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#caringplymouth

CARING PLYMOUTH

Thursday 6 March 2014
2 pm
Warspite Room, Council House

Members:
Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Mrs Foster, Fox, Gordon, Dr. Mahony, Monahan, Parker, Ricketts, Jon Taylor, Kate Taylor and Wright.

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

Tracey Lee
Chief Executive

CARING PLYMOUTH

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by Caring Plymouth members.

2. DECLARATIONS OF INTEREST

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

3. CHAIR'S URGENT BUSINESS

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

4. MINUTES (Pages 1 - 4)

To confirm the minutes of the last meeting held on the 30 January 2014.

5. SAFEGUARDING ADULTS BOARD (Pages 5 - 16)

The panel to be provided with an overview of the Safeguarding Adults Board.

6. PUBLIC HEALTH OUTCOMES FRAMEWORK (Pages 17 - 38)

The Panel to receive the quarterly Public Health Outcomes Framework report and health profile for Plymouth.

7. CONTINUING HEALTH CARE

The panel to receive a presentation from NEW Devon Clinical Commissioning Group on Continuing Health Care.

8. RECOMMENDATIONS FROM BUDGET SCRUTINY (Pages 39 - 66)

The panel to review the recommendations from budget scrutiny.

9. TRACKING RESOLUTIONS (Pages 67 - 68)

The panel to review and monitor the progress of tracking resolutions and receive any relevant feedback from the Cooperative Scrutiny Board.

10. WORK PROGRAMME (Pages 69 - 72)

To review the Caring Plymouth work programme 2013 – 2014.

11. 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 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 COMMITTEE)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel 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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Caring Plymouth

Thursday 30 January 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Mrs Foster, Fox, Gordon, Dr. Mahony, Monahan, Parker, Ricketts, Jon Taylor, Kate Taylor and Wright.

Also in attendance: Craig McArdle – Head of Strategic Commissioning, Plymouth City Council, Paul O'Sullivan – Managing Director (Partnerships), NEW Devon CCG, Andrew Davis – Service Lead Line and Stuart Windsor – Facilities Operation Manager, Plymouth Hospitals Trust, Candice Sainsbury – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 2.00 pm and finished at 3.50 pm.

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

33. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Jon Taylor	Minute 36 – Better Care Fund	Employed by NEW Devon CCG	Private

34. CHAIR'S URGENT BUSINESS

There were no items of Chair's Urgent Business.

35. MINUTES

Agreed that the minutes held on 30 January 2014 be confirmed.

36. BETTER CARE FUND

Craig McArdle, Head of Joint Strategic Commissioning, Plymouth City Council (PCC) and Paul O'Sullivan, Managing Director, Partnerships, NEW Devon CCG gave a presentation to the panel on the Better Care Fund. It was reported that –

a) this was a joint programme between PCC and NEW Devon CCG, with three strands -
   - integrated provision; health and social care/health and wellbeing;
   - integrated commissioning;
   - co-operative children's and young people's services;

b) an Integrated Programme Board established and Programme Manager appointed;

c) further engagement and consultation would be taking place and produced the Plymouth 'I' Statements;

d) previously called the 'Integrated Transformation Fund' and re-launched before Christmas with the new name 'Better Care Fund' (BCF). The BCF was seen as a catalyst for change and the strategic direction for integrated commissioning;

e) this was not new money, this was existing spend on health and social care and about how this money is used more intelligently to provide better services;

f) there were national conditions attached to the fund and need to show progress made against performance. It's been identified that we need to make progress on delayed transfers of care;

g) engagement with the public was a key requirement of the fund and can demonstrate engagement to date. We can gauge with our providers the shift in care and developed an overall vision;

h) there was a requirement that organisations delivering care to data share and to have a shared understanding of people's needs. The 7-day working was a new requirement, and patients should have access to appropriate professionals and shouldn't be delays in discharge from hospital;

i) the draft BCF would be submitted to NHS England on 14 February 2014 and final version to be submitted on 4 April 14. The document would be shared with partners before final submission.

In response to questions raised, it was reported that -

j) the 7-day working is to ensure people had access to services and support when discharged from hospital;

k) more work could be undertaken to engage secondary healthcare and how we provide people with information and support for their own care.

The panel noted the Better Care Fund briefing and <u>agreed</u> that progress on the Better Care Fund provision be reviewed by the panel when more information is available.

37. **TRACKING RESOLUTIONS**

The panel noted the progress on the tracking resolutions.

38. **WORK PROGRAMME**

The panel noted the work programme.

39. **EXEMPT BUSINESS**

Agreed that under Section 100(A)(4) of the Local Government Act, 1972, the press and public are excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

40. **CAR PARKING AT DERRIFORD HOSPITAL (E3)**

The panel noted the report.

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SAFEGUARDING ADULTS BOARD

Briefing for Caring Plymouth, 6 March 2014

1. This is an overview report outlining key issues in relation to protection of Adults at Risk of abuse. The Council is the lead agency in the co-ordination of the multi- agency policies and procedures and provides strategic leadership through the **Safeguarding Adults Board**.

1.1 SAFEGUARDING ADULTS BOARD

The aims of the Plymouth Safeguarding Adults Board (PSAB) are:

- To promote, support and lead the work of Safeguarding Adults in Plymouth;
- To ensure that key agencies work together;
- To promote the welfare of Adults at Risk and prevent abuse, strategic planning and oversight of these arrangements;
- Commissioning Serious Case Reviews;
- Planning and delivery of multi-agency safeguarding adults training strategy.

The Safeguarding Adults Board plays a key role in the prevention of abuse of Adults at Risk. This includes:

- Robust mechanisms: ensuring that there are robust mechanisms, processes and outcomes to prevent abuse;
- Promoting awareness: promoting public, service user, family and carer awareness of adult protection and what to do if they are concerned;
- Training: ensuring that all health and social care and other appropriate staff and volunteers are receiving awareness training, and that this is updated regularly;
- Partnership: linking closely with Domestic Abuse Strategy and Child Protection services and the Community Safety Partnership;
- Data monitoring: monitoring adult protection data, and setting up a monitoring subgroup;
- Data analysis: analysing data – routinely and regularly – to identify trends, adult protection 'hot spots' and 'cold spots' (that is settings where there is more or less abuse reported than is typical);
- Continual improvement: feeding back good and poor practice to promote continuous improvement, commissioning Serious Case Reviews and Internal Management case reviews when this is necessary.

2. Plymouth Safeguarding Adults Board - Terms of Reference 2014/15

Purpose

The purpose of the Plymouth Safeguarding Adults Board is to lead the development, monitoring and evaluation of multi-agency processes and procedures in order to safeguard adults at risk from abuse and significant harm. It will ensure quality assurance systems are in place across commissioned services; commission Serious Case Reviews to be undertaken and implement lessons learned from these.

SAFEGUARDING ADULTS BOARD

Briefing for Caring Plymouth, 6 March 2014

PLYMOUTH CITY COUNCIL

2.1 Membership

As far as possible, organisations within Plymouth will designate particular, named people as their SAB member.

Such members shall be persons with a strategic role in relation to safeguarding and promoting welfare of ADULTS AT RISK within their organisation and will be authorised to:

- Speak for their organisation with authority
- Commit their organisation on policy and practice matters
- Hold their organisation to account

The membership of the Safeguarding Adults Board shall be in accordance with the requirements set out in "No Secrets" Guidance 2000.

The statutory organisations are required to co-operate with the local authority in the establishment and operation of the Board and have shared responsibility for the effective discharge of its functions.

Chair:	Jim Gould, Independent Chair
Vice Chair:	Carole Burgoyne
Membership:	Plymouth City Council Portfolio Holder for Safeguarding Adults; Plymouth City Council Director for People; Plymouth City Council Head of Safeguarding and Quality Assurance; Plymouth City Council Assistant Director Joint Commissioning and Adult Social Care; Plymouth City Council Safeguarding Manager; Plymouth City Council Assistant Director for Homes and Communities; North East and West Devon Clinical Commissioning Group; Plymouth, Devon and Somerset Fire and Rescue; Care Quality Commission Compliance Manager; Plymouth Hospitals Trust; Plymouth Community Healthcare; Devon and Cornwall Police Head of Public Protection; Plymouth City College Safeguarding co-ordinator; Devon and Cornwall Probation; Managing Director Partnerships – Joint Commissioning NHS

SAFEGUARDING ADULTS BOARD

Briefing for Caring Plymouth, 6 March 2014

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3. Policies and Procedures

The SAB has a specific role in relation to the development and implementation of policies and procedures. In that regard the SAB shall:

- Develop policies and procedures for safeguarding and promoting the welfare of Adults at Risk in the area of the authority, including policies and procedures in relation to:
  - The action to be taken where there are concerns about the adults safety or welfare, including thresholds for intervention and as examples:
    - Setting out thresholds for referrals to The People Directorate who may be in need and processes for robust multi agency assessment of an Adult at Risk.
  - Clear thresholds and processes and a common understanding of them across local partners
  - Training of persons who work with Adults at Risk or in services affecting their health or welfare.
  - It is the responsibility of the SAB to ensure that single agency and multi-agency training on safeguarding and promoting welfare is provided in order to meet local need.
  - This covers training both by single agencies to their own staff, and multi-agency training where staff from more than one agency train together.
  - Recruitment and supervision of persons who work with Adults at Risk.
  - Investigation of allegations concerning persons who work with Adults at Risk, including policies and procedures based on national guidelines, to ensure that allegations are dealt with properly and quickly.
  - Safety and effectiveness of welfare of Adults at Risk who are privately placed.
- Other policies and procedures, particularly in relation to the convening and functioning of Adult Protection Procedures in the Mental Capacity Act and Deprivation of Liberty Safeguards.

4. Monitoring and Evaluation

The SAB will monitor and evaluate the effectiveness of what is done by the Local Authority and Board Partners individually and collectively to safeguard and promote the welfare of Adults at Risk and advise them on ways to improve.

The SAB has a key role in achieving high standards in safeguarding and promoting welfare, not only through its co-ordinating role but also by evaluation and continuous improvement.

In order to evaluate performance the SAB will audit case files, looking at the involvement of different agencies, and identifying the quality of practice, and lessons to be learnt to promote best practice.

5. Serious Case Reviews

1. The SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if —

(a) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) Condition 1 or 2 is met.

2. Condition 1 is met if —

(a) The adult has died, and

(b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

3. Condition 2 is met if —

(a) The adult is still alive, and

(b) The SAB knows or suspects that the adult has experienced serious abuse or neglect.

4. The SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the Local Authority has been meeting any of those needs).

5. Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to —

(a) Identifying the lessons to be learnt from the adult's case, and

(b) Applying those lessons to future cases.

6. Involvement of Other Agencies and Groups

In addition the SAB shall make appropriate arrangements at a strategic management level to involve others in its work as needed. Details of associate members of the SAB are set out below:

- The Coroner's service
- Dental health services
- Drug and alcohol misuse services
- Drug Action Teams
- Housing, culture and leisure services
- Housing providers
- Local MAPPA
- Other health providers such as pharmacists
- Sexual health services
- The CPS
- Housing Services
- Health and Safety Executive

The involvement of these organisations will be dependent upon their particular role in service provision to Adults at Risk or role in public protection. There may be other organisations the SAB will need to forge links with by either by inviting them to join the SAB, or through some other mechanism

7. Other Activities

The SAB, where appropriate, may determine to promote individual initiatives with partner organisations, for example in relation to domestic abuse. Its role is co-ordinating and ensuring the effectiveness of what its member organisations do, and contributing to broader planning, commissioning and delivery. The SAB is not an operational body that is expected to deliver services directly to Adults at Risk.

SAFEGUARDING ADULTS BOARD

Briefing for Caring Plymouth, 6 March 2014

PLYMOUTH CITY COUNCIL

8. Governance Arrangements

The SAB recognises that to work most effectively it will have strong links with other partnerships including:

- Plymouth Safeguarding Children's Board
- NEW Devon CCG Partnership Board
- Health & Wellbeing Board
- Multi-Agency Public Protection Arrangements (MAPPA)
- South West Peninsula SABs
- Joint Commissioning Partnership
- Caring Plymouth

8.1 Sub Groups

The Plymouth Safeguarding Adults Board (SAB), together with the Executive Group, will progress its work with sub groups:

- Lead Officer Group
- Serious Case Review sub group
- Quality & Assurance sub group
- Policies & Procedures sub group
- Learning & Development sub group

Each of these sub groups will be chaired by a member of the SAB, delegated officer of SAB member, or officer in attendance at SAB full board meetings and the terms of reference for each group will be agreed by the Board, and reviewed each year.

The SAB shall if appropriate give consideration to the need for additional or ad hoc sub groups to enable it to undertake its work effectively.

The SAB will also develop formal links with each of the service user/carer strategic planning groups to ensure Safeguarding is being taken forward at both strategic planning and policy levels and operationally.

8.2 PSAB Meeting Structure

- The SAB shall meet at least four times in each year. At the first meeting in each new financial year the dates of its future meetings shall be agreed.
- The SAB shall be chaired by the Independent Chair. In his absence, the SAB shall be chaired by the Vice Chair.
- Wherever possible the SAB shall make any decisions/recommendations on the basis of a consensus of agreement between all parties present.
- Where a decision on matter is necessary and no consensus exists, the decision shall be taken by a simple majority on a show of hands of the members present. In the event of an equality of votes the Chair shall hold the casting vote (but it is not the intention of the SAB that the casting vote shall be utilised unless it is unavoidable).
- The SAB will commission sub groups and task and finish activities to deliver its agreed business plan. All sub groups and task and finish activity will have terms of reference agreed by the SAB

and will be led by an agreed Board member to ensure governance accountability and reporting structures to the SAB.

- Agendas and papers for Board meetings will be circulated the week before the date of the Board meeting.
- Substitution of members may be permitted at the discretion of the Chair but this will be in line with the member's accountability agreement for the Board and should not occur more than once in a yearly cycle of meetings.

8.3 Authority

- Each partner shall authorise its representative to make decisions at SAB meetings.
- All partners commit themselves to be actively involved in the decision making processes and ensure they contribute to the annual work plan of the SAB.

8.4 Standards of Conduct

- The Partners and Board Members will comply with all statutory requirements both local and national, and other guidance on conduct and probity, and ensure good corporate governance.
- No member, officer or any partner shall put themselves in a position whereby duty and private interest conflict.
- Members of the SAB have all signed a Partnership Agreement and in signing such an agreement these Terms of Reference are deemed to be agreed and accepted.

8.5 Memorandum of Understanding

The members of the SAB shall each sign a Memorandum of Understanding which sets out a series of commitments that the agencies / organisations and the individual representatives agree to. The Memorandum of Understanding, once agreed, will be reviewed at the first meeting in each new financial year and amended if appropriate.

8.6 Administering Authority

The administering authority will be Plymouth City Council.

The SAB expects Plymouth City Council to maintain an effective management and staffing structure to manage its programme within the constraints of the resources allocated to this purpose.

8.7 Performance Monitoring and Scrutiny

The SAB will introduce an effective performance management model which will include:

- Annual Business Plan
- Annual priorities / objectives
- LOG and Sub-group work plans / programmes
- Reporting to partners and other stakeholders

Such performance information will be publicly available and each partner has the right to scrutinise any aspect of the SAB programme through its own scrutiny/overview mechanisms.

