#plymcabinet

Democratic and Member Support
Chief Executive's Department
Plymouth City Council
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Published 02 November 2015

CABINET

Tuesday 10 November 2015
2.00 pm
Council House, Plymouth

Members:
Councillor Evans, Chair
Councillor Smith, Vice Chair
Councillors Coker, Philippa Davey, Lowry, McDonald, Penberthy, Jon Taylor, Tuffin and Vincent.

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

This agenda acts as notice that Cabinet will be considering business in private if items are included in Part II of the agenda.

This meeting will be broadcast live to the internet and will be capable of subsequent repeated viewing. By entering the Warspite Room and during the course of the meeting, Councillors are consenting to being filmed and to the use of those recordings for webcasting.

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Tracey Lee
Chief Executive

CABINET

AGENDA

PART I (PUBLIC MEETING)

1. APOLOGIES

To receive apologies for absence submitted by Cabinet Members.

2. DECLARATIONS OF INTEREST (Pages 1 - 2)

Cabinet Members will be asked to make any declarations of interest in respect of items on this agenda. A flowchart providing guidance on interests is attached to assist councillors.

3. MINUTES (Pages 3 - 8)

To sign and confirm as a correct record the minutes of the meeting held on 13 October 2015.

4. QUESTIONS FROM THE PUBLIC

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

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

5. CHAIR'S URGENT BUSINESS

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

6. BRETONSIDE UPDATE

Anthony Payne (Strategic Director for Place) will update Cabinet Members on the progress of the development at Bretonside.

7. GAMBLING ACT 2005 STATEMENT OF LICENSING POLICY (Pages 9 - 62)

Kelechi Nnoaham (Director of Public Health) will submit a report providing details of the three year review of the City Council's Gambling Act Statement of Licensing Policy and containing a draft policy to commence from 31 January 2016. Cabinet will be asked to recommend the revised Statement of Licensing Policy to the City Council to formally adopt prior to the expiry of the current policy on the 30 January 2016.

The background paper (the equality impact assessment and consultation responses) can be accessed at the Council's website Council and Democracy/Councillors and Committees/Library/Cabinet background papers or using the following hyperlink – **http://tinyurl.com/q3d6bmh**

8. INTEGRATED COMMISSIONING STRATEGIES (Pages 63 - 178)

Carole Burgoyne (Strategic Director for People) will submit a report seeking approval of the following Integrated Commissioning Strategies which will drive commissioning activity across Plymouth City Council and the Western Locality of NHS Northern, Western and Eastern Devon Clinical Commissioning Group (NEW Devon CCG) over the next five years –

(1) Commissioning an Integrated System for Population Health and Wellbeing (overview);
(2) Wellbeing Commissioning Strategy;
(3) Community Based Care Commissioning Strategy;
(4) Children and Young People's Commissioning Strategy;
(5) Enhanced and Specialised Care Commissioning Strategy.

The background paper (the equality impact assessment) can be accessed at the Council's website Council and Democracy/Councillors and Committees/Library/Cabinet background papers or using the following hyperlink – **http://tinyurl.com/q3d6bmh**

9. CORPORATE PERFORMANCE REPORT: CORPORATE PLAN QUARTER TWO AND PLEDGES UPDATE (Pages 179 - 200)

Tracey Lee (Chief Executive) will submit the Quarter Two, 2015/16, Corporate Performance monitoring report which will provide a summarised evaluation and assessment of progress towards the Council's ambitions as a brilliant cooperative council, using revised key actions (and their milestones) and revised performance indicators. The report will provide an update on the pledges as at 16 October 2015.

10. CAPITAL AND REVENUE MONITORING REPORT 2015/16 SECOND QUARTER (Pages 201 - 214)

The Corporate Management Team will submit a report on the Council's finance monitoring position as at the end of June 2015.

The report will detail how the Council is delivering against its financial measures using its capital and revenue resources, seek approval of relevant budget variations and virements, report new schemes in the capital programme and will propose increases to the capital financing envelope.

11. CITIES OF SERVICE UPDATE (Pages 215 - 220)

Tracey Lee (Chief Executive) will submit a report on the progress of the current Cities of Service projects since the local launch of the scheme in October 2014 and the future plans for the programme.

12. 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 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000. At the time this agenda is published no representations have been made that this part of the meeting should be in public.

(Members of the public to note that, if agreed, you will be asked to leave the meeting).

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, members are entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

Nil

DECLARING INTERESTS – QUESTIONS TO ASK YOURSELF

What matters are being discussed?

DPI

Does the business relate to or is it likely to affect a disclosable pecuniary interest (DPI)? This will include the interests of a spouse or civil partner (and co-habitees):

- any employment, office, trade, profession or vocation that they carry on for profit or gain
- any sponsorship that they receive including contributions to their expenses as a councillor or the councillor's election expenses from a Trade Union
- any land licence or tenancy they have in Plymouth
- any current contracts leases or tenancies between the Council and them
- any current contracts leases or tenancies between the Council and any organisation with land in Plymouth in they are a partner, a paid Director, or have a relevant interest in its shares and securities
- any organisation which has land or a place of business in Plymouth and in which they have a relevant interest in its shares or its securities

No

Yes → Declare interest and leave (or obtain a dispensation)

Private Interest

Does the business affect the well-being or financial position of (or relate to the approval, consent, licence or permission) for:

- a member of your family or
- any person with whom you have a close association; or
- any organisation of which you are a member or are involved in its management (whether or not appointed to that body by the council). This would include membership of a secret society and other similar organisations.

Yes

No → You can speak and vote

Will it confer an advantage or disadvantage on your family, close associate or an organisation where you have a private interest more than it affects other people living or working in the ward?

Yes

No → Declare the interest and speak and vote

Speak to Monitoring Officer in advance of the meeting to avoid risk of allegations of corruption or bias

Cabinet

Cabinet members must declare and give brief details about any conflict of interest* relating to the matter to be decided and leave the room when the matter is being considered. Cabinet members may apply to the Monitoring Officer for a dispensation in respect of any conflict of interest.

*A conflict of interest is a situation in which a councillor's responsibility to act and take decisions impartially, fairly and on merit without bias may conflict with his/her personal interest in the situation or where s/he may profit personally from the decisions that s/he is about to take.

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Cabinet

Tuesday 13 October 2015

PRESENT:

Councillor Evans, in the Chair.
Councillor Smith, Vice Chair.
Councillors Coker, Philippa Davey, McDonald, Penberthy, Jon Taylor and Tuffin.

Also in attendance: Lesa Annear (Strategic Director for Transformation and Change), Carole Burgoyne (Strategic Director for People), Andrew Hardingham (Assistant Director for Finance), Anthony Payne (Strategic Director for Place) and Nicola Kirby (Democratic Support Officer).

For part of the meeting: Paul Brookes (Programme Director), Liz Cahill (Strategic Commissioning Manager), Emma Crowther (Commissioning Officer), David Draffan (Assistant Director for Economic Development), David Northey (Head of Corporate Strategy), Caroline Paterson (Strategic Commissioning Manager), Claire Puckey (Commissioning Assistant), David Shepperd (Head of Legal Services), Richard Silcock (Commissioning Officer) and Gareth Simmons (Strategic Project Director).

Apologies for absence: Councillors Lowry and Vincent, Tracey Lee (Chief Executive) and Kelechi Nnoaham (Director of Public Health).

The meeting started at 2.00 pm and finished at 3.10 pm.

Note: At a future meeting, the Cabinet 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.

32. DECLARATIONS OF INTEREST

The following declaration of interests were made by a councillor in accordance with the code of conduct in respect of items under consideration at this meeting –

Name	Minute Number	Reason	Interest
Councillor Jon Taylor	Minutes 39 and 42: Award of contracts for domiciliary care services	Private	Employee of NEW Devon CCG.

33. MINUTES

Agreed the minutes of the meeting held on 8 September 2015.

34. QUESTIONS FROM THE PUBLIC

There were no questions from the public received in time for this meeting in accordance with Council Procedure Rule 11.2.

35. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

36. THE PLUSS ORGANISATION

Andrew Hardingham (Assistant Director for Finance) submitted a report on a proposal for Plymouth City Council, together with its three partner authorities (Devon County, Torbay and Somerset Councils) to relinquish its interest in the PLUSS Organisation which provided a range of employment and training programmes for people with disabilities and to support the conversion of the organisation to a Community Interest Company (CIC).

The report indicated that the proposal was considered to be in the long term interests of PLUSS and would enable the organisation to continue to provide its current services to the disadvantaged members of society and with continued growth on a national platform. It would also afford the owners the opportunity to divest themselves of ownership of PLUSS, which would remove current risks and liabilities.

Councillor Tuffin (Cabinet Member for Health and Adult Social Care) presented the proposals and thanked management and staff for their hard work and endeavour and wished the organisation all the best for the future with continued provision of services to the local community.

David Northey (Head of Corporate Strategy) attended the meeting for this item and referred to the previous Cabinet decision (minute 79 (2013/14) referred) which gave approval to sell the organisation but had not proceeded. Cabinet was also advised that the conversion to a CIC was scheduled for December 2015 to give a period of trading before the Department for Works and Pensions contract was due for renewal next year.

Alternative options considered and reasons for the decision –

As set out in the report.

Agreed that –

(1) the Council relinquishes its ownership of PLUSS and that approval is given to PLUSS converting to a Community Interest Company;

(2) it is noted that approval is subject to the other three local authority owners approving a report in the same terms as this report; and

(3) authority is given to the Head of Legal Services to sign all documents necessary in order to facilitate the process of the Council relinquishing its ownership of PLUSS and PLUSS converting to a Community Interest Company.

37. **PLYMOUTH HISTORY CENTRE**

Anthony Payne (Strategic Director for Place) submitted a report updating Cabinet on the progress of the History Centre project and on the outcome of the Heritage Lottery Fund mid-term review. The report sought approval of the business case, allocation of funding, the commencement of procurement and delegated authority for the Strategic Director for Place (in consultation with Councillor Smith) to appoint the contractor.

Councillor Smith (Deputy Leader) introduced the proposals and on behalf of Cabinet, thanked the officers for working tirelessly on this project.

Gareth Simmons (Strategic Project Director) gave a presentation on the project and David Draffan (Assistant Director for Economic Development) and Paul Brookes (Programme Director) also attended the meeting for this item.

Alternative options considered and reasons for the decision –

As set out in the report.

Agreed that –

(1) Cabinet formally accepts that the conditions of the 3 September Cabinet decision have been met and to allocate a further sum of £2.5m in the capital programme for the History Centre project.

(2) the business case is approved.

(3) the officers are authorised to commence the procurement of the works contractor in relation to the building and exhibition fit out of the History Centre.

(4) the decision for award of the contract (appointment of the works contractor) is delegated to the Strategic Director for Place in consultation with Councillor Smith, Deputy Leader.

38. **DEMENTIA FRIENDLY CITY PROGRESS UPDATE**

Carole Burgoyne (Strategic Director for People) submitted a report updating Cabinet on the progress of the dementia friendly city part of the Joint Dementia Action Plan and providing information on future plans.

Councillor Tuffin (Cabinet Member for Health and Adult Social Care) presented the progress report and reported that he had been honoured to present certificates yesterday to dementia friends who had shown a huge commitment to the community.

On behalf of Cabinet, Councillor Tuffin thanked Claire Puckey (Commissioning Assistant) for her enthusiasm and her work and indicated that she was an example of best practice in her field.

Rachel Silcock (Commissioning Manager) also attended the meeting for this item and reported on the work of other organisations in the city who were contributing to the initiative. At the invitation of Cabinet, Claire Puckey also reported further on some of the outcomes which had been identified in the report and the officers undertook to convey Cabinet's best wishes to the team.

Alternative options considered and reasons for the decision –

As set out in the report.

Agreed -

(1) that the progress in making Plymouth a Dementia Friendly City is noted;

(2) to continue supporting this initiative.

39. **AWARD OF CONTRACTS FOR COMMUNITY DOMICILIARY CARE SERVICES**

Carole Burgoyne (Strategic Director for People) submitted a report seeking to enhance current community domiciliary care provision by replacing one contract which was due to expire on 3 April 2016 and to award an additional contract. The report set out the result of the tender process and recommended the award of two contracts for community domiciliary care provision to the tenderers who had submitted the most economically advantageous tenders.

Councillor Tuffin (Cabinet Member for Health and Adult Social Care) introduced the proposals.

Councillor Evans (Leader) referred to the full details of the tender process which for reasons of commercial confidentiality were contained in a separate private report.

Caroline Paterson (Strategic Commissioning Manager) attended the meeting for this item and Cabinet was advised that the contracts would ensure that workers were properly rewarded, that visits were meaningful, would promote quality services, provide more flexibility across the market and provide choice for people.

Alternative options considered and reasons for the decision –

As set out in the report.

Agreed to award a two year contract, commencing on 4 April 2016, containing an option to extend the contract for a further three years in annual increments, to the two successful tenderers for the delivery of a Community Domiciliary Care Services in Plymouth identified in the Part 2 report (referred to in minute 42 below).

(Councillor Jon Taylor declared a private interest in the above item).

40. **CHILDREN'S RESIDENTIAL PLACEMENT CONTRACT AWARD**

Carole Burgoyne (Strategic Director for People) submitted a report seeking agreement to award a contract for up to seven locally based children's homes beds for the period to 31 March 2017, with an option to extend for a further year, if required.

The report indicated that decision would be based on an analysis of the current placement provider market and local need and would enable Plymouth children and young people in care to be placed in or closer to the city with care provided by a reputable children's home provider, maintaining their support networks and reducing the cost of their care.

Councillor McDonald (Cabinet Member for Children, Young People and Public Health) introduced the proposals.

Liz Cahill (Strategic Commissioning Manager) and Emma Crowther (Commissioning Officer) attended the meeting for this item. Cabinet Members were advised that the Council were currently working successfully with the provider and that although a tender process had not been undertaken to provide this urgent provision, the contract would be reviewed as part of the Peninsula tender process prior to expiry of the contracts in March 2017 and that a business case would be submitted during Spring 2016.

Councillor Philippa Davey as a corporate parent, thanked all those concerned for this much needed provision which would benefit both the children and their families.

Councillor Evans (Leader) referred to further information relating to the need for the additional placements and the provider market and performance which for reasons relating to individuals and commercial confidentiality were contained in a separate private report (referred to in minute 43 below).

Alternative options considered and reasons for the decision –

As set out in the report.

Agreed that a contract is awarded for up to seven locally based children's homes beds to The Cambian Group, consisting of two existing solo homes, three new solo provisions which are to be created, plus the option to block purchase placements at an existing two-bedded provision for the period to 31 March 2017, with an option to extend for a further year, if required at an estimated cost of approximately £1,260,000 per year.

41. **EXEMPT BUSINESS**

Agreed that under Section 100(A)(4) of the Local Government Act, 1972, the press and public be 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 paragraphs 1, 2 and 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

42. **AWARD OF CONTRACTS FOR COMMUNITY DOMICILIARY CARE SERVICES (E3)**

Further to minute 39 above, Carole Burgoyne (Strategic Director for People) submitted a confidential report relating to the award of contracts for community domiciliary care services.

Caroline Paterson (Strategic Commissioning Manager) reported that the contract award was being recommended following an open tender process.

Agreed to award a two year contract as set out in minute 39 above to the two successful tenderers identified in this report.

(Councillor Jon Taylor declared a private interest in the above item).

43. **CHILDREN'S RESIDENTIAL PLACEMENT CONTRACT AWARD (E1, 2 and 3)**

Further to minute 40 above, Carole Burgoyne (Strategic Director for People) submitted a confidential report relating to the need for the additional placements and the provider market and performance in relation to the children's residential placement contract award.

PLYMOUTH CITY COUNCIL

Subject:	Gambling Act 2005 – Statement of Licensing Policy
Committee:	Cabinet
Date:	10 November 2015
Cabinet Member:	Councillor Philippa Davey
CMT Member:	Kelechi Nnoaham (Director of Public Health)
Author:	Andy Netherton, Public Protection Service
Contact details:	Email: andy.netherton@plymouth.gov.uk Tel: 01752 304742
Ref:	
Key Decision:	No (Policy Framework item)
Part:	I

Purpose of the report:

The report provides details of the three year review of the City Councils Gambling Act Statement of Licensing Policy and contains a draft policy to commence from 31 January 2016. The Statement of Licensing Policy is specified within the Council's Policy Framework, therefore, Full Council is required to consider and formally adopt the revised policy prior to the expiry of the current policy on the 30 January 2016.

The Gambling Act 2005 (the Act) creates the regulatory system that governs the provision of all gambling in Great Britain, other than for the National Lottery and spread betting.
The regulation of gambling aims to promote the following licensing objectives:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime
- Ensuring that gambling is conducted in a fair and open way, and
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

Plymouth City Council is designated as a licensing authority for the purposes of the Gambling Act 2005 and is responsible for granting premises licenses within its area. Gambling premises would include casinos, bingo halls, betting shops, adult gaming centres and family entertainment centres. The Gambling Commission regulate the operators of gambling activities and how gambling is undertaken.

The Act requires the Council to review and publish a Statement of Licensing Policy every three years on how we will exercise our functions over the three year period to which it applies.

The new policy includes criteria which gambling operators should consider when completing their gambling risk assessments. It also outlines how the Council will use any Local Area Profiles once they are published.

It is likely that the work to generate these Local Area Profiles will identify specific local issues that may need to be addressed through the licensing policy. It is therefore likely that a further review of the policy will be required.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

Growth – Gambling is a part of the local leisure and entertainment industry offered within the City. This revised policy will provide businesses with a consistent and transparent view of how the Council will consider premises licence applications in respect to the design, layout and operation of premises used for gambling activities

Caring – Gambling activities could negatively affect a participant's welfare. This revised policy and the licensing system will assist in minimising the risk of negative impact as far as the law allows. The statutory controls via the Gambling Commission and Local Authorities will assist in excluding children and young persons from accessing age-restricted activities, or those with any gambling addiction. The trade also operates various voluntary schemes to tackle and assist those with gambling addictions.

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

None

The Gambling (Premises Licence) Fees (England and Wales) Regulations 2007 sets out the standards to be followed in the setting of gambling fees and charges. The regulations do not set a specific fee that the authority must charge but set a maximum that cannot be exceeded.

The Council Constitution Scheme of Delegation has delegated responsibility for setting fees to the Licensing Committee, who have determined that its fees should be set at the maximum level to secure full cost recovery in carrying out its regulatory functions as specified in the Act.

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

Members should be aware that Section 17 of the Crime and Disorder Act 1998 puts a statutory duty on every Local Authority to exercise its various functions with due regard to the need to do all that it reasonably can do to prevent crime and disorder in its area.

The Equalities Impact Assessment concluded that the new Statement of Licensing Policy would promote equality. It is a statutory requirement that no persons under the age of eighteen shall be permitted entry to age-restricted licensed premises for the purposes of gambling, although there is no upper limit. There are no restrictions that apply to any of the other protected characteristics i.e. disability, gender, race and sexual orientation.

Problem gambling can cause significant social and health problems, irrespective of socioeconomic status. The adverse impacts on family members, including children, are also clear (36% of callers to Gamcare reported gambling affected the family, friend or partner). Problem gambling can exacerbate child poverty. Parents who have a gambling problem may adversely affect their children's well-being; they are less likely to parent well; they will have less money to spend to meet their family's needs; and they may be less able to work.

Local data identifying the number of persons who are at risk of or those that experience problem gambling is not easily obtainable. National surveys are undertaken periodically which show that 4.2% of adults are classified as "at risk" with a further 0.4% classified as "problem" gamblers using the Problem Gambling Severity Index (PGSI).

The report highlights the requirements of the policy that protect children and vulnerable persons and identifies where further work on this topic is required

The policy seeks to allow licensed premises the legitimate opportunity to undertake licensed gambling activities providing that they are lawful and within their licensing requirements, in particular in respect to the protection of young persons and other vulnerable persons.

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? Yes

Recommendations and Reasons for recommended action:
That Members consider this report and to:

Recommend to the City Council that the Gambling Act Statement of Licensing Policy contained in Appendix A is adopted with effect from 31 January 2016.

Alternative options considered and rejected:
No alternative options are available

In order to comply with statutory requirements the Policy must be considered and adopted by City Council at the meeting set for 23 November 2015. There is a statutory requirement to publish the revised policy, at least four weeks before the date on which it comes into effect. Failure to meet these timescales would result in the Council not being able to process any applications after the 31 January 2016 until a new policy statement had been formally approved.

Published work / information:

Gambling Act 2005
Gambling Commission Guidance to Local Authorities (th Edition)
Plymouth City Council - Gambling Act Statement of Principles 2013 to 2016

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Responses to consultation	X								
Equality impact assessment	X								

Sign off:

Fin	**ODP HF PC15 16 001**	Leg	2415 5/ag/ 15.1 0.15	Mon Off	DVS 2418 0	HR		Assets		IT		Strat Proc	
Originating SMT Member													
Has the Cabinet Member(s) agreed the content of the report? Yes													

1.0 BACKGROUND

1.1 The Gambling Act 2005 (the Act) contains the regulatory system that governs the provision of all gambling in Great Britain, other than for the National Lottery.

1.2 Plymouth City Council is designated as a 'licensing authority' for the purposes of the Gambling Act 2005 and is therefore responsible for granting premises licenses within its administrative district in respect of;

Casino premises;

Bingo premises;

Betting premises, including tracks;

Adult Gaming Centres;

Family Entertainment Centres.

1.3 The Gambling Commission regulates gaming and certain lotteries. They are responsible for issuing new operating licences under the Act to organisations and individuals who are providing facilities for gambling and personal licences to certain categories of people working in the gambling industry. In general the Gambling Commission regulate the operation of the gambling activities, whilst the Licensing Authority regulates the environment in which the gambling activity takes place, such as the building.

1.4 The Gambling (Premises Licence) Fees (England and Wales) Regulations 2007 sets out the standards to be followed in the setting of gambling fees and charges. The regulations do not set a specific fee that the authority must charge but set a maximum that cannot be exceeded. The Council Constitution Scheme of Delegation has delegated responsibility for setting fees to the Licensing Committee, who has determined that fees should be set at the maximum level to secure full cost recovery in carrying out its regulatory functions as specified by the Act.

1.5 The report provides details of the 3 year review of the City Councils Gambling Act Statement of Licensing Policy and contains a draft policy to commence from 31st January 2016. The Statement of Licensing Policy is specified within the Council's Policy Framework, therefore, Full Council is required to consider and formally adopt the revised policy prior to the expiry of the current policy on the 30th January 2016.

2.0 STATEMENT OF LICENSING POLICY

2.1 The Council are required to publish a Statement of Licensing Policy regarding the exercise of their functions in a manner, which is consistent with three licensing objectives. The licensing objectives are:

Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime

Ensuring that gambling is conducted in a fair and open way, and

Protecting children and other vulnerable persons from being harmed or exploited by gambling

The Council's existing Statement of Licensing Policy is due to expire on the 30 January 2016, therefore the current review must be completed and the revised policy in place by this date in order for the Council to continue to be able to administer this legislative function.

2.2 The Council's revised policy is divided into three parts.

Part A sets out a **statement of principles** of how the Council, as the licensing authority, will discharge its functions, its policy on the exchange of information and the better regulation principles that will be applied;

Part B sets out the **general principles of how the Council will consider applications**, its relationship with other agencies and the relevance of licensing conditions;

Part C sets out **how the Council will issue gaming machine permits**.

2.3 Inequalities and the protection of children and vulnerable persons is a priority for the City. The adverse impacts on family members, including children, are also clear where problem gambling can exacerbate child poverty. Parents who have a gambling problem may adversely affect their children's well-being; they are less likely to parent well; they will have less money to spend to meet their family's needs; and they may be less able to work.

2.4 The Gambling Commission has recently altered the current conditions placed on operators licences to include a requirement for the production of local gambling risk assessments. The new policy outlines the expectations of operators risk assessments. It highlights a range of issues and factors the assessments should address, the use of control measures and when assessments will need to be reviewed.

2.5 The policy also outlines how the Council will use any Local Area Profiles once they are published. The objective of the profile is to set out what an area is like, what risks gambling activity may pose to the licensing objectives and what the implications are for the licensing authority and gambling operators.

Local Area Profiles will create a baseline of data which will help to identify elements of our local communities which may be vulnerable to gambling activities. Areas of vulnerability must be addressed through the gambling operators risk assessments and ultimately will be used when considering the suitability of an application.

The work to generate these Local Area Profiles will identify specific local issues that may need to be addressed through the licensing policy. It is therefore likely that a further review of the policy will be required on completion of these local area profiles.

2.6 The information gathered during the production of the Local Area Profiles will also assist in the delivery of Policy 12 of the Plymouth Plan – Delivery safe and strong communities and good quality neighbourhoods. The licensing and planning systems will be aligned to provide suitable controls on betting shops and the availability of fixed odds betting terminals

2.7 Officers will also continue to work with the trade and the Gambling Commission to promote voluntary schemes, such as self-barring, to prevent and reduce risks from gambling.

3.0 PUBLIC CONSULTATION

3.1 The Council is required to consult publicly with stakeholders affected by the administration of its functions under the Act. A 4 week public consultation exercise was undertaken in August 2015, which included writing to the following interested parties:

Citizen's Advice Bureau
Safer Plymouth
Devon and Cornwall Constabulary
Plymouth City Council
- Social Services
- Education
- Public Health
- Team Plymouth
- Environmental Health

Devon & Somerset Fire and Rescue Service
Gambling welfare support organisations
Gambling Commission
Local businesses groups
Local faith groups
Local residents groups
NSPCC
Existing licence-holders
Voluntary & Community organisations working with children & young people
Ward Councillors

3.2 The Gambling Act Statement of Licensing Policy is specified within the Council's Policy Framework. In accordance with the Constitution the Cabinet Member for Safer and Stronger Communities referred the draft Policy to the Co-operative Scrutiny Board for consultation. The Board did not wish to review the policy at this stage but would wait for the more detailed review following the publication of the Local Area Profiles

3.3 A total of 6 responses were received and are summarised below.

3.4 **Ladbrokes Plc and Paddy Power Bookmakers Ltd**

- The gambling industry contributes to the vitality of the high street
- It is a highly regulated industry which helps individuals who suffer from gambling related harm
- Concerns were expressed regarding the additional burdens and added conditions which were beyond those agreed with the Gambling Commission
- Ladbrokes have a Primary Authority relationship with Liverpool and Milton Keynes Councils
- Variations in authority's requirements lead to inconsistencies and burdens on the industry
- The factors and expectations listed in the policy regarding gambling risk assessments are opinion and not based on evidence
- The industry already undertakes extension work to mitigate risks
- The Regulators Codes requires regulators to avoid unnecessary burdens

3.5 The draft policy does not add any additional burdens above those already required through operators licence conditions regarding risk assessments. The policy recognises that assessments must be tailored to the local circumstances. Operators will be expected to identify the local risk factors surrounding the premises. The risk factors will differ from location to location so an understanding of the specific characteristics of the local area and the people who live, work or visit that area is important. The policy outlines examples of those factors and characteristics that we believe may be relevant, but each case will be taken on its own merits.

3.6 **Gambling Commission**

Comments were made regarding the use for the new gambling risk assessments in unlicensed family entertainment premises and temporary use notices.

The policy has been amended in response.

3.7 **Barnardos**

They commented that staff working in gambling premises should receive training involving child sexual exploitation.

Most gambling premises should not admit those under 18 years of age, but the policy does require suitable and sufficient safeguarding policies and staff training to be in place. Those premises which allow under 18s to be present are expected to employ staff with satisfactory disclosure and barring service checks.

3.8 **Campaign for Fairer Gambling**

Recommends Local Authorities extend their test purchasing operations to include self-exclusion procedures, anti-money laundering controls as well as under age sales.

Licensing conditions should be used to ensure adequate staffing at gambling premises

Licensing should be used to mitigate the likelihood and impact of violence and aggression

Licensing authorities should consider the implication of the rising number of Self Service Betting Terminals (SSBTs)

Licensing policies should contain a statement supporting further regulatory action against Fixed Odds Betting Terminals (FOBTs)

3.9 Many of the issues raised by the campaign can already be addressed by the licensing system, but evidence to justify these additional controls is very often absent. The result of the work to produce the local area profiles (LAP) will create an evidence based context in which to challenge the sufficiency of the controls put forward by applicants. Where appropriate the actions suggested by the campaign may be more easily applied based on the LAP evidence.

4.0 Future Policy Reviews

4.1 The introduction of gambling risk assessments and the local area profiles provide a real opportunity to develop a policy that reflects local issues and control measures that are closely tailored to local circumstances. Westminster and Manchester Councils are just completing their pilot study into how local areas profiles can be developed.

4.2 This policy review has therefore been light touch and is being undertaken to meet our legal responsibilities and set the framework for the use of the new gambling risk assessments and local area profiles. A more in depth and meaningful review of the policy will occur once the local area profiles have been completed. This will need to be a multiagency project to be completed over the next 9 months. It is hoped that this work will also inform other policies and strategies across the Council.

Appendix A

Part A

Statement of Principles

1 Introduction

The Gambling Commission was set up under the Gambling Act 2005 (The Act) to regulate gambling in Great Britain in partnership with licensing authorities. The Commission is an independent non-departmental public body sponsored by the Department for Culture, Media and Sport (DCMS) whose work is funded by fees set by DCMS and paid by the organisations and individuals whom the Commission licenses.

The Commission issues licences for gambling operators and, through effective regulation and public engagement, ensures that crime is kept out of gambling, that gambling is fair and open, and that children and the vulnerable are protected. The Commission works closely with other regulators, including licensing authorities, and with bodies such as police and HM Revenue and Customs to regulate the gambling industry. (Gambling Commission: Who are and what we do; April 2011)The Commission has issued guidance in accordance with Section 25 of the 2005 Act about the manner in which licensing authorities exercise their licensing functions under the Act and, in particular, the principles to be applied.

The Commission will also issue Codes of Practice under Section 24 about the way in which facilities for gambling is provided, which may also include provisions about the advertising of gambling facilities.

The Gambling Commission can be contacted at:

Gambling Commission,

Victoria Square House,

Victoria Square,

BIRMINGHAM,

B2 4BP

www.gamblingcommission.gov.uk

Email: info@gamblingcommision.gov.uk

1.2 Plymouth City Council (the Council) is designated as a Licensing Authority' for the purposes of the Gambling Act 2005 and is therefore responsible for granting premises licenses within its district in respect of;

- Casino premises;
- Bingo premises;
- Betting premises, including tracks;
- Adult Gaming Centres;
- Family Entertainment Centres.

The Act requires the Council to prepare and publish a Statement of Licensing Policy (Statement of Principles) that sets out the policies that the Council will generally apply to promote the Licensing Objectives when making decisions on applications made under the Act.

The policy will come into effect on the date of adoption by the Council and will be reviewed as necessary, and at least every three years from the date of adoption.

2 The Licensing Objectives

2.1 The Council has a duty under the Gambling Act 2005 (to carry out its licensing functions in a manner, which is consistent with three licensing objectives. The relevant licensing objectives are:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime
- Ensuring that gambling is conducted in a fair and open way, and
- Protecting children and other vulnerable persons from being harmed or exploited by gambling

2.2 In discharging its responsibilities under the Act and in making decisions in relation to premises licences and temporary use notices (S.153), this Licensing Authority will aim to permit the use of premises for gambling in so far as it thinks that its use will be:

- In accordance with any relevant code of practice issued by the Gambling Commission,
- In accordance with any relevant guidance issued by the Gambling Commission,
- Reasonably consistent with the licensing objectives,
- In accordance with this Licensing Authorities Statement of Licensing Policy

2.3 The Council particularly notes the Gambling Commission's latest Guidance to Local Authorities (from now on referred to as the Gambling Commission's Guidance)

"In deciding to reject an application, a licensing authority should rely on reasons that demonstrate that the licensing objectives are not being, or are unlikely to be met. Licensing authorities should be aware that other considerations such as moral or ethical objections to gambling are not a valid reason to reject applications for premises licences. This is because such objections do not relate to the licensing objectives. An authority's decision cannot be based on dislike of gambling, or a general notion that it is undesirable to allow gambling premises in an area (with the exception of the casino resolution powers."

2.4 Each case will be considered on its merits

2.5 In deciding whether or not to grant a licence, this Licensing Authority does not have regard to the expected demand for the facilities that are the subject of the application.

3 The Geographical Area

3.1 Plymouth is the second largest City in the South West with a residential population in the region of 256,400 (Census data 2011). Plymouth has a rich combination of heritage and natural beauty in what is a thriving maritime city that attracts millions of visitors.

3.2 The City is located in an area of outstanding beauty, with the Dartmoor National Park to the north, the natural harbour of Plymouth Sound to the south and the rivers Plym and Tamar on either side. Plymouth's rich history and maritime heritage, combines the advantages of city living with the benefits of having the diverse countryside and coastline of Devon and Cornwall on its doorstep.

3.3 It is likely that over the next twenty years it is reasonable to expect that the population of Plymouth could rise to between 300,000 - 350,000 due to urban expansion (Mackay Vision 2003).

3.4 The Council recognises that the provision of entertainment is a major contributor to the economy of the City, attracting tourists and visitors, making for a vibrant City, which in turn continues to be a major employer. Commercial occupiers of premises have a legitimate expectation of an environment that is attractive and sustainable for their businesses.

3.5 The Council may publish a Local Area Profile (LAP) from time to time, which will contain neighbourhood or ward based data.

4 Statement of Principles

4.1 Licensing authorities are required by the Act to publish a statement of the principles which they propose to apply when exercising their functions. This statement must be published at least every three years (or alternate time period as may be imposed by statutory provision). The statement must also be reviewed from "time to time" and any amended parts re-consulted upon. The statement must be then re-published.

This Statement of Principles is written to conform to the provisions of the Act and its associated regulations. The Gambling Commission's Guidance issued under S.25 of the Act by the Gambling Commission outlines the way that this Licensing Authority will deal with applications for a range of premises licences, permits and enforcement of the Act.

4.2 This Statement or Principles is effective from the 31 January 2016 for a three-year period (or alternate time period as may be imposed by statutory provision) after which time it will be the subject of a further public consultation. The Statement of Principles may also be reviewed from time to time where there are significant changes in government guidance at which point an appropriate public consultation will be undertaken prior to any amendments being re-published.

The Council's current Statement of Principles can be seen in the Councils website www.plymouth.gov.uk/gamblingpolicy.htm

Copies are available for viewing at the First Stop, New George Street, Plymouth.

Should you have comments regarding this Statement of Principles please write to the Public Protection Service Manager at the above address or by email to licensing@plymouth.gov.uk

It should be noted that this Statement of Principles will not override the right of any person to make an application, make representations about an application, or apply for a review of a licence, as each will be considered on its own merits and according to the statutory requirements of the Act.

Review Procedures

4.3 The Act requires that the following parties are consulted by licensing authorities:

- The Chief Officer of Police;
- One or more persons who appear to the Authority to represent the interests of persons carrying on gambling businesses in the Authority's area;
- One or more persons who appear to the Authority to represent the interests of persons who are likely to be affected by the exercise of the Authority's functions under the Act.

4.4 The Council will also consult relevant organisations and interested parties who it considers have a relevant legal or professional interest to comment, and consider any other contribution from any other person, business or organisation that it considers as relevant.

Organisations and Interested Parties

The Council may consult the following organisations /persons as part of any public consultation;

- Citizen's Advice Bureau
- Community Safety Partnership
- Devon and Cornwall Constabulary
- Plymouth City Council Adult Social Care
- Plymouth City Council Children's Social Care
- Plymouth City Council Planning Services
- Office of Director of Public Health
- Plymouth City Council Environmental Health Service
- Gambling welfare support organisations
- Gambling Commission
- Local businesses groups
- Local faith groups
- Local residents groups
- NSPCC
- Existing licence-holders
- Voluntary & Community organisations working with children & young people
- Ward Councillors
- Team Plymouth Managers

4.5 Proper weight will be given to the views of all those who have been consulted prior to the date of implementation of the Statement of Principles.

4.6 In producing the published Statement of Principles, this Licensing Authority declares that it has had regard to the licensing objectives of the Act, the Gambling Commission's Guidance and any responses from those consulted on the statement.

5 Fees

5.1 The Gambling (Premises Licence) Fees (England and Wales) Regulations 2007 sets out the standards to be followed in the setting of gambling fees and charges. The regulations do not set a specific fee that the authority must charge but set a maximum that cannot be exceeded.

The Council Constitution Scheme of Delegation has delegated responsibility for setting fees to the Licensing Committee.

5.2 The Council takes the matter of non-payment of annual licence fees seriously and in accordance with Section 193 of the Gambling Act 2005 where an operator fails to pay, without reasonable excuse, the annual fee shall revoke the premises licence.

When dealing with public money the Council has a duty to secure prompt payment as any delay in settling debt can undermine the effective operation of services within the city. Prompt payment of bills will avoid possible imposition of late payment charges.

The same principles will apply to permits and the Council will exercise its powers under Schedule 13 paragraph 17 of the Gambling Act and cancel the permit.

Each case will be treated on its own merits and consideration may be given to mitigating circumstances.

6. Relationship with Other Legislation

6.1 The Council will seek to avoid any duplication with other statutory or regulatory systems where possible, including planning. This Authority will not consider whether a licence application is likely to be awarded planning permission or building regulations approval, in its consideration of it.

6.2 The grant of a licence does not imply the approval of other legislative requirements.

Applicants for Premises Licences for Casinos, Bingo Halls, Adult or Family Entertainment Centres (licensed or unlicensed) or Permits are advised to speak to the Planning Services of this Council before making a formal application.

Email: - planningconsents@plymouth.gov.uk

7 Responsible Authorities

7.1 Responsible authorities are those public bodies, as specified by the Act, which must be notified of applications for premises licences. Such bodies are entitled to make representations in relation to applications. All representations made by responsible authorities are relevant if they relate to the licensing objectives. The responsible authorities are detailed in Appendix A.

7.2 The Council is required by regulation to state the principles it will apply in exercising its powers under Section 157(h) of the Act to designate, in writing, a body which is competent to advise the authority about the protection of children from harm. The principles are:

- The need for the body to be responsible for an area covering the whole of the Licensing Authority's area; and
- The need for the body to be answerable to democratically elected persons, rather than any particular vested interest group.

In accordance with the Gambling Commission's Guidance this Authority designates the Children Young People and Family Service, Plymouth City Council, Midland House, Plymouth, PL1 2EJ for this purpose.

8 Interested Parties

8.1 Interested parties can make representations about licence applications, or apply for a review of an existing licence. An Interested Party is defined in the Act as;

"For the purposes of this part a person is an interested party in relation to an application for or in respect of a premises licence if, in the opinion of the Licensing Authority which issues the licence or to which the applications is made, the person -

- Lives sufficiently close to the premises to be likely to be affected by the authorised activities
- Has business interests that might be affected by the authorised activities, or
- Represents persons who satisfy paragraph (a) or (b)" (S.158)

8.2 The Council is required by regulations to state the principles it will apply in exercising its powers under the Act to determine whether a person is an interested party. The principles that will apply are that;

- Each case will be decided upon its merits.
- Will not apply a rigid rule to its decision-making.
- Will consider considerations provided in the Gambling Commission's Guidance.

Examples include interested parties who may be democratically elected councillors or MPs; people living close to the premises; the nature and scope of business interests that could be affected; and people who may represent those in the above categories.

Other than these we will expect written evidence that a person/body (e.g. an advocate/relative) 'represents' a person who either lives sufficiently close to the premises to be likely to be affected by the authorised activities and/or has business interests that might be affected by the authorised activities. A letter from one of these persons, requesting the representation is sufficient.

8.3 The Council will also consider the Gambling Commission's Guidance that 'business interests' should be given the widest possible interpretation and include, for example partnerships, charities, faith groups and medical practices.

9 Exchange of Information

9.1 The Council is required to include in their Statement of Principles the procedure to be applied in exercising the functions under S.29 and 30 of the Act in respect to the exchange of information with the Gambling Commission. The functions under S.350 of the Act with the respect to the exchange of information with persons and bodies are listed in Schedule 6 to the Act.

9.2 The Council will apply the provisions of the Gambling Act 2005 in its exchange of information, which includes the provision that the Data Protection Act 1998 will not be contravened and any Guidance issued by the Gambling Commission or the Secretary of State under the powers provided in the Act.

9.3 The Council will work closely with the Gambling Commission, Devon and Cornwall Police and with Responsible Authorities where there is a need to exchange information on specific premises. Should any protocols be established in respect to the exchange of information with other bodies then they will be made available.

9.4 The privacy of those making representations will be respected, but it may be necessary for the identity of those making representations to be passed on to Responsible Authorities and the Gambling Commission for the purpose of determining licensing applications or in any subsequent appeal that may be made.

9.5 This Licensing Authority will maintain a Licensing Register of all premises licences and permits issued and this will be available on the Council's web site atwww.plymouth.gov.uk/licensingregister.htm

10 Enforcement

10.1 Licensing Authorities are required by regulation under the Act to state the principles to be applied by the authority in exercising the functions under Part 15 of the Act with respect to the inspection of premises; and the powers under S.346 of the Act to institute criminal proceedings in respect of the offences specified.

10.2 The Council 's compliance and enforcement functions will be guided by the Gambling Commission's Guidance, Regulators Compliance Code, Better Regulation principles, Primary Authority partnerships schemes and the Public Protection Service Enforcement Policy in that the following guiding principles are applied;

- **Proportionality** - regulators should only intervene when necessary: Remedies should be appropriate to the risk posed, and costs identified and minimised;
- **Accountability** - regulators must be able to justify decisions, and be subject to public scrutiny;
- **Fairness and Consistency** - rules and standards must be joined up and implemented fairly;
- **Openness and Transparency** - regulators should be open, and keep regulations simple and user friendly; and
- **Targeted Enforcement** - regulation should be focused on the problem, and minimise side effects.

10.3 In line with the Gambling Commission's Guidance the Council will endeavour to avoid duplication with other regulatory regimes so far as reasonably possible.

10.4 The Council will apply in principle of risk-based inspection based on;

- The Licensing Objectives
- Relevant Codes of Practice
- Gambling Commission's Guidance, in particular Part 36 on Compliance and Enforcement

- Public Protection Service Enforcement Policy
- The Current Statement of Licensing Policy (Statement of Principles)

10.5 The Council's enforcement and compliance role in terms of the Gambling Act 2005 is to ensure compliance with the premises licences and other permissions, which it authorises having regard to the Gambling Commission's guidance Part 36.

11 Licensing Authority Functions

11.1 Licensing Authorities have a duty under the Act to;

- Issue premises licences where gambling activities are to take place
- Issue Provisional Statements where gambling activities are to take place
- Regulate members' clubs and miners' welfare institutes who wish to undertake certain gaming activities by issuing Club Gaming Permits and/or Club Machine Permits
- Issue Club Machine Permits to Commercial Clubs
- Grant permits for the use of certain lower stake gaming machines at unlicensed Family Entertainment Centres
- Receive notifications from premises licensed under the Licensing Act 2003 for the use of up to two gaming machines on the premises
- Grant Licensed Premises Gaming Machine Permits for premises licensed to sell/supply alcohol for consumption on the licensed premises, under the Licensing Act 2003, where there are more than two machines on the premises
- Register small society lotteries below prescribed thresholds
- Issue Prize Gaming Permits
- Receive and Endorse Temporary Use Notices
- Receive Occasional Use Notices
- Provide information to the Gambling Commission
- Maintain registers of the permits and licences that are issued

Local licensing authorities are not involved in licensing remote gambling, which is regulated by the Gambling Commission via operating licences. The National Lottery is regulated by the National Lottery Commission, Remote Gambling is dealt with by the Gambling Commission and Spread Betting is regulated by the Financial Services Authority.

12 The Licensing Process

12.1 A Licensing Committee, a Licensing Sub-Committee, or officers acting under delegated authority may carry out the powers of the Licensing Authority under the Act.

12.2 Many of the licensing procedures are largely administrative in nature. In the interests of efficiency, non-contentious procedures are delegated to licensing officers.

12.3 The Council will ensure that all Licensing Officers and Members of the Licensing Committee receive adequate training to enable them to undertake their role under the Act.

12.4 Where admissible and relevant representations are received in relation to an application for a premises licence, or in relation to the review of a premises licence, a Licensing Sub-Committee is delegated to hear the matter.

Part B

Premises Licences - Consideration of Applications

1. General Principles

Introduction

1.1 Premises Licences are subject to the requirements set out in the Act and associated regulations, as well as specific mandatory and default conditions, which are detailed in regulations issued by the Secretary of State. Licensing Authorities are able to exclude default conditions and also attach others, where it is believed to be appropriate.

1.2 The Council is aware that in its decision-making about premises licences it should aim to permit the use of premises for gambling in so far as it thinks it is;

- In accordance with any relevant code of practice or guidance issued by the Gambling Commission
- Reasonably consistent with the licensing objectives
- In accordance with the Licensing Authority's Statement of Principles.

It is appreciated that in line with the Gambling Commission's Guidance **"moral objections to gambling are not a valid reason to reject applications for premises licences"** (except as regards to any 'no casino resolution' - see section on Casinos below).

The absence of unmet demand is not a criterion for a licensing authority in considering an application for a premises licence under the Gambling Act. Each application must be considered on its merits without regard to demand.

Definition of "Premises"

1.3 The Council will have regard to the definition of 'premises' as set out in the Section 152 of the Act to include 'any place'. In addition that the intention of Section 152 is to prevent more than one premises licence applying to any place.

A single building could be subject to more than one premises licence, provided they are for different parts of the building and the different parts of the building can be reasonably regarded as being different premises. This approach has been taken to allow large, multiple unit premises such as a pleasure park, pier, track or shopping mall to obtain discrete premises licences, where appropriate safeguards are in place. Particular attention will be given to the sub-division of a single building or plot to ensure that mandatory conditions relating to access between premises are observed.

Multiple Licences

1.4 The Council will have regard to the Gambling Commission's Guidance that states 'In most cases the expectation is that a single building / plot will be the subject of an application for a licence, for example, 32 High Street. But, that does not mean 32 High Street cannot be the subject of separate premises licences for the basement and ground floor, if they are configured acceptably. Whether different parts of a building can properly be regarded as being separate premises will depend on the circumstances. The location of the premises will clearly be an important consideration and the suitability of the division is likely to be a matter for discussion between the operator and the licensing officer. However, the Commission does not consider that areas of a building that are artificially or temporarily separated, for example by ropes or moveable partitions, can properly be regarded as different premises."

1.5 The Council will have regard to the clarification of guidance issued by the Gambling Commission in respect to any premises granted multiple licences. These premises may be inspected to reconsider the separation control measures put in place; any material changes noted since the granting of the application and the relevance of all these factors having regard to the promotion of the licensing objectives, in particular to the protection of children and vulnerable persons from being harmed of exploited from gambling.

1.6 The Council takes particular note of the Gambling Commission's Guidance, which states that Licensing Authorities should take particular care in considering applications for multiple licences for a building and those relating to a discrete part of a building used for other (non-gambling) purposes. In particular they should be aware of the following.

- The third licensing objective seeks to protect children from being harmed by gambling. In practice, that means not only preventing them from taking part in gambling but also preventing them from being in close proximity to gambling. Therefore premises should be configured so that children are not invited to participate in, have accidental access to, or closely observe gambling where they are prohibited from participating

- Entrances to and exits from parts of a building covered by one or more premises licences should be separate and identifiable so that the separation of different premises is not compromised and people do not **'drift'** into a gambling area. In this context it should normally be possible to access the premises without going through another licensed premises or premises with a permit

- Customers should be able to participate in the activity named on the premises licence

1.7 The Council may consider the following questions as relevant factors to in its decision-making, depending on all the circumstances of the case.

- Do the premises have a separate registration for business rates?

- Is the premises' neighbouring premises owned by the same person or someone else?

- Can each of the premises be accessed from the street or a public passageway?

- Can the premises only be accessed from any other gambling premises?

- Has a risk assessment identified and adequately controlled risks

The Council will have regard to the Gambling Commission's Guidance on relevant access provisions for each premises type

Casinos

- The principal access entrance to the premises must be from a street
- No entrance to a casino must be from premises that are used wholly or mainly by children and/or young persons
- No customer must be able to enter a casino directly from any other premises which holds a gambling premises licence

Adult Gaming Centre

- No customer must be able to access the premises directly from any other licensed gambling premises

Betting Shops

- Access must be from a street or from another premises with a betting premises licence
- No direct access from a betting shop to another premises used for the retail sale of merchandise or services. In effect there cannot be an entrance to a betting shop from a shop of any kind and you could not have a betting shop at the back of a café – the whole area would have to be licensed.

Tracks

- No customer should be able to access the premises directly from:
  - A casino
  - An adult gaming centre

Bingo Premises

- No customer must be able to access the premise directly from:
  - A casino
  - An adult gaming centre
  - A betting premises, other than a track

Family Entertainment Centre

- No customer must be able to access the premises directly from
  - A casino
  - An adult gaming centre
  - A betting premises, other than a track

Part 7 of the Gambling Commission's Guidance also contains further guidance on this issue, which this authority will also take into account in its decision-making.

Provisional Statements

1.8 The Council will have regard to the Gambling Commission's Guidance that a licence to use premises for gambling should only be issued in relation to premises where the licensing authority can be satisfied that the premises are going to be **ready to be used for gambling** in the reasonably near future, consistent with the scale of building or alterations required before the premises are brought into use.

If the construction of a premises is not yet complete, or if they need alteration, or if the applicant does not yet have a right to occupy them, then an application for a provisional statement should be made instead.

In deciding whether a premises licence can be granted where there are outstanding construction or alteration works at a premises, this authority will determine applications on their merits, applying a two stage consideration process:-

- First, whether the premises ought to be permitted to be used for gambling
- Second, whether appropriate conditions can be put in place to cater for the situation that the premises are not yet in the state in which they ought to be before gambling takes place.

1.9 The Council is entitled to decide that it is appropriate to grant a licence subject to conditions, but it is not obliged to grant such a licence and will have regard to the detailed examples of the circumstances in which such a licence may be granted set out in the Gambling Commission's Guidance.

1.10 **Location**

The Council is aware that demand issues cannot be considered with regard to the "location of premises" but that considerations in terms of the licensing objectives are relevant to its decision-making. Particular attention will be given to the protection of children and vulnerable persons from being harmed or exploited by gambling in addition to issues of crime and disorder.

The Council will have regard to any further guidance as regards areas where gambling premises should not be located although the existence of any policy does not preclude any application being made and each application will be decided on its merits, with the onus upon the applicant showing how potential concerns can be overcome.

In determining whether a premises location is suitable for the grant of a licence regard will be given to the following factors:-

- The proximity of the premises to any school, centre or establishment for the education, training or care of young and/or vulnerable persons
- The proximity of the premises to leisure centres used for sporting and similar activities by young and/or vulnerable persons
- The proximity of the premises to any youth club or similar establishment, and
- The proximity of the premises to any community, ecclesiastical, welfare, health or similar establishments used specifically, or to a large extent, by young and /or vulnerable persons

- Proximity to payday loan businesses, pawn shops or other similar premises
- The proximity of any other area or location where young and / or vulnerable persons could congregate

Relationship with Other Agencies

1.11 The Council is aware of the overlap with planning, building regulations in the granting of a premises licence. In determining applications the Council will take into consideration all relevant matters and not to take into consideration any irrelevant matters, i.e. those not related to gambling and the licensing objectives. One example of an irrelevant matter would be the likelihood of the applicant obtaining planning permission or building regulations approval for their proposal.

When dealing with a premises licence application for finished buildings, the licensing authority should not take into account whether those buildings have to comply with the necessary planning or building consents. Nor should fire or health and safety risks be taken into account. Those matters should be dealt with under relevant planning control, building and other regulations, and must not form part of the consideration for the premises licence. Section 210 of the Act prevents licensing authorities taking into account the likelihood of the proposal by the applicant obtaining planning or building consent when considering a premises licence application. Equally, the grant of a gambling premises licence does not prejudice or prevent any action that may be appropriate under the law relating to planning or building.

Planning controls may restrict the provision of gambling activities. It is a relevant to consider the evidence base for this restriction and consider the reasons for the restrictions

Crime and Disorder

1.12 The Council is aware that the Gambling Commission takes a leading role in preventing gambling from being a source of crime or being used to support crime and will pay attention to the proposed location of gambling premises in terms of this licensing objective. Where evidence is submitted that an area has known high levels of organised crime this Authority will consider carefully whether gambling premises are suitable to be located there and whether conditions may be suitable such as the provision of door supervisors.

The Council is aware of the distinction between disorder and nuisance and will consider factors such as whether police assistance was required and how threatening the behaviour was to those who could see it will be taken into account.

Openness

1.13 The Council is aware that the Gambling Commission has responsibility for ensuring that gambling is conducted in a fair and open way via operating and personal licences. The Licensing Authority will need to consider this objective in detail and may add conditions in situations where an operating licence is not in place, such as in the licensing of tracks.

Children and Vulnerable Persons

1.14 The Council notes the Gambling Commission's Guidance to protect children and other vulnerable persons from being harmed or exploited by gambling. This objective means preventing children from taking part in gambling (as well as restriction of advertising so that gambling products are not aimed at or are, particularly attractive to children). The Council will therefore consider whether specific measures are required at particular premises, with regard to this licensing objective. Appropriate measures may include supervision of entrances/machines, segregation of areas etc.

The Council notes the Gambling Commission Codes of Practice as regards this licensing objective, in relation to specific premises.

The Council recognises that the Gambling Commission does not seek to offer a definition of the term "vulnerable persons" but that "it does for regulatory purposes assume that this group includes people who gamble more than they want to; people who gamble beyond their means; and people who may not be able to make informed or balanced decisions about gambling due to a mental impairment, alcohol or drugs".

Where physical barriers are required to separate activities due to differing age restrictions the applicant must provide sufficient information with regards to the height, transparency and materials to be used. The licensing authority will require barriers to be designed and constructed to prevent inadvertent access and viewing of restricted areas. Adequate supervision within these areas must also be maintained.

We expect all operators to have a safeguarding policy in relation to children and vulnerable adults. All staff will be expected to undertake training regarding:

- Vulnerability risk factors
- How to identify safeguarding issues
- How to report and record concerns

Licensing Conditions That May Be Imposed

1.15 The Council will consider the imposition of conditions on a case-by-case basis. Any conditions attached to licences will be proportionate and will be:

- Relevant to the need to make the proposed building suitable as a gambling facility
- Directly related to the premises and the type of licence applied for;
- Fairly and reasonably related to the scale and type of premises: and
- Reasonable in all other respects.

The Council will also expect the licence applicant to offer his/her own suggestions as to the ways in which the licensing objectives can be met effectively when making their application e.g. the use of supervisors, appropriate signage for adult only areas etc.

1.16 The Council will consider specific measures, which may be required for buildings, which are subject to multiple premises licences. Such measures may include the supervision of entrances; segregation of gambling from non-gambling areas frequented by children; and the supervision of gaming machines in non-restricted premises in order to pursue the licensing objectives.

The Council will also ensure that where category C or above machines are on offer in premises to which children are admitted that the following measures are considered.

- All such machines are located in an area of the premises which is separated from the remainder of the premises by a physical barrier which is effective to prevent access other than through a designated entrance;
- Only adults are admitted to the area where these machines are located;
- Access to the area where the machines are located is supervised;
- The area where these machines are located is arranged so that it can be observed by the staff or the licence holder; and
- At the entrance to and inside any such areas there are prominently displayed notices indicating that access to the area is prohibited to persons under 18.

These considerations will apply to premises including buildings where multiple premises licences are applicable.

1.17 The Council notes that tracks may be subject to more than one premises licence, provided each licence relates to a specified area of the track. In line with the Gambling Commission's Guidance, will consider the impact upon the third licensing objective and the need to ensure that entrances to each type of premises are distinct and that children are excluded from gambling areas where they are not permitted to enter.

Conditions That May Not Be Imposed

1.18 The Council will not attach conditions to premises licences, which;

- Are impossible to comply with as an operating licence condition;
- Relate to gaming machine categories, numbers, or method of operation;
- Provide that membership of a club or body be required (the Gambling Act 2005 specifically removes the membership requirement for casino and bingo clubs and this provision prevents it being reinstated); and
- Are in relation to stakes, fees, winning or prizes

Door Supervisors

1.19 Where premises attract disorder or be subject to attempts at unauthorised access (for example by children and young persons) then the entrances to the premises will be controlled by a door supervisor and attach such conditions as may be appropriate to the premises licence.

2. Adult Gaming Centres

2.1 The Council will specifically have regard to the need to protect children and vulnerable persons from harm or being exploited by gambling and will expect the applicant to satisfy the authority that there will be sufficient measures to ensure that under 18 year olds do not have access to the premises.

Appropriate licence conditions may cover issues such as:

- CCTV
- Door supervisors
- Location of entry
- Notices / signage
- Physical separation of areas
- Proof of age schemes
- Provision information leaflets helpline numbers for organisations such as GamCare
- Self-barring schemes
- Specific opening hours
- Supervision of entrances / machine areas

This list is not mandatory, nor exhaustive, and is merely indicative of example measures.

