. In addition, the city has been divided into six localities, agreed across the partnership, in order to better co-ordinate and deliver services. High level profiles of the localities, aggregated up from the neighbourhood work are included throughout this section of the report.

Heritage

Plymouth has a rich and fascinating past, based largely on its seafaring tradition and strong links with the military, though considerable diversification has recently taken place as the city tries to build a more varied industrial base. The origins of Plymouth can be traced back to Saxon times, more than a thousand years ago, and its history very much reflects its maritime location. It established a reputation as a centre for voyage and discovery and as an area of military importance. The association with Drake and the Pilgrims is widely known and 27 towns around the world are called Plymouth. The city still has a strong naval presence and strong links with several European cities, with ferry links to France and Spain. Plymouth's sub region is a popular tourist destination and the city itself attracts visitors, particularly Americans. The centre of Plymouth was re-built in the 1950s, following its wartime bombing under what became known as the Abercrombie vision. Plymouth's commercial heart was the first in England to incorporate pedestrian-only shopping avenues. A relatively lack of progress and investment then followed until quite recently, since when it has

Central and North East profile

Central and North East is by far the largest of Plymouth's six localities and it spans 12 of the city's 43 neighbourhoods. The locality has a wide range of neighbourhood and housing types with relatively deprived interwar suburbs (Beacon Park and Pennycross) through middle income private estates (Crownhill and Egguckland) to higher income 'professional' neighbourhoods (Hartley and Mannamead). The population is significantly larger than any of the other localities and its profile is older than the city average.

The health profile of the locality is generally in line with the city average, though it performs better for emergency hospital admissions and childhood obesity. This is a relatively safe locality with crime levels more or less in line with the city average. Figures for incidents of all types of crime are improving. The Central and North East locality has a worsening trend for youth unemployment and the numbers of young people who are not in education, employment or training are higher than the city average. Educational attainment in early years and KS2 is above average, but tails off at KS4 with young people performing only averagely and this trend is getting worse. Overall, this locality has a poorer local environment than the average with high levels of nuisance noise incidents and missed bins. The most commonly reported local concerns at PACT meetings are around speeding, anti-social behaviour, inconsiderate and difficult parking and litter.

Plympton profile

Plympton Locality is situated in the east of the City. The locality comprises a suburban mix of semi-detached properties, with terraced housing around the old established village centres. House prices here reflect the averages for Plymouth and those for England and Wales. The majority of housing across the locality consists of low density private estates now with self-reliant couples approaching retirement, inter-war suburbs with reduced community cohesion, middle income families with children living in estates of modern private homes and senior white collar workers approaching a financially secure retirement. Within Chaddlewood neighbourhood, there are more modern estates and a high proportion of first generation owner-occupiers with a high amount of consumer debt. For the locality, the percentage of non-decent social housing is higher than the Plymouth average and is increasing.

The population within Plympton Locality has higher than average numbers of people aged 35 to 74, but significantly less than average numbers of 15 to 34 year olds. There are the lowest percentages of NEETs, youth unemployment and worklessness here compared to the rest of Plymouth. However, youth unemployment and claimants for Job Seekers Allowance are increasing. Educational attainment for school pupils is well above Plymouth's average and improving. Health in this community is ranked highest within the city, with low childhood obesity and teenage pregnancy rates, and low rates for circulatory disease and average life expectancy. The Locality environment is improving with incidents of nuisance noise falling, though there are increasing occurrences of fly-tipping - but this is still well below the average rate for Plymouth. There are lower incidents of all types of crime reported within this locality than Plymouth's average. The local priorities for Yealmpstone include tackling minor Anti-Social Behaviour (ASB). The local priorities for the Locality include speeding cars, parking issues and the requirement for increased police presence.

embarked on a city-wide regeneration that if completed will rival that of the post war reconstruction.

Ambitions for the future

The transformation of Plymouth into a series of sustainable communities where the most is made of the city's very considerable natural assets is at the core of the vision for Plymouth to become "one of Europe's finest waterfront cities where an outstanding quality of life is enjoyed by everyone". The city's distinct natural setting between Plymouth Sound, Mt Edgcombe, the Tamar and Plym rivers and Dartmoor is seen as its biggest selling point, of which more could be made. The vision is inspired by the Mackay view that the city should grow in width to the east and in height to exploit its waterfront setting.

Plymouth's vision involves growing the city's population to achieve the critical mass to provide the range of amenities needed to become the regional economic hub of the far South West - attracting more visitors, developing the cultural and retail offer and making the place more vibrant. The aim is to increase the city's population from 246,000 in 2005 to around 300,000 by 2026, with an additional 50,000 in the surrounding area. This means responding to what will be a growing and changing population, as new workers and visitors arrive, in an inclusive and welcoming way. It also means building on the city's strengths and developing a series of interlocking and sustainable communities, where there is strong resident engagement. Ensuring that there are high quality access networks across the city to leisure, work, health and other amenities is a feature of the vision, together with improving the major gateways to the city like the ferry terminal, rail and bus stations and our major road corridors.

The vision involves building new learning centres that are central to and support community regeneration; a city campus approach to learning that enhances choice and is focused on skills for the future, with a University centred on enterprise. It is also about co-locating services like health and social care, so they are more accessible and bringing services together better at the locality level. It is focused on developing jobs in the six growth areas of advanced engineering, business services, creative industries, marine industries, medical and health care and tourism and leisure; having a vibrant city centre of regional significance and a second centre for the growing high tech and medical sciences quarter to the north of the city at Derriford. It involves getting the most from the 12 miles of open waterfront that runs from Jennycliff near Mount Batten to Devonport; exploiting and enhancing green amenities like the Hoe, Central Park and Stonehouse Creek; improving the city centre with initiatives like Drake's Circus and the west end development that will link to the regeneration of Millbay. It also

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North West Plymouth

Plymouth's northwest locality adjoins farmland to the north and the River Tamar to the west and contains 46,848 (18.5%) of the city's population. When compared with the city average, there are more people living in the locality between the ages of 40-49 yrs, and 60-79 yrs. Notably fewer people between the ages of 15-39 yrs live in the locality. These patterns apply fairly evenly across men and women. The locality is dominated by large post-war estates of largely social housing, with some clusters of older properties around established village centres. Despite some increases in the number of recipients of 'warm front' grants, housing quality in general is getting worse. The cost of housing across the locality is on average £30,000 below city averages. The locality is served by 10 community centres, and there are a total of 20 schools, one of which has an 'Outstanding' Ofsted rating. Of those other schools (15) where current inspection results apply, 10 have a 'good' rating reflecting a generally stable or improving picture since 2005. Other indicators relating to educational attainment show a worsening trend over the last 3 years.

All health indicators show poorer than average scores when compared with city averages, with particularly poor results for teenage pregnancy, childhood obesity and circulatory diseases. PACT (Partners and Communities Together) priorities across the Locality have been dominated by Anti-Social Behaviour (ASB) and traffic violations such as speeding and parking problems. Combined crime figures show a worsening trend with poorer than average scores in all areas, despite the fact that for most indicators rates have improved for the neighbourhood over the last 3 years. Reported incidents of ASB have however worsened, reflecting PACT priorities. Despite improvements over the last 3 years in the number of JSA and ESA/IB claimants, and a reduction in youth unemployment, the combined economy score is worsening and higher than city averages. Across a range of environmental indicators, the locality has shown some improvement over the last 3 years, although fly tipping is getting worse.

South West Plymouth

The South West locality is defined by the River Tamar, dominated by Devonport Royal Dockyard to the east and Plymouth Sound, overlooked by Plymouth Hoe, to south and borders on the North West, Central and North East and South East localities. With the amalgamation of several of the most historic village centres in Plymouth this locality comprises a mix of Victorian terraced houses interspersed with post war high density housing. Recent release of MOD land in the area of the naval base has been the site for residential development and the waterfront areas of this locality are the focus of extensive regeneration. House prices here are broadly in line with the Plymouth average, and those for England and Wales. The population age distribution within South West Locality broadly reflects that of the city. This locality contains some of the most deprived neighbourhoods in the country. In general it comprises low income families living in cramped Victorian terraced or social housing in inner city locations. The percentage of non-decent social housing is the lowest in Plymouth.

There are some of the highest percentages of NEETs, youth unemployment and worklessness here compared to the rest of Plymouth. However, youth unemployment and claimants for Job Seekers Allowance are improving. Educational attainment for school pupils is well below Plymouth's average, though improving. Health in this community is ranked lowest within the city, with the lowest life expectancy and high teenage pregnancy rates. The high rates of circulatory disease are almost double the Plymouth average. The Locality environment is improving overall. However incidents of nuisance noise are almost eight times that of Plymouth as a whole, with incidents of fly tipping double. There are the highest incidents of all types of crime reported within this locality than any other in Plymouth; the local priorities for the locality include tackling Anti-Social Behaviour (ASB) and drug dealing.

Satisfaction and key national indicators					
National Indicator	%	2009	2008	Diff	Nat 2008
1 Percentage of people who believe people from different backgrounds get on well together in their local area	70.7	69.6	+1.1	73	
2 Percentage of people who feel that they belong to their neighbourhood	54.5	52.6	+1.9	28	
3 Civic participation in the local area	8.8	13.9	-5.1	14	
4 Percentage of people who feel they can influence decisions in their locality	23.9	22.2	+1.7	28	
5 Overall/general satisfaction with local area	79.4	79.0	+0.4	76	
6 Participation in regular volunteering	22.2	19.8	+2.4	23	
17 Perceptions of anti-social behaviour	21.1	22.6	-1.5		
21 Dealing with local concerns about anti-social behaviour and crime issues by the local council and police	28.4	29.5	-1.1	26	
22 Perceptions of parents taking responsibility for the behaviour of their children in the area	27.4	28.7	-1.35	28	
23 Perceptions that people in the area treat one another with respect and consideration	32.1	31.6	+0.5	35	
27 Understanding of local concerns about anti-social behaviour and crime issues by the local council and police	24.9	25.9	-1.0	25	
37 Awareness of civil protection arrangements in the local area	34.0	16.0	+18.0	16	
41 Perceptions of drunk or rowdy behaviour as a problem	32.8	30.6	+2.2	31	
42 Perceptions of drug use or drug dealing as a problem	29.1	29.2	-0.1	34	
119 Self-reported measure of people's overall health and well-being	73.4	71.4	+2.0	74	
138 Satisfaction of people over 65 with both home and neighbourhood	88.6	82.6	+6.0		
139 The extent to which older people receive the support they need to live independently	27.2	27.9	-0.7	29	
140 Fair treatment by local services	74.4	67.2	+7.2	70	

includes rejuvenating areas like Devonport and North Prospect; ensuring the housing stock is decent, there is a good balance of quality and affordable homes; waste is effectively recycled; providing a safe and healthy environment for

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residents and visitors; building a Life Centre that provides local and nationally significant sports facilities and having a thriving voluntary and community sector. In practical terms it means opening up the waterfront, renovating the harbour areas, delivering area action plans; as well as, 13,000 sq metres of office space per annum; 172,000 sq metres of new retail space by 2021; creating 100 new hectares of local nature reserves, 32,000 new homes and 42,500 new jobs. It is a vision that is now work in progress with achievements to date and there is no intention of moving away from it.

What residents think

Plymouth's Place Survey results in 2008 were largely disappointing, as they were for local authority areas across the country. The survey was conducted during the period of waste re-zoning in the city, though that cannot be used to ignore the low levels of some of the results. On the positive side, 79 per cent of people in Plymouth were satisfied with their local area, which was 3.5 percentage points above the unitary area average. Residents living in the Central and North East, Plympton and Plymstock localities were at least 14 percentage points more satisfied than those living in other areas of the city. Nearly nine in ten (87%) of residents were satisfied with their home as a place to live, which is around the average score. Amongst the over 65s, 83% were satisfied with both their local area and home – though there was a 91%/78% split between those who did and didn't have a disability in this age group. Social housing residents tended to feel less satisfied than owner occupiers across many areas.

Areas of most concern were levels of crime and clean streets, though concern about the former has consistently fallen in recent years. These two areas are common concerns across the local authority areas surveyed. Activities for teenagers was an issue seen to be in most need of improvement and again that is common. Affordable housing is a further issue of concern. Seven out of ten residents felt they lived in cohesive communities, with the over 65s more likely to agree and social tenants less so. However, concern that people do not treat each other with respect and consideration in the local area has fallen substantially from 44% to 32%. The localities with the lowest positive rating here are the North West (51%) and South West (58%). The national average for perceptions of community cohesion is around 82%. At 69.6% the proportion of people who believe that people from different backgrounds get on well together in their local area is 4.7 percentage points below the national average

There are high levels of satisfaction with GPs at 85%, compared to 72% for hospitals, 62% for dentists and the police and 30% for the council. The later figure

compares to 45% for other unitary councils and was a drop of 17 percentage points from 2006. Only 20% of people felt the council provided value for money, whereas 43% did not. Specific services tend to score higher than the council as a whole, with parks and open spaces (67%), libraries (62%), waste collection (65%) examples of this; though sports and leisure facilities only scored 35%, while satisfaction with cleanliness was at 47%. Typically service users tend to be more satisfied than those who do not use a service, but then it is important to know why that is. In some cases there are satisfaction levels like museums/ galleries (51%) and theatres/concert halls (60%) that are significantly higher than the respective national figures of 41% and 43%; whereas although waste collection scored higher than these services locally, it was 13 percentage points below the national average for waste.

As the Place Survey was due to take place bi-annually, the LSP commissioned an interim survey for 2009 which showed results largely in line with 2008, but with some exceptions and no comparative national data to benchmark against. For instance, awareness of civil protection arrangements in the local area is 18% higher than in 2008 and this is most likely due to information provided nationally about swine flu. Satisfaction of people over 65 with both home and neighbourhood is 6% higher, with fair treatment by local services 7.2% points above the 2008 figure. Both satisfaction with the council and the view that it provides value for money have improved, but only marginally and remain low at 34% and 23% respectively. There has been a continued increase in the proportion of people who feel local public services work together to make the area safer and in 2009 it stood at 64%. Refuse collection improved by 7% points; as did doorstep recycling, though not to its 2006 level. Overall residents felt more informed in 2009 (36%) than in 2006 (26%) with, for example, a 22% points leap in how informed people were about Council Tax and a 12% points leap in awareness of public service

Perception and satisfaction levels across key areas				
Topic %	2009	2008	2006	Nat 2008
Working to make the area safer	64	59	54	63
Working to make the area cleaner and greener	59	58	60	65
Promote the interests of local residents	40	32	44	41
Act on the concerns of local residents	42	35	42	43
Treat all types of people fairly	72	67	70	69
Devon & Cornwall Constabulary	62	62	-	56
Devon & Somerset Fire and Rescue Services	79	81	-	80
Your GP	82	85	-	79
Your local hospital	78	72	-	72
Your local dentist	70	62	-	68
Keeping public land clear of litter and refuse	50	47	-	55
Refuse collection	72	65	75	77
Doorstep recycling	68	61	72	69
Local Tips/Household waste re-cycling centres	72	70	81	68
Local Transport information	56	50	56	53
Local Bus services	66	62	62	62
Sport/Leisure facilities	43	35	49	46
Libraries	72	61	68	68
Museums/galleries	62	51	58	41
Theatres/Concert Halls	66	61	65	67
Source Place Survey 08; Plymouth biennial 09; 08 comparator – unitary areas				

performance.

The Place Survey is only one source of information and the LSP has other customer data to draw on, as well as information about the actual performance of services. The Tellus Survey ([check recently released figs](#)), for example, shows a higher level of satisfaction among children and young people. Results last year showed that 80% of children and young people thought that their local area was a very or fairly good place to live in. Better parks and play areas (48%), cleaner streets and less litter (47%) and better activities for children and young people (42%) would make their area an even better place to live in. However, children and young people did not feel that their views were listened to in decisions about the local area, with 24% feeling that their views weren't listened to at all. It is unlikely that there will be a compulsory requirement to continue with a Place Survey in the future, though the importance of fit for purpose local information as a driver for improvement remains. Whilst a lot of data has been collected over the years, it does need to be used along with other information more robustly than in

Use of services			
Service - %	2009	2008	2006
Local Tips/Household waste re-cycling centres	84	85	70
Local Transport information	79	79	62
Local Bus services	82	83	79
Sport/Leisure facilities	57	60	70
Libraries	60	59	62
Museums/galleries	45	44	50
Theatres/Concert Halls	67	63	70
Source: User Satisfaction Survey 06 Place Survey 08; Plymouth biennial 09; 08			

the past to inform service delivery and priority setting, with a stronger analytic understanding and trend focus. For instance, concern about crime, though falling, still remains a major worry, whilst actual crime has fallen. Traffic congestion is also a major concern, though actual congestion is not as pronounced as in other major conurbations. An understanding of a whole basket of data can enable the LSP to make judgments about the kind of responses it needs to be making and the priority it should afford them. Other information from both the Place and Tellus Surveys is referred to in other sections of this report. A range of other survey data is available, such as the ambulance users, and home fire safety visit surveys, the police's daily public survey and the schools/parents' partnership data, all of which could be pulled together more strongly for this type of State of Plymouth Report in future.

What visitors think

The Plymouth Visitor study (2009) by Arkenford shows the current importance of the city as a visitor attraction. A high number of regular visitors (30%) have visited the city at least 4-5 times in the last 6 months, their last visit being within the last month. Almost everyone who lives within about 20 miles of the city centre uses it at least occasionally, reflecting its role as a sub regional hub; with a large proportion of people living in this local catchment area using it frequently. In volume and value terms, This group is described as critical in sustaining commercial activity in the city centre. A very large proportion, about two thirds, of people who live in the 20-60 mile range, also visits the city at least occasionally. Shopping is considerably the most important reason for people to visit, especially for those living nearby and is still a hook for large numbers of people who live a substantial distance away. Drake Circus is significantly the most important overall draw, and the department stores on New George Street are also key attractors. The city gets a significantly higher rating for the quality and quantity of its high street retail offer than its independent retail offer.

The further away that people live, the more likely they are to visit the city for a general day out, as opposed to a shopping expedition; with the main attractions likely to be the Barbican, the Hoe, the Aquarium and the Theatre Royal. The Hoe, however, gets relatively poor ratings for quality from those who go there. The research also gives a particularly favourable view of the Theatre Royal. There is nothing in the research to suggest that the image of Plymouth is as bad as many stakeholders in the city seem to think it is. It rates relatively highly as a place to visit compared to most of its rivals. Reasons for not considering a visit to Plymouth are down to a lack of information. Plymouth is not seen

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Perceptions of city	
Perceptions	Counter perceptions
City of restrained ambition	City ready for change
Flawed city	City with character
On the periphery	Secluded but accessible
Graveyard of ambition	Great work, rest and play
Bag of bits without a beating heart	Rich with scattered hidden jewels
City people always leave	City people can't resist returning to
Extraordinary past and future	Extraordinary present
Source:	

as being a particularly innovative or contemporary place, but it is seen as being quite distinctive and eclectic. The improvement that people who have visited the city would most like to see is a better environment. There are a number of other improvements that respondents said would make a big difference, including a better cultural offer, more and better events and a better range of high street and independent shops. Improvements to the range of cultural facilities and other attractions are most likely to have impact in attracting people from longer distances.

Perceptions and counter perceptions

Work is being undertaken with xx to develop and strong 'brand' to better market the city as a place to visit, relocate, invest and study. It has drawn on the perceptions of Plymouth's residents, business and visitors and looked at these in terms of potential counter perceptions, as shown above.

What businesses think

Still trying to get something for here through Chamber

Accessibility and connectivity

Plymouth is a compact city of some 30sqm, with the centre only around 7 miles from its furthest outskirts. However, the topography of the place is such that some areas, such as Barne Barton, are physically isolated, while in others, like Honicknowle, there is, according to public health data, a strong sense of isolation. The city has a ferry terminal to Europe, as well as ferry crossings into Cornwall and a main line and branch line rail station and an airport. It has or is developing a range of plans to improve access to jobs and amenities and is conducting or about to conduct major improvements to its northern and eastern road corridors. The bulk of the city centre, as indicated, is pedestrian-only, with the ease of pedestrian movement seen as a strength in the city's successful attempt to be part of the World Cup bid. There are around 24 miles of cycle paths in the city and the

plan is to increase this amount as new roads are built. Transport information is being used more regularly at 79% in 2009, compared to 62% in 2006, while bus service usage stands at 82%. Satisfaction with local transport information was 50% compared to a national figure of 53% in 2008, but has now gone back to its 56% 2006 level. Satisfaction with bus services has risen 4% points in that period to 66%, with the 2008 national figure 62%. Although perceptions may be poor, congestion is not a particular problem in Plymouth in terms of road usage, though it is a potential issue given the growth plans for the city and there is increasing emphasis on green travel arrangements. This will not only involve use of public transport, but changes to working times and arrangements.

Accessibility is about enabling people to reach services and employment by different modes of transport within a reasonable time. Plymouth is currently focussing its accessibility planning on health services, deprived neighbourhoods and young people. Access to Derriford Hospital by public transport has steadily improved in recent years; according to the 2009/10 figure, 87% of the population of Plymouth can reach the Hospital within 30 minutes by bus. An indicator of access to employment is the equivalent percentage for the Tamar Science Park; this currently stands at 79%. Accessibility Action Plans have been completed for Derriford Hospital, Barne Barton and for young people; others are in preparation. Accessibility has also been assisted by a programme of installation of raised bus boarders and the continuing introduction of low-floor buses. In the last published network timetable, 74% of bus routes were advertised as being accessible services with over 90% of the bus fleet in Plymouth, used on regular services, now being low floor accessible. This is well ahead of the 2016 target set out in legislation for achieving 100% compliance in terms of low floor accessible buses on local services.