These Terms of Reference will be reviewed on an annual basis.

SAFEGUARDING ADULTS BOARD

Briefing for Caring Plymouth, 6 March 2014

PLYMOUTH CITY COUNCIL

9. NEW CARE BILL AND IMPACT

The following are key points from the new Care Bill regarding Safeguarding Adults Boards:

SAB arrangements

- Each local authority must establish a **Safeguarding Adults Board** (an "SAB") for its area.
- The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42(1).
- The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.
- An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

- A SAB must publish for each financial year a plan (its "strategic plan"), which sets out:
(a) its strategy for achieving its objective (see section 43);
(b) what each member is to do to implement that strategy.
- In preparing its strategic plan, the SAB must:
(a) consult the Local Healthwatch organisation for its area;
(b) involve the community in its area.

Key Outputs

- Review PSAB arrangements to clarify statutory membership;
- Develop working arrangements with any other agency the Board considers appropriate to participate in the Board;
- Review paperwork appointing the Chair of the Board to describe required skills and experience as well as consultation with other members of the Board;
- Agree payments towards the Board functions;
- Publish an annual strategic plan setting out a strategy for achieving aims and objectives, what each member will do to implement the strategy;
- Arrangements for consulting Local Healthwatch and the community in the development of the strategic plan;
- Arrangements for publishing the annual report as described in schedule 2 of the Bill;
- Arrangements to circulate this report to those listed in schedule 2 of the Bill.

Safeguarding Adults Serious Case Reviews

- A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the Local Authority has been meeting any of those needs) if:
(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult;
(b) Condition 1 or 2 is met.

- Condition 1 is met if:
(a) the adult has died;

SAFEGUARDING ADULTS BOARD

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(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

- Condition 2 is met if:
(a) the adult is still alive;
(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

- A SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the Local Authority has been meeting any of those needs).

- Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to:
(a) identifying the lessons to be learnt from the adult's case;
(b) applying those lessons to future cases.

Key Outputs

- Review the Serious Case Review policy to ensure criteria for an SCR complies with the description in the Bill;
- Establish systems to ensure the SAB arranged a safeguarding review in appropriate circumstances;
- Agree multi-agency contributions to budget for carrying out Safeguarding Adult Reviews.

Supply of Information

- If a SAB requests a person to supply information to it, or to some other person specified in the request, the person to whom the request is made must comply with the request if:
(a) the request is made for the purpose of enabling or assisting the SAB to exercise its functions;
AND
(b) the request is made to a person whose functions or activities the SAB considers to be such that the person is likely to have information relevant to the exercise of a function by the SAB;
AND
(c) the information relates to:
(i) the person to whom the request is made;
(ii) a function or activity of that person, or;
(iii) a person in respect of whom that person exercises a function or engages in an activity.
OR
(d) the information:
(i) is information requested by the SAB from a person to whom information was supplied in compliance with another request under this section, and;
(ii) is the same as, or is derived from, information so supplied.

Information may be used by the SAB, or other person to whom it is supplied under subsection (1), only for the purpose of enabling or assisting the SAB to exercise its functions.

SAFEGUARDING ADULTS BOARD

Briefing for Caring Plymouth, 6 March 2014

Key Outputs

- Develop a protocol for SAB requesting information;
- Incorporate requirements for sharing information with SAB into working protocols with agencies considered appropriate to participate in the Board

10. CARE HOME MONITORING & RELATIONSHIP WITH CQC

The Quality Assurance & Improvement Team (QAIT) within Plymouth City Council are a dedicated team to monitor and review the quality of service provision in care homes across the City.

The QAIT Team has built strong relationships with the providers we work with, and it is emphasised that we would like to work collaboratively with them to help improve the lives of the residents in their service. All members of the team have been praised for their professionalism and providers have been welcoming of the help and support provided to them by QAIT.

The Care Home Practitioners (CHPs) work with care homes when action plans are in place, supporting them to ensure that the actions are achieved in a timely manner. The team work in partnership with the Safeguarding Team in the Authority and help to support the homes through safeguarding investigations.

To date, QAIT have undertaken 62 full Quality Reviews in Plymouth care homes, and 31 follow up Quality Reviews to assess progress made. The Quality Review process gains input and feedback from our partners in NEW Devon Clinical Commissioning Group, the Medicines Optimisation Team and Healthwatch.

The Quality Review consists of a 2-day visit to a care home by 2 CHPs. The CHPs will work with the Registered Manager and Registered Provider/Owner (where applicable) to complete the Quality Review Checklist. The Quality Review will also consist of the CHPs viewing the care home, and speaking to various staff and residents (where possible) to gain feedback.

The CHP will compile a list of agreed recommendations for the Care Home which is incorporated into the full Quality Review document, which is sent as soon as possible following the Quality Review with timescales given for completion. On average, homes are receiving 25 – 30 recommendations following their review.

QAIT and the Safeguarding Team have built good relations with the local Inspectors of CQC, and will liaise with them when there are concerns or safeguarding issues within a care home.

11. TRAINING PROGRAMME FOR CARE HOMES

The Cooperative Commissioning Team have developed a Leadership Programme for Registered Care Home Managers in Plymouth. This is being piloted in 2014/15 and is commencing on 25 February 2014.

SAFEGUARDING ADULTS BOARD

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The programme is being delivered by Plymouth Community Healthcare, with input from Plymouth City Council, NEW Devon CCG and Plymouth Hospitals NHS Trust.

The course will be evaluated at the end of the 12 month pilot, and will hopefully prove to be successful to enable us to roll this out to all care homes within the City.

12. INTERACTION WITH OTHER PARTNERSHIPS (including Plymouth Safeguarding Children's Board and Health & Wellbeing Board)

The Chair of the PSAB is also Chair of the Plymouth Safeguarding Children's Board, therefore there are strong links and interaction between the two Boards. Likewise, many of the members of the PSAB attend the PSCB also therefore are aware of local and national issues and priorities for both childrens and adults Boards.

13. PERSONALISED BUDGETS

With the support of frontline staff, people using services should be enabled to define their own risks and empowered to recognise, identify and report abuse, neglect and safeguarding issues. Communication which supports risk enablement and safeguarding should be led by the language and understanding of the person using the service. This approach should be a core part of self-directed support, including assessment and regular review of outcomes.

Personalisation and adult safeguarding practice and policy need to be more closely aligned and inform each other. They should be underpinned by the principle of person-centred practice and the promotion of choice, control, independent living, autonomy and staying safe. A shared adult 'personalisation and safeguarding framework' can support this. This should be developed by all those involved, including adult safeguarding leads and stakeholders, people who use services and their organisations, social workers and personalisation leads.

There is the possibility of increasing risks (both positive and potentially negative) for sections of the population who have already been demonstrated to be at risk of abuse or neglect. National evidence about risk of abuse, neglect or fraud is at a very early stage, as personal budgets are yet to be established as a standard option. The Department of Health's response to the IBSEN report comments that the research does not present *evidence of increased risk* as a direct result of personal budget introduction. Equally, it does not demonstrate that none exists, so monitoring and research should continue as personal budgets are implemented further. Regarding progress on mainstreaming self-directed support, the Association of Directors of Adult Social Services (ADASS), along with other implementation bodies, noted that *"While safeguarding is frequently raised as an issue, there is so far no evidence that people taking up self-directed support, including direct payments, are at greater or lesser risk of harm. There is clearly a need to ensure that the move to self-directed support is accompanied by better ways to identify and manage risks."*
In Plymouth, service users are encouraged to make use of the Plymouth Online Directory which has full details of services available to enable the service user to make an informed decision on making use of their personal budgets. There is a single point of contact for service users, their family / carers, or third parties, to contact if they have concerns about possible safeguarding concerns they have.

SAFEGUARDING ADULTS BOARD

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14. Update on Training Strategy January 2014

The training budget for 2013/14 was £33,000. The full day alerter training is oversubscribed. Several agencies have requested increased availability of places which has not been possible. There is a higher demand for alerters than 3-yearly refresher possibly due to turnover of staff or organisations record-keeping which leads to requests for alerter training rather than refresher training when training records are not available. There has been some discussion of charging for alerters training where agencies prefer to have training delivered in-house. At present agencies are offered the option of purchasing training direct from one of the four trainers who deliver on behalf of the council; however their availability is limited and they prefer multi-agency delivery.

14.1 Training Currently Delivered and Budgets

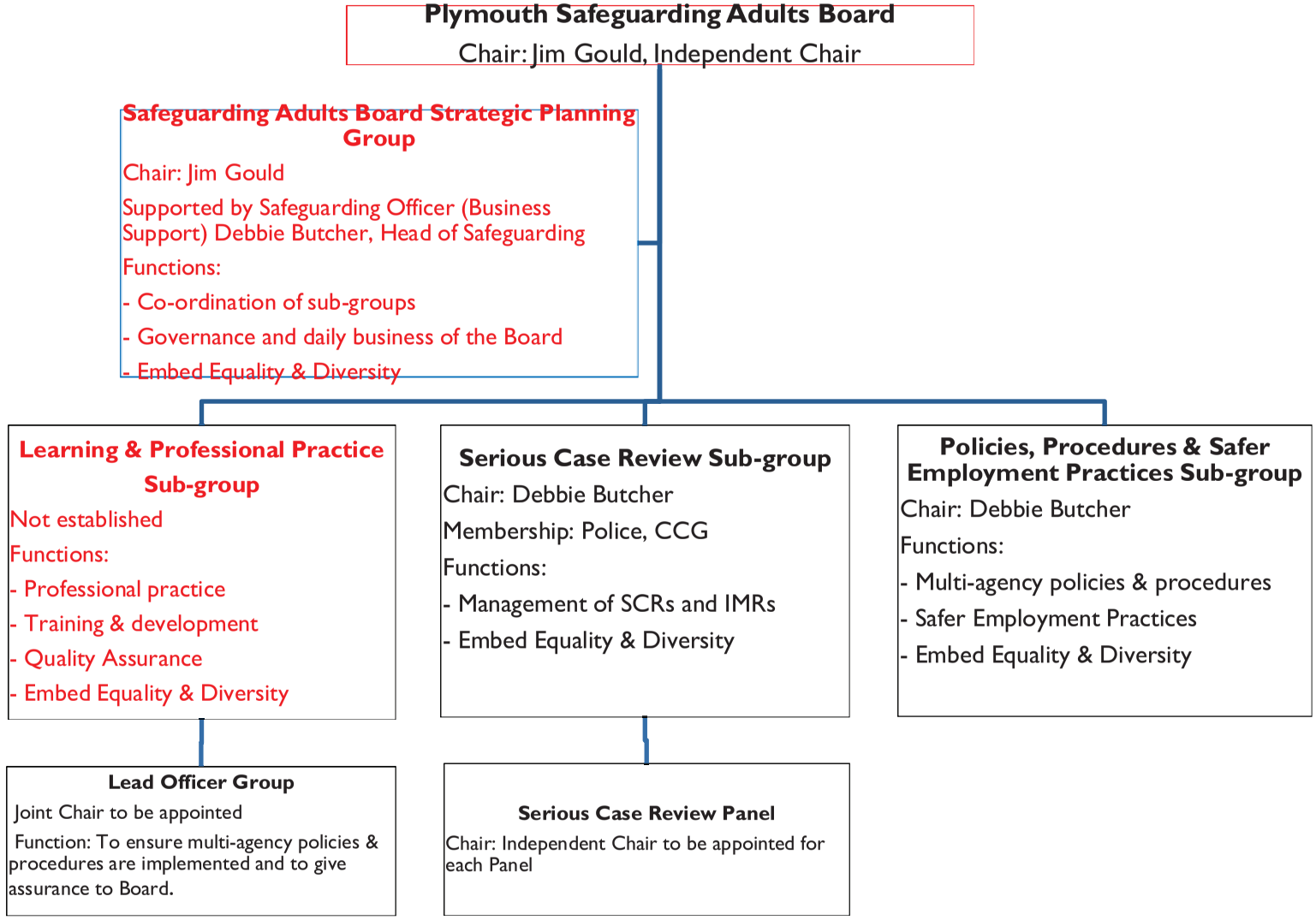
Training	2011-12	2012-13	2013-14 (estimated)
Full day alerter	950	1439	1725
½ day refresher	350	179	660
Investigator	71	0	150
Registered Managers	46	39	45

Strategic managers and Cabinet Members and all elected members will have an annual update, conference or speaker to ensure they are updated and competencies are covered for their roles.

This has commenced with the first Adult Protection training to Cabinet members planned and delivered in January 2014.

Appendix 1 Structure of the Plymouth Safeguarding Adults Board

The Full Board will meet quarterly and will be supported by a Strategic Planning Group. The membership of the Full Board is made up of the Independent Chair, Vice Chair, Sub-Group Chairs, Director for People, Assistant Director Joint Commissioning & Adult Social Care, Head of Quality, Safeguarding & Individual Placements, CCG Head of Patient Safety and Quality, Equality & Diversity Champion, and a Police Representative.



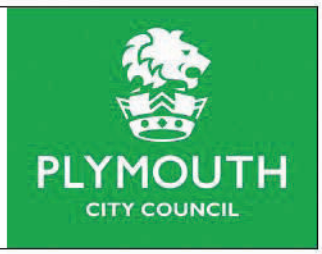
The Executive Group & Sub-Groups should meet no less frequently than quarterly.

The Serious Case Review Panel will be convened once a Serious Case Review has been agreed by the Serious Case Review Sub-Group.

The Equality & Diversity agenda is considered within all sub-group meetings, programmes and workstreams. Each sub-group will have an Equality & Diversity Champion who will lead and challenge on this area of work. The Equality & Diversity Champions will meet twice a year with the overall PSAB Member Lead for Equality & Diversity to ensure that Equality & Diversity continues to embed within every aspect of our work to safeguarding and promote the welfare of children.

PUBLIC HEALTH OUTCOMES FRAMEWORK:

Quarterly report (February 2014)



Contents

1. Introduction

The Public Health Outcomes Framework (PHOF) for England, 2013-2016 was published in January 2012 by the Department of Health. It outlines the overarching vision for public health "to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest." The framework is focused on two high-level outcomes:

1. **Increased healthy life expectancy.**
   This focuses on not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy), at all stages of the life course.

2. **Reduced differences in life expectancy and healthy life expectancy between communities.**
   This focuses on reducing health inequalities between people, communities and areas.

To understand how well health is being improved and protected these outcomes are complemented by 66 indicators (many with multiple parts). The indicators are grouped into four domains:

1. **Improving the wider determinants of health.**
   Improvements against wider factors that affect health and wellbeing, and health inequalities (e.g. children in poverty, violent crime, fuel poverty).

2. **Health improvement.**
   People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities (e.g. smoking, diet, alcohol consumption).

3. **Health protection.**
   The population's health is protected from major incidents and other threats, while reducing health inequalities (e.g. vaccination coverage, emergency planning).

4. **Healthcare public health and preventing premature mortality.**
   Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities (e.g. infant mortality, emergency re-admissions, excess Winter mortality).