2.2 The Council recognises that the design and layout of adult gaming centres will vary. It will have particular regard to the siting of age restricted gaming machines within each individual premises to ensure, so far as is reasonably practicable, that staff properly monitor the use of these machines by children and young persons. The Council reserves the right to request that gaming machines are re-positioned where circumstances demonstrate that it is appropriate to do so.

Additional factors to be taken into consideration will include to following:

- Visual observation
- Re-location of the machines
- Door buzzers
- Remote cut-off switches

- Training provision
- Any other factor considered relevant

2.3 The Council will have regard to any relevant additional guidance that may be issued by the Gambling Commission in respect to adult gaming centre applications in any decision-making.

2.4 The Council accepts that there must be no direct entry from one adult gaming centre into another and will have regard to any relevant guidance issued by the Gambling Commission in respect to such applications.

3. (Licensed) Family Entertainment Centres

3.1 The Council will specifically have regard to the need to protect children and vulnerable persons from harm or being exploited by gambling and will expect the applicant to satisfy the authority that there will be sufficient measures to ensure that under 18 year olds do not have access to the adult only gaming machine areas that may be present.

3.2 The Council will expect applicants to offer their own measures to meet the licensing objectives however appropriate measures/licence conditions may cover issues such as:

- CCTV
- Door supervisors
- Location of entry
- Measures / training for staff on how to deal with suspected truant school children on the premises
- Notices / signage
- Physical separation of areas
- Proof of age schemes
- Provision of information leaflets / helpline numbers for organisations such as GamCare
- Self-barring schemes
- Specific opening hours
- Supervision of entrances / machine areas

This list is not mandatory, nor exhaustive, and is merely indicative of example measures.

3.3 The Council recommends applicants consider the adoption of BACTA's voluntary Code of Social Responsibility and Good Practice in respect to Adult Gaming Centres and Family Entertainment Centres.

4 Casinos

Casino – Local Policy

4.1 The Council has not passed a **'no casino' resolution** under Section 166 of the Gaming Act 2005, but is aware that it has the power to do so. Should this Licensing Authority decide in the future to pass such a resolution, it will update this policy statement with details of that resolution. Any such decision will be made by the Full Council. Similarly, a resolution will not affect the ability of the casinos with preserved entitlements from the 1968 Gaming Act from continuing to operate as casinos.

4.2 The Council will attach conditions to casino premises licences according to the principles set out in the Gambling Commission's Guidance, bearing in mind the mandatory conditions listed, and the Licence Conditions and Codes of Practice published by the Gambling Commission.

5 Bingo Premises

5.1 The Council will specifically have regard to the need to protect children and vulnerable persons from harm or being exploited by gambling and will expect the applicant to satisfy the authority that there will be sufficient measures to ensure that under 18 year olds do not have access to the adult only gaming machine areas that may be present.

5.2 The Council will expect applicants to offer their own measures to meet the licensing objectives however appropriate measures/licence conditions may cover issues such as:

- CCTV
- Door supervisors
- Location of entry
- Measures / training for staff on how to deal with suspected truant school children on the premises
- Notices / signage
- Physical separation of areas
- Proof of age schemes
- Provision of information leaflets / helpline numbers for organisations such as Gam Care
- Self-barring schemes
- Opening hours
- Supervision of entrances / machine areas

This list is not mandatory, nor exhaustive, and is merely indicative of example measures.

5.2 The Council notes that the Gambling Commission's Guidance that it should take steps to satisfy themselves that bingo can be played in any bingo premises for which they issue a premises licence. This will be a relevant consideration where the operator of an existing bingo premises applies to vary their licence to exclude an area of the existing premises from its ambit and then applies for a new premises licence, or multiple licences, for those excluded areas.

5.3 The Council will consider it an unusual circumstance in which the **splitting of pre-existing premises** into two adjacent premises might be permitted. In these cases this Licensing Authority will have particular regard to the Gambling Commission Guidance on the 'meaning of premises' and how it relates to the primary gambling activity.

5.4 Children and young people are allowed into bingo premises however they are not permitted to participate in the bingo and if category B or C machines are made available for use these must be separated from areas where children and young people are allowed.

Section 177 of the Act does not prevent the licensee from permitting the installation of cash dispensers (ATMs) on the premises. Such machines may accept credit cards (and debit cards) and the arrangement is subject to a requirement that the licensee has no other commercial connection in relation to gambling (aside from the agreement to site the machines) with the service-provider and does not profit from the arrangement, not make any payment in connection with the machines. This Licensing Authority will also take note of any restrictions and requirements on the Operating Licences for betting premises as regards credit.

6 Betting Premises

6.1 The Council recognises that the design and layout of betting premises (or any other premises including tracks) will vary. The Council will take into account the size of the premises, the number of counter positions available for person-to-person transactions, and the ability of staff to monitor the use of the machines by children and young persons (it is an offence for those under 18 to bet) or by vulnerable people, when considering the betting machines an operator wants to offer. The Council reserve the right to request that gaming machines are re-positioned or reduce the number where circumstances demonstrate that it is appropriate to do so. Factors to be taken into consideration will include to following:

- CCTV
- Visual observation
- Re-location of the machines
- Door buzzers
- Remote cut-off switches
- Training provision
- Self-barring schemes
- Proof of age schemes
- Opening hours

- Measures / training for staff on how to deal with suspected truant school children on the premises
- Any other factor considered relevant

This list is not mandatory, nor exhaustive, and is merely indicative of example measures.

7 Tracks

7.1 The Council is aware that tracks may be subject to more than one premises licence, provided each licence relates to a specified area of the track. As per the Gambling Commission's Guidance, the impact on the protection of children and vulnerable persons from being harmed or exploited by gambling; the need to ensure that entrances to each type of premises are distinct; that children are excluded from gambling areas where they are not permitted to enter are considered.

7.2 The Council will therefore expect the premises licence applicant to demonstrate suitable measures to ensure that children do not have access to adult only gaming facilities. It is noted that children and young persons will be permitted to enter track areas where facilities for betting are provided on days when dog-racing and/or horse racing takes place, but that they are still prevented from entering areas where gaming machines (other than category D machines) are provided.

7.3 The Council will expect applicants to offer their own measures to meet the licensing objectives however appropriate measures/licence conditions may cover issues such as:

- CCTV
- Location of entry
- Notices / signage
- Physical separation of areas
- Measures / training for staff on how to deal with suspected truant school children on the premises
- Proof of age schemes
- Provision of information leaflets / helpline numbers for organisations such as GamCare
- Self-barring schemes
- Specific opening hours
- Supervision of entrances / machine areas

This list is not mandatory, nor exhaustive, and is merely indicative of example measures.

Gaming Machines

7.4 Where the applicant holds a pool betting operating licence and is going to use the entitlement to four gaming machines, machines (other than category D machines) should be located in areas from which children are excluded.

Applicants are advised to consult the Gambling Commission's Guidance on where gaming machines may be located on tracks and any special considerations that should apply in relation, for example, to supervision of the machines and preventing children from playing them. The Council will also, in line with the Gambling Commission's Guidance, consider the location of gaming machines at tracks.

Betting Machines

7.5 The Council will have regard to Part 6 of the Gambling Commission's Guidance, to take account the size of the premises and the ability of staff to monitor the use of the machines by children and young persons (it is an offence for those under 18 to bet) or by vulnerable people, when considering the number/nature/circumstances of betting machines an operator proposes to offer.

On tracks where the potential space for such machines may be considerable, bringing with it significant problems in relation to the proliferation of such machines, the ability of track staff to supervise them if they are scattered around the track and the ability of the track operator to comply with the law and prevent children betting on the machines. The Council will generally consider restricting the number and location of betting machines, in the light of the circumstances of each application for a track betting premises licence.

Applications and Plans

7.6 The Act requires applicants to submit plans of the premises with their application, in order to ensure that the licensing authority has the necessary information to make an informed judgement about whether the premises are fit for gambling. The information will also be used to plan future premises inspection activity.

Plans for tracks do not need to be in a particular scale, but should be drawn to scale and should be sufficiently detailed to include the information required by regulations.

7.7 Some tracks may be situated on agricultural land where the perimeter is not defined by virtue of an outer wall or fence, such as point-to-point racetracks. In such instances, where an entry fee is levied, track premises licence holders may erect temporary structures to restrict access to premises.

In the rare cases where the outer perimeter cannot be defined, it is likely that the track in question will not be specifically designed for the frequent holding of sporting events or races. In such cases betting facilities may be better provided through occasional use notices where the boundary premises do not need to be defined.

7.8 The Council appreciates that it is sometimes difficult to define the precise location of betting areas on tracks. The precise location of where betting facilities are provided is not required to be shown on track plans, both by virtue of the fact that betting is permitted anywhere on the premises and because of the difficulties associated with pinpointing exact locations for some types of track. Applicants should provide sufficient information that this authority can satisfy itself that the plan indicates the main areas where betting might take place. For racecourses in particular, any betting areas subject to the "five times rule" (commonly known as betting rings) must be indicated on the plan.

8 Travelling Fairs

8.1 Where category D machines and/or equal chance prize gaming without a permit are available for use at travelling fairs, the Council is responsible for deciding whether the facilities for gambling are no more than an ancillary amusement at the fair.

8.2 The Council will also consider whether the applicant falls within the statutory definition of a travelling fair.

It is noted that the 27-day statutory maximum for the land being used as a fair, applies on a per calendar year basis, and that it applies to the piece of land on which the fairs are held, regardless of whether it is the same or different travelling fairs occupying the land. The Council will work with its neighbouring Authorities to ensure that land, which crosses our boundaries, is monitored so that the statutory limits are not exceeded.

9 Provisional Statements

9.1 Developers may wish to apply to this authority for provisional statements before entering into a contract to buy or lease property or land to judge whether a development is worth taking forward in light of the need to obtain a premises licence. There is no need for the applicant to hold an operating licence in order to apply for a provisional statement.

9.2 S.204 of the Act provides for a person to make an application to the licensing authority for a provisional statement in respect of premises that he or she:

- Expects to be constructed;
- Expects to be altered; or
- Expects to acquire a right to occupy.

9.3 The process for considering an application for a provisional statement is the same as that for a premises licence application. The applicant is obliged to give notice of the application in the same way as applying for a premises licence. Responsible authorities and interested parties may make representations and there are rights of appeal.

9.4 In contrast to the premises licence application, the applicant does not have to hold or have applied for an operating licence from the Gambling Commission (except in the case of a track) and they do not have to have a right to occupy the premises in respect of which their provisional application is made.

9.5 The holder of a provisional statement may then apply for a premises licence once the premises are constructed, altered or acquired. The licensing authority will be constrained in the matters it can consider when determining the premises licence application, and in terms of representations about premises licence applications that follow the grant of a provisional statement, no further representations from relevant authorities or interested parties can be taken into account unless:

- They concern matters which could not have been addressed at the provisional statement stage, or
- They reflect a change in the applicant's circumstances.

9.6 In addition, the authority may refuse the premises licence (or grant it on terms different to those attached to the provisional statement) only by reference to matters:

- Which could not have been raised by objectors at the provisional statement stage;
- Which in the authority's opinion reflect a change in the operator's circumstances; or
- Where the premises have not been constructed in accordance with the plan submitted with the application. This must be a substantial change to the plan and this licensing authority notes that it can discuss any concerns it has with the applicant before making a decision.

9.7 Once an operator has completed a building, the licensing authority will be able to consider a premises licence application for it. Requiring the building to be complete ensures that the authority can inspect it fully, as can other responsible Authorities with inspection rights under Part 15 of the Act. Inspection will allow Authorities to check that gambling facilities comply with all necessary legal requirements, for example, that Category C and D machines in a licensed family entertainment centre are situated so that people under 18 do not have access to the category C machines. The physical location of the machines will be an important part of this, and inspection will allow the authority to check that the layout complies with the operator's proposals and the legal requirements.

10 Reviews

10.1 Requests for a review of a premises licence can be made by interested parties or responsible authorities however it is for this Licensing Authority to decide whether the review is to be carried-out. This will be on the basis of whether the request for the review is relevant to the matters listed below;

- In accordance with any relevant code of practice issued by the Gambling Commission;
- In accordance with any relevant guidance issued by the Gambling Commission;
- Reasonably consistent with the licensing objectives; and
- In accordance with the Licensing Authority's Statement of Principles.

10.2 The request for the review will also be subject to the consideration by the authority as to whether the request is frivolous, vexatious, or whether it will certainly not cause this authority to wish to alter/revoke/suspend the licence, or whether it is substantially the same as previous representations or requests for review.

10.3 The Council can also initiate a review of a particular premises licence or a particular class of premises licence on the basis of any reason, which it thinks is appropriate.

10.4 Once a valid application for a review has been received, representations can be made by responsible authorities and interested parties during a 28 day period. This period begins 7 days after the application was received by the licensing authority, who will publish notice of the application within 7 days of receipt.

10.5 The Council must carry out the review as soon as possible after the 28 day period for making representations has passed.

10.6 The purpose of the review will be to determine whether the licensing authority should take any action in relation to the licence. If action is justified, the options open to the licensing authority are;

- Add, remove or amend a licence condition imposed by the licensing authority;
- Exclude a default condition imposed by the Secretary of State (e.g. opening hours) or remove or amend such an exclusion;
- Suspend the premises licence for a period not exceeding three months; and
- Revoke the premises licence.

10.7 In determining what action, if any, should be taken following a review, the Council will have regard to the principles set out in S.153 of the Act, as well as any relevant representations.

In particular, a review of a premises licence may be initiated on the grounds that a premises licence holder has not provided facilities for gambling at the premises. This is to prevent people from applying for licences in a speculative manner without intending to use them.

Once the review has been completed, the licensing authority will, as soon as possible, notify its decision to:

- The licence holder
- The applicant for review (if any)
- The Commission
- Any person who made representations
- The chief officer of police or chief constable; and
- Her Majesty's Commissioners for Revenue and Customs

11 Local Area Gambling Risk Assessments

11.1 The Gambling Commissions Licence Conditions and Codes of Practice (LCCP) will require operators to consider local risks with effect from the 6 April 2016.

The Gambling Commission's Social Responsibility Code require licensees to assess the local risks to the licensing objectives posed by the provision of gambling facilities at each of their premises, and have policies, procedures and control measures to mitigate those risks.

11.2 A local risk assessment of gambling premises should be carried out through a step-by-step approach. This will involve firstly assessing the local area; identify the relevant risk factors; assess the gambling operation and finally assess the premises design, both internal and external. Once the risk factors have been identified the appropriate control measures to mitigate the risks can be considered. These control measures may either already be in place or will need to be implemented.

11.3 It will be the responsibility of the gambling operator to assign an assessor for assessing the local risks for their premises. The person assigned as the assessor must be competent to undertake this role as failure properly to carry out this function could result in a breach of the provisions of the LCCP. The assessor must understand how the premises operate or will operate, its design, and where it is located. The assessor will need to understand the local area and can use staff or area managers to assist in gaining an understanding of that local area.

In undertaking their risk assessments, licensees should take into account any relevant matters identified in this policy statement and any associated local area profile produced by this Licensing Authority.

11.4 It will be the responsibility of the gambling operator to ensure that a local risk assessment is provided, is regularly reviewed or updated having regard to the following circumstances;

- When applying for a new or a variation of a premises licence, including a Temporary Use Notice.
- To take account of <u>significant changes in local circumstances</u>, including those identified in this policy.
- When there are <u>significant changes at a licensee's premise</u> that may affect the level of risk or the mitigation of those risks.
- on request of the Council

11.5 The following lists set out some examples of what the Licensing Authority considers to be <u>significant changes in local circumstances</u>:

- The local area is classified or declassified by the Licensing Authority as being an area of heightened risk within its Statement of Licensing Principles.
- Any substantial building development or conversion of existing premises in the local area which may increase or decrease the number of visitors. For example, where premises are converted to a local supermarket or a new office building is constructed nearby.
- Any new pay day loan or pawn brokers open in the local area
- Changes are made to the provision, location and/or timings of public transport in the local area, such as a bus stop which is used by children to attend school is moved to a location in proximity to gambling premises.
- Educational facilities increase in the local area. This may occur as a result of the construction of a new school/college or where a significant change is made to an existing establishment.

- The local area is identified as having elevated crime by the police and/or Licensing Authority.
- Any vulnerable group is identified by the Licensing Authority or venues relating to those vulnerable groups are opened in proximity to gambling premises (e.g. additional homeless hostels or gambling or mental health care/support facilities are opened in the local area).
- A new gambling premises opens in the local area.

11.6 The following lists sets out some examples of what the Licensing Authority considers to be significant changes in licenced premises (some of which may also require a variation to the existing premises licence):

- Any building work or premises refit where gambling facilities are relocated within the premises.
- The premises licence is transferred to a new operator who will operate the premises with its own procedures and policies which are different to those of the previous licensee.
- Any change to the operator's internal policies which as a result requires additional or changes to existing control measures; and/or staff will require retraining on those policy changes.
- The entrance or entrances to the premises are changed,
- New gambling facilities are made available on the premises which were not provided previously, for example, bet in play, handheld gaming devices for customers, Self Service Betting Terminals, or a different category of gaming machine is provided.
- Changes in staffing levels or opening times
- The premises operator makes an application for a licence at that premises to provide an activity under a different regulatory regime, for example, to permit the sale of alcohol or to provide sexual entertainment on the premises.

11.7 A significant change can be temporary and any temporary changes should be considered and adjustments made to the local risk assessment if necessary.

11.8 As a matter of best practice the Licensing Authority recommends that operators establish a regular review regime in respect of their local risk assessments. This review programme can be carried out alongside other reviews on Health and Safety risk assessments for the premises. This review programme would ensure that, regardless of whether or not any of the trigger events set out above have occurred, these risk assessments are considered at regular intervals and updated if necessary.

11.9 Whilst there are no plans to request that licensed premises share their risk assessments on a periodic basis, where concerns do exist, perhaps prompted by new or existing risks, the Licensing Authority is likely to request that a licensee share a copy of its risk assessment.

11.10 The risk assessment will set out the measures the licensee has put in place to address specific concerns, thereby potentially reducing the occasions on which a premises review and the imposition of licence conditions is required. Licensees may wish to offer voluntary conditions to be attached to any licence.

Matters to be included when undertaking a local risk assessment

The local area

11.11 Operators will be expected to identify the local risk factors surrounding the premises. The risk factors will differ from location to location so an understanding of the specific characteristics of the local area and the people who live, work or visit that area is important.

To assist in assessing the local area the Council may produce a Local Area Profile. The Local Area Profile sets out the demographic profile of areas of the City and the specific concerns and risks that have been identified in respect to gambling in those areas.

11.12 The list below is a small example of some of the risk factors that may be present in an area where gambling premises are located:

- The types of premises and their operation in the local area surrounding these premises
- The footfall in the local area, for example, does it predominately comprise residents, workers or visitors, is it a family orientated area, popular with children and young people.
- Socio-economic makeup of the area
- Prevalence of dependant or addictive gambling in an area, including information from self-exclusion data
- Transport links and parking facilities.
- Educational facilities.
- Community centres.
- Hospitals, mental health or gambling care providers.
- Homeless or rough sleeper shelters, hostels and support services.
- The ethnicity, age, economic makeup of the local community.
- Significant presence of young children
- Crime rates and types
- Unemployment rates
- Presence of alcohol or drug support facility
- Presence of a pawn broker/pay day loan businesses in the vicinity.
- Presence of other gambling premises in the vicinity.

The gambling operation

11.13 In assessing the risk factors associated with a gambling operation the assessor should consider how that gambling operation may affect risk. The assessor as a minimum must consider:

- How the operator conducts its business
- What gambling products it provides in the premises
- The facilities to enable gambling within the premises
- The staffing levels within the premises
- The level and requirement for staff training
- Whether loyalty or account cards are used or not

- The policies and procedures it has in place in relation to regulatory requirements of the Act or to comply with the LCCP
- The security and crime prevention arrangements it has in place
- How it advertises locally and on the premises
- The marketing material within the premises
- The display and provision of information, etc.
- The opening hours of the premises and the possible interaction of the gambling premises with any surrounding night time economy.
- Support and early intervention engagement with customers
- Issues of lone working and staff working with closely with children.

The internal and external design of the premises

11.14 The design and layout of the premises is a key consideration as this could have a significant impact on the risk to the licensing objectives. The design, both internal and external should be considered and specific risk factors identified and noted. For example:

- The ability to view all parts of the gambling area and entrances, whether directly or via aids such as mirrors /CCTV
- The ability for children to and young people to look into the premises and see gambling taking place
- Nature and number of advertising materials present, particularly those viewable externally
- Position of various gambling activities
- The means to segregate various gambling activities

Control measures and monitoring

11.15 Once the risk factors have been identified, the assessor should seek to identify control measures that would mitigate the identified risks. Some risk factors may require a combination of control measures to adequately mitigate the risk.

Adequate management arrangements must be in place to ensure any control measures are in operation and licensees may wish to record these checks as part of any due diligence defence.

Completed assessment

11.16 The control measures must be implemented on the premises and, if applicable, staff on the premises should be trained in their use or trained on the new policy or procedure.

The Licensing Authority will assess the risks identified and the measures implemented to mitigate those risks. When a completed assessment is provided with a new application or with a variation application, the authority will consider the assessment in the course of determining whether to grant the application or not. Some control measures identified in the assessment may be put forward as conditions to be attached to the licence to address any significant local concerns.

12. Local Area Profiles (LAP)

12.1 The authority may produce local area profiles which will be a relevant matter when determining applications or reviewing existing licences.

LAPs will be updated more frequently than the licensing policy to ensure they take account of the latest data and guidance. LAPs will therefore be published separately to this policy.

12.2 These LAPs may identify levels of risk from gambling which should be considered as part of any operator risk assessment.

PART C - PERMITS/TEMPORARY & OCCASIONAL USE NOTICES

1. Unlicensed Family Entertainment Centres (Gaming Machine Permits)

1.1 The term **'unlicensed family entertainment centre'** (uFECs) is one defined in the Act and refers to a premises which provides category D gaming machines along with various other amusements, such as computer games and penny-pushers. The premises is 'unlicensed' in that it does not require a premises licence, but does require a permit to be able to provide its category D gaming machines. It should not be confused with a 'licensed family entertainment centre' which does require a premises licence because it contains both category C and D gaming machines.

uFECs will be most commonly located at seaside resorts, in airports and at motorway style service centres, and will cater for families, including unaccompanied children and young persons. Only premises that are wholly or mainly used for making gaming machines available may hold an uFEC gaming machine permit or an FEC premises licence (S238 of the Act). Both a licensed FEC and an uFEC are classified as 'premises. As a result, it is generally not permissible for such premises to correspond to an entire shopping centre, airport, motorway service station or similar. Typically, the machines would be in a designated, enclosed area.

The Council will only grant an uFEC gaming machine permit where it is satisfied that the premises will be operated as a bonafide uFEC.

In line with the Act, while conditions will not be attached to this type of permit. The Council can refuse an application if not satisfied that issues raised in this Statement of Principles have been addressed in the application.

1.2 Where an establishment does not hold a Premises Licence but wishes to provide gaming machines, it may apply to the licensing authority for this permit. It should be noted that the applicant must show that the premises will be wholly or mainly used for making gaming machines available for use (S.238 of the Act).

1.3 The Council notes the Gambling Commission's Guidance which states that 'An application for a permit may be granted only if the Licensing Authority is satisfied that the premises will be used as an unlicensed Family Entertainment Centre and if the Chief Officer of Police has been consulted on the application...' and will consider asking the applicant to demonstrate;

- A full understanding of the maximum stakes and prizes of the gambling that is permissible in unlicensed Family Entertainment Centres;
- That the applicant has no relevant convictions (those that are set out in Schedule 7 of the Act; and
- That staff are, or will be trained to have a full understanding of the maximum stakes and prizes

1.4 The Council will not attach conditions to this type of permit.

1.5 The Statement of Licensing Policy clarifies the measures it will expect applicants to demonstrate when applying for a permit for an unlicensed family entertainment centre. This will allow this licensing authority to better determine the suitability of the applicant and the premises for a permit.

1.6 Within this process the applicant must be able to demonstrate that:

- They are a fit and proper person to hold the permit
- They have considered and are proposing suitable measures to promote the licensing objectives, and
- They have a legal right to occupy the premises to which the permit is sought.

The measures suggested in this Statement of Licensing Policy will be applied although will consider any alternative measures suggested by the applicant and will substitute measures as appropriate

1.7 The Council will require the following **supporting documents** to be served with all uFEC gaming machine permit applications:

- Proof of age - a certified copy or sight of an original birth certificate, a photo style driving licence, or passport – all applicants for these permits must be aged 18 or over)
- Proof that the applicant has the right to occupy the premises - acceptable evidence would be a copy of any lease, a copy of the property's deeds or a similar document
- A standard disclosure and barring service check issued within the previous month. This will be used to check that the applicant has no relevant convictions as defined in Schedule 7 of the Act.
- Evidence that the machines to be provided are or were supplied by a legitimate gambling machine supplier or manufacturer who holds a valid gaming machine technical operating licence issued by the Gambling Commission
- Suitable and sufficient gambling risk assessments
- Suitable and sufficient safeguarding policy
- A plan of the premises for which the permit is sought showing the following items:

  (i) The boundary of the building with any external or internal walls, entrances and exits to the building and any internal doorways

  (ii) Where any category D gaming machines are positioned and the particular type of machines to be provided (e.g. slot machines, penny-falls, cranes)

  (iii) The positioning and types of any other amusement machines on the premises

  (iv) The location of any fixed or semi-fixed counters, booths or offices on the premises whereby staff monitor the customer floor area

  (v) The location of any ATM/cash machines or change machines

  (vi) The location of any fixed or temporary structures such as columns or pillars

  (vii) The location and height of any stages in the premises; any steps, stairs, elevators, balconies or lifts in the premises

  (viii) The location of any public toilets in the building

Unless otherwise agreed, the plan should be drawn to a standard scale with a key showing the items mentioned above. The standard scale is 1:100.

1.8 The Council will specifically have regard to the need to protect children and vulnerable persons from harm or being exploited by gambling and will expect the applicant to satisfy the authority that there will be sufficient measures to ensure that under 18 year olds do not have access to the adult only gaming machine areas that may be present.

Harm in this context is not limited to harm from gambling, but includes wider protection considerations. The council will consider these policies and procedures on their merits but should (depending on the particular permit being applied for) include appropriate measures/training for staff having regard to the following:

- Maintain contact details for any local schools and or the education authority so that any truant children can be reported
- Employ policies to address problems associated with truant children who may attempt to gain access to the premises and to gamble when they should be at school
- Employ policies to address any problems that may arise when there is an increased likelihood that children may frequent the premises in greater numbers, such as half terms and summer holidays
- Safeguarding policies in place to both protect children and vulnerable adults but also staff training in relation to the identification and onward alerting of safeguarding concerns
- Display posters with the 'Child Line' phone number in discreet locations throughout the premises e.g. toilets, corridors
- Maintain a register of any incidents that arise on and around the premises related to children i.e. children gambling excessively, truant children, children being unruly or young unaccompanied children entering the premises. The register can be used to detect any trends which require action by the management of the premises.
- Take steps to ensure all young children are accompanied by a responsible adult.
- Maintain policies to deal with any young children who enter the premises unaccompanied
- Undertake satisfactory disclosure checks (criminal records checks) for all staff who will be working with children.
- Clear signage that identifies gaming machines and skill machines
- Any prizes displayed must be capable of being won
- Staff training that covers all of the controls in place

NB: Any supporting evidence of the above measures e.g. training manuals or other similar documents/written statements should be attached to the application.

1.9 The Council will expect the applicant to show that there are policies and procedures in place to **protect vulnerable persons.** The Council will assess the submitted policies and procedures on their merits, but (depending on the particular permit being applied for) should include appropriate measures/training for staff relating to the following:

- Display Gamcare helpline stickers on all gaming machines
- Display Gamcare posters in prominent locations on the premises
- Training for staff members which focuses on building an employee's ability to maintain a sense of awareness of how much (e.g. how long) customers are gambling, as part of measures to detect persons who may be vulnerable
- Consider appropriate positioning of ATM and change machines, including the display of Gamcare stickers on any such machines.
- Self-exclusion systems must be in operation

NB: Any supporting evidence of the above measures e.g. training manuals or other similar documents/written statements should be attached to the application.

1.10 The applicant should also be mindful of the following possible control measures (depending on the particular permit being applied for) to minimise crime and disorder and the possibility of public nuisance:

- Maintain an effective CCTV system to monitor the interior and exterior of the premises
- Keep the exterior of the premises clean and tidy
- Ensure that external lighting is suitably positioned and operated so as not to cause nuisance to neighbouring or adjoining premises
- Consider the design and layout of the outside of the premises to deter the congregation of children and youths.

NB: Any supporting evidence of the above measures e.g. training manuals or other similar documents/written statements should be attached to the application.

2. (Alcohol) Licensed Premises (Gaming Machine Permits)

Automatic Entitlement: 2 Machines

2.1 There is provision in the Act for premises licensed to sell alcohol for consumption on the premises, to automatically have 2 gaming machines, of categories C and/or D. The premises merely need to notify the licensing authority. The Licensing Authority will consider removing an automatic authorisation in respect of any particular premises if:

- Provision of the machines is not reasonably consistent with the pursuit of the licensing objectives;

- Gaming has taken place on the premises that breaches a condition of section 282 of the Act (i.e. the gaming machines have been made available in a way that does not comply with requirements on the location and operation of gaming machines)
- The premises are mainly used for gaming; or
- An offence under the Act has been committed on the premises

Permit: 3 or More Machines

2.2 If a premises wishes to have more than 2 machines, then it needs to apply for a permit and the licensing authority must consider that application based upon the licensing objectives, any guidance issued by the Gambling Commission issued under Section 25, codes issued under s24 of the Act, and "other such matters as the Licensing Authority think relevant."

The Council considers that "such matters" will be decided on a case by case basis but generally there will be regard to the need to protect children and vulnerable persons from harm or being exploited by gambling and will expect the applicant to satisfy the authority that there will be sufficient measures to ensure that under 18 year olds do not have access to the adult only gaming machines. Measures which will satisfy the licensing authority that there will be no access may include the adult machines being in sight of the bar, or in the sight of staff that will monitor that the machines are not being used by those under 18, or suitable Challenge scheme. Notices and signage may also be helpful. As regards the protection of vulnerable persons, applicants may wish to consider the provision of information leaflets/helpline numbers for organisations such as GamCare.

2.3 It is recognised that some alcohol-licensed premises may apply for a premises licence for their non-alcohol licensed areas. Any such application would most likely need to be applied for, and dealt with as an Adult Gaming Centre premises licence. It should be noted that the licensing authority can decide to grant the application with a smaller number of machines and/or a different category of machines than that applied for but conditions (other than these) cannot be attached.

2.4 It should also be noted that the holder of a permit must comply with any Code of Practice issued by the Gambling Commission about the location and operation of the machine.

2.5 A plan must accompany applications indicating where and what type of gambling machines are to be provided. This plan may take the form of an amendment to the plan attached to the Premises Licence issued under the Licensing Act 2003.

2.6 Applicants should be aware that only those premises which have a 'bar' (servery) at which alcohol is sold for consumption on the premises will be eligible for a machine in the bar area of the premises. This means that premises such as restaurants, which do not have a bar for serving drinks or can only, sell alcoholic drinks as an ancillary to food will no longer automatically qualify for two machines.

3 Prize Gaming Permits

3.1 The Act states that a licensing authority must prepare a Statement of Licensing Policy that they propose to apply in exercising their functions under this Schedule which 'may, in particular, specify matters that the Licensing Authority proposes to consider in determining the suitability of the applicant for a permit'.

3.2 The Council will expect the applicant to set out the types of gaming that he or she is intending to offer and that the applicant should be able to demonstrate:

- That they understand the limits to stakes and prizes that are set out in Regulations; and
- That the gaming offered is within the law
- Clear policies that outline the steps to be taken to protect children from harm

3.3 In making its decision on an application for this permit the Council does not need but may have regard to the licensing objectives but must have regard to any Gambling Commission's Guidance (Schedule 14 and Para 8.3).

3.4 It should be noted that there are conditions in the Act by which the permit holder must comply, but that the Licensing Authority cannot attach conditions.

The conditions in the Act are:

- The limits on participation fees, as set out in regulations, must be complied with;
- All chances to participate in the gaming must be allocated on the premises on which the gaming is taking place and on one day; the game must be played and completed on the day the chances are allocated; and the result of the game must be made public in the premises on the day that it is played;
- The prize for which the game is played must not exceed the amount set out in regulations (if a money prize), or the prescribed value (if non-monetary prize); and
- Participation in the gaming must not entitle the player to take part in any other gambling.

4 Club Gaming and Club Machines Permits

4.1 Member's Clubs (but not Commercial Clubs) may apply for a Club Gaming Permit or a Clubs Gaming machines permit.

A **Club Gaming Permit** will enable the premises to provide gaming machines (3 machines of categories B3A or B4, C or D), equal chance gaming and games of chance as set out in regulations i.e. pontoon and chemin de fer. This is in addition to the exempt gaming authorised under S.269 of the Act.

Alternatively a member's club (but not commercial clubs) can apply for a **Club Gaming Machine Permit** will enable the premises to provide only gaming machines (3 machines of categories B3A or B4, C or D).

Commercial clubs are not permitted to provide non-machine gaming (other than exempt gaming under section 269 of the Act) which means that they should only apply for a Club Gaming Machine Permit. However they are not able to site category B3A gaming machines offering lottery games in their club.

4.2 Gambling Commission Guidance states: 'Members clubs must have at least 25 members and be established and conducted 'wholly or mainly' for purposes other than gaming, unless the gaming is permitted by separate regulations. The Secretary of State has made regulation and these cover bridge and whist clubs, which replicates the position under the Gaming Act 1968. A members' club must be permanent in nature, not established to make commercial profit, and controlled by its members equally. Examples include working men's clubs, branches of Royal British Legion and clubs with political affiliations'.

The Council will take steps to ensure that a club is a bonafide club within the terms set out in the Act and with this in mind reserve the right to request or require sight of evidence that confirms the status of the club. The Council may request evidence any of the follow factors for consideration in its decision-making;

- Evidence of committee members and evidence of their election by club members?
- Minutes of previous meetings (where appropriate)?
- Is the primary activity of the club something other than gaming?
- Are the club's profits retained solely for the benefit of the club's members?
- Are there 25 or more members?
- Are the addresses of club member's genuine domestic addresses and live reasonably locally to the club?
- Do members participate in the activities of the club via the internet?
- Do guest arrangements link each guest to a member?
- Is the 48 hour rule being applied for membership and being granted admission being adhered to
- Are there annual club accounts available for more than one year?
- How is the club advertised and listed in directories and on the internet?
- Are children permitted in the club?
- Does the club have a constitution and can it provide evidence that the constitution was approved by members of the club?
- Submission of a plan of the premises for which the permit is sought i.e. premises, boundaries, machine position, etc.

4.3 The Commission Guidance also notes that licensing authorities may only refuse an application on the grounds that:

(a) The applicant does not fulfil the requirements for a members' or commercial club or miners' welfare institute and therefore is not entitled to receive the type of permit for which it has applied;

(b) The applicant's premises are used wholly or mainly by children and/or young persons;

(c) An offence under the Act or a breach of a permit has been committed by the applicant while providing gaming facilities;

(d) A permit held by the applicant has been cancelled in the previous ten years; or

(e) An objection has been lodged by the Commission or by the police.

4.4 There is also a **'fast-track' procedure** available under the Act for premises, which hold a Club Premises Certificate under S.72 Licensing Act 2003 (Schedule 12 paragraph 10) are exempt from the stricter vetting process that applies to applications for Club Gaming and Club Gaming Machine Permits.

As the Gambling Commission's Guidance to licensing authorities states: 'Under the fast-track procedure there is no opportunity for objections to be made by the Commission or the police and the grounds upon which an Authority can refuse a permit are reduced' and;

> The grounds on which an application under the process may be refused are:
>
> (a) That the club is established primarily for gaming, other than gaming prescribed under schedule 12;
>
> (b) That in addition to the prescribed gaming, the applicant provides facilities for other gaming; or
>
> (c) That a club gaming permit or club machine permit issued to the applicant in the last ten years has been cancelled.

4.5 There are statutory conditions on club gaming permits that no child uses a category B or C machine on the premises and that the holder complies with any relevant provision of a code of practice about the location and operation of gaming machines.

5 Temporary Use Notices

5.1 Temporary use notices allow the use of premises for gambling where there is no premises licence but where a gambling operator wishes to use the premises temporarily for providing facilities for gambling. Premises that might be suitable for a temporary use notice, according to the Gambling Commission, would include hotels, conference centres and sporting venues.

5.2 The Council will only grant a temporary use notice to a person or company holding a relevant operating licence, i.e. a non-remote casino operating licence.

The Secretary of State has the power to determine what form of gambling can be authorised by temporary use notices, and at the time of writing this Statement the relevant regulations (SI no 3157: The Act (Temporary Use Notices Regulations 2007) state that temporary use notices can only be used to permit the provision of facilities or equal chance gaming, where the gaming is intended to produce a single winner, which in practice means poker tournaments.

There are a number of statutory limits as regards temporary use notices. The meaning of 'premises' in Part 8 of the Act is discussed in Part 7 of the Gambling Commission's Guidance. As with 'premises' the definition of 'a set of premises' will be a question of fact, in the particular circumstances of each notice that is given. In the Act 'premises' is defined as including 'any place'.

In considering whether a place falls within the definition of 'a set of premises', the licensing authority needs to look at, amongst other things, the ownership/occupation and control of the premises.

5.3 The Council expects to object to notices where it appears that their effect would be to permit regular gambling in a place that could be described as one set of premises, as recommended in the Gambling Commission's Guidance.

6 Small Society Lotteries

6.1 Under the Act a lottery is unlawful unless it runs under an operating licence or is an exempt lottery. The Council will register and administer small society lotteries as defined under the Act. Promoting or facilitating a lottery will fall into two categories.

- Licensed lotteries (requiring an operating licence from the Gambling Commission)
- Exempt lotteries (including small society lotteries registered with Plymouth City Council)

Exempt lotteries are lotteries permitted to run without a licence from the Gambling Commission and are defined as:

- Small society lotteries;
- Incidental non-commercial lotteries;
- Private lotteries;
- Private society lottery;
- Work lottery;
- Residents' lottery;
- Customers' lottery.

Advice regarding the definitions of the above exempt lotteries is available from the Gambling Commission guidance and their website:

www.gamblingcommission.gov.uk/gambling_sectors/lotteries/getting_a_licence-what_you__n/do_i_need_a_licence/circumstances_in_which_you_do.aspx

7 Occasional Use Notices

7.1 The Council has very little discretion as regards these notices aside from ensuring that the statutory limit of 8 days in a calendar year is not exceeded. This Licensing Authority will consider the definition of a 'track' and whether the applicant is permitted to avail him/herself of the notice.

7.2 The Council will consider any guidance issued by the Gambling Commission or any other statutory agency (please refer to the glossary at the end of this document) regarding non-commercial betting and race nights of how their activities can be regulated within the Act. Similarly, for gaming activities such as poker played in licensed premises, further details are set out in the glossary at the end of this document.

8 Vessels

8.1 The Council when considering applications for premises licences in respect of vessels will give particular weight to the views of the Maritime and Coastguard Agency in respect of promoting the licensing objectives. Where in the opinion of the Licensing Authority any of the three objectives are undermined, and this cannot be resolved through the imposition of conditions, the application will be refused.

8.2 Where a premises licence is sought in connection with a vessel which will be navigated whilst licensable activities take place, the licensing authority will be concerned following the receipt of relevant representations, with the promotion of the licensing objectives on-board the vessel. The licensing authority will not focus on matters relating to safe navigation or operation of the vessel, the general safety of passengers or emergency provisions, all of which are subject to regulations, which must be met before the vessel is issued with a Passenger Certificate and Safety Management Certificate. It is expected that if the Maritime and Coastguard Agency is satisfied that the vessel complies with Merchant Shipping standards for a passenger ship, the premises will normally be accepted as meeting the public safety objectives. In respect of other public safety aspects, representations made to the licensing authority by the Maritime and Coastguard Agency will be given particular weight.

Disclaimer: The Council wishes to make clear that the Gambling Commission's Guidance to Local Authorities (5th Edition - 2015) was the most recent information available at the time of writing and can be the subject of change within the period that this statement of principles is in force. This Licensing Authority will therefore have regard to changes in legislation, court judgements and any updated guidance issued by the Gambling Commission where it is appropriate to the application under consideration.

Appendix A - Responsible Authorities Contacts (non-emergency calls only)

Licensing Authority

Licensing Office,
Public Protection Service,
Plymouth City Council,
Windsor House,
Plymouth,
PL6 5QZ

Tel: 01752 304141
Fax: 01752 226314
Email: licensing@plymouth.gov.uk

The Gambling Commission

Victoria Square House,
Victoria Square,
Birmingham,
B2 4BP

Tel: 0121 230 6666
Fax: 0121 230 6720
Email: info@gamblingcommission.gov.uk

H M Revenue & Customs

National Registration Unit,
Betting & Gaming,
Portcullis House,
21 India Street,
Glasgow,
G2 4PZ

Tel: 03000 516023
Fax: 03000516249
Email: NRUBetting&Gaming@HMRC.gsi.gov.uk

Child Protection

Child Protection Team,

Social Services,

Midland House,

Notte Street,

Plymouth,

PL1 2EG

Tel: 01752 306340
Email: childprotect@plymouth.gov.uk

Devon & Cornwall Police

Licensing Department,

Launceston Police Station,

Moorland Road,

Launceston,

Cornwall, PL15 7HY

Tel: 01566 771309

Fax: 01566 771388
Email: licensingwest@devonandcornwall.pnn.police.uk

Devon & Somerset Fire and Rescue Service

West Devon Headquarters,

Glen Road,

Plympton,

Plymouth, PL7 3XT

Tel: 01752 333600

Fax: 01752 333640

Email: westfiresafety@devfire.gov.uk

Public Protection Service

Public Protection Service,
Plymouth City Council
Windsor House,
Plymouth, PL1 2AA

Tel: 01752 304141;
Fax: 01752 226314
E-mail: public.protection@plymouth.gov.uk

Planning

Planning Consents,
Plymouth City Council,
Ballard House,
West Hoe Road,
Plymouth, PL1 3BJ

Tel: 01752 304366;
Fax: 01752 305523
E-mail: planningconsents@plymouth.gov.uk

Maritime & Coastguard Agency (Boats only)

Plymouth Marine Office,
New Fish Market,
Sutton Harbour,
Plymouth, PL4 0LH

Tel: 01752 266211
Fax: 01752 225826
Email: plymouthmo@mcga.gov.uk

Glossary

An Interested Party – is a person, in the opinion of the Licensing Authority who:

a) Lives sufficiently close to the premises to be likely to be affected by the authorised activities,

b) Has business interests that might be affected by the authorised activities, or

c) Represents persons who satisfy paragraph (a) or (b)

Responsible Authority –

(i) The Licensing Authority

(ii) The Gambling Commissioner

(iii) The Chief Officer of Devon & Cornwall Constabulary

(iv) The Devon and Somerset Fire & Rescue Service.

(v) The local planning authority within the meaning given by the Town and Country Planning act 1990 (c.8) for any area in which the premises are wholly or partly situated

(vi) The local authority by which statutory functions are exercisable in any area in which the premises are wholly or partly situated in relation to minimising or preventing the risk of pollution of the environment or of harm to human health

(vi) A body, which is designated in writing for the purpose of this paragraph, by the Licensing Authority for an area in which the premises ate wholly or partly situated, as competent to advise the authority about the protection of children from harm:

(vii) And any other person prescribed by regulations by the Secretary of State.

INTEGRATED HEALTH AND WELLBEING

Northern, Eastern and Western Devon
Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

Subject:	Integrated Commissioning Strategies
Committee:	Cabinet
Date:	10 November 2015
Cabinet Member:	Councillor McDonald, Councillor Tuffin
CMT Member:	Carole Burgoyne (Strategic Director for People)
Authors:	Craig McArdle (Assistant Director for Strategic Co-Operative Commissioning)
Contact details:	E mail: craig.mcardle@plymouth.gov.uk Tel: 01752 307530
Ref:	
Key Decision:	Yes
Part:	I

Purpose of the Report

The purpose of this report is to gain Cabinet's approval of the Integrated Commissioning Strategies which will drive commissioning activity across Plymouth City Council and the Western Locality of NHS Northern, Western and Eastern Devon Clinical Commissioning Group (NEW Devon CCG) for the populations of Plymouth and South Hams and West Devon over the next five years.

The strategies cover the entire needs course (wellbeing, children and young people, community care through to enhanced and specialised care) and life course (pre-conception through early years, adulthood and to older age) and are based on the notion of "One System, One Budget"

The strategies take a systems leadership approach, recognising that only through taking a systems approach with collaboration and co-operation as central principles will we achieve a more sustainable system of health and wellbeing that delivers whole-person care. In particular, the strategies seek to:

- Improve health and wellbeing outcomes for the local population
- Reduce inequalities in health and wellbeing of the local population

- Improve people's experience of care
- Improve the sustainability of our health and wellbeing system

The integrated commissioning strategies were considered by the Caring Plymouth Scrutiny Panel on 3 September 2015 and no recommendations were made by the panel.

Caring Plymouth minute of 3 September 2015 .

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

The strategies align to the Plymouth City Council Corporate Plan by working cooperatively to meet the objectives of creating a Caring and Pioneering Plymouth. They also align to the Health and Wellbeing Board's vision of achieving Integration by 2016, as decided in June 2013.

This project will support the Corporate Vision through:

Being pioneering in developing and delivering quality, innovative, brilliant services with our citizens and partners that make a real difference to the health and wellbeing of the residents of Plymouth during challenging economic times.

Growing Plymouth through learning and community development, creating opportunities for vulnerable people to develop, making us and them stronger and more confident as a result. Putting citizens at the heart of their communities and working with our partners to help us care for Plymouth. We will achieve this together by supporting communities, helping them develop existing and new enterprises, redesigning existing services which will in turn create new jobs, raising aspirations, improving health and educational outcomes and making the city a brilliant place to live and work, and creating a future for all that reflects our guiding cooperative values.

Raising aspirations, improving education, increasing economic growth and regeneration, people will have increased confidence in Plymouth. With citizens, visitors and investors identifying us as a "vibrant, confident, pioneering, brilliant place to live and work" with an outstanding quality of life.

Caring for all of Plymouth's residents whatever their age and vulnerability. The strategies seek to give every child the best start to life, reduce health inequalities, promote choice and control for vulnerable adults and provide a quality and safe system of care.

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

The strategies cover the whole of the Integrated Fund between Plymouth City Council and NEW Devon CCG, as set out in the Section 75 agreement approved by Cabinet in March 2015.

The Medium Term Financial Plan already includes all of the financial implications of this report insofar as they can be determined at this time.

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

The report strengthens our approach to both Child Poverty and Community Safety by focusing on early intervention and prevention and giving every child the best start to life. In line with our cooperative commissioning principles, the approach adopted aims to build both community and individual capacity. Children living in families affected by poverty will feel the benefit of improved family health and wellbeing which directly and indirectly affects economic stability and resilience.

No specific Health and Safety Issues have been identified.

Equality and Diversity

Has an Equality Impact Assessment been undertaken: Yes – An integrated and detailed equality impact assessment has been completed and will continue to be updated through this process to ensure we take action and mitigate any negative effects on any particular groups or individuals.

When considering this proposal it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010 to:

- Eliminate unlawful discrimination, harassment and victimisation and
- Advance equality of opportunity between people who share a protected characteristic from those who do not and to
- Foster good relations between people who share protected characteristics and others

The relevant protected characteristics for this purpose are: (a) age; (b) disability; (c) gender reassignment; (d) pregnancy and maternity; (e) race; (f) religion or belief; (g) sex; (h) sexual orientation.

Compliance with the duties in this section may involve treating some persons more favourably than others.

Recommendations and Reasons for recommended action:

To approve the Integrated Commissioning Strategies

Appendices

Appendix 1: Commissioning an Integrated System for Population Health & Wellbeing

Appendix 2: Wellbeing Commissioning Strategy

Appendix 3: Community Based Care Commissioning Strategy

Appendix 4: Children and Young People's Commissioning Strategy

Appendix 5: Enhanced and Specialised Care Commissioning Strategy

Published work / information:

None

Background Papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Equality Impact Assessment	x								

Sign off:

Fin	djn1516.45	**Leg**	**DVS/ 24306**	**Mon Off**	**DVS/ 24306**	**Assets**		**IT/ Bus Arc**	LA-2015 10-29	**Strat Proc**	
Originating SMT Member **Craig McArdle (Assistant Director of Strategic Co-operative Commissioning)**											
Has the Cabinet Member agreed the contents of this report?											

COMMISSIONING AN INTEGRATED SYSTEM FOR POPULATION HEALTH AND WELLBEING

DRAFT

Northern, Eastern and Western Devon
Clinical Commissioning Group

NHS

PLYMOUTH
CITY COUNCIL

CONTENTS

INTRODUCTION AND STRATEGIC CHALLENGE

Public sector organisations across the country are facing unprecedented challenges and pressures due to a changing demography, an increasing complexity of need and the requirement to deliver better services with less public resource. Locally we face a particular financial challenge because of the changes in local demography, the historic pattern of service provision, the impact of deprivation and significant health and wellbeing inequalities. We want to do better for and with our local population.

Due to the complexity and scale of our system-wide challenges, local organisations have tended to focus mainly on meeting their own challenges and meeting the responsibilities they hold for the local population. A lot of this work has been successful and has delivered much that is good right across our system. That said, we know that this existing good practice will not be enough to meet the current challenge. This makes imperative an integrated and collaborative approach to work across all the organisations that commission and deliver health and wellbeing.

Sitting alongside this over-arching strategy are four individual strategies, each with an accompanying needs assessment document, and a glossary of terms.

PURPOSE AND SCOPE

This document is a strategic framework setting the strategic context and principles that will drive commissioning activity across Plymouth City Council and the Western Locality of NHS Northern, Western and Eastern Devon Clinical Commissioning Group (NEW Devon CCG) for the populations of Plymouth (see scope below) and South Hams and West Devon (see scope below) over the next five years.

We take a systems leadership approach, recognising that only through doing this with collaboration and co-operation as central principles will we achieve a more sustainable system of health and wellbeing that delivers whole-person care with improved health and wellbeing outcomes, reduced health and wellbeing inequalities, improved experience of care and improved system sustainability.

The scope of this document includes:

- The entire **health and wellbeing** system in **Plymouth** as commissioned by Plymouth City Council and NEW Devon CCG: public health, children and young people's services (health and social care), adult social care, leisure, housing, community safety, hospital services, mental health services, community health services and some primary care services; and
- The health services commissioned for people in **South Hams and West Devon** by NEW Devon CCG: children and young people's services, hospital services, mental health services, community health services and some primary care services. NEW Devon CCG works closely with Devon County Council as a key commissioning partner with some of these services jointly commissioned.

Commissioning of most primary healthcare services and specialist healthcare services is the responsibility of NHS England. These do not sit within the scope of this document but references are made where relevant as these services represent significant parts of the health and wellbeing system.

OUR SYSTEM AIMS

Aim One	Aim Two	Aim Three	Aim Four
To improve health and wellbeing outcomes for the local population	To reduce inequalities in health and wellbeing of the local population	To improve people's experience of care	To improve the sustainability of our health and wellbeing system

ONE SYSTEM...
FOUR COMMISSIONING STRATEGIES

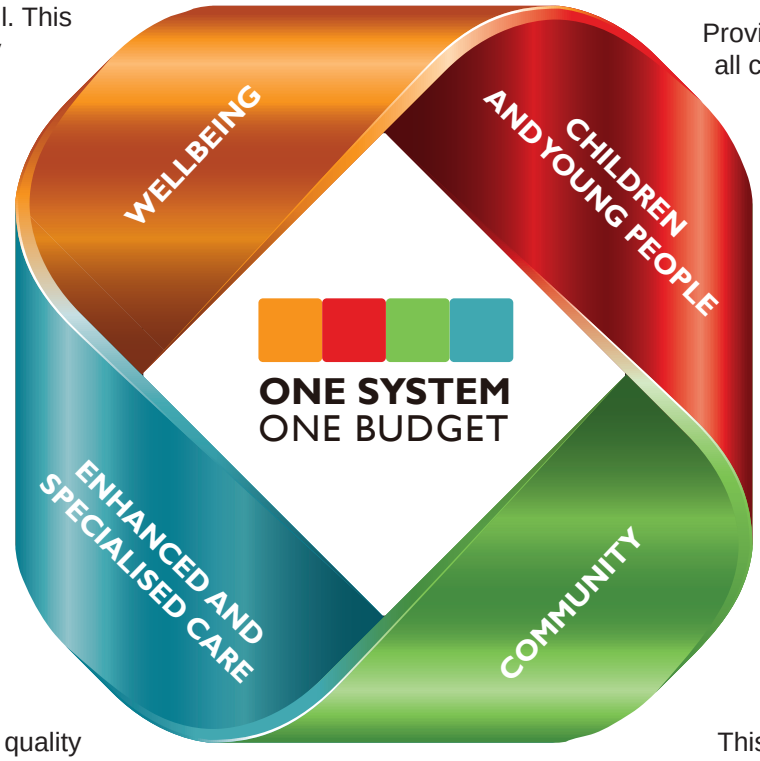
In order to deliver system wide change and improve outcomes, four commissioning strategies that cover the entire needs course (wellbeing, children and young people, community care through to enhanced and specialised care) and life course (pre-conception through early years, adulthood and to older age) have been developed:

WELLBEING

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do.

CHILDREN AND YOUNG PEOPLE

Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people.



ENHANCED AND SPECIALISED CARE

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect.

COMMUNITY

This strategy targets services that support people to maintain their independence in their own home within their own community.

Services that:

- support people and communities to be and stay healthy through advice and guidance, primary prevention, and planned care services for people of all ages, across the whole life journey, and covering both physical and mental wellbeing

Services that:

- provide the best start in life for all children from conception to school age
- Have an integrated approach to early help and specialist support for children at risk of poor outcomes

Services that support:

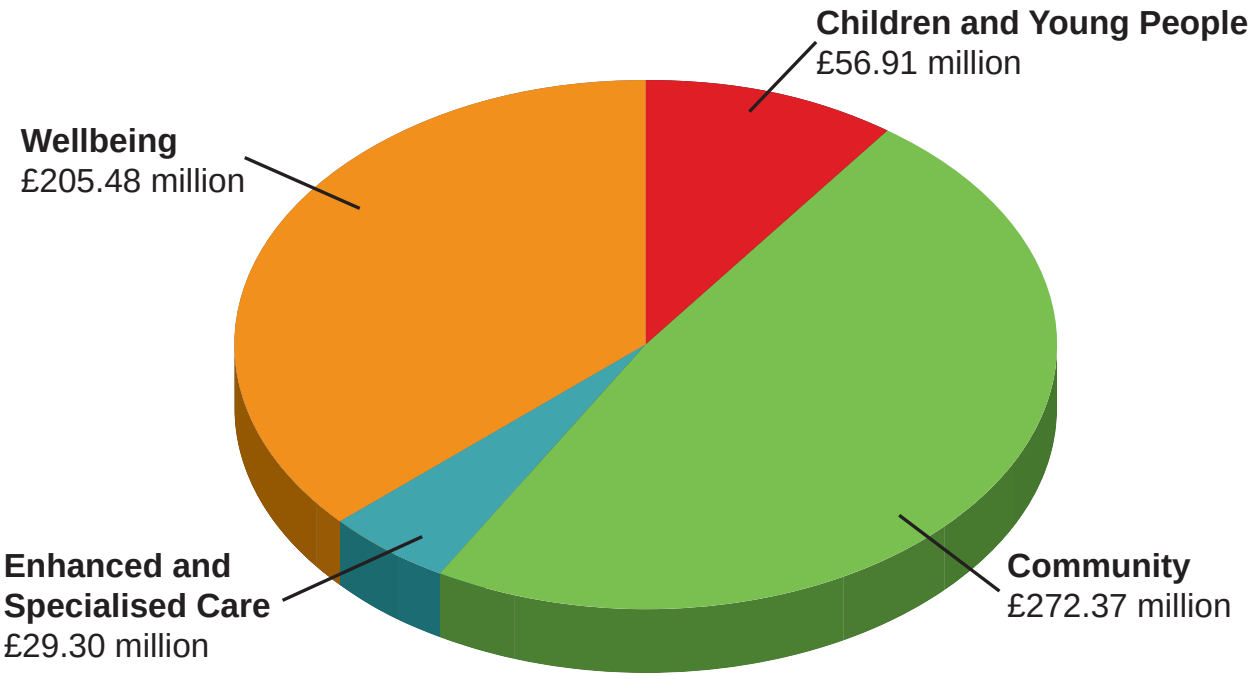
- Support people with multiple care and support needs
- Support people requiring urgent care: responding to a crisis - providing a timely response, reablement and recovery
- Support eople with long-term support needs, who need on-going personalised support

Services that:

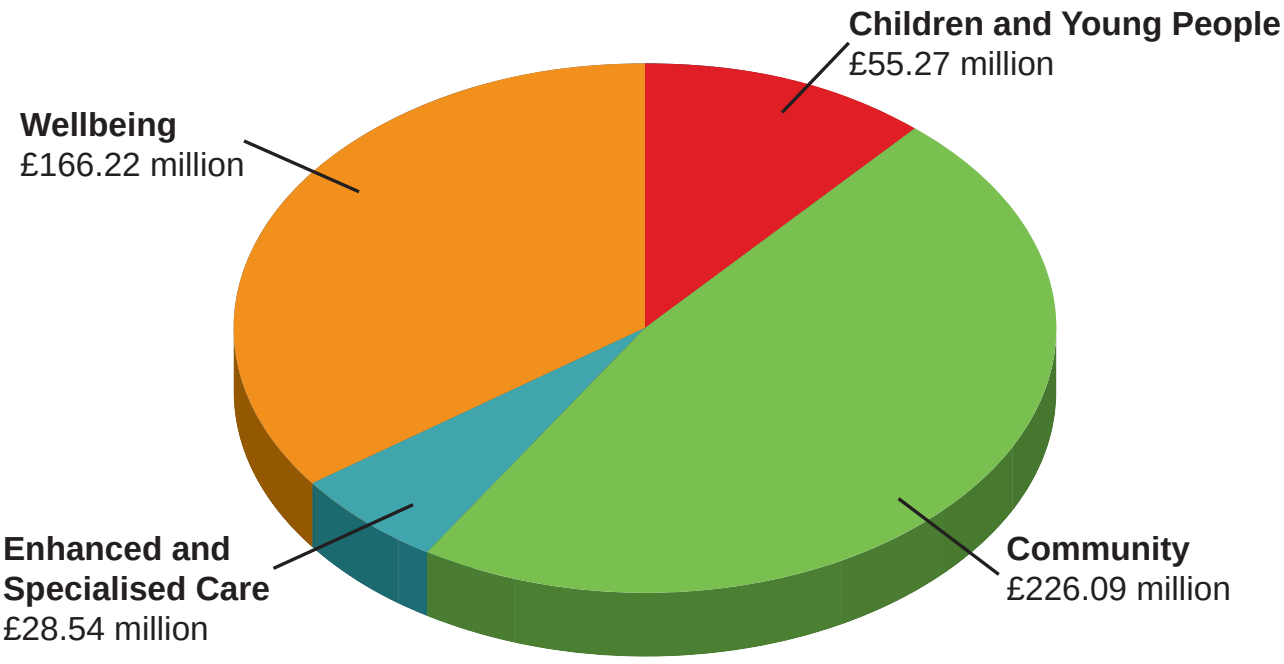
- Provide the "top tier" of care covering Individual Patient Placements, care homes for both working age adults and those over 65, end of lfe care, acute hospital services and specialist and tertiary services

ONE BUDGET

Plymouth (Health and Wellbeing) and South Hams and West Devon (Health) Fund - £564.06 million



Plymouth Integrated Fund for Health and Wellbeing - £476.12 million



The funding shown is 2015/16 net budget broadly apportioned to the scope of the strategies. Running costs of the CCG and PCC are excluded from this apportionment.