The Comprehensive Area Assessment report noted generally poor perceptions of gateways into the city, such as Bretonside bus station, the railway station and ferry terminal, though the city has ambitious plans for all these areas. Whilst the city is in some senses geographically isolated within a peninsula, as the perception study indicated, it is only 1.2 hours by air, 3 hours by train and 4.25 hours by road from London. Objective 4 of the LDF's Core Strategy states that new developments should promote the image of the city through the enhancement of international, city and local gateway locations and key approach corridors. Consequently, the adopted Sutton Harbour Area Action Plan (AAP) sets the criteria for the redevelopment of Bretonside bus station; the City Centre AAP refers to the

Access support facilities

- The Access Plymouth service is operated out of Mayflower East car park and has a booking office in Drakes Mall car park for people accessing the shopping mall. The service provides Community Car, Ring & Ride Bus, Shopmobility and Taxi Card.
- Community car - is a 'not for profit' car sharing scheme to assist disabled and elderly persons (who are unable to use mainstream public transport in Plymouth).
- Ring & Ride bus - Wheelchair accessible buses collect and return passengers to and from their own homes and take them to Plymouth City Centre, Tesco Supermarket at Transit Way and Sainsbury's at Marsh Mills.
- Shopmobility is a scheme that provides manual or powered wheelchairs and a large range of scooters to help people (residents and visitors) who have mobility problems shop and use the city centre facilities of Plymouth.
- Taxi card - Taxi-card is available to people living in the Plymouth area who are dependent on a wheelchair at all times and unable to travel in an ordinary saloon car. The scheme is financed by Plymouth City Council and administered by Access Plymouth who currently offer registered users a 50% refund on taxi fares up to a pre-set quarterly limit.
- Open to All website - Recently voted the most accessible web site in the South West. It is aimed for people with learning disabilities. The site is written in plain, easy to read English backed up with pictures to help adults with learning disabilities and those with limited literacy skills find out about a wide range of subjects from sexual health and managing money to where to drop in for a coffee and chat

integration of a railway station into a new office district to provide a high quality gateway to the city; while the redevelopment of the ferry terminal is central to Millbay regeneration. The City Centre Company has invested in a £170k pedestrian way marking system with the council covering the city centre and waterfront. This has also included new visitor information panels and map boards including installations at the rail station and bus station. The City Centre Company BID has picked up the need to drive the standards of our gateways forward in its new business plan. The council has also significantly improved its car parks in recent months with significant investment into the Theatre Royal and Western Approach. The introduction of Pay on Foot into the Theatre Royal will have a big impact in this area. The most popular and successful car park in the city is the privately run one at Drake's Circus.

Partners are looking at getting better broadband facilities for Plymouth. In order to develop businesses in the future and given the location of Plymouth, this is seen as key to future economic prosperity. Better connectivity between partners is also an issue with the desire to improve access to databases whilst at the same time ensuring the necessary operational agreements are in place to maintain security. Facilities for secure e-mails are currently available between the council, health and police. **Anything else on connectivity – e.g. between partners**

Some key initiatives for improving disability access are outlined above. In terms of access to public buildings and toilets – **insert some figures**

Advice, complaints and contact points

Insert para stating position around any shared access/contact points – council contact centre volumes, capacity and potential

Insert para on complaints levels – council, police, health, fire; enquiry volumes

Plymouth CAB's top four advice areas are debt, benefits, employment and housing. In January to March of 2010 of the 7,306 issues dealt with: 45% were debt related, the highest this proportion has ever been; 25% related to benefits; 7% were to do with employment; and, 5% were to do with housing. The proportions have shifted slightly in April and May with a higher proportion of benefit issues being recorded (30%) compared with debt (34%), but it is probably too early to say if this is going to continue. Within the benefit queries, in January to March this year, about one third related to disability benefits, with a further 12% linked to working and child tax credits and 14% to housing benefit. The CAB are seeing increasing numbers of queries from clients around the work capacity test of the new employment and support allowance, where large numbers of people who it feels should qualify for the benefit are not scoring enough points at the medical. This is being pursued by Citizens Advice nationally and by Plymouth Welfare Rights Forum. In relation to debt, the highest number of issues are around credit card, charge card and store card debt. Bankruptcy and enquiries about Debt Relief Orders accounts for another 15% and 6% of queries relate to water supply debt. In terms of the profile of clients, of the roughly 6,000 people who used the CAB services in 2009/10: 20% were disabled, 40% were unemployed, 15% were working fewer than 30 hours per week, 49% had a monthly income of under £600, 32% had dependent children and 27% were tenants of social landlords.

Civic well-being

Voter turnout has been falling in Plymouth as it has nationally over recent years, though 2010 elections did buck this trend. Throughout the 1960s to 1980s turnout in Plymouth was typically around the 75% and 45% marks for national and local elections respectively. From the 1990s onwards it fell to within the 60-70% range for national elections and the 30-40% range for local ones with turnout at 33.75% at the 2008 Council election. In 2010, with the national and local elections held on the same day, local results ranged from 52.81% in St Peter and The Waterfront to 71.22% in Peverell. **The parliamentary results were Plymouth Moor View**

60.1%, Plymouth Sutton and Devonport 60.3% and South West Devon, which includes Plympton and Plymstock, 70.4%. Voter turnout in the last European elections was 31.03%. There are 20 council wards in the city, 17 with 3 representatives and 3 with 2. The council has 57 Members of which 36 are Conservative, 20 Labour and 1 Independent. The Council operates a Cabinet system and is held to account by Scrutiny Panels. Two Conservative and 1 Labour MP represent the city. The region is represented at a European level by 3 Conservative, 1 Liberal Democrat and 2 UKIP MEPs.

Civic participation in the local area is, according to the interim Place Survey, now 5.1% points lower than previously and stands at 8.8% of the population. The percentage of people who feel they can influence decisions in their locality has risen from 22.3% to 23.9%, but is below the 28% national figure for 2008; while the Tellus Survey, as indicated showed a quarter of children feeling their views were not listened to at all. Interestingly, the city has developed a number of ways to engage and consult with both adults and children and co-ordination of consultation and engagement was seen as a strength in last year's CAA report, while Ofsted's recent assessment of the city's safeguarding and children in care services rated user engagement as outstanding. Community participation in volunteering has risen from 19.8% to 22.2% in 2009 and is now near the 23% national figure for 2008.

Key sources

Place Survey 2008 and 2009, Tellus 08/09, Arkenford Plymouth Visitor research, Core Strategy LDF, PCC neighbourhood profiles, ONS, CAB, PCC website, PCC transport – complete key sources and references where appropriate

Suggestions for improving document in future:

A wealthy city



Overview observation

The city is successfully implementing a spatial framework and developing the infrastructure to meet its very ambitious vision of becoming one of Europe's major waterfront cities. Many major schemes and investments are already delivered or in progress and the changes to the city are visible. There are clear strategies in place around the economy, health and housing and annual monitoring of the Local Development Framework shows that it is progressing strongly and it is seen as a national exemplar. However, the city's current profile does not meet that level of ambition, as the population is in the main insufficiently entrepreneurial or skilled in the right areas. For instance, the city has a low gross value added score amounting to a £1b prosperity gap; self-employment is significantly lower than the regional and national average; occupationally the city is under represented in manager, senior official, professional and associate occupations, as well as in the finance, IT and other business industrial classification; there is an over representation in public sector employment, while recent employment growth has been in part-time work; relatively low numbers of people are skilled to Level 4 and above and it does comparatively poorly for young people going onto higher education. This needs to be addressed and may in part involve greater inward migration. It is not clear that the city will achieve its desired population increase to time, though estimates that have just come out show a rise, and a lot will depend on the composition of that increase if it is to be the dynamic, vibrant waterfront city.

Priority focus

The city has a very strong transformational vision as outlined in the previous section, with a powerful place shaping focus as it seeks to become the economic hub of the far South West and one of Europe's finest waterfront cities. The city's Local Economic Strategy sets the parameters for major economic development, while the Local Development Framework (LDF) sets the strategic framework to enable the physical change the city needs and requires, the Transport Plan shapes the way people will move around the city and the Housing Strategy helps to shape the kind of accommodation they will live in.

Plymouth Local Economic Strategy (LES) sets out six priority sectors. These were identified as being sectors in which experience and knowledge already exists in Plymouth and which could be harnessed to

Current priorities around wealth

Local Economic Strategy aspirations

- A highly competitive City, well recognised and branded on the global economic stage
- A City with a balanced, diversified and knowledge intensive business base
- A City Region with well connected and inclusive communities
- A City with an adaptable and skilled workforce which is constantly learning
- A City where strong stakeholders and agencies work effectively together to deliver shared
- Priorities
- A City where a genuine commitment to sustainable development reinforces a set of unique
- environmental assets

LES priority growth sectors

- Advanced engineering
- Business services
- Creative industries
- Marine industries
- Medical and health care
- Tourism and leisure

LSP Wealthy Theme Group desired outcomes

- There are 30,000 more jobs
- There are high value jobs – with their 'gross value added' increased from 90% to 120% of the national average
- The number and diversity of sustainable businesses has increased
- Growth achieved within proposed carbon reduction targets

Transport Plan priorities insert

Housing Strategy priorities insert

Council Corporate Improvement Priorities

- Providing better and more affordable housing
- Delivering sustainable growth
- Improving access across the city
- Plus others to do with educational attainment, learning environments and better culture and leisure activities

Children's Trust

- Raise young people's aspirations, with particular support for young people who are not in education, employment or training
-

diversify the business base. Over the period from 2003 the changes in job numbers in the six priority sectors are shown in the table across. These sectors are encouraged to grow within the city although not to the detriment of other sectors. Each of the six has a co-ordinator who seeks to promote the businesses and help to air the issues they face. A number of these are located in clusters, such as health and medical at the Tamar Science Park, of

Examples of wealth innovation/developments

- The £350m Drake Circus development that stands at a gateway to the city centre and has high quality parking facilities
- The £40m investment in the University and the iconic Arts Building at a key point of entry to the city centre.
- The redevelopment Sutton Harbour, including £200M FOR Sutton Partnership, and its impact on the Exeter Street and the harbour gateways
- Our proposals for the West End, which will form a key link with Millbay regeneration, and where the first phase is underway, involves a £3.1m investment in the public realm by the council
- The regeneration of Millbay, including the ferry terminal, supported by £350m English Cities fund
- 76% of all new homes affordable driven in 209/10
- £40m negotiated housing investment - LIP

Amend/insert as required – examples of work that has happened or is happening

like-minded companies to make innovation easier. Overall the aim is to create 42,500 new jobs across the economy between 20xx and 20xx, with figures for each industrial sector, including the priority ones, highlighted in the LES.

The approach relies on the provision of high quality job opportunities with the city's economic strategy, special and transport plans going hand in hand. Achieving the required level of growth is seen as a long term iterative process. The strategy assumes that as Plymouth becomes a better place to live it will lead to the retention and attraction of people, which in turn will further support Plymouth's improvement as an achievable cycle. It is assumed that the majority of potential growth will take place at the Plymouth principal urban area. Key to this will be directing development to the city centre and waterfront regeneration areas. But alongside this, there is a need to ensure an appropriate range, mix and type of development. This will be achieved by also directing a proportion of the growth to the significant opportunity sites on Plymouth's Eastern and Northern Corridors, as well as the rest of the city. This level of growth must be delivered in a way that is sustainable and avoids adverse impacts on the environment.

As at December 2009, the council had completed two-thirds of its ambitious LDF work programme, adopting more LDF documents than any other authority in England, accounting for instance for 20% of all adopted Area Action Plans. It is seen as an exemplar of best practice and has met or is on track to meet 36 of its 40 targets and is performing strongly. Only three targets are not yet on track – delivery of office development, Lifetime Homes and onsite renewable energy production; while the Peninsula Dental School was completed but later

than originally planned. The redevelopment of Plymouth is an on-going fact, with major schemes and investments completed, being developed or planned, as indicated by the examples in the table above. It is a programme that has already started, albeit before the recession and recent cutbacks in public expenditure. **Get a sentence on each of these areas:**

- **Impact of the recession on major schemes**
- **Planning application trends**
- **Impact of future schemes re public spending cuts**
- **Mention recession recovery plan**

The city has prepared the first draft of a Local Investment Plan and is a leader in this activity. It seeks to outline all the various spending priorities from organisations in Plymouth to co-ordinate them better and ensure value for money. The £24.3million Plymouth Science and Innovation Programme (PSIP) will see a new £18million marine centre built at the university campus, with the remaining £6million invested in the Tamar Science Park to provide additional business support for innovative companies. These investments will help to provide cutting edge facilities in Plymouth's priority sectors, helping to diversify the businesses base. **(Get an accurate version of PSIP).** Plymouth Media Partnership (PMP) will be delivering specific projects funded by INETs to grow media businesses in the city, again linking in with the priority sectors. Partners have been involved in pursuing an initiative, Fibre City, to provide better broadband facilities for Plymouth. In order to develop businesses in the future and given the location of Plymouth, this is seen as key to future economic prosperity.

The council and commercial agents offer a wide range of premises across the city of varying sizes, but there here has been concerns raised about the quality of some of the units and their layout which may not be wholly suitable for today's usage. The North Cross development scheme, which would change the north of the city centre and provide a large amount of good quality office space, would help address this, but will be difficult to deliver in the current climate. The priority is to ensure that those schemes that are started are continued and finalized.

Transport

According to the 2001 Census, 67% of Plymouth residents who travel to work do so by car, either driving or as a passenger; 14% travel on foot, 13% by bus and 3% by bicycle. Although Census data is from nine years ago, more recent surveys give a broadly similar picture but this is clearly not the whole story. In terms of journeys into the city centre, only 29% do so as a car driver or passenger, while 32% travel in by bus and 29% walk, demonstrating the

importance of sustainable transport modes in developing a vibrant city centre economy. For travel to school, around 27% of children between 5 and 16 are taken to school by car, 13% travel by bus and nearly 60% walk to school. Travel plans for 92% of all schools in Plymouth have been completed.

Bus patronage in Plymouth followed the downward national trend over the last 10 years until the beginning of the current Local Transport Plan in 2006, from when it has recovered slightly, increasing by 5%. The volume of passenger journeys by bus is just over 20 million journeys per year, of which just over 30% is accounted for by concessionary fare passengers. Nationally, in urban areas outside London, patronage has continued to decline slightly over this period, hence indications that Plymouth has started to buck the trend.

Congestion on the network in Plymouth is relatively low compared to many urban areas. Average journey time per mile on principal roads in the morning peak is around three and a quarter minutes. By way of comparison, the figure for Southampton, a similar size port city on the south coast, is around four minutes. The number of vehicles entering the city centre during the morning peak has remained stable at or below 15,000 vehicles since 2006. Journey times into Plymouth City Centre in the morning peak are of the order of 15-20 minutes from the city boundary, being slightly higher coming from the north than from the east or west. Bus times are generally a few minutes longer than by car. Punctuality of bus services is currently only achieving 85% of services departing within five minutes of scheduled time. The target is to achieve 95% of services departing all timing points within 5 minutes of the scheduled time. Journey times on the Eastern corridor are expected to be more reliable for all modes and journey times reduced for public transport by the East End transport scheme currently under construction. Journey reliability on the A386 Northern corridor is also being addressed by improvements to the signals at the junction of the A386 and A38 at Manadon. Both the Eastern and Northern Corridors will be the focus of major improvements through building on funding bids currently being prepared.

The East End Transport Improvement scheme funded through Community Infrastructure Fund and Regional Infrastructure Fund has enabled the Council to accelerate the delivery of those parts of the Eastern Corridor Public Transport Scheme with the highest priority. Work commenced in April 2010 and the scheme will be completed by November 2011 providing bus priority as well improved public realm through Embankment Road. Earlier in 2010, the Council completed new bus lanes between the former Seaton Barracks and Crownhill and from the

main entrance at Derriford Hospital back onto Derriford Road. Combined, these now provide virtually continuous bus priority between Derriford and Crownhill adding to improved punctuality of upwards of 50 bus journeys per hour travelling south along the A386.

According to continuous monitoring carried out at seven sites, cycling has increased at a rate of approximately 1% per year since 2006. This growth will be supported by the creation of a strategic cycle network which will guide future interventions. The level of walking is more difficult to measure, but the number of pedestrian movements at North Cross is used as an indicator, and currently shows an increase of 14% over the 2003-4 baseline.

Road conditions are measured by the percentage of road length where structural maintenance is needed. For principal roads, this is currently 6.2% in Plymouth, against a target of 8.3% for the Local Transport Plan. There is no target for non-principal roads, but the figure for these is 7%.

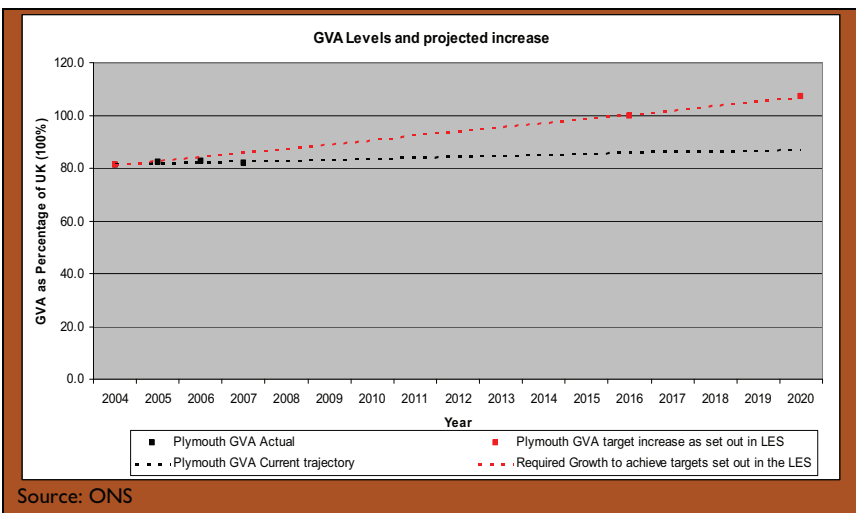
Housing

Housing mix, Housing quality – private and social, Housing completions and trends, Affordable housing completions and trends, Comparative prices, Housing energy efficiency, Homelessness, Impact of public expenditure cuts, Future plans, Stock transfer, Key regeneration – use Audit Com prep sheets as well as below edit and split with safe section

Affordability of housing remains major problem to many households despite Plymouth having cheaper house prices compared to the rest of our housing market area. Average house prices in Plymouth for 2009 was £148,000, which means a household would need to be earning more than £38,000 to afford the average priced house, but average earnings in the city are only £23,000. The lower quartile house price for 2009 was £110,000 which would require earnings of more than £28,000 a year. Individuals on lower quartile earnings of £16,500 are unable to afford to buy property and it is these individuals that create a large demand for affordable rented accommodation.

Affordable Housing completions are on an upward trend. Historically they flat lined at about 140 per annum, then improved in to 252 in 2006/7, 216 in 2007/8, 290 in 2008/9 and 335 in 2009/10 and are projected to be 314 this year and 296 next year.

Home energy activity is focused upon improving the energy efficiency and tackling fuel in the private housing stock. For 2009/10; Home insulation measures installed: 2,263, Lifetime CO2 savings: 29,794 tonnes. Annual household energy bill saving: £97,631 The estimated cost of these measures is £910,340, with a cost to PCC of £171,859 (grants



employment and the types of working hours. More knowledge intensive businesses tend to create higher GVA, hence the desire to also diversify the business base and encourage innovation. At the same time, GVA is also affected by part-time working. Plymouth has increased its jobs and its working age proportion; though the number of full-time posts has declined, thereby potentially adversely affecting GVA levels. Plymouth's last actual GVA measurement (2007) is 82.1%, since which time the country has been in a state of recession and the impact of this has yet to be quantified. Expressed in financial terms of £s per head Plymouth's

budgets for insulation only). The total cost of all measures including heating and micro generation was £3.018 million. If we look at the PCC grant contribution to insulation measures then the 'value for money' measure would be £10 per tonne of CO2 saved.

In 2009/10 the council was successful in bringing 98 empty homes back into use and there has been a 10% reduction in the number of long term empty homes in the city. The successful private sector leasing scheme 'HouseLet' provides quality housing for homeless families at a weekly cost of only £6.42 per week, as an alternative to expensive B&B.

Comparative wealth - gross value added

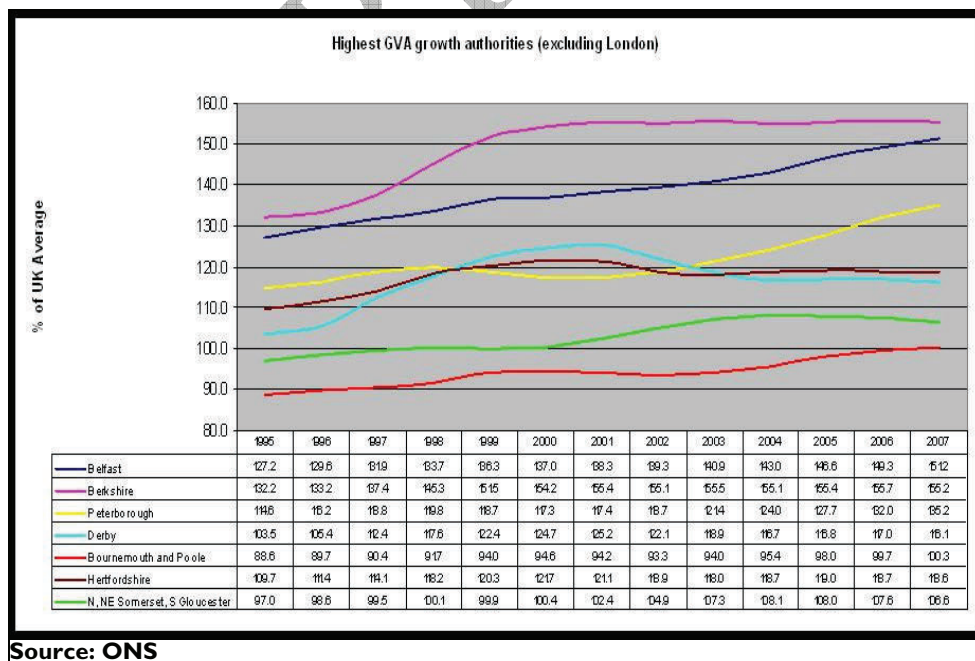
GVA in Plymouth has been fairly level over the past 10 years at around 80% of the UK level, with the national figure heavily skewed by the South East and London. Plymouth is striving to raise its GVA to 100% by 2016. GVA is influenced by the types of

actual GVA in 2007 was £16,377 against an England average of £20,458. This amounts to a prosperity gap of £1bn.