Analysis of the PHOF highlights the need for Public Health to have influence across Plymouth City Council as a whole and with partners to ensure that performance can be maintained or improved against the indicators that public health both leads and influences.

The PHOF is not a performance management tool for local authorities. Instead PHOF data will enable local authorities to benchmark and compare their own outcomes with other local authorities.

2. Links to other frameworks

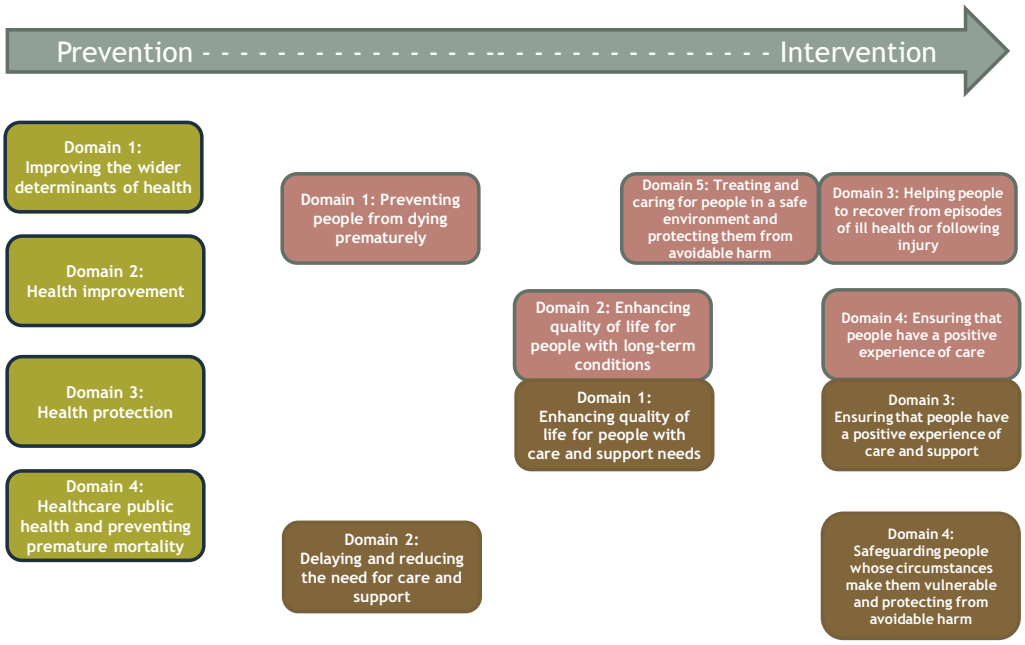
As well as the PHOF, there is also an NHS Outcomes Framework and an Adult Social Care Outcomes Framework. Figure 1 below shows the domains of each of the three outcomes frameworks:

Figure 1: The domains included in each of the three outcomes frameworks

Public Health	NHS	Adult Social Care
1 Improving the wider determinants of health	1 Preventing people from dying prematurely	1 Enhancing quality of life for people with care and support needs
2 Health improvement	2 Enhancing quality of life for people with long term conditions	2 Delaying and reducing the need for care and support
3 Health protection	3 Helping people to recover from ill health or injury	3 Ensuring people have a positive experience of care and support.
4 Healthcare public health and preventing premature mortality	4 Ensuring that people have a positive experience of care	4 Safeguarding vulnerable people & protecting from avoidable harm
	5 Safe environment & protecting from avoidable harm	

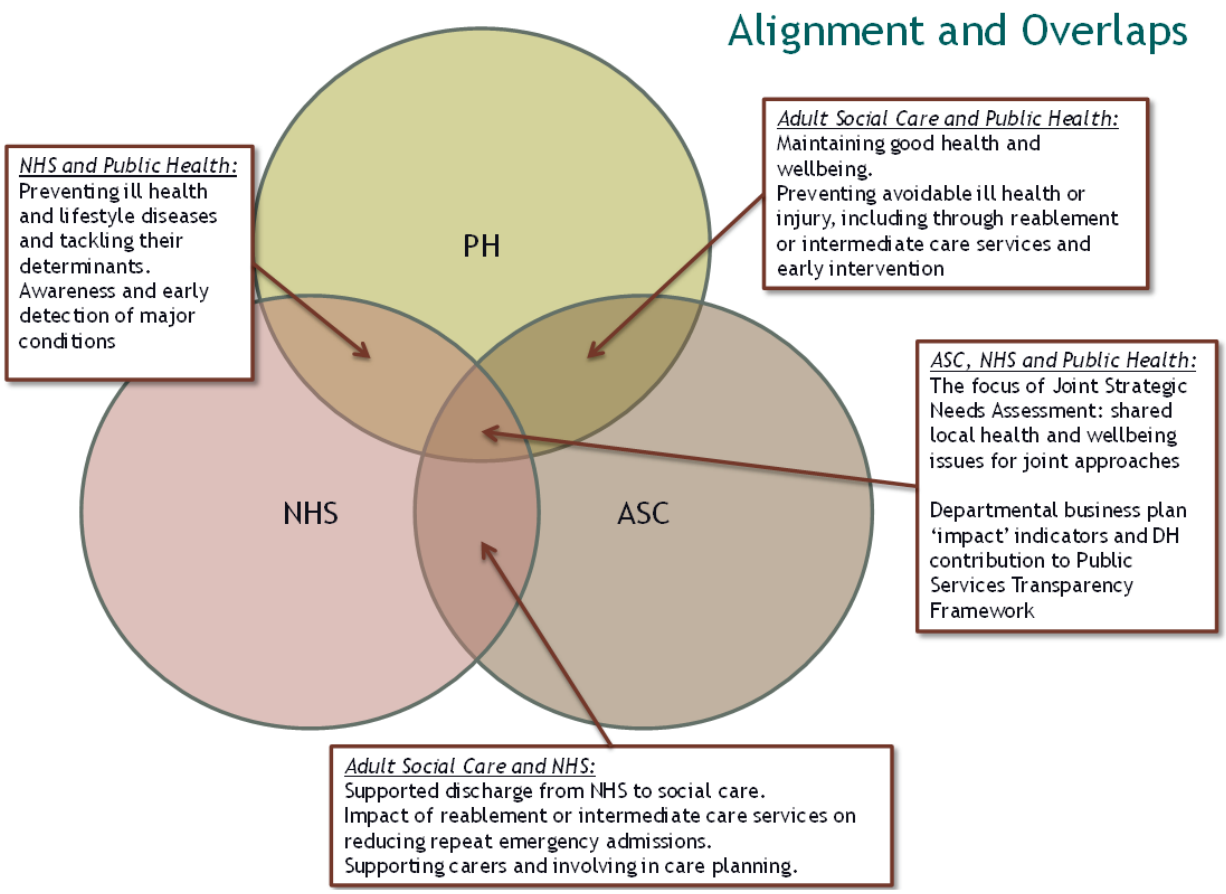
The domains included in these frameworks cover a range of indicators across a continuum from prevention to intervention. As can be seen from figure 2 below, the four domains of the PHOF are situated at the prevention end of the continuum.

Figure 2: The outcome framework domains and the continuum from prevention to intervention



It is clear that there is significant alignments and overlaps between the three outcomes frameworks. This is show in figure 3.

Figure 3: Alignments and overlaps between the three outcome frameworks



3. Plymouth's comparator group explained

The national PHOF tool (http://www.phoutcomes.info/) allows comparisons to be made between each local authority, the other local authorities in the same region and the England average. Comparing Plymouth with the other local authorities in the South West is not the most logical approach, therefore it was decided that when investigating Plymouth's performance against the PHOF indicators an alternative classification should be used. Plymouth's performance is therefore compared locally with ten other 'regional centres.' The classification of certain areas into 'regional centres' is part of the official 2001 ONS area classification (of health areas) and is produced by grouping similar local authorities together on the basis of 42 variables. The ten other authorities in this group are Newcastle, Salford, Portsmouth, Southampton, Brighton & Hove, Leeds, Sheffield, Liverpool, Bristol, and Bournemouth & Poole.

In each of the following tables, the values in the column headed 'comparator rank' show Plymouth's position compared to the ten other comparator areas. Values from one to five tend to indicate that Plymouth's is doing better than the majority of its comparators, values from seven to eleven tend to indicate that Plymouth is doing worse than the majority of its comparators.

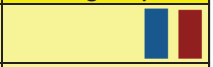
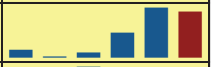
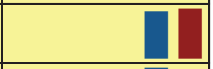
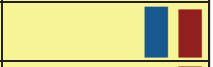
4. Trend graphs explained

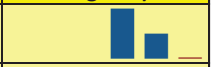
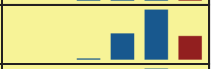
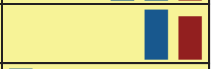
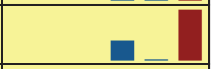
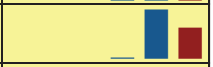
The trend graphs in the tables below show the trend for the last five time periods (where available). The Plymouth values are shown in blue; the latest England value is shown in red. The time period represented by each bar varies according to the indicator. Some represent years whereas others represent quarters. The full definitions can be found here www.phoutcomes.info It is also necessary to bear in mind that as there is no axis shown on the graphs, the patterns should be interpreted with caution.

5. Indicators where Plymouth's position is significantly better than the national average

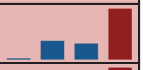
Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
1.2 - School readiness (Placeholder)	1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	10	
1.2 - School readiness (Placeholder)	1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	10	
1.2 - School readiness (Placeholder)	1.02ii - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	10	
1.10 - Killed and seriously injured casualties on England's roads		1	
1.13 Re-offending	1.13ii - Re-offending levels - average number of re-offences per offender	1	
1.14 The percentage of the population affected by noise (Placeholder)	1.14i - The percentage of the population affected by noise - Number of complaints about noise	3	
1.15 Statutory homelessness	1.15i - Statutory homelessness - homelessness acceptances	6	
1.15 Statutory homelessness	1.15ii - Statutory homelessness - households in temporary accommodation	9	
1.17 Fuel poverty		2	
1.18 - Social Isolation	1.18ii - Loneliness and Isolation in adult carers	8	
2.17 - Recorded diabetes		8	
2.20 Cancer screening coverage	2.20i - Cancer screening coverage - breast cancer	1	
2.20 Cancer screening coverage	2.20ii - Cancer screening coverage - cervical cancer	1	
2.22 Take up of the NHS Health Check Programme – by those eligible	2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	1	
3.3 Population vaccination coverage	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2	
3.3 Population vaccination coverage	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2	
3.3 Population vaccination coverage	3.03iv - Population vaccination coverage - MenC	1	
3.3 Population vaccination coverage	3.03v - Population vaccination coverage - PCV	3	
3.3 Population vaccination coverage	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	6	
3.3 Population vaccination coverage	3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	3	
3.3 Population vaccination coverage	3.03xiii - Population vaccination coverage - PPV	5	
3.3 Population vaccination coverage	3.03xiv - Population vaccination coverage - Flu (aged 65+)	6	
3.3 Population vaccination coverage	3.03xv - Population vaccination coverage - Flu (at risk individuals)	5	
3.5 Treatment completion for tuberculosis	3.05ii - Treatment completion for TB - TB incidence	1	
4.2 Tooth decay in children aged 5		2	
4.11 - Emergency readmissions within 30 days of discharge from hospital		1	

6. Indicators where Plymouth's position is not significantly different from the national average

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
1.2 - School readiness (Placeholder)	1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	10	
1.13 Re-offending	1.13i - Re-offending levels - percentage of offenders who re-offend	4	
1.16 - Utilisation of outdoor space for exercise/health reasons		5	
1.18 - Social Isolation	1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like	2	
2.01 - Low birth weight of term babies		6	
2.04 - Under 18 conceptions	2.04 - Under 18 conceptions: conceptions in those aged under 16	6	
2.6 Excess weight in 4-5 and 10-11 year olds	2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	3	
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	5	
2.12 Excess weight in adults		6	
2.13 Proportion of physically active and inactive adults	2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.	4	
2.13 Proportion of physically active and inactive adults	2.13ii Proportion of adults classified as "inactive".	5	
2.14 - Smoking Prevalence	2.14 - Smoking prevalence - routine & manual	9	
2.15 Successful completion of drug treatment	2.15i - Successful completion of drug treatment - opiate users	10	
2.15 Successful completion of drug treatment	2.15ii - Successful completion of drug treatment - non-opiate users	8	
2.23 Self-reported wellbeing	2.23i - Self-reported well-being - people with a low satisfaction score	2	
2.23 Self-reported wellbeing	2.23ii - Self-reported well-being - people with a low worthwhile score	8	
2.23 Self-reported wellbeing	2.23iii - Self-reported well-being - people with a low happiness score	4	
2.23 Self-reported wellbeing	2.23iv - Self-reported well-being - people with a high anxiety score	9	
2.24 Falls and injuries in the over 65s	2.24i - Injuries due to falls in people aged 65 and over (Persons)	2	

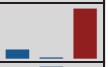
Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
2.24 Falls and injuries in the over 65s	2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	2	
2.24 Falls and injuries in the over 65s	2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	3	
3.3 Population vaccination coverage	3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	9	
3.3 Population vaccination coverage	3.03vii - Population vaccination coverage - PCV booster	6	
3.3 Population vaccination coverage	3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	7	
3.04 - People presenting with HIV at a late stage of infection		3	
4.01 - Infant Mortality rate		10	
4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	4.04i - Under 75 mortality rate from all cardiovascular diseases (provisional)	4	
4.6 Mortality from liver disease	4.06i - Under 75 mortality rate from liver disease (provisional)	1	
4.6 Mortality from liver disease	4.06ii - Under 75 mortality rate from liver disease considered preventable (provisional)	1	
4.10 - Suicide rate (provisional)		9	
4.12 Preventable sight loss	4.12i - Preventable sight loss - age related macular degeneration (AMD)	6	
4.12 Preventable sight loss	4.12ii - Preventable sight loss - glaucoma	2	
4.12 Preventable sight loss	4.12iii - Preventable sight loss - diabetic eye disease	8	
4.12 Preventable sight loss	4.12iv - Preventable sight loss - sight loss certifications	4	
4.14 Hip fractures in over 65s	4.14i - Hip fractures in people aged 65 and over	1	
4.14 Hip fractures in over 65s	4.14ii - Hip fractures in people aged 65 and over - aged 65-79	1	
4.14 Hip fractures in over 65s	4.14iii - Hip fractures in people aged 65 and over - aged 80+	1	
4.15 Excess winter deaths	4.15i - Excess Winter Deaths Index (Single year, all ages)	6	
4.15 Excess winter deaths	4.15ii - Excess Winter Deaths Index (single year, ages 85+)	11	
4.15 Excess winter deaths	4.15iii - Excess Winter Deaths Index (3 years, all ages)	9	
4.15 Excess winter deaths	4.15iv - Excess Winter Deaths Index (3 years, ages 85+)	8	