Over time, our ambition is to increase the scope and size of the pooled funds, recognizing the potential that the associated budgets in both primary care and specialist commissioning could bring to whole system integration.

PLYMOUTH HEALTH AND WELLBEING

Recognising the challenges Plymouth faces, and within the context of a systems leadership approach, Plymouth Health and Wellbeing Board has agreed a vision that by 2016 we will have developed an integrated whole system of health and wellbeing based around the following elements:

Integrated Commissioning

Building on co-location and existing joint commissioning arrangements, the focus will be to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets

Integrated Health and Care Services

Focus on developing an integrated provider function stretching across health and social care and providing the right care at the right time in the right place

An emphasis on those who would benefit most from person-centred care, such as intensive users of services and those who cross organisational boundaries

Integrated System of Health and Wellbeing

A focus on developing joined-up population-based public health, and preventative and early intervention strategies

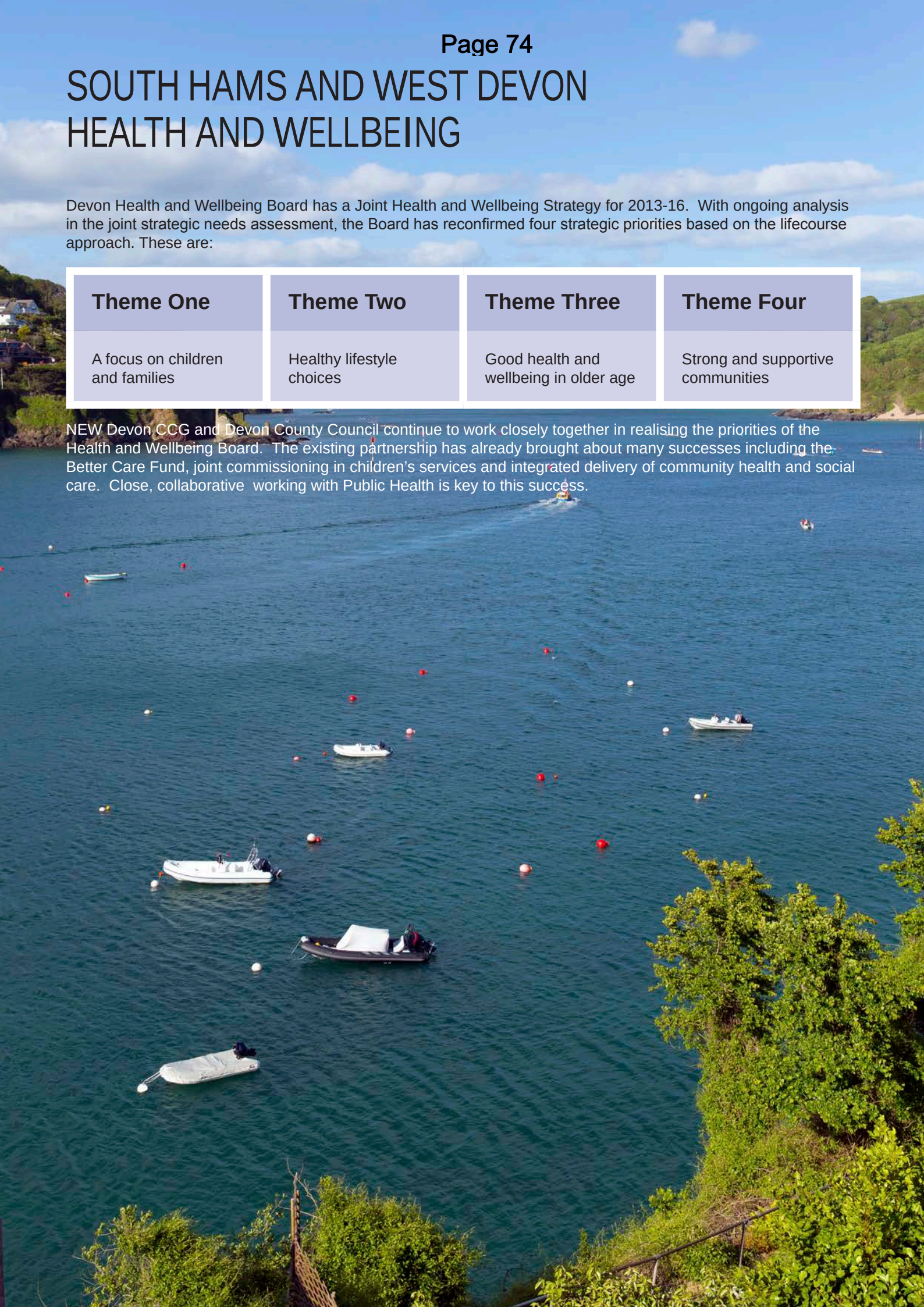
Built on an asset-based approach focusing on increasing capacity and assets of both people and place

SOUTH HAMS AND WEST DEVON HEALTH AND WELLBEING

Devon Health and Wellbeing Board has a Joint Health and Wellbeing Strategy for 2013-16. With ongoing analysis in the joint strategic needs assessment, the Board has reconfirmed four strategic priorities based on the lifecourse approach. These are:

Theme One	Theme Two	Theme Three	Theme Four
A focus on children and families	Healthy lifestyle choices	Good health and wellbeing in older age	Strong and supportive communities

NEW Devon CCG and Devon County Council continue to work closely together in realising the priorities of the Health and Wellbeing Board. The existing partnership has already brought about many successes including the Better Care Fund, joint commissioning in children's services and integrated delivery of community health and social care. Close, collaborative working with Public Health is key to this success.



THE PLYMOUTH PLAN

The Plymouth Plan[1] will be a single strategic plan for the city of Plymouth, looking ahead to 2036 and beyond, and will bring together all the city's long-term strategic plans into one place. It will incorporate the strategic policy elements of the following:

- Local Transport Plan
- Local Economic Strategy
- Waste Strategy
- Health and Wellbeing Strategy
- Children and Young People's Plan
- Sustainable Communities Strategy
- Visitor Plan
- Vital Spark Cultural Strategy.

This document and the four Integrated Commissioning Strategies will become the 'Plan for Health and Wellbeing' for the Plymouth Plan.

1 www.plymouthplan.co.uk

POLICY CONTEXT

There are a number of policy drivers that our strategic direction is shaped by and must respond to. The Marmot Review (2010) proposed a new way to reduce health inequalities, arguing that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. The review sets out a framework for action under two policy goals: to create an enabling society that maximises individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies. Central to this review is the recognition that disadvantage starts before birth and accumulates throughout life.

The NHS Five Year Forward View (2014) sets out a view on how services need to change and what models of care will be required in the future. Its key arguments are that much more attention should be given to prevention and public health; patients should have far greater control of their own care; and barriers in how care is provided should be broken down. This means putting in place new models of care in which care is much more integrated than at present. The Forward View differs from many other plans for the NHS in arguing that England is too diverse for 'one size fits all' solutions. Instead of setting out a blueprint for the future, it outlines a number of care models that may be adapted in different areas to put in place services fit for the needs of local populations.

The Care Act (2014) modernises and consolidates the law on adult care in England into one statute and has been described as the biggest change to the law in 60 years. Key changes include the introduction of national eligibility criteria, a right to independent advocacy, new rights for carers that put them on the same footing as the people they care for, and from 2016 a cap on care costs faced by self-funders. Central to the Act is the concept of wellbeing, with councils now having a duty to consider the physical, mental and emotional wellbeing of the individual needing care. They will also have a new duty to provide preventative services to maintain people's health.

The Children and Families Act 2014 seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The changes to the law give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life. It also ensures that vital changes to the adoption system can be put into practice, meaning more children who need loving homes are placed faster.

Devon is one of three areas in England to be part of the Success Regime (2015). The Success Regime aims to help create the conditions for success in these challenged areas. Its purpose will be to protect and promote services for patients in local health and care systems that are struggling with financial or quality problems, or sometimes both. It will provide increased support and direction, and aims to secure a system-wide improvement to meet the Five Year Forward View challenges of the future on health and wellbeing, care and quality, and funding and efficiency.

SYSTEM DIAGNOSIS

Health and wellbeing outcomes for people in Plymouth are generally poorer than in Devon and across much of England. Outcomes for Plymouth's population are rated worse than the England average for 13 out of 32 measures of Public Health England's Health Profiles. Mental health is poor, demonstrated by the fact that common mental health problems are estimated to be 20% higher than would be expected for the demographic and economic make-up of the city. In addition, there is currently a life expectancy gap of 9.4 years between neighbourhoods in Plymouth. Closing that gap is crucial to the city thriving and an outstanding quality of life being enjoyed by everyone (Thrive Plymouth).

Health and wellbeing outcomes for people in South Hams are generally better than in Devon and across much of England, though inequalities and challenges related to rurality and other factors exist. Outcomes for the South Hams population are rated worse than the England average for 1 out of 32 measures of Public Health England's Health Profiles (incidence of malignant melanoma). Life expectancy is not significantly different for people in the most deprived areas of South Hams than in the least deprived areas.

Health and wellbeing outcomes for people in West Devon are generally better than in Devon and across much of England, though inequalities and challenges related to rurality and other factors exist. Outcomes for the West Devon population are rated worse than the England average for 2 out of 32 measures of Public Health England's Health Profiles (incidence of malignant melanoma and people killed or seriously injured on the roads). Life expectancy is not significantly different for people in the most deprived areas of West Devon than in the least deprived areas.

Housing is a social determinant of health and has a major impact on community health and wellbeing. Recent research has shown large disparities in life expectancy and other health indicators between the wider population and homeless people. Within our system it is recognised that demand for social housing substantially exceeds supply, levels of statutory homelessness is rising and within Plymouth a third of dwellings (approximately 30,000) are classified as being 'non decent', with the worst conditions found in the private rented sector.

Child poverty continues to be a feature of our system and there is a greater concentration of families with multiple and complex needs in areas of social deprivation. Our needs analysis highlights that we have a growing number of children, young people and families with a range of complex needs including high levels of risk-taking behaviour, such as crime and substance misuse, mental health problems, and risk of harm to others, including sexual harm and risk of sexual exploitation. Referrals to Child and Adolescent Mental Health Services have increased significantly, and Devon and Plymouth have seen increasing referrals to children's social care and an increase in overall numbers in care.

Overall, our population is an ageing one and growth in 65+ years' age groups is broadly in line with national average. As such, there is a projected increase in demand for over-65s care home places and the demand for community domiciliary care, reablement and hospital discharge services has continued to increase due to people growing older and wanting to remain living independently in their own homes for as long as possible.

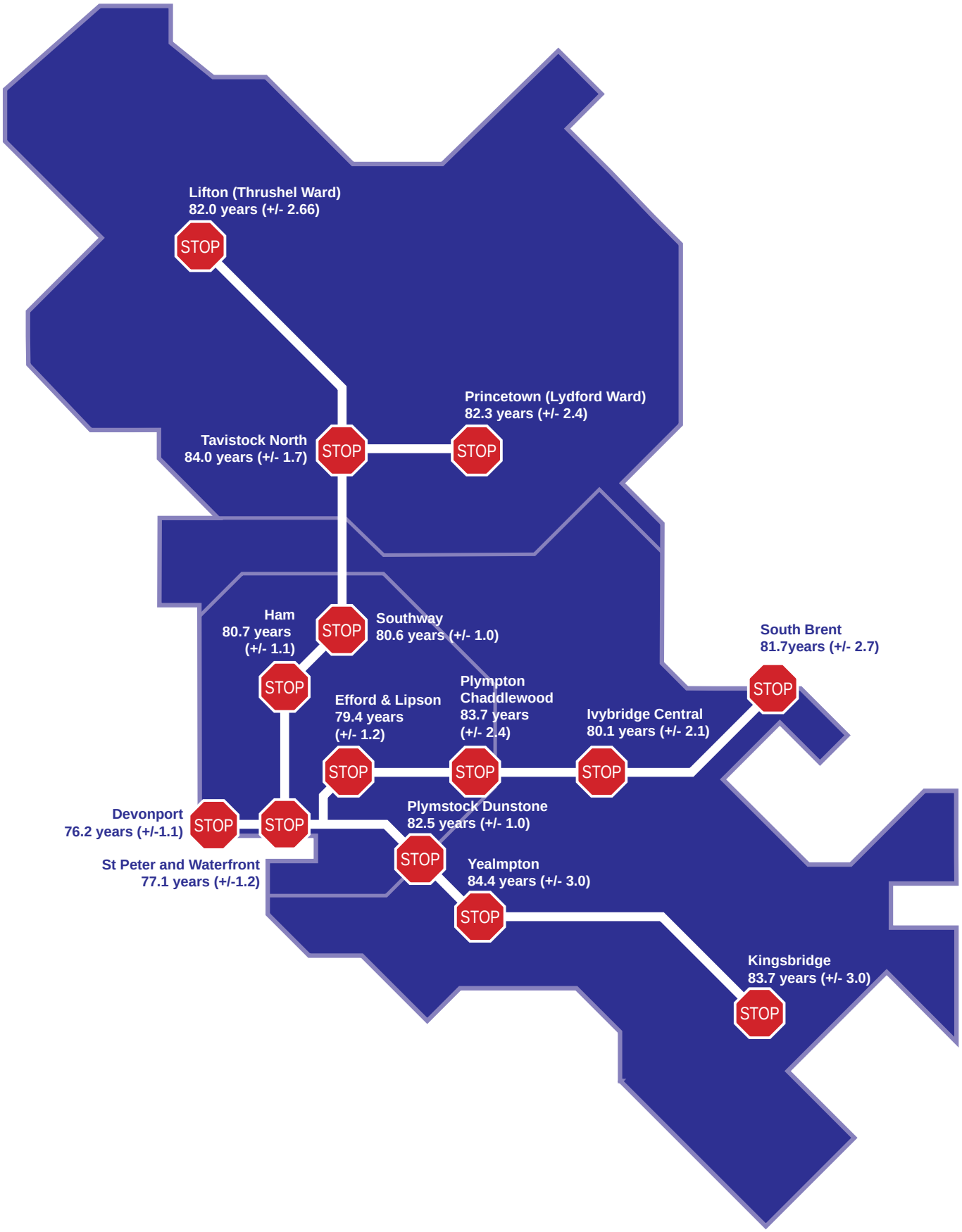
Demographic projections are showing that the number of emergency admissions to hospital is expected to rise by around 1.1% per year. However, due to the aging population it is expected that the total number of emergency bed days will increase by around 1.6% per year. Sustained demand on the urgent care system is significant and is not restricted to acute hospitals, with most health and adult social care service areas experiencing increases in demand. Ensuring efficient patient flow through the whole urgent care system is a key element in ensuring high quality patient care.

It is also known that the number of people with long-term conditions and multiple long-term conditions is rising, which will place an additional demand pressure on the system. Similarly, getting the most from medicines is becoming increasingly important as more people are taking more medicines to prevent, treat or manage their conditions and keep them well.

There are also areas of increased demand and spend for planned care interventions.

NEW DEVON CCG, WESTERN LOCALITY LIFE EXPECTANCY ROUTE MAP 2009-13

Data provided by Devon and Plymouth public health teams



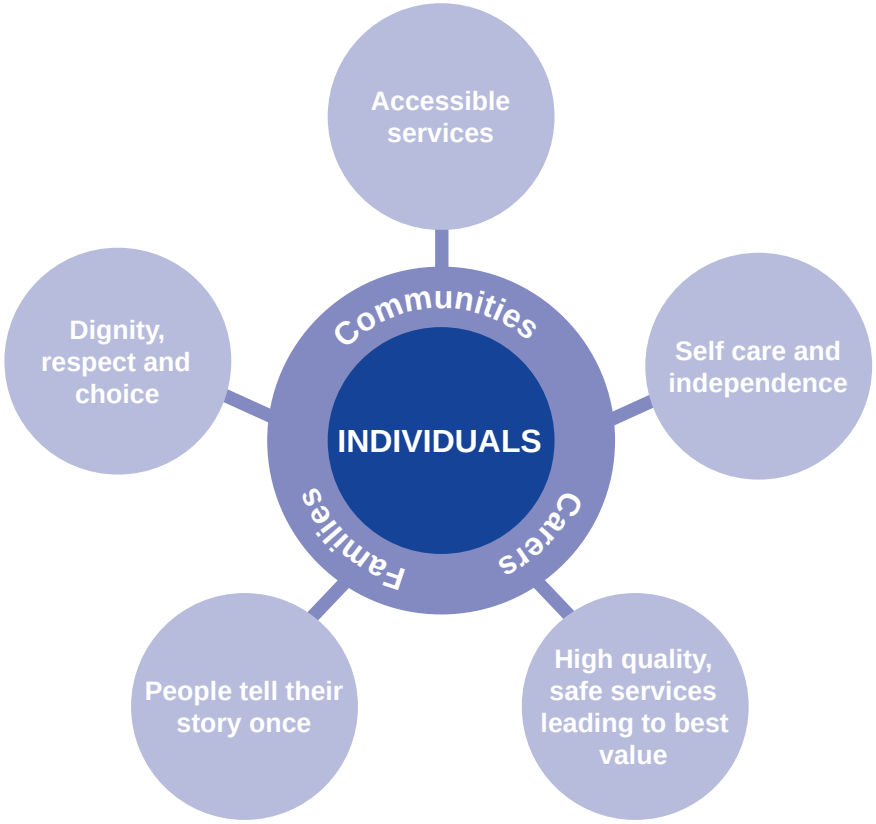
MAPS TO FOLLOW...

INDIVIDUALS AT THE CENTRE

Individuals and carers, families and communities all, have their own individual needs and experiences. We know from many sources of information, not least the engagement 'Your Health, Your Future, Your Say'[2] which was run as part of the Transforming Community Services programme by the Western Locality of NEW Devon CCG, that many factors relevant to health and wellbeing and the care available are very important to people.

Fairness is important and we have paid attention to the principles of the Plymouth Fairness Commission in our approach.

We know that people in different age groups, people in different urban and rural communities, people with different short-term or long-term health conditions as examples have different priorities – although many common priorities too. These factors and priorities inform our approach of 'individuals at the centre'.



2 http://www.newdevonccg.nhs.uk/your-ccg/western-devon/what-we-are-working-on/your-health-your-future-your-say--/100806

AN INTEGRATED COMMISSIONING RESPONSE

In order to meet the challenges, NEW Devon CCG and Plymouth City Council (PCC) have formed an integrated commissioning function working towards a single commissioning approach, an integrated fund, and risk and benefit sharing agreements.

Central to this approach is the development of integrated governance arrangements. The Integrated Commissioning Board will provide system leadership and clinical oversight to the integrated commissioning arrangements. It will provide focus and direction for integrated commissioning, ensuring collaborative planning and performance monitoring. It will also provide assurance to the governance bodies of both NEW Devon CCG and PCC. In order to ensure whole system collaboration, the Board has also representation from the Office of the Police and Crime Commissioner, Devon and Cornwall Police, Devon and Cornwall Probation, and education.

Commissioners will work as one team, informed and supported by clinicians and public health experts, and will collectively develop an integrated commissioning approach through the development of four integrated commissioning strategies that will direct all future commissioning.

Recognising the necessity of partnership working, we are developing System Design Groups for each strategic area. The intended purpose of the System Design Groups is to create an opportunity for stakeholders (providers across the spectrum of care, partner organisations and individuals) to collaborate, review, design and implement structures, functions and pathways which deliver the aspirations of the integrated population health and wellbeing system. Each System Design Group will work collaboratively to develop a whole system approach to their strategic area, and then work proactively to ensure system success, with the primary focus of realising the aims of the respective strategy.

The primary driver of our integrated commissioning approach is to improve the quality of service provision with the aim of improving outcomes for individuals and returning value for money and system sustainability. Integrated commissioning must deliver improved health and wellbeing.

For South Hams and West Devon, NEW Devon CCG and Devon County Council have integrated funding to meet the requirements of the Better Care Fund. The CCG and Devon County Council have not created an integrated fund wider than this for commissioning health and wellbeing services in South Hams and West Devon but several services are jointly commissioned and integrated in their delivery. Joint governance exists, with a Joint Co-ordinating Commissioning Group (JCCG) as a prime example. The strategic relationship between NEW Devon CCG and local authorities is crucial to system success.

SYSTEM WORKING PRINCIPLES

It is recognised that addressing our challenges requires a whole system approach, with each partner playing a key role in meeting our aims for and with individuals and achieving system sustainability. Therefore, in order to successfully meet the challenge and move forward at pace, the following principles will guide future behaviours and decision-making:

- The health and wellbeing of the citizens is at the forefront of decision-making
- The Health and Wellbeing Strategy will guide our future system design
- "One system, one budget" to deliver the right care at the right time in the right place, learning from integration of commissioning and integration of the delivery of care across our area
- Commissioning and services should be seamless, wrapped around people and not structured around organisational convenience
- Individuals should be at the heart of the system
- We will share risk and realise benefits across the Health and Wellbeing System, taking proper account of the partners' accountabilities and duties
- Decisions taken should not be done in such a way as to destabilise other partners
- Partners will provide information in an open and timely manner
- Decision-making will be open and transparent
- We listen to and value the contributions of others
- We work within a learning environment
- We will create and use common frameworks for communication
- We will deliver evidence-based beneficial change
- Partners will proactively support and engage staff.

SYSTEM-WIDE TRANSFORMATIONAL DRIVERS

There are a number of cross-cutting themes that run through the whole system and which are essential in developing and delivering whole system success, illustrated below as system wide transformational drivers:

SYSTEM WIDE TRANSFORMATIONAL DRIVERS					
Prevention	**Vibrant Market**	**Creating a Modern Workforce**	**Individuals at the Centre**	**Seamless Pathways**	**Quality, Safety and Effectiveness of Care**
Primary prevention / promoting wellbeing Secondary prevention / early intervention Tertiary prevention / intermediate care and reablement	New models of care Diverse market including a strong Voluntary Community Sector (VCS) Technology as an enabler	Workforce planning New types of workers Developing the workforce	Engagement and Involvement Personalised care Social network Self-management Supporting healthier behaviour	Effective pathways Transitions Removing artificial organisation boundaries	Customer Feedback Safety Systems Quality Assurance and Improvement Medicine Optimisation Safeguarding
Value for Money Efficiency/Productivity/Demand Management/Fair Funding					

CREATING AN INTEGRATED NETWORK OF CARE

In order to develop a high performing, sustainable system, it is recognised that there is a need for both high quality provider services and systems that facilitate communities and citizens to feel engaged and empowered to be equal partners. Commissioning activity must therefore be directed to creating the conditions of an integrated network of care, based around the following core elements.

Accessible and responsive primary care in the home as well as the GP surgery is the foundation of a successful network of care and will provide the route into a whole range of integrated services. Access into services must be clear and transparent and services should be easily accessible with services often co-located in a number of Community Wellbeing Hubs. Within the community there should be an integrated community health and social care provider, delivering the right care, at the right time, in the right place. Running alongside this is the need for a range of responsive and personalised community-based providers, promoting independence rather than creating dependency. A vibrant voluntary and community sector should be viewed as an equal partner in the network of care, providing a range of preventative interventions.

Central to our care system is the need for good quality, cost-effective hospital care that provides a crisis, response delivers specialist treatment and care, and empowers and enables people to recover quickly. For those who need enhanced care, provision should be personalised, of high quality and treat people with dignity and respect. All care should be delivered by a well-trained, valued and motivated workforce.

Any successful network must connect people with their communities and ensure they are happy and safe in those communities. Individual and community safety is a core part of wellbeing and partners must therefore work together and pool resources to reduce crime, protect vulnerable individuals and groups and create safe and sustainable communities. Underpinning the care network are engaged and empowered citizens taking responsibility for their own wellbeing through information and advice and access to community resources. People should be supported to self–manage their own care and carers should be supported in their caring role.

In order to create this network, a number of system enablers will need to be in place including maximising the public estate, development of new models of care, and harnessing of new technology such as electronic care records.

CREATING A HIGH QUALITY SAFE SYSTEM

A key concern for both organisations is the on-going sustainability of the services and service quality in the face of financial targets, and both organisations recognise that there is a need for a strategic and innovative response to achieve system sustainability.

The integrated commissioning system for population health and wellbeing is currently underpinned by a breadth of quality and safety systems which have been established by PCC and the CCG as distinct organisations. These are in accordance with Statutory Duties and / or relevant government policy; the governance and oversight of which is currently managed by each organisation for health and social care respectively. Examples of safety systems include:

- Safeguarding Children and Adults
- Feedback from people using the services
- Contractual Performance Management
- Incident Reporting and Investigation
- Medicines Optimisation

There are a number of well-documented[3] challenges and / or risks to quality that the Commissioning an Integrated System for Population Health and Wellbeing Strategy seeks to redress. However, by necessity new interfaces have been created; these have the potential to duplicate effort and / or fracture systems designed to assure safety and quality and could create new challenges for teams working within them.

It makes sense to develop new integrated ways of working, monitoring and reporting to assure the Integrated Commissioning Board that individuals are receiving high quality, safe and effective services.

A strategic review of safety and quality systems has been commissioned to support the change process, and which will inform the options appraisal for the future scope, function and form of the integrated commissioning unit. The over-arching aim of the review is to ensure that the safety and quality assurance systems currently in place are fit for purpose, and to make recommendations for the future in the light of the integration agenda. The review will include children, young people and adults.

3 The Kings Fund (2012) Transforming the delivery of Health and Social Care: the case for change; National Quality Board (2013) Quality in the new health system: maintaining and improving quality from April 2013

CREATING A FINANCIALLY SUSTAINABLE SYSTEM

Organisations are facing significant financial challenges. A “do nothing” approach would see the expected funding gap over the next five years increase substantially.

Each of the commissioning strategies seeks to improve health and wellbeing, reduce inequalities in health and wellbeing, improve people’s experience of care and increase sustainability across the health and wellbeing system through: a stronger focus on prevention; demand management initiatives; developing new models of care; decommissioning and recommissioning; creating better value pathways; embracing technology; encouraging innovation; promoting self-management; and making every contact count. These measures on their own are, however, unlikely to be enough to create long-term system sustainability and there is an imperative to create a level financial playing field.

Despite poorer health outcomes, a comparison across the separate Devon Health and Wellbeing Board areas, based on the national funding formula and health and wellbeing outcomes as the comparator, reveals that NEW Devon Clinical Commissioning Group (CCG) has a budget containing too little financial resource for services in and for the population of Plymouth. The Western Locality within the NEW Devon CCG is approximately 7 per cent, or approximately £30m, below target.

Under the Payments By Results system, funding for hospitals is often driven by use of services rather than need. This contributes to lower local funding for Plymouth’s NHS Acute Trust, and is compounded by one of the lowest Market Forces Factors in the country applied to acute health services.

Despite persistent lobbying of the Government, Plymouth still receives a lower than expected Public Health grant. In 2014-15 the Public Health grant for Plymouth was £47 instead of £58 per head as calculated using the national formula, leaving a gap of almost £3 million. Continuing under-funding will result in Plymouth being unable to address growing health inequalities, leading to poorer outcomes, lower life expectancy, reduced economic productivity and escalating demand on health and care services.

In response, System Leaders have created a series of asks of Central Government:

- That the Government requires NHS bodies to ensure fair funding and access to health care for populations within each Health and Wellbeing Board boundary
- That the Government recognises that some of the key financial challenges facing Plymouth Hospitals NHS Trust are driven by externally defined funding mechanisms
- That the Government reviews and amends legislation so that all health care, social care and wellbeing funding may be pooled, enabling full integration of health and wellbeing commissioning
- That the Government reviews the Public Health grant for Plymouth and the basis of the allocation formula.

It is also recognised that there are potential benefits in adopting an over-arching strategy for public service assets and, as such, as part of the One Public Estate Programme (OPE), we will be seeking to transfer control of all currently held NHS Property Services assets to Plymouth City Council. Building on the achievement of the “One System: One Budget” model for health and wellbeing, we want to achieve genuinely integrated service provision across the city, based on multi-agency hubs. The transfer of these assets will require a reconfiguration of services and full access to all health assets to maximise the use of the estate, consolidating services on key sites so that people have access to a wide range of public services from one location in the heart of their community. This approach will enable the release of surplus health properties, and the Council, as ‘Place Shaper’ and ‘Identifier of Need’, is best placed to co-ordinate and deliver this project. Disposal of surplus assets will generate on-going efficiencies in reduced estate costs, one-off capital receipts and secondary cashable benefits in improved wellbeing.

SYSTEM LEVEL OUTCOMES

Key system level outcomes that our approach is designed to impact on are set out below:

Increased healthy life expectancy (quality of life as well as length of life)
Reducing health inequality
Increasing the amount spent on prevention through the lifecycle of this strategy
Delaying and reducing the need for care and support – less need for residential care and hospital
Preventing people from dying prematurely – reduce levels of preventable disease
People are cared for and recover well – better quality care with people more able to return home more quickly
People have a positive experience of care and support
Children and adults are safeguarded
Children well-prepared for adulthood – health, education and aspiration
Reduction in children living in poverty
Continuing to reduce the volume of victim-based crime (per 1,000 population)
Number of recorded violence against the person offences (per 1,000 population)

GLOSSARY

A glossary of terms used through this document and the Commissioning Strategies Glossary is available as a separate document.

IMPLEMENTATION AND DELIVERY

Each commissioning strategy is accompanied by a detailed implementation plan with specific actions that will lever system change, and which will be refreshed annually. Improvements to the system will be continuously shaped and developed by the System Design Groups.

The intended purpose of the System Design Groups is to create an opportunity for Providers, Stakeholders, Commissioners and Individuals to collaborate, design, operationalise and provide system resilience. There will be a System Design Group for each of the strategic areas, and each will work collaboratively to develop a whole system approach to their strategic area and then work proactively to ensure system success, with the primary focus of reducing health and wellbeing inequalities across the city.

Progress against the strategic aims and high level outcomes set out above will be overseen by the multi-agency Plymouth Integrated Commissioning Board, with the Health and Wellbeing Board holding the system and commissioners to account.

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WELLBEING
COMMISSIONING STRATEGY

DRAFT

Northern, Eastern and Western Devon
Clinical Commissioning Group

NHS

PLYMOUTH
CITY COUNCIL

INTRODUCTION

Evidence shows that people with high levels of wellbeing live longer, have lower rates of illness, recover more quickly from illness and stay well for longer, have more positive health behaviours, and generally have better physical and mental health (Department of Health, 'Wellbeing: Why It Matters To Health' Policy. London: DoH, 2014).

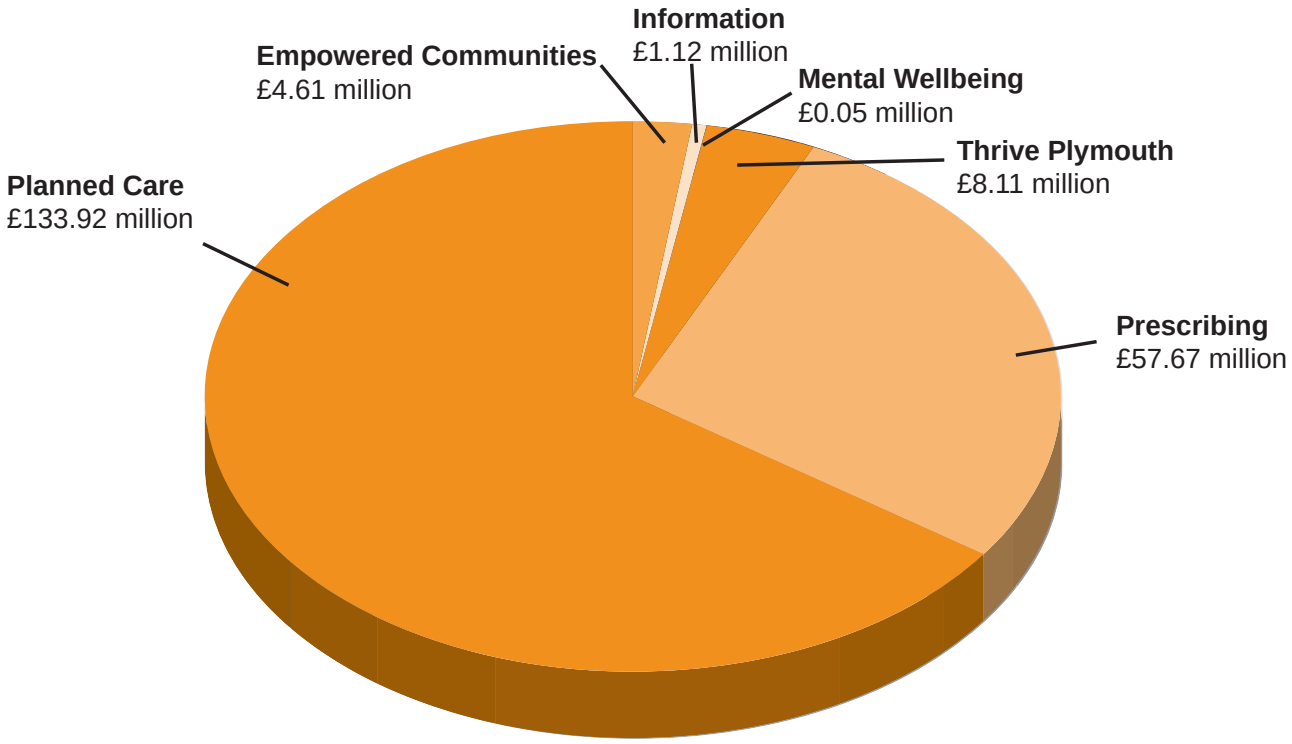
This strategy is one of four integrated commissioning strategies that focus on promoting healthy and happy communities by setting out an approach to a radical upgrade in preventive health. It covers people of all ages and also covers people in different categories of risk of ill-health. Specifically, it supports transformative change through creating a significantly enhanced focus on primary prevention which covers everyone, as well as targeted approaches which we call secondary prevention, and planned care interventions including medicines optimisation.

The strategy sets out a significant change in how we will support and improve people's capacity to live healthy and happy lives and, in doing so, reduce the level of health inequality across the city. It does so by describing a 'future system' into which, over time, an increased proportion of investment from the whole health and social care system will be focused on primary and secondary prevention. This approach will improve outcomes for more people, reduce pressure on services in the city, support value for money and produce efficiencies.

At the heart of the wellbeinstrategy is the 4-4-54 construct, on which the 'Thrive Plymouth' programme is based. This approach will tackle the 4 key behaviours that contribute to the 4 key illnesses that cause 54% of all deaths in the city. Poor diet, lack of physical activity, tobacco use and excess alcohol consumption are risk factors for coronary heart disease, stroke, cancers and respiratory problems which together contribute to 54% of deaths in Plymouth. By focusing on changing behaviours that can lead to the development of these diseases, there is likely to be a reduction in the number of people who experience them, with consequent benefit to the individual, family, community and public purse.

In 2015/16, the identified spend on services within scope of the Wellbeing Strategy is £205.48 million. This comprises the CCG and PCC's relevant spend within the Plymouth Integrated Fund and the CCG's relevant spend for South Hams and West Devon. The approximate breakdown of this is shown in the chart below.

The identified spend of serices within the scope of Wellbeing £205.48m



We will have rebalanced commissioning spend from reactive and unplanned to planned and targeted investment. Over the course of this strategy we expect the percentage of spend on prevention and health promotion to increase.

The strategy describes five key elements to a wellbeing system with Thrive Plymouth as the focus:

- **Thrive Plymouth** - Healthy lifestyle choices
- **Empowered communities** - Strong safe communities and social capital (community networks and resources)
- **Planned care** - An effective system of planned care that prioritises prevention
- **Information** - Comprehensive advice, information and advocacy
- **Mental wellbeing** – Physical, emotional, social and spiritual wellbeing

The benefits of improving wellbeing are significant but so is the challenge. Out of the 32 health indicators presented in the Annual Health Profile produced by Public Health England, Plymouth has 13 that are significantly worse than the English average. South Hams has 1 indicator that is worse than the English average. West Devon has 2 indicators that are worse than the English average.

The health of people in Plymouth is varied compared with the England average. Deprivation is higher than average and an estimated 21.6% (11,335) of children live in poverty. Life expectancy for both men and women is lower than the England average. People in South Hams and West Devon experience less poverty and deprivation generally although for some, poverty and deprivation have a marked negative effect on their health and wellbeing.

Over the years, many approaches have been taken to address the health inequalities. Whilst these have seen some success, inequalities still persist. What this tells us is that we must work differently as partners and leaders if we want to significantly reduce health inequalities.

The Health and Social Care Act 2012 and Care Act 2014 provide new and exciting opportunities to work across health and social care and address the key issues that undermine health and wellbeing. The Care Act states that 'local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person'. This means that all the integrated commissioning strategies have a direct link to this Wellbeing Strategy. While some members of the population may require more targeted, intensive or specialist help, they should still have access to universal or primary prevention support, including accessing local social networks. This will support wellbeing at challenging times of need across the entire life course, including at end of life, to help sustain and support recovery from illness.

In Michael Marmot's landmark report 'Fair Society Healthy Lives' he states: "The extent of people's participation in their communities, and the added control over their lives that this brings, has the potential to contribute to their psychosocial well-being and, as a result, to other health outcomes". We recognise this locally and this strategy will be seeking to create an environment that builds social capital and facilitates co-production between commissioners, services and communities.

The opportunities provided through the Health and Social Care Act 2012 and the Care Act 2014, set alongside our determination to tackle health inequality through 'Thrive Plymouth', and underpinned by our drive to engage with local communities and citizens to improve their own health, is the key to how we will work differently. This strategy sets out our programme for improving health and wellbeing in that context.

The Wellbeing Strategy covers advice and guidance, and preventative and planned care services for people of all ages, across the whole life journey and covers both physical and mental wellbeing. Specifically, it supports transformative change through creating:

- A significantly enhanced focus on primary prevention which covers the whole population
- Targeted approaches which we call secondary prevention
- Planned care interventions including medicines optimisation

The services covered by this strategy will impact on the whole of our population, as distinct from those covered by the other three strategies which are more targeted at specific client groups like vulnerable children or adults with complex needs, or for people who need specialist or enhanced services.

The geographic coverage of this strategy and its integrated funding is complex because:

- It covers healthcare services commissioned by NEW Devon CCG for the Western Locality (Plymouth, South Hams and West Devon)
- It covers health promotion and prevention services commissioned by Plymouth City Council for the citizens of Plymouth, and we will work with Devon County Council Public Health to align strategies and approaches wherever possible
- It will direct our commissioning of planned care provision by the acute hospital in Plymouth which serves a population wider than both of the above, although the pooled and aligned funding will only apply to the population of NEW Devon CCG

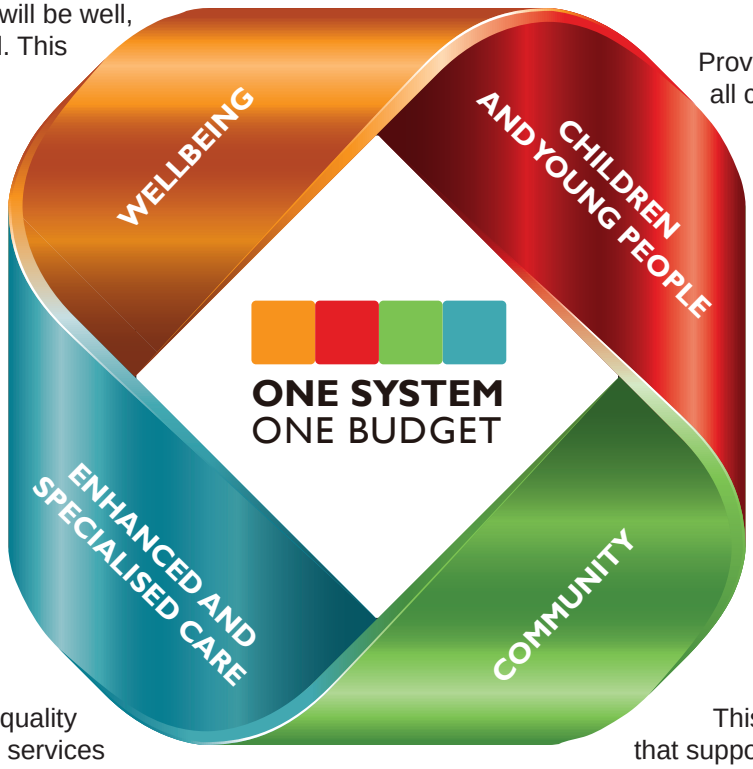
ONE SYSTEM...
FOUR COMMISSIONING STRATEGIES

WELLBEING

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do.

CHILDREN AND YOUNG PEOPLE

Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people.



ENHANCED AND SPECIALISED CARE

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect.

COMMUNITY

This strategy targets services that support people to maintain their independence in their own home within their own community.

Commissioning an Integrated System for Population Health and Wellbeing Overall strategic direction and response to national strategy

- Integrated commissioning – now and future
- Needs assessment

- Wellbeing of the unborn child and the 'best start to life'
- Wellbeing services targeted at vulnerable children
- Children Safeguarding services
- Family support

- Targeted services for people who need support in the short term to recover from a crisis or short-term need
- Focus of people as individuals and not patients; who have their own beds in their own homes
- A joined up 'whole system approach' to support people with multiple needs

- Quality specialist health and care services
- Promoting choice, independence, dignity and respect
- As close to home as possible
- Targeted resources for those who need long-term support in the community

DEFINITION OF WELLBEING

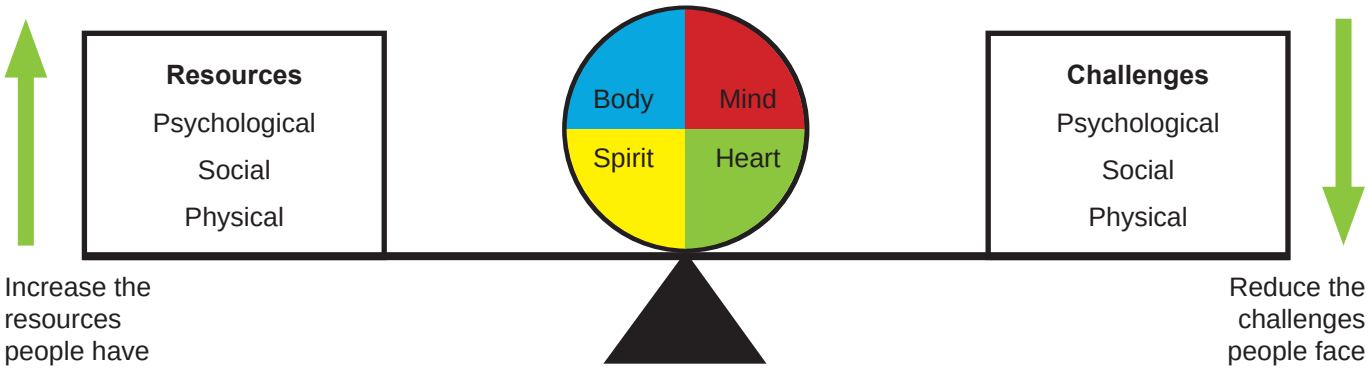
There are many descriptions and definitions of wellbeing. Wellbeing is the holistic consideration of a person's life experiences and includes physical and mental health, purpose and meaning, life satisfaction and positive emotions, and relationships.

Plymouth's Health and Wellbeing Board recognised that people have different views of what wellbeing means to them personally and for their communities, and adopted a holistic view of health and wellbeing based on four broad and wholly inter-related and co-dependent dimensions:

- **The Mind:** including mental health and wellbeing, happiness, personal growth, development and learning
- **The Body:** including physical health and wellbeing, having the best start in life, growing and ageing well, having access to good jobs, homes and health services
- **The Heart:** including social health and wellbeing, having good friendships, feeling loved and valued, valuing others and engaging with the world around us
- **The Spirit:** including a sense of community, of meaning in life, a sense of belonging and of making a difference

This strategy incorporates these dimensions within a dynamic definition of wellbeing, developed by Dodge et al (2012). Wellbeing is seen as the balance point between an individual's resources and the challenges that they face in their everyday life. This is shown as a see-saw in the figure below. When people have more challenges than resources, the see-saw dips along with their wellbeing. A lack of challenge for an individual would equally cause a dip in wellbeing. This definition reflects the human preference to return to a set point of wellbeing that is defined by the individual.

In the context of this commissioning strategy, services that support wellbeing will be aiming to build an individual's capacity to meet the challenges they face in their lives, and also contribute to a wider approach of addressing the determinants of health and wellbeing by reducing unacceptable challenges that people face, e.g. poor quality housing and homelessness.



Definition of Wellbeing [adapted with permission from Rachel Dodge, Annette P Daly, Jan Huyton Lalage D Sanders. The challenge of defining wellbeing. International Journal of Wellbeing Vol. 2 (3) 2012]

AIMS OF THE WELLBEING STRATEGY

We will:

Aim One

- Sustain the improvement in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deaths due to cancer, stroke, heart disease and respiratory disease

"I want the services I value now to be strengthened"

"I want the information I need to make healthy choices and stay healthy"

Aim Two

- Place health improvement and the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth

Aim Three

- Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate

"I want no barriers to care caused by boundaries"

"I want services that support me to manage my situation in life not just my condition"

Aim Four

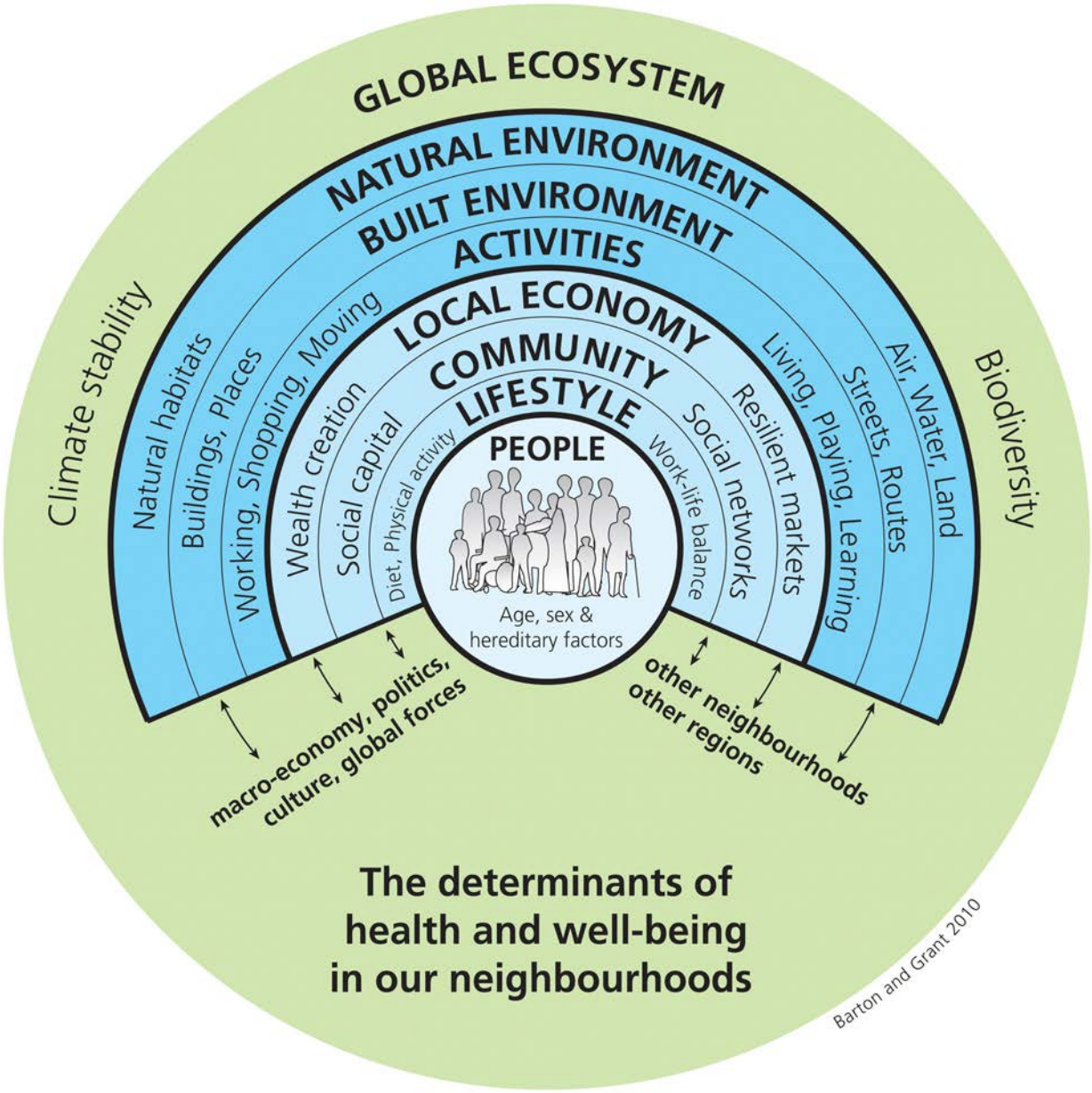
- Rebalance commissioning spend from reactive and unplanned to planned and targeted investment. Over the course of this strategy we expect the percentage of spend on prevention and health promotion to increase

WHO WILL BENEFIT FROM THIS STRATEGY?

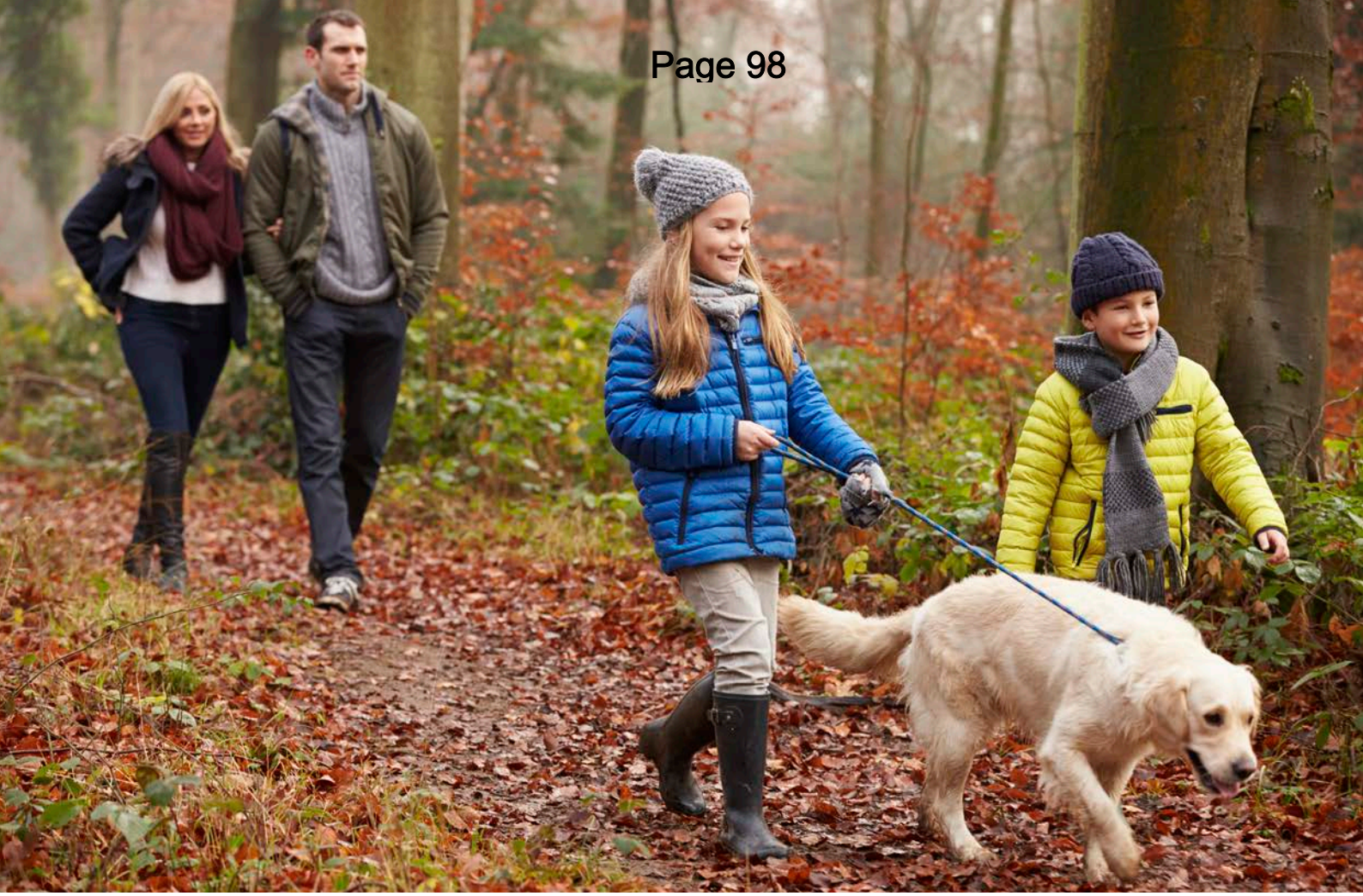
Work by the King's Fund identified that health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The Health Map illustrated below details how many different factors influence people's health. Most experts agree that tackling these 'broad determinates of health' is more impactful than healthcare in ensuring a healthy population.

It is these broad determinants of health that are targeted for improvement in this strategy and where the real benefits of integrating local government and NHS commissioning are to be found. By pooling or aligning the funds used for NHS planned healthcare and the treatment of ill health with local authority funds used for the prevention of ill health and the promotion of wellbeing, we can minimise the organisational boundaries that have previously made it difficult to shift resources upstream and deliver cost effective earlier interventions.

Health Map



The Health Map demonstrates the importance of individuals' attributes in determining health outcomes and, more crucially, highlights the role that structural factors in the social, physical and economic environments play in this respect. To maximise outcomes for individuals, families, communities and the city as a whole, the right social, cultural, work and economic environments will need to be created to support individuals to make the right choices for their health and wellbeing.



The Wellbeing Strategy has prevention at its core, with two areas covered specifically. Primary prevention is covered wholly, as are some aspects of secondary prevention. The following definitions are taken from the Care Act 2014:

PREVENT: primary prevention/promoting wellbeing

Primary prevention is aimed at people who have no particular health or care and support needs. The intention is to help a person avoid developing needs for care and support, or help a carer avoid developing support needs.