Plymouth uses a number of comparator cities from its family group and does lag behind many of these in terms of GVA. GVA in Derby, for instance, increased from 103.5% in 1995 to a peak of 125.2% in 2001 before dropping to a steady position around 116%; while GVA in Sunderland increased from 80.2% in 1995 to a peak of 87.8% in 2006. No other areas in our family group have achieved growth during this period. We are not performing particularly well on this indicator and our trajectory is currently not good.

Marketing, image and regional presence

The city has suffered from a lack of co-ordinated marketing over recent years and no clear direction. This has made it difficult to attract tourists, who see Plymouth as a daytrip location. It also makes it more difficult to attract businesses as there is little promotional literature. The City Centre Company has worked on improving the city centre of Plymouth and co-ordinates and markets many of the events that take place. This has helped to create an events calendar including the Flavour Fest, Summer Festival and the activities at Christmas. Improvements have also been achieved in the West End with new road layout and paving. Work has also been progressing through the CDC who have recent launched a new marketing toolbox for the city, which includes a wording, layouts,



images and the new slogan – Positively Plymouth. This will be rolled out across the partners in the city, such as the University, so that there is a more unified approach to marketing Plymouth between organisations – whether it is it nationally through inward investment or through to local materials used for tourists.

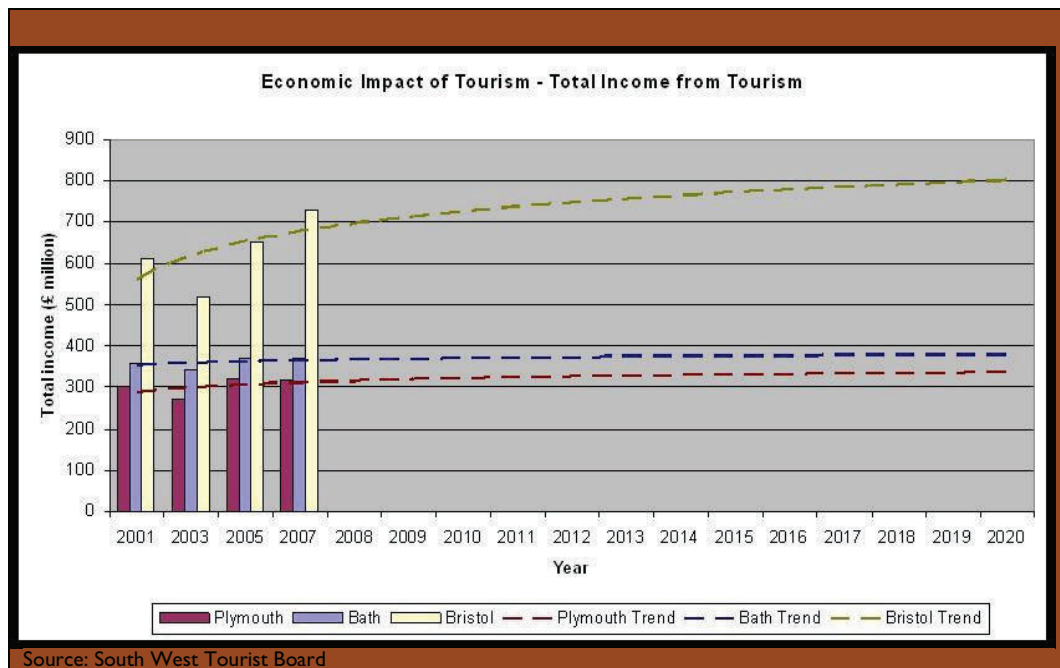
A new post is being created to work with the Waterfront, Hoe and Barbican areas of Plymouth to bring the businesses in these areas together into a more cohesive body and promote the unique waterfront heritage that the city offers. Known as Destination Plymouth, this will bring together various activities and provide co-ordination. As we saw in the customer section, the Hoe receives relatively poor ratings from visitors.

Tourism

Plymouth's income from tourism from 2001 to 2007 has risen by £17.4m (5.8%). On a comparative basis, the gap between Plymouth and Bath has decreased from £61.6m in 2001 to £52.7m in 2007, a decrease of 14.5%; while the gap between Plymouth and Bristol has grown from £311.6m in 2001 to £412.8m in 2007, an increase of 34.5%. Projections show that even with a slow down of growth in Bristol the gap in tourism will continue to grow between the two cities. The projections in the table also suggest that there will be a small reduction in the gap between income from tourism in Plymouth and Bath – with figures adjusted for inflation using the CPI index to give truer comparator data.

Visitor nights in Plymouth have dropped from 3.7 million in 2001 to 2.5 million in 2007, a 33% reduction. Staying visitor nights have increased over that time period in both Bristol (27.4%) and Bath (15.6%). Visitor night spend in Plymouth has increased from £43 in 2001 to £46 in 2007. Both Bristol (6.5%) and Bath (5.5%) have seen a reduction in visitor night spend during this time seeing the gap between Plymouth closing, although a significant gap still remains.

Day visitors in Plymouth have increased from 3.0m in 2001 to 3.5m in 2007, an increase of 17.6%. Day visitor numbers in Bristol and Bath were exceptionally high in 2001, but from 2003 to 2007



the trajectory is similar to Plymouth's. Visitor day spend in Plymouth has increased from £34 in 2001 to £50 in 2007. Visitor day spend from 2001 to 2007 follows a very similar trajectory across all three cities with the increase in Plymouth (47%) above that of Bristol (42%) and Bath (40%).

On a positive side, Plymouth may be one of the World Cup cities for 2018. Similarly, work has already begun on the Pilgrim 400 anniversary of 2020, with connections already being made to the USA to mark the occasion. In 2011 Plymouth will join Nottingham, Glasgow and London in hosting the British Art Show. The Show will arrive in Plymouth, the final destination, in September. This shows the city is committed to culture and should act as a great draw on a regional basis for audiences to visit Plymouth.

Business

The number of VAT registered businesses has increased by almost a third since 1980, at over 4,600 in 2007. However, business density at 18.4 per thousand residents lags behind the regional (36.9) and national (33.7) averages with the gap slowly increasing since 1980. This contrasts with the city's hinterland and surrounding sub regions which outperform the regional and national average – though urban business density is typically lower than rural. The proportion of the business stock that is newly registered, the business start up rate, in Plymouth is at 12% higher than regionally (9%) and nationally (10%) – as well as being higher than that in the hinterland and sub regions, though that partly reflects their larger business base. De-registrations are at 7.2%, compared to 7.3% nationally. Plymouth had 39.6 business start-ups per 10,000 of the population in 2008. This figure has remained fairly static over the past years. Survival rates for business

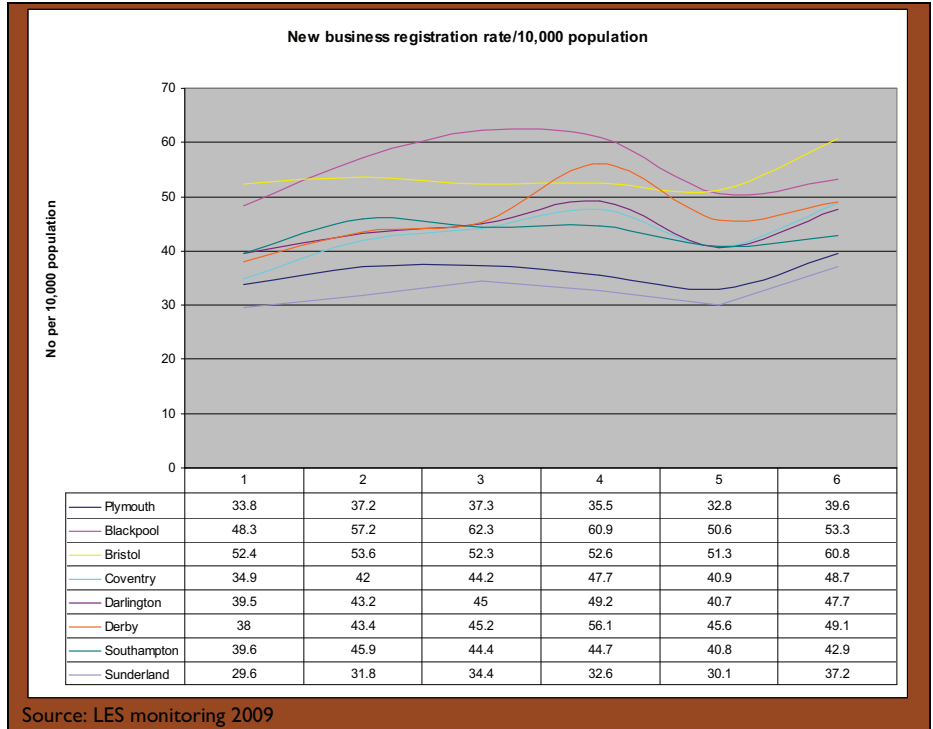
formed from 2003 onwards show a lower rate for Plymouth for the first three years and particularly the first two, with 1 in 10 businesses failing in the first year.

Plymouth has a legacy of a small number of large businesses locating in the city, such as the Ministry of Defence and some large manufacturers. There is, however, a will to diversify the business base in the city so that it is more resilient to changes in both the national and global economies. The European Funded Urban Enterprise programme is seeking to provide support for business start-ups to help open up the options for self employment and small businesses in a small number of priority wards – although there is continuing issues regarding matched funding in light of the 50% PRG reduction.

Skills

Plymouth has a lower level of people skilled to Level 4 and above than the national average at 22.1% compared to 29.0% for Great Britain and 28.3% for the South West. However, it also has lower than average numbers with no qualifications – 10.5% compared to 12.4% nationally; although the city is not highly skilled, nor is it badly skilled. There are 17 state secondary schools, all of which have specialist status. This makes Plymouth one of only two local authorities to have this accolade. The specialist areas cover technology, science, mathematics and computing, engineering, sports, language, business and enterprise, humanities, vocational and performing arts.

The University of Plymouth is one of the largest in the UK and the largest in the south west having some 24,000 undergraduates and 2,000 postgraduates, highlighting its importance to the educational life of Plymouth. The city is also home to Plymouth College of Art, City College and Marjon, thereby offering the whole gamut of courses. Strong links to Exeter University also ensure that there is provision over the whole of the peninsula.



The UoP is aiming to be the enterprise university in the UK and operates 'Enterprise Solutions' which seeks to work with businesses and make its facilities available to local businesses. It is also involved in promoting Knowledge Transfer Partnerships (KTP) and graduate placements. Both of these schemes use graduates in businesses to gain experience and provide the participating company with specialist knowledge for a period of time. Graduate retention in the city is seen as critical to its population and economic growth.

Employment, worklessness, earnings

At 63.9% Plymouth has a higher working age population than the South West (59.8%) and Great Britain (62%). The proportion of economically active people in Plymouth is 79%, compared to 81.6% for the South West and 78.9% for Great Britain. Of these 76.6% are in employment, which is above the national figure of 72.9%, but below that for the region at 76.6%. The proportion of the workforce in self-employment at 6.9% is significantly lower than the region (11%) and nationally (9.1). Economic inactivity rates are around average at 21%, but above the regional figure of 18.4%. More people want a job in Plymouth than regionally or nationally, particularly women where the figure 9.4%, compared to 5.6% for the region and 6.6% nationally.

Although 2.9% of local people are claiming JSA compared to 4.1% for Great Britain, the city has over a third of 18-24 year olds claiming this benefit, which is higher than regionally and nationally. At 18.4%, the proportion claiming JSA for over 12 months is also higher. The city also has a higher proportion claiming ESA and incapacity benefits,

Qualifications (Jan 2008 – Dec 2008)				
Qualifications	PLY no.	PLY%	SW%	GB%
NVQ4 & +	34,800	22.1	28.3	29.0
NVQ3 & +	70,300	44.7	48.8	47.0
NVQ2 & +	98,300	62.5	68.1	65.2
NVQ1 & +	126,400	80.3	83.8	78.9
Other qualifications	14,400	9.2	7.3	8.7
No qualifications	16,500	10.5	9.0	12.4

Source: NOMIS

8.7%, compared to 6.3% regionally and 7.1% nationally.

Plymouth has successfully bid for Future Jobs Fund. FJF comprises around £1 billion of Government money and forms part of the Government's 'Backing Young Britain' scheme. The fund aims to create 150,000 jobs for the long term unemployed aged between 18 and 24 years and others who face significant disadvantage in the labour market. In Plymouth, the bid was co-ordinated by the Plymouth Employment and Skills Board and the partnership comprises the Council, Wolseley Trust, City College Plymouth, Millfields Trust, Groundwork South West, A4e, Shekinah Mission, Routeways Centre Limited, Plymouth Guild (and its partners) and Devon and Cornwall Constabulary. Wolseley Trust is the bid holder and employer of those on the scheme. In November 2009, Plymouth won its first bid and was awarded funding for 181 placements, of which 68 are within Plymouth City Council. (FJF continues for the first phase, the Young Britain scheme is out the window? - check)

Plymouth's job density ratio of total jobs to working age population is at 0.79 lower than that regionally (0.86) and nationally (0.83). The proportion of employees in public administration, education and health is significantly higher in the city at 36.9% than regionally (28.7%) or nationally (27%). This indicates the importance of Plymouth to the wider region as a centre for services in the far South West; whilst heightening the city's exposure at a time of public sector cutbacks. Distribution, hotels and restaurants at 23.1% is the second highest category. Employment in manufacturing is third at 12.5%, and higher than the 10.7% regional and 10.2% national figures. Employment is significantly lower at 13.4% in finance, IT and other business activities, where the comparisons are 19.1% regionally and 22% nationally. Progress with employment in the priority growth sectors is shown in the table, where there was overall growth across the six sectors but a fall in advanced engineering between 2003/7. In terms of occupations, Plymouth has a significantly lower proportion employed in the categories covering managers, senior officials, professional and associate profession occupations, where the proportions are 37.6%, 42.8% and 44% for Plymouth, the South West and Great Britain respectively. Gross weekly pay at £467.9 is higher in Plymouth than regionally at

Priority growth sectors			
Priority sectors	2003	2007	
Advanced Engineering	4,200	4,200	2,700
Business Services	11,500	11,500	12,400
Creative Industries	3,400	3,400	3,300
Health and Medical	12,500	12,500	12,900
Marine Industries	6,500	6,500	7,300
Tourism and Leisure	4,800	4,800	5,500
TOTAL	42,900	42,900	44,100

Source: LES monitoring 2009

£453.8, but lower than the £490.2 national figure. When earnings are assessed on the basis of residents rather than workplace, Plymouth average score falls below the regional average, indicating higher paid people commuting into Plymouth. Hourly part-time rates are lower in Plymouth than in the region and nationally.

Economic and population trends

As of 2007, there were 143,405 jobs in Plymouth and its Travel to Work Area, with 107,550 in Plymouth. The Centre for Cities 2009 report highlighted Plymouth as ranking 10th between 2006-2007 for employment growth and 4th in terms of earnings growth between 2006 and 2008. Employment in the city has grown by 13% over the past twenty-five years, which is modest when compared to the national average and significantly lower than the surrounding sub-region. Growth in Plymouth has been accounted for by a rise in part-time jobs, with full-time ones falling by 5,000; the growth has been in the public sector and the low GVA distribution and retail sector, with only modest growth in business services and a decline of over a quarter in manufacturing jobs. Since 2003 the city has experienced more robust growth around the University and the knowledge based economy, but this has declined in the face of the recession. The city is surrounded by a number of fast growing districts which are not especially dependent on Plymouth, while Exeter has grown to offer another centre of employment.

The population of Plymouth has been stable for the past 100 years. In 1981, Plymouth's population was 253,000, since when it has ebbed and flowed to today's 252,000 (insert just received mid year estimate of 256,000 check tech issue). At the same time the population of Devon increased by 155,000, with Exeter rising by 23,000 and South Hams 17,000. However, since 2001 the city's population has increased by 9,000 or 4.9%, though that is still lower than the South West's 5.4% but higher than the 4.0% national figure. The Office of National Statistics forecasts that Plymouth is projected to grow by 20% between 2006 and 2031, taking it to just under 300,000, which is above the national growth rate but slower than the regional one. This is expected to

Average median earnings £ - 2009			
Category	PLY	SW	GB
Full time weekly by place of work	467.9	453.8	490.2
Part-time hourly by place of work	6.93	7.95	7.85
Full-time weekly by residence	446.3	460.1	491.0
Full time hourly by residence	7.00	7.95	7.88

Source: ONS

result in 32,000 additional households, while Plymouth surrounding areas are likely to see an extra 31,000. In Exeter household numbers are projected to double. In future years Plymouth will like other areas see a rise in the number of older people and also an increase in those aged under 19, reversing a previous trend – with births likely to be highest in the western part of the city. Despite a recent upward trend Plymouth's working age population is expected to grow relatively slowly. These demographics would indicate the need for strong inward migration into the city from people wanting to set up business or get jobs if Plymouth is to marry population growth and economic growth successfully.

Deprivation levels and neighbourhoods

Plymouth continues to have areas of deprivation with large differences across the city at neighbourhood and locality levels. The IMD 2007 ranks Plymouth as the 76th most deprived Local Authority in England (out of 354).

Progress against LAA targets

There are no significant underperformance issues within the Wealthy Theme Group's LAA targets. Some of them were very challenging, but that fact has been mitigated by the recognition from Central Government that previously agreed targets for employment, housing and business growth were unachievable once the recession started to bite. These were renegotiated down in 2010 and whilst still challenging, should now be achievable. Targets around social housing are well on track to be met.

Key sources:

NOMIS, ONS, Ekogen economic profile, Local Economic Strategy, Annual Monitoring Report LDF, SW Tourist Board, PCC transport, housing, economic data – complete this and references where appropriate

CAA focus - wealth 2009

Areas of strength – Economy/transport

- Strategic approach by the LSP in dealing with recession
- Lots of initiatives that are getting more joined up
- Agencies are well prepared and have learnt from 1990s
- Idea of a single voice emerging for Plymouth
- Good match between college courses and business needs
- New facilities – incubation units, job centre on campus
- Good track record on affordable housing/empty homes
- Well regarded Local Development Framework
- Good levels of satisfaction with public transport
- Improving public transport links with main areas of employment and with city centre
- Securing investment to fund improvements in the Eastern and Western corridor of Plymouth
- Clear progress in LTP1 objectives
- Future transport infrastructure has good prospects of being delivered on time
- Ferry investment; good links to more deprived areas
- Better value for money from car park sites

Areas to think about – Economy/transport

- Worklessness is increasing and its patterns are changing
- Mixed picture on average earnings and skills - the impact on the least affluent areas not consistently clear
- Overall condition of the housing stock in Plymouth is poor
- Analytical capacity and evaluation of impact
- Need to further develop a clear and distinct city identity
- Impact of any future public sector funding squeeze
- Ability of ageing infrastructure to support the growth agenda – but catching up after years of underinvestment
- Slow progress with developing new cycling routes, but we recognise the geography of the city does not help
- Maximising the waterfront to stimulate access to tourism and creation of jobs
- Poor public perception of congestion and the state of road and pavements
- Some concerns from the elderly on the availability of free seats on buses

A healthy city



Overview observation

Health has improved across the population with life expectancy increasing and now standing at 81.9 years for women and 76.8 years for men, which is a slight widening and just above the national average for women (81.8yrs) and a below that for men (77.7yrs). However, health inequalities have widened slightly and feature strongly within Plymouth and together with crime, educational attainment, housing quality, susceptibility to fire and deprivation levels generally converge around the western boundary of the city, with multiple demands on multiple services. At the extreme there is a 13 year gap between wards at the top and bottom end of the spectrum. When comparing the bottom and top 20% of areas the gap is 6 years for men and 3 years for women, which is slightly better than our statistical family group. Health in the city is significantly worse than average in 17 of the 32 comparative health categories. However, across all 32 categories its profile is less exaggerated towards the lower end of the spectrum than cities like Bristol, Liverpool, Hull and to an extent Portsmouth, but significantly poorer than the south west. The proportion of the population that is elderly is below average, but is growing numerically and there are consequently rising demands for care packages. Whether the city's elderly population remains proportionally below average will depend on the composition of the city's population rise.

Priority health focus

A healthy Plymouth is a key visionary goal for our Local Strategic Partnership (LSP), an LSP theme group is devoted to it and a delivery working group sits under it. Health is also a priority for the Children's Trust. Reducing health inequalities has been identified as a key priority and there is strong recognition of the difference in life expectancy between different neighbourhoods of the city. We are also committed to improving against national average health indices. Thirteen of our 2008/11 LAA indicators relate to health directly, while many others, such as those relating to improving the environment, levels of attainment, particularly in deprived areas, employment opportunities and access to services will help indirectly to improve health and reduce inequality. The placing of a number of challenging health indicators in the LAA has given them greater prominence and influenced improved performance.