7. Indicators where Plymouth's position is significantly worse than the national average

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
0.1i - Healthy life expectancy at birth (Male)		6	
0.1i - Healthy life expectancy at birth (Female)		8	
0.1ii - Life Expectancy at birth (Male)		5	
0.1ii - Life Expectancy at birth (Female)		7	
1.01 - Children in poverty	1.01i - Children in poverty (all dependent children under 20)	3	
1.01 - Children in poverty	1.01ii - Children in poverty (under 16s)	3	
1.03 - Pupil absence		5	
1.04 - First time entrants to the youth justice system		7	
1.05 - 16-18 year olds not in education employment or training		7	
1.9 Sickness absence rate	1.9i Percentage of employees who had at least one day off sick in the previous week	10	
1.9 Sickness absence rate	1.9ii Number of working days lost due to sickness absence.	11	
1.11 Domestic abuse (Placeholder)		6	
1.12 Violent crime (including sexual violence) (Placeholder)	1.12i - Violent crime (including sexual violence) - hospital admissions for violence	5	
1.12 Violent crime (including sexual violence) (Placeholder)	1.12ii - Violent crime (including sexual violence) - violence offences	9	
1.12 Violent crime (including sexual violence) (Placeholder)	1.12iii- Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	6	
2.2 Breastfeeding	2.02i - Breastfeeding - Breastfeeding initiation	7	
2.2 Breastfeeding	2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	9	
2.03 - Smoking status at time of delivery		8	

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
2.04 - Under 18 conceptions	2.04 - Under 18 conceptions	10	
2.6 Excess weight in 4-5 and 10-11 year olds	2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	9	
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	10	
2.14 - Smoking Prevalence	2.14 - Smoking Prevalence	9	
2.21 Access to non-cancer screening programmes	2.21vii - Access to non-cancer screening programmes - diabetic retinopathy	9	
2.22 Take up of the NHS Health Check Programme – by those eligible	2.22i - Take up of NHS Health Check Programme by those eligible - health check offered	9	
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD		10	
3.3 Population vaccination coverage	3.03x - Population vaccination coverage - MMR for two doses (5 years old)	9	
3.3 Population vaccination coverage	3.03xii - Population vaccination coverage - HPV	10	
4.03 - Mortality rate from causes considered preventable (provisional)		5	
4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (provisional)	5	
4.5 Mortality from cancer	4.05i - Under 75 mortality rate from cancer (provisional)	7	
4.5 Mortality from cancer	4.05ii - Under 75 mortality rate from cancer considered preventable (provisional)	7	
4.7 Mortality from respiratory diseases	4.07i - Under 75 mortality rate from respiratory disease (provisional)	5	
4.7 Mortality from respiratory diseases	4.07ii - Under 75 mortality rate from respiratory disease considered preventable (provisional)	4	
4.08 - Mortality from communicable diseases (provisional)		9	

8. Indicators where no significance test was carried out

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
1.6 People with mental illness or disability in settled accommodation	1.06i - Adults with a learning disability who live in stable and appropriate accommodation	3	
1.6 People with mental illness or disability in settled accommodation	1.06ii - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	6	
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	5	
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	11	
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	7	
1.14 The percentage of the population affected by noise (Placeholder)	1.14ii The proportion of the population exposed to transport noise (primarily road) of more than x dB(A) per local authority.	2	
1.14 The percentage of the population affected by noise (Placeholder)	1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	4	
2.08 - Emotional well-being of looked after children		11	
3.01 - Fraction of mortality attributable to particulate air pollution		1	
3.06 - Public sector organisations with a board approved sustainable development management plan		1	

9. Indicators where there is no local data or national data available

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Male)		1	
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (provisional) (Female)		4	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)		6	
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Female)		4	
1.7 People in prison who have a mental illness or significant mental illness (Placeholder)		N/A	
1.9 Sickness absence rate	1.9iii Rate of fit notes issued per quarter (TBC).	N/A	
1.19 Older people's perception of community safety (Placeholder)		N/A	
2.5 Child development at 2-2.5 years (Placeholder)		N/A	
2.9 Smoking prevalence – 15 year olds		N/A	
2.10 Hospital admissions as a result of self-harm		N/A	
2.11 Diet (Placeholder)		N/A	
2.16 People entering prison with substance dependence issues who are previously not known to community treatment		N/A	
2.18 Alcohol-related admissions to hospital		N/A	
2.19 Cancer diagnosed at stage 1 and 2 (Placeholder)		N/A	
2.21 Access to non-cancer screening programmes	2.21i HIV coverage: The proportion of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result.	N/A	
2.21 Access to non-cancer screening programmes	2.21ii Syphilis, hepatitis B and susceptibility to rubella uptake: The proportion of women booked for antenatal care, as reported by maternity services, who have a screening test for syphilis, hepatitis B and susceptibility to rubella.	N/A	
2.21 Access to non-cancer screening programmes	2.21iii The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report.	N/A	
2.21 Access to non-cancer screening programmes	2.21iv The proportion of babies registered within the area (currently PCT) both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System.	N/A	
2.21 Access to non-cancer screening programmes	2.21v The proportion of babies eligible for newborn hearing screening for whom the screening process is complete within four weeks corrected age (hospital programmes-well babies, all programmes NICU babies) or five weeks corrected age.	N/A	
2.21 Access to non-cancer screening programmes	2.21vi The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of birth.	N/A	
3.3 Population vaccination coverage	3.03i - Population vaccination coverage - Hepatitis B (1 year old)	1	
3.3 Population vaccination coverage	3.03i - Population vaccination coverage - Hepatitis B (2 years old)	8	

Indicator	Sub-indicator	Comparator Rank (1=best 11= worst)	Trend Graph (Blue = Plymouth, Red = England)
3.3 Population vaccination coverage	3.3ii BCG vaccination coverage (1-16 year olds)	N/A	
3.3 Population vaccination coverage	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (5 year old)	N/A	
3.3 Population vaccination coverage	3.3iv MenC vaccination coverage (2 year old)	N/A	
3.3 Population vaccination coverage	3.3iv MenC vaccination coverage (5 year old)	N/A	
3.3 Population vaccination coverage	3.3v PCV vaccination coverage (2 year old)	N/A	
3.3 Population vaccination coverage	3.3v PCV vaccination coverage (5 year old).	N/A	
3.3 Population vaccination coverage	3.03vii - Population vaccination coverage - PCV booster (2 years)	N/A	
3.3 Population vaccination coverage	3.3xi Td/IPV booster vaccination coverage (13-18 year olds).	N/A	
3.5 Treatment completion for tuberculosis	3.05i - Treatment completion for TB	N/A	
3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)		N/A	
4.9 Excess under 75 mortality in adults with serious mental illness (Placeholder)		N/A	
4.13 Health-related quality of life for older people (Placeholder)		N/A	
4.16 Dementia and its impacts (Placeholder)		N/A	

10. The health premium

The government's vision is to improve the health of the poorest, fastest. Targeting resources to the areas of high deprivation will lead to the reductions in inequalities.

The development and the high level design for the health premium was set out in the White Paper, 'Equity and excellence: Liberating the NHS' (July 2010),

"……a new 'health premium' designed to promote action to improve population-wide health and reduce health inequalities".

A subsequent document, 'Healthy Lives, Healthy People: Update on Public Health Funding' (June 2012), stated:

"We recognise that the significant data lag on many of the indicators in the public health outcomes framework would mean that if it was paid in 2013-14 we would be rewarding local authorities for decisions taken by PCTs. We are therefore planning to delay the first payments until 2015-16, the third year of local authority responsibility for public health responsibilities".

In March 2013, the Advisory Committee on Resource Allocation (ACRA) established the Health Premium Incentive Advisory Group (HPIAG) as a sub-committee with the aim of developing recommendations for a robust formula driven Health Premium Incentive Scheme (HPIS). The stated purpose of the new HPIS is to promote action to improve population-wide health and reduce health inequalities. The Advisory Group consisted of academics, experts in public health and stakeholders with public health experience.

The Advisory Group's terms of references were to:

(a) Assess the indicators in the PHOF for their suitability as an incentive measure.

(b) Develop 'indicator measuring criteria' for national strategies and local flexibilities.

(c) Consider how to set incentives for progress.

The Advisory Group met three times and had three sub-groups to look at specific aspects of the scheme. Various interim meetings also took place between the Department of Health, NHS England and Public Health England to review the PHOF indicators selection criteria, definition and data readiness.

Local priorities will inform flexibilities. These will be determined by local authorities based on local priorities agreed by the Health and Wellbeing Board (H&WB) in their Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) with support from Public Health England and the Department of Health. This will determine which areas local authorities wish to consider based on local priorities.

The HPIAG reviewed and amended the criteria for selecting PHOF indicators for inclusion into the HPIS. The selection criteria applied to all the PHOF indicators to assess inclusion into the HPIS were as follows:

- Indicator definition and data source fully developed and ready,

- Technical criteria applied to the data – reliability, robustness collection taking into account modelled estimates, and if improvement was measurable,

- Availability of published robust baseline data at upper tier local authority level.

In recommending the indicators for inclusion in the incentive scheme, the Advisory Group reviewed the 66 indicators and all the sub-indicators contained within the PHOF. 28 indicators or 49 indicators and sub-indicators passed the underpinning criteria. The smoking, substance misuse and alcohol indicators are still being reviewed with the policy teams. The Advisory Group recognises that a credible scheme should include measures related to smoking, substance misuse and alcohol.

ACRA will recommend technically suitable indicators for inclusion in the scheme, from which the Secretary of State and local authorities will select a small number for the final scheme. The Department of Health recognises the need to review the HPIS indicators as better understanding of the incentive scheme is gained and as more PHOF data is published.

HPIAG recommended that the HPIS should include some local flexibility to select measures that are relevant to a particular local authority, but may not be included in a small number of nationally prescribed measures.

The reward for progress and how progress is measured should reflect the level of challenge faced by the local authority. One option would be to use the target allocation to scale the reward, i.e. areas with greater challenge would get a proportionately greater reward.

HPIAG believes that the incentive scheme should be constructed from a mixture of a small number of,

- Nationally chosen indicators agreed by the Secretary of State.

- Locally selected indicators, total numbers to be agreed as part of the scheme.

The number of indicators should be small and the exact configuration needs to be agreed. However, it is important that the selection of indicators ensures good coverage across the four PHOF domains.

The consensus in the group was that the HPIS needs to be simple and proportionate, and so an explicit incentive for innovation was not appropriate. However, the approach to local flexibilities may make a contribution towards innovation.

The Advisory Group recommends that the payment scheme be based on targeting resources to the areas with the most challenge. This could be based on the target allocation with points awarded to successfully meeting the required target/threshold. Two authorities achieving the same progress on an indicator will mean that the one with the greater challenge will receive a higher incentive.

The HPIAG will make their recommendations to the Secretary of State for Health in early December 2013.

11. The locally-developed PHOF tool

The information presented in sections four to six is based on city-wide performance and as such doesn't highlight the inequalities which may exist at sub-city level. As a result of this a local PHOF tool has been developed by Plymouth's Public Health Team.

This excel-based tool (or spreadsheet) contains six 'tabs'; one summary sheet and one sheet for each for the high level outcomes and each of the four domains. Using drop-down boxes it is possible to investigate performance against the PHOF indicators at sub-city level (i.e. by neighbourhood, electoral ward and locality). It is also possible to sort and group the indicators by colour (i.e. by RAG rating)

The summary sheet contains:

- The indicator definitions
- The indicator values for England and Plymouth
- Plymouth's R.A.G. status compared to England and to the comparator group

The outcome and domain sheets contain (for each indicator):

- Nationally produced data for England, for Plymouth and for the highest and lowest comparator
- Locally produced data for the neighbourhood, electoral ward or locality
- A trend graph for the local area
- The highest and lowest comparator (neighbourhood/electoral ward/locality) values
- Proxy status (i.e. whether the value is based on the same definition as the national indicator)
- Indicator metadata

Using the information contained in this tool it will be possible to investigate, at sub-city level, those indicators where Plymouth appears to be poorly performing. This will enable resources to be more effectively targeted on the basis of need. In addition it will be possible to investigate those indicators where Plymouth appears to be performing well to ensure that (geographic) areas of poor performance are not overlooked.

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Public Health England

Plymouth

Health Profile 2013

This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by Public Health England.

www.healthprofiles.info

Population 257,000

Mid-2011 population estimate

Source: Office for National Statistics

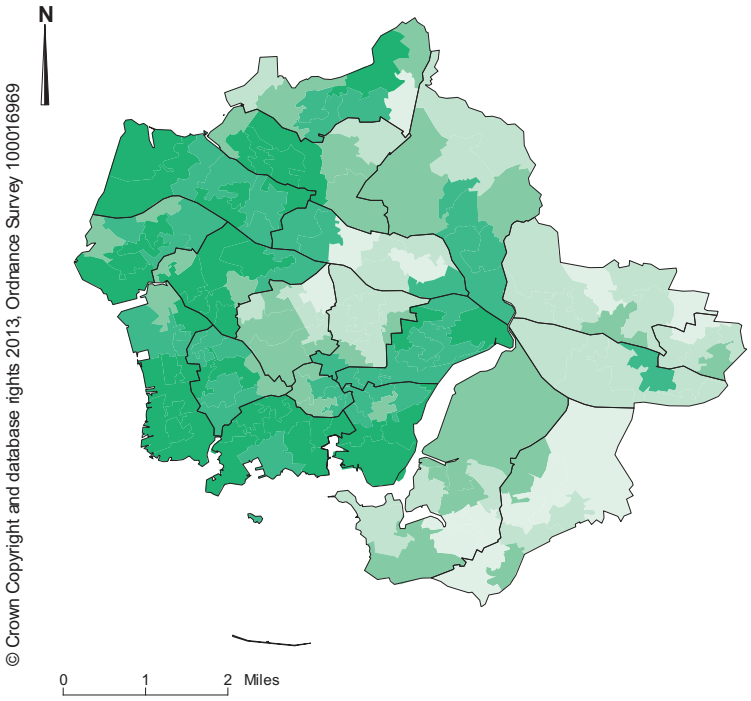
Published on 24th September 2013

Plymouth at a glance

- The health of people in Plymouth is generally worse than the England average. Deprivation is higher than average and about 10,200 children live in poverty. Life expectancy for both men and women is lower than the England average.
- Life expectancy is 9.5 years lower for men and 4.0 years lower for women in the most deprived areas of Plymouth than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is similar to the England average.
- In Year 6, 19.6% of children are classified as obese. Levels of teenage pregnancy, alcohol-specific hospital stays among those under 18, breast feeding and smoking in pregnancy are worse than the England average.
- Estimated levels of adult 'healthy eating' and smoking are worse than the England average. Rates of sexually transmitted infections, smoking related deaths and hospital stays for alcohol related harm are worse than the England average. The rate of road injuries and deaths is better than the England average. The rate of statutory homelessness is better than average.
- Priorities in Plymouth include improving health overall, reducing health inequalities and working with partners to make Plymouth a fairer place to live. For more information see www.plymouth.gov.uk and http://www.newdevonccg.nhs.uk/western/100052

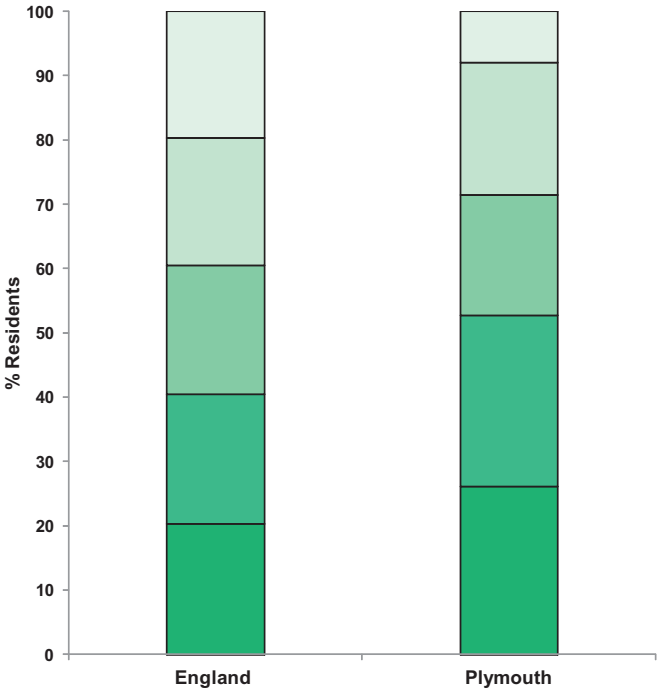
Deprivation: **a national view**

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.