It includes universal offers like health promotion, first aid, learning and services like contraception services, and community activities that prevent social isolation.

REDUCE: secondary prevention/early intervention

Secondary prevention is more targeted. Interventions are aimed at people who have an increased risk of developing health or care and support needs, or at carers with an increased risk of developing support needs.

The goal is to help slow down or reduce any further deterioration, to prevent further needs from developing, and to stop a crisis occurring.

Really efficient and cost-effective planned care (sometimes called elective care) which makes the best use of available resources to provide value for patients wherever and however they receive care is crucial to wellbeing. Planned care and medicines optimisation will play an increasing role in secondary prevention for all ages through the delivery of this strategy.

- Planned care is “services and treatments that are not carried out in an emergency”; delivered in a way that prevents ill health and maximises recovery as quickly as possible
- Medicines optimisation is about making sure that people are getting the right medication and using it in the right way to get maximum benefit

Framing these services in a ‘wellbeing’ strategy maximises the opportunities for this and sets a clear signal to think differently about how and where these are commissioned and provided.

Other examples of secondary prevention covered in this strategy are “social prescribing” services, targeted weight management services and carer support services.

WHY DO WE NEED TO CHANGE?

The health of people in Plymouth is generally worse than the England average; in the city there are higher than average levels of deprivation. The inequality in health that is driven by social inequalities is demonstrated by the fact that, between the least and most deprived groups, there is a 7.9 year gap in life expectancy in men and a 5.8 year gap in women.

Poor health behaviours cluster in the more deprived socio-economic groups and this also drives health inequalities. There are higher than average numbers of people who smoke and, hence, a higher proportion of smoking-related deaths. There are higher levels of alcohol-related ill health and of drug misuse. In certain areas of the city there are high levels of dental decay in children by the time they start at primary school: this is a disease which, in theory, is entirely preventable.

Health in Plymouth is significantly worse than England as measured on 13 of the 32 health indicators in the annual Health Profile. In relation to the 11 Regional Centre comparator areas, Plymouth is 5th in terms of health profile indicators. Mental health is poor, demonstrated by the fact that common mental health problems are estimated to be 20% higher than would be expected for the demographic and economic make-up of the city.

The population is broadly similar to the national average, although there are considerably more young adults in the age 20-29 age group, attributable largely to the student population in the city. There is a small but rapidly growing black and minority ethnic population in the city and in the last 10 years there has been significant growth in the very young aged 0-4 years. Overall, our population is an ageing one and growth in 65+ age groups is broadly in line with national average. These are the main population characteristics relevant to impact on health and wellbeing needs.

The levels of deprivation drive the ongoing challenge of tackling the resulting health and social inequalities and represent a major challenge to improving the health of the population as a whole. Over the next 10 years ‘Thrive Plymouth’, the new approach to tackling health inequality in the city, will focus on poor diet, lack of exercise, tobacco use and excess alcohol consumption, which are the four behaviours that drive health inequalities in the city.

A third of Plymouth’s dwellings (approximately 30,000) are classified as being ‘non decent’, i.e. offer poor thermal comfort and standard of repair – with the worst conditions found in the private rented sector.

In 2014/15, there were 18,796 crimes recorded; this is a reduction of 1% (184 fewer crimes/victims of crime) than for the same period the previous year, continuing the downward trend in overall crime since 2009/10.

A third of adults living in Plymouth have problem debt and we are 48th most indebted out of 406 local authority areas across the UK. Universal Credit is set to begin rollout in Plymouth in January 2016, and this provides a number of significant risks that impact on financial exclusion and increased levels of personal debt.

There are areas of increased demand and spend for planned care interventions in secondary or specialist services where an alternative approach could have prevented this need.

In terms of medicine taking, the needs assessment highlights the need to optimise medicines to maximise health and wellbeing, whilst recognising the increased need for improved preventive treatment. By helping people to get the most out of their medicines, we can help to keep people healthy and well in the community.

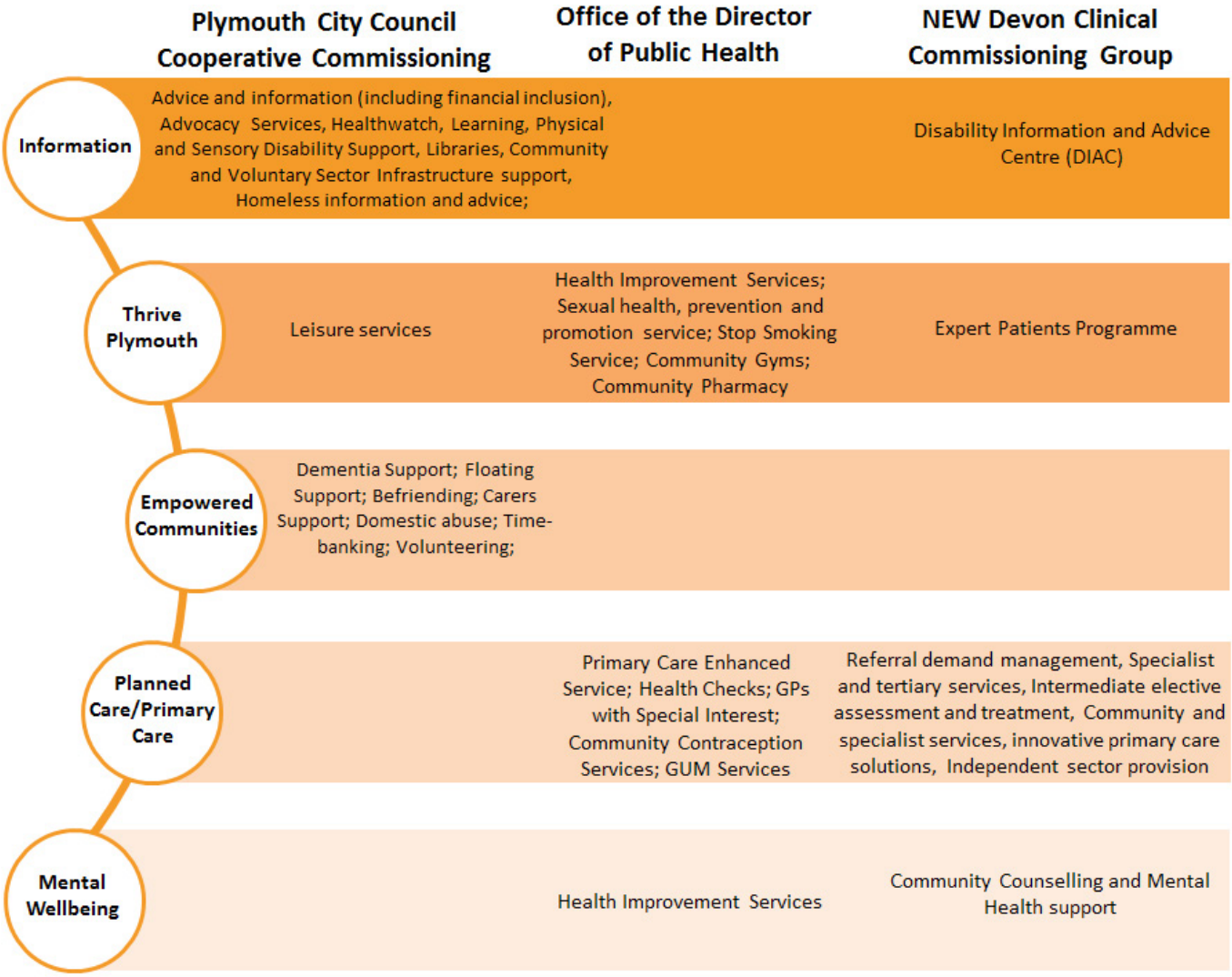
The impact of the information described in the needs assessment affects the entire population across the life course; this wellbeing strategy responds accordingly by commissioning and influencing services that support children, young people, families and adults.

Theme	Needs and areas to address
Demographic	■ Increasing population size ■ Increasing older population over 75 ■ Increasing number and diversity of Black and Minority Ethnic (BME) population
Deprivation	■ Plymouth is ranked 72 out of 326 in terms of deprivation (1=most deprived; 326=least deprived) ■ Child poverty ■ There are higher levels of long-term health problems or disability when compared nationally; there are lower levels of reported good or very good health when compared nationally
Determinants	■ Clear social gradient in health which shows life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of Plymouth than in the least deprived areas ■ Housing conditions are worst in the private rented sector with 37.2% categorised as non-decent ■ Under-employment' is comparatively high in Plymouth ■ High levels of problem debt
Need: Areas reported as being significantly higher than England in the Health Summary for Plymouth	■ Under-18 conceptions ■ Alcohol and drug misuse ■ Adults smoking ■ Sexually transmitted infections ■ Incidence of malignant melanoma ■ Early deaths from cancer ■ 37.2 % of all domestic abuse crimes in 2013/14 involved violence with injury
Need - Additional	■ Mental health need estimated as being 20% higher than would be expected for a city with our population ■ Increase in the rate of hospital admissions for self-harm ■ Increase in the rate of hospital admissions for circulatory diseases ■ Increase in hospital admissions for falls in adults aged 65 and over ■ Increase in dementia in the over-69s by 2020 ■ Increasing demand on carers ■ Planned care – increased demand ■ Local variance in prescribing costs against national average ■ Inequalities in oral health of young people, evidenced by high levels of dental decay and large numbers of extractions under general anaesthetic.
Consultation	■ Increased focus on prevention and support in the community

WHAT HAPPENS NOW?

There has not, up to now, been a wellbeing system defined. A wide range of provision reflects services that have been commissioned in line with strategies, commissioning plans and business cases focusing on specific priorities that include a universal or preventative offer supporting wellbeing.

There has always been ambition to design services that work better together within and across systems, and progress has been made. However, the current commissioning categories have not enabled us to maximise the potential to create a coherent system for wellbeing.



These services are delivered by over 60 providers (not including Primary Health Practices and Pharmacies), with around 40 coming from the independent, voluntary and community sector. Services generally perform well against the measures in their contracts but this service performance is not always reflected in improvements in key outcomes or in reducing inequality across the city.

The existing approach has meant that different commissioners use their budgets and commissioning processes to fund the services for which they are responsible and this sometimes results in unnecessary duplication or gaps in service. People who use services have to repeat their story to access support; those people on pathways linking differing services often do not experience this as seamless and timely. Importantly, no coherent evidence-based approach to population level primary prevention has been strategically agreed and delivered by all the key stakeholders across the city.

Outcomes in this context for the person have too often been shaped by more of a “silo” approach to service and system design, which does not place the person needing the service at the centre of the range of support they require and the outcomes they need.

Some planned care services have recently had more of a preventative focus, but this is very limited.

Links with service areas responsible for developing and influencing the “wider determinants” of health, e.g. economy, employment, housing, are not yet maximised, and improving these to ensure that health and wellbeing is a key factor in decision making, and service development will be key to reducing health inequalities.

Whilst there has been some investment in developing social capital, this has been limited. Current commissioning practices have not facilitated a strategic approach to developing social capital and community self-help to support wellbeing.

Other Partners

Services set out above sit alongside a range of other key stakeholder contributions who also commission prevention services that support wellbeing. For example:

- Devon County Council (including Devon Public Health) provide similar services to the people of South Hams and West Devon as Plymouth City Council and will be crucial partners in ensuring this integrated wellbeing approach is available to the whole Western Locality of NEW Devon CCG
- NHS England commission primary care, such as GP core services, dental and ophthalmology services, which are universally available to the whole population and play a key role in preventing and detecting ill health, as well as a range of immunisation and screening programmes that prevent ill health
- The Police Crime Commissioner (PoCC) invests in activity (much of which will sit alongside activity described in the Community Strategy) that includes some prevention work. This investment is used to support the commissioning intentions of Safer Plymouth

- Plymouth City Council and NEW Devon CCG, through the accompanying integrated strategies, have a duty under the Care Act 2014 to promote the wellbeing of the people these strategies are intended to reach. In doing so, “promoting wellbeing” will not just be something “siloed” within this strategy but an offer that is integrated across the whole system of health and social care. For example, the promotion of wellbeing for people at the “end of life” and their carers will be a core offer. This strategy will focus on delivering whole or targeted population level interventions
- The Children and Young People’s Strategy will also include activity that supports the wellbeing of children, young people and families e.g. health visitors, family support

There are a number of services and support rework available that are not currently commissioned by the local authority, NEW Devon CCG, NHS England and the Police Crime Commissioner:

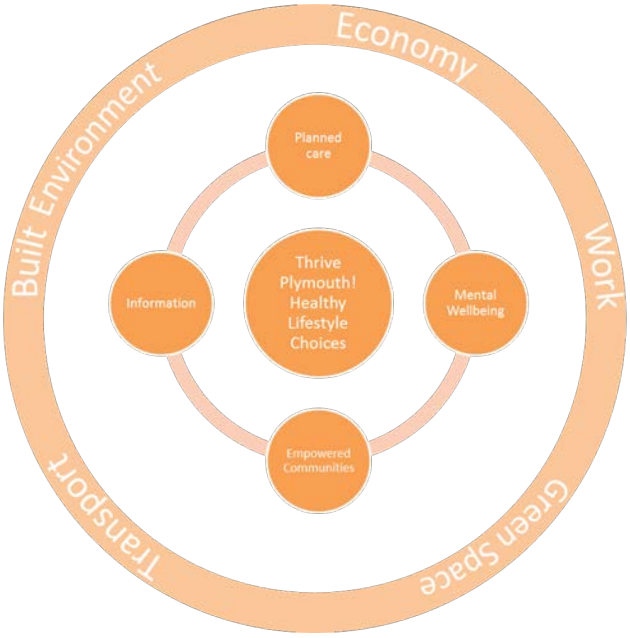
- Schools contribute significantly to the city’s wellbeing through prevention activity that supports the wellbeing of their school population and the best start to life for all children and young people
- Business’ contribute significantly to the city’s wellbeing through running programmes to help improve the wellbeing of their employees
- The universities and higher education colleges contribute significantly to the city’s wellbeing through prevention activity that supports the wellbeing of their university population
- DWP – Welfare and employment support services

Finally, the voluntary and community sector delivers commissioned services as well as services and support that are funded through charitable grants are truly voluntarily based:

The voluntary and community sector provides a wealth of services and support that reflects local (neighbourhood) need and is a key enabler of local social capital and community self-help

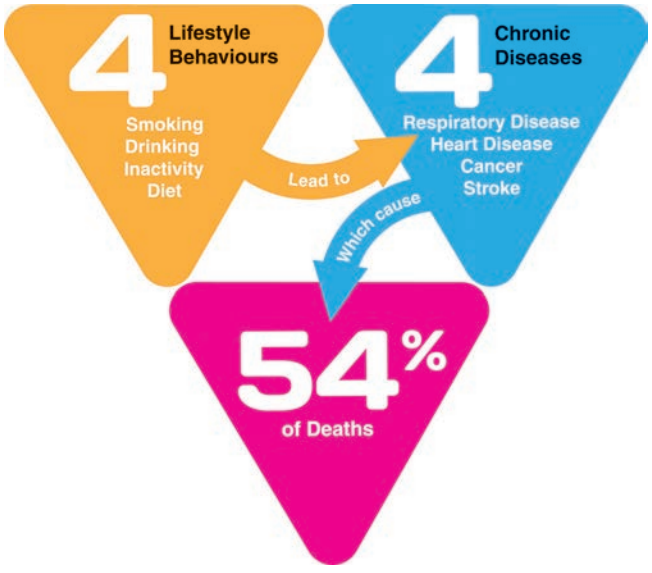
WHAT DOES THE FUTURE LOOK LIKE?

Commissioning Framework for Wellbeing



Thrive Plymouth - healthy lifestyle choices

Thrive Plymouth is the central population-focused approach to reducing health inequality in the city that will reduce preventable deaths, improve lifestyle behaviour and, in time, reduce the overall spend in the system. All the additional elements of the commissioning framework contribute to Thrive Plymouth but require a specific focus in line with the city's strategic ambition and the needs identified. This strategy will drive forward a population level primary prevention programme through Thrive Plymouth (4-4-54) to tackle the four key behaviours that impact on four key diseases and contribute to 54% of all deaths in Plymouth.



Thrive Plymouth; 4-4-54 www.plymouth.gov.uk/thrive

Thrive Plymouth is not based on the delivery of commissioned services alone, but through enabling social change in areas such as influencing key stakeholders, providing accessible advice and information to everyone to change behaviours and supporting individual activation to help them achieve choice and control. The new system recognises the importance of people and communities' roles in maintaining and improving their own health. This will be done through encouraging, involving and educating people and communities.

Commissioned services will deliver a range of high quality, evidence-based interventions, and include an enhanced focus on the key behaviours that contribute to risk factors for coronary heart disease, stroke, cancers and respiratory problems. These behaviours are poor diet, lack of exercise, tobacco use and excess alcohol consumption. Changing these four behaviours would help prevent these four diseases and reduce the number of deaths due to those chronic diseases.

All services can have an impact on health and wellbeing, and the new system will maximise the impact of all interactions – making every contact count. Health promotion and improvement services will be delivered in a range of settings based within communities and provide cradle to grave support for our people and communities to help them live healthier lives and maximise their own health and wellbeing. Services will be evidence-based and will take a multi-risk factor approach and support people in addressing all their lifestyle behaviours that are impacting on their health and wellbeing. Services will be accessible to all but will provide the greatest support to those with the greatest need. Services will ensure that physical health and mental health have equal parity. All service providers will be expected to take every opportunity to support their service users in improving their health and wellbeing.

As well as providing a range of information and knowledge which is evidence-based and consistent, services will deliver activities and interventions that support people to improve their health and wellbeing. GP practices and pharmacies will be supported to carry out primary prevention activity themselves and to also increase referrals to health improvement services and maximise their patients' access to the range of primary prevention services and social networks in their communities.

Community and voluntary organisations will also be supported to make an active contribution to the improvement of health and wellbeing for the people they support.

Empowered Communities

Strong, safe communities and social capital (community networks and resources)

The demographic changes described in the needs assessment will increase demand and complexity for wellbeing, health and social care services, particularly around the older population, carers, people with dementia and long-term conditions. Supporting our communities to respond to this will be critical to the future wellbeing system.

The new system recognises that there is a huge amount of positive health and wellbeing activity already happening in communities, and there is an opportunity to work with and build on this. Communities often have the answer to how to improve the health and wellbeing of the local population. Through this strategy we will support local communities to be as healthy as they can be by ensuring communities have control and influence over how services are designed and developed locally to them. Communities themselves will shape how they can make best use of their own “assets” (people and place) to maximise wellbeing. Carers will be recognised, valued, and supported in their caring role.

This system element will also respond to the needs identified around preventing crime, (particularly violent crime, sexual violence and domestic abuse), disorder, and anti-social behaviour, as well building feelings of safety in communities. These are key challenges that must be addressed in order to achieve strong, safe communities.

Improving housing decency levels is a key ambition of this strategy. Poor quality housing has a cross-cutting impact on society; for example, it impacts negatively on health (physical, mental and emotional), contributes to child poverty, reduces educational attainment, increases fuel poverty and reduces attendance at work. There is a clear link between the areas of worst housing condition, deprivation and greatest health inequality.

Information

Comprehensive advice, information and advocacy

The system of advice, information and advocacy services across the city will provide consistent and accurate messages that are evidence-based and easily accessible for people, families and children wherever they live. Services will be accessible to all who need them, comprehensive, high quality, and will support individuals, families and communities to have choice and control. These are fundamental building blocks to ensuring that people are empowered to take their own decisions to help improve their wellbeing and their health in its broadest sense, including early help, health, wellbeing, social care, housing and financial inclusion.

It will meet statutory duties to provide a comprehensive advice and information offer and will ensure that individuals and populations have access to independent support to ensure people know their rights and how they can challenge or clarify decisions made which affect their wellbeing.

This system element will support patient activation, meaning people will be able to access information and advice to empower them to make decisions that support and help sustain their own recovery from illness and maximise the benefits obtained from all planned interventions.

Mental Wellbeing

Physical, emotional, social, and spiritual wellbeing

The needs assessment identified that Plymouth has higher levels of common mental health issues than comparator areas. Whilst all commissioned activity aims to improve mental wellbeing, it is acknowledged that the current spend on specific services for this service element is limited. Demographic and population changes may increase loneliness and social isolation, thus impacting on emotional wellbeing, and helping people build resilience to challenges they face is critical. This is not just about what services there are available but what social capital can offer. Taken together, more resilient people and whole families are able to cope better with life, including those with many forms of mental illness. Improving the emotional wellbeing and mental health of individuals, families and communities is recognised as a key cross-cutting component that must be addressed to support all aspects of improving wellbeing. In addressing this, an enhanced focus on tackling the stigma associated with mental ill health is key, as is improving the wellbeing of those with mental ill health; ensuring that there is parity of esteem enabling access to wellbeing services or support that maintain both physical and mental wellbeing.

To address the identified high levels of local need relating to common mental health problems, there will be a focus on improving the emotional wellbeing and mental health of individuals, families and communities. This is recognised as an important requirement to support all other aspects of improving wellbeing. Tackling the stigma associated with mental ill health and ensuring parity of esteem between mental health and physical health will be the underpinning requirements of all services.

A public mental health approach is required that promotes mental health and wellbeing in the whole population. Such an approach seeks to make sense of the complex interplay between social, economic and environmental factors that influence individual and community mental health and wellbeing. It seeks to improve mental health and wellbeing by reducing risk factors and promoting protective factors. The approach identifies that improvements in wellbeing can be achieved through a wide range of evidence-based interventions, from universal measures that apply to the whole population, through to targeted approaches aimed at high risk groups and people with diagnosed mental illnesses. The provision of these interventions is within the remit of many organisations across the public, private and voluntary and community sectors.

Services will support people to build their individual resilience and ability to deal with the challenges they face, recognising that resilient people are more able to cope with life challenges, including many forms of mental illness. Mental health will be promoted by aiming to:

- Strengthen individuals and communities
- Reduce structural barriers to mental health
- Create mentally healthy environments

As a result, more people will be supported to maximise their emotional wellbeing and mental health, stigma associated with mental ill health will be reduced, and people with mental illness will have equal access to services to support them to improve their health and wellbeing.

More people will be supported to understand mental illness and how to look after and protect their mental health and wellbeing.

Planned Care

An effective system of planned care that prioritises prevention

Planned care for all ages is “services and treatments that are not carried out in an emergency”. They are usually delivered in an acute hospital setting, and are a fundamentally important function with benefits that reach across the entire wellbeing system.

Medicines optimisation is about making sure that people are getting the right medication and using it in the right way.

With increasing demand for acute care from an ageing population, we are committed to ensuring that we commission care that is safe for people, cost-effective and delivered in the most appropriate location. We are committed to delivering integrated care pathways that encourage organisational partnership and co-operation.

The aims are:

- To maximise the value that everyone gets from the investments in their healthcare
- To maximise the value that a person gets from their own care and treatment
- All health and care interventions will be delivered in a way that prevents ill health and maximises recovery as quickly as possible. Framing these services in a “wellbeing” strategy maximises the opportunities for this, and sets a clear signal to think differently about how and where these are commissioned and provided

The commissioning intent is to implement an evidence-based, integrated model of elective care, intervening at the optimum point for maximum benefit. This will improve value for patients, reduce costs and ensure future sustainability in the face of increasing demand. There will be an increasing focus on prevention and self-management, and effective conservative management will be the cornerstone of care. Individuals will be empowered to make decisions and initiate care. GPs will be better informed to support patient choices. Clinicians and patients will view surgery as the ‘least preferred’ option not the ‘end goal’ but with an efficient route for referral to surgery where it is the most appropriate solution. We will encourage direct access to services wherever appropriate, encourage the use of alternatives to the traditional face to face contacts and commission face to face contacts with patients only where there is demonstrable clinical value to patients.

There will be a comprehensive provider market delivering innovative, co-ordinated care, including technology-driven approaches, to the management of patients who need a clinical follow-up or continued management of long-term conditions. These will:

- Reduce and remove unnecessary follow-up appointments for patients and their carers; improving patient experience and reducing demand on resources
- Ensure patients receive the best possible co-ordinated approach to follow-up care, in the right setting, by the right person, in the right timescale and without duplication

Although the NEW Devon CCG does not directly commission primary care services, locally it has regularly expressed its commitment to working with GP practices to transform the way in which services are delivered.

Currently there is a high spend on specialist care and, in comparison, a limited focus (and relatively limited resourcing) on primary prevention services. Over the lifetime of this and the accompanying strategies, there will be a shift in the amount of investment and proportion of investment toward improving and promoting wellbeing and community-based support.

Prevention is recognised through a range of evidence and policy drivers as key in reducing pressure at the complex, acute and intensive end of provision, as well supporting savings across the whole system.

The proportion of investment spend on primary prevention, as a percentage of the total spend on health and social care, should increase over the five years of the integrated commissioning strategies.

Increasing the proportion of funding for wellbeing as a percentage of the whole of the health and wellbeing system and then investing this in evidence-based interventions should save potential future spend.

Wellbeing Interdependencies

The approach must ensure that improving wellbeing is integrated into strategic objectives across the wider system described in the Plymouth Plan. This includes policies that impact on strengthening the local economy, work and jobs, natural environment, built environment, and activities such as shopping, transport and employment. The services in scope of this strategy will provide a universal and preventative offer, be designed to target issues that have the biggest impact on wellbeing across the city and build capacity within communities (social capital) with the aim of supporting the development of healthy and happy communities and reducing the pressure on the wider health and social care system.

This strategy is the catalyst to maximising the relationship between stakeholders to develop the interdependencies to produce an effective and efficient "wellbeing system". Opportunities to work in partnership, co-commission and joint working must be taken forward to maximise the use of resources and impact. Pathways described, or that will be developed in support of the accompanying integrated commissioning strategies, should set out the links to the wellbeing system, enabling universal and preventative interventions to be accessible to anyone at any point within the whole system.

HOW DO WE KNOW IT'S WORKING?

The following outcome performance indicators have been identified as key to measuring how this strategy contributes to improvements across the whole health, wellbeing and social care system in Plymouth. Some of these will form part of a comprehensive performance dashboard that will be used to monitor an overview of the system.

System Element	Key Outcome / Indicator	Indicator / Source type
THRIVE PLYMOUTH – Healthy lifestyle choices	Thrive Dashboard	Local
	2.12 - Percentage of adults classified as overweight or obese	Public Health Outcome Framework
	2.13i - Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity	Public Health Outcome Framework
	2.13ii - The percentage of adults classified as "inactive"	Public Health Outcome Framework
	2.14 - Prevalence of smoking among persons aged 18 years and over	Public Health Outcome Framework
	2.04 - Rate of conceptions per 1,000 females aged 15-17	Public Health Outcome Framework
Information	Total number of people for whom an advocate is arranged	Care Act Metric
	The number of households given Housing Advice via Plymouth City Council Casework	Local – Housing Options
Empowered Communities	Number of carers receiving a statutory Carers Assessment	Local - Carefirst
	Close the gap between the 10 neighbourhoods with the highest crime rates and the city average per 1000 population	Local - Safer Plymouth
	Number of reported domestic abuse incidents	Local - Police
	Reduction in the % of private rented accommodation that is classified as having a category 1 hazard	Local – Housing Options
	Dementia Diagnosis Rates	NHSOF
Mental wellbeing	Average WEMWBS Score	Local
	1.18i - % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey (Social Isolation)	Public Health Outcome Framework
	1.18ii - % of adult carers who have as much social contact as they would like according to the Personal Social Services Carers survey (Social Isolation)	Public Health Outcome Framework
	Prevalence of common mental health conditions	Local
Planned Care	Reduced demand – reduce new referrals to specialists	Local - CCG
	Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	CCGOF
	Total health gain as assessed by patients for elective procedures - physical health-related procedures (hip replacement, knee replacement, groin/ hernia, varicose veins)	CCGOF
	Incidence of healthcare associated infection (HCAI), MRSA, C. difficile, proportion of patients with category 2, 3 and 4 pressure ulcers, hip fractures from falls during hospital care	CCGOF

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COMMUNITY
COMMISSIONING STRATEGY

DRAFT

NHS

Northern, Eastern and Western Devon
Clinical Commissioning Group

PLYMOUTH
CITY COUNCIL

INTRODUCTION

The introduction of the Health and Social Care Act 2012 provided us with new and exciting opportunities to work together across health and social care and address the key issues that undermine the health and wellbeing of the people in the city of Plymouth.

Plymouth's Health and Wellbeing Board, established under the Health and Social Care Act 2012, provides a key partnership where leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board's vision is for "Happy, Healthy, Aspiring Communities", and its core purpose is to encourage commissioners across the public sector to work in a more joined-up way.

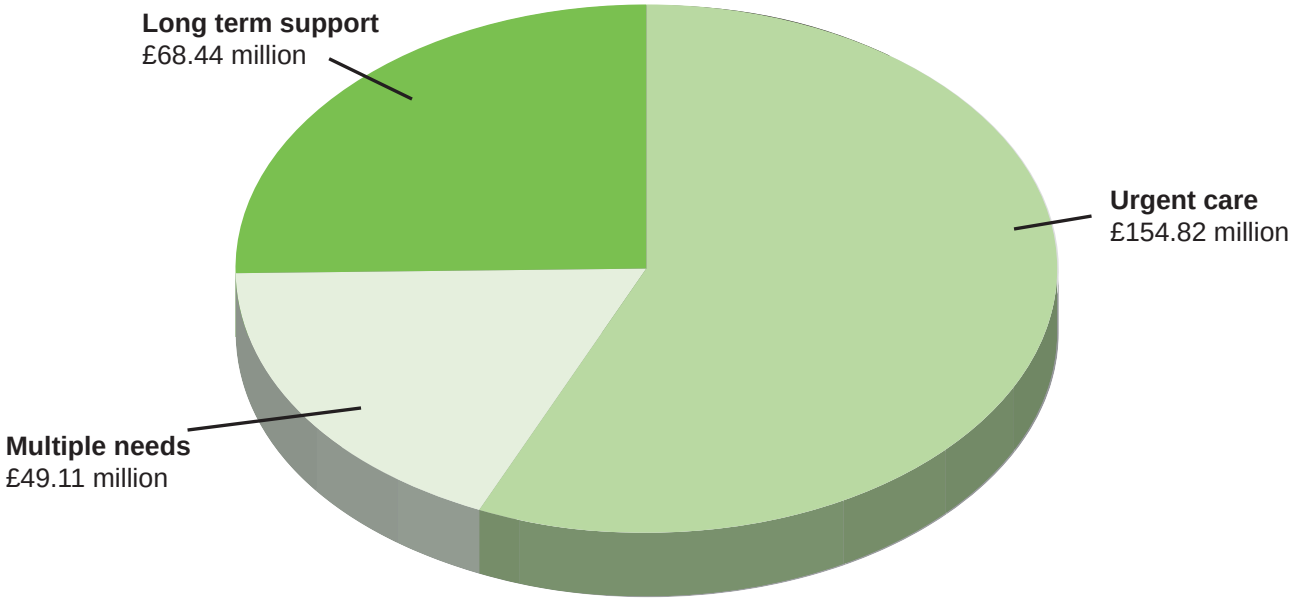
Four integrated commissioning strategies have been produced; **this strategy sets out the approach for health and social care community based services and related commissioning intention**s, which includes an integrated commissioning and delivery approach for services, putting the person at the centre with support services wrapped around them. **The integrated Community Based Care Strategy focuses on promoting people's independence within the community; providing appropriate and quality care in all settings, preventing needs escalating and so avoiding unplanned admissions to hospital.**

In 2015/16 the identified spend on services within scope of the Community Strategy is £272.37 million. This comprises the CCG and PCC's relevant spend within the Plymouth Integrated Fund and the CCG's relevant spend for South Hams and West Devon. The approximate breakdown of this is shown in the chart below.

Once we have implemented this strategy, people will be able to:

- Access a range of personalised and responsive services that meet their needs, which will be integrated where it makes sense to do so
- Tell their story once, to one individual who will make a difference
- Stay in their own home, wherever that happens to be, with support co-ordinated by their GP and wrapped around them
- Guide the care and support that is available in a way that suits them and is not prescribed by the system

The identified spend of serices within the scope of Community £272.37m



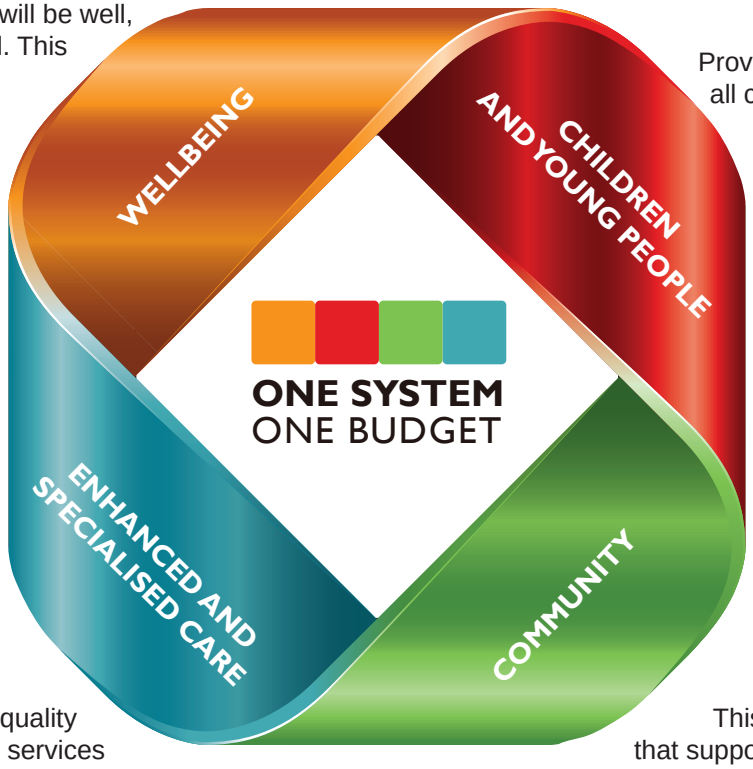
ONE SYSTEM...
FOUR COMMISSIONING STRATEGIES

WELLBEING

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do.

CHILDREN AND YOUNG PEOPLE

Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people.



ENHANCED AND SPECIALISED CARE

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect.

COMMUNITY

This strategy targets services that support people to maintain their independence in their own home within their own community.

Commissioning an Integrated System for Population Health and Wellbeing Overall strategic direction and response to national strategy

- Integrated commissioning – now and future
- Needs assessment

- Healthy and happy communities
- Supporting and utilising social networks
- Increasing investment in public health
- Health and wellbeing at the heart of everything we do
- Carers
- Domestic abuse
- Housing conditions
- Planned health care

- Universal early help and best start to life
- Integrated education, health and care plans
- Family support
- Safeguarding children and preventing vulnerability
- Support to keep children and young people stable at home, in alternative family arrangements, in foster care or alternative placements

- Quality specialist health and care services
- Promoting choice, independence, dignity and respect
- As close to home as possible
- Targeted resources for those who need long-term support in the community

DEFINITION OF COMMUNITY BASED CARE

Community Based Care delivers targeted services for people who need support in the community to maintain independence or those who may be at risk in the future of losing their independence. The services support:

- People with multiple care and support needs
- People requiring urgent care: responding to a crisis and providing a timely response, reablement and recovery
- People with long-term support needs who need ongoing personalised support

The opportunity that the integrated health and wellbeing commissioning agenda presents is to undertake a whole system review of a wide range of service provision in order to consider what changes are required to meet the needs of and deliver better outcomes for people who access health and social care services.

It is recognised that the health and wellbeing of the population of Plymouth is impacted by a wide range of organisations working across Devon, but within the scope of this strategy are services currently commissioned for the people of Plymouth by NEW Devon CCG and Plymouth City Council. Examples of these include social care, community nursing, domiciliary care, day opportunities, supported employment, reablement, community equipment, supported living, homelessness support, substance misuse treatment, mental health services and Telecare.

A specific Strategy for Children and Young People's Strategy is one of the four co-dependent commissioning strategies. However, it is important to highlight the importance that services covered within the scope of this community strategy have on the lives of children and young people in terms of transitions, children requiring urgent care services, and in relation to the role services have on the ability of parents and other significant adults to maintain their independence and so continue in their caring / parenting role.

Other key elements that run through this strategy are the ability to access and sustain appropriate housing, safeguarding vulnerable people and medicines management.

AIMS OF THE COMMUNITY STRATEGY

We will:

Aim One

Provide integrated services that meet the whole needs of the person by developing:

- Single, integrated points of access
- Integrated support services & system performance management
- Integrated records

"I want to tell my story once - share my information with colleagues"

"I want services that support me to manage my situation in life not just my condition

Aim Two

Reduce unnecessary emergency admissions to hospital across all ages by:

- Responding quickly and appropriately in a crisis
- Providing appropriate and quality care in all settings
- Providing advice and guidance, recovery and reablement

Aim Three

Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by:

- Supporting people to manage their own health and care needs within suitable housing
- Support the development of a range services that offer quality & choice in a safe environment
- Further integrating health and social care

"I want to be able to get to my community services at times that are convenient for me"

WHO WILL BENEFIT FROM THIS STRATEGY?

The current Community Based Care system is described in three strands detailed below, but also addresses issues relating to medicines management, housing and safeguarding, which heavily impact on the provision of community based services.

People with multiple care and support needs

This strategy is for people who have multiple needs and use care and support services that relate to homelessness, substance misuse, offending, and mental health as it is widely acknowledged that there is significant overlap of need in the people accessing each of these services areas. Whilst no one issue alone may trigger a statutory or secondary care service, the combination of support needs creates a complexity that requires a more specialist intervention in the community.

For the purposes of this strategy, we are using the Making Every Adult Matter (MEAM) definition which describes adults who experience several problems at the same time that impact on families and communities, have ineffective contact with services, and live chaotic lives (http://meam.org.uk/).

People in need of an urgent care response

Urgent care responses meet the needs of people who are in crisis and need care and support to prevent attendance at or admission to hospital or a care home. These people may also need support to recover in order to regain maximum independence, regardless of the cause of the crisis. They may need services such as rapid response home care, standard home care, mental health support services, reablement and/or community equipment.

The key to both reducing and delivering effective urgent care is ensuring that the whole system supports:

- Prevention
- Self-care, pharmacies, primary care
- Assessment and immediate management that reduces the necessity for admission
- Appropriate and high quality care where admission to a hospital setting cannot be avoided
- Timely and safe discharge from a hospital setting.

Unplanned paediatric admissions

In addition to ensuring the needs of adults are met appropriately through the urgent care pathway, there is also a need to focus resources on avoiding unplanned paediatric admissions to hospital.

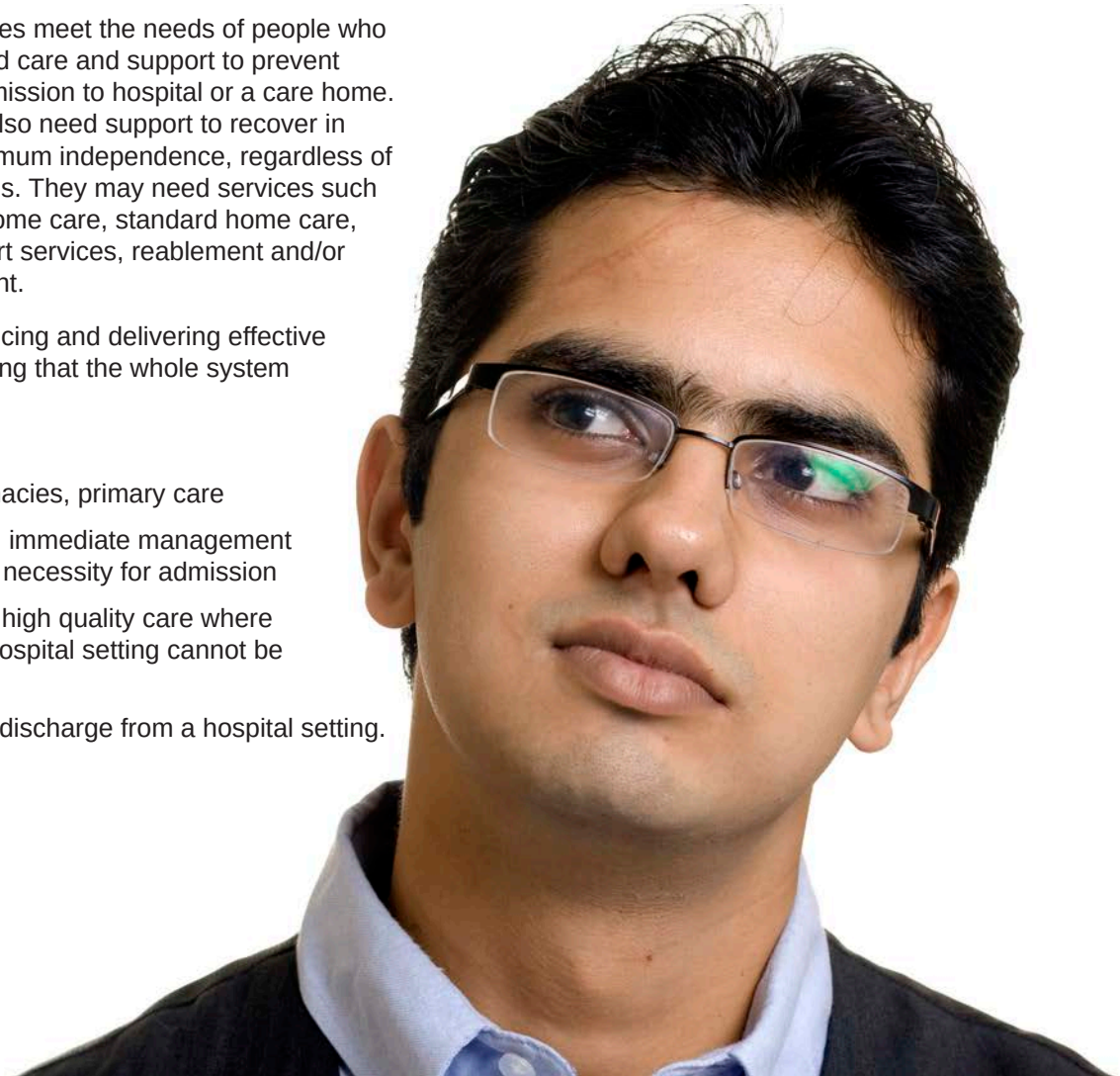
People needing long-term support

Older people form the largest group in this population. Not all older people need support, and the fitter and healthier we help them stay, the less likely they are to need help from others; However, some do need long-term support. Older people falling into the following groups are more likely to need long-term support: frail older people, older people with dementia and those with hearing and/or sight loss.

Other people whose health and social care needs are incorporated within this element of the strategy include those with a learning disability, mental health needs, sensory loss, autism or physical disabilities.

Carers

The National Census 2011 indicates 27,247 unpaid carers were living in Plymouth, with 28% of them providing more than 50 hours of support a week. Support services for carers are covered within the Wellbeing Commissioning Strategy.



WHY DO WE NEED TO CHANGE?

Plymouth's rising population, described in the demographic profile of Plymouth in the Community Based Care Needs Assessment, is likely to put increasing pressure on a range of public services; especially community based provision within the definition of this strategy.

The needs assessment also highlights that one of the most significant factors that will impact on further demand for community services is the growing number of older people in Plymouth.

A report by Sir John Oldham describes perfectly our current system, and his challenge, "I want you to care for the whole of me and act as one team", is one that we will embrace.

From his report on whole person care 'One Person, supported by people acting as One Team, from organisations behaving as One System' (February 2014):

> "… Mrs P is widowed and lives on her own a few miles away from her daughter. She is 85, has breathing problems, high blood pressure and diabetes. In a good month (without an emergency visit), she will see ten different professionals from the health and care world – each of whom has a specific task, Most of her days are spent waiting for someone to come and carry out her care. The value of each intervention doesn't last much longer than the visit itself, because no one is making these interventions add up to more as a whole. Mrs P is a sick woman, but her life is not only dominated by her ill health – it is also dominated by fragmented health and social care.
>
> Last year Mrs P went to A&E five times and on two occasions she had to be admitted to hospital for breathing trouble. Both her periods in hospital came about because the various elements of care did not help to identify early deterioration. In total she spent 30 days in hospital in emergency beds. This is what happens to millions of people as a result of our fragmented system of care. It would be better for Mrs P if she saw fewer people who were better coordinated and better informed about her care and health. "

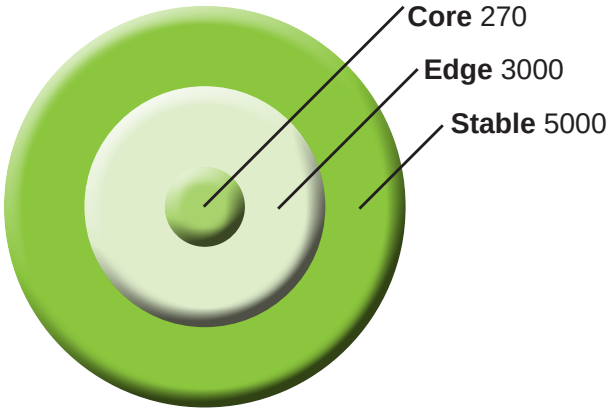
People with multiple care and support needs

Current services supporting people with multiple needs are often commissioned by different organisations and are therefore not always joined up. As a consequence, the provider market has developed into specialist areas and, although there are some good examples of joint working, there are only a small number of meaningful partnerships that respond to the range of needs an individual often experiences.

This can lead to duplication, with the same people often accessing a number of different services in an unpredictable manner and potentially, more worryingly, people with complex health and social care needs may not be able to access any services due to lack of clarity as to "who does what".

Services are also performance-monitored separately and it remains difficult to gauge a comprehensive picture across the whole system.

Local information, combined with national modelling, indicates that adults experience complex needs at different levels. Core - approximately 270 people require intense support for a number of issues at the same time; Edge - approximately 3,000 people are not in immediate crisis but could shift into core without intervention; Stable - approximately 5,000 people have complex needs but are stable and engaging with support.



In addition, research into the needs of the most vulnerable families where children become subject to child protection plans indicates children's health, development and safety is significantly impacted upon where parental capacity is compromised due to domestic abuse, substance misuse, learning disability and / or mental health.

A wide range of research into early intervention, alongside the work undertaken by the Department for Education under the "Think Family" and "Families at Risk" agenda and by the Department of Children & Family Services under the "Troubled Families" agenda, demonstrates that family-based interventions delivering packages of support to the whole family, co-ordinated through a key worker, produce longer term change and impact on outcomes for all members of the family. This provides a clear driver for an approach to developing closer alignment of the system of services around the whole family's needs to meet a wide range of outcomes.

People in need of an urgent care response

The current system does not sufficiently prevent people from going into a crisis and too many people attend or are admitted to hospital in an emergency.

Census data indicates that:

- 6.5% of people in Plymouth identified their health as bad or very bad
- 10% of people in Plymouth find their day-to-day activities are limited a lot (self-definition as per the Census)

These figures are an indicator of the potential need for domiciliary care or people at risk of needing urgent care if not supported to remain stable in their own homes.

Emergency hospital admissions

Demographic projections are showing that the number of emergency admissions to hospital is expected to rise by around 1.1% per year. However, due to the aging population it is expected that the total number of emergency bed days will increase by around 1.6% per year. It is also known that the number of people with long-term conditions is rising, which will place an additional demand pressure on the urgent care system.

The average length of stay in hospital varies significantly by age with an older person having, on average, a significantly longer length of stay. This is a key reason why the ageing population has such a dramatic effect on hospital capacity.

Demand on the urgent care system is known to be seasonal. Older people are much more susceptible to the effects of the cold weather and, as a consequence, have higher rates of emergency admissions in the winter months. Winter pressures are not restricted to acute hospitals and most health and adult social care service areas alsoexperience this increase in demand. Ensuring efficient patient flow through the whole urgent care system is a key element in ensuring high quality patient care.

Community domiciliary care, reablement and hospital discharge

The demand for community domiciliary care, reablement and hospital discharge services has continued to increase due to people growing older and wanting to remain living independently in their own homes for as long as possible. This fits with the Care Closer to Home agenda, as set out within The Five Year Forward View published by NHS England.

Mental Health

Agencies and individuals often report that mental health services are confusing and can be difficult to access until a person reaches crisis point. In addition, the current system contains a significant number of different services, access routes and pathways that are dependent on individual diagnosis, resulting in difficulties for people navigating the system particularly where they have co-morbidities.

In recognition of the inadequate responses to people in mental health crisis across the country, a national mental health Crisis Concordat was published in 2014. The Concordat has been adopted on a multiagency basis including health, social care and criminal justice agencies involved in the support and care of people in mental health crisis.

Unplanned paediatric admissions

Data from NEW Devon CCG shows that there are a significant number of children and young people who present to emergency departments and require no procedure or active intervention. This suggests that the default place to send a child (particularly under-5s) presenting with a ‘Big 6’ condition (bronchitis, fever, gastroenteritis, head injury, asthma or abdominal pain) is to an emergency department.

People needing long-term support

The purpose of long-term support is to enable people with on-going needs to live as independently as possible for as long as possible. There are a variety of services available; however, the systems for adult social care and health care are not clearly interlinked in all situations.

Demographic data evidences that health and social care needs amongst most client groups will increase, as shown within the needs assessment, thus placing increased pressure on community based services.

Housing

Housing is a social determinant of health and has a major impact on community health and wellbeing.

Recent research has shown large disparities in life expectancy and other health indicators between the wider population and homeless people. In addition:

- Demand for social housing substantially exceeds supply
- Levels of statutory homelessness rose in 2014/15 and rising numbers of homeless households are accommodated in temporary accommodation
- A third of Plymouth’s dwellings (approximately 30,000) are classified as being ‘non decent’

- With Universal Credit due to be introduced in Plymouth in January 2016, housing affordability has become a critical issue. Plymouth has higher levels of problem debt than any other local authority area in the South West.

Medicines Optimisation and Management

Getting the most from medicines for both patients and the NHS is becoming increasingly important as more people are taking more medicines. Medicines prevent, treat or manage many illnesses or conditions and are the most common intervention in healthcare. However, it has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended.

The safety of medicines is another important consideration when optimising medicines. A report commissioned by the Department of Health, 'Exploring the Costs of Unsafe Care in the NHS', found that 5% to 8% of unplanned hospital admissions are due to medication issues which will have an impact on urgent care.

Effective systems and processes can minimise the risk of preventable medicines-related problems such as side effects, adverse effects or interactions with other medicines or co-morbidities. The risk of people suffering harm from their medicines increases with the use of four or more medication.

In Plymouth, over £40 million is spent on medicines prescribed in primary care, which is above the national average. There may be multiple contributory factors for this and it will be reviewed alongside other needs assessment measures in order to understand the reasons for this variation.

Adopting a system-wide approach to medicines optimisation will provide accountability for ensuring that best value for the investment in medicines is embedded and shared by all involved in the care pathway.

Success Regime

The Northern, Eastern and Western Devon (NEW Devon) health and care economy has been selected by NHS England as one of three areas in the country to enter a new Success Regime.

The Success Regime aims to support local leadership development across organisational boundaries within both commissioner and provider sectors to deliver change and build on the potential for new models of care and support so that our health and care economy is stronger and able to sustain the improvements made for local people.

The regime will support local leaders across the NEW Devon health and care community, including the CCG, local authority commissioners and health and social care providers.

WHAT HAPPENS NOW?

The current Community Based Care system is described in three strands:

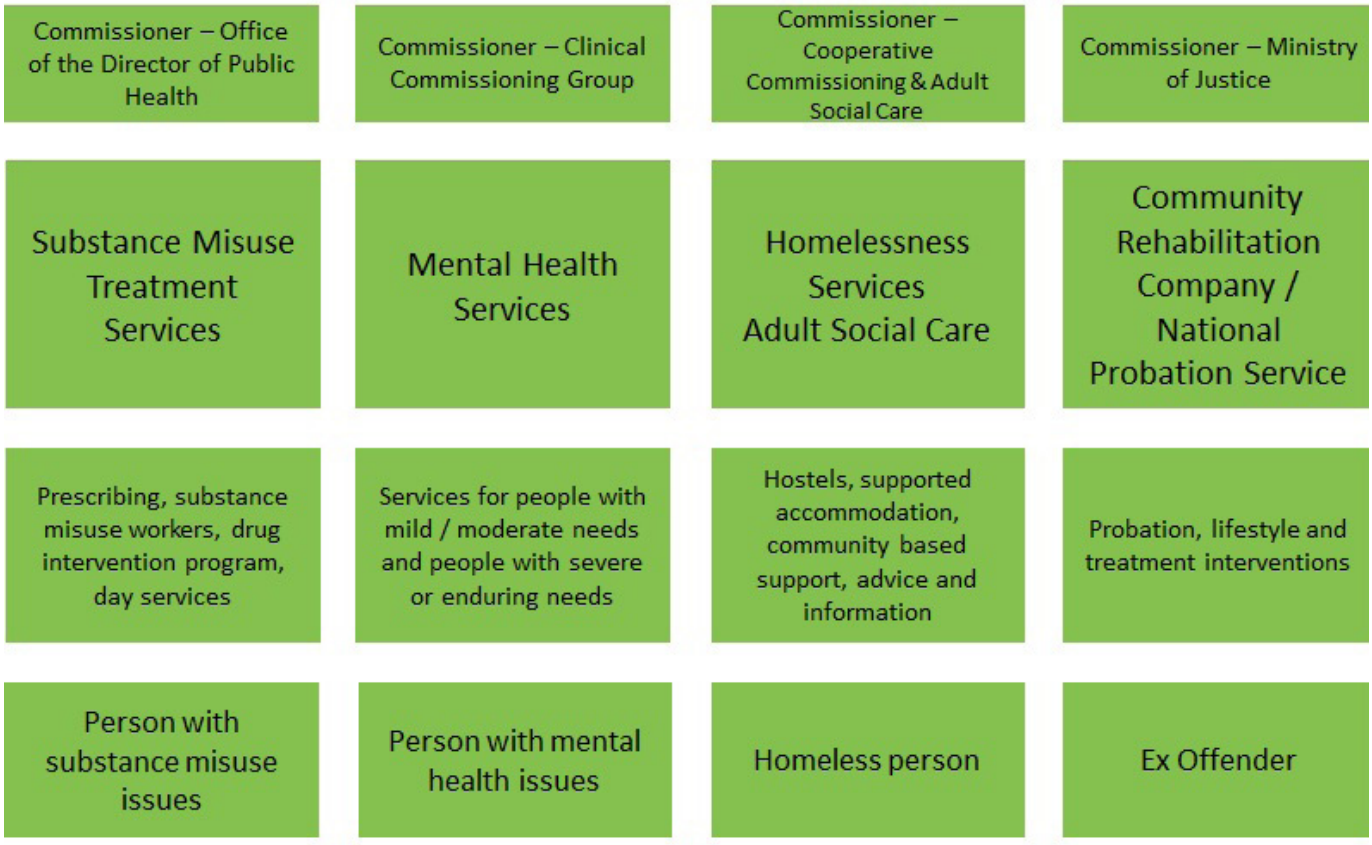
- Multiple Needs
- Urgent Care
- Long-term Support

Multiple needs

The term 'multiple needs' applies to adults who experience more than one issue at the same time (for example mental health and/or substance misuse and/or homelessness and/or offending). Any combination of these needs can have a significant impact on families and communities. Often people are living chaotic lives and have ineffective contact with services.

In Plymouth, services to support adults with multiple needs are generally commissioned by organisations in isolation, resulting in specialist services which are not always joined up. This can lead to duplication, with the people accessing a range of services to meet their needs or some people not receiving the support they need.

The diagram below demonstrates the current silo approach to commissioned services.



Although a range of services are delivered in a more integrated manner, the diagram raises the following questions:

- Where does a client go with a combination of problems?
- What happens if the client is homeless and has a mental health problem and some form of addiction?
- Does the information about the person who uses one commissioned service go with them or get shared with another service with whom they engage?
- Does the system chaos adversely impact on people whose lives, by the very nature of their health and social care needs, are often chaotic?