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Current priorities around health

Healthy Plymouth 2008-2020 and Healthy Theme Group

- Health inequality
- Health prevention and promotion Refine list
- Mental health promotion
- Access and design of specific services
- Integrated services to promote independence

NHS Plymouth's Strategic Framework 2010-15

Strategic ambitions for the city as a whole:

- Reduce health inequalities
- Prevent ill health
- Commission modern and innovative services.
- Ensure value for money

For the individual:

- More control
- Wider choice
- Easier access
- Improving quality

Strategic Improvement Priorities:

- Improve clinical and cost effectiveness within Planned Care
- Reduce the use of A&E and unscheduled hospital based care Focus on choice and access to community based options for non elective care and converting unplanned care into planned interventions
- Reduce avoidable hospital attendances for children and young people
- Improve the quality and value for money in mental health services.
- Reduce Health Inequalities for people with Learning Disabilities
- Improve satisfaction with and cost effectiveness of out of hospital services for adults and in particular older people
- Improve the efficiency and effectiveness of Continuing Care
- Helping people to stay healthy. Focus on sexual health, alcohol, smoking, breast-feeding, substance misuse, obesity and mental health promotion
- Long-term conditions. Improve the way we address the projected increasing demand from people living with Long-term conditions. Focus on Coronary Heart Disease, Chronic Obstructive pulmonary disease.

Plymouth Hospitals NHS Trust quality goals and priorities 2010/11

- Patient safety – 1 early recognition, appropriate escalation and effective management of acutely ill patients; 2 appropriate Venous Thromboembolism risk assessment and prophylaxis; 3 improved prevention and management of all Healthcare Associated Infections
- Clinical effectiveness – 4 improved management of stroke patients; 5 improved venous access site infection rates; 6 improved compliance with the surgical site infections bundle and reduced numbers of associated infections
- Patient experience – 7 better engagement of patients in decisions about their care; 8 better provision of single sex accommodation for in patients; 9 better information for patients at point of discharge

NHS Plymouth Mental Health Services improvement priorities 2010/11

- Improve the patient experience
- Managing and reducing MRSA and other Healthcare Associated Infections
- Privacy, dignity and same sex environments for people who use our services

Council – most relevant corporate improvement priorities

- CIP3 Helping people to live independently
- CIP4 Reducing inequalities between communities
- CIP5 Providing better and more affordable homes
- CIP 6 Improving culture and leisure opportunities
- Plus CIPs around growth, education and children's safety

Children's Trust priorities

- Reducing health inequalities
- Improving children and young people's mental health

City growth context

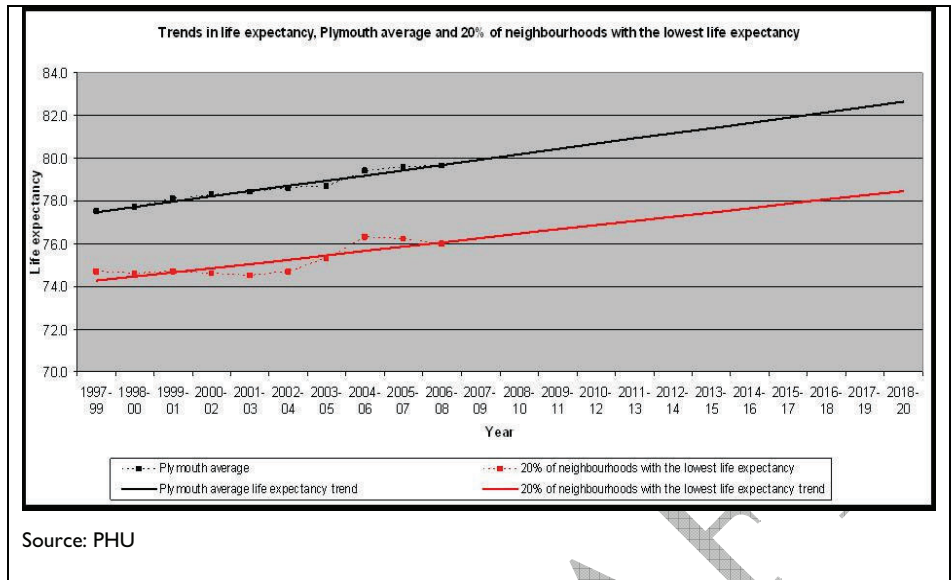
Plymouth is rated as the one of the most sustainable cities in the UK with a low carbon footprint; it offers an excellent natural living environment, with low

congestion, levels of pollution and crime. The current plans for the growth and reshaping of the city should all help to improve health as they include: area action plans based on sustainable communities; accessibility plans to link people, opportunities and facilities; the schools building programme, with learning centres becoming a hub for local communities; the opening up of the waterfront and improved housing; the development of the medical sciences based around Derriford Hospital and the growth of the hospital itself. The successful work we continue to do to support benefit take up and debt reduction, to raise attainment and aspirations and to

widen leisure opportunities are also helping to improve health and well-being and have a positive impact on mental health. The caveat to add here is the impact of public expenditure cutbacks in the areas outlined.

Health Profile - overview

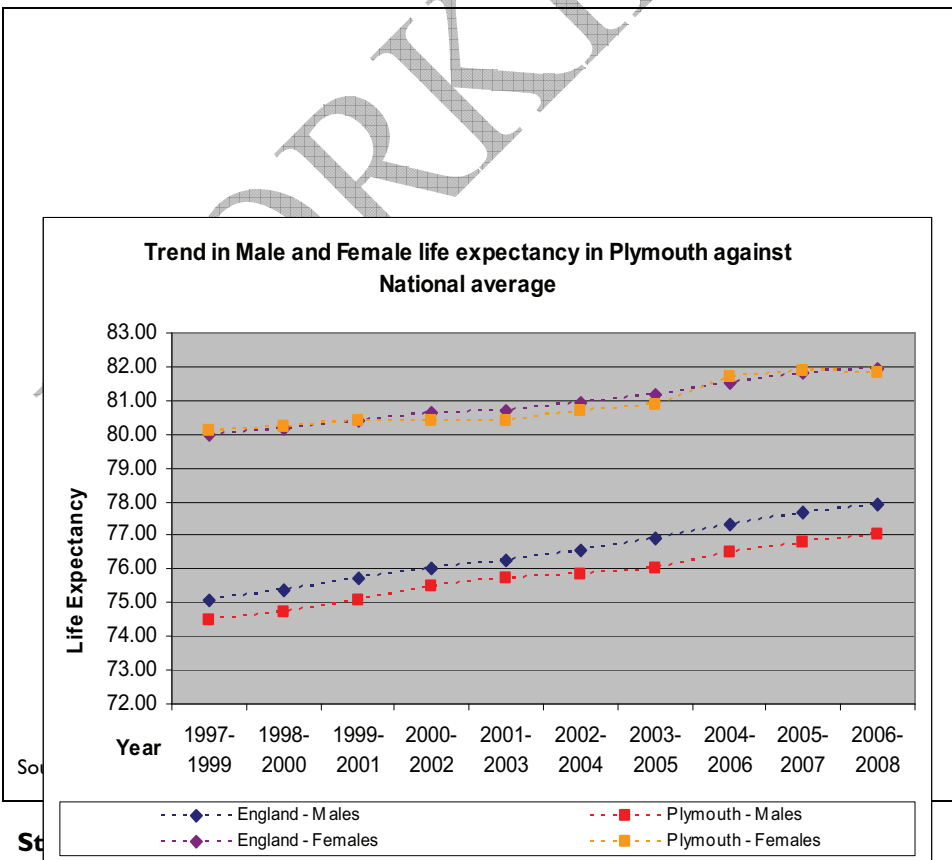
The Department of Health's 2009 Health Profile states that "overall health in Plymouth continues to improve year-on-year and there is much work going



on across the city to improve health by specifically addressing its determinants. This partnership work is targeted at communities with the greatest health need". The Profile also shows Plymouth with higher deprivation levels than national and regional figures and a lower level of overall life expectancy. Men in our most deprived 20% of areas can expect to live 6 years less than those in the least deprived quintile, with the comparable figure between women 3 years less. When compared to our family group of local areas, however, we perform better than all of them in terms of this particular measure of the health inequality gap. However, at the extreme, there is a 13 year gap between our best and poorest

performing wards, while the 6 and 3 year gaps identified above are not acceptable.

With average life expectancy at 76.8 years for men and 81.9 years for women, the city is below the national average of 77.7 years for men and just above that of 81.8 years for women, with a slight rise on last year. Life expectancy is 1 and 2 years lower for women and men respectively when compared to the south west averages, where factors like deprivation levels and the migration patterns of older, retired and relatively affluent people will impact strongly. The Profile shows that overall the city's health is significantly worse than average in 17 of its 32 categories.



However, across all the 32 categories our profile is less exaggerated towards the lower end of the spectrum than cities like Bristol, Hull, Liverpool, Manchester and to an extent Portsmouth; but significantly poorer than for the south west. Rates of teenage pregnancy, violent crime and drug misuse appear worse than the England average; the proportion of people in receipt of incapacity benefit for mental illness is higher, as is the rate of adults who smoke. The rate of road injuries and deaths is lower than in England; children are more likely than nationally to engage in physical activity, while obesity amongst children is similar to that found nationally.

Life expectancy, death and disease

Life expectancy for both males and females increased year-on-year in the city between 1991 and 2007 in line with the rest of the country. However there is considerable variation in life expectancy across the city and the pattern tends to follow the pattern of material deprivation. For example a newly born resident of Glenholt can expect to live the longest in Plymouth at 86.1 years, while a newly born resident of Devonport can expect to live the least at 73.1 years - a 13 year difference in 2005-2007 – see T6.

This inequality in health occurs in all illness groups. Eight in ten of all deaths in the city are caused by circulatory diseases (40%), cancers (27%), respiratory diseases (14%) and diseases of the digestive system (5%). These proportions have remained unchanged from 1997 to 2008. Plymouth has relatively more deaths, standardised for age, than the South West and England. Overall there is a downward trend in death rates. Analysis suggests that this downward trend is mainly in diseases amenable to healthcare. The biggest single cause of

mortality in Plymouth is cancer. The number of deaths linked to cancer amongst the city’s residents has not declined to any great extent (-2%) since 1997, but this must be viewed in the context of a rising and ageing population.

People with severe mental health problems generally die younger than other people and generally have a poorer quality of life. Some national studies have shown that on average they can die 25 years earlier than other people. Approximately 11,000 Plymouth residents are estimated to be affected by some form of mental health condition.

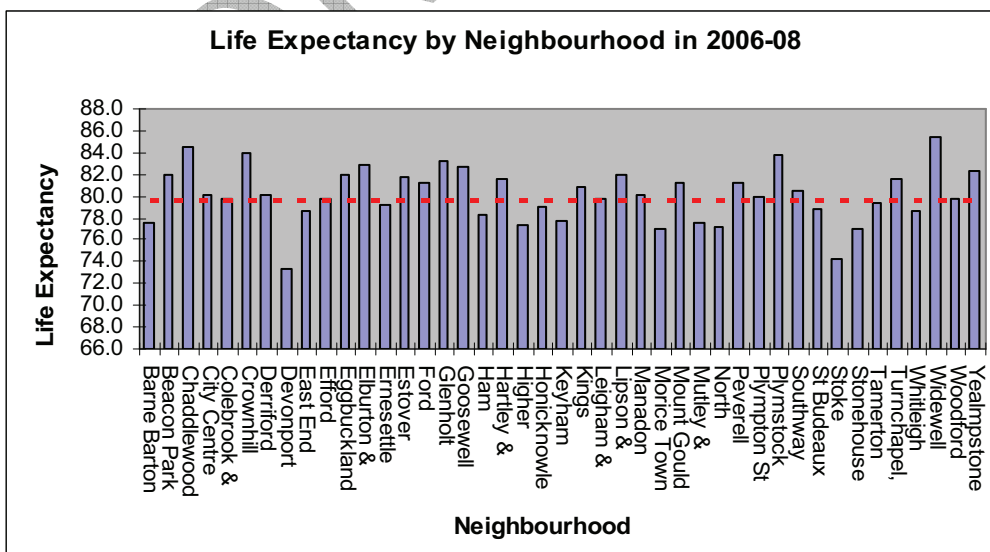
Health inequalities and locality differences

In general, a person born into a materially deprived neighbourhood of Plymouth can expect a shorter life than if they were born into a more prosperous part of the city. The mortality gap between the most deprived group of neighbourhoods and the least deprived group widened substantially from 2004 to 2007. Certain neighbourhoods regularly performed worse than others from 1991 to 2007 in terms of their mortality: in order they were Stoke, Devonport, Tamerton Foliot, Barne Barton, Morice Town, and Stonehouse. Conversely, certain neighbourhoods often performed better than others and in order they were Chaddlewood and Widewell (both least deprived neighbourhoods).

The city has health inequalities in each of the three main causes of death, especially amongst residents aged under 75 years. This is most apparent for circulatory disease (heart disease and stroke) and some forms of cancer, usually lung cancer amongst men and to a lesser extent female breast cancer. Neighbourhoods such as Stoke, Honicknowle, Whitleigh, Stonehouse, Devonport and North Prospect usually contribute a higher proportion of mortalities from these diseases - and also for

emergency and elective hospital admissions.

There is a clear social gradient in the gender balance between males and females with severe mental health problems. In the South West sub-locality the percentage of males and females was very close, whereas in the Plympton and Plymstock sub-localities the percentage of females is much higher than that of males. With regard to the age of the patients, those from the South West and South East sub-localities



Source PHU

Some key opinion data

Place Survey – adult residents

Satisfaction with GP, hospital and dentist

- 85% satisfaction with GP in 2008, compared to 79% nationally – with the local figure 82% in 2009
- 72% satisfaction with local hospital in 2008, compared to 72% nationally – with the local figure 78% in 2009
- 62% satisfaction with local dentist in 2008, compared to 68% nationally – with the local figure 70% in 2009
- Evidence from IPSOS MORI suggests that actual users of health services have even higher satisfaction ratings

Feeling healthy

- 71% of local people felt their health was good or very good in 2008, compared to 74% nationally – with the local figure 73% in 2009
- Only 50% of social tenants said their health was good or very good in 2008

Area and home satisfaction

- 79% of people were satisfied with the local area in 2008, compared to 76% nationally – with the local figure 79% in 2009
- 83% of people over 65 were satisfied with their home and neighbourhood in 2008, compared to 80% nationally – with the local figure 89% in 2009

Support

- 28% of people feel older people receive the support they need to live independently, compared to 29% nationally, with the local figure 27% in 2009
- The above figure rose to 37% for those aged 55 and over, but there was no significant variation by disability

Mental well-being

- 20% of residents felt downhearted/low a good bit or all of the time, 24% some of the time and 56% a little or none of the time.
- Social tenants and people with disabilities were significantly likely to feel more downhearted

Exercise, smoking

- 66% of residents participate in at least 30 minutes of sport/active recreation at least 3 times per week
- 19% of residents said someone smoked in their house (2008)

tended to be from the younger age groups, whereas the patients from Plympton and Plymstock tended to be from the older ages.

In 2008/09, a total of 6,457 people used NHS Plymouth's mental health services of which 5,734 (88.8%) were Plymouth residents. This resulted in a total of 90,851 patient contacts by Plymouth residents of which 42,917 (47.2%) were residents from the most deprived areas of the city; 27,345 (30.1%) from the middle group of neighbourhoods and 20,589 (22.7%) from the least deprived. Overall, the city's South West sub-locality had the highest number of patient contacts (28,215) and the Plympton sub-locality had the lowest (7,909). Of the 5,734 residents, a total of 3,215 (56.1%) were female.

City resilience to poor health

There is a continuing challenge to address the nation's greatest public health concerns including obesity, cardiovascular disease, diabetes, asthma, injury, depression, violence and social inequalities

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through urban design. The incorporation of NICE guidelines that promote physical activity through mixed land-use will be a feature of future urban design including that for the Sherford Valley development in the Plymstock area of the city, together with restrictions on further out-of-town shopping developments.

Material deprivation and poverty have been features of city life in recent years and there is a strong causal link with health inequalities and economic inequities that is long established in national research (e.g. Black Report, 1980). Poverty is a major cause of learning disabilities. Epidemiological studies have consistently reported that the prevalence of less severe learning disabilities, and learning disabilities that have no clear biological basis, is closely related to the level of social deprivation.

Plymouth is foremost a regional centre providing a range of public and private services for the city and surrounding hinterland. With the exception of the Royal Navy dockyard at Devonport and limited commercial freight handling facilities at Cattedown, the city does not possess industries with processes which are inherently dangerous to the health of employees or which pose a threat to public health.

The general level of educational attainment is an important determinant factor in public health and well-being. Research undertaken by Plymouth City Council in 2008 suggest that pupils with low attainment tend to come from the most deprived areas of the city with respect to 'foundation stage profile' and key stage attainment.

The city is generally well-provisioned with sports and recreational facilities although several are in need of upgrading (notably on school sites) or replacement (the Mayflower Centre, Central Park pools). Although an even distribution of indoor, outdoor and specialist facilities throughout the city could not be expected, certain areas of the city do not have any kind of sport or fitness facility impacting on people's accessibility, particularly for those whose mobility and ability to access opportunities is restricted (e.g. by cost and time).

Poor quality housing often leads to poor health, and social and financial exclusion. A good, decent home contributes to a healthy lifestyle, provides access to a range of services, supports long-term educational achievement, underpins long-term policies to regenerate communities, facilitates personal friendships, and contributes to community safety. It is considered that the housing stock condition in the city has deteriorated significantly over the last five years with the level of non-decency increasing by almost 20%. X of the housing stock was classified as 'non-decent' in April 2007. (Revise and put in private sector as well as PCH figures – from housing)

Plymouth Community Homes has assumed that almost every property in the housing stock will require work to tackle or prevent non-decency before 2014. Most dwellings fail the decency standard on the basis of poor thermal comfort because of the general condition of the housing stock (27.2% of dwellings were built pre-1919 compared with 20.8% for England). Plymouth has a comparatively high incidence of houses in multiple-occupancy. These properties are often poorly managed, which, in turn, increases the risk of accidents and ill health.

Plymouth is a relatively compact city with relatively high levels of residential density that facilitates relative ease of access for many to services, recreation and entertainment. Health issues influence urban planning in the UK and this is most marked in the design of residential areas where space, light and the circulation of clean air have been key factors influencing how we design our environment. The city possesses substantial housing estates in the northern neighbourhoods that bear the hallmarks of this influence, for example in the design of post war residential areas such as Southway and Chaddlewood. Health is also reflected in the design of Plymouth's city centre for which the separation of pedestrians from vehicular traffic was a key objective; the achievement of this objective has very likely contributed to the very low levels of deaths on the roads recorded in Plymouth which remains significantly below the national average.

Health and Children

A large number of emergency hospital admissions relate to pregnancy, parental concerns for infants' health, fractures, wounds and bumps, and infections – though the exact number is currently being calculated as they are issues around what is properly recorded here. The number and rates of emergency admissions rose from 2000/01 to 2005/06 but then fell for two years to 2007/08, before a sharp rise in 2008/09. In contrast elective admissions rose consistently from 2003/04 to 2008/09 with a

widening gap in this year compared to emergency admissions. However, the standardised elective admissions rate remains below the national average. Pregnancy related conditions are classified as an emergency even if there is no medical emergency. The very young (0-4 years) and the very old (75+ years) tend to be admitted to hospital as emergency admissions in greater numbers than any other age group. Relatively few babies and toddlers (0-4 years) tend to attend hospital on an elective basis.

Elective admissions show a similar pattern but with a lower proportion of admissions for parental concerns for infants' health, fractures, wounds and bumps and viral infections, and a higher proportion for the main diagnostic conditions and for mental health related conditions.

There is growing evidence that some types of mental health problems are predictive of negative outcomes in later life and a strong correlation between child and adolescent mental health issues and mental health problems in adults. It is estimated that targeted and specialist child and adolescent mental health services should reach approximately 5,750 young people. Some groups of young people are particularly vulnerable: children in care, young offenders, young carers, children with special educational needs – especially learning disability and young carers.

Dental decay remains one of the most common diseases of childhood affecting both the primary ('milk' or 'deciduous') and permanent teeth. Its consequences may last throughout life and require ongoing restorative and rehabilitative care. Tooth loss in children is almost entirely a product of the decay process and tooth decay is almost entirely preventable (Department of Health, 1998). The burden of dental decay is unequally spread throughout the population of the city. Children from more affluent backgrounds tend to have little or no dental decay as opposed to children from less affluent backgrounds who tend to show high levels of dental decay (National Alliance for Equity in Dental Health, 2001). Overall there has been an improvement in oral health of five-year old children in Plymouth from 2000 to 2009. Allowing for different participation rates in the surveys for these years, the research suggests that there was an improvement in oral health across the city.

In 2009 children aged 5 years in Plymouth had on average 0.9 teeth affected by decay (i.e. decayed missing filled teeth - dmft). The value in 2000 was 1.6 teeth affected by decay, representing a 40.7% reduction in dmft. However, at neighbourhood level there was considerable variation in dmft scores in the city, ranging from 0.1 in Elburton & Dunstone and Goosewell, to 2.8 in Mutley & Greenbank. This

Tellus Survey - Children

Get key data around health, mental health, bullying/worries etc – get from Children's services

represents a 28-fold variation and is larger than that seen in 2000 when it ranged from 0.5 in Colebrook & Newnham to 3.3 in Ernesettle. Despite this variation, a larger number of neighbourhoods in 2009 (28) had a dmft score of less than 1 compared to 2000 (only 9).

There has been an increasing number of teenage conceptions in the city from 2006 to 2007 and into 2008/09 with a marked increase to 50.9 per 1,000 in the third quarter of that year and this linked to the rise in abortions and births. The under 18 conception crude rate was higher in Plymouth (49.6 per 1,000 women) than that recorded nationally (41.2) in 2005 to 2007, a total of 228 conceptions notified to the NHS. The number of conceptions is highest in neighbourhoods classified as most deprived with a clear gradient between the most deprived to the least deprived neighbourhoods. Similarly, abortion rates are highest in those materially deprived neighbourhoods, again with a clear gradation from most to least deprived neighbourhoods. Abortion levels amongst women aged less than 18 years are higher in Plymouth than in England and Wales or the South West Region. Otherwise, rates are lower in the city for women aged 15 to 44 years.