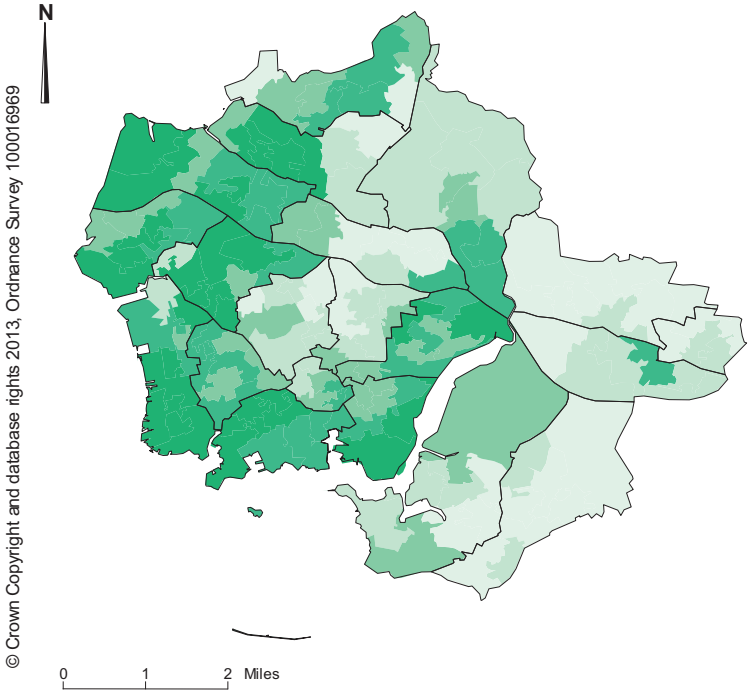
1 - most deprived quintile | 2 | 3 | 4 | 5 - least deprived quintile

This chart shows the percentage of the population in England and this area who live in each of these quintiles.



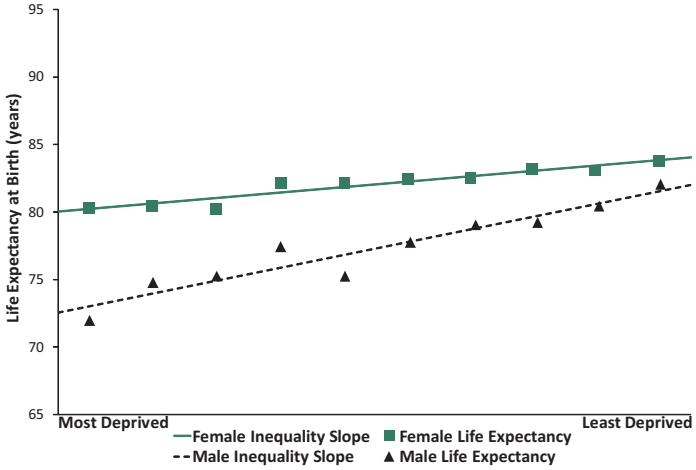
Health inequalities: **a local view**

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



Legend as above

The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 9.5 years for males and 4 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



Health inequalities: **changes over time**

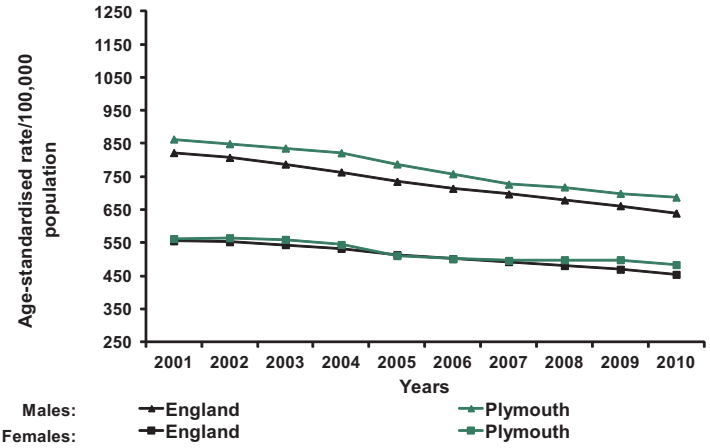
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

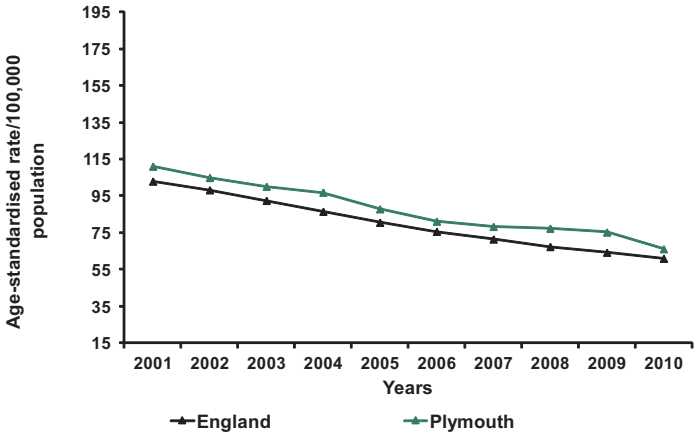
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

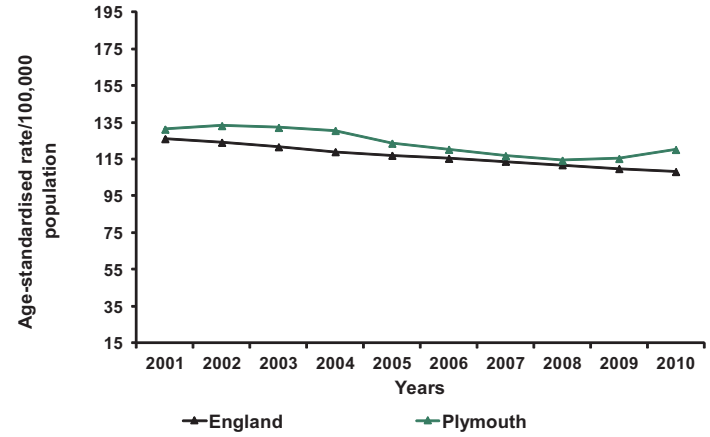
Trend 1:
All age, all cause mortality



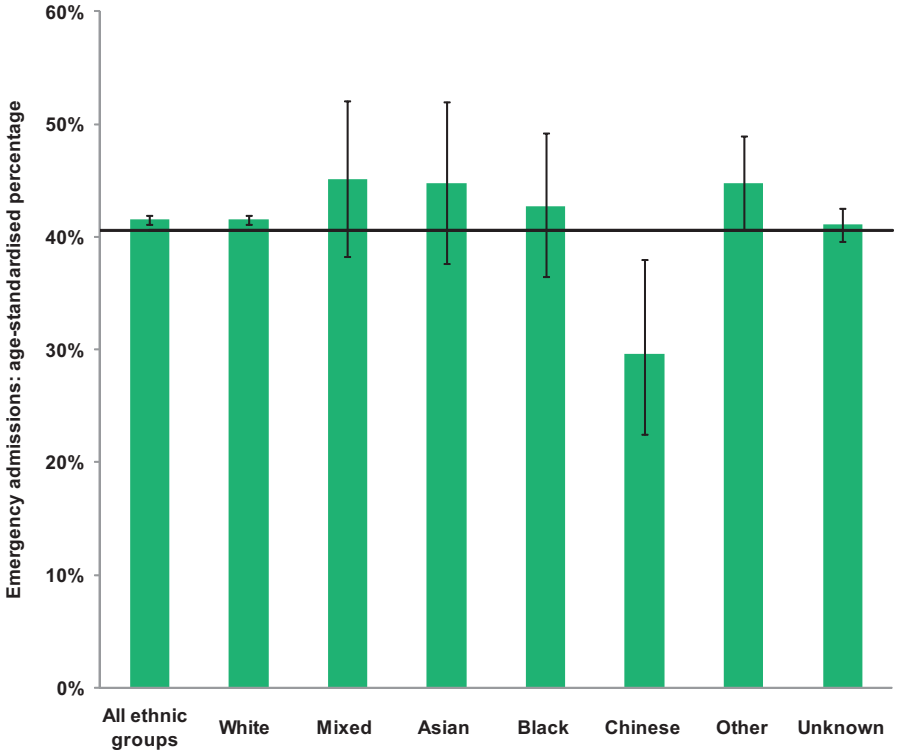
Trend 2:
Early death rates from heart disease and stroke



Trend 3:
Early death rates from cancer



Health inequalities: **ethnicity**



This chart shows the percentage of hospital admissions in 2011/12 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

Plymouth

England average (all ethnic groups)

95% confidence intervals

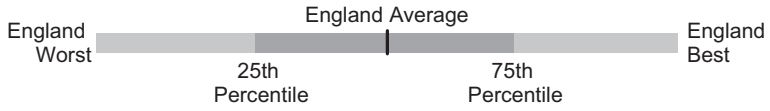
Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
25781	23449	112	95	104	37	240	1744	**Local number of emergency admissions**
41.5%	41.5%	45.1%	44.7%	42.7%	29.6%	44.7%	41.1%	**Local value**
40.6%	41.1%	40.0%	45.3%	44.4%	38.0%	46.4%	30.1%	**England value**

Health summary for Plymouth

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	67150	26.2	20.3	83.7		0.0
	2 Proportion of children in poverty	10190	22.6	21.1	45.9		6.2
	3 Statutory homelessness	221	2.0	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1650	57.5	59.0	31.9		81.0
	5 Violent crime	5548	21.4	13.6	32.7		4.2
	6 Long term unemployment	1561	9.2	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy ‡	612	18.7	13.3	30.0		2.9
	8 Starting breast feeding ‡	2322	70.1	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	413	19.6	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	46	92.0	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	189	44.6	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	22.1	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	23.4	22.3	25.1		15.7
	14 Healthy eating adults	n/a	24.9	28.7	19.3		47.8
	15 Physically active adults	n/a	59.2	56.0	43.8		68.5
	16 Obese adults ‡	n/a	24.6	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	48	19.1	14.5	28.8		3.2
	18 Hospital stays for self-harm	662	261.9	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm ‡	6638	2265	1895	3276		910
	20 Drug misuse	2372	13.9	8.6	26.3		0.8
	21 People diagnosed with diabetes	11784	5.3	5.8	8.4		3.4
	22 New cases of tuberculosis	13	5.2	15.4	137.0		0.0
	23 Acute sexually transmitted infections	2281	889	804	3210		162
	24 Hip fracture in 65s and over	227	402	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	151	20.7	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	78.0	78.9	73.8		83.0
	27 Life expectancy – female	n/a	82.1	82.9	79.3		86.4
	28 Infant deaths	16	5.0	4.3	8.0		1.1
	29 Smoking related deaths	430	230	201	356		122
	30 Early deaths: heart disease and stroke	181	66.1	60.9	113.3		29.2
	31 Early deaths: cancer	329	120.1	108.1	153.2		77.7
	32 Road injuries and deaths	60	23.5	41.9	125.1		13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

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BUDGET SCRUTINY 2014-2015

PLYMOUTH CITY COUNCIL

A report of the Co-operative Scrutiny Board following the scrutiny of the Delivery of the Co-operative Vision within a Three Year Sustainable Balanced Budget.

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THE CO-OPERATIVE SCRUTINY BOARD

Councillor James

Councillor Mrs Aspinall

Councillor Bowie

Councillor Mrs Beer

Councillor Casey

Councillor Darcy

Councillor Philippa Davey

Councillor Sam Leaves

Councillor Murphy

Councillor Tuffin

Jacky Clift

Zebra Collective

1. Foreword

1.1 The Co-operative Scrutiny Board (the Board) has responsibility for holding the Cabinet to account for its decisions. We are charged with the scrutiny of the Council's decisions with respect to finance and performance, as well as the Council's key strategies and those of its partners.

1.2 The challenging economic climate, with reduced resources and rising demands for the Council's services, will inevitably have an impact on the residents of Plymouth. This was the first year that the Co-operative Scrutiny Board had been asked to scrutinise an indicative three year balanced budget 2014/15 to 2016/17. The Co-operative Scrutiny Board had a responsibility to comment on whether the actions to address the financial gaps in order to achieve a balanced budget were robust and fit for purpose. In order to carry out the Board's role effectively the work programme aimed to challenge the following -

- whether the Council's co-operative objectives were being effectively supported and resourced;
- ensure there is a clear understanding of the impact of the proposals for resource reduction and resource allocation on the City's neighbourhoods taking into account the views of people of Plymouth;
- ensure clarity around how changes in resources allocation in one service or partner area can impact on another service or partner area;
- determine whether the balance between overhead costs and service delivery costs is the right one;
- assess the impact of legislation on our ability to deliver services and whether we are fit for purpose for addressing this challenge;
- assess whether the corporate plan and budget encourage a sense of togetherness and ownership of council supported services, amenities and assets;
- to ensure the efficiency and effectiveness of public spending to show prudence in the use of public resources and to ensure value for money;

1.3 The sessions were delivered in a different way from previous years with the timetable based around the Council's four Co-operative Objectives: Pioneering Plymouth, Growing Plymouth, Caring and Confident Plymouth rather than by departmental structures. Building on the success of the previous year, all three meetings were webcast to continue the Council's drive to make decision making more open and transparent.

1.4 I would like to thank the Members of the Board for their commitment in conducting this scrutiny review. My thanks go to Jacky Clift from the Zebra Collective who sat on the Board as a co-opted representative and made an invaluable contribution.
I would also like to thank the Leader, Chief Executive, Cabinet Members and the Strategic and Assistant Directors who took part in the review. I would also like to express my appreciation for the valuable contribution made by colleagues from partner organisations. My personal thanks to the Lead Officer, Giles Perritt, Helen Wright and Phil Morgan for producing the report and Katey Johns for the webcast.

Councillor James
Chair of the Co-operative Scrutiny Board

2. THE FORMAT OF THE EVENT

2.1 The scrutiny event took place over three days. The meetings were held in public and, to continue the Council's commitment to open government and greater access to and involvement in the decision making process, all three days were webcast.