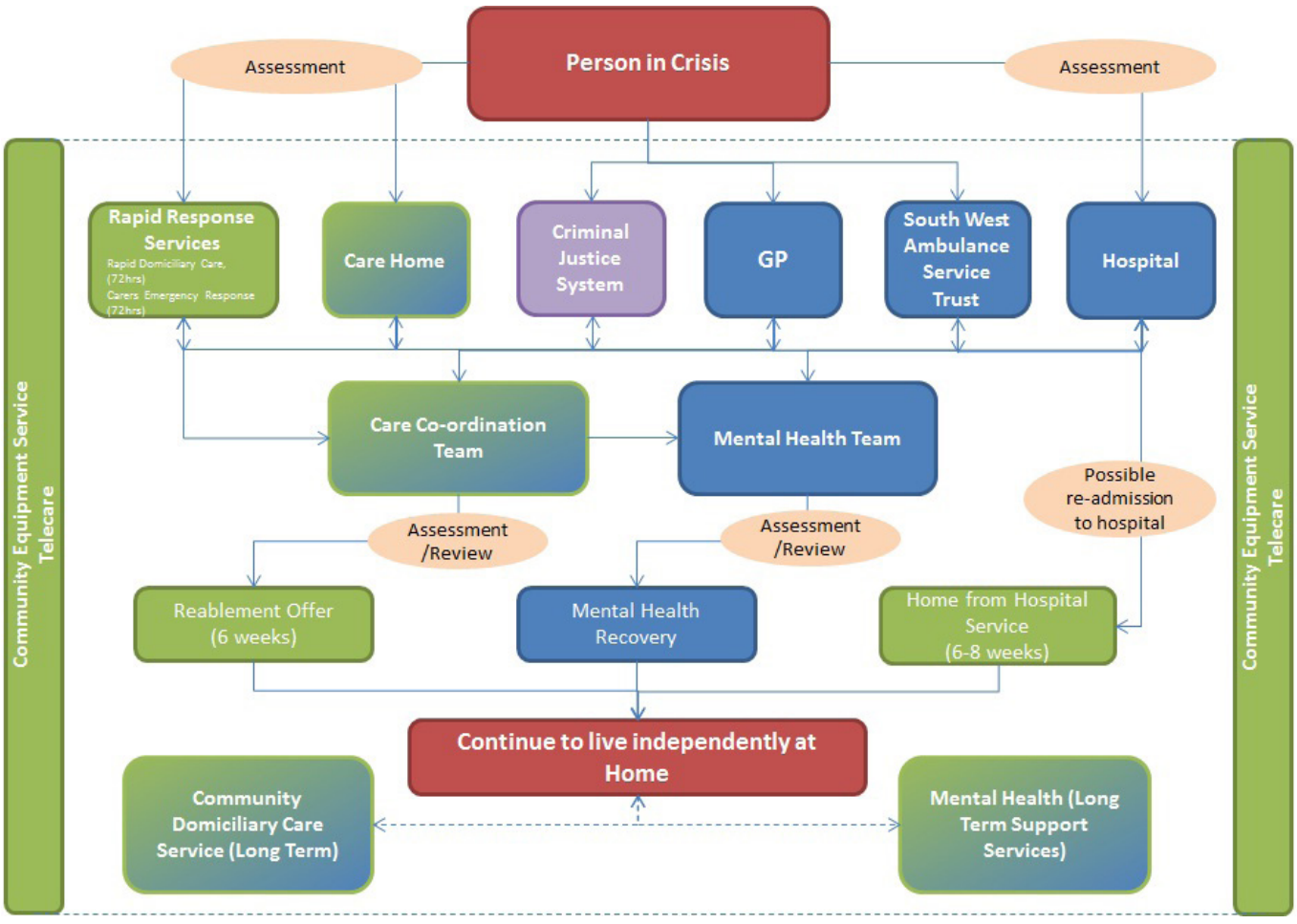
The national outcomes frameworks provide an indication of how Plymouth is performing overall compared to other areas.

Public Health Outcome Framework (PHOF) Indicator	England	Plymouth (RAG)
1.06ii Secondary MH in stable & appropriate accommodation (2013/14)	60.8%	54.5%
1.08iii Gap in employment rate between MH and overall (2013/14)	65%	67.2%
1.13i Reoffending levels (2012)	25.9%	24.2%
1.15i Statutory Homelessness (rate per 1000 households) (2013/14)	2.3	2.5
2.15i Successful completions (opiate) (2013)	7.8	7.2
2.18 Alcohol- related hospital admissions (rate per 100,000 population) (2012/13)	637	708
2.23iv Self reported wellbeing (high anxiety) (2013/14)	20.0%	21.3%

Urgent care

The purpose of the existing provision of urgent care services is to support people and their carers when in crisis in order to avoid admission to hospital or care unless essential, to promote recovery and reablement as quickly and effectively as possible and where people are admitted appropriately enable them to receive high quality care that allows them to be treated and recover quickly. There are a variety of services within this area but the system is difficult to navigate and there are increasing pressures due to demand and complexity.

The next diagram describes the current system.



There are a significant number of pressure points within this system.

Currently the system does not sufficiently prevent people from going into a crisis and too many people attend or are admitted to hospital in an emergency. At any point in time in the region of 30% of people are admitted to hospital when their needs could be met elsewhere. For some, particularly the frail elderly, there is the risk that they will recover slowly, potentially become more unwell, be isolated from their usual support networks and become more dependent on health and social care services. This may result in long lengths of stay (delayed transfers of care) and admissions to care homes (nursing and residential), and the current system does not provide a seamless and speedy recovery journey.

Last winter (2014/15) was one of the most difficult for the health and social care system, with Plymouth Hospitals NHS Trust spending over 6 weeks at “black escalation”, resulting in poorer than expected emergency department performance, longer lengths of stay in hospital for people, cancellation of over 1,000 operations and an increased cost to the system as emergency measures were taken to support the hospital. Whilst acknowledging the difficulties in the system in the recent past, there has also been a range of new services developed which should stand the system in good stead for winter 2015/16.

There has been significant pressure within the capacity of our domiciliary care and reablement service providers and, with people needing to be discharged from hospital quickly; the demand is only likely to increase as described within the supporting needs assessment.

Mental Health - urgent and emergency access to crisis care

In 2015 the system undertook two multi-agency pilots involving NEW Devon CCG, Devon & Cornwall Constabulary, Plymouth City Council and Plymouth Community Healthcare to ensure that people who come into contact with the police received an appropriate response.

The pilots incorporated:

- Street Triage which resulted in an improved multi-agency response to people presenting in crisis. Funding to continue and extend the service has been agreed between NEW Devon CCG / South Devon and Torbay CCG and Devon & Cornwall Constabulary
- Liaison and diversion services being provided in Police custody

A purpose-built place of safety for adults has been established in Plymouth to support those in crisis, including people detained by the Police on a Section 136 order. In addition, an interim place of safety has been established for children and young people.

A protocol has been established with the South Western Ambulance NHS Foundation Trust to support the Police to convey individuals to the Place of Safety when possible to avoid conveyance in police vehicles unless necessary.

Psychiatric liaison services are available 24 hours a day, 365 days a year at Plymouth’s emergency department, although the services across the hospital are not resourced to the levels which will be required to meet future standards.

The acute mental health inpatient unit in Plymouth is acknowledged as requiring modernising and a substantial modernisation project has now commenced to improve the quality of the environment at the unit.

The local system lacks psychiatric intensive care beds, which means that all individuals requiring such services are required to travel away (significant distances on occasion) from the area and their friends and families.

Unplanned paediatric admissions

A significant number of children and young people present at emergency departments with one of the following conditions: bronchitis, fever, gastroenteritis, head injury, asthma or abdominal pain. Evidence shows that current levels of attendance could be avoided.

Performance indicators that can be used to indicate how well the urgent care system is operating are detailed below.

Performance Indicator	National	Plymouth (RAG)
Local Proxy - Avoidable hospital admissions (2013/14)	1898.3	2187
Local BCF - Delayed transfers of care (days delayed) from hospital per 100,000 population (aged 18+) (Q3 14/15)	915.3	1045.7
ASCOF 2A Permanent admissions to residential and nursing care homes (aged 65+)	650.6	649.7
ASCOF 3A Percentage of adults using services who are satisfied with the care and support they receive (2013/14)	64.8%	67.8%
ASCOF 2B Proportion of older people still at home 91 days after discharge (2013/14)	82.5%	80.8

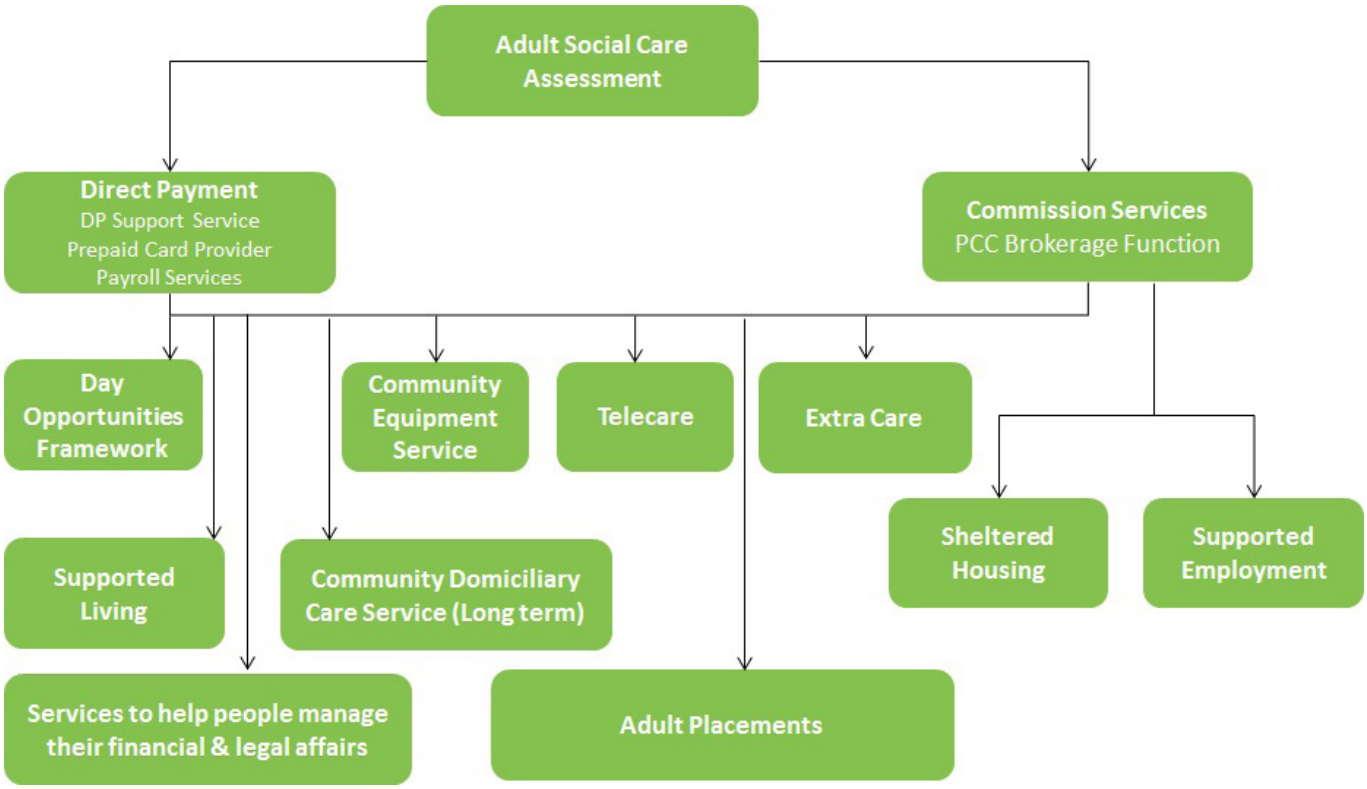
Long-term support

The type of services currently commissioned to respond to this need include:

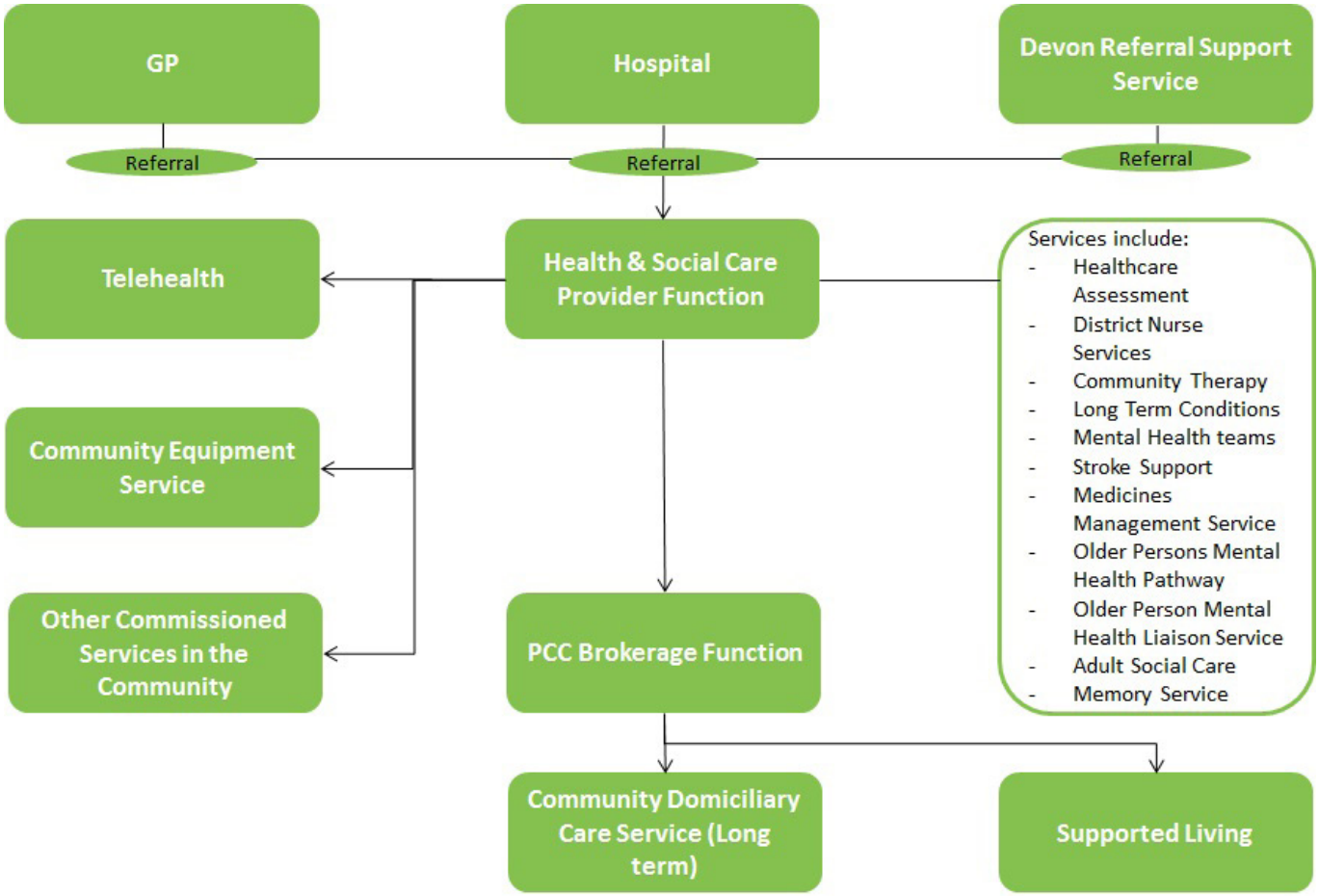
- Day Opportunities
- Supported Employment
- Supported Living
- Appointee and Deputyship
- Adult Placements
- Home Care
- Extra Care Housing
- Sheltered Housing
- Housing Adaptations
- Telecare

The purpose of the existing provision is to enable people with ongoing needs to live as independently as possible for as long as possible. The services also target support at those who may be at risk in the future of developing more complex needs. There are a variety of services within this area and most are currently commissioned through Plymouth City Council. However, the systems for adult social care and health are not clearly interlinked in all situations.

The diagram below shows existing provision of long-term support for people following an adult social care assessment accessed via a direct payment and/or commissioned service.



The next diagram shows the services available for long-term support following a healthcare assessment.



The opportunity for joining up the two systems is clear and responds to the feedback from people who use the services about the need for an integrated health and social care system.

Personalisation gives people the freedom to decide how they wish their social care and health needs to be met. Currently, Plymouth City Council allocates personal budgets following an assessment of need, and these can be deployed as a direct payment. The NHS provides personalised health budgets to those people receiving continuing healthcare funded services; for example personal care at home, physiotherapy, speech therapy and counselling.

Those people managing personal health budgets are reporting significant benefits, enabling them to plan and manage their individual care requirements.

Performance indicators on long-term support are described below.

Performance Indicator	National	Local (RAG)
ASCOF 1C Proportion of people using social care who receive self-directed support	62.1% (2013/14)	67.8% (2013/14)
Proportion of people using social care who receive self-directed support	19.1% (2013/14)	26.1% (2013/14)
Social care related quality of life	19.0	19.3
Satisfaction rates amongst social care clients	64.9%	67.8%

General Practitioners (GPs)

The majority of people in Plymouth are registered with a GP and access their services for a significant amount of advice, guidance, support and treatment. primary care (GPs) and its future role is described in the Wellbeing Strategy, but there is a clear and central role for primary care in meeting the needs of people described in this community strategy. Very often the GP is the cornerstone, the pivotal point in people's care.

Housing

There is a growing evidence base that shows housing-related services can improve outcomes and reduce costs for health services and other areas of public expenditure. Housing is a social determinant of health and has a major impact on community health and wellbeing. Recent research has shown large disparities in life expectancy and other health indicators between the wider population and homeless people.

In light of this evidence, Plymouth has actively supported the development of appropriate and sustainable housing schemes and has a range of options for various client needs, including:

- Supported temporary accommodation for people who are homeless, people with mental health needs and people with substance misuse needs
- Sheltered housing
- Extra care sheltered housing
- Supported accommodation for people who have a learning disability
- Adult placements
- Housing adaptations

Medicines Optimisation and Management

Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use to ensure people obtain the best possible outcomes from their medicines. Medicines Optimisation ensures that patients get the right choice of medicine, at the right time.' By focusing on patients and their experiences, our aim is to help patients:

- Improve their health outcomes
- Take their medicines correctly and safely
- Avoid taking unnecessary medicines
- Reduce wastage of medicines

As the population ages and life expectancy increases, more people are living with several long-term conditions that are being managed with an increasing number of medicines (poly-pharmacy).

As the number of medicines increases it is important to ensure a careful balance between appropriate poly-pharmacy to improve quality of life and extend life expectancy, and inappropriate poly-pharmacy causing adverse effects or where the intended benefit is not achieved.

Safeguarding

In 2014 and 2015 Plymouth City Council recorded in excess of 1,600 safeguarding alerts, continuing the increasing trend which started in 2013. This increase is assumed to be a result of the raising of awareness among professionals in the city and supplemented by improved recording practices. Approximately 76% of these alerts were for people receiving a service in the community. Approximately 24% of these alerts were for people in long-term residential or nursing placements.

The country as a whole is seeing a rising trend in safeguarding alerts; Plymouth is in line with the national trend. On average, over 40 alerts will proceed to investigation each month; in 2014 and 2015 there were 542 completed investigations across the whole year. One of the focuses of internal monitoring will be the outcomes for individuals who are the subject of the safeguarding investigation; for example, has the risk been reduced or removed altogether.

WHAT DOES THE FUTURE LOOK LIKE?

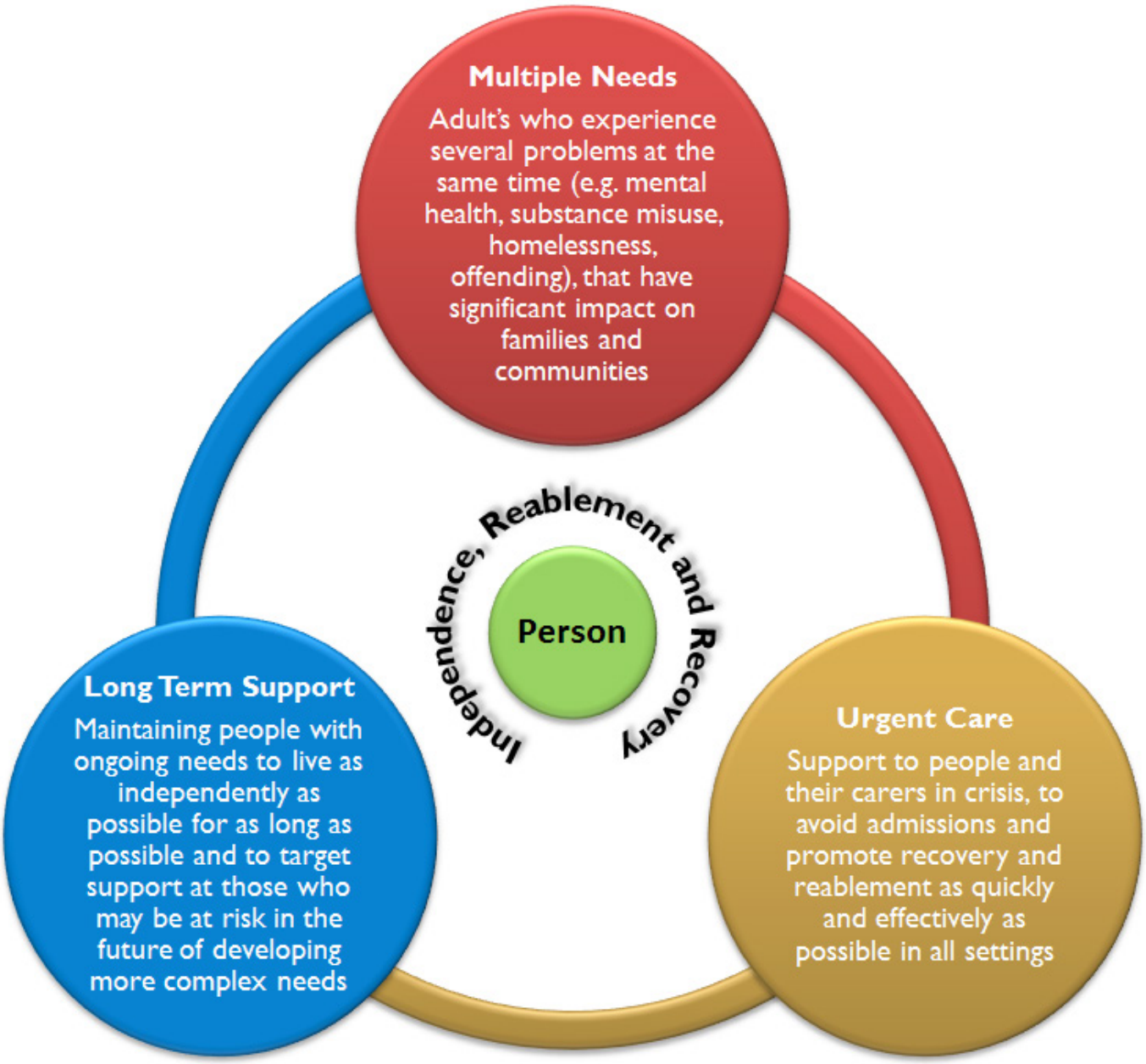
We will commission far more integrated services in order to avoid the handovers of people between GP and specialist care services as well as between health and social care providers. We will commission services that maintain the focus of people as individuals and not patients, people who (generally speaking) have their own beds in their own homes and want to stay there.

It is very important that health and social care services are focused on doing things with people rather than to them. The role of community support is vital to achieving this goal. It is also important to recognise that solutions need to be locally flexible to suit the different demographics found across the city and their specific needs and priorities.

Individuals are often experts in their own long-term conditions and the system will encourage and enable individuals to co-ordinate and manage their own care with appropriate support from professionals as and when requested.

As stated earlier in this strategy, the GP/primary care is often the cornerstone of people's health and wellbeing. We will build on this co-ordinating role by further integrating services around people and their GP, removing the barriers and boundaries that currently exist.

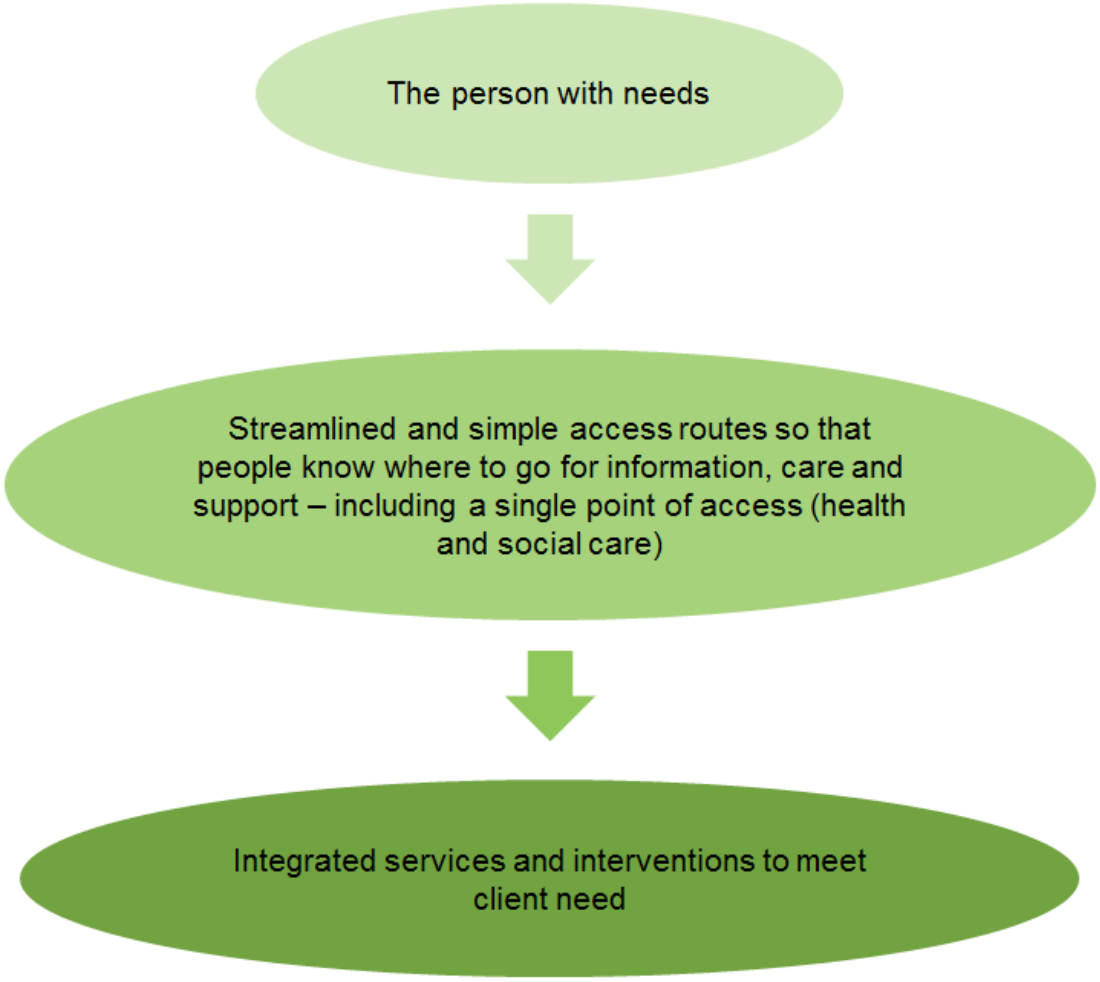
In future our system will look like this:



The needs assessment, strategic context and analysis of the current provision require a future system that

responds to individual need through streamlined and integrated provision. Whether a person needs support for multiple needs, around urgent care or long-term care the solution should be clear, simple, joined up and flexible.

An individual view for the future looks like this:



Multiple needs

Commissioners responsible for existing different service elements will work together to commission a joined-up 'whole system approach' to support people with multiple needs. This will ensure services are integrated around the needs of the person, improving individual outcomes whilst also ensuring best use of resources.

Urgent care

Commissioners will develop an integrated and seamless system that focuses on reducing acute episodes of care, responding quickly to a crisis and focusing on timely discharge, recovery and reablement.

This work will be underpinned by the following key design principles:

- Work with primary care providers to develop an enhanced offer that prioritises prevention, timely interventions and promotes self-care
- Admit only those people who have evidence of underlying life-threatening illness or a need for surgery – they should be admitted as an emergency to an acute bed
- Provide early access to specialists, ideally within the first 24 hours, to set up the right management plan
- Appropriate and high quality care where admission to a hospital setting cannot be avoided; timely and safe discharge from a hospital setting
- Discharge and assess as soon as the acute episode is complete in order to plan post-acute care in the person's own home
- Provide comprehensive assessment and reablement during post-acute care to determine and reduce long-term care needs
- Enable a range of services to be "wrapped around" the person so that the number of handovers between services is reduced

Mental health

Support for recovery and staying well requires a whole systems approach recognising the importance of a range of psychological, social and economic factors which are important to an individual's mental and physical health.

For mental health provision, this work will need to achieve the following:

- A single point of access to mental health services
- A shared improved protocol / process for Section 136
- Implementation of mental health crisis triage, learning from pilots elsewhere in the country
- Ensure appropriate levels of psychiatric liaison services are in place in acute hospitals
- Develop and implement an improved approach to mental health-related conveyance
- Explore applicability of opportunities created in other places for meeting mental health crisis needs, such as crisis houses or 'safe places', as opposed to health-based places of safety
- Appropriate numbers of local beds for individuals who require admissions
- Deliver first episode psychosis waiting times and targets

Unplanned paediatric admissions

Evidence from Gloucestershire's implementation of the 'Big 6' assessment and associated pathways in relation to children's presentation at emergency departments demonstrated how unplanned paediatric admissions for the six most common conditions that children present with for urgent care can be avoided.

Implementation of the Big 6 assessment and pathways will have an impact on quality and productivity and is a key commissioning priority.

The key to both reducing and delivering effective urgent care is ensuring that the whole system supports:

- A reduction through prevention
- Care in the community, including self-carers, pharmacies, primary care and shifting care to or near the home (where safe and appropriate)
- Case work at the community/secondary care level delivered by appropriately trained and supported staff
- Provision of assessment and immediate care management that reduces the necessity for admission
- Timely and safe discharge

Long-term support

Our aim is to support people who have ongoing personalised support needs, or those who may be at risk in the future of developing more complex needs, to live as independently as possible within the community for as long as possible.

The long-term support system will target resources at those who need ongoing support in the community, or those who are identified at risk of needing support, with the aim of:

- Promoting independence and reducing dependency
- Enabling people to maximise their potential to live full and rewarding lives
- Promoting self-care
- Promoting choice and control

In line with the personalisation agenda, an increasing number of people from all age ranges will direct their own care through Direct Payments and Personal Budgets. This will mean a more personalised market tailored to individual needs.

Long-term support should be focused on those who would most benefit from these interventions.

Commissioners are currently working towards an integrated delivery approach for health and social care with a single point of contact for people. The effective use of resources and delivery of services requires the alignment of health and social care. The Better Care Fund, integrated commissioning budgets, and the integration of health and social care will help provide the vehicles to enable this to happen.

Medicines optimisation

We aim to ensure that we make every contact count and use every opportunity to highlight medicines optimisation whenever patients interact with health and social care or any partner stakeholders. This will range from engagement with the development of social capital and community self-help approaches through social care providers to healthcare professionals including GPs and pharmacists.

Adopting a system-wide approach to medicines optimisation will provide accountability for ensuring that best value for the investment in medicines is embedded and shared by all involved in the care pathway.

Further Overarching Principles

Prevention

The Care Act 2014 places more emphasis than ever before on prevention – shifting from a system which manages crises to one which focuses on people's strengths and capabilities and supports them to live independently for as long as possible.

Safeguarding Adults

The Care Act 2014 has set out the following six principles which provide us with a safeguarding framework:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality – The least intrusive response appropriate to the risk presented
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability – Accountability and transparency in delivering safeguarding

Achieving equality between mental and physical health

In our society, mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

Giving mental health equal status with physical health (parity of esteem) will result in major improvements in the health and wealth of the nation and is achievable through interventions that can save money in both the short and the longer term.

Protecting social care services

Protecting social care services in Plymouth means ensuring that those in need continue to receive the care and support they require to remain healthy, well and independent for as long as possible. This entails implementing the national eligibility criteria for those assessed as needing statutory services, and also promoting a population-based comprehensive universal offer for those who are not eligible, based around the promotion of wellbeing, information and advice and low level preventative services. For people who use services this means we will continue to ensure those who are at risk of harm, abuse or neglect are safe, as well as helping people to live independently as long as possible through person-centred support.

Adult social care services will be available to those with long-term conditions and/or age- related multiple health needs at the start of their involvement with health and social care, and not only as a result of crisis or hospital stay. Adult Social Care is committed to facilitating independence and avoiding admission to hospital. A key responsibility of social care services will be to ensure that high quality reablement services are available to improve the independence and wellbeing of service users and carers.

Adult Social Care Services will be part of a whole system integrated approach that ensures there is capacity to offer choice and availability of care at home and, where necessary, care and nursing home placements.

Transitions

When a young person turns 18 they are legally an adult. Under the SEND (Special Educational Needs and Disability) agenda and Leaving Care agenda, children's services retain the responsibility to ensure the right package of care is in place for young people up until 25 and 21 respectively.

Services need to recognise some of the challenges that face people transitioning from children and young people's services into adult services. Transition plans need to begin at the age of 15 /16 years in order to identify and promote the attainment of additional life and independence skills.

It is important to consider building in flexibility across the four commissioning strategies in order to support transition planning and enable young people to access the service that is best placed to meet their needs.

HOW DO WE KNOW IT'S WORKING?

The following outcome performance indicators have been identified as key to measuring how this strategy contributes to improvements across health, wellbeing and social care forming part of a comprehensive performance and monitoring system.

System Element	Key Outcome / Indicator	Source
Multiple care and support needs	2.18 - Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.	Public Health Outcomes Framework
	2.15i - % of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Public Health Outcomes Framework
	2.15ii - % of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months	Public Health Outcomes Framework
	Number of households prevented from becoming homeless	Housing
	1.13i - % of offenders who re-offend from a rolling 12 month cohort	Public Health Outcomes Framework
	1.06ii - % of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support.	Public Health Outcomes Framework
People who need urgent care	Proportion of people still at home 91 days after discharge from hospital into reablement / rehabilitation services	Adult Social Care Outcomes Framework
	IAPT access rate	National Health Service Outcomes Framework
	IAPT recovery rate	National Health Service Outcomes Framework
	Discharges at weekends and bank holidays	NHS quality premium
	Delayed transfers of care from hospital (days)	Adult Social Care Outcomes Framework
People with long-term support needs	People helped to live in their own home through the provision of major adaptation	Housing
	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Adult Social Care Outcomes Framework
	Permanent admissions of older people (aged 18-64) to residential and nursing care homes	Adult Social Care Outcomes Framework
	1.08ii - % point gap in the employment rate between those with a learning disability and the overall employment rate	Public Health Outcomes Framework
	1.08iii – gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	Public Health Outcomes Framework
	Self-reported wellbeing	Adult Social Care Outcomes Framework
	Proportion of people who use services who have control over their daily life	Adult Social Care Outcomes Framework
	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	Adult Social Care Outcomes Framework

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CHILDREN AND YOUNG PEOPLE COMMISSIONING STRATEGY

DRAFT

Northern, Eastern and Western Devon
Clinical Commissioning Group

NHS

PLYMOUTH
CITY COUNCIL

INTRODUCTION

We know the foundations for virtually every aspect of human development - physical, intellectual and emotional - are laid down during childhood. It is well documented that there are particularly critical periods (for example, within early years and adolescence where the brain develops rapidly) that can have a profound influence over the rest of that individual's life. Within these periods, children can be highly vulnerable in terms of their own size, development and inexperience and also in their lack of voice and power. They are dependent on family, community and society to meet their needs and when these factors negatively impact upon a child's life, this can lead to poor lifelong outcomes.

This strategy is one of four integrated commissioning strategies it focuses on investing in health and wellbeing early, which can be a cost effective way of bringing benefits to the whole system of care and thus enhancing long-term outcomes.

Childhood, presents a significant opportunity for prevention and early intervention with the potential to dramatically improve long-term outcomes. However, there is a challenge in that the window of opportunity for identification, assessment and intervention to achieve optimal impact may be short and so effective systems of support are needed at the right time.

The core purpose of this strategy is, to ensure we provide the best start to life for all children and the right support at the right time for vulnerable children and young people.

It seeks to create a shared vision across a wide range of partners, including GPs, the police, schools and the voluntary and community sector, in order to create a whole system approach to strengthen the service offer to meet all levels of need. We want children, young people and their families to experience a positive journey through a system of services that builds their resilience and enables them to meet their full potential.

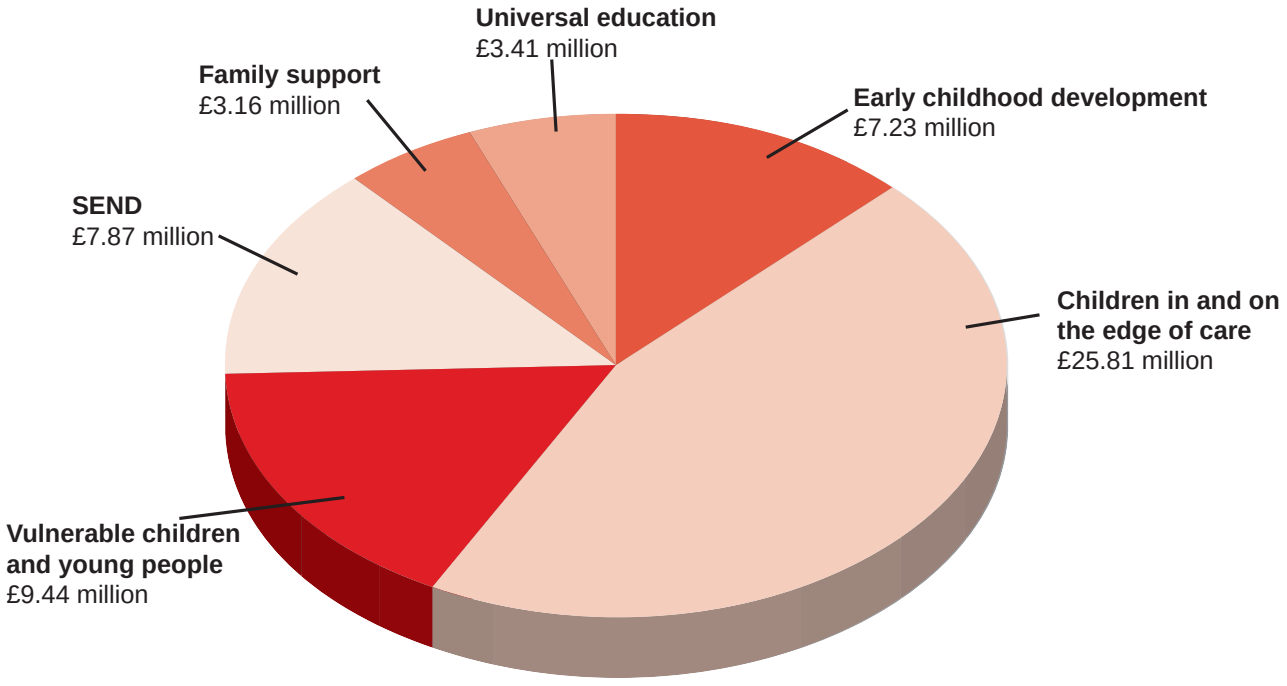
There are two key themes for delivery:

- The service offer to all families from conception to school age
- An integrated approach to early help and specialist support for children at risk of poor outcomes

Included in this are:

- Services to support Early Childhood Development from pregnancy to age five
- Services to meet the needs of those with Specific Health and Special Educational Needs and Disability (SEND), including those with continuing healthcare need
- Family Support Services
- Services that target school age children and young people vulnerable to poor outcomes
- Services for children in and on the edge of care

The identified spend of serices within the scope of Children and Young People £56.91m



In 2015/16 the identified spend on services within scope of the Children and Young People's Strategy is £56.91 million. This comprises the CCG and PCC's relevant spend within the Plymouth Integrated Fund and the CCG's relevant spend for South Hams and West Devon. The approximate breakdown of this is shown in the chart on page two.

Not all the healt -spend on the services covered by this strategy is currently reflected in the above budget. As the detailed commissioning plans outlined in this strategy are developed, health spend currently allocated to other strategies will be identified. These commissioning plans may also impact on the allocations described above.

The universal education offer is also a clear part of the system for children and young people, but this is not currently covered by the commissioning strategy as a large percentage of the budget is statutorily allocated to schools for them to spend on the education of the child. Where there is any flexibility in this funding, the intention is to develop co-commissioning with schools, presenting more opportunities for them to consider aligning spend to the offer.

Through co-designing the offer with partners there is a clear opportunity to undertake a review of a wide range of provision in order to consider how and what changes are needed to deliver improved outcomes. In order to make the best use of resources, we would seek to strengthen the ability of universal settings to complete early help and targeted work with children and families. This is central to achieving our ambition to ensure the ability to prevent problems and deliver a quick response to children, young people and families' needs as and when they present.

However, improving child outcomes is the responsibility of the whole system and not just those who are conventionally associated with delivery of services to children. Children are highly dependent on those who provide care to them (particularly parents and primary carers) being able to parent well. Effective interventions to support and achieve child outcomes may include to support and provide interventions to parents and carers. This will require acknowledgement within the other four strategies of child outcomes being integral to services commissioned for adults who are parents or primary carers for children.

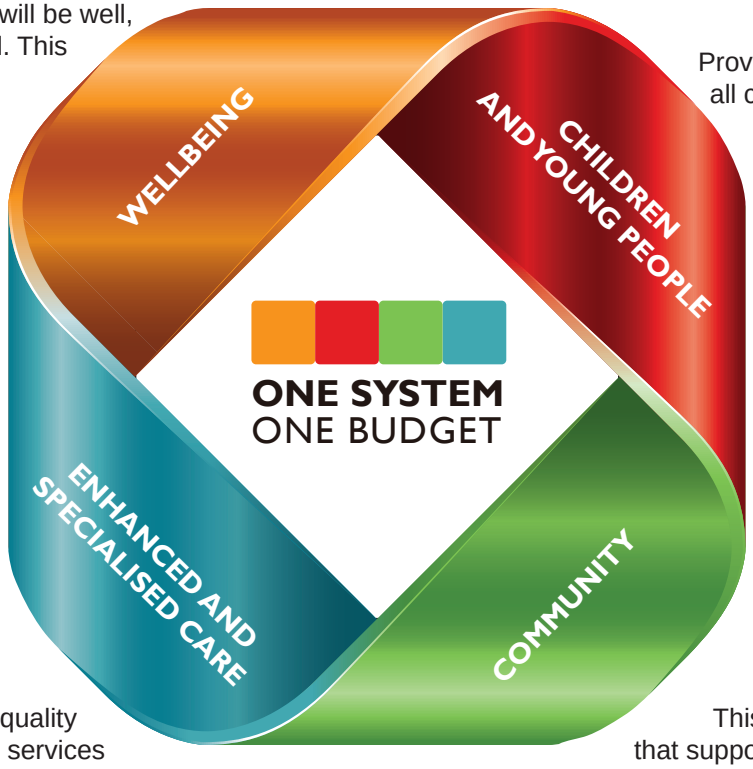
ONE SYSTEM...
FOUR COMMISSIONING STRATEGIES

WELLBEING

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do.

CHILDREN AND YOUNG PEOPLE

Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people.



ENHANCED AND SPECIALISED CARE

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect.

COMMUNITY

This strategy targets services that support people to maintain their independence in their own home within their own community.

Commissioning an Integrated System for Population Health and Wellbeing Overall strategic direction and response to national strategy

- Overall strategic direction and response to national strategy
- Integrated Commissioning – now and future
- Needs assessment

- Planned care for children with physical health conditions
- Universal Information and Advice
- Universal Health Promotion
- Parental Domestic Abuse and the impact on children

- Urgent care for children with physical health conditions
- Joint planning for transition of young people to adult services
- Parents with drug and alcohol, mental health and homelessness problems

- Hospital-based care for children with physical health conditions

DEFINITION OF CHILDREN AND YOUNG PEOPLE'S SERVICES

This Strategy is focusing on the provision of services specifically targeted to meeting the needs of children, young people and their families from pregnancy to age 18. In line with The Children and Families Act, this extends to age 21 for children in care and age 25 for Children with Special Educational Needs or Disability.

This purpose of this strategy is to ensure we provide the best start to life for all children and the right support at the right time for vulnerable children and young people. There are two key themes:

- The service offer to all families from conception to school age

There is a significant evidence base that highlights the importance of the period of a child's development from conception to age 5. In light of this evidence, this strategy seeks to maximise the use of universal and targeted resources across this age range to ensure the best start to life.

- An integrated approach to early help and specialist support for children at risk of poor outcomes

Long-standing research indicates there are a range of risk and protective factors that can influence the lifelong outcomes of a child. Whilst differing research is themed against particular issues, such as mental health or alcohol problems, and highlight slightly different factors, there is enough commonality to enable us to identify when children and young people will have poor life outcomes. These factors lie in three core domains: a child's individual development and health factors, their parents' capacity, and their environmental factors, such as poverty.

The ambition of the children's system is to ensure that we base interventions on a good understanding of risk and protective factors so that we develop the most appropriate offer that maximizes the development of resilience and wellbeing throughout childhood, and targets resources to children, young people and families who need them most.

This requires focusing on ensuring a whole system of support from early help to specialist services, ensuring smooth transitions to adulthood for our most vulnerable young people.

Early Help Offer

This strategy sets a clear vision to support collaborative working and capacity building with partners to promote a whole system of support for children and young people. In an environment of reduced budget and increasing demand on resources, it is critical to support and maximise the ability to:

- Provide early identification of risk factors in order to deliver prevention and appropriate 'early help' and targeted support that develop resilience
- Identify complex need presentation and be supported to access the most appropriate service to meet the need

This requires co-design and co-commissioning of the offer with GP practices, early years settings and schools, maximising the ability to deliver prevention and early help in these settings.

A clear ambition within this is to enable whole population services, specifically schools and school pastoral systems, and primary care services to meet the child and family's need.

Targeted Support Offer

Where family need is multiple and complex, this may require a response from a "targeted" service offer. Targeted support is characterised as a more intensive, sometimes longer-term support offer, often implementing evidence-based interventions that can require specific skills and training. The range of interventions needed by a family may increase so a more time-intensive co-ordination role of the multi-agency plan is also a characteristic of targeted support.

Targeted support has a clear aim to reduce the immediate demand on specialist services, preventing escalation and supporting exit from specialist services. Targeted support should, therefore, be delivered to both those who are being care-planned in "early help" and those who receive specialist and statutory support.

Importantly, as children and families move in and out of specialist services, those offering support as part of an "early help" system should remain part of the child, young person and families plan, providing continuity for and supporting them to maintain changes made through specialist interventions.

Integrated Assessment and Care Planning in the Specialist Offer

When a child, young person or family's need is complex, requiring statutory safeguarding services, specialist healthcare or education placements, there is a clear need to ensure integration minimizes multiple referral, assessment and care planning processes. This requires commissioning models of care that enable professionals from differing disciplines to work together to meet the holistic needs of the child, seeing themselves as part of the system rather than delivering services to meet particular need in isolation.

Transition

When a young person turns 18 they are legally an adult under the SEND agenda and Leaving Care Agenda, but children's services retain the responsibility to ensure the right package of care is provided for young people up until age 25 and 21 respectively.

The differences between thresholds for support and models of care between adult and children's services can often cause tension. Some vulnerable young people whose development has had significant disruption can struggle under an adult services response, and equally there are some 16 year olds whose needs could be met by adult services. Ideally the young person's need should determine which service they are supported by. If transition planning begins early at the age of 15 /16, it can mitigate some of the tensions through the identification and promotion of additional life skills and independence skills and early planning in adult services of how to help children and their families adjust.

Under the Care Act 2014, it is stated that transition assessments should take place at the right time for the young person or carer, and at a point when the local authority can be reasonably confident about what the young person's or carer's needs for care or support will look like after the young person in question turns 18. There is no set age when young people reach this point; every young person and their family are different and, as such, transition assessments should take place when it is most appropriate to them. The same philosophy must be reflected in health care provision, with effective transition planning when the need for continued input from specialist health services into adulthood is identified.

For this reason, it is important to consider building in flexibility across the commissioning strategies to support transition planning and enable young people to access the services that are best placed to meet their needs. This requires some review of how we commission services across the whole age range.

AIMS OF THE CHILDREN AND YOUNG PEOPLE STRATEGY

We will:

I will have the right support in the early years to make sure my child is ready for school

Aim One

- Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment

I will get help before problems reach crisis point

Aim Two

- Deliver prevention and early help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes

I will have more support to understand and manage my child's difficulties

Aim Three

- Deliver an integrated education, health and care offer: ensure the delivery of integrated assessment and care planning for our children

I will know how to help my teenager avoid putting themselves at risk

Aim Four

- Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care

WHO WILL BENEFIT FROM THIS STRATEGY?

The strategy looks to benefit all children living locally as it covers from conception to adolescence and health, wellbeing and education, including the needs of families, with a particular focus on those who require help. There are five core categories of services to inform future commissioning and create an offer of integrated service provision.

The five categories are as follows:

Early childhood development

To achieve the best start to life by maximising effective prevention and early help support to children and families from pre-birth to school age, reducing health and education inequalities.

This category is designed to ensure we make the most of our resources in key health and wellbeing services. This includes the support offered to childcare and early education settings to ensure the provision of the best start to life, with a core aim of maximising our opportunity to reduce lifelong health, education and social inequalities.

A core element of this is a universal health offer to all families, delivered by maternity services and health visiting services.

Children and young people with specific health and special educational needs and disabilities (SEND)

To ensure children and young people with ill-health, developmental delay, learning difficulties, and physical and learning disabilities have an integrated response to their health, educational and social needs, in order to improve health outcomes, support parenting and care needs and improve the ability to learn.

The core focus for this category are those with children and young people whose health needs have a significant impact on day-to-day life, including the ability of parents to manage and parent these needs and the ability of the young person to engage in education.

This includes those categories of Special Educational Needs and Disabilities as defined by the SEND Code of Practice (DoH, DofE 2014), and covers children with complex health and/or continuing healthcare needs (including mental health), palliative care, medical conditions, genetic disorders, developmental delay, moderate to severe learning disability (including autism spectrum condition) and physical disability or sensory impairment.

Parent and family support

To ensure timely and accessible parenting support and deliver holistic whole family intervention for families with multiple and complex needs.

This category is designed to develop family responses to needs and to create a systematic workforce development approach across the wider system for parenting support, it will also ensure the provision of targeted family support and interventions for vulnerable families most in need.

In many ways, Parent and Family Support is a central tenet to an offer in all children's services and is delivered as a part of a range of service offers, including the offer in early years and from schools. Critical to the delivery of positive outcomes in the category is the support offered by adult services, largely within the community offer, where there are risk factors such domestic abuse, parental substance misuse, family poverty, and parental physical and mental health problems.

There is a strong evidence base which demonstrates the need to ensure a holistic response to whole family needs that understands the impact of adult need on children and the interdependency between intervention for both children and adults.

Vulnerable children and young people (school age)

To prevent poor emotional wellbeing, mental health problems and risk-taking behaviours and provide a rapid response to these needs when they arise, including targeting support to vulnerable cohorts.

This category includes a range of statutory and non-statutory support, such as education welfare, youth services, mental health services and youth offending services. Critically, this agenda requires a collaborative approach with schools, the police and the Voluntary Community Secotr to create a whole system response, reducing duplication and addressing gaps.

We know that, whilst a family approach to this need is crucial, we still need an offer of support focused on children and young people as individuals to promote wellbeing and address the needs of those at risk, or presenting with risk-taking behaviour or emotional, social and mental health problems, including:

- aggression and violence
- sexually harmful behaviour
- drug and alcohol misuse
- mental health problems, including eating disorders
- offending and anti-social behaviour

- risk exploitation, including sexual exploitation, exploitation through the internet and risk of radicalisation
- victims/perpetrators of domestic abuse
- missing from school and education
- homelessness
- young parents
- difficulty engaging in education, employment or training
- caring for an adult or sibling (young carers)

There is a range of risk factors and protective factors that are similar predecessors for children and young people developing these difficulties. There are also similarities in the interventions to address these needs at a prevention, early help and targeted level that promote resilience. Even some more specialist interventions for these differing presentations have their roots in a similar theoretical framework.

Alongside this, many children and young people who present with one of these issues often have at least one of the other needs listed and consequently require a holistic response that takes this into account.

Children in and on the edge of care

To ensure the ability to provide a high quality response to those at the threshold of statutory intervention and/or those in care, including the provision of high quality placements and an enhanced/targeted offer from services to meet need.

This category is designed to ensure a specific focus on families who are struggling to protect their children from harm or are not able to cope with their needs (including mental health issues), where a more focused statutory response is needed. Working Together to Safeguard Children 2013 is clear about the duty on all services to respond to the needs of these families. If the decision is made that a child cannot remain safe at home or their needs are better safeguarded through separation from the birth family, the child becomes "looked-after" and as corporate parents, we have a wide range of duties to ensure their ongoing welfare.

When children, young people and families are presenting at this level of need, a well care-planned multi-agency response to meet multiple needs is required. Whilst Children's Social Care is the lead for care planning for this cohort, all services play an essential role in ensuring we meet the needs of children identified as "Children in Need", those under a child protection plan and those looked-after. This category also encompasses a clear statutory duty to secure the permanent living arrangement of children, whether that is in their family home, with relatives, in foster care, residential or adoption. This category, therefore, encompasses:

- Workforce development of universal and early help system (Safeguarding Children's Training)
- Bespoke responses from those responding to the needs of "vulnerable children and young people's" category and "Family Support" category
- Specific and bespoke assessments and enhanced interventions to assess and address the needs of the most complex children, young people and families in cohort, including specialist assessments to support decision making in the court process
- Placements for those not able to live in the family home, including "in house" foster care, independent fostering, residential placements and specialist health placements such as Tier 4 mental health units or rehabilitation centres
- Appropriate accommodation for those both coming into care at 16/17 years old, and those who have been in the care system prior to their 16th birthday, (which extends up until their 21st birthday or until they leave full time education after their 21st birthday).

WHY DO WE NEED TO CHANGE?

In 2014 Ofsted undertook its inspection of services for children in need of help and protection, children looked-after and care leavers in Plymouth.

The inspection recognised that Plymouth had:

- A strong partnership between the local authority and NEW Devon CCG
- Some good examples of support services developed to meet identified need that could be seen to be positively impacting on outcomes
- A skilled, committed and passionate workforce
- A strong representation of the "voice of the child" in service delivery and planning

There were some key areas for improvement, including:

- Improved co-ordination of early help across the whole partnership to meet need when it arises and prevent the demand on specialist services
- Improved quality of assessments and multi-agency outcome focused planning across health, education and social care services, both in early help and social care
- High levels of demand on social care impacting on caseload and practice

Up until the end of 2012 there had been a steady increase in the number of births in Plymouth, with 31% more births in 2011/12 than 2001/02. Many of these have been in areas of social deprivation, with an increase in families where English is an additional language. We know that 22.4% (10,100) children live in poverty and our child poverty needs analysis shows that there is a greater concentration of families with multiple and complex needs in areas of social deprivation.

Academically, children in Plymouth have been achieving increasingly well and compare with the England average. However, vulnerable groups such as looked-after children, those of free school meals and children with special educational needs, still struggle to achieve as well as their peers.

Early childhood development

There is a considerable body of evidence that has highlighted the enormous influence that the earliest experiences can have on later life chances. Research suggests that the nine months of pregnancy and what we experience in the environment of the womb are the most consequential period of our lives, permanently influencing the wiring of the brain and the function of organs like the heart, liver and pancreas. Research also suggests that the conditions we encounter in-utero shape our susceptibility to disease, our appetite and metabolism, and our intelligence and temperament. Access to high quality maternity care, advice and guidance to help prepare for parenthood, and early support and intervention during pregnancy can all contribute significantly to long-term outcomes. This represents the starting point for pathways of care to support the health of children and their families.

The Maternity Strategy (NEW Devon CCG 2014) highlights the need for better communication and the joining up of the system of support in early years, with the need for clear pathways between maternity services and health visiting to ensure continuity of healthcare.

There is also a significant evidence base that identifies that the first few years of a child's life are, likewise, pivotal in securing life opportunities. This is a critical period in the child's cognitive, language, health, social and emotional development where the brain develops most rapidly. Negative impact from parental poverty, chaotic lifestyles and poor parenting in these years can affect the lifelong outcomes, leading to poor examination results, higher rates of teenage pregnancy, lower rates of employment, higher rates of depression, suicide and substance misuse.

It is a period where complex health needs that are often a consequence of congenital, hereditary or trauma in new born/early years are identified. These factors can affect development of those children. The effect of these long-term conditions can create challenges to family life, including parenting and adapting home environment, working patterns and finances to the care needs of the child.

Successful service models across the country build on this universal health offer to ensure it acts as the engagement point for all families and enables the early identification of additional or complex needs that can then be managed through a range of interventions. Some are specialist medical or health-based and some from the rest of the Integrated Early Years offer, including the childcare and early education services. At the core of this delivery is an integrated response from maternity services, health visiting and children centres that utilises the skills within these services to best effect.

There are several ways of delivering this: from full integration, with management in children's centres (Brighton), to the development of integrated pathways to meet need, with clear requirements for differing services cascaded into contracts.

As an Early Intervention Pioneering place, Plymouth contributed to the Early Intervention Foundations report "Getting It Right for Families: A Review of Integrated Systems and Promising Practice in The Early Years", published in November 2014. This reviews a number of models of integration, best approaches and the evidence base of impact, and recommends:

- Establishing joint outcomes frameworks for all early years' services
- Integrating the educational and health two year old development check
- Developing an Integrated Pathway Approach – including a pathway for universal and early intervention services from conception to five years that is populated with evidence-based programmes to support key outcomes
- A workforce competency framework and develop opportunities for joint training
- Sharing information and joint management of family needs

Children and young people with specific health and special educational needs and disabilities (SEND)

The Children and Families Act 2014 placed a clear duty on education, health and social care to ensure join-up in the system for children with a range of health and learning needs and disability, with a clear requirement for integrated education, health and care plans. The National Framework for Continuing Care Needs of Children and Young People sets out a clear ambition for those with complex continuing health needs to have access to individualised care packages to meet identified needs.