A review of the impact of drugs and alcohol upon the sexual behaviour of young people in 2007

revealed a strong correlation between sexually transmitted infection (STI), substance misuse including alcohol abuse and unprotected sexual behaviour. Chlamydia likely remains the most common form of STI for people aged less than 25 years. The highest rates in Chlamydia are in women aged 16-19 and men aged 20-24, those reporting behavioural risk factors and certain ethnic groups.

Of particular concern is child poverty which is a significant issue for the city – approximately 24% of all children in Plymouth are regarded as living in poverty, compared with 22.4% nationally. Local health visitor data on families with young children suggests that dependence upon benefits and unemployment is highly localised in the city, especially in the South East, South West and North West sub-localities. Families dependent upon welfare benefits are especially prevalent in Stonehouse (57%), North Prospect (53%), Barne Barton (48%) and Devonport (47%) which exhibit levels far higher than the average for the city (21%).

The prevalence of childhood obesity is uneven across the city with the highest levels in the North West and Plympton sub-localities and lowest in the Central/North East and Plymstock sub-localities.

Males and females aged up to 18 years, particularly up to the age of puberty, mothers of children aged 0 to 16 years and socially excluded children including disabled children are deemed to be at greater risk of being dangerously over / underweight in society.

Adult Social Care inspection

Areas of strength

- Performs 'well' across all seven outcome areas
- Clear progress with key priorities - faster change, improved service delivery
- Plans ambitious - based on needs analysis
- More people supported to live independently - strong emphasis on prevention
- More choice of alternative accommodation
- Council buys good services and rewards good providers.
- People who use services and carers have increased opportunities to be involved in decision-making
- Performance management improving - Improvement Board
- Aids and small adaptations received quicker
- Budget management, MTFS - good.
- Increasing range of joint strategies – e.g. stroke care, dementia care, carers'
- Many more people have been able to get a direct payment
- Increasing day service focus on getting people into work
- Safeguarding performs well

Areas to think about

- Capacity to make changes a reality
- More formal partnerships with health - being explored
- Progress Putting People First agenda – in some areas
- Increase pace of change around personal budgets
- Ensure workforce fully prepared
- Draft workforce strategy - not joint one agreed with partners
- Pace of major adaptations
- Comparative spend on mental health needs
- Into work approaches need to be route to paid employment
- Taking equalities issues forward/responsive to everyone

Older People

Analysis suggests that the downward trend in mortality occurred mainly in diseases amenable to healthcare and was much more pronounced amongst males in the 65 to 75 years age range. Fractures, wounds and bumps amongst older residents (aged over 65 years) usually arise from unintended injury due to falls: it is estimated that in 2009 a total of 10,985 older Plymouth residents will attend A & E because of a fall, and that 870 will remain in hospital because of the effects of a fall (Older People Population Information System (PoPPI) 2008). This said, hip fractures amongst persons aged over 65 years were higher in Plymouth (513.2 per 100,000 population (274 people)) than the average for England (479.2) in 2008/09 (APHO and Department of Health, 2010). Older people tend to stay longer in hospital and in 2009/10 patients aged over 75 spent more days in hospital following an emergency admission than all other patients.

Plymouth is worse than the national average with regards to the number of residents aged 65 years or more who are 'not in good health', with 22.6% (8,506) describing themselves in such terms

compared with 21.5% for England as a whole in 2007/08 (APHO and Department of Health, 2009).

Put paras in here around social care, numbers, direct payments, etc etc

Health and ethnicity (insert)

See if thee is anything robust to put in here – Rob do we have anything like prevalence of certain type of conditions etc?

Rob - Do we need to say more about drugs and alcohol somewhere in health section – it will feature in the safe/strong section and Rob Sowden is getting me info?

Learning and other disabilities

Analysis undertaken for last year's JSNA suggests that people with learning disabilities have an increased risk of early death. They are more likely to die before 50 and the life expectancy is shortest for those with the greatest support needs. Respiratory disease is the leading cause of death and they are 3 times more likely to die of respiratory illness than the general population. They also experience more heart disease, bowel cancer and stomach disorders, whilst 22% have epilepsy and dementia is four times more common.

The Office of Population and Census estimate the prevalence of learning disability in England as 2% of the general population, equating to nearly 5000 people of all ages in Plymouth (Initiatives in Care, 2005). Prevalence of moderate to severe learning disability (IQ below 50) is usually estimated at 3-5 people per 1000 population. Applying this to the 2008 GP Population Register for the 18-64 age group suggests that between 499 and 832 people have a moderate or severe learning disability. There are three factors likely to lead to increased prevalence; increased survival rates of young people with severe and complex disabilities, reduced mortality rates amongst adults with learning disabilities and an increase of more severe learning disabilities in some ethnic groups.

Mental Health

Mental health problems are thought to be common with one in six adults expected to have a mental health problem at any one time - and for half of these people the problem will last longer than a year. Mental health problems are often associated with elderly persons aged over 75 years, this group having a close association with degenerative conditions such as dementia and Alzheimer's disease, but it can equally affect younger age groups

Health and community initiatives

- Plymouth Hospitals Trust is placing more emphasis on booking appointments, diagnostic tests and treatments, times and dates that are more convenient to the patient and supplying better information and choice for referrals via the GP service.
- The NHS Plymouth Provider arm is being developed into an arms length body, with the business acumen to tender for larger contracts. Significant progress has been made to strengthen the commissioning arrangements between NHS Plymouth's commissioning function and its provider services unit.
- NHS Plymouth is working to build on the strength of community pharmacy in line with the recommendations of the Pharmacy White Paper and 'World Class Commissioning – Improving Pharmaceutical Services' guidance.
- The 'Be Smart, Be Safe' initiative resulted in 50% rise in referrals to Community Memory Service in 2008-09, with 982 users supported through mental health teams and 400 through generic social care services. Increased awareness of Dementia amongst the general public is thought to have led to an increase in referrals to mental health services.
- Investment in new assessment centres are reported to have led to faster access to services and satisfaction levels, with 85% of users expressing their satisfaction in 2008/09.
- Info on domestic abuse, hidden harm etc

Check and get anything else that is critical

especially when associated with non-prescribed drug misuse and alcohol abuse.

Overall, approximately 11,000 Plymouth residents are estimated to be affected by some form of mental health condition. Modelled estimates suggest that 3,559 residents aged 65+ years are likely to be suffering from depression, with 1,119 suffering from severe depression in 2009. A total of 2,957 residents aged 65+ years are estimated to be suffering from Dementia in 2009 (Projecting Older People Population Information System, (PoPPI) 2008).

National studies suggest that women are more likely to experience mental health problems such as depression and anxiety – around 20% of women at any one time compared with about 12.5% of men. Men, have higher rates of suicide and addictions. There is evidence that lesbian, gay, bisexual and transgender people are at higher risk of some mental health problems and that services for such older people are lagging behind those for their younger counterparts.

The number of residents in receipt of mental health services indicates that the prevalence of related medical conditions is likely to be higher than that nationally. The percentage of adults in receipt of incapacity welfare benefits for mental illness in 2007/08 is believed to be much higher in Plymouth (40.7%) than the average for England (27.7%), a total of 6,450 adults (APHO and Department of Health, 2009).

Preventative Health

Analysis suggests that the downward trend in mortality has occurred mainly in diseases amenable to healthcare and was much more pronounced amongst males in the 65 to 75 years age range. In 1993, the DASR for males arising from causes amenable to healthcare was double that of females but by 2007 this gap had halved (males 125.53 per 100,000, females 74.72 per 100,000). By 2007, overall mortality arising from causes amenable to healthcare was lower in Plymouth (114.18 per 100,000 patients) than nationally (116.79) in 2007. The list of diseases amenable to healthcare is long and is provided in the domain report for mortality and life expectancy.

Health improvement focus

Our LSP health focus has been through the 2007/10 and subsequent 2008/11 LAA indicators. The Audit Commission expressed some concern in 2009 about progress with smoking cessation in pregnancy and amongst people in deprived areas, teenage pregnancy, young people and alcohol treatment, childhood obesity, breast feeding and emergency bed days for the over 75s. The Commission subsequently recognised that plans were in place to address these issues and progress was being made, although the areas were still challenging ones. Areas where we have done well include the number of people taking exercise, health schools, adult social, care indicators, substance misuse, children's mental health and domestic violence. The LAA is in its final year and may not be replaced. Access and waiting times to health care services have improved significantly over the last year. 95.7% of patients who were admitted to hospital were seen within 18 weeks of their referral compared to a national average of 92.0%. Access to cancer services also showed significant improvements and 87.2% of patients who were urgently referred by their GP were treated within 62 days compared to a national average of 86.5%

LAA performance

The headline LAA target for Health is to prevent the gap in life expectancy between the worst performing 20% of neighbourhoods and the city average from widening. Over the life of the LAA, the gap has in fact widened and the trend is worsening. This is a significant headline performance issue. The LAA targets related to health outcomes for children in terms of childhood obesity and teenage conception rates are also currently not being achieved. On the positive side, the LAA targets for people living independently, breastfeeding and adult activity levels are on track.

Key health providers

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CAA focus - health 2009

Areas of strength

- Clear focus on the issues that affect people in Plymouth
- Good match between LSP priorities and the PCT
- Good progress in improving children's health
- Some reduction in deprivation between 2004 and 2007
- Examples of good support to families through neighbourhood renewal schemes, Sure Start etc
- Planning for and dealing with an aging population
- Good work in increasing the reporting of domestic abuse and in giving support to families
- More choice in adult social care services

Areas to think about

- Still have to big a difference in life expectancy between the best and worst wards and neighbourhoods
- Health inequalities not being reduced quickly enough e.g. teenage pregnancy, young people and alcohol, smoking, breastfeeding, obese Year 6 children
- Not able to show how the health for minority ethnic communities is being improved

The two main providers located within the local health community are NHS Plymouth Hospitals Trust (PHT) and NHS Plymouth Provider Services. PHT is also a provider of tertiary services for the peninsula and a leader in teaching and research. It is currently registering for Foundation Trust status and runs the city's Accidents and Emergencies service (A & E). The percentage of patients who spent less than 4 hours in A&E was 98.7% in 2009/10, this is significantly better than the national average of 98.3%.

The Peninsula Treatment Centre was amongst the first cohort of Independent Sector Treatment Centres, commissioned to support the capacity required for elective orthopaedic services. The Nuffield is Plymouth's private sector hospital and takes part in the Extended Choice Network – a national initiative giving access to NHS funded procedures in a range of specialties.

NHS Plymouth Provider Services provides the following services: Health Services for Children and Families; Community and Rehabilitation; Mental Health and Learning Disabilities

Ambulance Services are provided by the SW Ambulance Trust and are performing well. For instance, Category 'A' calls meeting the 8 minute standard were 78% in 2009/10, which is better than the national target of 75%. Ambulance handover delays at Derriford Hospital are also lower than the average for the Southwest.

There are 44 GP practices and one GP-led health centre contracted to NHS Plymouth. There are more GP's per 1,000 population compared to the national average and they are on the whole more 'youthful', in that the city has no GPs over the age of

Health innovation

In its Quality Report 2009/10, NHS Plymouth Mental Health Services identifies the following two initiatives

- Productive Ward Series – Glenbourne Unit and Pineword & Oakdale Wards
- The Glenbourne Alternative Place of Safety Suite

In its Quality Report Plymouth Hospitals NHS Trust identifies:

- Venous Thromboembolism
- Infection prevention and control

A number of partnership initiatives and programmes that relate to health have also been viewed favourably in inspections including:

- Redesign of CAMHS
- Hidden Harm
- Young people's specialist substance misuse treatment
- Children's accident and injury
- Aiming high short breaks
- Emotional Aspects of Learning (SEAL)
- Multi-systemic therapy (MST)
- Social and Emotional Aspects of Learning (SEAD)
- Family Nurse Partnership
- Domestic Abuse Strategy

Check and get anything else really innovative – Rob/Karen

65 years compared to 2.7% nationally. Plymouth has a higher proportion of GPs with a special interest but more 'single handed' practices than the national average.

Adult Social Care within the city helps to ensure the health and well-being of its citizens: there are 33 teams in adult social care with the Contact Centre receiving the majority of calls. NHS hospitals teams also receive a significant number of referrals from the hospital wards.

The cost of safeguarding the health and well-being of the city's population, its visitors and residents of adjacent local authority areas is estimated to have been around £486 million in 2007/08. There is a close relationship between health and social care expenditure, and spend by Plymouth City Council should be looked at in the context of related NHS Plymouth healthcare expenditure.

A large percentage is spent on services that are commissioned by NHS Plymouth and provided by external providers, the largest being Plymouth Hospitals Trust which has a total spend of a £163million - more than the expenditure of primary care services and the services provided by NHS Plymouth. There is also increasing joint work across the city around commissioning, planning in localities and in the development of integrated teams, such as the Integrated Disabilities Team.

Health and customer focus

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There have been significant reductions in both MRSA and C.Diff levels across Plymouth. There was a total of 15 MRSA bacteraemia detected by Plymouth Hospitals NHS Trust in 2009/10 which is down from 29 the previous year. C.Diff rates have also improved significantly, in 2009/10 there were 91 C.Diff infections for Plymouth patients down from 187 in 2008/09. 87% of patients felt that the ward or room they were staying on in Derriford hospital was clean which is the same as the national average. 82% of patients rated the level of care they received as an inpatient at Derriford hospital as good which is similar to the national average.

Corporate and capacity issues

Reductions in public expenditure are likely to make up to 80% of the package being prepared to reduce public borrowing and this will impact on public services over the next two Comprehensive Spending Reviews. Although health has so far been classed as a protected area, it still has to make efficiency savings, while growth will be minimal and certainly not on the unprecedented levels previously seen. Our elderly population is growing in line with national trends, while technological advancements will enable people of all ages with severe, complex and multiple conditions to survive longer than was previously possible. Plymouth also has an ambitious agenda for population growth which may result in changes in the social and ethnic mix, which in turn can affect health profiles and preferences around treatment options.

In order to maintain a flat growth scenario against these demands, NHS Plymouth believes it will need to achieve efficiency gains of £20m per annum recurrently and cumulatively over the next six years. Areas currently identified as having the largest potential for efficiency improvements are: reducing first and follow-up outpatient attendances, reducing unnecessary admissions to hospital, reviewing the provision of pathways identified nationally as 'low

Key customer care data

PHT 2009 inpatient survey

Better information & choice

- 74% of patients said they were involved in decisions about their care, compared to 74% nationally
- 81% of patients said that staff explained the purpose of the medicines they were taking home compared to 82% nationally.

Building closer relationships

- 84% of patients said they got understandable answers from hospital doctors to their questions compared to 85% nationally
- 88% of patients said that doctors did not talk in front of them as if they weren't there compared to 88% nationally

Safe high quality coordinated care

- 82% of patients said that hospital staff did not provide them with different information compared to 83% nationally.

priority', and shifting the provision of services from hospital to community-based settings. The impact of public sector cutbacks on the ability of other public and voluntary sector bodies to impact on good health and well being must be added to the mix, together with their impact on those most disadvantaged and the health related costs of any increase in unemployment.

In its Use of Resources assessment published in October 2009 and covering the year 2008/9, the PCT scored a 2 in each of the three criteria covering managing finances, governing the business and managing resources. This meant it performed 'adequately' and met only minimum requirements, albeit on a nationally recognised harder test. Recommendations centred around ensuring progress against World Class Commissioning, improving data quality and ensuring significant progress against health inequalities; as well as increasing the focus on outcomes throughout the organisation, rather than just the processes in place. Audit Commission annual data shows that NHS Plymouth spent £1593 per head in 2008/09. This was lower than the average expenditure per head for our comparator group of similar Regional Centres PCTs, at £1630. (Source is <http://vfm.audit-commission.gov.uk/RenderReport.aspx?Gkey=282VqlaaVSJVCi4SMIW0peC0I%2bwENT%2fPMQ7UkaoXy255w6WF5Rq%2fcl4jeKS3%2fk6R>)

The Council and Fire and Rescue Service also scored 2 overall for Use of Resources, with the Police assessed as 3. However, all four partners scored a 2 in the managing resources category and this area will take on added significance in the current climate, with greater emphasis on avoiding duplication, joint commissioning and locations, shared services and intelligence. As Plymouth Hospitals 2009/10 Quality Account points out, health care is often provided to a single patient in many different settings by many organisations – there is a real opportunity to improve the interfaces between organisations in order to improve the patients overall experience of health care.

Likely areas of efficiency/VFM

Under the QIPP initiative, health communities are charged with identifying improvements in Quality, Innovation, Productivity and Prevention. Areas for improvement are:

- Improving the way we provide planned care
- Providing care in more appropriate settings and improving the way we provide urgent care
- Improving support for people with long term conditions
- Improving prescribing
- Improving primary and community care
- Improving services for people with mental health problems
- Improving services for people with a learning disability
- Improving the productivity of back-office functions

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Some staff survey data

PCT 2009

Top four rankings

- 68% of staff having equality and diversity training in last 12 months, compared to 43% nationally
- Perception of effective action from employer towards violence and harassment 3.66 compared to 3.59 nationally (1= ineffective, 5 effective)
- Staff agreeing they have an interesting job 83% compared to 81% nationally
- Trust commitment to work-life balance 3.69 compared to 3.62

Bottom four ranking

- Staff experiencing harassment, bullying or abuse from patients relatives in last 12 months 20% compared to 15% nationally
- Staff experiencing harassment, bullying or abuse from staff in last 12 month 17% compared to 14%
- Fairness and effectiveness of incident reporting procedures 3.37 compared to 3.44
- Staff able to contribute towards improvement at work 65% compared to 69%

Overall comparison

- Of 40 indicators 5 were in the bottom 20% and 3 in the top 20% of the national distribution

Hospital Trust 2009

Top four rankings

- Staff agreeing they have an interesting job 84% compared to 80% nationally
- Staff suffering work related stress in last 12 months 24% compared to 28%
- Staff experiencing physical violence from staff in last 12 months 1% compared to 2%
- Staff experiencing harassment, bullying or abuse from patients/relatives in last 12 months 19% compared to 21%

Bottom four rankings

- Staff feeling satisfied with the quality of work and patient care they are able to deliver 61% compared to 74%
- Staff feeling pressure in last 3 months to attend work when feeling unwell 32% compared to 26%
- Staff reporting errors, near misses or incidents witnessed in the last month 88% compared to 95%
- Quality of job design (clear job content, feedback and staff involvement) 3.25 compared to 3.38

Overall comparison

- Of 40 indicators 18 were in the bottom 20% and 3 in the top 20% of the national distribution

Plymouth Hospitals NHS Trust is currently fully registered with the Care Quality Commission, with no conditions attached. The Trust's most recent unannounced inspection in January 2010 on protecting patients, workers and others from healthcare associated infection found no concerns. NHS Plymouth has declared compliance with 42 of the 44 core national standards which cover seven key areas of health and health care, including safety, patient focus, clinical and cost effectiveness; performing well in many areas, with safety records (MRSA rates) and patient satisfaction rates higher than the national average. Unmet areas of compliance were around aspects of mandatory training and record keeping. Adult Social Care in the city was rated as performing well across all seven areas of inspection in 2009. Most recently, Safeguarding and Children in Care Services were

assessed as good overall with a number of outstanding aspects, including partnership working, while health outcomes for children in care were good, as was value for money.

Workforce development is a critical area for improved services delivery in terms of the identification of future skill requirements, current and potential skill shortages and staff development and motivation. For the NHS, in Plymouth, it is estimated that 60 – 70% of the current health spend is on the workforce (Skills for Health 2009). For Local Government it is estimated that 50% of services spend is attributed to the workforce (Department for Communities and Local Government, *Local Government Finance Statistics England No 17, 2007*). Workforce development strategies exist across the Children's Trust and between health and Adult Social Care. These have, however, only relatively recently been approved, so it is too early to judge their success and it remains to be seen how they fit with the strategies of individual partner agencies. Considerable energy has been put into reducing vacancy rates amongst children's social workers and attracting new staff. The most serious skills shortages impacting on health provision are (get this information).

Some key messages from Care Quality Commission surveys of staff in the hospital Trust and PCT are outlined in the table above. Issues to highlight are that staff in both organisations feel they have interesting jobs; concerns around harassment and abuse from patients and relatives; the level of staff involvement and ability to contribute towards improvements; and, specifically with the Hospital Trust, concerns about the quality of care staff are able to deliver and the fact that 45% of indicator responses fell into the bottom 20% of national responses. ■

Key sources: Joint strategic needs assessment health and well-being; NHS Plymouth prioritisation day papers 13-10-09; NHS Plymouth strategic framework for improving health 09 refresh; NHS Plymouth Quality Report 2009-10; Plymouth hospital trust quality report 2009/10; CQC staff survey reports for NHS Plymouth and Hospital Trust; NHS Plymouth Use of Resources assessment 08/09; CAA, adult social care and children's safeguarding inspections.