An innovative approach was taken towards the structure of the three days. In previous years this had been based around the Council's departmental structures. However, it was considered with the launch of the new Corporate Plan for the Brilliant Co-operative Council in July 2013, the format of the three days should reflect the Council's four objectives -

- Pioneering Plymouth;
- Growing Plymouth;
- Caring Plymouth;
- Confident Plymouth;

2.2 During the three days, the Board heard from partner organisations, the Council Leader and Chief Executive, Cabinet Members, Directors and senior officers, to consider the delivery of the co-operative vision within a three year sustainable balanced budget. As part of their consideration, the Board received a number of documents which supported the scrutiny process, including -

- delivery of the co-operative vision within a three year sustainable balanced budget;
- partner responses to the budget consultation
- the results of consultation with the public
- Fairness Commission position statement;
- Fairness Commission summer of listening;
- Corporate Plan performance framework monitoring report;
- staff survey;
- workforce information.

3. SESSION 1 – THE PARTNERS

3.1 The first meeting was held on 8 January 2014, the first session of which saw members probe the City Council and its partners about their views on changes within the public sector, their plans and priorities, both internal and in partnership, and the impact that these plans would have on service provision across partner agencies.

The Chair of the Board expressed his disappointment that, as one of the City's partners, Plymouth University was not represented at this scrutiny session.

3.2 During the first session the Board heard responses from -

- the Leader of Plymouth City Council and the Chief Executive;
- Office of the Police and Crime Commissioner;
- Western Locality NEW Devon Clinical Commissioning Group;
- Plymouth Hospitals NHS Trust;

- Devon and Somerset Fire and Rescue Service;
- Plymouth Community Homes;

3.3 **The Leader of Plymouth City Council and Chief Executive.** The Leader underlined the importance of a partnership approach to delivering City wide priorities. He stated that the challenges included -

- the continuing impact of the economic downturn;
- the broader impact of a growing elderly population;
- the rising demand on the Council for adult social care services with a reducing income to provide these;
- the Government settlement for 2014/15 which resulted in a reduction in the Council's budget in real terms of £14.2m;

3.3.1 The Leader assured the Board that despite these challenging circumstances, the Council remained fully committed to achieving its objectives which were set out in the Corporate Plan. As a Co-operative Council it was committed to transform the way in which it operates and delivers its services;

3.3.2 Whilst other local authorities were reducing their spend on the arts and culture, the Council would invest in the City's cultural offer, despite the challenging economic climate;

3.3.3 As part of the growth and municipal enterprise programme, the Council had launched several initiatives including Plan for Jobs and Plan for Homes. A £20 million investment fund had been created to invest in Plymouth's economy and as a result of the setting up of the1000 Club, 2000 opportunities had been created for young people. The Leader added that the Plan for Homes would provide 1000 homes per year over the next five years;

On a broader front the Leader stated that economic growth was a key factor in delivering local spending, strengthening local businesses and creating a better climate for investment. The growth in business rates together with the New Homes Bonus and additional Council Tax revenue all formed a fundamental part of the Council's strategy to address the funding gap;

3.3.4 Prioritisation of preventative work was necessary to not only reduce costs but to set standards of care for people whilst treating them with dignity and respect;

3.3.5 Finally, the Leader stated that it was important to recognise the role of the Council in 'place shaping'. The rebranding of the City as 'Britain's Ocean City' underpinned the Council's work to make this the best City in the country;

3.4 **Office of the Police and Crime Commissioner** Ian Ansell, the Criminal Justice, Partnerships and Commissioning Manager advised the Board of the significant budget challenge for 2014/15.

It had been announced in December 2013 that the Devon and Cornwall Police grant allocation would be reduced by 4.8 per cent which equated to a further reduction in central funding of £2.5m.

Through the Community Safety Partnership Fund, Plymouth would receive £426,071 in 2014/15 (which represented a reduction of 2.2 per cent from 2013/14); In addition, Plymouth had benefited from the Small Grants Fund with two successful bids and a further six which benefited both Plymouth and the surrounding areas (£40,000); finally, in terms of funding, there was a continued commitment to support Plymouth's sexual health referral centre (£650,000), Safeguarding for Children and Adults and the Youth Offending Team;

3.4.1 The Board was advised that the Police and Crime Plan was currently being reviewed to reflect the experience gained in the first year and to address emerging challenges. The revised Plan would provide a greater focus on priority actions and activities including the following -

- the continuing harm posed by alcohol relating to low level violence and anti-social behaviour and its correlation with domestic abuse;
- mental health care which had seen a significant pressure placed on resources (people suffering from mental health issues were being put in a custodial environment as a place of safety);
- the significant increase in reported domestic abuse incidents (a rise of 15.2 per cent);

3.4.2 The Police and Crime Commissioner had indicated his intention to prioritise work aimed at reducing the harm posed by alcohol given its significant individual, social and economic costs. Strong partnership working would be required to offer effective and timely solutions to the issue of mental health care;

3.4.3 The Local Criminal Justice Board had set up a working group to investigate mental health issues and, in particular, to ensure that young people detained under the Mental Health Act, were not placed in a custodial setting. The group would also look at improving services such as the street triage system, which offered direct support to operational staff through the engagement of mental health nurses, and access to medical records which would assist in making informed decisions in caring for the individual's needs;

3.5 **Western Locality NEW Devon Clinical Commissioning Group** Karen Kay, Head of Locality Commissioning for planned Primary Care advised that the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) covered a population of approximately 890,000 people and spent £1.1 billon to provide health care. Five key areas were covered in this presentation –

- mortality rates;
- the needs of the individual against available resources;
- people with long-term conditions
- early support
- community support;

3.5.1 GP surgeries had witnessed the rising burden of illness and the rise in the elderly population. Across the City there was marked differences in the mortality rates from one side to the other which was totally unacceptable and needed to be addressed;

3.5.2 One issue had arisen from the work to set the CCG's values was the commitment to meet the needs of the individual whilst balancing the resources required to meet the needs of the wider population;

3.5.3 There had been excellent partnership working, led initially by the Primary Care Trust relating to the needs of people with long term conditions;

3.5.4 'Up streaming' of resources had started to progress with partners in order to identify needs and provide services earlier rather than having to respond to crises later down the line;

3.5.5 As part of the national policy for transforming community services in 2009/10, some community services across Devon were not placed in a permanent position. Therefore some commissioning work still needs to be undertaken over the next few years. The Better Care Fund would offer an opportunity for partners to commit to work towards achieving integrated services;

3.6 **Plymouth Hospitals NHS Trust** Ann James the Hospital's Chief Executive, offered an unambiguous commitment to partnership working across all agencies in the City in pursuit not only of health objectives, but also a commitment to broader objectives. She also commended the Council for its inclusive partnership arrangements. Her concerns centred on whether the City's agencies were fully geared up for the "clarity, pace, scale and implications of wholesale change that would be necessary to address growing needs and ambitions at a time of reducing resources;

3.6.1 This had been a challenging year for the Trust and one which had seen it focus on improving the quality of services, addressing the major key national indicators for performance and establishing a three year clinical and financially sustainable three year plan. The year ahead would be equally as challenging with the transformation and major reshaping that was required to achieve the outcomes for the City;

3.6.2 The key challenges for the Hospital included –

- its role in dealing with the consequences of the inequalities in the health and wellbeing of the population. In this context the Chief Executive applauded joined up working, such as the Dementia Friendly City;

- its ability to provide appropriate, timely, safe and effective health care within the resources available;

- dealing with its financial situation. A deficit budget was set in 2013/14 of £13m (overall budget of £410m) with planned internal savings of £24m. At this stage not all the internal savings have been achieved.

  For 2014/15 a recurrent deficit budget of £18m had been set, with a year on year efficiency saving of 4 per cent (which equated to £16m);

- the NHS was not in a period of growth and as such the Hospital would need to work with its partners in identifying areas where it could increase its income. The Hospital would need to move away from the traditional models of care and redesign new models which would need to provide sustainable services;

3.7 **Devon and Somerset Fire and Rescue Service** Lee Howell, the Chief Fire Officer advised that, although its financial settlement remained challenging, there would be no new significant changes planned for Plymouth in 2014 on top of those agreed in 2013. The Government grant for the service had reduced in 2013 by 10.3 per cent and 7.3 per cent in 2014. The 2014/15 budget forecast savings of £3 million in order to achieve a balanced budget. These savings would be realised from the implementation of the changes agreed by the Fire Authority in 2013 and continued efficiencies from non-operational budgets;

3.7.1 Work continued with the Council to improve public safety. The approach of reducing demand through preventative actions had resulted in a reduction in demand of 50 per cent in the last five years; this had been achieved through a number of channels including legislative reforms and changing society trends;

3.7.2 It was acknowledged that the Devon and Somerset Fire and Rescue Service was not in the same position as most of its partners, as, although its funding was reducing, so was demand on its services;

3.7.3 The service was looking to work more closely with the Council to support and improve safety arrangements specifically associated with dementia and mental health. Work continued with Public Health to contribute to improving the safety and independence of people in their own homes by reducing slips, trips and falls;

3.8 **Plymouth Community Homes** Clive Turner, the Chief Executive advised that the main focus of Plymouth Community Homes, formed in November 2009 to receive the transfer and ownership of 16,000 homes from Plymouth City Council, was to deliver major improvements to homes via a Decent Homes programme and the regeneration of North Prospect;

3.8.1 Plymouth Communities Homes was aware that the Fairness Commission had highlighted that the main issue in the City, apart from housing supply, was the private rented sector which was having a major impact on the City's housing needs;

3.8.2 Work was being undertaken in partnership with British Gas and Plymouth City Council to dramatically improve the thermal insulation of houses, improving communities, reducing fuel poverty and creating hundreds of jobs;

3.8.3 The impact of welfare reform had resulted in Plymouth Community Homes and other housing associations having to commit large amounts of resources to minimise the effect of the spare bedroom tax.

In the organisation's view, it would become increasingly more difficult for partners to maintain the resilience of communities if welfare reform continued to be the main driver for central government savings;

3.8.4 There was a strong culture of partnership working in the City and the best way to strengthen this was to provide people with jobs which were reasonably paid and houses that were well insulated - two overriding priorities of the Council which Plymouth Community Homes was fully aligned to;

3.8.5 The Chief Executive stated that the key areas of concern for his organisation included the impact of any reductions in Council spending in such areas as mental health and alcohol services, youth services and schools, any reduction in the budgets for discretionary housing payments and grounds maintenance, the use of the Council's statutory Disabled Facilities Grant and the lack of funding available to support low income owner occupiers to improve their homes;

3.8.6 The Chief Executive also expressed concerns that capital receipts from the sale of socially rented homes that would be retained by the Council might be used for purposes other than for investment in the City's housing stock.

4. CHALLENGE OF PARTNERS

4.1 Following the presentations by partner organisations, Board members questioned the partners and raised the following concerns -

- the presentation provided by the representative of the Office of the Police and Crime Commissioner made little reference to Plymouth as the largest urban area, representing a third of overall police resourcing in the force area. The lack of awareness of the City's objectives and values as contained in the Corporate Plan led the Board to consider that this did not represent adequate engagement by the Office of the Police and Crime Commissioner;

- whether the City's agencies were fully prepared for the clarity, pace, scale and implications of the wholesale change, that would be necessary to address the growing needs and ambitions at a time of reducing resources;

- the lack of engagement of the voluntary and community sector on the informal guiding partnership group for One Plymouth. The Board heard from the Chief Executive that One Plymouth was an information "guiding partnership" of City leaders which had met on three occasions to establish the contribution that they could make in ensuring that the City was able to meet its strategic objectives. There were currently no community and voluntary sector leaders engaged with the group.

Recommendations	To	Ref
That the Police and Crime Commissioner, in consultation with Chief Constable, reconsider how the force is represented at the Council's budget and Corporate Plan scrutiny sessions in the future	Police and Crime Commissioner	**R1**
That clear and specific priorities for health outcomes are agreed between partners and are the focus for delivery of all relevant agencies	Health and Wellbeing Board	**R2**
That the Leader and Chief Executive consider how the voice of the community and voluntary sector can be better heard by One Plymouth and by other Council Partners	Cabinet	**R3**

5. INDICATIVE BUDGET AND TRANSFORMATION PROGRAMME

5.1 During this session the Board heard from the Cabinet Member for Finance and the Cabinet Member for Children and Young People (with responsibility for the Transformation Programme);

5.2 **The Cabinet Member for Finance**, Councillor Lowry, presented the draft budget for 2014-15, and an indicative budget for the subsequent two years, accompanied by Councillor Williams, who presented the Council's transformation programme.

The Cabinet Member for Finance advised that the net revenue budget for 2013/14 was £212.5m with a forecast overspend of £981,000 and that measures were being put in place in order to achieve a balanced budget. The adverse variances in the budget were attributed to the overspend in adult social care, children's services and economic development;

5.3 It was forecast that the net budget in 2016/17 would reduce to £184.46m; this represented a 51 per cent reduction in the government formula grant (£37.64m). This meant that there would be more reliance on the City being able to generate local income rather than receiving it from Central Government (ie income generated around business rates and council tax);

5.4 In order to achieve savings for the 2014/15 to 2016/17 the following actions would be taken –

- re-design services (which included the most appropriate delivery of environmental services; the delivery of all remaining respite and day care and an alternative model for caretaking and cleaning services);
- co-operative partnerships (which included ICT Shared Services (DELT) and joint working with health to maximise external funding);
- reduced external spend (which included commissioning of a revised Strategic Materials Recycling Facility and targeted reduction in supplies and services in non-essential areas);
- raised income (which included the review of fees and charges);

- Corporate Health and Grants Maximisation (which included rescheduling of borrowing, changes to terms and conditions further rationalisation of management);
- Transformation, which included challenging and transforming the way in which the Council operated which would result in a completely different approach to customer services and the shape of the organisation in three years' time;

5.5 As a result of these actions it was estimated that in excess of 300 full time equivalent posts would need to be shed in the next two years;

5.6 The proposed increase of 1.99 per cent in the Council Tax rate for 2014/15 would result in the Council's ability to achieve the following –

- a reduction of five per cent for the Council Tax Support from 25 per cent to 20 per cent;
- extra support of approximately £50 for 16,000 claimants;

5.7 The Cabinet Member for Finance stated that, despite the proposed increase, the Council would retain the lowest average Council Tax levels in the South West;

5.8 Cabinet Members continued to challenge the affordability of the Council's four year Capital Forecast for the period 2013/14 to 2016/17. However there remained some volatility around future capital grant funding and income generation through capital receipts;

5.9 In 2013/14 a unique investment fund of £20m was created to specifically focus on supporting and growing the local economy and creating jobs. Schemes approved and under consideration included the History Centre, road infrastructure, City Deal, new schools and the Housing Loan scheme;

5.10 **The Cabinet Member for Children and Young People (with responsibility for Transformation)** Councillor Williams advised that the Council's blueprint for a brilliant co-operative council, which had been designed with elected members and staff, set out the future design for the way in which the Council would commission and deliver services. It also provided the Council with a way to assess the organisational capabilities that would be required in the future. Governance arrangements had been put in place around the transformation programme, and there was a commitment to engage with staff at every stage and level;

5.11 The blueprint would direct the Council's ambitious Transformation Portfolio of Programmes, aimed at achieving a balanced budget in years 2014/15 to 2016/17 through income growth and savings. The blueprint would fundamentally change the way that the Council conducted its business by improving efficiency and reducing costs, whilst still delivering benefits to customers. Significant savings would be focused in four key areas -

- economic growth initiatives;

- customer led service re-design;
- creating an integrated approach to health, wellbeing and social care commissioning;
- smarter, evidence based decision making for the Council;

5.12 It was anticipated that the net benefit of the Transformation Programme during the period 2014/15 to 2016/17 could be £35.3m. Work was being carried out to build the outline business cases, including detailed financial information, which would be available for scrutiny in March 2014.