The SEND Code of Practice 0 to 25 years: statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities sets out core ambitions for joint commissioning to ensure the best use of resources to achieve:

- Personalised, integrated support that delivers positive outcomes for children and young people
- Bringing together support across education, health and social care from early childhood through to adult life
- Improved planning for transition points such as between early years, school and colleges, between children's and adult social care services, or between paediatric and adult health services; creating mechanisms for those on Educational, Health and Care Plan to have the option to request a Personal Budget

In Plymouth, within this cohort we are seeing increasing trends in children identified with special education needs, in particular a rise in the number of children with behaviour, emotional and social difficulties (BESD), speech, language and communication needs (SLCN) and autistic spectrum conditions (ASC). A significant percentage of our children who are not in education, employment and training at aged 16 and 17 are children with additional needs.

Within this, there is a clear driver to build capacity in the system for "early help" to meet the need of those with a wide range of educational and health needs that do not require a statutory or specialist service response, or where a specialist response can be avoided.

Alongside the rest of England, the trend for presentations at the emergency department in acute hospitals is increasing. However, data shows that there are a significant number of children and young people who present to emergency departments who require no procedure and whose stay is classed as 'zero length'. This indicates that a change is needed to divert children from our busy emergency settings. Initial analysis in Plymouth echoes the analysis developed in Gloucester which highlighted the most common conditions presenting for urgent care being bronchiolitis/croup, fever, gastroenteritis, head injury, asthma and abdominal pain. Whilst the Community Strategy will lead on strategies to address this within the urgent care pathways, ensuring the right care in the community for those with continuing healthcare needs can avoid unnecessary hospital admissions, as can ensuring a community health response that makes every contact count so that parents are educated to manage the conditions that most regularly present at hospital (the Big 6) and ensure optimal medicines management.

Parent and family support

Our needs analysis shows that too many families are still experiencing significant problems such as domestic abuse, poor physical and mental health, and poverty. Many struggle with multiple and complex need that has significant impact on the welfare of the children in the household. This is resulting in a picture of increased demand on specialist services, including an increased number of referrals to social care and number of child protection plans for families. In particular, the rates of re-referral to social care indicate that families are not enabled to sustain the change required to adequately parent the children.

National evidence in relation to domestic abuse, neglect, improving outcomes for "troubled families" and children at the edge of care presents a case for a strong offer of a whole family approach.

There is little documented hard evidence for one type of family support model providing a footprint for a family support service. However, "Working with Troubled Families: A Guide to the Evidence and Good Practice" reviews the work of family intervention projects (FIP's) and identifies five "family intervention factors" that families report are making a difference.

There is an emerging evidence base that combining this intervention approach with workforce development that ensures all workers are trained in an evidence-based parenting intervention can be effective in improving family resilience.

Alongside this, there is a strong evidence base for whole population parenting support approaches that de-stigmatise difficulties in parenting, developing an asset-based whole community parenting support approach. The evidence base behind this shows this can have an area wide impact on reducing hospital admissions and referrals to social care for children, as well as improving health (particularly mental health) and wellbeing outcomes for parents.

Vulnerable children and young people (school age)

As already highlighted in the section of specific health and special education needs, we have a growing number of children identified with behaviour, emotional and social difficulties. Feedback from stakeholders during the review of mental health services across Plymouth in 2013 highlighted a difficulty in securing support for children with a range of complex difficulties, with little access to support for these needs under the threshold of specialist care.

In response to this feedback, Plymouth's Cabinet committed to completing an overarching and comprehensive commissioning plan to address this need. More recently, the Department of Health has set out the need for areas to produce a comprehensive transformation plan for improving our children and young people's mental health and wellbeing as part of the Five Year Forward Plan, as set out in "Future in Mind" March 2015.

Referrals to Child and Adolescent Mental Health Services have increased significantly in the last two years, as have referrals to social care, and we have worse than England average rates of admission for alcohol specific conditions, injuries and self-harm. Alongside this there is an increase in referrals for youth support, ongoing concern about children at risk of exploitation, and an increase in the number of children who are victims and perpetrators of crime.

This increased demand on targeted and specialist services indicates an inability of our system to intervene early enough to prevent escalation of need. Hence, there is a clear driver to build capacity within this system for "early help" to ensure we can manage demand and need.

At present, many services in this category are designed to start at adolescence. There is strong evidence base for this as this is a critical period of child development where significant physical, hormonal and brain development takes place. For all children (and parents) this can be a difficult time, but for those with historic abuse, neglect or trauma, this can trigger significant reaction with an increase in negative emotional and behavioural responses. However, this also represents an optimal time to support the development of lifelong resilience and coping mechanisms.

Whilst adolescence is a critical focus of the support in this category, it is important not to lose any opportunities to create pathways of care from childhood to adolescence, identifying support early for younger children to enable an earlier approach to resilience. Ensuring children and young people develop aspiration early and that early presentations of difficulties are addressed can prevent and minimise difficulties later in the child's life. Many services need to cover the whole age range to have optimum effect.

Research undertaken by Research In Practice (Dartington) into adolescent support highlights some factors that improve responses to an adolescent. These include:

- Supporting relationships between young people, their family and peers
- A holistic approach to risk
- Developing an asset-based approach, building on the skills, talents and resilience of our children and young people
- Learning from best practice, research and local services evidenced that, where co-ordination of response is built into the design of services, responses are more effective. Reviews of integrated systems successful joint working relies on four key principles:

- Sharing responsibility, decision-making, planning of services and intervention
- Partnerships between professionals that rely on trust, respect and valuing contributions in pursuing common goals
- Interdependency, with each professional able to rely on the others' contribution and expertise to achieve improvement in family outcomes
- Sharing power with all those in partnership, including the young person and, where applicable, the family.

Children in and on the edge of care

Plymouth is seeing increasing referrals to children's social care (16.7% between 14/15), and increasing numbers of children with a child protection plan (a 9.1% increase from March 2014 to March 2015).

As of March 2015, the main problems facing families with children subject to a child protection plan are domestic abuse (24.8%), unsafe parenting (39.4%), parental drug misuse (6.9%), parental alcohol misuse (7.2%), parental mental health problems (9.8%) and at sexual risk from an adult (6.7%).

Since September 2013, we have seen an increase in numbers of children in care from a steady position of approximately 380, and then through 2014 there were several periods of significant rise to a peak in the September of 2014 of 425, and ending 2015 at 392 (an increase of 3.1%). Our needs analysis highlights that we have a growing number of children, young people and families within this category who have a range of complex needs, including high levels of risk-taking behaviour such as crime and substance misuse, mental health problems, and risk of harm to others, (including sexual harm and risk of sexual exploitation) which caused an increase in the use of high-cost placements.

This analysis, alongside our Ofsted inspection 2014, highlighted that we are facing some critical challenges including:

- Caseloads of social workers are high, resulting in limited time to reflect on plans
- Care planning can suffer from time lags in response from other agencies to assess or engage with the children and young people
- There needs to be a better focus on permanency planning to ensure the right placement match is secured for long-term stability
- There is a core cohort of children for whom placement stability is hard to achieve, due to the complexity of their need and the lack of carers appropriately skilled or supported to manage challenging behaviour
- In 2014/15 there was a significant increase in the number of young people needing residential care or secure placements, including placement out of area
- There is a need to improve timely transition planning so that young people have the skills to live in independent accommodation and transition to employment

Information from Ofsted Inspections highlights that Local Authorities that are achieving better outcomes children and young people in and on the edge of care have a focus on permanency planning for the children and young people in care. Critical to this is the evidence to ensure the court can make timely decisions in respect to separation from birth families alongside clear permanency plans in securing the right long-term placement, with the right support in place, including ensuring timely planning for those who can move to adoption.

An increase in adoption placements, alongside high quality placement matching and a sufficient high quality provider market of appropriate placements that can meet the wide range of needs in this cohort, is core to being able to deliver stability for these children and young people.

The placement itself however may not provide all the support needed and enable future stability and permanency. The right care plan and multi-agency support needs to be in place to enable children and young people to overcome trauma and build resilience. This applies equally to those needing to remain in care, those moving to adoption and those who have the potential to return home.

Critical, to meeting the needs of this cohort is ensuring a multi-agency response to their needs, where all professionals plan a response together especially to meet the needs of high risk and vulnerable young people. There is a range of developing integrated and evidence base models that support this approach, elements of which need to inform future service planning.

WHAT HAPPENS NOW?

The current system reflects the national picture of a complex array of and interplay between organisations, units and teams. Services have developed organically and in response to national or local initiatives built around particular needs or service demands, particularly those with funding attached. At its worst, this can create a silo approach to delivering services each with their own access criteria or thresholds, outcomes and targets.

For this reason, a key challenge set out in the range of national reviews and policy drivers is how to break down this culture to ensure a holistic and collaborative approach to service delivery in order to best achieve outcomes.

Plymouth's Children and Young Peoples Partnership has acted to drive forward better ways of working, creating systems leadership, joining up services by setting clear local priorities within the Children and Young People's Plans, creating networks, and developing greater partnership working and pathway approaches to delivery. This significant work has been undertaken to improve and promote multi-agency responses, with specific activity under the Early Intervention and Prevention Strategy to increase targeting of support to those who need it most and promote collaborative working, with some co-location with school-funded support services.
However, whilst there has been considerable work done to align the design of services both operationally and through commissioning and pathway development, integrated commissioning still only applies to a few services, such as the Community Equipment Fund, Domiciliary Care and our Child and Adolescent Mental Health Service.

The provider market

The council continues to be a significant service provider for the integrated special educational needs and disability service, youth services, family support and children's social care. In these services there is some operational integration of provision.

The council also commissions a range of providers to deliver services for children and young people, such as children's centres, fostering and residential accommodation, information, advice and guidance, young carers and drug and alcohol services. The voluntary and community sectors is key delivery partners, holding contracts for the delivery of these services, as well as independently funding and delivering key service provision in the community, developed in response to national drivers or local need.

In health, some community services are provided under the NEW Devon CCG contract with Plymouth Community Healthcare, others by Virgin Care Ltd.

Plymouth City Council also commissions some services through the Public Health agenda, for example, school nursing and health visiting. Under the Plymouth Community Healthcare structure these services sit in a locality area-based and city-wide design that integrates their management and governance with adult services.

Plymouth Hospitals NHS Trust are also contracted to deliver acute healthcare for children and young people, both planned and unplanned, including maternity services. They also provide a significant number of other community services, community paediatrics, community children's nursing team and community midwifery services. Primary healthcare services provided by GP's are currently commissioned by NHS England.

There is a range of bespoke services for individuals across health, social care and allocation of specialist education, some of which is done specified through framework contracts. Whilst a joint funding panel looks to ensure some co-ordination of this, the separation of budgets, processes and functions can cause delay in establishing a wrap-around package for young people and families requiring a service, and confusion for those referring to a service.

Schools and education settings are also key providers (and commissioners) of essential health and wellbeing pastoral support, as well as critical education services. Special schools commission a range of support for children with special educational needs and disabilities. These are designed to ensure children's holistic needs are met so that they can engage fully in learning. Primary schools in Plymouth also have a strong history of collectively purchasing services to ensure a wide range of support for children, including school counselling, learning mentors and targeted support. To co-ordinate service planning some of these are now being created across the whole school sector under the Plymouth Learning Partnership.

The police also co-fund some critical services with Plymouth City Council such as the Youth Offending Service and the Reducing Exploitation and Absence from Care and Home (REACH) Service as well as contributing resource along with JobCentre Plus, to the delivery of the Families with a Future agenda.

Finally, the voluntary and community sectors play a key role in meeting need through their development of service delivered with charitable and independent funding. Some examples include Barnardos Abused through Sexual Exploitation (BASE) service and the NSPCC's sexually harmful behaviour interventions.

In order to develop a whole systems approach, it is important to recognise the contribution and role of a wide range of partners alongside GPs, and the role

communities and families themselves play in meeting needs of children and young people.

Early childhood development

A new model for children's centre provision, presented to Cabinet in 2013, set out a clear vision for an Integrated Early Childhood Offer. This was based on an evidence for a clear national review of best practice. Consultation with parents also gave us some clear messages about choice, access to information and advice, and early help. As a result, since 2013 we have been developing the infrastructure to enable easier planning between services, including:

- Clustering children's centres from 17 individual centres to 6 clusters to enable easier contact and planning between services
- Ensuring ICT in children's centres to enable health visiting, midwifery and council employees to access their case notes and files
- Developing co-location of delivery in children's centres

Over the course of the last three years there has been significant investment in the health visiting service for families with 0-5 year olds. This has involved a focus on training new recruits alongside increased expectations in the delivery of a universal health advice and assessment offer to ensure children are developing well in their first few years. By October 2015, Plymouth will have 90 qualified health visitors, an increase from 46 in 2012.

Alongside this, core to the expectations of both the health visiting and children's centre contracts since 2014 has been the expectation to implement an asset-based approach to building the capacity of the community to support each other in early childhood. Aside from peer support in breastfeeding, this offer is still in its infancy.

The refocus of support and investment in health visiting has not yet impacted significantly on some of our key outcomes. The needs analysis reflects that, despite some good practice and some improvement, we are still struggling to meet core public health outcomes, such as breastfeeding and reduction of smoking in pregnancy. We also have an on-going increase in the number of families being referred to social care and on child protection plans.

The changes described above are creating an opportunity to build on an already good history of partnership working. This will enable development of a clear and integrated response to the needs of a clear and integrated response to the needs of children and families through the co-design of pathways of support to most agreed priority areas.

Children and young people with specific health and special educational needs and disabilities (SEND)

This category covers a wide range of services, including community paediatric services, community children's nursing services, children's continuing healthcare, short break provision, speech and language provision, mental health services, specialist education provision, support to education settings and disability social workers. For those with significant complex need - for example, continuing care needs - it includes the ability to provide bespoke packages of care with a market that can respond to direct payments and personal budgets (as per the National Framework for Children and Young People's Continuing Care (DoH 2010).

The SEND reforms are an area of work that demand a significant shift to integrated commissioning in order to enable the delivery of services that provide holistic care for children and young people.

In response to the SEND Code of Practice 0 to 25 years, Plymouth has been undertaking a whole system review of services for children and young people with SEND in order to adapt from the changes brought about by the Children and Families Act 2014, including:

- Converting Statements of Special Educational Needs and Learning Disability Assessments (LDAs) with Education, Health and Care Plans, including extending these to cover those aged 0-25 years
- Developing a 'Local Offer' on the Plymouth Online Directory, publishing information about education, health and care provision available for children and young people from 0 to 25 years who have special educational needs and disabilities
- Completing a full education review to identify future need for support centres / hubs in the city that enable the best education for children whose needs cannot adequately be met in mainstream education provision
- Plymouth's model to deliver integrated "wrap-around" care for children with severe and profound learning disabilities which has prevented high-cost out of area placements

Although there have been significant pathway developments to deliver integrated education, health and care (EHC) assessment and care planning from early help to specialist EHC plans, the current model for support shows disparity between these three main sectors. Of particular difficulty is the fact that the specialist pathways are managed by three different service responses from differing agencies: Community Paediatrics, Community Healthcare (CAMHS/ Speech and Language), and the Education and Social Care Integrated Disability Service. Feedback from a range of stakeholders reports that this results in:

- Education services co-ordinating care plans that are reliant on a wide range of referral points and multiple service responses, with difficulties in ensuring clear communication as to action from referrals and interventions
- Children and young people being passed between services, being subject to more than one waiting list and sometimes receiving an unsatisfactory holistic care plan
- Assessment and diagnosis being difficult to achieve, especially where there are co-morbid mental health concerns as different agencies undertake different assessment processes
- Delays and duplication of assessment and care planning processes with diagnosis delivered by a different organisation than the treatment/support required following diagnosis
- Changes in response to targets and pressures in one organisation having significant impact on the ability of the others to deliver to meet need
- Missed opportunities to plan and provide potential early intervention response or to review the skill mix needed across the workforce to meet the needs of this cohort, due to the lack of ability to analyse demand and plan a response with resources from across the whole system

Parent and family support

A review of the family support offer in the Council has been undertaken to streamline the range of service offers. Family Support Services in the Council had grown organically to meet slightly different needs, with their own criteria, thresholds and targets. This review highlighted that the system faced challenges, including:

- Consistent and meaningful assessment and recording of family need to ensure the right families receive targeted support
- Too many different referral points and separate service offers, making it difficult to negotiate thresholds and access support
- Lack of ability to identify duplication of support and track families through the offer
- Lack of consistency in measuring the impact of intervention on the whole family
- A targeted family support service was created in early 2015 with an initial priority focus to ensure sustained support for those exiting from children's social care

In Plymouth

- Our Family Intervention Project model has been evaluated by Plymouth University in successive years and demonstrated a positive impact on families, including positive impact on health outcomes
- We deliver a range of evidence-based parenting interventions. Whilst drop-out between referral to uptake of these is significant, families who do attend report positive outcomes
- Family Group Conferencing is offered to families in social care and those on early help plans, this evidence-based model focuses on the wider family network, making safe plans for children and thus enabling many to stay within their family network as an alternative to going into care

Vulnerable children and young people (school age)

In response to the Emotional Wellbeing and Mental Health Strategy 2009 – 2014 and the Early Intervention and Prevention Strategy, there have been a number of developments to better target the services in this system. This includes a range of brief interventions into schools, and some targeted service response to need.

To ensure a more holistic population-based system, The Healthy Child Quality Mark has also been developed to improve the schools offer in respect to emotional wellbeing and mental health education, sex and relationship education and healthy lifestyles.

Some good practice examples are:

- Primary schools collaborate to fund early help services such as learning mentors and school-based counselling
- Emotional Literacy Support Assistant (ELSA) training delivered by CAMHS to school support workers provides them with tools to manage emotional distress
- Commissioning of a joint homeless pathway across The Zone, Youth Services Intensive Support Team (IST), housing and social care for young people has managed the number of 16/17 year olds presenting as homeless, entering the statutory care system
- A Missing, Intervention and Support Team (MIST), jointly funded by the police and council, supports those missing from home and at risk of child sexual exploitation

In order to promote better inter-agency working for children with multiple and complex need, the Common Assessment Framework (CAF) is implemented to achieve a team around the child. However, the delivery of these multi-agency plans is often hampered by services continuing to plan in isolation without sharing information, individual service referral pathways and thresholds, targets and outcome requirements. The response to the child or young person can be overly determined by the originating presenting need or indeed the service they originally present with, rather than a system response to the holistic need.

There is a requirement to further explore service models that truly allow service collaboration, stripping away the barriers and processes which can prevent young people getting the right support at the right time. This could be done through commissioning an increasingly integrated system based upon a 'value chain' whereby the work done by one provider or source of support is built upon and amplified by another. This would be achieved through focusing on relationships between providers and all other forms of support collaborating to achieve a set of shared outcomes.

Children in and on the edge of care

The Looked-After Children Strategy 2014-15 demonstrated some key achievements for our looked-after children population, including good performance in placing children to adoptive parents and improvement in academic achievement. Similarly, the 2014 Ofsted Inspection found strengths of a dedicated and skilled workforce and the voice of the child being clear in care planning.

There are some good examples of how we are addressing the need of this cohort:

- We have established an independent parent and child assessment team to enable robust assessments of attachments and parental capacity to inform court decisions for young children. This has been successful in maintaining attachments at the same time as safeguarding young children and, whilst assessments are undertaken in a timely manner, informing clear permanency decisions can be made
- We have developed a missing person's service, with police, youth workers and social workers working together to ensure looked-after children missing from their placements are located quickly, a review of placement is undertaken and ongoing support is provided
- We have developed residential placements within Plymouth to prevent children with complex needs being placed outside of the city boundaries
- We have a Peninsula approach to developing residential and independent foster placement market

Some services have a specifically commissioned an enhanced service offer for this cohort, in a similar way as described in the vulnerable children's category. Multi-agency care planning is often hampered by the fact the system response has grown organically to meet need, with individual services thresholds, targets and outcome requirements. This can result in significant time spent trying to secure a response from a range of services, rather than an integrated response that "wraps" the care around the child.

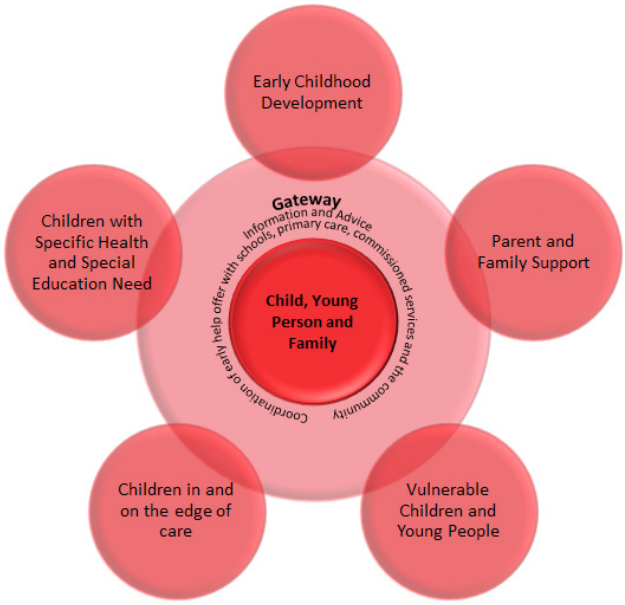
The national drive to improve the number of children moving to adoption has resulted in a number of local authorities within the Peninsula creating joint working arrangements to promote and support new adoptive placements. Initial work has also started on development plans to respond to a requirement of bespoke funded packages for adoption support.

WHAT DOES THE FUTURE LOOK LIKE?

An essential element to ensuring a positive future for children and young people, as laid out in Plymouth City Council's Corporate Plan 2013/14 to 2016/17, is to ensure "a top-performing education system from early years to continuous learning opportunities". The Plymouth Plan re-iterates this ambition as a welcoming city to ensure good access to early learning opportunities and schools, as well as ensuring young people can access skills for future employment.

A core ambition, is therefore to deliver this for children and young people and continue to work with early year's settings, primary schools, secondary schools, colleges and all education settings towards ensuring a collective vision for the future.

For most children, young people and families, this good quality education system alongside access to high quality primary health services will ensure they grow and aspire. However, for those who require additional support, this strategy aims to create an integrated service provision around the five core categories of:



Whilst each category of service helps us create and plan our service offer, a whole system of support will not necessarily be delivered within a single category that will meet whole family need as family need is complex. Hence, we need support to co-ordinate planning within the system.

Consultation undertaken through the Early Intervention and Prevention Strategy has set out the need to improve co-ordination of assessment and care planning in early help and make better use of the resources of a wide variety of commissioned and non-commissioned services. The 2014 Ofsted inspection clearly highlighted the need to improve the understanding of impact of this offer.

A Gateway is thus under development and will consolidate a number of access points for both families and professionals that currently exist, whilst establishing a clear inter-relationship with access points to specialist services, including multi-agency Advice and Assessment for Safeguarding and the Devon Referral Support Service for Medical and Clinical need.

The function of the Gateway will be to:

- Ensure good quality information and advice is available and can be delivered by community and whole population-based services, or accessed by parents through web-based information, through the Plymouth Online Directory (POD)
- Support school and community based services in their delivery of early help plans, through supporting assessment and care planning processes; ensuring consistent professional consultation and brokering access to the right support from the wider offer
- Create a repository of information from services to enable a single view of families with multiple needs and identify if additional resource is required
- Track the impact of the Early Help Offer and quality assured early help planning

To achieve this in the context of the Wellbeing Strategy review of Information, Advice and Guidance Service Offer, we will:

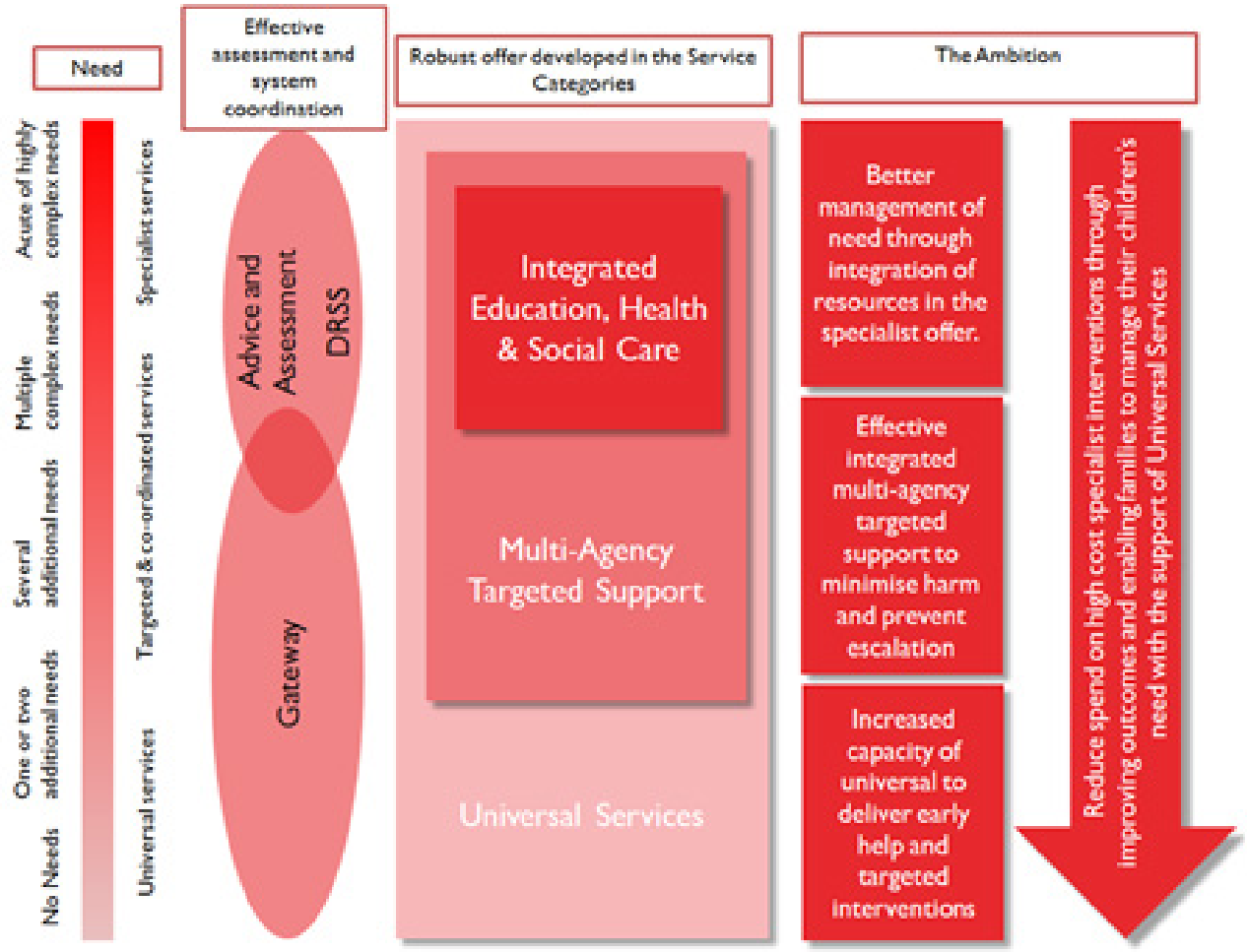
- Reconfigure in-house early help co-ordination, support and service entry points into one hub, ensuring a clear relationship with DRSS and Safeguarding Advice and Assessment
- Review the commissioned offer of information, advice and consultation to create join up with the Gateway
- Ensure that commissioned services contribute to the Local Offer of Information, Advice and Service information available on the Plymouth Online Directory
- Develop an Early Help outcomes framework to support the evidence impact of the early help offer and to enable payment by results in line with the requirements of the DCLG's "Troubled Families" agenda

Consequently, the offers within the five categories need to be seen as building blocks that sit alongside each other and are accessed according to the most appropriate response to the child and family.

They are predicated on a response to groupings of children and families who may require a similar type of service response or whose risk factors to achieving

positive outcomes are similar. Using these categories we can appropriately review the effectiveness of our responses.

Within each category there are design principles which cover the need for assessment of risk and protective factors, early help, targeted support, integrated specialist support and transition support described in the definition section of this strategy and illustrated in the diagram below:



Early childhood development

It is important that pregnant mothers have access to foetal screening for health conditions and are supported enough to understand the risks and benefits of any medication taken during pregnancy, as well as any risks to the child's health from lifestyle choices such as diet, smoking, drinking and substance misuse. Services in contact with vulnerable families that do not readily access healthcare all play a part in ensuring engagement with maternity services. This represents the beginning of potential pathways of care, and ensuring there are clear handover points from this service to health visiting, who continue this offer through regular screening of development in the early years of the child's life, is critical to successful health and development outcomes.

In October 2015 the commissioning of the health visiting service will transfer to Plymouth City Council from NHS England. This presents significant opportunities to further integrate the Early Years Offer, with clear pathways of care between maternity services, health visiting and children centres, joint planning processes to maximise the best use of staff and resource, and co-location to promote joint delivery. Through this we will:

- Develop greater access to information and advice, including building on the Great Expectations to ensure a wider approach to ante-natal education to reach more families, utilising Plymouth Online Directory and other information and advice access points
- Increase access to the Universal Health Offer, ensuring uptake of the universal screening and assessment offer, and the implementation of the emotional and social development screening module of "ages and stages"
- Develop an integrated two- year- old development check between health visiting and early years childcare setting
- Develop clear pathways that enable an appropriate response to priority needs including:
  - Pre-natal identification and intervention for vulnerable families with multiple need

(including strategies to reduce repeat referrals to social care and enable 'step down' from specialist interventions)

- Breast feeding and nutrition, in line with the Thrive Strategy
- Early identification and intervention for those identified with additional needs through developmental screening

- Develop a range of evidence-based targeted and group interventions to meet known need including:
  - Breastfeeding and nutrition
  - Early help for low mood as part of the post-natal depression pathway
  - Parenting programmes and increasing parental capacity
  - Speech, language and communication
  - Emotional development and behaviour problems
  - Specialist health services
- Develop integrated children centre and health visitor plans for building community capacity in response to need identified in the locality
- Fully review the success of the integrated offer during September 2016, including gaining feedback from families, in order to inform future service model and commissioning post Sept 2017

Children and young people with specific health and special educational needs and disabilities (SEND)

Integrating SEND provision is an opportunity to resolve some of the difficulties experienced by children, young people and families and at the same time to increase the quality of service by allowing different professionals to work together. Integrated provision is intended to reduce duplication in services and make the best use of limited resources to meet the growing need, including establishing a joint eligibility criteria, a single assessment procedure and a systematic pathway of care for client groups who have complex health and social care needs.

The ambition within this is also to bring the community healthcare offer together in order to create a greater opportunity to plan the response to earlier intervention and avoidance of presentations at the emergency department and hospital admissions.

We will:

- Ensure every contact counts to support reduction in hospital admissions and medicine optimisation
- Develop greater join-up of the Short Break Offer
- Develop greater choice and quality for post-16 Education Placements for Children with SEND
- Ensure specialist education provision for education matches need
- Fully integrate specialist education support services, health services and Social Care Service to create a core offer for children with SEND, and provide a core component of delivery for a collaborative model of support for vulnerable children
- Develop specification for Autistic Spectrum Condition Pathway, including transition arrangements, to commission as part of the future integrated service model
- Develop greater access to Personal Budgets for those on EHC plans

Parent and family support

Plymouth will develop a whole system response to family need, with access to a targeted support offer for those that need it most by:

- Deploying family support staff into the Gateway to ensure a "Think Family" approach, improving the ability to identify family risk factors and enable whole family care planning in 'early help' plans
- Developing a co-commissioning approach to support the implementation of a whole population evidence-based parenting support model
- Developing a range of brief interventions and more intensive evidence-based interventions to meet unmet need in early help plans
- Creating a single set of criteria for targeted intervention, based on focusing resources to families with multiple risk factors that prevent positive outcomes for children and young people
- Ensuring that targeted intervention for vulnerable families supports the engagement of these families in primary and community healthcare, with staff able to support medicines optimisation

Vulnerable children and young people (school age)

The key to getting the right response is the opportunity to co-commission support services with schools to ensure holistic pathways of support for school age children, increase opportunities for early intervention, reduce duplication and make the best use of tight resources across the system.

In order to create greater opportunity for early intervention, this category needs to consider children and young people who are at primary age, as well as secondary school age, in order to support the identification and intervention of risk factors and early indicators of risky behaviour before they escalate during adolescence.

So as to deliver an integrated response to these needs, a more collaborative service model must be

developed, with a shared set of outcomes across a range of health, education and community-based services. This needs to develop better opportunities for 'creative solutions' to address the needs of these children and young people to focus on "strengths" based, rather than "deficit" based models.

We will:

- Develop the market in respect to opportunities for the purchase of support to the Healthy Child Quality Mark in relation to:
  - Sexual health and healthy relationships
  - Drug and alcohol education
  - Emotional wellbeing
  - Healthy lifestyle (incorporating TRIVE)
- Develop a co-commissioning plan with schools for a mental health and behaviour pathway across tiers 1 to 4, in line with "Future in Mind (DOH 2015), including a response to:
  - Complex and risk-taking behaviour
  - Children with ASC and complex behaviour
  - Self-harm
  - Eating disorders
- Commission collaborative or alliance service model/s, ensuring outcome-focused and flexible service response to deliver a holistic response to early help and targeted intervention for vulnerable children and young people, including:
  - Building community capacity (including the use of volunteers)
  - Diversionary activities, (maximizing access to the assets of leisure, business and community services)
  - Evidence-based brief interventions
  - Intensive support for most at risk (for example young carers, those missing from home or education, or at risk of sexual exploitation)
  - Specialist interventions (for example drug and alcohol treatment, mental health treatment, interventions for those exhibiting sexually harmful behaviour, perpetrators of domestic abuse)

Children in and on the edge of care

It is clear that many of the challenges involved in securing the right care at the right time for this cohort are the same issues within the vulnerable cohort, as many of the same services are involved. There is a clear need to ensure that these children and young people, who are some of the most vulnerable in our city, have access to a targeted and rapid response bespoke to their needs. There are clear links with how we deliver a system of support from early help through to when a child reachs the statutory threshold for intervention to secure continuity of support and the ability to, where necessary, de-escalate the service response.

Therefore, there is a requirement to move to a holistic and outcome-focused response to need that allows agencies to deliver clear integrated assessment and planning processes, rather than a range of individual referral, assessment and support systems. In order to achieve this, we require a clearly defined service response from core agencies critical to meeting the needs of this cohort, including the Youth Service, CAMHS, Virtual School, Drug and Alcohol Services, Child Sexual Exploitation Services Family Support and other services critical to managing high levels of vulnerability.

Alongside this is the need to ensure placement providers are robust and skilled to manage the often complex needs of a child or young person, driving up quality of placement matching and planning to prevent placement breakdown.

For those presenting in crisis, there is a need to ensure effective assessment in a safe environment and, where hospitalisation is not required, to improve access to relevant community-based provision that can manage complex need.

We will:

- Develop clear functions and processes between services and Early Help and Multi-Agency Advice and Assessment
- Define and commission an integrated health, social care and education response to enable a "wrap around" multi-agency response that supports permanency in the family home, foster care or other placement for children and young people, with clear focus on those with placement instability and at risk of high-cost placement
- Ensure sufficient high quality placements with pooled budget for education, health and social care funding where necessary, through re-defining the model of care for Peninsula framework contracts post 2017
- Develop joint local authority arrangements across the Peninsula to maximise adoption recruitment and placing
- Review the response to those presenting at hospital with complex self-harm and ensure the continuation of a "place of safety" to assess crisis mental health presentations.
- Further develop the market to enable the ability to deliver Adoption Support
- Develop better approaches to ensuring placements for 16 + year olds and foster care 'staying put' placements that support transition to adulthood for care leavers

Workforce development

Within all the above categories, the strategy seeks to develop some earlier and better interventions to respond to need within the service offer. Critical to the success of services described in this strategy is confident, competent and collaborative workforces who are able to undertake joint assessments, deliver outcome-based plans and share risk management.

In order to strengthen the service offer, there is a need to build the capacity of the whole workforce, including the workforce in schools, NHS settings and adult services, to meet the needs of children and young people so that they are provided with the tools and skills to identify a need early and to appropriately support and empower parents.

Our needs analysis highlights critical areas where we need to better manage the needs of those children whose current trajectories display a pattern of escalation, creating demand on high end and expensive service provision. This includes:

- Assessment, including clear understanding of child development and risk and protective factors
- Skills and tools to respond to children with behavioural, emotional or mental health and social difficulties
- Skills and tools to respond to speech, language and communication needs
- Skills and tools to respond to children with Autistic Spectrum Conditions and risk-taking behaviours
- Skills to support the disclosure of domestic abuse, assess risk to children, intervene appropriately or help families access appropriate support
- Ability to assess the impact of parental mental health, learning difficulties, and substance misuse on parenting capacity and intervene appropriately or help family's access appropriate support
- Ability to support family aspiration and promote financial inclusion
- Consistent and evidence-based approach to support parenting skills, especially for parents of children with behaviour problems and learning difficulties
- Ability to develop outcome-focused multi-agency care plans that enable the tracking of impact of interventions
- Children at risk of exploitation, including child sexual exploitation

HOW DO WE KNOW IT'S WORKING?

The following outcome performance indicators have been identified as key to measuring how this strategy contributes to improvements across the whole health, wellbeing and social care system. These will form part of a comprehensive performance dashboard that will be used to monitor an overview of the system.

System Element	Key Outcome / Indicator	Indicator / Source type
Overview	Child Mortality (1-17)	Public Health Outcome Framework
	Children in Poverty	Public Health Outcome Framework
Early Childhood Development	Infant Mortality	Public Health Outcome Framework
	% of mothers who breastfeed (6-8 weeks)	Public Health Outcome Framework
	% of children making good progress at the 2 year old development check	Health Visiting
	% of children achieving good progress in the Early Years Foundation Stage (EYFS)	Public Health Outcome Framework
	Excess weight in children (4-5 years old)	Public Health Outcome Framework
	A and E attendances (0-4 years)	Public Health Outcome Framework

System Element	Key Outcome / Indicator	Indicator / Source type
Children and young people with specific health and special educational needs and disabilities	The number of 16-18 year old NEET young people with SEN needs	Careers South West
	The number of children and young people with an Integrated Education, Health and Care Plan	Local - PCC
	The number of children with SEND in care	Local - PCC
	The number of children with SEND in out of area residential/ education placements	Local - PCC
Parent and family support	Reduction in repeat referrals to Children's Social Care	Local - PCC
	Reduction in the number of children with a "Child in Need" Status	Local - PCC
	Success in achieving the outcomes in the "Families with a Future" (Troubled Families) outcome framework	Local - PCC
Vulnerable Children and Young People (school age)	School attendance and exclusions	Local - PCC
	First time entrants to the criminal justice system	Public Health Outcome Framework
	Hospital admissions as a result of self-harm	Public Health Outcome Framework
	Hospital admissions as a result of alcohol	Public Health Outcome Framework
	Hospital admissions as a result of substance misuse	Public Health Outcome Framework
	Hospital admission for mental health conditions	Public Health Outcome Framework
	The number of 16-18 year old NEET young people	Public Health Outcome Framework
Children in and on the edge of care	Number of Children subject to CP plan	Local - PCC
	Number of Children in Care - Overall	Local - PCC
	Number of children in residential care	Local - PCC
	Emotional wellbeing of looked-after children	Public Health Outcome Framework

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ENHANCED AND SPECIALISED CARE COMMISSIONING STRATEGY

DRAFT

Northern, Eastern and Western Devon
Clinical Commissioning Group

NHS

PLYMOUTH
CITY COUNCIL

INTRODUCTION

The Enhanced and Specialised Care system will consist of quality specialist health and care services delivered as close to home as possible that promotes choice, independence, dignity and respect. The provision that supports people in this system is mainly delivered in an acute hospital or in a residential, nursing home or a hospice setting, and also includes some people supported at home, mainly at the end of life.

This strategy is one of four integrated commissioning strategies. The services in this strategy will be required when interventions that are delivered by the other three strategies are not able to achieve the outcomes required by people who are often acutely ill or have a requirement for specialist treatment.

Successful delivery of the other three related strategies minimises the need for enhanced and specialised care. However, for a small proportion of acutely ill children and adults with highly complex needs the system must be person centred, efficient, effective and focused on a return to wellbeing, where possible. This system represents the 'top tier' of care and is, therefore, the highest cost. Often, small amounts of money invested earlier can prevent escalation or deterioration and consequently the need for enhanced and specialised care.

The services that are included in this strategy are:

- Individual Patient Placements
- Care homes for both working age adults and those over 65
- End of life care
- Specialist and tertiary services

These services are needed by people when other interventions have not achieved their outcomes and their health care needs cannot be met or provided elsewhere. Often referrals originate from another healthcare organisation.

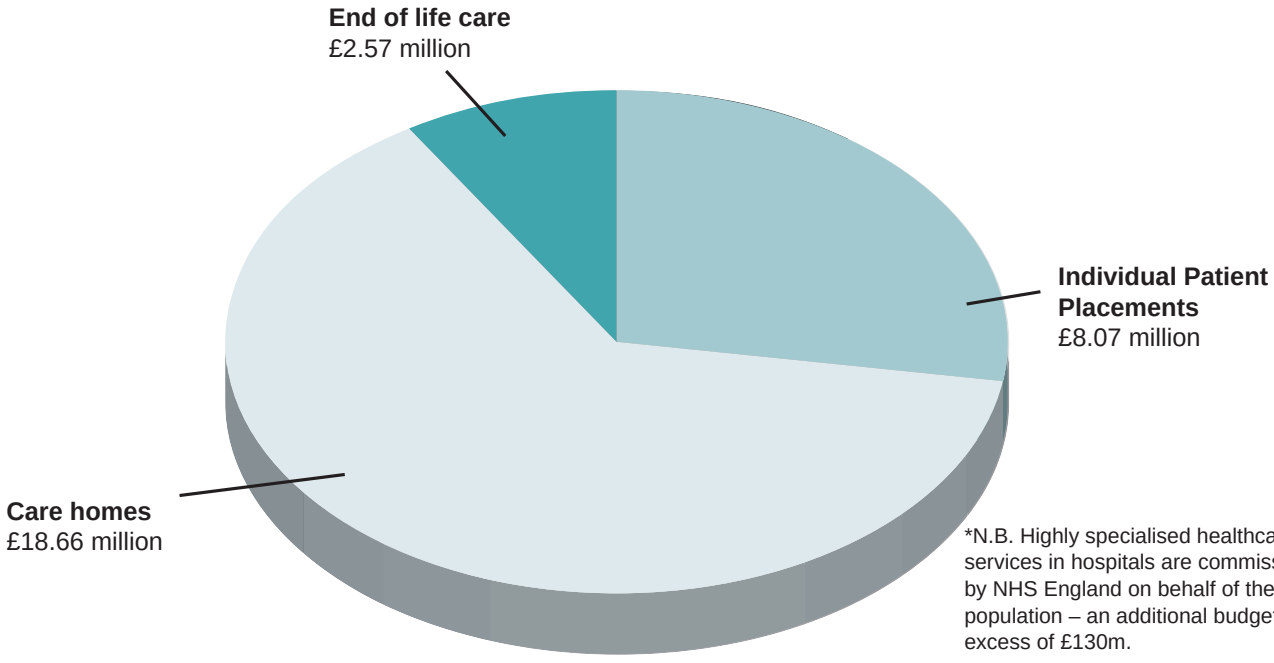
In 2015/16 the identified spend on services within scope of the Enhanced and Specialised Care Strategy is £29.30 million*. This comprises the CCG and PCC relevant spend within the Plymouth integrated fund and the CCG's relevant spend for South Hams and West Devon. The approximate breakdown of this is shown in the chart below.

In a future system we will:

- Commission services that will promote early intervention and prevention
- Up-skill staff and promote the use of technology, where appropriate
- Keep people out of hospital by prevention and earlier intervention
- Commission high quality services
- Make effective admissions to care home settings
- Improve the management of medicines in care homes
- Ensure good patient flow in and out of hospitals
- Support the local provision of specialist and tertiary services

All designed with a system aim of reducing the need for hospital and other enhanced provision and acute episodes of care, whilst ensuring ongoing provider development linked to research and innovation.

The identified spend of serices within the scope of Enhanced and Specialised Care £29.30m*



*N.B. Highly specialised healthcare services in hospitals are commissioned by NHS England on behalf of the local population – an additional budget in excess of £130m.

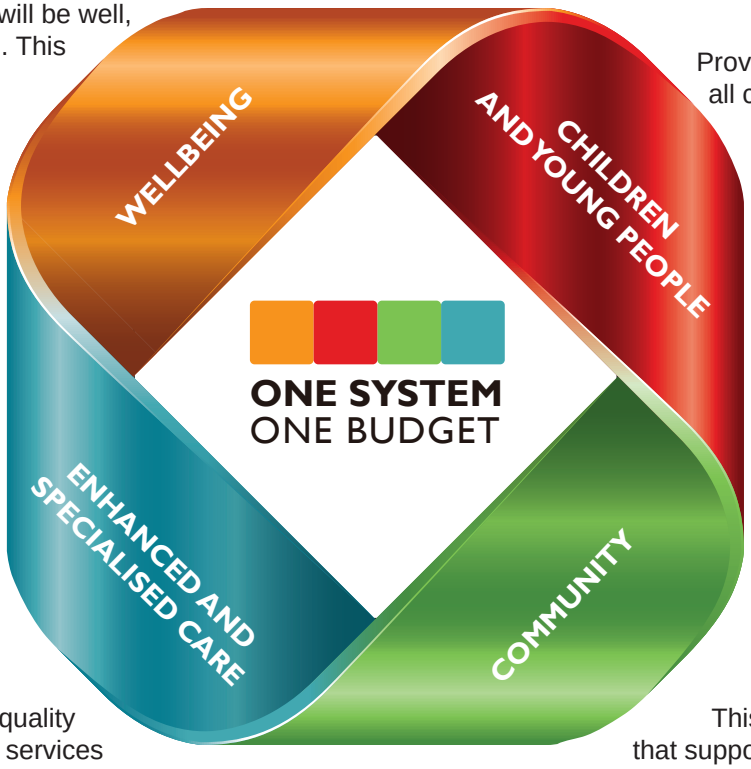
ONE SYSTEM...
FOUR COMMISSIONING STRATEGIES

WELLBEING

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do.

CHILDREN AND YOUNG PEOPLE

Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people.



ENHANCED AND SPECIALISED CARE

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect.

COMMUNITY

This strategy targets services that support people to maintain their independence in their own home within their own community.

Commissioning an Integrated System for Population Health and Wellbeing

- Overall strategic direction and response to national strategy
- Integrated commissioning – now and future
- Needs assessment

- Strong, safe and healthy communities
- Supporting and utilising social networks
- Improved emotional wellbeing and mental health
- Increasing investment in public health
- Planned health care
- Planned care for children and young people with physical illness

- Universal early help and best start to life
- Integrated education, health and care plans
- Short breaks for children and young people and their parents
- Safeguarding children and preventing vulnerability
- Support to keep children and young people stable at home, in alternative family arrangements, in foster care or alternative placements
- Residential care for children and young people, including mental health and learning disabilities

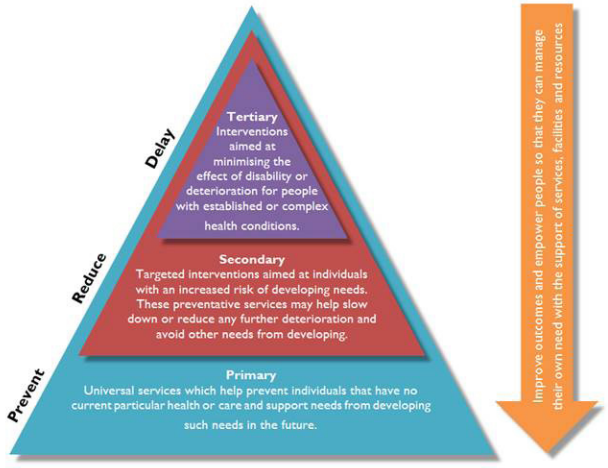
- Targeted services for people who need support in the short-term to recover from a crisis or short-term need, e.g. reablement
- Focus of people as individuals and not patients; who have their own beds in their own homes
- A joined up 'whole system approach' to support people with multiple needs
- Targeted resources for those who need long-term support in the community

DEFINITION OF ENHANCED AND SPECIALISED SERVICES

This strategy is focusing on the provision of enhanced or specialised care. This level of care tends to be required at the third stage of prevention, where the most important aspects are to ensure that the person has high quality care, delivered in a way that is best for their needs.

On the whole, primary and secondary prevention would be delivered through the other three strategies. However, there are still some areas where these other forms of prevention are important in enhanced care. For example, ensuring that a person has access to high quality services through appropriate pathways that are clear and easy to understand can significantly assist in improving their quality of life and their carers. Carers are known to be at risk of poor health and wellbeing, and we would aim to prevent or significantly reduce this. People who have complex needs for one or more condition may also be at risk of other conditions, and so primary or secondary prevention may be important for them. For example, in a care home setting the spread of infectious diseases such as norovirus or influenza may be reduced by taking specific steps in the management of the home.

The definition of 'prevention'



Prevention can often be broken down into three general approaches: primary, secondary and tertiary prevention. It is important to remember that services can cut across any or all of these general approaches.

Primary Prevention (Prevent – promoting wellbeing)

These are universal services that are provided to help prevent people with no current particular health or care and support needs from developing such needs in the future. Examples could include access to good quality advice and information, promoting healthy lifestyles and reducing loneliness and isolation.

Secondary Prevention (Reduce – early intervention)

These are more targeted interventions that are aimed at individuals with an increased risk of developing needs. These preventative services may help slow down or reduce any further deterioration and avoid other needs from developing. Examples could include fall prevention clinics, adaptations to housing to improve accessibility, short-term provision of wheelchairs or Telecare, as well as support for a family carer to help them develop the knowledge and skills to care effectively and look after their own health and wellbeing.

Tertiary Prevention (Delay)

These interventions are aimed at minimising the effect of disability or deterioration for people with established or complex health conditions by supporting people to regain skills or manage/reduce their need where possible. Examples of such prevention could include rehabilitation or reablement services, community equipment services, improving the lives of carers and the use of joint case-management for people with complex needs.

AIMS OF THE ENHANCED AND SPECIALISED STRATEGY

We will:

I have a sense of belonging and of being a valued part of family, community and civic life

Aim One

- Create Centres of Excellence for enhanced and specialist services

I know that services are designed around me and my needs

Aim Two

- Ensure people are able to access care as close to their preferred network of support as possible

Aim Three

- Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care

I live in an enabling and supportive environment where I feel valued and understood

WHO WILL BENEFIT FROM THIS STRATEGY?

Individual Patient Placements (IPPs)

Individual Patient Placements are generally specialist hospital placements for people who have been detained under the Mental Health Act. Individual Patient Placements include the commissioning of some highly specialist assessments, individual placements and packages of care for:

- Adults aged 18-64 years with complex mental health problems
- Older adults over 65 years: these are more often related to functional mental health problems and sometimes people will have had a forensic history. There is also a small minority of people with dementia whose needs cannot be met by existing older persons' inpatient units and so require placement elsewhere
- Adults less than 65 years with early onset dementia
- People with a learning disability and complex needs
- People with physical disability requiring rehabilitation who do not currently meet the criteria for NHS continuing healthcare; e.g. people with a brain injury requiring neuro- rehabilitation or who have challenging behaviour, or people with a complex mix of physical and mental health problems
- Health-funded components of s117 aftercare package: this is aftercare for individuals who have been detained under certain sections of the Mental Health Act
- Health component of s117 leave for 1 month: this is leave from a hospital placement when an individual has been detained under the Mental Health Act as part of a discharge process
- Psychiatric Intensive Care Units (PICU)

Care homes

The majority of people who choose to move into a care home do so due to their own personal circumstances and preferences. Following an assessment process, health and social care services will agree to fund placements where a person's health and care needs are too complex to be met effectively in their own home. This may also be subject to a financial assessment to determine if the person has to contribute to their care home fees. Many people pay for their own care.

Care homes offer accommodation and personal care for people who may not be able to live independently. Some homes also offer care from qualified nurses or specialise in caring for particular groups such as young adults with learning disabilities. A care home is a place where personal care and accommodation are provided together and are integral to the health and care system in Plymouth; providing additional choices in respect to where people live and receive care to meet their needs.

Care homes can be residential or nursing or a combination, nursing homes include nursing, convalescent homes with nursing, and respite care with nursing. Residential homes include: residential home, rest home, convalescent home, respite care and therapeutic communities.

Some examples of how care home beds are used:

- As a permanent home
- Intermediate care: care services may make temporary placements in care homes as a 'step down' from hospital or 'step up' to avoid hospital admission. There are also some beds used by people who have had serious physical injuries and are recovering, which may be for several months
- Respite care: respite care supports a person and their carers with management of their condition. Respite care can positively impact the carer's health and wellbeing, which can enable them to continue providing care within their own home
- Long-term care due to frailty
- Long-term care due to complex health/physical needs

End of life

This is a range of services to provide palliative and end of life care, night time and day time nursing care, personal care and beds across the community. This includes bed-based care in hospices, hospital settings, and care homes and services that take place in people's homes, as well as care provided by other charitable organisations. Increasingly, this is leaning towards provision of end of life care to take place in a setting of a person's preferred place of care; and services need to develop to reflect this changing landscape.

Carers are a particularly vulnerable group who tend to have poorer health and wellbeing as a consequence of their caring responsibilities. Provision of high quality end of life care, responsive to the needs of the person, can have a significant impact on the health and wellbeing of carers.

Specialist and tertiary care

Specialist and tertiary care services are provided in the acute hospital at Derriford Hospital, which is the tertiary centre for the Southwest Peninsular and

is also the location of choice for people requiring 'secondary' care across Plymouth, South Hams, West Devon and East Cornwall. These are funded either by other Clinical Commissioning Groups or by NHS England.

Specialist care is healthcare services provided by medical specialists and other health professionals who generally do not have first contact with patients; for example, specialist cardiologists and neurologists. It includes necessary treatment for a short period of time for a brief but serious illness, injury or other health condition and also includes major trauma, critical care and some specialised elements of end of life care.

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise.

Tertiary care is specialised healthcare, usually for inpatients through referral from a primary or secondary health professional, in a setting that has facilities for advanced medical investigation and treatment. Examples of tertiary care services are cancer management, neurosurgery, cardiothoracic surgery, childhood cancer care, plastic surgery and other complex medical and surgical interventions.

All planned 'Secondary' healthcare in the Plymouth Hospitals NHS Trust which is commissioned by NEW Devon CCG is described in the Wellbeing Strategy.

Safeguarding adults

The Care Act 2014 has set out the following seven principles which provide us with a safeguarding framework:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality – The least intrusive response appropriate to the risk presented
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities.
- Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding

Safeguarding Adult Boards are for the first time included within a legislative framework. The Council, the Clinical Commissioning Group and the Police are working with the people of Plymouth, Board Partners and Stakeholders to achieve these principles and they have been used as the basis for the Plymouth Safeguarding Adults Board's 2015/16 Strategic Plan.

In 2014/15 we recorded in excess of 1,600 safeguarding alerts for adults, continuing the increasing trend which started in 2013/14. This increase is a result of awareness-raising among professionals in the city and supplemented by improved recording practice.

On average, over 40 alerts will proceed to investigation each month; in 2014/15 there were 542 completed investigations across the whole year. One of the focuses of internal monitoring will be the outcomes for people who are the subject of the safeguarding investigation; for example, has the risk been reduced or removed altogether.

The country as a whole is seeing a rising trend in safeguarding alerts; Plymouth is in line with the national trend.

WHY DO WE NEED TO CHANGE?

- A significant proportion of the adult social care and healthcare budgets is associated with the elderly frail population
- Early identification of frailty and appropriate interventions can reduce adverse outcomes and save money
- Residents of care homes account for a significant proportion of avoidable admissions to hospital, with falls being a major cause, and admission to hospital is more likely for people with dementia
- Lifestyle-related diseases and multi-morbidities in future years are predicted to increase, resulting in a larger number of residents who could be more dependent
- An ageing profile of older people will mean increased prevalence of dementia and other long-term conditions, with individuals often having multiple long-term conditions. The complexity of need of people living in care homes is increasing. This will mean care home provision will need to be better at supporting people with complex needs, particularly dementia and mental ill-health
- It is estimated that 15 million people in England now have a long-term condition (Department of Health 2012), and 58% of people aged 60 years and over reported as having at least one long-term condition. In 2008, 1.9 million people had one or more non-curable long-term condition, but this is expected to rise to 2.9 million by 2018. In addition, 25% of people aged over 60 years report having two or more long-term conditions.
- The changing demographics described above will result in increasing demand for care home placements and nursing care
- Individual Patient Placements are often out of area and expensive and do not fit with the Care Closer to Home agenda, as set out within The Five Year Forward View published by NHS England.
- There is pressure from national policy and the public to ensure that people can die in their preferred place of care
- Between 5% and 8% of unplanned hospital admissions are due to medication issues (Department of Health, 2014), and it has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended (World Health Organisation, 2003). Between 30% and 70% of patients have an error or unintentional change to their medicines when they move from one care setting to another. It is estimated that, in Plymouth alone, approximately £1.4 million of medicines are discarded rather than taken.
- Increasing elderly populations will put pressure on the specialist and tertiary care system and we will manage demand in the system to ensure that we commission care that is safe for patients, cost effective and delivered in the most appropriate location
- In relation to specialised physical and mental health services, patient feedback to NHS England tells us that current care pathways can be disjointed, particularly where the commissioning responsibility for services changes mid-pathway potentially leading to gaps in provision and poor sharing of information which can impact on outcomes for patients.