Suggestions for improving document in future:

A safe and strong city



Overview and observations

Plymouth is a comparatively safe city when compared to other urban conurbations, with falling overall crime, particularly acquisitive crime. Sexual assault, drunkenness and to an extent violence remain problems. Although wounding has gone down, the city still performs poorly within its iQuanta comparator group. Actions in these areas to improve people's sense of safety should help both the night-time and day economies as the city tries to attract more people to it. There is a strong focus on safeguarding children as well as adults and excellent examples of partnership working around emergency type issues, where the city received a green flag under CAA inspection. Safeguarding will always be a concern, particularly at a time of public sector cutbacks, and there are large numbers of children and young people in care or with care plans. The environment is relatively clean and the city has undergone a major change in the collection of waste. Satisfaction results compare well with other public services in Plymouth, though not so well with national figures on waste. Considerable success has been achieved around social cohesion and the city is officially classed as 'low' risk for tension, though it is recognised that the city's expansion will need to be managed in a cohesive way. The city's voluntary and community sector, though making good progress from the mid-nineties, is not as developed as in comparable cities according to the local Whitfield study and National Study of the Third Sector. This needs to be seen in the context of the national push to commission the Third Sector more, as part of the approach to reducing public expenditure and putting less reliance on government.

Crime in the city

Although crime figures can fluctuate from month to month, the overall trend in the city shows it falling, with the number of crimes recorded in February 2010 24% less than in April 2008, equating to a fall of 501 offences. At the end of February 2010, Plymouth was ranked 4th best out of 15 within its iQuanta group of most similar cities.

The main types of crime against the person are assault occasioning actual bodily harm, malicious wounding and grievous bodily harm. Since 2004/05 the city has recorded consecutive reductions in the levels of BCS wounding, with offences falling from 3,468 in 2003/04 to 2,721 in 2009/10 (based on a predicted figure for March 2010). This did, however, State of Plymouth Report 2010 evolving! draft 9-7-10 32

Current priorities - safe and strong

Safe and strong Theme Group – desired outcomes

- Everyone feels safe and is safe in their communities
- The city is clean and sustainable, consumption controlled, less waste and more recycling
- All communities are truly empowered, valued and engaged

Strategic Assessment of Crime and Disorder 2009/10 priorities

- Drug related crime including alcohol
- Violence including alcohol related and sexual violence
- Domestic violence

Plymouth BCU

- Reduce Violent Crime - Domestic Abuse, Protecting Vulnerable People, Sexual Offences
- Reduce harm caused by drugs & alcohol abuse - Young People, Emerging and/or violent markets, with a focus on heroin
- Reduce ASB - Repeat victimisation, Vulnerable callers
- Support Vulnerable Members of the Community with Diverse Needs - Delivery of CONTEST Strategy, with emphasis on preventing radicalisation - Hate crime & Community Cohesion

Devon and Cornwall Constabulary strategic priorities

- Improving Public Confidence
- Protecting vulnerable people from harm
- Improving Public Satisfaction
- Delivering the Policing Pledge to the highest standards

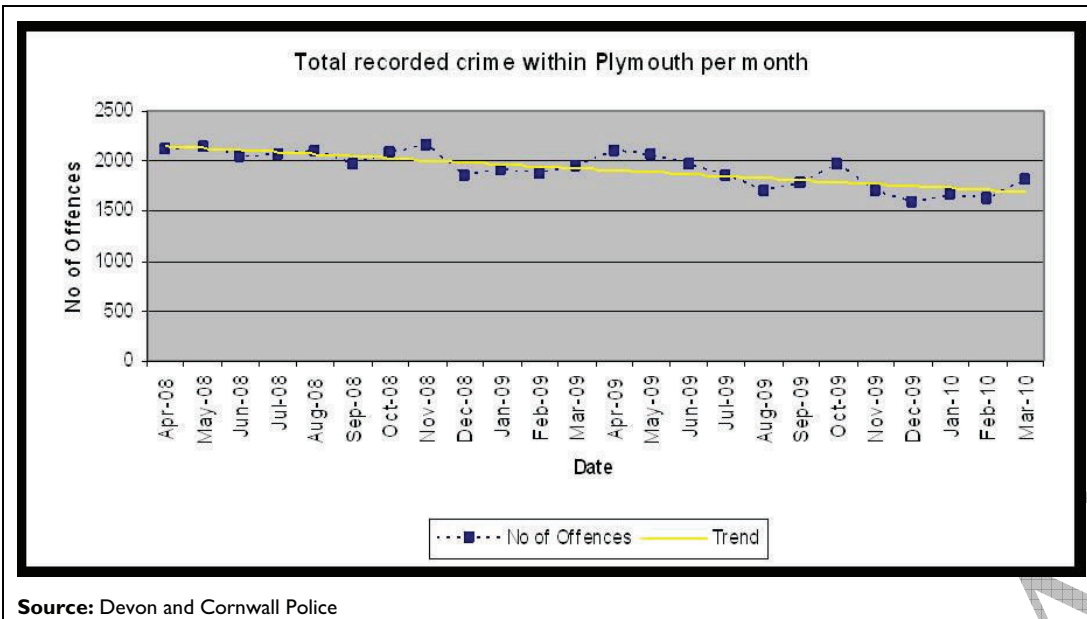
Children's Trust

- Staying safe Reduce bullying in the city, both in and out of school
- Continue to strengthen safeguarding services
- Reduce children and young people's accident and injuries
- Reduce risk-taking behaviours such as substance misuse, unprotected sex and criminal activities
- Improve opportunities for young people to make a positive contribution

Devon & Somerset Fire and Rescue Service

- insert

only place the city 12th best out of 15 within its iQuanta grouping. When comparing crime between 2009/10 and 2008/09 there has been an increase in most serious violence by 44% (110 offences), though this is largely contributed to by changes in recording practices. There has been a reduction in assault with less serious injury by 8% (194) offences. Across all violence Plymouth Community Safety Partnership is ranked 7th best of 15 within the iQuanta group. Robbery against the person has gone down by 26% (55 offences) putting the city 3rd within iQuanta. Sexual offences increased by 29% (91 offences) and Plymouth is 14th within the iQuanta group for this category of offence. There has been an increase in reporting domestic abuse incidents by 3% (203 incidents) and this was desired to tackle under-reporting. Since 2006/07 there has been an increase in incidents reported of 15% (827 incidents).



Source: Devon and Cornwall Police

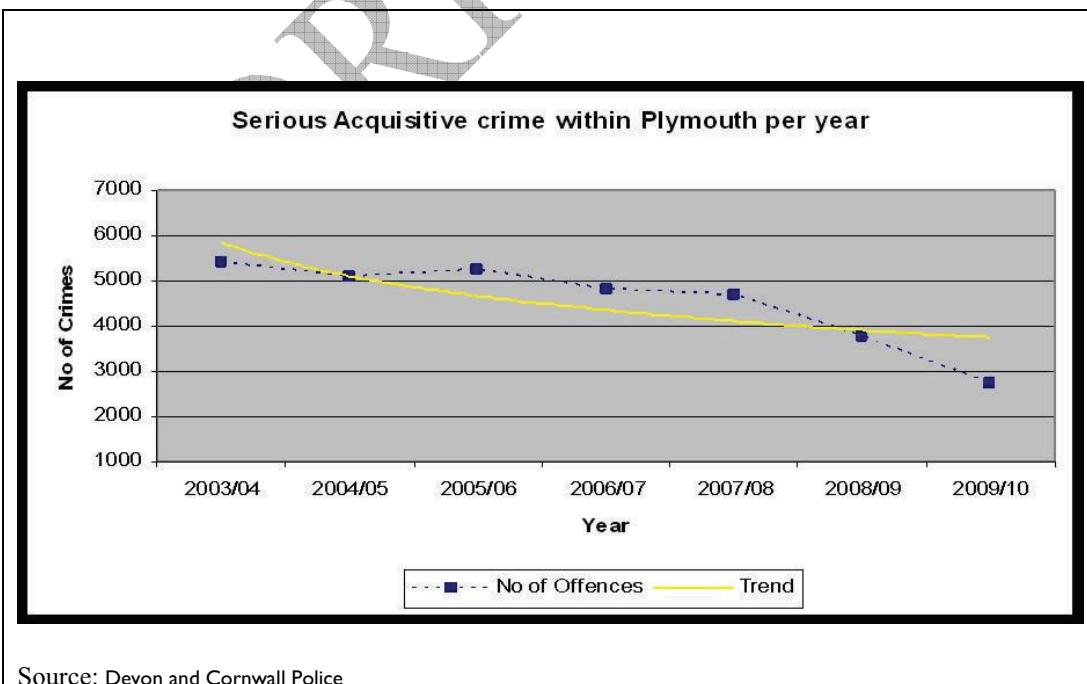
The main crime types against property are dwelling burglary, theft from a vehicle, theft of a vehicle and personal robbery. In 2003/04, there were 5,389 offences recorded compared to 2,703 last year (based on a predicted figure for March 2010). This represents a reduction of 50% and at the end of February 2010 Plymouth was ranked as the best within its iQuanta group. Compared to 2008/09 there has been a reduction in dwelling burglary by 26% (319 offences), with the city first placed within iQuanta. Theft from a vehicle by 30% (509 offences), placing the city second. The unauthorised taking of a vehicle has gone down by 34% (210 offences), again placing the city second; while the city was also second within the criminal damage to a vehicle category following a 16% reduction (424 offences). Criminal damage to a dwelling reduced by 26% (359

incidents). However, public confidence in the ability of the council and police to deal with ASB stood at only 29.5% in 2009, though this did place the city 22nd out of 150 local authority areas, with the national average 26%. Data for 2009 shows a slight fall locally to 28.4%. Whether people perceive anti-social behaviour as a problem in their area is assessed on a complex formula calculated across seven anti-social behaviours. Using this formula 23% of people in the city had a high level of concern about ASB in 2008, compared to 24% for unitary authorities and 20% nationally. This placed the city 257th out of 351 local authorities. The 2009 data shows this falling to 21% locally. Rubbish, teenagers hanging around and vandalism are typically seen as

offences), but this still placed Plymouth only 13th best within the iQuanta group.

Fear of crime is a complex issue. It can be a problem even when crime is falling, while tough action to reduce crime can sometimes heighten concerns, as the crimes are given more publicity. Last year saw a reduction in incidents of Anti-Social Behaviour (ASB) by 14% (3,239

problems, though concerns about teenagers reduced between 2006 and 2008 from 54% to 43%. Three in ten residents felt people using or dealing in drugs was a problem in 2008 and this has remained the same in 2009. Again there are variations by locality with concerns being much higher in the South West and North



Source: Devon and Cornwall Police

Crime prevention and reduction initiatives

- 2010 has seen the launch of the new Integrated Offender Management scheme (Seven2One), aimed at reducing re-offending amongst offenders.
- Continuation of diversionary activities to reduce levels of Anti-social behaviour and crime, including Kickz/Onside neighbourhood football projects.
- ASB Champions task and finish group aimed at dealing with offenders linked to Anti-social behaviour.
- A number of initiatives are currently planned to tackle youth related serious violence within Plymouth, including improvements in profiling of offenders, as well as intervention and prevention initiatives.
- 4 x Community Focus weeks per year are aimed at primarily providing crime prevention advice to local communities and include community based events.
- There remain a series of multi-agency crime delivery groups which focus on violent crime, criminal damage/ ASB, Domestic/ Sexual violence, Reducing re-offending and the Prevent agenda.
- 2010 saw the launch of the Kids are alright campaign, aimed at improving people's perceptions of young people.

West localities.

Drunk and rowdy behaviour follows a similar pattern with greatest concern in the South West and South East. Across the city 30.6% of people were concerned about this issue in 2008, rising to 32.8% in 2009. Perceptions of drug use and drunken behaviour have fallen considerably since 2003, though less sharply for drunkenness since 2006, with a slight rise last year. The city comes out well when compared to other unitary authorities across a range of anti-social behaviour, particularly teenagers hanging around and drug use or dealing.

Overall nine in ten residents (88%) felt safe during the day, whereas less than half (48%) did after dark. Women are more likely to feel unsafe after dark than men, social tenants more so than owner occupiers. North West residents are most likely to feel unsafe, Plympton and Plymstock ones mostly likely to feel safe.

Fire prevention and emergencies

The number of accidental dwelling fire casualties has reduced by 50% in the last two years. Primary fires have reduced by 10% and deliberate primary fires by 25% in this time period to March 2010. Non-domestic property fires are increasing and this is an area the Fire and Rescue Service is targeting in 2010/11. Home Fire Safety visits carried out in the city exceeded 2,500 in 2009/10 and the Fire and Rescue Service works with agencies like Phoenix and on tailored interventions with young fire setters to address behavioural issues. Susceptibility to fires tends to follow the line of deprivation around the west of the city.

Road safety

Road safety has improved markedly during recent years. The number of serious casualties has reduced by nearly 70% with respect to the 1994-1998 baseline, whereas overall casualties have reduced by nearly a quarter. Plymouth has been one of the best performing local authorities in the country in reducing the number of people killed or seriously injured on its roads, as a result of successful evidence-led highway design and education-based interventions. The former consist of small improvements at known problem locations identified by analysis of accident data, whilst the latter include initiatives such as the Learn to Live event, where high-impact messages were targeted at road users known from data to be at greater risk.

Community cohesion

Seven in ten residents agree that people from different backgrounds get on well together, which was below the 73% unitary average, with the local figure rising to 71% in 2009. Residents over 65 are most likely to agree with this question, social tenants less so. The North West and South West are the localities least likely to agree. The biggest reasons for people not getting on were assumptions (36%), neighbours not talking (24%) and suspicion of young people (19%), with suspicion of new arrivals a low influence at 6%. The city does have a high proportion of what are termed "socially closed" segments, no doubt influenced by its heritage, demographics and topography. In terms of belonging to the local neighbourhood, 53% of Plymouth's residents felt they did in 2008, rising to 55% in 2009. Plymstock residents had the highest sense of belonging in 2008 at 67%. Again in 2008, a third of Plymouth's residents felt not treating people with respect was a problem, down from 44% in 2006, with the 2009 figure the same at 32%. This compares

CAA focus – community safety 2009

Areas of strength

- Recorded and detected crime is falling in Plymouth
- CDRP and LSP working well to target areas of concern
- Progress in tackling anti-social behaviour in hotspots
- Responding well to Preventing Violent Extremism
- High number of com safety/cohesion initiatives - Talents
- Increasing capacity e.g. CDRP, neighbourhood wardens
- Generally good operational arrangements re Fire/Rescue
- More visible policing and increased levels of trust
- Green flag area re emergencies

Areas to think about

- Slow progress in reducing serious assaults - but fewer numbers and there is a reduction in wounding
- Increases in sexual offences, robbery, drug offences, forgery and fraud
- Evaluation of value for money from public safety campaigns e.g. driving, alcohol, fraud etc

CAA focus – community cohesion 2009

Areas of strength

- More focused approach to community cohesion
- Visible leadership in tackling issues e.g. travellers sites
- Consultation with a wider number of groups including the Asylum and Refugee Forum, faith and belief groups
- Good engagement with young people, support to Third sector
- Strengthening locality working
- Numbers on social housing waiting lists falling, but still high – (NOW RISING)
- Plymouth is currently at level 3 for ESLG
- Services for older people are slowly getting better

Areas to think about

- Not enough homes meet national standards for quality and decency
- BUT Stock transfer should provide more investment in former council housing stock
- Clarity on measures of success for 'inclusive communities'
- Residual public concerns over social cohesion and people's ability to influence decision making
- Too many homeless people in temporary accommodation

to a unitary average of 35% and a national one of 31%| in 2008.

Plymouth has been becoming more diverse with a Black and Minority Ethnic (BME) population of around 6.6%, trebling in the last 10 years, but still well below the national figure of 15.3%. This trend was set to continue and may still do, though there has been a sharp decline with the recession and the new government now wishes to cap migration into the country. The council has 4.1% BME employees, Plymouth NHS 16%. Seventy six languages are said to be spoken in the city, with most requested translations for Polish, Kurdish, Chinese and Arabic. The largest communities are Kurdish Iraqi, 3000; Polish speaking migrant workers, 2700; Indian, 2500; Chinese, 2000; Russian speaking migrant workers, 1500; and Black African, 1,000. BME residents live in different parts of the city, with the largest concentration in the South East. The BME community includes travellers, asylum seekers, recent refugees and migrant workers. In the case of asylum seekers there are around 400 at any one time, or around 0.1% of the population, with around 20 unaccompanied children mainly aged 17–19. Iraq 26% and Iran 19% account for the highest percentages of asylum seekers. Around 5 are allowed to stay each month and the recent trend is falling. Migrant workers are mainly from Eastern Europe, particularly Poland, with 57% arriving between March 2006 and 2008, but a sharp decline since then; they tend to be male (60%), in the 18-34 age range (83%), earn less than £6 an hour (98%) and typically live in private sector housing in the South East of the city. There are around 20

unauthorised encampments each year with 200 children living on them.

The Place Survey booster found that BME residents were more satisfied than average with the council and the police and there was 82% satisfaction with the council's racist incident service. Employment and exploitation were big issues, with higher concerns about physical security and criminal justice. Govmetric data shows BME customers less likely to be satisfied with waste, council tax, benefits and housing. Only 2% of Adult Social Care clients were recorded as BME. There has been a rise in the number of Muslims in the city, with the Prevent initiative estimating the figure at between 4,500 and 6,500. Community tension in Plymouth is officially classed as 'low' and the city effectively managed the aftermath of the Nicky Riley Exeter bombing incident. The management of community cohesion is likely to be of central importance as the city passes through a recessionary period, followed by public sector cutbacks, while trying to grow its population. The city is also at a different and earlier juncture in the development of its ethnic demographic than most other major conurbations.

The cohesiveness of a city is also affected by levels of poverty and differences in social class outcomes, as we have seen in other parts of this report. As we saw earlier, around 28% of the city's population live in areas that fall within the bottom 20% of deprived areas nationally, with people experiencing poorer health, lower levels of qualifications, higher unemployment and placed at more risk from crime and fires. Income is an important factor here and the city has put emphasis on a financial inclusion strategy that involves maximising income through benefit take up, supporting debt initiatives, working in communities, training advice workers, getting more children nutritious free school meals and developing the City of Plymouth Credit Union. Last year the partners involved in the financial inclusion strategy set a target of £4m of previously unclaimed welfare benefits and tax credits and actually achieved a £6.5m uptake across the city. Debt, as we saw in the customer section, is the biggest area of enquiry for the CAB. Last year it dealt with £51.5m of problem debt, of which £9.7m was priority debt covering essential costs of living such as mortgage/rent, utility bills, council tax and secured loans. The continued impact of the recession, likely changes in public sector employment and new tests around incapacity are likely to put added pressure on this area.

Housing and regeneration

The quality of housing, as we have seen earlier, impacts on people's health, as well as their sense of well-being, safety and ability to realise opportunities, including having somewhere to do homework for

children. It is an issue that threads through this report and it is important to ensure it gets the right exposure. In the wealth section we looked at affordability and new build. Here we look at the quality of housing stock, energy efficiency and homelessness. Generally the housing stock in Plymouth is x. The setting up of Plymouth Community Homes (PCH) last year offers the chance to bring the old 15,000 council housing stock up to a decency level by xxxx, with an anticipated investment of xxxxx. Put in something about North Prospect. These developments will be/won't be affected by public expenditure cutbacks. PCH's stock only account for x% of housing in Plymouth. Key areas of concern are – something about private rented sector. Energy efficiency – SAP rating; homelessness input. **Use inserts from housing from data pulled together for Audit Commission – for above and below. Also link in health section.**

The city has a number of major community regeneration initiatives at different stages of development, particularly the East End, Efford and Devonport schemes and has won awards for the quality of its work – insert line on that. Insert future of this activity.

Safeguarding children

Safeguarding of children in the city is seen as very strong by Ofsted. The city achieved outstanding judgements for leadership and management, including ambition and prioritisation, user engagement and partnerships in both the safeguarding and children in care service areas, as well as in the making a positive contribution outcome. All other judgements were good, except for adequate against the assessments of case planning, review and recording across both service areas and the assessment and direct work with children and families under safeguarding. There were no inadequate judgements. The report, which is one of the best in the country, stated: 'The overall effectiveness of safeguarding services in Plymouth is good. Since the joint area review in 2006 there has been a significant and steady improvement in the ability of partner agencies to work together to develop and deliver good safeguarding services. The effectiveness of their progress was illustrated in June 2009 when the partnership was faced with a major investigation into child protection issues at a local nursery. This came at a time when demand for safeguarding services had already increased following high profile national events elsewhere. The partnership delivered outstanding work to secure the safety and well-being of young children and provided a high level of support to their parents. This would not have been achievable in 2006'.

Safeguarding and children in care actions

Immediately:

- Plymouth City Council to review and resolve management information systems in the advice and advice service.
- Plymouth City Council to improve and sustain improvements to the quality of social work case recording and to ensure effective performance management including oversight of the content of the files.
- Plymouth NHS to improve and sustain the recording of chronologies and risk management within dental care across acute and primary care settings, in general practitioner practices and minor injury units.

Within three months

- Plymouth City Council to improve and sustain the quality of analysis and recording of initial and core assessments.

Within six months

- Plymouth City Council to ensure that timely and accurate electronic management information reports are readily available to managers.
- Plymouth NHS to review and improve capacity within public health school nursing and health visiting services to deliver public health promotion work.

Plymouth has, as we have seen, 58,000 children and young people aged 0-19, comprising 23.1% of the city's population. In primary and secondary schools, Plymouth's rates for overall absence and persistent absence are below the national average, as are those for permanent and fixed-term exclusions. The city has 3.2% of its total school population with Special Educational Needs (SEN) statements, which is higher than the national average of 2.7%. There are 6.47% of pupils that belong to Black and Minority Ethnic (BME) groups, much lower than the national average. This trend is also seen for those pupils where English is their second language. The proportion of take up (13.8%) and entitlement (16.9%) to free school meals in primary schools is slightly above the national averages of 13.6% and 16% respectively. Whereas the proportion of take up (8.3%) and entitlement (12.1%) to free school meals in secondary schools is slightly below that of the national averages, which are 10.3% and 13.4% respectively.