6. CHALLENGE OF THE INDICATIVE BUDGET AND TRANSFORMATION PROGRAMME

6.1 Following the presentations, the Board Members questioned the Cabinet Members and senior officers on the information that had been provided. The key issues arising from the questioning session included –

- the lack of information relating to the challenges faced by the City Centre over the next three years;
- the lack of engagement with the voluntary and community sector in the Council's transformation programme;
- the lack of engagement of the City's partners relating to the Council's capital spending priorities;
- finally, the concerns raised by the Chief Executive of Plymouth Community Homes about the use of capital receipts from the sale of socially rented homes, were put to the Cabinet Member for Finance;

6.2 In response to these issues the Cabinet Member for Finance advised that he saw the City Centre as a key priority. He also accepted that partners in the statutory, business and community and voluntary sectors would have an interest in the Council's capital spending priorities;

6.3 The budget report considered by Cabinet on 10 December 2013 and presented to the Co-operative Scrutiny Board for consideration contained 'indicative transformation portfolio costs and benefits' which show an overall cost of the programme over a three year duration from 2014-15 to 2016-17 of £16.1m, with net cumulative savings of £33.8m. These figures came out of work undertaken during 2013 with Ernst and Young and were described as provisional. The budget report does not contain any further detail regarding the programme;

6.4 A further briefing provided to the Board regarding the Transformation Programme's impact on the 2014-15 budget indicated that net benefits of £1.2m were built into the budget, based on income and savings across the five Transformation Programmes of £7m and upfront investment in the Transformation Programme of £5.8m.

Details concerning the assumptions made in arriving at the income, savings and investment costs were not available, and questioning of the Cabinet Members and Directors responsible for each of the programmes demonstrated that the figures were still provisional, with business cases demonstrating the detail of the programmes and the basis of the figures, not yet available. The Board heard that an independent review will be commissioned to appraise the overall status of the transformation programme including an opinion as to the achievability of the benefits, but that this work had not yet been undertaken;

6.5 On the basis of the evidence presented with respect to the transformation programme, the Board could not reasonably reach a conclusion as to its deliverability.

Recommendations	To	Ref
Cabinet should consider the impact of ring-fencing capital receipts from Plymouth Community Homes 'Right to Buy' sales to investment in the City's housing infrastructure	Cabinet	**R4**
That the proposals for addressing the challenges faced in the City Centre over the next three years are published for discussion	Cabinet	**R5**
That the Cabinet Member for Finance considers consultation arrangements with the Council's partners over its capital spending priorities	Cabinet	**R6**
Further reassurance is needed concerning the robustness of the figures relating to transformation income, savings and investment prior to the presentation of the 2014-15 budget to Council	Cabinet	**R7**
Information relating to the deliverability of the 2014/15 transformation proposals, which is part of the statutory budget, are made available for scrutiny	Cabinet	**R8**
The assumptions on which the transformation figures for 2015/17 are based, and the risks associated with delivery, should be available for scrutiny	Cabinet	**R9**
The role of the Co-operative Scrutiny Board and its Panels in holding the executive to account for the delivery of the transformation programme in the coming year should be clarified, agreed and published	Co-operative Scrutiny Board	**R10**
The proposals for the engagement of the community and voluntary sector in the Council's transformation programme are prepared for discussion	Cabinet	**R11**

7. PIONEERING AND CONFIDENT PLYMOUTH

7.1 Session two held on 13 January 2014 saw the challenge of the Leader, Deputy Leader, Cabinet Member for Environment, Cabinet Member for Transport and the Cabinet Member for Children and Young People on their portfolios relevant to Pioneering, Confident and Growing Plymouth. The Leader and Cabinet Members were supported in this session by Strategic and Assistant Directors.

7.2 The Board was informed of the key issues relating to Pioneering and Confident Plymouth, which included –

- the opportunity to offer a fully transactional website providing customers with self-serve/assisted self-serve options (for those customers most in need assistance would be provided in the traditional way);

- the relocation of Customer Services to a new City Centre location which would provide an opportunity to offer services in a more joined up way;

- the restructure of the Library Service had enabled extended opening hours, delivery of some services locally and the provision of wi-fi;

- performance in Customer Services, included -

  - 96.4 per cent call answer rate (72 per cent answered within 30 seconds);
  - 98.5 per cent collection rate for the transaction centre;
  - 98 per cent satisfaction rate on calls;

- Environmental Services had a gross budget of £41.4m per annum and generated income of £14.3m which resulted in a net budget of £27.1m per annum which had been consistent over the last five years;

- achieving a balanced budget had been, and would continue to be, challenging; budget pressures included an estimated increase of £800,000 in landfill tax, although this figure would reduce when the Energy to Waste Plant was operational, along with a reduction in recycling commodity prices and increases in utility and fuel costs. There were opportunities to generate income through fees and charges and to achieve savings through efficiencies;

- achievements of the service over the last 12 months, included –

  - household glass kerbside collection pilot service;
  - new material recycling facility solution (£4m funding secured through the 'Pickles' Pot');
  - £980,000 investment in new mini buses, £1.7m investment in new plant and equipment and investment in new technology;
  - five Green Flag awards for City parks;

- the formation of the new Street Scene Service brought the majority of the frontline services together, providing an opportunity to achieve further efficiency savings. The services included –

  - Fleet and Garage;

- Living Streets and Network Management;
- Parking and Maritime;
- Street Scene and Waste;

- Transport and Highways were 'on track' to achieving a balanced budget for 2013/14 despite continuing challenging financial pressures;

- achievements of the service over the last 12 months, included –

  - the launch of a public and private partnership with Access Plymouth and City Bus to provide an improved 'ring and ride' based service;
  - following the review undertaken by scrutiny, negotiations to secure a five year contract for the subsidised bus services had been successful, resulting in a new cross City bus link (the number 14 service);
  - a multi-operator bus ticket, the 'skipper ticket', had been launched which allowed unlimited travel across the City and surrounding areas and across all providers;
  - South West Rail Peninsula Task Force had secured cross party agreement and would be launched in Westminster to highlight the need for rail connectivity for the region;
  - the highway maintenance investment fund of £2m over the next 10 years had resulted in the resurfacing of 42 roads (equivalent to 14 full size football pitches being resurfaced), major patching to 36 roads and micro asphalt treatment to a further 13 roads; 5750 permanent first time repairs had been completed out a total number of 8000 potholes;
  - a major challenge to investment in the City's roads was the recent announcement by central government that a new tool would be used to allocate funding (Highways Efficiency Maintenance Programme) which would require a detailed survey of the conditions of all the roads in the City.

- Work undertaken by HR, included –

  - improving sickness absence (average number of days sick per full time equivalent was 7.7 days, the target was 8.49 days) and the implementation of the learning package aimed to support managers and staff during periods of absence;
  - a Learning Agreement had been signed with the Trade Unions which supports the Council's priorities to develop skills in the workplace and offers a wider range of options for learning and development of staff;
  - employee benefits were available to all staff through the IChoose scheme which provided national and local offers;
  - the implementation of the Living Wage across the Council;
  - the provision of health and wellbeing initiatives such as Stoptober and Beat the Bug;
  - the introduction of salary sacrifice schemes for staff parking at the Western Approach car parking and the Cycle to Work Scheme;
  - an assurance was given that support mechanisms would be put in place, such as job clubs for those members of staff compulsory redundancy.

8. CHALLENGE OF PIONEERING AND CONFIDENT PLYMOUTH

8.1 Following the presentations, the Board Members questioned the Cabinet Members and Senior Officers on the information that had been provided. The key issues arising from the questioning session included –

- the lack of information relating to the revenue projections for car parking and the investment programme;
- concerns relating to the implementation of the Living Wage across the Council's partners and contractors;
- concerns relating to the impact of the high cost of public transport on families on low income;
- concerns that the Council should not bear the costs of the recent flooding issues which had occurred as a direct result of problems with South West Water's infrastructure;
- the lack of detail and clarity relating to the proposed investment of £800,000 in developing skills as set out in the Transformation Programme;
- concerns relating to staff engagement and negotiations – specifically to the Transformation Programme given the number of staff that were not represented by Trade Unions;
- concerns regarding the welfare of staff during the transformation process and with the impending 300 job cuts.

Recommendations	To	Ref
Revenue projections from car parking and their use in the improvement of transport over the next three years are published	Cabinet	**R12**
The Council commits to ensuring that the Living Wage is adopted by third party contractors through is commissioning and procurement arrangements	Cabinet	**R13**
The Cabinet Member for Transport responds to the concerns raised by the Fairness Commission about the impact of high public transport costs on people with low incomes	Cabinet	**R14**
The Co-operative Scrutiny Board engages with the appropriate agencies to ensure that the City's flood protection infrastructure is fit for purpose	Co-operative Scrutiny Board	**R15**
That detail of the skills development programme identified for investment of £800k in each of the next three years is presented to the Co-operative Scrutiny Board as part of the arrangements for the scrutiny of the transformation programme	Cabinet	**R16**

That the Co-operative Scrutiny Board commissions a review of the arrangements for staff engagement and negotiation, given the nature of organisational change affecting the Council	Co-operative Scrutiny Board	**R17**
That work related stress issues are closely monitored and results brought to the Co-operative Scrutiny Board with reports on sickness levels	Cabinet	**R18**

9. GROWING PLYMOUTH

9.1 The Board was informed of the key issues relating to Growing Plymouth, which included –

- the work of Economic Development in 2013 –
  - the creation of 924 jobs and the safeguarding of 744 jobs with another 6,204 in the pipeline;
  - secured funding of £28.9m (with indirect secured funding of £86.8m)
  - 98 per cent occupancy and 126 lettings for estate management;
  - £216m investment in the pipeline for property deals;
- the level of delivery had made a significant impact on employment prospects –
  - a reduction in unemployment of 0.9 per cent and youth unemployment of two per cent;
  - gross value added had increased by 1.2 per cent (ahead of UK growth);
  - an increase in business birth rates;
  - an increase in visitor numbers of 14 per cent;
- the major priorities for 2014/15, included –
  - maximising the economic resources into Plymouth from the City Deal, Local Enterprise Partnership and European Union programmes;
  - shaping Plymouth's economy through the refresh of the Local Economic Strategy;
  - increasing the focus on employment and skills opportunities for young people and the long term unemployed;
  - prioritising City Centre working in partnership with the City Centre Company;
  - continuing to work in partnership with the Plymouth Culture Board, Plymouth Growth Board and Destination Plymouth;
- the work of the Education, Learning and Families, included -
  - working with partners to sustain and focus on opportunities for children and young people facing challenges in the job market, addressing the skills gaps and strengthening the advice, information and guidance provided to young people;
  - working with partners to ensure that inequalities for children based on disadvantage were reduced and this was reflected in their achievements;
  - ensuring that the correct support is in place for early years;

- improving the attainment levels of children with Special Education Needs (SEN)and reducing the number of young people Not in Education, Employment or Training (NEETs);

- the cultural offer for the City, included –

  - the transformation of the Royal William Yard as a major culture destination;
  - the bid for the UK City of Culture;
  - £12.5m Heritage Lottery Bid for the History Centre;
  - 16 major events in the City generating 356,000 visitors, £12.5m spend and 317 jobs;
  - the appointment of the first Chief Executive of Destination Plymouth;
  - the City's most successful marketing campaign reaching 120 million people and generating £2.2m in advertising including coverage of the National Fireworks Championships on the BBC's One Show;

- the work of Planning Services, included –

  - the eco deal with Plymouth Community Homes and British Gas worth £50m;
  - the launch of the Plan for Homes to deliver 5000 homes over the next five years;
  - the delivery of 700 dwellings and 266 affordable homes;
  - the successful negotiation of £11.3m Section 106 monies for the sole benefit of the community;
  - the completion of the Section 106 agreement to deliver 900 new homes and commercial floor space at Seaton Neighbourhood;
  - there were currently 37 major planning applications at pre application stage including development of land at Millbay and a 60 bed hotel at the Royal William Yard;
  - taking ownership of Devonport Market Hall with a £2.5m dowry to allow the development of a social enterprise for digital games business;
  - the main focus for the coming year would be the Plymouth Plan which would provide strategic direction to effectively deliver the City's growth vision;

- the strategic work for housing, included –

  - the Get Plymouth Building programme which had identified 10 sites across the City delivering 2,000 new homes. In addition to these sites a further 10 sites had been identified for release for housing development.

10. CHALLENGE OF GROWING PLYMOUTH

10.1 Following the presentations, the Board Members questioned the Cabinet Members and Senior Officers on the information that had been provided. The key issues arising from the questioning session included –

- concerns relating to the high levels of youth unemployment in the City despite the reduction in level over the past year and the involvement of partners in this process;

- concerns relating to the impact of public transport costs being a barrier to children and young people accessing education, employment and training;

- concerns regarding the rising costs of child care which were preventing people from seeking employment.

Recommendations	To	Ref
The Council demonstrates leadership in championing a co-ordinated multi-agency approach to youth unemployment, including those with different abilities and special needs to maximise the take-up of employment opportunities for all young people	Cabinet	**R19**
The evidence relating to public transport costs being a barrier to children and young people's access to education, employment and training is reviewed and appropriate action taken to address it	Cabinet	**R20**
A cross-party response is made from the Council to government raising concerns about the high costs of child care and the resulting impact on access to employment	Cabinet	**R21**

11. CARING PLYMOUTH

11.1 Session three held on 15 January 2014 saw the challenge of the Cabinet Member for Children and Young People, Cabinet Member for Public Health and Social Care and the Cabinet Member for Co-operatives and Community Development on their portfolios relevant to Caring Plymouth. The Cabinet Members were supported in this session by Strategic and Assistant Director. The Director for Public Health was also present at this session.