WHAT HAPPENS NOW?

The adult Individual Patient Placements system

Individual Patient Placements generally refer to locked rehabilitation and locked and open specialist mental health placements that fall outside of the service specification for forensic secure services (low, medium and high secure) for adults 18 years plus with mental health difficulties.

- Planned mental health hospital placements and planned independent sector supported placements are required due to the assessed primary mental health needs of the individual, including individuals with other diagnoses and conditions such as Huntington's disease, Acquired Brain Injury, Physical Disability, Learning Disability, where the assessed primary need is mental health
- The person's needs cannot be met through contracted services
- Specialist Mental Health Assessments
- Health-funded contribution for adult mental health placements on Section 17 leave. This would normally be for a maximum of one month
- Full or part (jointly) funded adult mental health placements in accordance with agreed local section 117/17 aftercare policy
- Mother and baby specialist individual support packages as an alternative to hospital care
- People aged up to 65 years with the diagnosis of early onset dementia
- Psychiatric Intensive Care Units
- People accessing locked placements will usually be subject to detention under the Mental Health Act. In exceptional circumstances, people who have an informal Mental Health Act status may require a diagnostic assessment for complex needs but treatment needs of informal clients should be met locally

It also includes physical disability requiring neuro-rehabilitation with specific therapy outcomes, e.g. people with a brain injury requiring neuro-rehabilitation or who have challenging behaviour, or people with a complex mix of physical and mental health problems. S117 aftercare describes the duty of local authorities and Clinical Commissioning Groups to arrange or provide aftercare for individuals who have been previously detained under Section 3 of the Mental Health Act. Individuals often have a combination of both health and social care needs.

This provision is provided by a wide number of providers on a spot purchase basis. Most of the providers of hospital placements are currently provided out of area.

There is very little national benchmarking data available to be able to compare our performance with other areas.

Currently there are approximately 60 people registered with a Plymouth GP who have an s117 aftercare package with a health funded component.

There are currently 23 people in an Individual Patient Placement, of which 15 are placed outside of Devon.

There is not likely to be an increase over time in the number of people with a severe learning disability or challenging behaviour so this is not an area that will put pressure on the need for more IPPs

The following functions are required in order to commission safe and high quality care through individual placements:

Quality assurance: Winterbourne View brought the importance of quality assurance of out of area providers into stark relief. Quality Assurance nurses reside within the Individuals Commissioning team

Care coordination: Including monitoring of care against treatments outcomes, review and discharge planning. This is currently provided through the Plymouth Community Healthcare Mental Health and Learning Disability teams. There is no clear arrangement for people with physical difficulties or a complex mix of physical and mental health problems. There are also a number of clients who are in secure accommodation commissioned by NHS England. There remains some disclarity about roles and responsibilities with NHS England care managers and care coordinator roles for clients in secure settings outside the IPP budget

Process control: there is no current IPP panel (for the consideration of applications for out of area placements and care reviews) established in Plymouth, although there has been a panel in the past. Control processes could be improved with the greater inclusion of both clinical staff and commissioners in decision-making processes and it is the intention to develop this.

The care home system

There are three routes into a care home:

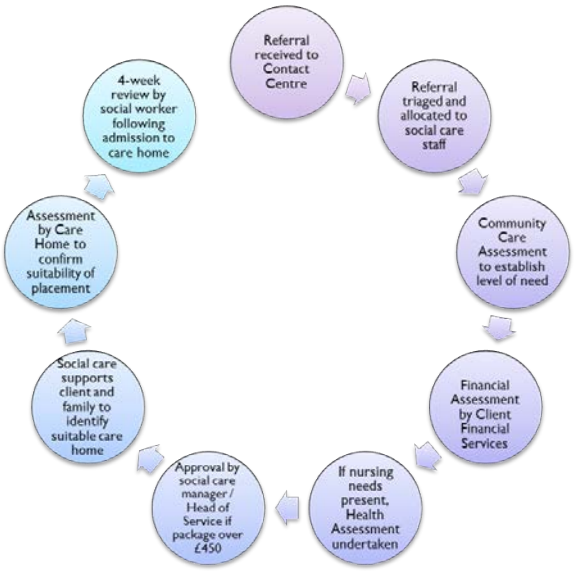
- Following an Adult Social Care assessment
- Following a health assessment (Continuing Healthcare or Funded Nursing Care)
- People choosing to move into a home who are not eligible for public funding and who pay for themselves (referred to as 'self-funders')

Often a move into a care home is suggested because of an illness or a fall – but it is not always the only reason. It is also possible to have a short stay in a care home for a trial period or obtain respite care to give a person or their carers a break. When choosing a home, it is important to make sure that the one chosen is the right one. To help with this, a person should get advice and information from their social worker or care manager, a district nurse, a health visitor or their family doctor.

Care homes have to make it very clear what level of care they provide and how they will meet each resident's needs. If a resident is unable to leave the bed, or has a medical condition or illness that requires frequent medical attention, they may need to look for a care home that provides nursing care. This type of home should have a qualified nurse on duty 24 hours a day.

If a person is thinking of moving to a care home or has been paying for their own care in a care home and wants to see if the local authority can help with the fees, they must first have their needs assessed by the local authority to see if they are eligible for adult social care support. After the social care needs have been assessed, and if the person is eligible for social care support, the local authority will conduct a financial assessment. This will decide whether or not the person has sufficient money to pay towards some or all of the cost of the support they need. If a person has capital or savings valued over the set threshold they will have to pay the full cost of care.

The Care Home Referral Process



The establishment of the universal deferred payment scheme means that people should not be forced to sell their home in their lifetime to pay for their care. By taking out a deferred payment agreement, a person can 'defer' or delay paying the costs of their care and support until a later date so they do not have to sell their home at a point of crisis. Guidance includes how much can be deferred and security for the agreement, as well as the interest rate for the deferral and administrative charges that can be applied by the local authority.

Demand for care home placements derives from three main sources: Plymouth City Council commissioned activity, NHS Continuing Health Care activity and people who pay privately (self-funders). There are a small number of other factors that influence demand for care home beds, such as other local authorities and charitable funding.

Projecting Older People's Population Information (POPPI) projects an increase in demand in over-65s care home places in Plymouth. The total population aged 65 and over living in care homes with or without nursing is predicted to rise from 1,524 in 2014 to 2,408 in 2030. This increase in provision will need to be met through an increase in bed capacity unless alternative models of care are developed.

An ageing profile of older people will mean increased prevalence of dementia and other long-term conditions, with individuals often having multiple long-term conditions. Indeed, the complexity of need of people living in care homes appears to be increasing.

The number of physically frail elderly in nursing and residential care has fallen since 2005, whereas there has been an increase in NHS-funded placements in care homes with nursing.

There has also been a significant increase in the proportion of older people with mental health needs in care homes. These trends are expected to continue and reflect the desire and ability of physically frail older people to remain independent at home for longer, as well as the growth in the number of older people with dementia.

Projecting Adult Needs and Service Information (PANSI) reports that the number of people with a severe learning disability and those with a learning disability who also have challenging behaviour is predicted to remain stable over the next 15 years. The number of care home places for people under 65 is predicted to fall as people with learning disabilities are better supported to remain in the community.

Plymouth is expecting to see a rise in the number of older people in the city over the next 20 years. This, together with the predicted rise in those living with dementia and the projected increase in other illnesses leading to a longstanding health condition, is likely to have an impact on the residential care services required in Plymouth.

The Care Act will result in increased pressure on public funding and will potentially have an impact on the care home market.

As a result of the Act, it could significantly extend the number of individuals receiving local authority contribution toward their residential care costs - in effect, a new class of 'self-funder top-ups'. Given that individuals who become entitled to a local authority contribution to their residential care costs cannot be expected to move, these self-funder top-ups are therefore likely to be subject to existing rules on top-ups, which seek to protect local authorities, providers and families.

Residential care services for children and young people with a mental health condition and children and young people with learning disabilities are described within the Children and Young People Strategy. Short break services for children and young people, which are designed around supporting outcomes for children and young people, as well as breaks for parents, are described in the Special Educational Needs and Disability section of the Children and Young People Strategy.

Continuing healthcare and funded nursing care process

There is complexity in ensuring the statutory obligations for assessing and awarding eligibility for continuing healthcare funding across the NEW Devon CCG footprint. An assurance programme is underway to ensure all responsibilities are discharged lawfully; ensuring people are assessed against the National Framework. In November 2015 the CCG released an 'Interim Choice Policy for the provision of NHS Continuing Healthcare/NHS Funded Care to adults in registered care home placements; and in the person's own home in receipt of a personal health budget'. This describes the policy on how decisions are made regarding the funding of placements.

Currently there is no central point for referral and collation of the activity so, whilst we know who we have assessed who is eligible and when the review is due, we do not know how many people have not yet been assessed or who should be. Risks associated with non-assessment at appropriate times equate to those surrounding inappropriate care packages, missed opportunity for recovery or improvement, safeguarding issues not being picked up, poor outcomes and poor value for money.

The social care and health processes for accessing funding are complex, with clear opportunities for future join-up.

Quality in care homes

There is an established Quality Assurance and Improvement Team (QAIT) within the Plymouth City Council's Co-operative Commissioning Team. It was developed to have a structured and proactive approach to monitoring and supporting the improvement of the quality of care in the care home sector. The team includes care home practitioners who undertake quality reviews based on a risk assessment framework. The quality reviews take place in the care home, in collaboration with the registered manager, over a period of 2 days. The care home practitioners review documentation within the home, including various audits, staff files and care plans. The review also involves speaking to various staff members and, where possible, residents to gain their feedback on the running of the home. Since the team was established in July 2012, QAIT have undertaken reviews in all care homes within the city.

The Quality Assurance and Improvement Team has developed a quality assurance framework, and is encouraging care homes to develop their own framework to support continuous service improvement.

QAIT Quality Framework

Plymouth established a Dignity in Care Forum in February 2009 which is now led and facilitated by the Quality Assurance and Improvement Team. The purpose of the forum is to look at operational issues around training, help and advice with improving quality of commissioned services. It also aims to improve dignity standards in care home settings and raise awareness of current local and national initiatives in the sector. The Forum is focused around the eight key themes of the My Home Life programme. Every third forum is dedicated to the topic of 'Celebrating Excellence' and sharing best practice. The forum also delivers best practice sessions on themes identified through local CQC compliance, hospital admissions and safeguarding. The Forum supports a multi-agency approach and is attended by colleagues from Plymouth Hospitals NHS Trust, the Medicines Optimisation Team, NEW Devon CCG and the voluntary sector.

Plymouth City Council worked with partners and groups of older people to develop a charter made up of 11 pledges which outline the standards and approaches to service delivery that older people should enjoy. The Quality Assurance and Improvement Team will encourage care providers to sign up and embed the pledges from the Charter through the Dignity Forum and the quality assurance framework.

The Dementia Quality Mark model, created in 2010 by David Francis, was implemented in Plymouth in 2011. The Dementia Quality Mark was established to:

- Establish a local accreditation system
- Improve person-centred care
- Improve the quality of commissioned services
- Reduce admissions into acute settings
- Reduce substantiated safeguarding alerts
- Improve discharge pathways into good quality services

Forty care homes have been awarded the Dementia Quality Mark and further applications are in progress.

Plymouth has established a Leadership Programme for registered care home managers, and the programme is intended to:

- Embed the principles of the Leadership Qualities Framework
- Provide individuals and organisations with a benchmark against which to measure their current leadership capabilities
- Improve the public and professional awareness and understanding of leadership by using quality and innovative training
- Maintain and support the quality framework for care homes
- Ensure good leadership which is crucial towards delivering excellent social care and will make a significant difference to the lives of people who use the service

The QAIT offers support and advice to providers and professionals across the city and endeavours to build relationships with key stakeholders, such as Healthwatch Plymouth, Public Health and health professionals.

Supply of care homes

There are currently 65 care homes in Plymouth providing care for people over 65. There are 100 care homes in total including those for the under-65s.

As of December 2014 the total numbers of residents in care homes break down is:

- 800+ adults over 65 years funded by Plymouth City Council
- 250+ adults under 65 years funded by Plymouth City Council

- 582 funded by Health:
  - 402 – Continuing Health Care
  - 180 – Funded Nursing Care

This does not include placements by the care co-ordination teams or Reablement.

- 103 self-funders: Plymouth City Council contract for their care and the person is charged the full amount. Many of these will have a deferred payment arrangement based on the capital value of their own home which will be sold when the person dies or no longer requires long-term social care, either because they become eligible for funding by Continuing Health Care or they go into hospital at end of life.
- 577 private residents: those who admit themselves and fund all of their care

A snapshot taken in July 2014 reports there were 101 vacant beds across the care home sector in Plymouth (not including learning disability). At the end of January 2015 there were 67 vacancies in nursing and residential (not including learning disability). This is lower due to the development of 39 step-down beds in response to pressure on the urgent care system.

There are 99 care homes in Plymouth provided by the private and voluntary sector and one local authority care home.

The fees currently paid by Plymouth City Council are as follows:

Residential

Standard: £450.00

Enhanced: £467.00

Complex: £485.00

Nursing (not including funded-nursing care)

Enhanced: £474.00

Complex: £501.00

We currently place in 90 care homes which are out of the local authority area, accounting for approximately 138 placements.

The end of life system

This provision is commissioned mainly by the Clinical Commissioning Group.

There is externally provided hospice provision with outreach to people at home. Hospital and palliative care is also provided by statutory community teams. Other end of life provision is provided by Marie Curie nurses.

In May 2015 there were around 100 End of Life patients in Continuing Health Care.

Medical advances enable us to keep people alive for longer and there will be a continuing increase in the number of people who are living with increasingly complex conditions. Whilst the number of people dying at home is gradually increasing, the public expectation to die at home will mean increasing resources in terms of the cost of nursing complex conditions. Indications are that when people are asked about “Preferred Place of Care” at the end of their lives, the majority of people would chose home. If their usual place of care is a care home, this should be supported, although it has implications in terms of service provision to safely support complex packages of care.

Specialist and tertiary services provided in hospital

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of people but with catchment populations of usually more than one million. This includes specialised services for children and young people; for example, cancer and heart disease treatment. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.

NHS England South West Commissioning Hub (based in Bristol), within the South Region team are the commissioners for Plymouth Hospitals Trust and Plymouth Community Healthcare. NHS England have separate contracts for around £130m of services per year from Plymouth Hospitals and Plymouth Community Healthcare provider.

The CCG and local authority work together with NHS England to ensure commissioning is joined up and to develop improved mechanisms for collaborative commissioning in the future. However, the system is not wholly joined up and current care pathways can be disjointed, particularly where the commissioning responsibility for services changes mid-pathway which can lead to gaps in provision and poor sharing of information which can impact on outcomes for patients.

WHAT DOES THE FUTURE LOOK LIKE?

Many of the elements of the Enhanced and Specialised care system cross over with elements of systems described in the other three strategies – Wellbeing, Community and Children and Young People. Some of the actions in this strategy will link with actions in others.

For example, preventing unnecessary admission to hospital or speeding up a smooth discharge from hospital is linked in with actions in the Community Strategy.

Individual Patient Placements

The aim is to provide care at home or as close to home as possible in the least restrictive environment. This will be achieved and sustained in the long-term by developing the ability of local services to work with greater levels of complexity and risk, supported by specialist services where necessary.

The key achievement is we will be working with providers so that clinical services can directly manage the budget to commission placements to meet their client's needs, knowing these best, thus ensuring that care is the best quality and value for money and the individuals only remain out of area for as long as they need to be.

The CCG has developed commissioning intentions to devolve responsibility for the commissioning of Individual Patient Placements for Plymouth GP-registered people to Plymouth Community Healthcare as the main local provider of specialist mental health services in Plymouth. This would strengthen clinical decision-making in the process of making an Individual Patient Placement out of area. It would also allow the provider to be more creative in the utilisation of resources to offer alternatives to admission in the community.

Improving quality and reducing the usage of out of area placements requires the implementation of a range of both transactional and transformational strategies:

- Quality control and improvement of processes such as referral for IPP, clinical and placement reviews. This will also include improved exacerbation and contingency planning, blue light policies etc, a greater focus on information about clinical outcomes related to placements
- Excellent provider assurance processes
- Improved system flow including through local recovery services
- Detailed individualised needs assessment
- A strategic commissioning approach, with local services better commissioned to meet the needs of all and people with the most specialised needs
- Market management - the potential development of new providers within the market
- Continued commissioning of cost effective enhanced community support packages
- New ways of working within existing providers; for example, the strengthening of integrated approaches to dual diagnosis and personality disorder and more staff trained in therapeutic approaches such as Dialectical Behavioural Therapy
- Improved transition processes for young people with complex needs in community services or out of area
- An increased focus on effective packages of support for complex young adults aged 16 to 25 years
- Primary preventative approaches such as Families With a Future
- The potential role of risk stratification in identifying people at risk of out of area placement and complex individuals who would benefit from integrated personalised packages of care and/or integrated case management
- Identification of timely repatriation plans for services uses placed out of Devon

The aim is to provide care at home or as close to home as possible in the least restrictive environment. Being placed away from home can fracture a person's social support networks and de-skill local community services in the management of complexity. Reduction in Individual Patient Placements, particularly out of area placements, is a clinical as well as a financial necessity. This will be achieved and sustained in the long-term by developing the ability of local services to work with greater levels of complexity and risk – supported by specialised services where necessary – and by a greater focus on earlier intervention, preventing complec needs developing.

Improved commissioning for people with complex needs will be achieved through six broad strategic aims:

- Ensuring effective quality assurance of placements
- Improved process control
- Greater focus on prevention and early intervention strategies
- Better commissioning to meet more needs locally
- Improved community services including access to psychological therapy and crisis response
- Improved systems flow – making best use of existing commissioned local services

What Will Success Look Like?

- Less people will be placed out of area
- Reduced length of stay
- Better monitoring against treatment outcomes
- Improved patient experience
- More people cared for closer to home
- Decreased acute admissions
- Improved transition processes
- Improved community services for people with a personality disorder
- Improved access to therapy
- Less spend out of city and greater investment in local services

Care homes

A good care home system will be one that meets the needs of people with dementia or multiple long-term needs, avoiding unnecessary hospital admissions. The key thing we will achieve will be to work with the ten care homes as part of a pilot to try and understand their hospital admissions and action plan with those homes as to how these admissions can be reduced.

It is important to review the evidence of what works to reduce hospital admissions from care homes. Brownhill (2013) undertook an observational study looking at training in care homes to reduce avoidable harm. This study investigated the effectiveness of using workshop-based education and service-improvement models in care homes. The models were designed around both threshold and predictive modelling and were intended to raise awareness of the symptoms that may result from a fall, pressure ulcers or urinary tract infections. The project exceeded targets. Preventive assessments, care planning and timely referrals resulted in a reduction in avoidable hospital admissions and district nurse and GP visits.

Each home was set the following reduction targets:

- Falls - 40%
- Recurrent falls - 60%
- Care home-acquired grade 2 pressure ulcers - 75%
- Care home-acquired grade 3 and 4 pressure ulcers - 95%
- Urinary and catheter-acquired infections - 40%
- Hospital admissions - 60%
- District Nurse visits - 40%
- GP visits - 40%

Once the targets had been reached, the study aimed to sustain the levels through continuing to work with the care homes. Through a robust training package and tailored support, the study reported a reduction in the number of avoidable hospital admissions from participating care homes by 51%. By raising awareness of symptoms and encouraging early risk assessment and care planning, the study reported that the level of care delivered to vulnerable patients was raised. It reported a significant link between falls and urinary tract infections. Early assessment by care staff, including recognition of symptoms and urine dip test results, reduced the number of recurrent falls in care homes.

We will work towards:

- A well-defined, transparent and fair assessment and placement process
- A consistent oversight of the market across health and social care
- Quality health and care placements to meet individual need that promotes choice, independence, dignity and respect
- Supporting people to die with dignity in a setting of their choosing
- Reducing demand on the health system by promoting healthier lifestyles, the early identification of illness and provision of high quality health care
- Good advice and information around financial planning and paying for care
- Reducing the length of stay in care homes whenever possible
- Admissions to hospital only when necessary
- Developing the integrated commissioning of care home placements to ensure consistency, transparency and quality - including assessment and review processes, care planning and case management
- Ensuring there is sufficient local market provision of placements to meet need
- Ensuring the commissioning model allows for the effective management of the market and, in particular, management of market failure
- Developing an integrated commissioning approach to quality assurance and safeguarding that challenges poor practice including an integrated Quality Assurance and Improvement Team
- Continuing the workforce development strategy for care homes, including continued investment in the Leadership Programme for Registered Managers, investment to develop and facilitate the quarterly Dignity in Care Homes Forum, and Care Act workshops for care home managers to enhance knowledge and understanding
- Developing the Quality Assurance and Improvement framework to ensure that care home staff are able to implement preventative assessments, care planning and make appropriate referrals to reduce the risk and impact

of falls, secondary fractures, pressure ulcers, urinary tract infections, dehydration and COPD

- Developing excellent care-coordination for frail older people with support for the most complex patients from geriatricians, pharmacists, the voluntary sector and older persons' mental health services
- Commissioning an effective Dementia Pathway that includes prevention, early diagnosis, carer support and case management and co-ordination to best support people to live well for as long as possible and ensure they are not admitted to hospital unnecessarily. Early diagnosis will often take place when the person is living in their home and the full commissioning intentions for dementia will straddle the Wellbeing, Community and Enhanced and Specialised Care strategies
- Ensuring that people living in care homes will be able to access the same level of healthcare as anyone living elsewhere in the community:
  - In assessment, review and treatment by their GP and Consultant Gerontologist and Consultant Psychiatrist
  - The specialist knowledge of community nurses, tissue viability, continence, nutrition and end of life practitioners should be equally accessible to people living in care homes with nursing
  - Dentist, Optometrists and Pharmacists, Allied Health Professionals
- Reducing the length of stay of people in care homes by ensuring that there are excellent delivery mechanisms to reduce long-term placements, including reablement, respite support at home and end of life support at home.
- Optimising the benefits from medicines by working with people to support them to understand more about their medicines and the associated health benefits, and optimise the use of medicines to reduce preventable medication-related harm and reduce medicines-related admissions and readmissions to hospital.

End of life

The key thing we will achieve for end of life care will be creating a whole system approach and partnership working, which has the "one chance to get it right" ethos at its heart, in order to achieve seamless, person-centred care that provides dignity and respect for people at the end of their life.

Medical advances allow us to keep people alive for longer and there will be a continuing increase in the number of people who are living with increasingly complex conditions. Whilst the number of people dying at home is gradually increasing, the public expression of the preferred place of care to be at home will mean increasing resources in terms of the cost of nursing complex conditions, although these costs will be offset against secondary care savings.

A future system will need to respect people's autonomy and respond to their expectations whilst recognising that this will not always be possible. There will be opportunities to support this; for example, by enabling all parts of the system to understand the importance of recognising when someone is approaching the end of life, developing staff to have the appropriate conversations and supporting people to die with dignity in the most appropriate setting. This will include staff enabled to have difficult conversations and to discuss advanced care plans.

We will work towards:

- Increasing the numbers of people being supported at end of life within their preferred place of care
- Care provided closer to home where possible
- Carers supported to provide good end of life care
- Consistent and joined up assessment of needs at end of life
- Preventing avoidable hospital admissions
- Fewer delayed transfers of care from hospital to the community for end of life care
- Good quality end of life care across all providers which promotes dignity and comfort

The aim is to have co-ordinated care through good communication with individuals and professionals across the wider health and social care system.

We will achieve this by:

- Working with providers to make sure that the right services are in place to support people at home and in care homes
- Continuing to improve the quality of care in hospital for those at the end of life
- Continuing to develop good quality care across all providers
- Joining up assessments through integrated services
- Supporting carers in the care they provide at the end of life
- Preventing avoidable hospital admissions
- Reducing delayed transfers of care from hospital to the community
- Developing advanced care planning across the community for those people in EOL phase
- Ensuring that families and carers know of the bereavement services that are available

Specialist or tertiary services

NHS England, as commissioners of specialised and tertiary health services, are committed to consistency and equitable access to services across the country and removal of unwarranted variation.

NEW Devon CCG will continue to collaborate with the commissioners of specialised and tertiary care, NHS England, and with other relevant CCGs in the South of England to support this and, importantly, to ensure that the needs of our local population are well served by specialised and tertiary services that are integrated with local acute services for physical and mental health. NHS England set out their commitment to collaboration in their document 'Developing a More Collaborative Approach to the Commissioning of Specialised services: Guidance Document (4 March 2015)

We aim, as local commissioners, to ensure that the commissioning of these services meets the principles set out in 2015 by the South West Clinical Senate, namely that:

- The care commissioned is safe for people, cost effective and delivered in the most appropriate location. We are committed to delivering integrated care pathways that encourage organisational partnership and co-operation.
- Decisions and configuration of service are based on objective/logical evaluation that best meet population need. This may include the use of computer aided demographic mapping (GIS)
- Funding flows are flexible and ensure that solutions are sustainable and affordable for providers, with money following the patient, thus ensuring that services can be developed outside of historic arrangements
- Priority is given to solutions that deliver outcomes across all five domains of the outcome framework, as measured by agreed KPIs
- Solutions maximise the interdependencies within and between providers, and within and between NHS England Area team regions
- Prioritising of innovative solutions that utilise new technologies and approaches to ensure that care is delivered as close to home as possible without compromising outcomes

Overall, for specialised care our aim is to deliver:

- Enhanced recovery
- Reduced length of stay
- Reduced hospital acquired infections
- Achievement of national referral to treatment standards

- Consistent offer of service to all patient population, regardless of geography
- For our population we ensure wrap around support for discharge, rehabilitation and return to health

We will manage demand into specialist and tertiary care where possible by:

- Agreeing the most cost effective and clinically effective community-wide pathway, including the commissioning of:
  - Increased management in primary care by GPs
  - Increased self-care and prevention
  - Increased management in primary care by GPs
  - Better medicines optimisation to reduce demand
  - Better pathology optimisation to reduce demand
- Continuing to develop community-based services to pre- referral within clinical pathways
- Commissioning alternative/additional supply in community-based interface or other community services
- Developing alternative, more efficient models of care in secondary care that promote best practice in reduced routine patient contacts, shorter lengths of stay in hospital, more cost effective components of the pathway and more efficient patient flow

Commissioning intentions:

NHS England commissioning intentions for 2015/16 are set out in 'Commissioning Intentions 2015/16 for Prescribed Specialised Services' available on their website http://www.england.nhs.uk/wp-content/uploads/2014/10/comms-intents-2015-16.pdf.

The stated ambition of NHS England is to bring equity and excellence to the provision of specialised care and treatment, to be achieved through a commissioning process which:

- Is patient-centred and outcome based. The patient must be placed at the centre of planning and delivery. Commissioners, working with providers, must deliver improved outcomes for them across each of the five domains of the 2013/14 NHS Outcomes Framework
- Is fair and consistent throughout the country, ensuring that patients have equal access to services regardless of their location
- Improves productivity and efficiency.

Changes to the scope of specialised servicesare that:

Local commissioners will play a lead role in the creation of clear business cases for the retention of services locally where this can also meet the requirements for safety and quality.

Ministers have already agreed that the following services should no longer be commissioned by NHS England and should be reflected in CCGs contracts from April 2015:

- Specialised wheelchair services
- Outpatient neurology referrals made by GPs to Adult Neurosciences Centres
- Outpatient neurology referrals made by GPs to Adult Neurology Centres

Ministers have also agreed that the following services will no longer be commissioned by CCGs; these services will be reflected in NHS England contracts from April 2015:

- Some highly specialised adult male urological procedures
- Some adult oesophageal procedures
- Services for patients with homozygous familial hypercholesterolaemia
- some adult specialist haematology services

NHS England has recommended to the Prescribed Services Advisory Group that the following services currently commissioned by NHS England should in future be commissioned by CCGs:

- Renal dialysis (excluding encapsulating sclerosing peritonitis surgery)
- Surgery for morbid obesity

THE FUTURE 'ENHANCED AND SPECIALISED CARE' SYSTEM MODEL

The Enhanced and Specialised Care system will consist of quality specialist health and care delivered close to home that promotes choice, independence, dignity and respect.

The future model for each element of the system is described below:

Enhanced and Specialised Care - System Overview

"Quality specialist health and care, delivered as close to home as possible, that promotes choice, independence, dignity and respect"

Individual Placements	Residential and Nursing Care	End of Life	Specialist and Tertiary
Specialist placements for people who have been detained under the Mental Health Act Strategic aim: "Care provided at home or as close to home as possible in the least restrictive environment"	Accommodation and personal care for people who may not be able to live independently Strategic aim: "Meeting the needs of people with dementia or multiple long-term needs and avoiding unnecessary hospital admissions"	A range of services to provide palliative and end of life care, night time and day time nursing care and personal care across the community Strategic aim: "People supported to die with dignity in the settings they chose"	Necessary treatment for a short period of time for a brief but serious illness, injury or other health condition Strategic aim: "High quality effective care focused on recovery"

System Enablers

Prevention and Wellbeing	Pro-active Primary Care	Seamless Integrated Care Pathways	Skilled professionals, supported by Clinical Effectiveness and Medicines Optimisation	Safe, high quality and cost effective services

System Outcome

Reducing Hospital and other Specialised Provision and Acute Episodes of Care so that this care is only used where there is no better alternative

To achieve this we will:

- Commission services that will promote early intervention and prevention
- Up-skill staff and promote the use of technology where appropriate
- Keep people out of hospital by prevention and earlier intervention
- Commission high quality services
- Make effective admissions to care home settings
- Improve the management of medicines in care homes
- Develop a planned patient care pathway
- Ensure good patient flow in and out of hospitals
- Support Derriford Hospital as a regional centre of excellence

HOW DO WE KNOW IT'S WORKING?

The following outcome performance indicators have been identified as key to measuring how this strategy is performing.

Table 3: Performance dashboard

Performance is managed locally for Individual Patient Placements and local indicators are being developed.

System Element	Indicator	Indicator / Source Type
Care Homes	2.24i - Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population	Public Health Outcomes Framework
	ASCOF Permanent admissions of older people (aged 65 and over) to residential and nursing care homes (rate per 100,000)	Adult Social Care Outcomes Framework
	ASCOF Permanent admissions of people (aged 18-64) to residential and nursing care homes (rate per 100,000)	Adult Social Care Outcomes Framework
	NHSOF Health related quality of life for people with three or more long term conditions	NHS Outcomes Framework
EOL	NHSOF Bereaved carers' views on the quality of care in the last 3 months of life (Percentage)	NHS Outcomes Framework
Specialised and Tertiary	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Clinical Commissioning Group Outcomes Framework
	CCGOF Incidence of healthcare associated infection (HCAI), MRSA, C. difficile, proportion of patients with category 2, 3 and 4 pressure ulcers, Hip fractures from falls during hospital care MRSA C.Difficile Pressure ulcers Hip fractures from falls	Clinical Commissioning Group Outcomes Framework

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www.plymouth.gov.uk/hscintegrationstrategies

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PLYMOUTH CITY COUNCIL

Subject:	Corporate Performance Report – Corporate Plan Quarter Two report and Pledges update
Committee:	Cabinet
Date:	10 November 2015
Cabinet Member:	Councillor Evans
CMT Member:	Tracey Lee, Chief Executive and Head of Paid Service
Author:	Peter Honeywell, Performance Manager
Contact details:	peter.honeywell@plymouth.gov.uk Tel: 305603
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

Corporate Plan (2013/14 – 2016/17) – a 4 year plan

The Corporate Plan was first established in July 2013 as a 4 year plan to drive the city's ambition to become a Brilliant Co-operative Council. The plan sets out the Council's values, objectives and outcomes that will deliver the required changes and is used as a key tool to help prioritise, manage and improve service delivery. Key actions and milestones combined with performance indicators help to drive, support, monitor and track our progress. The current Plan reflects changes made as part of the 2nd year review.

This report is the Quarter 2, 2015/16, Corporate Performance monitoring report which provides a summarised evaluation and assessment of progress towards our ambitions as a brilliant cooperative council. Using revised Key Actions (and their milestones) and revised performance indicators as evidence, the first 6 months of the 2015/16 financial year reports significant successes in service delivery but also identifies some areas of risk. These are described in more detail in the report under the headings:

- Report on a Page
- Key Action Highlight Report
- Performance Indicator Highlight report

The Administrations 51 Pledges

The 51 pledges are themed around 10 priority areas focusing on: the economy and jobs, tackling crime and antisocial behaviour, supporting children and young people, the environment, transport, housing, culture and sport, improving the image and vision for the city, caring for residents whatever their age and being an open and transparent council.

As at 16 October 2015, 40 pledges had been completed, against a target of 41. Of the 10 priority areas, 6 areas report all their pledges completed (Caring, Vibrant, Living, Moving, Greener and Young). All remaining pledges are on target to achieve their completion dates with the exception of 2 which are overdue. More detail is described in the report under the heading – Pledge progress.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:
The Council remains committed to the vision, values, objectives and outcomes set out in the Corporate Plan.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:
The Council set a 2015/16 budget in February 2015, with requirements and resources based on policy frameworks, including the Corporate Plan. The Corporate Plan allows the council to continue to manage its commitments within the revenue and capital envelope agreed.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:
The Corporate Plan complements the Council's existing policy framework with respect to the above.

Equality and Diversity:

Where potential equality and diversity implications are identified from the implementation of any new activities arising from the Corporate Plan, assessments will be undertaken in line with the Council's policies.

Recommendations and Reasons for recommended action:

- Cabinet to endorse the summarised evaluation and assessment of progress towards our ambitions as a brilliant cooperative council and that the significant achievements delivered under the Corporate Plan be noted.

- Cabinet to note the progress of pledges to date.

Alternative options considered and rejected:
None

Published work / information:
http://www.plymouth.gov.uk/homepage/councilanddemocracy/aboutus/ourplan.htm

Background papers:
None

Sign off:

Fin	cdr1516.44	Leg	DVS/24294	Mon Off	DVS/24294	HR		Assets		IT		Strat Proc	
Originating SMT Member: GP													
Has the Cabinet Member(s) agreed the content of the report? Yes													

Our Plan - A Brilliant Co-operative Council

City Vision
Britain's Ocean City

Corporate Plan Performance monitoring
A Report on a page

Quarter 2
2015/16

We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources

Pioneering	The Council provides and enables brilliant services that strive to exceed customer expectations.	Plymouth's cultural offer provides value to the city.	A Council that uses resources wisely.	Pioneering in reducing the city's carbon footprint and leading in environmental and social responsibility
Key Actions	K1 K2	K3 K4 K5	K6 K7	K43
Performance	P1 P2 P26	P3	P5 P6	P7 P8
Outcome Leads	**Faye Batchelor-Hambleton**	**David Draffan**	**Andrew Hardingham**	**A. Hardingham** **Paul Barnard**

We will make our city a great place to live by creating opportunities for better learning and greater investment, with more jobs and homes.

Growing	More decent homes to support the population.	A strong economy creating a range of job opportunities.	A top performing education system from early years to continuous learning opportunities.	Plymouth is an attractive place for investment.
Key Actions	K44	K12 K13	K14 K15	K16 K18
Performance	P9	P10 P34	P11 P12 P27	P13
Outcome Leads	**Paul Barnard**	**David Draffan**	**Judith Harwood**	**David Draffan**

We will promote a fairer, more equal city by investing in communities, putting citizens at the heart of decision-making, promoting independence and reducing health and social inequality.

Caring	We will prioritise prevention.	We will help people take control of their lives and communities.	Children, young people and adults are safe and confident in their communities.	People are treated with dignity and respect.
Key Actions	K19 K45 K21 K46 K47 K22	K23 K24 K25 K48	K26 K27 A K27B	K29 K30 K31 K49 K50
Performance	P14 P15 P28	P16 P29 P30	P18 P19 P31 P32	P20 P21
Outcome Leads	**Kelechi Nnoaham** **Alison Botham** **Craig McArdle**	**Craig McArdle**	**Alison Botham**	**Craig McArdle**

We will work towards creating a more confident city, being proud of what we can offer and building on growing our reputation nationally and internationally

Confident	Citizens enjoy living and working in Plymouth.	Plymouth's brand is clear, well-known and understood globally.	Government and other agencies have confidence in the Council and partners: Plymouth's voice matters.	Our employees are ambassadors for the city and the Council and proud of the difference we make.
Key Actions	K32 K51 K52 K36	K37	K39 K40	K41
Performance	P22	P23	P24 P33	P25
Outcome Leads	**David Draffan**	**Giles Perritt** **David Draffan**	**A. Hardingham** **Giles Perritt**	**Marion Fanthorpe**

- Not on target or at risk of not achieving outcome
- Outcome is at risk but mitigation in place
- On Target to achieve outcome
- Metric under construction

Our Plan - A Brilliant Co-operative Council

City Vision

Britain's Ocean City

Corporate Plan Performance monitoring

Quarter 2 2015/16

This report provides a summarised assessment of progress towards maintaining our ambitions as a brilliant cooperative council using Key Actions and their milestones and performance indicators, as evidence. The first 6 months of the 2015/16 financial year reports significant successes in service delivery but also identifies some areas of risk.

Perhaps the most significant innovation has been the approval (at full council) of the new Plymouth Plan which represents a new city wide strategy incorporating many of our key partners' strategies into one agreed document. Evidencing customer needs thought wide ranging consultation the Plymouth Plan represents a 15 year vision focusing on customer expectations and city needs.

Pioneering - As a Pioneering council, we have been recognised for our innovation in green energy, Customers Services and Planning work through national awards. Over the last 6 months, we have commenced automation improvements in Revenues & Benefits and scheduled a Street Services service review. To reduce the city's carbon emissions, we have started, with the assistance of Plymouth Energy Community, to install and commission solar PV installations at Plymouth Life Centre and 2 schools. We have also launched a Free Domestic boiler replacement scheme in partnership with British Gas. This month the Visitor Plan has been refreshed and Destination Plymouth Business Plan has been signed off. The American ambassador was in Plymouth to help launch National Mayflower 400 partnership. Proposals to commission the right builder for the history centre will go to Cabinet next month.

Growing - As a Growing council, this quarter, we have seen significant progress in Growth Deal 1, the Hot SW LEP received circa £130m (the eighth largest allocation out of all 39 LEPs). Plymouth received approx. £27.5m of this, including £3m for Plymouth Science Park Phase 5 and £5m for a new STEM Centre at City College. Plymouth leads on all 'business' projects on behalf of Hot SW LEP; all of these have undergone a technical appraisal and the majority of funding agreements have now been signed. In Growth Deal 2, Hot SW LEP received the largest allocation out of all the LEPs (circa £65m). Plymouth received £22.5m for Forder Valley Link Road and £1.5m for South Yard and the new Enterprise Zone. The calls for Growth Deal 3 projects is currently underway and 13 applications for business projects have been received. PCC is leading on inward investment on behalf of the HotSW LEP. This includes securing £300k from BIS to fund inward investment and securing £100k to support five marine trade missions from the Britain is Great campaign.

We have also supported bids to the Homes and Communities Agency Continuous Engagement Programme to support future affordable housing schemes, completed residential development at PLUSS Centre (Get Plymouth Building site) and attempted to commence start on site at Nelson Project under Plan for Homes (flagship custom build scheme for service veterans). However, the City Council owned site for the Nelson Project is subject to restrictive covenants. This has caused delays in transferring the site to DCH to progress.

Caring - As a Caring council, this quarter, we have agreed a framework and plan for stage 2 of Children Social Care reconfiguration, we have publicised the Thrive Plymouth Year 2 launch to school leadership and have also developed and have in place plans with Plymouth University for the evaluation of Thrive Plymouth. Becoming a dementia friendly city continues to gain momentum as local organisations that have signed up to Dementia Friendly status are being recognised at a special event in October. (Cabinet will receive a report on the 13th). Housing Services have delivered a Homes and Communities Agency funding bid for a transit site at Broadley Park whilst Adult Social Care services (delivered by Plymouth Community Healthcare) have implemented an Integrated Hospital Discharge Team to try and speed up discharge from hospital for patients.

Confident - As a Confident council, the Enterprise Zone for South Yard was announced by the Chancellor on his visit to the city last month, an ESF bid for £200k extension to the Personalised Mentors Project was submitted last month, and as part of the key action to 'Develop a programme to improve the quality of private rented housing and take action against rogue landlords' we have explored the viability of a 'virtual' Tenants' forum, reviewed existing policies and procedures including target response/resolution times, and produced clear guidance on service standards to be delivered.

There are no current performance indicator which reports a risk.

Corporate Plan - Key Action Highlight Report

Pioneering — Quarter 2 2015/16

Outcome	Portfolio Leads	Outcome Lead	Officer Leads	Key Action Description	RAG	2014/15 Key	Milestones due for completion during current quarter	Status	Proposed resolution (overdue Milestones)
The Council provides and enables brilliant services that strive to exceed customer expectations.	Jon Taylor	Faye Batchelor-Hambleton	Peter Honeywell	Speed up the delivery of Customer and Service Transformation Programme service reviews through developing a Council wide Customer and Service delivery blueprint and Customer Access Strategy.	Green	K01	1. Commence automation improvements in revenues and benefits 2. Complete migration of contact centres into Taylor Maxwell House 3. Commence Street Services service review 4. Commence development on digital services alpha release	1. Complete 2. Complete 3. Complete 4. Complete	
	Jon Taylor		Giles Perritt	Intensify performance improvement on top priorities identified by Plymouth residents.	Green	K02	1. Publish consultation response report (Incomplete milestone carried from Q1) 2. Prepare final Plymouth Plan Part 1 for Full Council (cmt) 3. Seek Cabinet approval to progress to Full Council 4. Submit to Full Council (21st Sept 2015)	1. Complete 2. Complete 3. Complete 4. Complete	
Plymouth's cultural offer provides value to the city.	Peter Smith	David Draffan	David Draffan	Step up support to the Culture Board in refreshing and implementing a city-wide cultural strategy - the Vital Spark.	Green	K03	1. Arts Council decision on Plymouth Culture's 3-year funding bid 2. Launch of Ocean Studios	1. Complete 2. Complete	
	Peter Smith		David Draffan	Strengthen support to Destination Plymouth to deliver the Visitor Plan and a programme of events to raise the profile of the city to investors as a major stepping stone towards Mayflower 2020	Green	K04	1. Complete Visitor Plan refresh and sign off DP Business Plan 2. Deliver Mayflower trail and general prospectus 3. Launch national Mayflower 400 partnership 4. Initiate process to agree core funding for DP for next 5 year term	1. Complete 2. Complete 3. Complete 4. Complete	
	Peter Smith		David Draffan	Transform the city's cultural assets to provide greater value to the city through the development of the Plymouth History Centre	Green	K05	1. Appointment of exhibition designers for Plymouth History Centre 2. Completion of building design brief 3. Successful submission of expressions of interest to other funding bodies	1. Complete 2. Complete 3. Complete	
A Council that uses resources wisely.	Mark Lowry	Andrew Hardingham	Andrew Hardingham	Align the five year Medium Term Financial Plan to the Corporate Plan and deliver the Council's Transformation Programme.	Green	K06	1. Prepare initial MTFS by end of September	1. Complete	
	Mark Lowry		Andrew Hardingham	Maximise Plymouth's opportunities to secure external funding.	Green	K07	No milestones for completion this quarter		
Pioneering in reducing the city's carbon emissions and leading in environmental and social responsibility	Mark Coker	Andrew Hardingham / Paul Barnard	Paul Barnard	Strengthen work with Plymouth residents, as well as the private and public sector within Plymouth, to create a low carbon city.	Green	K43	1. Work in partnership with Plymouth Energy Community to install and commission solar PV installations at Plymouth Life Centre and 2 schools 2. Launch Free Domestic boiler replacement scheme in partnership with British Gas	1. Complete 2. Complete	

Growing

Outcome	Portfolio Leads	Outcome Lead	Officer Leads	Key Action Description	RAG	2014/15 Key	Milestones due for completion during current quarter	Status	Proposed resolution (overdue Milestones)
More decent homes to support the population.	Chris Penberthy	Paul Barnard	Paul Barnard	Encourage more homes to be available to rent or buy accelerating housing supply and deliver a range and mix of well-designed greener homes that will meet the housing needs of the city through the Plymouth Plan.	Amber	K44	1. Complete residential development at PLUSS Centre (Get Plymouth Building site) 2. Commence start on site at Nelson Project under Plan for Homes; flagship custom build scheme for service veterans 3. Supports bids to HCA Continuous Engagement Programme to support future affordable housing schemes	1. Complete 2. Incomplete 3. Complete	2. Not achieved as delays due to land covenant issues and contract price inflation.
A strong economy creating a range of job opportunities.	Tudor Evans	David Draffan	David Draffan	Intensify work with the Plymouth Growth Board and partners to deliver the Local Economic Strategy through systems leadership and continue to invest in the GAME Programme providing additional capacity to ensure Plymouth benefits from growth opportunities.	Green	K12	1. Champion flagship development schemes at Brettonside, Civic Centre, Royal William Yard and Seaton Barracks, driving jobs growth and new NNDR 2. Evaluate Growth Board Structure and meetings 3. Produce a growth Board Newsletter 4. South Yard – transfer of Area 1 East to PCC. 5. Enterprise Zone status secured for South Yard. 6. Completion of Header Court - £2.7m, 30,000sqft new business space, with the creation of 80 jobs. 7. Completion of Ocean Studios, £4.2m project providing 31 artist studios providing 100 jobs.	1. Complete 2. Complete 3. Complete 4. Complete 5. Complete 6. Complete 7. Complete	
	Tudor Evans		David Draffan	Enhance support to the Local Enterprise Partnership to maximise investment and economic growth in the Heart of the South West area through a Growth Deal and EU	Green	K13	1. Support call for GD3 for LEP Business Leadership Group 2. All GD1 business projects (£ in total to be technically appraised – all offer letters sent out	1. Complete 2. Complete	
A top performing education system from early years to continuous learning opportunities.	Sue McDonald	Judith Harwood	Judith Harwood	Accelerate delivery of the Children and Young People's Plan	Green	K14	1. Approval of implementation plan the Gateway development phase 1 2. SEND Code of Practice was implemented successfully in September 2014.	1. Complete 2. Complete	
	Tudor Evans		Judith Harwood	Develop and deliver a skills plan for the city, in line with the future growth agenda.	Green	K15	1.Development of PES targets agreed and published as part of the PES 2.STEM Groups formed and strategy revised(strategic, operational and wider forum) 3.Production of a prospectus for 15/16 "Reach for your future" edition 2. 4.Lauch of Apprenticeship Ambassadors Programme 5.Launch of the Employability Passport 6.Building Plymouth Skills Co-ordinator Appointed 7.Delivery and Marketing Plan Rolled Out 8.Development of Devolution case for Devon and Somerset (incorporating 9.Plymouth Asks as part of this) 10.City Deal Wage Progression pilot 11.City Deal Plymouth Manufacturing Challenge launched 12.City Deal Mentors Project	1. Complete 2. Complete 3. Complete 4. Complete 5. Complete 6. Complete 7. Complete 8. Complete 9. Complete 10. Complete 11. Complete 12. Complete	
Plymouth is an attractive place for investment.	Mark Coker	David Draffan	Paul Barnard	Create a Plymouth Plan (an overarching Strategy for the city)	Green	K16	1. Publish consultation response report (from Q1) 2. Prepare final Plymouth Plan Part 1 for Full Council (cmt) 3. Seek Cabinet approval to progress to Full Council 4. Submit to Full Council (21st Sept 2015)	1. Complete 2. Complete 3. Complete 4. Complete	
	Tudor Evans/ Mark Lowry		David Draffan	Enhance support to the Local Enterprise Partnership to maximise investment and economic growth in the Heart of the South West area through a Growth Deal and EU	Green	K18	1. Draft the revised LEP SLA 2. LEP HOTSW Inward investment enhanced 3. £300K contract signed and Britain is Great 100K secured (joint bid with Portsmouth City Council)	1. Complete 2. Complete 3. Complete	

Caring

Outcome	Portfolio Leads	Outcome Lead	Officer Leads	Key Action Description	RAG	2014/15 Key	Milestones due for completion during current quarter	Status	Proposed resolution (overdue Milestones)
We will prioritise prevention.	Sue McDonald	Kelechi Nnoaham / Alison Botham / Craig McArdle	Alison Botham	Accelerate delivery of the service improvement plan, transformation project delivery for C&YP and actions within the Commissioning Strategy		K19	1. Agree framework and plan for stage 2 of Children Social Care reconfiguration. Ensuring that the plan is informed by analysis of current work (2.1) and the implications of the developments in relation to the TOM for Early Help 2. Develop and agree caseload action plan to address immediate pressures and continue weekly monitoring arrangements 3. Framework for monitoring the quality of supervision, linked to the caseload action plans agreed	1.Complete 2.Complete 3.Complete	
	Sue McDonald		Judith Harwood	Create and deliver both the Early Years Strategy and SEN/D Strategy. (Note: under the Plymouth Plan these "strategies" will become "plan for's)	Green	K45	1.Pupil Premium was promoted through new publicity campaign 2.Pupil Premium workshop for managers A new funding portal designed to ensure that both parents and settings could check a child's funding eligibility and apply for funding 3.Early Years Service published a new training programme and support package 4.The Children's Centre Advisor and commissioners from Plymouth City Council and Public Health worked together to develop a new specification for the Health Visiting Service.	1. Complete 2. Complete 3. Complete 4. Complete	
	Sue McDonald		Julie Frier	Lead on the city's health and wellbeing strategy through delivery of Thrive Plymouth Year 2. (Note: under the Plymouth Plan these "strategies" will become "plan for's)	Green	K21	1. Publicise Thrive Plymouth Year 2 launch to school leadership 2. Present Annual DPH Report to Cabinet, at special Members meeting and publish 3. Members briefing on Thrive Plymouth Year 2 proposals 4. Develop plans with Plymouth University for the evaluation of Thrive Plymouth	1. Complete 2. Complete 3. Complete 4. Complete	
	Sue McDonald		Rob Nelder	Develop a clear research and evidence base to understand health inequalities across the city	Green	K46	1. Review completed pilot of primary school health and lifestyle survey in 5 schools. Consider with schools whether can extend to city wide. 2. Develop one-page health summaries as part of the JSNA 3. Develop school profiles as part of the JSNA	1. Complete 2. Complete 3. Complete	
	Sue McDonald		Ruth Harrell	Deliver plans for, that reduce individual risk factors and strengthen the role and impact of early intervention and prevention	Green	K47	1. Finalise Suicide Prevention Action Plan for Plymouth [with steering group] in preparation for presentation to Health and Wellbeing Board 2. Undertake Veterans Health Needs Assessment	1. Complete 2. Complete	
	Chris Penberthy		Matt Garrett	Deliver the Housing Plan Objectives	Green	K22	1. Homes and Communities Agency funding bid completed for transit site at Broadley Park. 2. Eighty single people supported into Private Rented	1. Complete 2. Complete	

Caring

Outcome				Key Action Description	RAG	2014/15 Key	Milestones due for completion during current quarter	Status	Proposed resolution (overdue Milestones)
We will help people take control of their lives and communities.	Ian Tuffin	Craig McArdle	Kelechi Nnoaham / Craig McArdle	Deliver integrated commissioning as part of IHWB transformation programme.	Green	K23	1. Integrated Senior Leadership team established 2. System design group held	1. Complete 2. Complete	
	Philippa Davey		Darin Halifax	Strengthen and support co-ordination and capacity building in the voluntary sector and reinvigorate volunteering.	Green	K24	1. Formation of a steering group to look at a city wide strategic approach to volunteering	1. Complete	
	Philippa Davey		Judith Harwood	Lead agreement on and implementation of a new framework for working with citizens and communities for the city	Green	K25	No milestones for completion this quarter		
	Ian Tuffin		Craig McArdle	Increase personalised packages of care to support people to live as independently as possible	Green	K48	No milestones for completion this quarter		
Children, young people and adults are safe and confident in their communities.	Philippa Davey	Alison Botham	Judith Harwood	Deliver the Community Safety Plan.	Green	K26	1. Systems leadership approach to Child Sexual Exploitation to be adopted 2. Safer to commission and agree to requirements of 2015/16 Strategic Assessment 3. Successful enforcement around suppliers in city centre selling legal highs	1. Complete 2. Complete 3. Complete	
	Ian Tuffin / Sue McDonald		Alison Botham	Ensure there is a relentless focus on safeguarding through the implementation of the Corporate Safeguarding Improvement Plan, Plymouth Safeguarding Children Board and Plymouth Safeguarding Adults Board plans.		K27A	1. Action plan from Child Q SCR to be considered and implemented by CYPFS management team.	1. Complete	
			Craig McArdle		Amber	K27 B	1. Agreed protocol developed and regular testing planned 2. Arrange a calendar of case audits to inform scrutiny of all agencies' performance	1. Complete 2. Incomplete	

Caring Cont..