At the time of the inspection in March 2010, there were 410 children in care. Of these, 86 children were under five years of age, 231 were of school age (5-16) and 93 were over the age of 16/care leavers. Permanency & Placement service which currently has 144 fostering households and 9 private fostering arrangements. The city's large military presence means the naval welfare service has responsibility for the welfare of 2000 children and young people and has close links with statutory agencies and a seat on the PSCB. The number of children at risk with a Child Protection Plan was x at the time of the inspection, and increase of x from the previous year.

The Children's Trust has ten priorities that the partners are committed to and they all either directly link to safeguarding or risk taking behaviour

or involve activities which, whilst covering all children, are particularly integral to the well-being of those most at risk or looked after. The new coalition government has intimated that it will focus on the safety and achievement strands of the five outcomes from Every Child Matters. In 2009 the city achieved its best ever results for the educational performance of children in care. Children and their safety are also central to the priorities of individual partners. Safeguarding also features within the Local Area Agreement (LAA) where the focus includes core assessments, child protection plans, bullying and children's mental health.

Areas of strength identified in the recent self-assessment of Safeguarding and Children in Care Services and confirmed by the inspection cover both direct and preventative work and include: educational attainment and the Virtual School Headteacher function; employment outcomes; children's engagement and positive outcomes; addressing bullying, including cyber bullying; private fostering; placement planning; recruitment and retention of children's social care staff; integrated disability services; neighbourhood/ localities work; the approach on the mental health of children; safeguarding training and general induction for staff; the input of the voluntary sector, particularly through a number of key organisations; accidents and injury, Hidden Harm, domestic violence, missing children and support for families on the edge of care. There is a good record on learning from complaints. The commissioning approach is also strong, particularly around synchronised delivery and partnerships.

The Children's Trust is developing its wider 'one workforce' strategy and exploring its interface with the plans of key partner agencies. It has made progress on value for money, has agreed a joint commissioning strategy across the Trust and is exploring how it might pool budgets. Equality and diversity issues are being addressed and need to be given a higher profile in terms of the achievements. Improvements are being made in health outcomes, though there is more to do here for some of those at risk. The Trust has some good performance information, but needs to further embed it and maximise the impact on practice. It also has an effective record on Serious Case Reviews and the court reports have been commended. A number of policies and procedures have been revised, though there is a need to ensure they are highly accessible and engaging. The Trust is further developing its understanding of and support to children placed out of the area. The child centred approach is very strong throughout the Trust and Safeguarding Boards with good safeguarding training in place. The Multi Agency Public Protection MAPPA

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arrangements are good, the Multi-agency Risk Assessment Protocol MARAC is well established, while Ofsted viewed the Survivors Educating and Empowering Domestic Abuse Services (SEEDS) project as an outstanding example of empowering service users.

The main challenges are: getting the balance right in terms of caseloads and support for the children in the community and the advice and assessment teams; operating thresholds effectively across the city and embedding the Common Assessment Framework (CAF); improving the quality of case recording for both children with child protection plans and children in care, which is tied in with the development of the CareFirst system; looking at creative ways to provide enhanced management and supervisory support to a relatively inexperienced social work force. Progress is being made in all the above areas. For instance, there have been improvements in both CareFirst and the CAF over the last year, with a stronger focus on project management.

Anti-Bullying has been given a very high profile in Plymouth and there is a strong commitment across the partnership to prevent and deter bullying in

Tellus Survey comparisons - safety				
How safe do you feel?%				
In the area where you live:				
	T3P	T3N	T4P	T4N
Very safe	28	28	36	37
Quite safe	50	47	44	44
A bit unsafe	19	19	14	14
Very unsafe	3	5	4	4
Don't know	1	1	1	1
Going to and from school:				
	T3P	T3N	T4P	T4N
Very safe	49	49	42	44
Quite safe	36	39	46	44
A bit unsafe	11	9	8	9
Very unsafe	2	2	2	2
Don't know	1	1	1	1
In school:				
	T3P	T3N	T4P	T4N
Very safe	63	55	55	58
Quite safe	28	33	34	33
A bit unsafe	6	8	7	6
Very unsafe	2	3	3	2
Don't know	0	1	2	1
On public transport:				
	T3P	T3N	T4P	T4N
Very safe	26	23	16	15
Quite safe	47	47	58	57
A bit unsafe	20	22	20	23
Very unsafe	4	5	3	3
Don't know	4	3	2	2

every educational setting and with community awareness raising campaigns. The city responded to the views of children and young people to make anti-bullying one of ten priorities in the C&YP Plan and include it in the LAA. Plymouth has an effective anti-bullying accreditation scheme “Bully Busters” that has been designed by children and young people and was nominated for a Princess Diana memorial award. It is a national leader in awareness and training on cyber-bullying for schools, parents and young people. Participation of children and young people in the anti-bullying agenda is strong and they are being enabled to take responsibility for their actions and behaviours.

The most recent and more representative Tellus4 results show that the trend is positive for bullying, with children reporting less incidence of bullying in the last 4 weeks. Very high numbers of children feel safe in their local area and going to school. More young people feel their school deals well with bullying than last year. The Tellus results are in line with national averages in terms of safety in the area, going to school, in school and on public transport; slightly above average on being bullied at school; above average in terms of worrying about bullying; and significantly below average when asked about being bullied out of school, which is very positive. Overall, 80% of children in the city feel safe, 14% feel a bit unsafe and 4% feel very unsafe.

The breakdown of this data shows that females feel slightly less safe than males; with both Asian and disabled young people more likely to respond very unsafe than their counterparts. For Asian and disabled young people this trend is the same when it comes to going to and from school, being in school and using public transport, with females feeling slightly less safe in the later case. In terms of ever being bullied at school, females and young people with disabilities are more likely to have been bullied, with both Asian and Year 10 young people less likely to have been than their counterparts. When it comes to being bullied in the last four weeks, disabled young people are more likely to have been bullied, Asia young people less likely. When outside school disabled children and ‘white other’ children are more likely to have been bullied at some point in time. When looking at the last four weeks, disabled young people are more likely and Asian young people less likely to have been bullied. Overall, children feel safe in this city.

A clean environment to live in

Waste collection is a service that touches all households in the city with bins collected from 113,000 of them on a weekly basis; while 122,300 tons of household waste is processed yearly. Other aspects of this service area are also highly visible, like

Tellus Survey comparisons - bullying				
Bullying - %				
Which of these things do you worry about?				
	T3P	T3N	T4P	T4N
Being bullied	32	27	31	25
Getting into trouble	33	27	N.A	N.A
My parents and family	37	30	31	29
Crime (victim of crime T4)	27	27	16	16
How does your school deal with bullying?				
	T3P	T3N	T4P	T4N
Very well	17	14	22	25
Quite well	27	21	33	33
Not very well	26	28	16	15
Badly	13	16	13	11
Bullying not problem in sch.	9	11	4	4
Don't know	8	10	12	12
Have you been bullied at school?				
		T4P	T4N	
In the last year		14	12	
In the last 6 months		6	4	
In the last 4 weeks		9	8	
I was bullied more than a year ago		25	22	
Have you been bullied when you are not in school (inc. journey to school)?				
		T4P	T4N	
In the last year		8	14	
In the last 6 months		4	7	
In the last 4 weeks		6	11	
I was bullied more than 1 year ago		9	14	

road cleaning and park and grass maintenance where six million square metres of grass are cut each year. Waste in particular has been a priority for the council for some time, as it strove to find a long term solution to the city's waste disposal problem (after the closure of our landfill site in 2008), with an interim landfill option and the longer term move away from that method of disposal. A successful PFI bid worth £800m with partner authorities in Devon is now at the ISDS stage (Invitation to Submit Detailed Submissions). The cost of waste disposal per tonne is £66.74 in 2009/10.

The £2m redevelopment of the Chelson Meadow recycling centre was completed last year to make it more user-friendly and easier to recycle large unwanted goods. The garden waste scheme was extended to a further 30,000 properties with the total number covered now at 85,300. Over four in five (84%) of residents said they used waste recycling centres at least once or more in a year, according to the interim Place Survey conducted in 2009, which compares to 85% in 2008 and 70% in 2006. Satisfaction ratings for these services were 72% in 2009, 70% in 2008 (with actual users higher at 74%) and 81% in 2006, while the 2008 national unitary comparator figure was 68%. Doorstep recycling satisfaction ratings were 68% in 2009, up from 61% the previous year but still below the 72% figure in

2006 and the 69% national level in 2008. The city may struggle to meet its LAA target for 2010/11 of 36% of household waste recycled and composted. At the end of 2009/10 the figure was 31.2%, compared to an in year target of 33%.

A major rezoning of the waste collection service across the city in 2008 has been fully implemented. This was done to improve efficiency, meet changing demographic patterns and increased recycling targets. It involved the introduction of a four day working week for refuse collectors and stronger focus on customer care. Around the same time a new fleet of refuse trucks was unveiled following major investment. These were designed to be more energy efficient and meet the topography of Plymouth and equipped with technology that can link crews to the customer contact centre. Around 80% of households had a new collection day as a result of this exercise, which involved major change for customers and staff. Not surprisingly, there was a rise in complaints in the immediate aftermath of the change. The position now is that 99.84% of refuse and recycling bins are collected on time with missed bins per day averages around 45, whereas before rezoning the figure tended to be around 100. The spend on waste collection per household in 2009/10 is £56.96. The level of satisfaction with refuse collection was 65% in 2008, around the time of the rezoning and compared to a national average of 77%. It has risen to 72% in 2009 and is now nearer the 75% level of 2006. These levels are higher than those for a number of other services in the city.

The city has won a number of awards for its cleanliness and parks. Streets in the city centre were awarded a 5 star rating in the 2009 Clean Britain Awards, one of only 12 cities across the country to gain the top rating. The Keep Britain Tidy group has assessed the city centre streets as above average in eight categories. The city received the gold award in the large city category South West in Bloom awards and 22 neighbourhood awards, with seven given for outstanding achievement; plus the silver gilt award at the national awards. The Hoe and more recently Freedom Fields have both received green flags for parks offering welcoming, safe, well-maintained and inspiring green space with a strong sense of community involvement. The Hoe does, as we saw earlier in the customer section of this report, receive a relatively poor rating from those who go there in the Arkenford study of visitor perception. (Check to what extent that is to do with upkeep or amenities/ things to do or both). Comparative street cleaning costs are x, while comparative park maintenance costs are x. The LAA indicator for improved street and environmental cleanliness is on track to exceed its target, as is the indicator for green spaces that achieve quality standards. Parks

and open spaces were used by 67% of residents at least once a month and 83% within the last six months. Around two-thirds (67%) of residents were satisfied with parks and open spaces in 2008, with the figure 69% for actual users.

The area of least satisfaction within environmental services has been around cleanliness where only 47% had a positive view that land was kept clear of litter and refuse in 2008, rising to 50% in 2009, but still below the 2008 national unitary average of 55%. There are also locality variations across the various indicators. Plymouth residents are more likely to be satisfied with cleanliness (63% v 47%), refuse collection (80% v 65%) and recycling centres (81% v 70%). Residents in the South East locality are most likely to be dissatisfied with refuse collection (38% v 25%) and with recycling centres (21% v 13%). For doorstep recycling Central and North East, North West and Plymouth are most satisfied, whereas the South West is the most dissatisfied.

Third Sector

Community participation in volunteering has risen from 19.8% to 22.2% in 2009 and is now near the 23% national figure for 2008. As we have seen earlier, civic participation in the local area has dropped to 8.8% according to the Place Survey and, while the percentage of people who feel they can influence decisions in their locality has risen to 23.9%, it remains below the 28% national figure for 2008. The Tellus Survey, as indicated, showed a quarter of children feeling their views were not listened to at all. Interestingly, the city has developed a number of ways to engage and consult with both adults and children and co-ordination of consultation and engagement was seen as a strength in last year's CAA report, while Ofsted's recent assessment of the city's safeguarding and children in care services rated user engagement as outstanding.

Whitfield's 2009 study of the Third Sector in Plymouth found that it was in many ways relative young compared to other parts of the country. Some organisations, like the Plymouth Guild have a long history. The number of organisations receiving significant amounts of statutory funding was smaller than elsewhere. However, rapid growth in the sector was stimulated by regeneration funding in the 1990s and the city has experienced continued growth since. The BME sector is particularly young and reflects the small BME community prior to 2000. The Whitfield study concluded that for its size the overall provision of support for the Third Sector in the city is poor. Partner views of the sector were generally favourable and it was seen as offering innovation and local knowledge, able to be flexible, act quickly and provide choice by delivering in a different format. There was a strong focus from

partners on funding needing to be based on outcomes that contribute to agreed city-wide priorities. They also thought some organisation needed to improve partnership working; stronger leadership was needed from what was recognised as a non homogenous sector; neighbourhood groups needed to be 'plugged in' somewhere; middle range organisations needed support in making choices about growth and sustainability and more organisations needed to accept the need for quality standards and a regulatory framework.

The areas of need that came out of the study from the Third Sector's perspective are identified in the box and will vary in their intensity dependent on the size of the organisation. The city does have a Third Sector Strategy and a Change Up Consortium. Infra-structure support is provided by a number of agencies and there was no desire amongst large and medium sized organisations to replace for former Plymouth Community Partnership (PCP), though smaller groups were said not to appear to subscribe to that view. However, the study concluded that a more focused approach to infra-structure support was needed, as well as support with finding funding, financial management and start up support. Given the growing focus on commissioning and giving the Third Sector a bigger role in delivering services, this would seem a critical area.

The Perfect Moment study on Improving Third Sector Commissioning, July 2009, looked at commissioning with the council. It found that approximately £12m per year was awarded across a range of community type initiatives and that this amounted to 5% of £250m the council stated it commissioned each year – the latter figure presumably including major capital, IT, cleaning, catering and other private and public sector contracts. Areas of improvement included improved business planning for Third Sector organisations and training on commissioning, recognition of Full Cost Recovery and training on it, support with quality systems and capacity building. The National Survey

National Survey of Third Sector Organisations		
Category	Plym	Nat
Total number of registered third sector organisations	597	170,552
Per capita number of registered third sector organisations (per 1000 people)	2.43	3.38
Proportion of new third sector organisations registered/incorporated in the previous 12mths	3%	3%
Proportion of third sector organisations dissolved in previous 12 months (nb. Data only available for registered charities)	2%	3%
Total number of employees working for third sector organisations – full-time equivalents	2,366	640,198
Per capita number of employees working for third sector organisations (per 1000 people)	9.62	12.69
Total number of trustees/directors of third sector organisations	2,710	772,173
Per capita number of trustees/directors of third sector organisations (per 1000 people)	11.01	15.31

Source: National Survey of Third Sector/Guidestar/Ipsos Mori 2008

of Third Sector organisations reinforces the view that the sector in the city is not as big as it should be, as shown in the table.

Key sources: Devon & Cornwall Police statistics, iQuanta crime group comparisons, Devon & Somerset Fire S&Rescue Service stats, PCC social inclusion unit figures, Ofsted Safeguarding and Children in Care Services inspection and self-assessment, PCC environmental services figures, Nation Survey of Third Sector, Whitfield Third Sector infrastructure report – complete this

Suggestions for improving document in future:

Infrastructure needs of the third sector frontline

- Funding, including commissioning and income generation
- Managing finance
- Volunteers
- Staffing and human resources
- Facilities and services – access to office and meeting space, computers, cheap photocopying and printing
- Publicity
- Developing your organisation, including monitoring, evaluation and quality standards
- IT including website advice
- Information services, including policy briefings, local conferences and seminars
- Developing partnerships

Source : Whitfield Infrastructure needs of frontline third sector organisations in Plymouth 2009

A wise city



Overview observations

The city is trying to improve its cultural and sporting offer with creative industries one of the six priority growth areas and through the development of initiatives like the Life Centre and World Cup bid. Both Plymouth's university and college are focused outwards on business and skills. There is a strong focus within schools on educational attainment and improving learning environments, though progress with the schools building programme is likely to be affected by current national cutbacks. The Children and Young People's Trust has a strong focus on attainment and this area, together with safeguarding, is going to be the priority of the new coalition government. Progress with educational attainment has been good and needs to be maintained; but a comparatively low number of young people are going into higher education when contrasted with other cities and keeping or attracting those who already have such qualifications is also recognised as necessary. The city should also think how it compares internationally on attainment, given its ambitions.

Priority focus

There is a very strong focus on educational attainment, working to narrow the gap and improving the learning environment and there are clear links with the skills agenda and business in many areas. The priorities of the Children's Trust are listed in the box below, as they all impact in some way on creating an environment that will improve attainment. The coalition government has indicated that its focus will be on educational attainment and safeguarding. A Cultural Strategy is in place and a new Life Centre is now being built.

School education provision and quality

Nearly 40,000 young people, from the youngest nursery pupils to sixth form students, are supported by the city's education service, which has been nationally assessed as high performing. Plymouth has 97 schools/colleges comprising: two nursery schools; 68 primary phase schools, including four infant and four junior schools; 16 secondary schools, including three selective grammar schools; and, eight special schools. In addition there are three pupil referral units.

WISE - current priorities/focus

WISE Theme Group's desired outcomes

- Culture (art, sport, leisure) is at the heart of everything, with an iconic focus on the city's heritage
- Plymouth is a distinctive and dynamic waterfront city of wide renown, with an unrivalled quality of life
- It is a learning city where everyone gains new skills and knowledge throughout their lives

WISE Them Group's thinking around performance measures

- Increase in the number progressing to higher education and exceed national average
- Achievement of level 3 threshold by 19 to exceed national average
- Lowest percentage of NEETs compared to statistical neighbours
- Increase every year in STEM related level 3 qualifications
- Increase every year numbers of adults participating and succeeding in gaining learning accreditations

University of Plymouth's mission

- To be the enterprise university

Plymouth's College's mission

- To be the South West's leading provider of innovative, skills based vocational education and training

Council's most relevant current corporate improvement priorities

- Improving skills and educational attainment
- Developing high quality places to learn in
- Improve cultural and leisure opportunities

Cultural Strategy

- insert

Ofsted inspection shows that – say how
manschools are rated at what level re standards

Then say about safety

In terms of safety, Ofsted's inspection of school and early years' settings shows that 68% of early years' settings are good or outstanding with regard to safeguarding, with 97% of settings achieving a satisfactory or better outcome. Seventy-three per cent of early years' settings achieved a good or outstanding judgement for Be Safe, with 98% of all settings being satisfactory or better in this area.

LAA performance

Plymouth is currently performing well against targets for Level 3 qualifications for working age people, but less well for the same qualification for younger people. We are also off-track for targets around young people who are NEET. Attainment levels for

Trust's priorities for children & young people	
Outcomes	Plymouth's priorities
Being healthy	<ul style="list-style-type: none"> Reduce health inequalities Improve children and young people's mental health
Staying safe	<ul style="list-style-type: none"> Reduce bullying in the city, both in and out of school Continue to strengthen safeguarding services Reduce children and young people's accident and injuries
Enjoying and achieving	<ul style="list-style-type: none"> Enable children and young people to have fun Improve attainment for children and young people, in particular raise achievement, including Maths and English at all stages
Making a positive contribution	<ul style="list-style-type: none"> Reduce risk-taking behaviours such as substance misuse, unprotected sex and criminal activities Improve opportunities for young people to make a positive contribution
Achieving economic well-being	<ul style="list-style-type: none"> Raise young people's aspirations, with particular support for young people who are not in education, employment or training

children and young people are currently below target but not significantly so. This will vary with cohorts.

Attainment at school

Summarise progress with attainment and list key results in the table and how we compare/have progressed – for all children in the city

Attainment levels for children in care are above that of similar areas and improving, with upward trends in both KS2 and KS4 and the best ever results achieved for this group in 2009. Children and young people in care are given the highest priority in school admissions; there is a diverse range of provision available; out of area placements tend to be within a close catchment area; attendance is good and exclusion levels very low. All our schools have had Designated Teachers in place for a number of years to co-ordinate the support for all aspects of provision and participation in school life for those

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children in care who are on their roll; while a Virtual School Headteacher (VSH) for Children in Care takes city wide responsibility.

Educational attainment - schools

- Significant improvement in the number of children reaching a good level of attainment at age 5
- Test results for Children in Care highest they have ever been
- The number of secondary schools that have KS4 results above the floor target has increased sharply
- More pupils at age 11 achieved a level 5 in English, maths and science than ever before.
- Put some me detail in here around the actual results

CIC figs are below

- The 2009 KS2 SATs result in English is 55%, compared to 41% in 2008. This is the highest score ever recorded by Plymouth's children in care. The result of 55% is very high compared to the national average for children in care which was 46% in 2008.
- The 2009 KS2 SATs result in Mathematics is 50% compared to 32% in 2008. This is the second highest score ever recorded by Plymouth's children in care. The result of 50% is well above the national average for children in care, which was 44% in 2008.
- For the first time, young people in care achieved the benchmark for 5 A*-C GCSE grades including English and Mathematics. Although the figure at 11% is low, results are above Fischer Family Trust data for this cohort.

NEETS

Say something about NEETS – below is what was taken from Safeguarding/CIC self-assessment – so needs up-dating and to be applied more broadly - Our strategies to reduce NEETS are having an impact, at what is a challenging economic time. The adjusted NEETS data for the period Nov 08 – Jan 09 is 6.7% compared to 7.4% this time last year; suggesting that a sustainable reduction is finally starting to be realised. In January 10, our NEETS were 6.4% compared to a mean of 7.7% against our statistical neighbours. Our percentage of "Not known" continues to be low at 0.7%, compared to

5.4% for our statistical neighbours. In January 2010, there were eighty-one 19-year old care leavers as known to Connexions. Forty seven were in EET (58%) and sixteen were NEETs (16%). We have a strong record in reducing the number of care leavers who are NEETs and we have been acknowledged as the best in the Southwest at helping this group to find work and in understanding their needs. There were 17 care leavers with an unknown status (21%) and this remains the lowest amongst all of the local authority areas, due to the robust joint data sharing and tracking systems with post 16 and CiC teams - and has improved by 10.9% since the previous quarter.