11.2 The Board was informed of the key issues relating to Caring Plymouth, which included –

- on average per year there were 4,100 child protection concerns raised and, this year, there had been a 17 per cent increase in referrals this year. There were currently 386 children in care and 395 children on the child protection register which represented a 30 per cent increase this year;

- the main focus on the services for children were -

  - early years and early help and intervention;
  - Safeguarding and child protection and the maintenance of high quality services for children in care;
  - Youth services targeted approach to youth work, youth justice and youth offending;
  - the education of children in care, children missing education and those for whom alternative provision was required;

- the Alternative Complementary Education services (ACE) had been visited by Ofsted and had received a 'good' report;

- the attainment of Children in Care was the responsibility of the Council's virtual school, with the Corporate Parenting Group monitoring progress so that were not disadvantaged in any way;

- Co-operative Commissioning and Adult Social Care provided care for 4000 people each year, with an anticipated increase of two per cent per year;

- a wide range of direct and commissioned services were provided for adults included safeguarding, improving the quality of care to enable people to remain in their own homes and residential settings, domiciliary care, residential care and a community equipment service;

- priorities of the service were to embed personalisation, to deliver efficiencies across all commissioning services and to embed integrated care co-ordination with health;

- there would be a reduction in the 2014/15 budget of £1m (to £69.5m) although there is a rise in demand with people living longer and having more complex health care needs;

- one of the biggest challenges within Adult Social Care was the current overspend for this year; plans were in place to deliver further savings, such as the review of the fairer charging policy, reducing the adult social care commissioning spend by five per cent and maximising grant funding;

- the vision for the service was to establish a collaborative, integrated and strategic approach on how the CCG and the Council could deliver services, reduce costs and improve serve user experience;

- the net budget for Homes and Communities in 2013/14 was £11m, £15m gross with the inclusion of grant funding and £2m grant for capital programme; over 300 members of staff and 100 volunteers;

- Homes and Communities worked across and with other departments, agencies and partners to build resilience in order to support citizens, the community and voluntary and community service partners.

12. CHALLENGE OF CARING PLYMOUTH

12.1 Following the presentations, the Board Members questioned the Cabinet Members and Senior Officers on the information that had been provided. The key issues arising from the questioning session included –

- although there were examples of best practice for sharing information across partner agencies, such as Encompass, there were concerns that this process needed to be more proactive in order to improve health and social care outcomes;

- concerns were raised relating to the continued funding provision for the Disabled Facilities Grant; in 2015/16 the funding would be given to the Clinical Commissioning Group which had the responsibility for the allocation of the funding, whilst the Council had the statutory responsibility for the delivery of the service;

- concerns were raised relating to the £400,000 underspend of the Exceptional Hardship Fund; it was acknowledged that the up-take of this fund may increase for the remainder of the financial year;

- concerns relating to lack of progress in addressing health inequalities in the City through the Public Health agenda.

Recommendations	To	Ref
The Co-operative Scrutiny Board commissions a review into best practice in information sharing across all appropriate partners	Co-operative Scrutiny Board	**R22**
The Council makes the case for continued funding for Disabled Facilities Grants from the Better Care Fund and other appropriate funding sources	Cabinet	**R23**
The Council urgently addresses the underspend in the Exceptional Hardship Fund to ensure that appropriate support is given to all those who qualify by reviewing its use and the eligibility criteria	Cabinet	**R24**
An action plan addressing a revised approach to health inequalities across the City is brought to the Caring Scrutiny Panel within six months by the incoming Director of Public Health	Director for Public Health	**R25**

13. RESPONSES TO EMERGING KEY ISSUES

13.1 At the end of the representations described above, the Board challenged the Leader and Chief Executive over the following issues:

- the resilience of partnerships;
- health inequalities in the City;
- mitigation of risks in the 2014/15 budget;
- the risks associated with the Transformation Programme;
- tackling mental health issues;
- utilising the voluntary and community sector;

14. RESPONSES FROM THE LEADER AND THE CHIEF EXECUTIVE TO THE EMERGING KEY ISSUES

14.1 The Leader and Chief Executive responded to the emerging key issues as follows –

- whilst the concerns of the Board relating to the risks associated with the Transformation Programme were fully recognised such issues at this early stage of the process, were 'normal';

the challenge of transforming the Council to look, work and interact with residents in a brilliant co-operative way could not be underestimated. Due to the nature of the financial savings required, it was inevitable that there were some over-arching risks associated with the delivery of a three year balanced budget;

- work was continuing to address the remaining revenue shortfall and firm up the transformation costs and benefits; the Council's Section 151 Officer would only sign off the 2014/15 budget once he considered to be robust;

- the Leader assured the Board that the Council and health commissioners/providers across the City were working to achieve improved mental health outcomes. The Council with its partners had set up and launched the Dementia Friendly City initiative;

- work continued both within the City and across the region to promote and strengthen partnership working including issues relating to Local Enterprise Partners and rail resilience;

- the community and voluntary sector had an important role to play in shaping and co-designing of services;

- a commitment was given to look at a submitting a cross-party letter to the Government relating to the impact of the high costs of child care on the people in the City.

15. RECOMMENDATIONS

	Recommendations	To
R1	That the Police and Crime Commissioner, in consultation with Chief Constable, reconsider how the force is represented at the Council's budget and Corporate Plan scrutiny sessions in the future	Police and Crime Commissioner
R2	That clear and specific priorities for health outcomes are agreed between partners and are the focus for delivery of all relevant agencies	Health and Wellbeing Board
R3	That the Leader and Chief Executive consider how the voice of the community and voluntary sector can be better heard by One Plymouth and by other Council Partners	Cabinet
R4	Cabinet should consider the impact of ring-fencing capital receipts from Plymouth Community Homes 'Right to Buy' sales to investment in the City's housing infrastructure	Cabinet
R5	That the proposals for addressing the challenges faced in the City Centre over the next three years are published for discussion	Cabinet
R6	That the Cabinet Member for Finance considers consultation arrangements with the Council's partners over its capital spending priorities	Cabinet
R7	Further reassurance is needed concerning the robustness of the figures relating to transformation income, savings and investment prior to the presentation of the 2014-15 budget to Council	Cabinet
R8	Information relating to the deliverability of the 2014/15 transformation proposals, which is part of the statutory budget, are made available for scrutiny	Cabinet
R9	The assumptions on which the transformation figures for 2015/17 are based, and the risks associated with delivery, should be available for scrutiny	Cabinet
R10	The role of the Co-operative Scrutiny Board and its Panels in holding the executive to account for the delivery of the transformation programme in the coming year should be clarified, agreed and published	Co-operative Scrutiny Board
R11	The proposals for the engagement of the community and voluntary sector in the Council's transformation programme are prepared for discussion	Cabinet
R12	Revenue projections from car parking and their use in the improvement of transport over the next three years are published	Cabinet

R13	The Council commits to ensuring that the Living Wage is adopted by third party contractors through is commissioning and procurement arrangements	Cabinet
R14	The Cabinet Member for Transport responds to the concerns raised by the Fairness Commission about the impact of high public transport costs on people with low incomes	Cabinet
R15	The Co-operative Scrutiny Board engages with the appropriate agencies to ensure that the City's flood protection infrastructure is fit for purpose.	Co-operative Scrutiny Board
R16	That detail of the skills development programme identified for investment of £800k in each of the next three years is presented to the Co-operative Scrutiny Board as part of the arrangements for the scrutiny of the transformation programme	Cabinet
R17	That the Co-operative Scrutiny Board commissions a review of the arrangements for staff engagement and negotiation, given the nature of organisational change affecting the Council	Co-operative Scrutiny Board
R18	That work related stress issues are closely monitored and results brought to the Co-operative Scrutiny Board with reports on sickness levels	Cabinet
R19	The Council demonstrates leadership in championing a co-ordinated multi-agency approach to youth unemployment, including those with different abilities and special needs to maximise the take-up of employment opportunities for all young people	Cabinet
R20	The evidence relating to public transport costs being a barrier to children and young people's access to education, employment and training is reviewed and appropriate action taken to address it	Cabinet
R21	A cross-party response is made from the Council to government raising concerns about the high costs of child care and the resulting impact on access to employment	Cabinet
R22	The Co-operative Scrutiny Board commissions a review into best practice in information sharing across all appropriate partners	Co-operative Scrutiny Board
R23	The Council makes the case for continued funding for Disabled Facilities Grants from the Better Care Fund and other appropriate funding sources	Cabinet
R24	The Council urgently addresses the underspend in the Exceptional Hardship Fund to ensure that appropriate support is given to all those who qualify by reviewing its use and the eligibility criteria	Cabinet

R25	An action plan addressing a revised approach to health inequalities across the City is brought to the Caring Scrutiny Panel within six months by the incoming Director of Public Health	Director of Public Health

Appendix 1 – Thank You

Partners

- Criminal Justice, Partnerships and Commissioning Manager, Office of the Police and Crime Commissioner
- Head of Locality Commissioning for Planned Primary Care, Western Locality NEW Devon Clinical Commissioning Group
- Doctor Lenden, Western Locality NEW Devon Clinical Commissioning Group
- Chief Finance Officer, Western Locality NEW Devon Clinical Commissioning Group
- Chief Executive, Plymouth Hospitals NHS Trust
- Director for Finance, Plymouth Hospitals NHS Trust
- Chief Fire Officer, Devon and Somerset Fire and Rescue Service
- Chief Executive, Plymouth Community Homes

Plymouth City Council

- The Council Leader
- Chief Executive
- Deputy Leader
- Cabinet Member for Finance
- Cabinet Member for Children and Young People
- Cabinet Member for Environment
- Cabinet Member for Transport
- Cabinet Member for Public Health and Adult Social Care
- Cabinet Member for Co-operatives and Community Development

- Strategic Director for People
- Strategic Director for Place
- Interim Director for Corporate Services
- Director for Public Health
- Assistant Director for Homes and Communities
- Assistant Director for Joint Commissioning and Adult Social Care
- Assistant Director for Education, Learning and Families
- Assistant Director for Children's Services
- Assistant Director for Strategic Planning and Infrastructure
- Assistant Director for Economic Development
- Interim Assistant Director for Street Services
- Interim Assistant Director for HR and OD
- Assistant Director for Finance
- Interim Assistant Director for Customer Services

- Head of Joint Strategic Commissioning
- Head of HR Corporate Functions
- Head of Organisational Development
- Head of Health, Safety and Wellbeing

Support for the Co-operative Scrutiny Board

- Giles Perritt, Head of Policy, Performance and Partnerships
- Helen Wright, Democratic Support Officer
- David Northey, Head of Finance

CARING PLYMOUTH

Tracking Resolutions and Recommendations
2013 - 2014

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
Minute 18 26 September 2013 Social Care Budget	Agreed that - 1. the Panel is provided with a breakdown of the £75 million to include staffing and administration costs, this to include a breakdown of the £4.5m social care 256 money. 2. the Panel is provided with a process paper on joint assessment, how it's undertaken and who has responsibility for continuous healthcare.	Date	14 November 2013
		Officer	Dave Simpkins, Assistant Director for Co-operative Commissioning
		Progress	Dave Simpkins to provide the panel with the information as requested. Amelia Boulter to chase and circulate by email.
Minute 27 14 November 2013 Dementia Strategy	Agreed that a review of the Dementia Strategy takes place in the New Year to review the action plan.	Date	March 2014
		Officer	Craig McArdle, Head of Joint Commissioning
		Progress	Scoping meeting take place by March 2014.
Minute 28 14 November 2014 Public Health Outcomes	Agreed that the panel receive on a quarterly basis the Public Health Outcomes report to include trends and narrative on progress to address issues.	Date	March 2014
		Officer	Rob Nelder, Public Health Consultant
		Progress	The panel to receive the information as requested on a quarterly basis. This is an agenda item for 6 March 2014.
Minute 36 30 January 2014 Better Care Fund	The panel noted the Better Care Fund briefing and agreed that progress on the Better Care Fund provision be reviewed by the panel when more information is available.	Date	TBC
		Officer	Craig McArdle, Head of Joint Commissioning
		Progress	Draft submission went to the Health and Wellbeing Board on 13 February 2014.

Recommendations sent to the Cooperative Scrutiny Board.

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded
30 January 2014	Work Programme	Agreed	19 February 2014

Recommendation/Resolution status

Grey = Completed item.

Red = Urgent – item not considered at last meeting or requires an urgent response.

CARING PLYMOUTH

Work Programme 2013 - 2014

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance and is subject to approval at the Cooperative Scrutiny Board.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
04.07.13	Urgent Care - accident and emergency improvement plan - NHS111 commissioning	To look at the plans in place for dealing with emergencies	Public Interest	Jerry Clough (Director of Western Locality) (speak to Amanda Nash)
	Public Health	Plans for next 12 – 18 months	New Council Service	Debbie Stark – Interim Joint Director of Public Health Carole Burgoyne – Director for Place
	Healthwatch	What are their plans for the first 12 months of operation?	New Council contract	Vicky Shipway – Chief Executive for Colebrook Society Ltd Craig McArdle – Head of Strategic Commissioning, Adult Social Care
26.09.13	Social Care Budgets	To receive a report on the social care budgets to include delivery plans and update on personalisation.		Dave Simpkins – Interim AD for Joint Commissioning
	Health & Well Being Strategy	To receive a progress report on the development of the Health and Wellbeing Strategy.	To note	Ross Jago – Research and Policy Officer
	Disabled Parking at Derriford Hospital	To look at the plans for disabled parking at Derriford Hospital.	Part of the consultation process prior to plans being submitted to Planning for approval.	Andrew Davis

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
14.11.13	Carers Strategy	To be provided with an update on the strategy.	Strategy due for a refresh in 2013.	Debbie Butcher
	Dementia Strategy	To be provided with an update on the strategy.		Debbie Butcher
	Pledge 90 – Mental Health Review	To receive a further update on the progress on the mental Health Review.	Review of findings.	Craig McArdle
30.01.14	Integrated Transformation Fund	To review the plan prior to submission to the Department of Health on 15.02.14.	Review the plan.	Craig McArdle and Paul O'Sullivan
	Review of Car Parking Charges at Derriford Hospital	To have input into the consultation process on car parking charges at the hospital.		Andrew Davies – Derriford Hospital Trust
06.03.14	Recommendations from Budget Scrutiny	To review the recommendations made at budget scrutiny	To add any relevant recommendations for action onto the Caring Plymouth Tracking Resolutions	Candice Sainsbury
	Safeguarding Adults Board	To have an understanding on the role of the board	The board to have awareness of other partnerships	Debbie Butcher
	Continuing Health Care	Process/Costs to PCC		
03.04.14	Children's Health	To give the panel an understanding of children's health – - Vaccinations - School nursing/health visitors - Referrals - breastfeeding	Children's Health previously addressed by the CYP OSP.	Public Health School Nurse Service Health Visitor

Scrutiny Review Proposals	Description
Health Accountability Forum	The forum is an opportunity for Plymouth Hospitals NHS Trust (PHNT) to answer any questions on any concerns and issues raised by members of the public and members of the Caring Plymouth Panel. The forum may lead to more specific items to be explored further in a Co-operative Review.
Dementia Strategy Review	PID to be produced. Meeting taking place on 22.01.14
Carers Strategy Refresh	PID to be produced. Meeting taking place on 22.01.14

Scrutiny Review Proposals	Description
Pledge 90 – Mental Health Review	In May 2012, Plymouth City Council announced 100 pledges around the 10 priority areas identified in the Corporate Plan. Pledge 90 was to 'conduct a wide ranging review of the adequacy of mental health service and support in the city alongside mental health providers and charities'. Review took place on 16.12.13.
Maternity Services	

One-off sessions

To cover the relationship between the Health and Wellbeing Board, NEW Devon CCG and Local Area Team to look at roles and responsibilities.

Health Champion Training provided by Public Health.

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