Narrowing the gap

Up-date figures in the box and put in some text here to summarise the position

Narrowing the educational gap				
04/5	05/6	06/7	07/8	08/9
NI 08: Inequality gap in the achievement of a level 3 qualification by age 19				
29.40%	26.80%	26.20%	20.60%	
NI 082: Inequality gap in the achievement of a level 2 qualification by age 19				
29.30%	28.20%	24.80%	24.00%	
NI092 Narrow the gap between the lowest achieving 20% FSP and the rest				
34.4%	34.7%	32.9%	34.1%	
NI 102a: achievement gap at KS2 for pupils eligible for free school meals				
24.0%	25.0%	24.0%	23.1%	
NI 102b: achievement gap at KS4 for pupils eligible for free school meals				
29.00%	30.50%	27.80%	26.00%	
Pupils with Special Educational Needs gap NI 104: The achievement gap at Key Stage 2 – English and Maths				
	50.00%	49.00%	44.00%	
NI 105: The SEN gap in achievement of 5 A*-C GCSEs inc. English and Maths				
42.20%	41.50%	42.60%	41.70%	
Source:				

Summary of position, provision, progress, numbers

Post 16 education

Put in something about progress here

Special needs

CAA focus – raising attainment 2009
Areas of strength
<ul style="list-style-type: none"> ■ Well being of CYP is generally good ■ Educational attainment improving and generally good or around average ■ Good early years provision. ■ Good progress on Building Schools for the Future ■ Some gaps in attainment around inequalities being achieved but more to do ■ Re-positioning and promoting the university of Plymouth ■ Improvement in further education participation/capacity ■ More multi use facilities and opportunities for adult learning ■ Re-offending slightly worse but YO service works well ■ Fostering and adoption good
Areas to think about
<ul style="list-style-type: none"> ■ Closing the gap between high and low levels of educational attainment – still more to do ■ High but reducing numbers of looked after children ■ Below average performance relating to attainment levels for Looked After Children (LACs) – but we know why ■ Mixed picture in attainment at Key Stage 1 ■ The city’s infrastructure needs to keep up with the pace of development of the University

Early years provision and family support

Something around amount of provision, Children’s Centres etc, performance/standards

Education welfare

Figures around free school meals, other provision, numbers, trends etc

Children and parent’s perspective

Insert some key findings about what children and young people and parents think about educational provision/school in the city

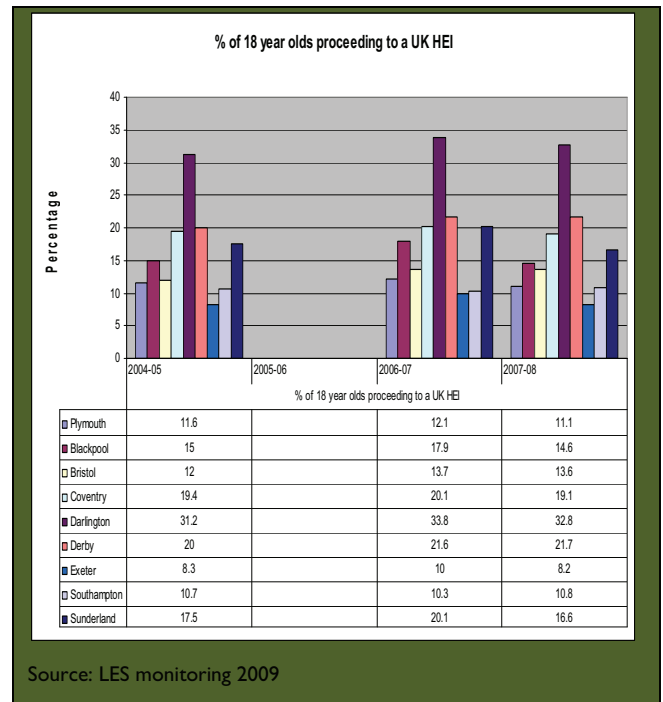
Learning infrastructure developments

The building and refurbishment of learning centres has been at the centre of the city’s community regeneration in recent years, with capital expenditure on learning settings at its highest level in the city since the 1950/60s, though this will now be affected by public expenditure cutbacks.

Number of new schools built and opened in last x years x, schools refurbished etc; schools that are currently under construction or being refurbished; future plans that can still be realised; state of the remaining stock

Further and higher education

The city wants to increase the number of people progressing into higher education, but as the table shows, it does not currently do well comparatively for the percentage of 18 year olds going on to higher education and there has been concern about the level of aspiration within the city’s population for some time. Graduates are also more likely to work in jobs with a higher gross value added and there is also a focus on trying to both retain and attract graduates to



the city. The key providers in the city are the University of Plymouth, which is focused on enterprise; Plymouth College, focused on vocational skills; and, University College Plymouth St Mark and St John (Marjon) with a focus on teaching and sport. Since 2007, Marjon has had Taught Degree Awarding Powers, whereas previously its degrees were awarded by the University of Exeter.

Plymouth University is the largest university in the South West and with over 30,000 students one of the largest in the country and a big employer with some 3,000 staff. It wants to be the enterprise university and operates Enterprise Solutions to support business, has two incubation centres on campus and is an award-winning leader in knowledge transfer. Around 12,000 students are on some form of work based learning each year. The University houses Europe's largest Marine Institute, with a dedicated world-class marine building being erected this year which will include state-of-the-art research facilities and new wave tank testing equipment that will be unique to the UK. It is also one of the founding partners in the Peninsula College of Medicine and Dentistry and is the largest provider of health education in the South West. It is a co-partner in the Tamar Science Park Tamar, which houses spinout companies from the University. The University delivers higher education through its network of 18 partner Further Education Colleges across the South West and is a founding partner of the Combined Universities of Cornwall. The 2008 Research Assessment Exercise (RAE) saw Plymouth named as a top 50 research University and the 'most improved' with 80% of its research judged as being

of international repute. It was ranked 45th among the top 100 institutions by The Times; 1st for nursing in The Guardian's rankings of the 'top ten' institutions for the teaching of individual subject areas; and, the second greenest university among 120 UK universities. Plymouth does not appear in any world ranking list of universities.

In 2008/9, 70% of the universities graduates were employed, with some working and studying, which is an increase from 66% in the previous year and compares to a national average of xx%. The destination survey also shows that 64% of employed graduates have permanent contracts or are self employed; 77% of employed graduates are working in the South West (including full time, part time, self-employed and voluntary work) which is an increase of 5% on the previous year. Another 12% are working either within London or the South East; 75% of employed graduates are working in full time jobs; 42% of employed graduates work for large companies with more than 250 employees; 66% of employed graduates are working in either professional occupations, associate professional and technical occupations or as managers or senior officials, which compares to xx% nationally.

A quarter of graduates are engaged in further study (25%); 69% of graduates undertaking further study are doing so on a full-time basis; 13% are studying towards a higher degree by research or taught programme, while 11% are studying for a postgraduate diploma or certificate. A further 38% are studying towards their first degree and 2% are aiming for a professional qualification. In the case of students graduating with Qualified Teacher Status, 82% are working in a teaching post. In terms of unemployment, 7.3% are believed to be unemployed. This is an increase on last year, but broadly in line with increases reported by other institutions. Most recently, there is a national expectation that student will find it harder to get employment in the current economic climate, with men tending to fair worse.

Plymouth College is focused on further and foundation education and wants to be the leading provider of innovative, skills based vocational education and training. It has 3,485 full-time and 14,318 part-time students with the 17,803 including 914 higher education and 185 non-EU international students. The 1,269 apprentices included sub-contracted apprentices. There are 806 employees at the College and it is estimated to be worth 1,432 full-time equivalent jobs to the Plymouth area and has a total annual staffing budget of £19 million. College staff spend an estimated £2.3 million a year on food and household items and a further £2.6 million on leisure goods and services Based on an average ratio of 38 local jobs per £1

million of contract, City College Plymouth supported 144 local jobs through contracts with local suppliers, according to the South West FE Colleges Impact Assessment April 2008 - based on figures for 2006/7.

Adult education

A range of adult education is provided in the city through a number of providers, with Adult and Community Learning Week providing a source of overall focus as it brings together provision in one brochure. The council's self financing Plymouth Adult and Community Learning Service (PACLS) both provides and commissions adult education, employing tutors and commissioning with groups like the Swathmore Centre and Sheikina Mission, where the focus is on people with drug and alcohol problems. Income for PACLS comes from fees, the Learning and Skills Council (LSC) and other external sources. Changes to LSC mean that course like 'keep fit' are out of the learning remit and we are looking at how this kind of activity might become a self-supporting club in line with the sentiments in the government's White Paper on the 'Learning Revolution'.

Concessionary support includes 100% reductions for people on benefit (excepting the actual qualification) and 70% in the case of course with no formal qualification but progression focused like languages. A 10% reduction is available for those on benefits on courses like container gardening. Work is developing with supported living homes to purchase course. Figures based on age of PACLS'6,000 user of 600 adult learning courses are available, with a high proportion fitting within the older age range.

Libraries work with older people to add – e.g. taking books to residential homes. The council's Museums service undertakes a range of relevant work including: Research involving exhibitions and collections with the University of the Third Age Work in residential homes on memory projects and reminiscent sessions using objects from the period. Creative writing basic skills and advanced ones, where a high percentage are older people, particularly on the advanced sessions.

City College, where the focus is more towards the younger age range and formal qualifications, is relatively small provider. It does, however, have ring fenced funds to use on general and developmental learning and, whilst not specifically aimed at the over 50s, this tends to be the beneficiary group. This will involve tuition. Art and crafts where course are accredited are another area where up-take tends to be from the over 50s. The percentage of older people on all courses run by the college has increased over the last three years and stands at 10%. The national pension guarantee credit is available

CAA focus - culture 2009

Areas of strength

- Increasing overall participation in cultural activities
- Good public satisfaction with museums and galleries, and with theatre and concert halls
- Good links between culture and education
- New culture strategy in place and good engagement with regional and national partners in its development
- More children and older people participating in leisure
- Improving access to sporting and cultural activities and facilities for the wider community
- Ambitious plans for new facilities e.g. Life Centre

Areas to think about

- Clarity of Plymouth's appeal as a destination
- Low satisfaction with sports and leisure facilities
- Numbers of visits to libraries and museums are too low
- Signposting within the city to culture and leisure locations is not visible enough
- Relationships between tourist boards and websites – mixed messages and poor quality literature
- Impact of new capacity on improving Plymouth's brand and widening its appeal to the wider community

and some access funds may be channelled towards older people. The college has set up and leads the Pace Centre which is focused on retraining the workforce, with the client group likely to include many workers aged over 50.

In the case of the University, it is committed to informal and lifelong transformative learning and some of this will impact on people aged over 50. One expression of this is through offering Continued Professional Development (CPD) opportunities as an essential part of a modern working life – a means of gaining higher level skills, being competitive in a 21st century marketplace and managing and developing careers over the course of a lifetime. CPD opportunities are designed to meet the needs of individuals working in business and industry, the public sector and their community and are delivered in a variety of ways. It has recently introduced a CPD degree framework, a Bachelors in Professional Development, in which learners in the workplace can gradually accumulate modular short courses to gain a Bachelor's (BA or BSc) degree. Where appropriate, prior learning in the work place and in-house courses could contribute academic credit towards the degree. Although there are a range of activities in place that are either directly aimed at or most likely to be used by older people, there could be stronger and more strategic coordination across the partnership.

Culture, leisure, sport

Culture, leisure and sport has, as we have seen in earlier sections, a central role within the city's ambitious growth agenda through the development of the Life Centre, focus on creative industries and need to attract more visitors to the city. Visitors

were shown to have a more favourable view of Plymouth than local stakeholders often imagine and there is scope to build on numbers from within the 60 mile catchment area. Visitors to the city were found to want a better cultural offer; while the Theatre Royal had a particularly favourable rating, the Hoe received relatively poor one for quality. The wealth section also looked at tourism, where income has risen by 5.8% between 2001-2007 and made comparison with trends in Bath and Bristol. The city has a Cultural Strategy in place and a Culture Board to oversee its delivery.

Libraries

There are 17 libraries spread across the city, six have been refurbished in the last five years which has contributed to a rise in use. The main areas of under representation are the north east quadrant of the city, Tamerton Foliot and Whiteleigh. Other services include a 24/7 online facility. Around 1.3m books are borrowed each year. Satisfaction with libraries stood at 61% in 2008 compared to 68% nationally, with the former figure rising to 72% in 2009. Plympton residents had the highest rate of dissatisfaction in 2008 at 47% compared to 16% across the city. This probably reflects the dissatisfaction at losing the library facility due to fire in August 2008. Around 60% of people said they had used libraries within the last year in 2009, with the trend here fairly flat. Eleven per cent used the facilities at least once a week, a further 18% about once a month. The cost of the library service is £2.99 per visit compared to a UK average of £3.63. (The satisfaction rating for the Public Library User Survey for 2009 is 93%, awaiting national comparisons)

Sports facilities

There are x sports centres in the city, x swimming pools and x sports fields. The main gaps in these provisions are in x. Satisfaction with sport and leisure facilities stood at 35% in 2008, compared to 46% nationally. Residents in the South West were most likely to be satisfied at 45%, those in Plymstock had the highest dissatisfaction rate at 43%. The overall figure has since risen to 43% in 2009, which is moving back towards its 2006 position. In terms of usage, 60% of residents said they used sports and leisure facilities within the last year in 2008, with this figure falling to 57% in 2009. Over a fifth of residents said they used facilities at least one a week in 2008. The cost of sport and leisure facilities is £x per head compared to a comparator average of £x – if this is known.

Museums and galleries

There are x museums and galleries in the city, the most popular ones being xxx. In terms of visitor

numbers the respective figures are Main gaps in provision are xxxx. Satisfaction with museums and galleries stood at 51% in 2008, compared to 41% nationally, rising to 62% locally in 2009. Residents in the South East of the city were most likely to be satisfied with the facilities at 72%, with those in Plympton most dissatisfied at 33%. Museum and gallery usage is not as high, as only 44% had used the facilities in the last year in 2008, rising to 45% in 2009. In 2008, 7% used these facilities at least once a week, with a further 20% using them about once a month. The cost of the museum and galleries service is £x per head of population compared to a comparator average of £x – if this is known.

Theatres and concert halls

The city has x theatres and concert halls, which compares x for a city of its size. Satisfaction stood at 61% in 2008, compared to 68% nationally, rising locally to 67% in 2009. Sixty-three per cent of residents said they used these facilities at least once in the last year in 2008, rising to 67% a year later. Twelve per cent said they used these facilities about once a month. Theatres and concert halls are also attractions for people from a wider catchment area and in terms of actual visitor numbers the figures are x, with the total income generated estimated at x.

Cultural and leisure developments

The potential offered by being a possible of the World Cup , the Pligrim 400 anniversary and British Arts Show should all boost Plymouth as a cultural, heritagel and sporting distintation. It is anticipated that these events could generate an additional x income to the city respectively, while the Life Centres should lead to xxxxxxxxxxxxxxx.

Key sources:
To complete

Suggestions for improving document in future:

Capacity to deliver-overview



This section is currently being drafted from recently received info – observations are from what is known about that info

Overview observation

Although performance is generally good and finances managed well it should be noted that resource management only met minimum requirements across the four key partners inspected in the 2009 Use of Resources assessment. In the current climate there is likely to be a sharper focus on the need for further enhancing joint commissioning activity, shared service provision and support functions as a means of more effective delivery, improved value for money and cost savings. The first draft of an investment plan for the city has been completed, though there is no LSP resource plan as such that would include the use of resources like people, assets and IT across the partnership. There is a wealth of data, numerous needs analysis and multiple strategies across the agencies. They are, however, not always aligned in their scheduling, can contain contradictory data and do not always demonstrate shared objectives. Some staff survey data from different public agencies is not that encouraging. A focus on how staff are motivated, work together effectively, feel supported and have an opportunity to influence improvements will be even more important as partners try to do more for less from the reduced resources available, with innovation increasingly valued.

LSP/key partner performance overall

Capacity and the voluntary sector – done under safe

Capacity and the business sector

State of Plymouth Report 2010 evolving | draft 9-7-10

CAA focus - Priorities and community aspirations

Areas of strength

- Ambitious vision for Plymouth, self aware
- Good public satisfaction with Plymouth as a place to live
- LSP priorities appear to address local needs
- Good understanding and focus on narrowing wealth gap
- Co-ordination of consultation and engagement
- Good links community strategy/ambitions of partners
- Some good data sharing (but need more integration)
- Mature approach to partnership working

Areas to think about

- Gap between most and least deprived neighborhoods not closing quickly enough
- Focus on housing issues by LSP theme groups lack clarity
- Some gaps in LSP membership e.g. Navy, Dockyard, private sector
- Communication of achievement and managing expectations

Key partnerships – list in table

Government and naval presence

Financial performance – use of resources

Public expenditure across Plymouth

Implications of public expenditure cutbacks

City assets and capital developments

Workforce issues for the partnership - absence rates, recruitment/skills shortages

Sustainability – carbon management, link with VFM

Changing policy context – implications

This State of Plymouth report is being compiled against a changing backcloth. There has been a Queen’s Speech and an interim Budget with a Spending Review expected to pronounce in the autumn. A short analysis of what the Queen’s Speech means for the public sector in Plymouth and the city’s residents is outlined below. The aim is to move away from centralism, targets and inspection in some cases and towards more responsibility at the local level albeit with an enhanced role for Ofsted and the Care Quality Commission. The interim budget has introduced a two year pay freeze for the public sector, a review of public sector pensions is to take place; health spending is to be protected and that on education and defence treated more leniently than other areas. Health is still likely to experience pressure as demand rises, while other areas of public expenditure may have to find 25% savings as the government’s focus moves to reducing the public debt quicker than the previous administration, with a sizeable element coming from reduced welfare bills. These developments offer both opportunities and threats to the city.

Licensing Act reform giving greater powers to remove/refuse alcohol licenses, charge licensees for policing, control cheap alcohol sales/shut down underage sales offenders	Coherent and multi-agency/cross council alcohol strategy a must
Academies Bill/Education and Children’s Bill	
All ‘outstanding’ primary and secondary schools have ‘pre-approval’ to opt out of LA control, and receive funding directly from government – stated aspiration for all schools eventually to become academies	14 qualifying schools currently in Plymouth – theoretical £500k transfer of funding from council to schools. They might not seek status, or might ‘buy back in’ to council services – but do we want to fight the aspiration of the Bill for ‘independent’ schools?
Much greater curriculum freedom for schools, and powers re bullying and behaviour	Council enabler rather than prescriber of standards?
Beefed up role for Ofsted	Children’s issues will remain a key regulatory issue for the Council and other agencies
Public Health Bill	
Reduced role for Strategic Health Authorities and Primary Care Trusts – direct commissioning by GPs etc rather than by PCT	Potential major disruption for health partners – affecting our joint ability to deliver key priorities for the city – leadership and co-operation will be essential
Focus on removing ‘administrative overheads’ from health agencies	
Beefed up role for Care Quality Commission	Adult health and social care will remain a key regulatory issue for the Council and other agencies
Regulation and Inspection of the Council	
CAA will not report after June as planned – uncertain what – if anything – it will be replaced with	After existing Audit Commission commitments finish, much reduced regulatory regime – are we mature enough to regulate ourselves? Childrens and Adult Health and Social Care regulatory regimes remain and will be strengthened – do are arrangements match this focus?

Queen’s Speech proposals and implications	
Proposal	Issues for Plymouth
Decentralisation and Localism Bill	
Abolish Regional Spatial Strategies	Influence in sub region/region will rely on Plymouth being proactive within the region at member and officer level – driving the agenda and not responding to it – all CMT/SMT working together not separately pursuing the health/growth/transport etc agenda
Replace RDAs with Local Enterprise Partnerships between LA and business	Governance arrangements must work for us so take what is good from Children’s Trust/CDRP/Health arrangements and take consistent approach with growth issues
Resident powers to take over locally provided services threatened with closure, instigate referenda on any issue and veto excessive CTax rises	Much better coordinated communication and consultation mechanisms needed across the Council and partnership to ‘take public with us’, as more than political support will be needed for tough decisions
Publication of salaries and expenses of senior managers	Greater scrutiny of our senior management structure – we now have three tiers when we previously had two.
Standards Board regime abolished	We still need to focus on ethical governance issues
Police Reform and Social Responsibility Bill	
Directly elected individuals to hold police to account	Might be for Devon and Cornwall rather than Plymouth – could undermine Plymouth LSP and Council authority over Plymouth policing priorities and resources

Contact list on back sheet**Key partnerships**

- Integrated Community Equipment Service Steering Group
- Learning Disability Partnership Board
- Physical and Sensory Disability Partnership
- Adults Safeguarding Board
- Health and Social Care Integration Board
- Health and Social Care Joint Commissioning Board
- Health and Social Care Joint Service Provision Board
- Children & Young People Trust
- Plymouth Safeguarding Children Board
- Crime & Disorder reduction partnership
- SWD Waste PFI
- Connexions Partnership Board
- Local Strategic Partnership
- Plymouth Domestic Abuse Partnership
- City Development Company
- Devon Audit Partnership
- Devonport Regeneration Company
- Tamar science park company
- Employment & skills board
- Cultural Partnership Board
- Call 24
- Knowledge Transfer Partnership
- Devon Procurement Partnership
- Devon Customer Services Partnership
- Contact Council
- South West Contact Centre Managers Forum
- Wealthy Theme Group
- Healthy Theme Group
- Safe and Strong Theme Group
- Wise Theme Group

Source: LSP office

WORKING