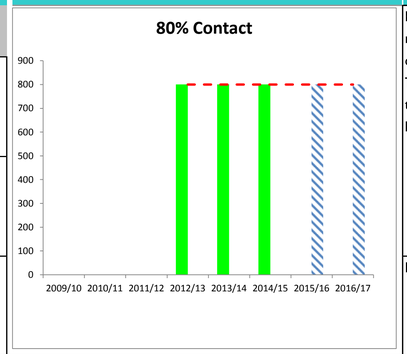
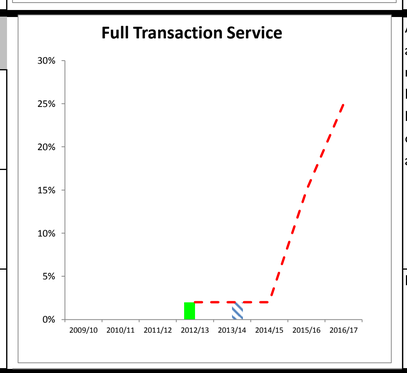
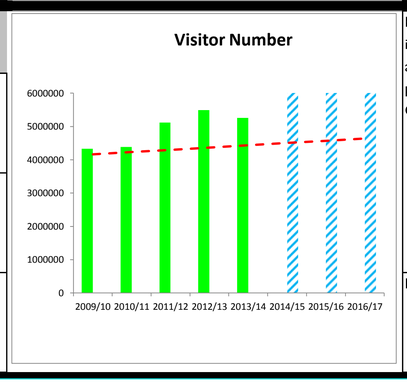
Outcome	Portfolio Leads	Outcome Lead	Officer Leads	Key Action Description	RAG	2014/15 Key	Milestones due for completion during current quarter	Status	Proposed resolution (overdue Milestones)
People are treated with dignity and respect.	Philippa Davey	Craig McArdle	Judith Harwood	Become a welcoming city that is diverse, inclusive and that combats hate crime.	Green	K29	1. Finalise arrangements for Hate Crime awareness week	1. Complete	
	Chris Penberthy		Giles Perritt	Implement the findings of the Fairness Commission.	Green	K30	No milestones for completion this quarter		
	Ian Tuffin		Craig McArdle	Improve the quality of the care and support market	Green	K31	1. Support providers to implement the new Care Certificate 2. To deliver a workforce development programme with care homes, including: - Leadership Programme - Dignity Forum Programme - Care Act Workshops 3. Support care homes to create Health Action Plans which give an historic picture of someone's health and any past interventions	1. Complete 2. Complete 3. Complete	
	Ian Tuffin		Craig McArdle	Create a Dementia Friendly City working with partners	Amber	K49	1. Complete the Strategic Clinical Network Project in care homes to increase diagnosis 2. Review the Dementia Pathway and develop Commissioning Intentions based on needs assessment and consultation 3. People with dementia who can demonstrate that they meet the eligibility criteria are encouraged to apply for the blue badge scheme using the discretionary powers of the Local Authority. 4. Put in place care co-ordination of over 75s with GP practices. 5. Ensure that Dementia is embedded into the End of Life strategy 6. Dementia Strategic Group to be involved in discussion about new System Design Group membership and consultation process	1. Incomplete 2.Incomplete 3. Complete 4. Complete 5. Complete 6. Complete	1. Project due for completion in October 2015 2. Working Group established, Commissioning Plan going to SIG in October
	Ian Tuffin		Craig McArdle	Provide a seamless service for older people's care including smoother discharge from hospitals (working closely with the NHS)	Green	K50	1. Re-location of teams to relevant hospital site 2. Dedicated social care managers to lead teams in both acute and non-acute Plymouth hospitals working in partnership with NHS managers from each site 3. Introduction of daily Authorisation procedures for ASC packages 4. An Action plan to refocus priorities of the social care manager on delays attributable to ASC	1. Complete 2. Complete 3. Complete 4. Complete	

Confident

Outcome	Portfolio Leads	Outcome Lead	Officer Leads	Key Action Description	RAG	2014/15 Key	Milestones due for completion during current quarter	Status	Proposed resolution (overdue Milestones)
Citizens enjoy living and working in Plymouth.	Tudor Evans	David Draffan	Judith Harwood/ David Draffan	Create and deliver a Skills Plan for the city working co-operatively with the Employment and Skills Board, Education, Learning and Families Service and the Local Enterprise Partnership	Green	K32	1.Development of PES targets agreed and published as part of the PES 2.STEM Groups formed and strategy revised(strategic, operational and wider forum) 3.Production of a prospectus for 15/16 "Reach for your future" edition 2. 4.Lauch of Apprenticeship Ambassadors Programme 5.Launch of the Employability Passport 6.Building Plymouth Skills Co-ordinator Appointed 7.Delivery and Marketing Plan Rolled Out	1. Complete 2. Complete 3. Complete 4. Complete	
	Chris Penberthy		Judith Harwood	Step up the delivery of the Child Poverty Plan.	Green	K51	1.Provide a cross party response from the Cabinet Advisory Group for Child Poverty to the Public Bills Committee on Welfare and Work Bill 2015, 2.Agree framework with Child poverty champion to deliver a new Child Poverty action plan which will lead to full council endorsement on March 2016	1. Complete 2. Complete	
	Chris Penberthy		Matt Garrett	Develop a programme to improve the quality of private rented housing and take action against rogue landlords.	Green	K52	1. Promoting best practice - To Undertake visits to main agents and carry out mini audit on fees, EPCs, good practice. 2. Explore the viability of a 'virtual' Tenants' forum 3. Review existing policies and procedures including target response/resolution times 4, Produce clear guidance on service standards to be delivered 5. Update team procedure guidance	1. Complete 2. Complete 3. Complete 4. Complete 5. Complete	
	Brian Vincent		Simon Dale	Reduce problems with potholes through increased investment in capital repair works.	Green	K36	1. Keep customer reported potholes at less than 100 2. Improve public satisfaction with the condition of roads in the City by 10%	1. Complete 2. Complete	
Plymouth's brand is clear, well-known and understood globally.	Tudor Evans	Giles Perritt David Draffan	Giles Perritt	Strengthen the roll out of the Britain's Ocean City branding.	Green	K37	1. Ensure BOC branding is used to prominently to promote and during the 2015 summer events programme 2. Deliver programme of stakeholder engagement to increase appropriate use of the brand by partners 3. Relaunch BOC website with more resources and tools to encourage appropriate use	1. Complete 2. Complete 3. Complete	
Government and other agencies have confidence in the Council and partners: Plymouth's voice matters.	Tudor Evans	Andrew Hardingham / Giles Perritt	David Draffan	Implement City Deal for Plymouth	Green	K39	1. Submit ESF bid for £200k extension to the Personalised Mentors Project by September 25th 2. Announcement of Enterprise Zone for South Yard by Chancellor – complete	1. Complete 2. Complete	
	Tudor Evans		Giles Perritt	Develop a proactive approach to lobbying Government, working with the LEP and neighbouring authorities.	Green	K40	1. Continue to review and revise Plymouth Ask document and interactive version 2. Work with partners to explore any new potential areas for Asks 3. Conduct a post-election policy analysis and cross reference with Plymouth Ask 4. Develop Plymouth's stance in terms of working with the other peninsula authorities through working towards a devolution deal	1. Complete 2. Complete 3. Complete 4. Complete	
Our employees are ambassadors for the city and the Council and proud of the difference we make.	Peter Smith	Marion Fanthorpe	Matthew Fairclough-Kay	Accelerate implementation of the People and Organisational Development Framework.	Green	K41	1. Decision paper to be presented to CMT on staff Performance Management options 2. Workshops to be carried out with managers reviewing the current TOIL / Flexi schemes 3. Senior managers to participate in the 'Back To The Floor' events 4. Develop the 1st phase of the workforce development plan	1. Complete 2. Complete 3. Complete 4. Complete	

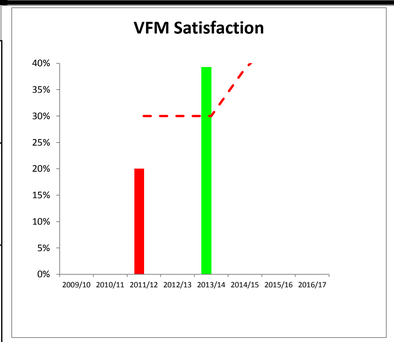
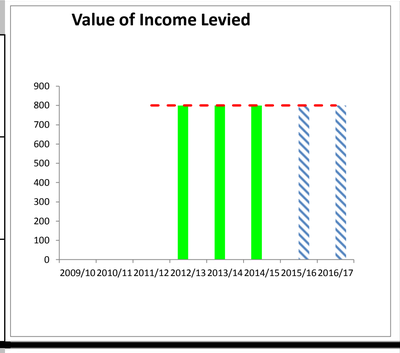
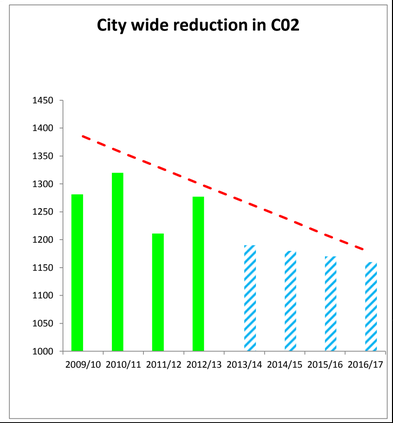
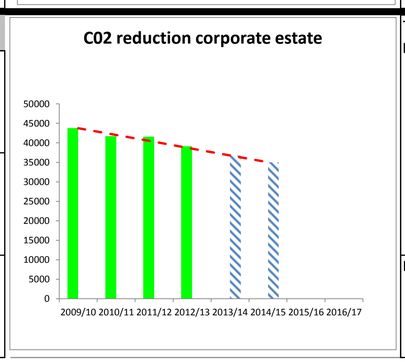
Corporate Plan - Performance Indicator Highlight Report

Pioneering Plymouth — We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources.

Outcome	Measure	Key	Performance	Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	Links to outcome
The Council provides and enables brilliant services that strive to exceed customer expectations.	80% of customer contacts with the Council will be managed through the single point of contact, with 80% of enquiries dealt with at first point of contact.	P1	2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 Actual: 800 | 800 | 800 Target: 800 | 800 | 800 | 800 | 800 Forecast: 800 | 800		Baseline was set in 2013/14 by undertaking random samples of contacts and single point of contact. Issues with reporting from the Lync Telephony system have resulted in a distortion to this baseline and reportable performance levels moving forward. Influences? Welfare Reform Council tax bill accuracy/missed bins	Current performance is reported monthly, it indicates a high level of customer contacts however how we identify and capture First Contact Resolution (FCR) is currently under review and it is anticipated that we will soon have a much more transparent view of when FCR has been achieved. Direction of current trajectory? Static	The Customer Service Transformation Programme is systematically reviewing high contact volume services and migrating them to efficient channels. A new way of working has been trialled for Council Tax customers at First Stop which has delivered a 100% First Contact Resolution. This new process will now be rolled out to additional customer groups. Forecast? Green	Customer Transformation is working closely with customers (as panels and individual service users) to co-design solutions. In this way customers are defining what they need in order to deliver on and exceed their expectations.
	Provide fully transactional services on the web – through a "Citizen Portal" with a target of the national average and 2% (from 3% to 25%) by volume.	P2	2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 Actual: 2% Target: 2% | 2% | 2% | 15% | 25% Forecast: 2%		As with 2013/14, questions remain about the accuracy of the baseline due to the sampling nature of the method used and the absence of Lync reporting. Despite this it is clear that Plymouth has not exploited the potential benefits of serving customers over the internet fully yet - and that some customers want this. Influences? Volume of internet enabled households and internet confident customers	The gradual rise in volume of web traffic is based on a gradual release of new capability on the web site and increasing numbers of customers looking to transact with the Council online. Direction of current trajectory? Gradual increase	14% of current contacts are estimated to be by email, suggesting many customers want to interact electronically but haven't found the service on our website or the service is too technical to use. The opportunity is there to design services on the internet for customers the way they want them and to promote this to customers whenever they interact with us. Forecast? Green	Electronic interactions are not right for all customers or all services. However, for many customers and many services electronic channels will increase the hours of service to 24 hours a day and provide greater visibility and convenience to customers to interact with the Council this way.
	(New) Proposed that a measure is included which tracks customer satisfaction (still to be described) will be included in Q3.	P26	2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 Actual Target Forecast					
Plymouth's cultural offer provides value to the city.	Increase in visitor numbers coming into the city.	P3	2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 Actual: 4329000 | 4,388,000 | 5,121,000 | 5,488,000 | 5,256,000 Target: 4161216.667 | 4229433.333 | 4297650 | 4365866.67 | 4434083 | 4502300 | 4570517 | 4638733 Forecast: 56000000 | 57000000 | 58000000		Baseline set in 2008, since then, numbers have increased year on year. Targets have been achieved and exceeded. Key events in the visitor plan include America's cup & launch of Britain's Ocean City. Influences? Britain's Ocean City Visitor Plan	The latest data (2013) reports that visitor numbers exceeded both its annual and 2020 target. This was despite a slight fall in numbers, mainly due to a 5% reduction in day visitors. Overseas visitors increased as did the number of nights stays. Direction of current trajectory? Upward	As the 2020 target has been achieved for each of the last three years, the Visitor plan target is being reviewed, with a focus to attract and increase day visitor numbers and spend. Forecast? Green	

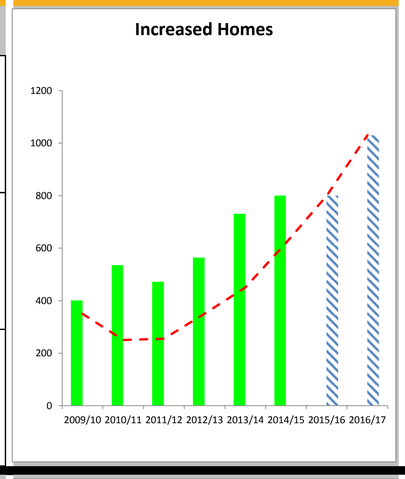
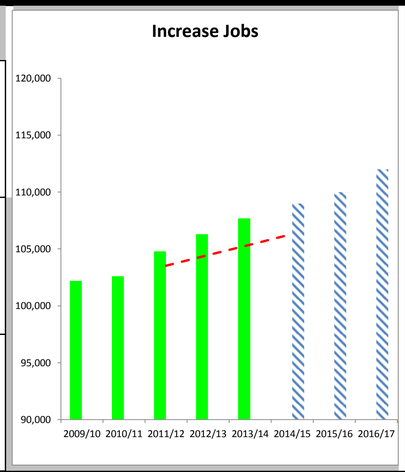
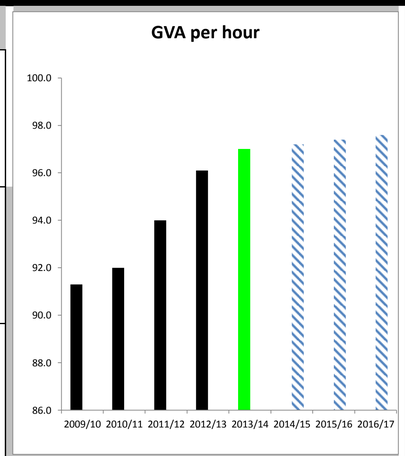
Pioneering Plymouth Cont...

We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources.

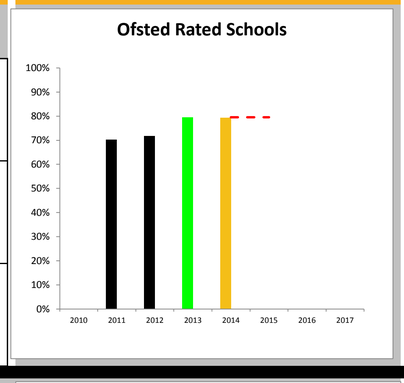
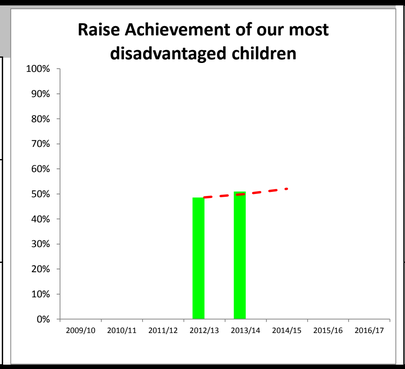
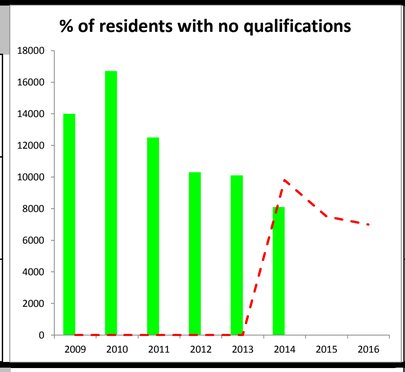
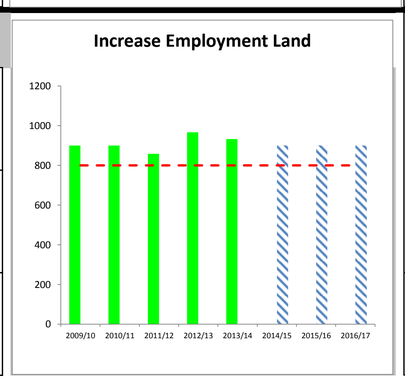
Outcome	Measure	Key	Performance	Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	Links to outcome
A Council that uses resources wisely.	Percentage of residents satisfied that the Council provides value for money.	P5	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 20% 39% Target: 30% 30% 30% 39% 45% 45% Forecast:		Data has been recorded via public budget consultation. The public is able to provide a view on their satisfaction levels of VFM every two years. The results of this measure have historically been very low and therefore has been a focus of the Council. Influences? Service Delivery Budget	The most recent data was achieved during the public budget consultation 2014/15. The results showed an increase of 19% in satisfaction levels. Direction of current trajectory? Improving	Satisfaction levels of Plymouth residents are expected to continue increasing following a communication programme around the 3-year sustainable budget which will deliver the priorities as identified by residents. Forecast? Green	
	Increase the value of income levied to the Local Authority.	P6	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 800 800 800 Target: 800 800 800 800 800 Forecast: 800 800		The baseline for this indexed measure has been set using Council Tax and Business Rates collection levels. Additionally new homes and business occupancy rates are also included within this measure as this increases the base of both Council Tax and Business Rates Influences? Council Tax, businesses and new homes	All the elements that make up this measure performed well in 2013/14 and are achieving the targets that have been set. This data has then influenced decisions within the Council in order to maximise the benefits of this. Direction of current trajectory? Static	Future performance is expected to be good around this measure as one of the Councils objectives is to grow the city, therefore increasing the Council Tax and Business Rates base. Additionally, the structure of services within the authority supports a high rate of collection. There is a slight dip in current Council Tax collection, however this is only anticipated to be temporary and performance is anticipated to increase throughout the year. Forecast? Green	
Pioneering in reducing the city's carbon footprint and leading in environmental and social responsibility	Reduction in city wide carbon emission.	P7	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 1281 1320 1211 1277 Target: 1385 1355 1326 1297 1268 1239 1209 1181 Forecast: 1190 1180 1170 1160		Data is reported a year behind. (2012/13 data due Aug 2014). Between 2006 & 2008 city wide Co2 emissions did not achieve targets, despite this, Plymouth were 2nd quartile nationally. 2009 saw a significant 10% drop in emissions only to see it rise again in 2010, mainly because of the cold winter. However, targets for 2009 and 2010 were achieved and Plymouth maintained a 2nd quartile position nationally. Influences? National policy.	The latest data, 2012, reports a slight increase in emissions although the annual target has been achieved. Current activity includes the delivery of the Council's Carbon Management Plan and takes into account ECO, EfW, and Plymotion impact - up to 2015. The continuing reduction is based on the national policy as identified in the UoE study. Direction of current trajectory? Downward (Good)	The forecast predictions are based solely on current performance. External factors play a huge part in actual emissions (climate and economy) and are outside the scope of PCC control, as a consequence the forecast is based on trends rather than science. It should therefore be noted that fluctuations in an given year can be significantly influenced by external factors – for example a cold winter.' Forecast? Green	Measure has a very strong link to the outcome.
	Carbon emissions reduction from Corporate estate & schools. (Tonnes Co2)	P8	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 43768 41730 41625 39148 Target: 43768 42017 40267 38516 36765 35014 Forecast: 36765 35014		This is a fairly new scheme and therefore has not been measured prior to 2009/10 Influences?	Steady reduction achieved over the years, slightly under target. £13m energy reduction programme to reduce corporate estate CO2 now underway, which should make 2014/15 target achievable. Direction of current trajectory? Downward (Good)	£13m energy reduction programme to reduce corporate estate CO2 now underway, which should make 2014/15 target achievable. Forecast? Green	Measure has a very strong link to the outcome.

Growing Plymouth

We will make our city a great place to live by creating opportunities for better learning and greater investment, with more jobs and homes.

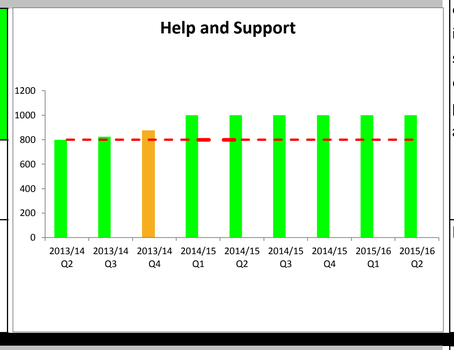
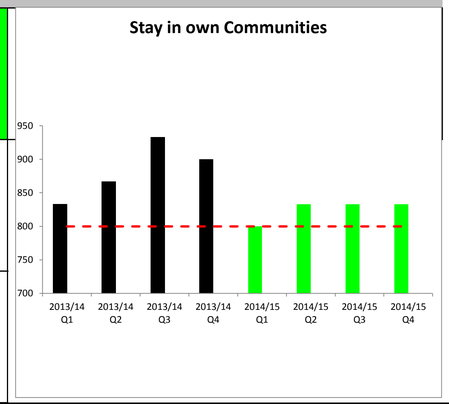
Outcome	Measure	Key	Performance	Key Actions	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	Links to outcome
More decent homes to support the population.	Increase the number of homes completed (net).	P9	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 401 535 472 564 731 800 Target: 350 250 255 350 450 620 800 1030 Forecast: 800 1030		Despite the economic downturn since 2007, the number of new homes completed has historically performed well against the target. The target has been influenced by government Office who agreed a reduction in our short term housing targets. They agreed net housing targets of: 900 dwellings in 2008 to 2009, 350 dwellings in 2009 to 2010 , 250 dwellings in 2010 to 2011. The Council subsequently set a target of 255 in 2011 to 2012 based on an estimate of 400 new dwellings (taking into account demolitions). This gave a revised housing target from 2006 to 2012 of 3,755 dwellings. From 2013 onwards the current administrations pleade is to "Deliver our plan for homes and maintain our commitment to build 1,000 homes every year for the next five years including homes affordable to rent as Influences? Government Office	On the 24th August 2012 the Get Plymouth Building programme was launched by Councillor Lowry. GPB contains 8 initiatives to accelerate housing delivery. This was reflected in the 2012/13 performance as we reported a 19% increase in new homes built over the previous year, in 2013/.14 this increased further by 30% resulting in 731 being built (Net) . Taking into account performance over the last five years the trajectory is upward and forecast to improve. Direction of current trajectory? Upward	Get Plymouth Building is on schedule to deliver 2,000 homes by August 2015. Forecast? Green	Measure has a very strong link to the outcome.
A strong economy creating a range of job opportunities.	Increase the number of jobs created.	P10	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 102,200 102,600 104,800 106,300 107,700 Target: 103,526 104,452 105,378 106,304 Forecast: 109,000 110,000 112,000		The number of jobs in the city peaked in 2007. However, the economic decline resulted in falling numbers and in 2010/11 levels dipped to thier lowest numbers and were back to 2003 levels(Benchmark). Since then, there been a small but steady increase in net jobs , but targets continued to be missed. The development of the Plymouth Plan provides a timely opportunity to revisit these targets to ensure they are steeped in economic reality. The Plan was agreed at full council in september 2015 and a new 2013 jobs target has agreed. The plan seeks to creat 18,600 new jobs over this period which if successful, by 2031 there will be 121,120 jobs in the city. Influences? Economic Climate. Legislation. Public Confidence. City strategic planning	There are now 107,700 jobs in the city (2014), a 1,400 (1.4%) increase over the previous year, compared to UK (3.8%) and HotSW (3.1%). This maintains an upward trend over the last four years. The city has recorded higher growth rates in 3 of the last 4 years. Plymouth's dependence on the public-sector has fallen significantly, from 22.9% in 2013 to 20.9%. This is a result of a positive rebalancing of economic activity, which has seen some 6,600 new private sector jobs created since 2010, more than compensating for a 2,500 reduction in public sector employment. Direction of current trajectory? Upward	The increase in jobs is expected to increase over the next few years. Target was reviewed in late 2014. Forecast? Green	Measure has a very strong link to the outcome.
	Gross Value added per Hour - indicies	P34	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 91.3 92.0 94.0 96.1 97.0 Target: Forecast: 97.2 97.4 98		This report measures labour productivity. Labour productivity measures the amount of output produced by a unit of labour input. A higher level of productivity means that a higher level of output is being produced per unit of labour input. GVA per hour worked is a more comprehensive indicator of labour productivity and the preferred measure at sub national level. Influences? Economic Climate. Legislation. Public Confidence.	Productivity in Plymouth during the recession dipped to its lowest in 2009 where levels were less than both the south west and England . since then however, its improved at a better rate than both the SW and England Average. More than that , productivity has increase year on year since then. The conditions to improve economic growth in the city are embedded into the new Plymouth Plan and more sepcifically into the local enconomic plan. The direction of current trajectory is upward. Direction of current trajectory? Upward	As the Plymouth Plan starts to gain momentum and the right conditions are put in place, GVA per hour is expected to increase over the next few years. Forecast? Green	Measure has a very strong link to the outcome.

Growing Cont…..

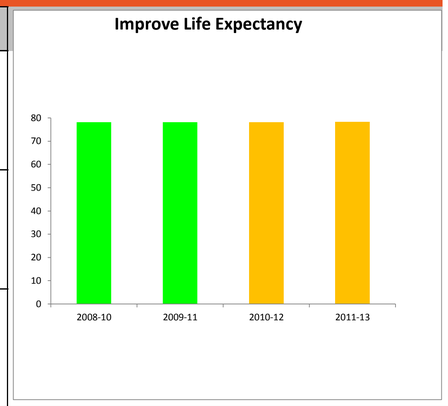
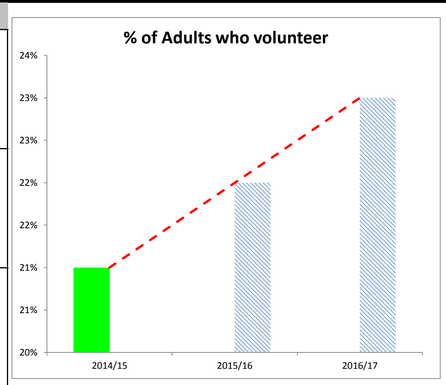
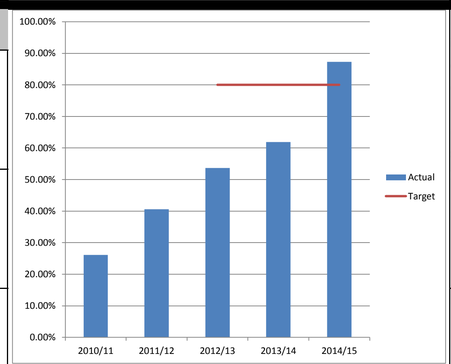
Outcome	Measure	Key	Performance	Key Actions	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	Links to outcome
A top performing education system from early years to continuous learning opportunities.	Maintain the number of schools and settings judged by Ofsted as good or better. (Top quartile nationally)	P11	2010 / 2011 / 2012 / 2013 / 2014 / 2015 / 2016 / 2017 Actual: 70% / 71.7% / 79.5% / 79.3% Target: 79.5% / 79.5% Forecast:		The OFSTED inspection ratings measures is an index measure which consists of Early years settings, Primary, Secondary & Children's Centre inspection ratings. The last few years have seen year on year improvements across all of the component measures. However in 2013 OFSTED sought to tighten their inspection framework and as such the service set a target going forward to maintain the current strong position. Data has been sourced through OFSTED data view (as of 31/12/14) Influences? OFSTED	As of December 2014 (the latest benchmarking point) Plymouth had maintained or improved the performance levels seen before changes to the inspection framework were made across 3 of the 4 component measures. Primary schools saw an overall drop in the % of school achieving good or better inspection outcomes between August and December 2014 of 1% to 79%. Plymouth is still broadly in line with national performance (81%). Direction of current trajectory? Maintain	Despite changes to the inspection framework, performance continues to maintain at pre change levels in the majority of settings . Forecast? Maintain	
	Raise the achievements of our most disadvantaged children.	P12	2009/10 / 2010/11 / 2011/12 / 2012/13 / 2013/14 / 2014/15 / 2015/16 / 2016/17 Actual: NA / NA / NA / 48.6% / 51.0% Target: 48.6% / 50.0% / 52.0% Forecast:		The raise achievement measure is an index measure which consists of, Foundation Stage Profile GLD for FSM pupils, KS1 Phonics decoding attainment for FSM pupils , KS2 LVL 4 RWM attainment for FSM pupils & Achievement of 5 GCSE's grade A-C (Inc. English & Maths)attainment for FSM pupils NB - Only 1 year of consistent data is available due to: - A change in methodology for calculating Foundation stage profile in 2012/13 (previous is not comparable) - A new measure for KS2 was released (KS2 lvl4+ WRM) in 2011/12 Data sourced through DFE statistical releases 2013/14 NB - 2014/15 attainment data will be included once finals release is made Influences? Deprivation, Poverty, DFE	Now in the second year of being able to report against all measures we can see that attainment levels have improved by 2.4 percentage points. Whilst encouraging it should be noted that attainment levels across the Keystages varies considerably with attainment of disavantaged pupils at Foundation stage & KS1 placing Plymouth in the second quartile nationally, however at KS2 & 4 Plymouth sits in the bottom quartile nationally. Direction of current trajectory? Baseline year of reporting	Not known at this point, however provisiona all pupil atainment levels remain largely in line with last years performance so it is likely that the FSM cohort will also remain in line. Forecast? Maintain	
	(New) % of residents with no qualifications	P27	2009/10 / 2010/11 / 2011/12 / 2012/13 / 2013/14 / 2014/15 / 2015/16 / 2016/17 Actual: 14000 / 16700 / 12500 / 10300 / 10100 / 8100 Target: 9800 / 7500 / 7000 Forecast:		This measures the % of 16-64 year olds who have achieved no formal qualification. Data is provided annually through NOMIS. Influences?	A 20% reduction in residetns with no formal qualifications was seen in 2014, reinstating an anuual reduction of c.2,000 residents with no formal qualifications after a drop to only 200 seen in 2013. Direction of current trajectory?	Forecast? Imrprove	
Plymouth is an attractive place for investment.	** Increase in the quality and availability of employment land and premises.	P13	** / 2009/10 / 2010/11 / 2011/12 / 2012/13 / 2013/14 / 2014/15 / 2015/16 / 2016/17 Actual: 900 / 900 / 858 / 967 / 933 Target: 800 / 800 / 800 / 800 / 800 / 800 / 800 / 800 Forecast: 900 / 900 / 900		There are three separate measures which combine into this indexed indicator. The weighting applied to each is equal, e.g.: 1/3 each. Individually, each measure has performed well, in the main exceeding their respective targets in each of the last 5 years. The national economy has had a significant influence on performance but despite the resession performance had been generally been possitive. Influences? 3 components are : *Inward Investment; *Employment Land; *Occupancy Rate of PCC Commercial properties	Collectively the indicator has exceed its target. Individually each measure has also performed very well, with the exception of "Employment land". The 'in year hectares delivered' has slipped to 0.98ha this year, cumulatively to 31.81. This means that the for the first time in 5 years the cumulative target has not been met. This is due to the recession and an over supply of vacant premises in the city. The number of Inward Investment Enquires during the year is most noteworthy. Economic Development have improved the business relationship programme which has resulted in an improved number of both enquiries and Direction of current trajectory? Upward	Two of the three measures are forecast to achieve their respective targets next year, so collectively the forecast is positive and rated good. However, in terms of Employment Land, new businesses and jobs growth are likely to take place in the existing supply of spaces and therefore it will be a few years until that sppace is taken up and new employment premisies are required. Forecast? Amber	The indexed measure has a strong link to the outcome as the key indicator within the array used is 'availability of employment land'. The outcome does place an emphasis on investment so inward investment and business occupancy has been included.

Caring Plymouth

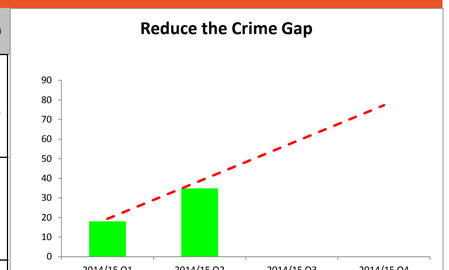
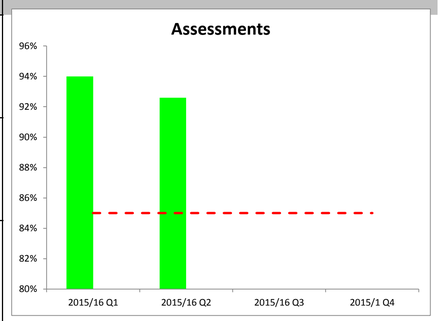
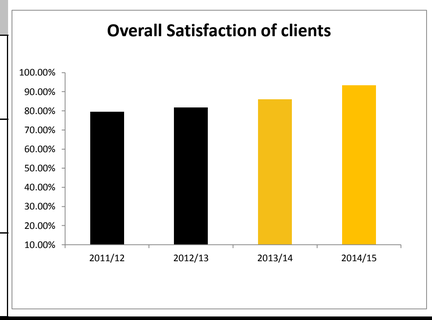
We will promote a fairer, more equal city by investing in communities, putting citizens at the heart of decision-making, promoting independence and reducing health and social inequality.

Outcome	Measure	Ref	Performance	Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	
We will prioritise prevention.	Increase access to early help and support. (reported one quarter in arrears)	PI4	2013/14 Q2 | 2013/14 Q3 | 2013/14 Q4 | 2014/15 Q1 | 2014/15 Q2 | 2014/15 Q3 | 2014/15 Q4 | 2015/16 Q1 | 2015/16 Q2 Actual: 800 | 825 | 875 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 Target: 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 Forecast:		Social -economic factors influence the demand on early help and support services and is an influencing factor on performance. Ensuring that services have adequate resources to deal with demand will have significant impact on performance. Target was exceeded in 2013/14 and in 2014/15 the number of clients being seen	Current risks to the attainment of this measure are; This measure is on target across the board with Advice Plymouth achieving all contractual targets in terms of enquiries, referrals and caseloads.As targets are being exceeded this target will be achieved relatively easily.	Strong performance regarding enquiries and referrals to and from Advice Plymouth means that the target is achieved.	
					Influences? Social Economic factors, Service resource	Direction of current trajectory? Advice Plymouth Improving re enquiries and referrals.		Green
	Increase the number of adults and families able to stay in their own home and communities.	PI5	2012/13 Q4 | 2013/14 Q1 | 2013/14 Q2 | 2013/14 Q3 | 2013/14 Q4 | 2014/15 Q1 | 2014/15 Q2 | 2014/15 Q3 | 2014/15 Q4 Actual: n/a | 833 | 867 | 933 | 900 | 800 | 833 | 833 | 833 Target: n/a | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 Forecast: 800 | 800		The housing related measures (CAT 1 hazard removal and major adaptations to homes) have historically performed well against target. Since the introduction of the Government's personalisation agenda the proportion of clients receiving services through a self-directed support process has continued to increase. The proportion of clients who receive their directed support via a direct payment in Plymouth is amongst the highest in the country.	This indexed measure is achieving target at quarter 3 with performance particularly strong in the removal of CAT 1 hazards and the proportion of people in receipt of self-directed support.	All targets achieved.	
					Influences? Social Economic factors, Service resource	Direction of current trajectory? Improving	Forecast?	Green
	(New) Proposed indicator that represents the Early Help offer for children and young people. (still to be described) will be included in Q3.	PI28	2012/13 Q4 | 2013/14 Q1 | 2013/14 Q2 | 2013/14 Q3 | 2013/14 Q4 | 2014/15 Q1 | 2014/15 Q2 | 2014/15 Q3 | 2014/15 Q4 Actual: Target: Forecast:					

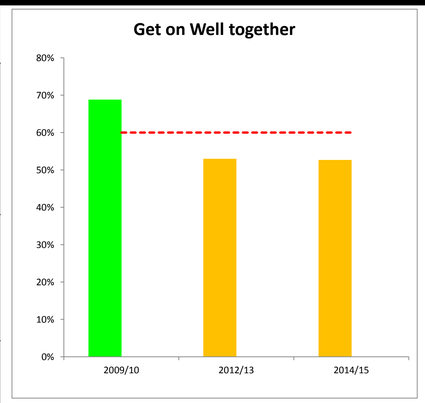
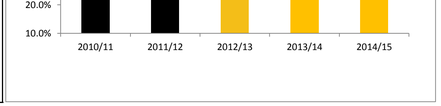
Caring cont….

Outcome	Measure	Ref	Performance								Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	
We will help people take control of their lives and communities.	Improve life expectancy particularly in those areas where it is the lowest / lower than the average.	P16		2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15		Historically the life expectancy within the fifth most deprived of neighbourhoods has been at a level expected so previously this has been RAG rated as green.	The latest figures calculated by the Public Health Team show that life expectancy in the most deprived group of neighbourhoods (eight areas) is 78.25 years for the three-year period 2011-13. This is an increase of 0.13 years compared to the 2010-12 value. This equates to an increase of approximately one and a half months. The 2011-13 value is not statistically significantly different to the 2010-12 value and is 0.24 years higher than 2008-10 value (78.02 years).	Continued efforts will be made to improve the health in Plymouth specifically through the implementation of the 4:4:54 strategy . Annual indicators will be monitored in relation to life expectancy, teenage conception, excess weight, smoking prevalence, circulatory disease and alcohol.	
			Actual			78.2	78.2	78.12	78.25	Available 2016	Available 2017					
			Target	n/a	n/a	78	78.2	78.5	78.6	78.7	78.8					
			Forecast										Influences? Lifestyle	Direction of current trajectory? Improving	Forecast? Green	
	(New) The % of (adults) residents who volunteer at least once per month	P29		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17		A new measure included as part of the 2nd year review, its also a newly created measure for the council. Data for the first year is captured from a national survey, although this may change going forward as it may be more appropriate for a local one. from the 2014/15 baseline a nominal target has been set based on our aspirations. The baseline is 2014/15 and as such is also the foundation for target setting.	The initial data suggests that we are a little way behind the national average in terms of numbers. However, with minimal data this might not give us the best understanding of the position. We know locally that there is a significant amount of both formal and infomal volunteering already happening, but recognise that much more can be done.	This is a specifc iniative as part of the Cities of Service programme and as it starts to gain momentum performance will likely increase. Volunteering is a key element of the Plymouth Plan so this will assist in providing the right conditions and create the best environment to reach an ambitious target of 50% by 2031.	Strong link to the outcome.
			Actual						21%							
			Target						21%	22%	23%					
			Forecast							22%	23%		Influences? Lifestyle Economic climate Governement policy	Direction of current trajectory? Improving	Forecast? Green	
	(New) The % of adult social care clients receiving self-directed support	P30		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17		In readiness for the Cart Act 2014 the Government introduced a national target that tracks the percentage of people receiving their social care services via self-directed support. Since 2010/11 performance against this indicator in Plymouth has been on an improving trend. At the end of 2014/15 87% of people received services via self-directed support, this compared to 26.1% in 2010./11.	So far in 2015/16 the percentage of people receiving services via self-directed support has been relatively static due to a backlog of reviews. Historically however, our performance has been top quartile. We are tracking this indicator closely as a result of current performance.	It is anticipated that once the backlog of reviews has been cleared that performance against this indicator will improve. Until this work is done the forcast against should be amber. The target for 2015/16 is 90%.	
			Actual	n/a	26.10%	40.60%	54%	61.90%	87%							
			Target	n/a	n/a	n/a	80%	80%	80%	90%	90%					
			Forecast										Influences? National Personalisation agenda, Care Act 2014	Direction of current trajectory? Static	Forecast? Amber	

Caring cont….

Outcome	Measure	Ref	Performance	Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	
Children, young people and adults are safe and confident in their communities.	Reduce the gap between the worst 10 neighbourhoods and city average rate per 1000 population for overall crime.	P18	2014/15 Q1 | 2014/15 Q2 | 2014/15 Q3 | 2014/15 Q4 | 2014/15 Q1 | 2014/15 Q2 | 2014/15 Q3 | 2014/15 Q4 Actual: 19.6 | 39.3 | 58.4 | 77.4 | 18 | 34.9 | Not yet available | Not yet available Target: 19.05 | 38.1 | 57.15 | 76.2 | 19.32 | 38.64 | 57.96 | 77.3 Forecast: 58.3 | 77.7		Performance against this target is driven by overall crime levels. Historically, priority neighbourhoods are most vulnerable to increases in crime given their geographical and social economic nature. Conversely therefore when overall crime falls it falls most in these neighbourhoods. Overall crime did fall in 2014/15 by 1% compared to 2013/14. Unfortunately this did not mean the closing gap target was achieved, primarily as the City Centre neighbourhood saw large increases. Seven of the remaining nine priority neighbourhoods did record decreases and the target would have been met if the city centre crime figures were excluded. Influences? Social Economic factors/ Overall Crime levels	In September there were 1496 crimes recorded, a decrease of 49 crimes on September 2014. Crime levels between April and September are lower than 2014/15 (299 fewer crimes or 3% reduction). The latest crime gap update is for September when the gap between the ten priority neighbourhoods and the city average was 34.9 against a target of 39.3. This means we are currently on target to close the gap on last year. Between April and the end of September crime has dropped across the ten priority neighbourhoods by 396 crimes, seven neighbourhoods have seen reductions, by on average 12%. Three neighbourhoods, Barne Barton (+20), Greenbank & University (+5) and Whitleigh (+42) have recorded increases this year. Direction of current trajectory? Improving	Continued partnership efforts in reducing victim based crime are like, given the current year to date performance to see this performance target achieved. Forecast? Green	
	Children's Safeguarding timing of Assessments.	P19	2013/1 Q4 | 2014/15 Q1 | 2014/15 Q2 | 2014/15 Q3 | 2014/15 Q4 | 2015/16 Q1 | 2015/16 Q2 | 2015/16 Q3 | 2015/1 Q4 Actual: New measurement | 94% | 93% Target: 85% | 85% | 85% | 85% Forecast:		Historically Plymouth Children's Social Care has been a strong performing service in terms of timely completion of assessments. The new single assessment was introduced in September 2014 which marked a change in the way assessments are completed. For the remainder of 14/15 a tougher 35 day target was used to ensure implementation and now this has been increased to 45 working days in line with national guidance. It is likely that Plymouth will perform well against this target. Influences? Early Intervention Social Economic factors	Performance has been rated at green and performance has been consistently good throughout the quarter. Direction of current trajectory? Stable	Their performance in this area is being closely monitored to ensure improvements are sustained. Forecast? Green	
	(New) The proportion of people who use services who say that those services make them feel safe and secure	P31	2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 Actual: 79.50% | 81.70% | 86.10% | 93.30% Target: n/a | n/a | n/a | n/a Forecast:		Since the introduction of this indicator to the Adult Social Care outcomes framework local performance has improved year on year. The indicator is representative of how people perceive Adult Social Care services keep them safe. Influences? Quality Improvement Plan	In 2014/15 93% of social care clients stated that the services they received made them feel safe and secure. This 2014/15 result places Plymouth well above the national average of 85% and 10th best in the country. Previously no targets have been set against this indicator, this has changed with the handover of social care services to Plymouth Community Healthcare. 2015/16 has been provisionally set at 87%. Direction of current trajectory? Improving	The next survey will be distributed in early 2016. Whilst there is no suggestion of a considerable dip in performance it would be difficult to increase on suggest a positive outcome to the 14/15 survey. The aim will be to maintain performance and remain well above the national average. Forecast? Green	
	(New) A measure based on safety questions asked of young people in school. (still to be described) will be included in Q3.	P32	2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 Actual: Target: Forecast:		Influences?	Direction of current trajectory?	Forecast?	

Caring cont….

Outcome	Measure	Ref	Performance	Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	
People are treated with dignity and respect.	Percentage of residents who believe Plymouth is a place where people from different backgrounds get on well together.	P20	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 69% 53% 53% Target: 60% 60% 60% Forecast:		The 2012 Listening Plymouth survey showed that 53% of people agreed that their local area is a place where people from different ethnic backgrounds get on well together (note question changed to specifically ask about ethnicity). Where community engagement work has been targeted, community cohesion has shown a marked improvement e.g. after holding a series of community events in North Prospect, the neighbourhood's "community cohesion" rating increased from 41% of people believing that people from different backgrounds get on well together to 57%.	This question reverted to the original 'Plymouth is a place where people from different backgrounds get on well together' in the 2014 Health and Wellbeing survey. 53% of respondents stated that they felt 'Plymouth is a place where people from different backgrounds get on well together'. This represents no change from the result in 2012 when the slightly different ethnicity question was asked in the Plymouth survey. Only 16% disagreed with this statement with a sizeable 31% neither agreeing or disagreeing. 53% did however represent a sizeable fall from 2009 performance, this fall is being investigated and may be in line with the national trend.	Future performance against this measure ties in with the welcoming city action plan that is currently being created by the social inclusion unit. The action plan will likely be signed off in quarter 4 and will look to improve performance in this area. New targets will be for then forthcoming year using 53% as a baseline.	
					Influences? Targeted Community Cohesion	Direction of current trajectory? Static	Forecast?	
	Overall satisfaction of people who use services with their care and support	P21	2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 62.1% 70.3% 68.1% 67.8% 65.6% Target: 70.0% 70.0% 70.0% Forecast:		Although the satisfaction target has not been achieved for the past three years we do benchmark very favourably and have among the highest satisfaction rates in the country. Since 2011/12 the satisfaction rates among clients has remained relatively steady around the 65 - 70% mark.	Adult Social Care client survey outcomes are positive with Plymouth users being more satisfied (65.6%) with services received than the England average (64.7%).	Performance against this indicator is based on response to the annual adult social care statutory survey of clients so it is relatively hard to predict. As efforts continue to deliver against the quality improvement plan satisfaction rates will be expected to remain amongst the best in the country. We have retained the relatively tough improvement target of 70% so the forecast is currently amber.	
					Influences? Quality Improvement Plan	Direction of current trajectory? Static	Forecast? Amber	

Confident Plymouth

We will work towards creating a more confident city, being proud of what we can offer and building on growing our reputation nationally and internationally.

Outcome	Measure	Ref	Performance	Graph	Historic Performance against target, benchmark and influences	Current Performance and trajectory	Performance forecast (link to Action Plan)	Links to outcome
Citizens enjoy living and working in Plymouth.	Percentage of residents who are satisfied with Plymouth as a place to live.	P22	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 79% · 82% · 74% Target: 79% · 83% · 84% · 86% Forecast:	% of residents who are satisfied with Plymouth as a place to live	Pre 2009, performance did not deviate very much from the current position. The target has not been achieved since the benchmark was set. Influences? * Legislation * Resources	The latest performance reflects the 2014 Wellbeing survey where performance slightly decreased. Direction of current trajectory? Downward	The forecast for the next 4 years is good. This is because in our action plan which aims to focus on identifying the priorities of Plymouth residents in order to enable them to inform decisions made by the Council. Forecast? Amber	The measure captures the views of those living in Plymouth only. It does not capture the experiences of those working in the city as no measure for this exists. It is also collected bi annually. However, it is a robust measure which will give a good indicative measure of the outcomes progress.
Plymouth's brand is clear, well-known and understood globally.	**Attract more people to the city from both the UK and overseas.	P23	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 705 · 605 · 820 · 850 · 910 Target: 800 · 800 · 800 · 800 · 800 · 800 · 800 · 800 Forecast: 920 · 930 · 940	Attract more people to the city	With revised jobs targets in 2014 (backed dated to 2011) and a subsequent reset of performance indicators, performance has exceeded targets. Performance across all 4 indicators is good, with all exceeding their individual targets, with the exception of population. Influences? * Population * Jobs *Visitors * Inward investments	Current performance has been influenced by increased inward investments and increased numbers of visitors to the city, and the steady rise in jobs. We do see year on year increases in population, just not enough to reach its targets. Direction of current trajectory? Upward	The forecast for next year is good with planned increases in jobs and people coming to live in the city. It is likely that the target will be reached in 2014/15. Forecast? Amber	The measure is indexed to capture as many of the key elements as possible. There are 4 elements. Population, Jobs, Visitor numbers and inward investments. Whilst there is no Brand specific measure as described in the outcome, the combination of the 4 will give a good indicators of Plymouth as a destination.
Government and other agencies have confidence in the Council and partners: Plymouth's voice matters.	An increase in the amount of external funding and support from Government and other agencies.	P24	2009/10 2010/11 2011/12 2013/14 2014/15 2015/16 2016/17 2017/18 Actual: 800 · 800 · 800 · 800 · 800 Target: 800 · 800 · 800 · 800 · 800 · 800 · 800 · 800 Forecast: TBC · TBC · TBC	Graph: Increased Funding	Recent years has shown a significant decrease in the amount of core funding that it receives. In light of this and the increased requirement for funding and support due to the rising population and demand on services further resources are required in order to meet the gap and continue with maintaining and delivering service delivery. Influences? * Funding opportunities * Successful bid submissions	Latest information indicates an increase in the external funding that that we receive from the government and other agencies. This may be influenced by the reduction in core funding and therefore alternative sources are sought out by departments. Direction of current trajectory? Upward	The forecast over the next three years is very good. This is due to the increased governance arrangements which have been developed by the Co-operative Capital Investment Board which looks at prioritising the Council's Capital programme in order to ensure that resources are being focussed towards the delivery of Plymouth's priorities. Forecast? Good	
	(New) Proposed measure around the success rate of the Plymouth Offer and Ask which will be confirmed once all elements are defined. (will be included in Q3.)	P33	2009/10 2010/11 2011/12 2013/14 2014/15 2015/16 2016/17 2017/18 Actual: Target: Forecast:	Graph				
Our employees are ambassadors for the city and the Council and proud of the difference we make.	Staff Survey – would you talk positively about the Council outside work.	P25	2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 Actual: 58% · 56% · 57% · 64% · 57% Target: 56% · 57% · 59% · 60% · 61% · 62% Forecast: 60% · 61%	Graph: Talk positively about the Council outside of work	The Staff Survey has aimed to identify whether staff would talk positively about the council outside of work on an annual basis in recent years. The outcome of this has remained fairly static with minimal fluctuations Influences?	The Staff Survey results 2014 are now available and identify a decrease in how positively staff would speak about the Council outside of work. The outcome of 57% is 3% points lower than the target that had been set and an decrease of 7% points from the last interim Staff Survey that had been carried out in 2013. Direction of current trajectory? Downward	Focus is being made on staff engagement and development as part of work being carried out in the People and Organisational Development Progrogramme. This is anticipated to have a positive impact on the outcome of this performance measure, gradually increasing throughout the medium term. Forecast? Amber	

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2014/15 - 2015/16 Pledges

Progress report: 16th October 2015

Pledge Overview.

As at 16th October 2015, 40 of 51 pledges have been completed against a target of 41. Target dates have been reviewed to align to a view that all will be completed by the end of March 2016.

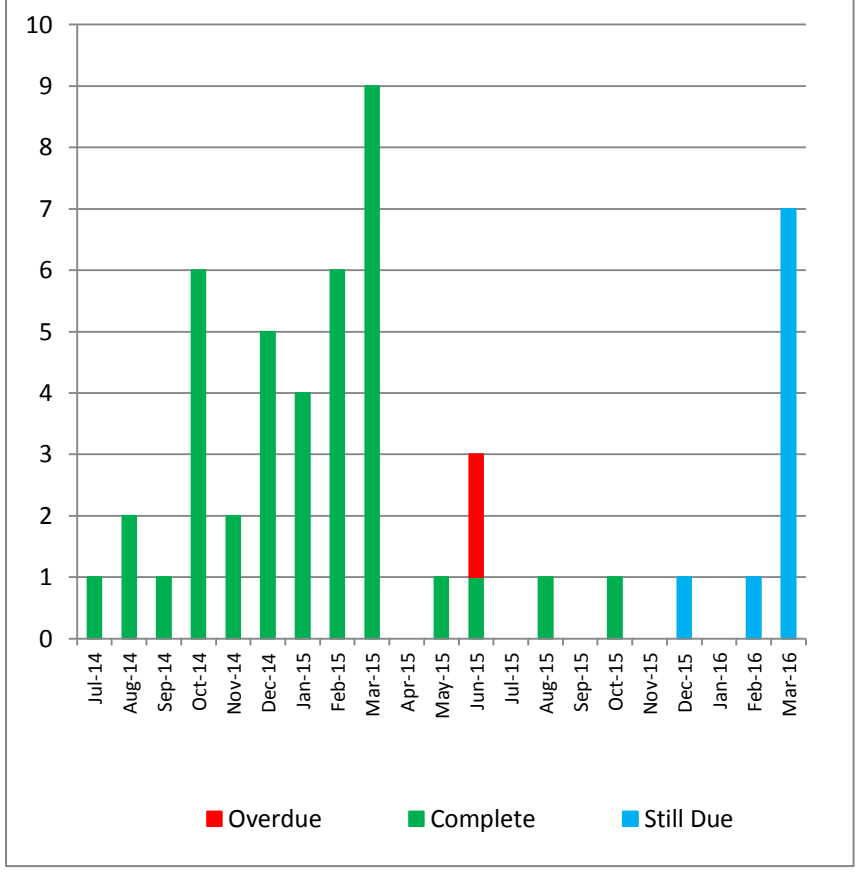
2.1

Total Pledges planned for completion by this date	**41**
Total Pledges completed to date	**40**

The table and graph below compares the number over overall pledges completed against those expected to have been completed each quarter.

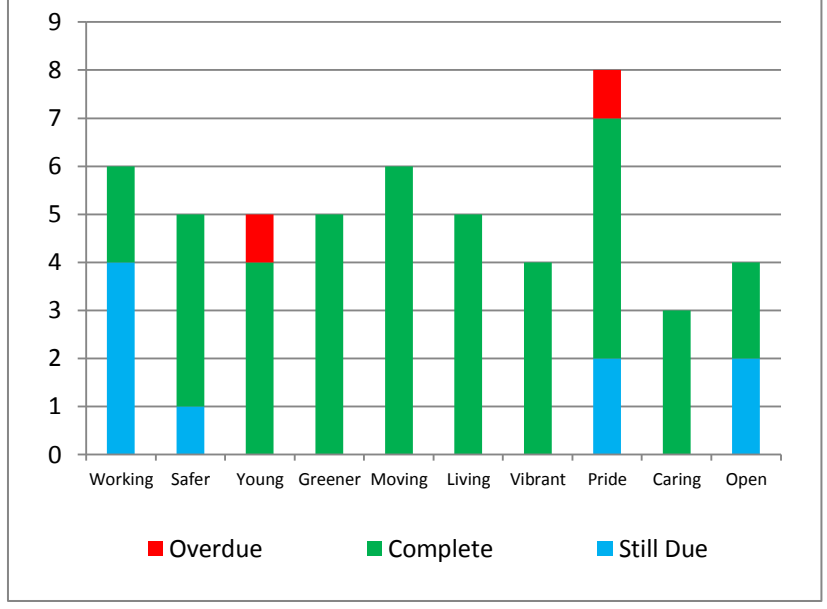
2.2 Progress summary

Month agreed to complete	Original	Still Due	Complete	Overdue
Jul-14	1		1	
Aug-14	1		2	
Sep-14	0		1	
Oct-14	3		6	
Nov-14	1		2	
Dec-14	7		5	
Jan-15	3		4	
Feb-15	2		6	
Mar-15	18		9	
Apr-15				
May-15	1		1	
Jun-15	3		1	2
Jul-15				
Aug-15	1		1	
Sep-15				
Oct-15	1		1	
Nov-15				
Dec-15	1	1		
Jan-16				
Feb-16	1	1		
Mar-16	7	7		
Total	51	9	40	2



2.3

Pledges by Theme	Original	Still Due	Complete	Overdue
Working	6	4	2	
Safer	5	1	4	
Young	5	0	4	1
Greener	5	0	5	
Moving	6	0	6	
Living	5	0	5	
Vibrant	4	0	4	
Pride	8	2	5	1
Caring	3	0	3	
Open	4	2	2	
Total	51	9	40	2



2.4 Pledges Overdue

There are currently 2 overdue Pledges, these are Pledges 14 and 38

Pledge list (in order of Pledge due date)

No	Theme	Pledge	Portfolio Holder	Lead	Dept	Description of End State What is required for sign off.	Due Date	Complete Date
38	Pride Plymouth	3. Campaign to open a walkway from Durnford Street in Stonehouse through Millbay Port to encourage greater use of the South West Coast Path.	Cllr Coker	Paul Barnard	Strategic Planning	Hold a workshop with potential funding partners by December 2014.	Jun-15	
14	Young Plymouth	4. Improve the quality of careers advice for young people so whether they want to go to University, start an apprenticeship, start a business or get a job they have the additional help they need to succeed.	Cllr McDonald	Judith Harwood	Learning and Communities	Scope and then provide additional support to complement and supplement existing provision. Progress identified through Skills Plan.	Jun-15	
43	Pride Plymouth	8. Begin a programme of commissioning public art for local and international artists.	Cllr Evans	David Draffan	Economic Development	Completion of Plan for Public Art - Taking forward its key recommendations	Nov-15	
48	Open Plymouth	2. Put more Council services online so you can do more with us on the internet at a time more convenient for you.	Cllr Smith	Faye Batchelor-Hambleton	Customer Services	Significantly increase online usage (target and date to be set in-line with Customer Transformation Programme)	Dec-15	
*51	Safer Plymouth	Where appropriate we will introduce the late night levy. We will apply it to create a ring-fenced pot of money, shared with the police, to deal with the costs and consequences of late-night drinking, with exemption for Business Improvement District (BID) area businesses	Cllr Davey	Kelechi Nnoaham	Public Health	Late night levy has been adopted	Feb-16	
49	Open Plymouth	3. Further enhance the scrutiny programme of the City Council. By giving more responsibility to our City Councillors to scrutinise services offered across the city we have seen more transparency and shone a light onto services that are not performing at their best.	Cllr Smith	Giles Perritt	Policy Performance and Partnerships	Demonstrate the impact of scrutiny recommendations on Council policy	Mar-16	
41	Pride Plymouth	6. Start a public fundraising campaign for a fitting Mayflower memorial.	Cllr Evans	David Draffan	Economic Development	Fund raising strategy written with key milestones.	Mar-16	
1	Working Plymouth	1. Double the size of the award-winning and successful 1000 Club to help 2,000 more people into work and apprenticeships.	Cllr Evans	David Draffan	Economic Development	Have assisted 2000 individuals into work and apprenticeships	Mar-16	
2	Working Plymouth	2. Begin to deliver the new plan for the city centre to attract shoppers and visitors.	Cllr Lowry	David Draffan	Economic Development	Completion of Key Milestones, to include: 'Start on Site' of Coach Station	Mar-16	
3	Working Plymouth	3. Increase the amount of local purchasing the Council does to keep more of Plymouth's wealth in our city.	Cllr Lowry	Andrew Hardingham	Finance	Increase PCC spend within the PL post code from 45% to 48%	Mar-16	
4	Working Plymouth	4. Set up a forum to help women return to work on family friendly policies after maternity or childcare leave.	Cllr Evans	David Draffan	Economic Development	A forum established with a terms of reference.	Mar-16	

* Pledge taken from 2014 100 pledges.

PLYMOUTH CITY COUNCIL

Subject:	Capital & Revenue Monitoring Report 2015/16 – Quarter2
Committee:	Cabinet
Date:	10 November 2015
Cabinet Member:	Councillor Lowry
CMT Member:	CMT
Author:	Chris Randall – Head of Finance Operations
Contact details	Tel: 01752 304599 email: chris.randall@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

This report outlines the finance monitoring position of the Council as at the end of June 2015.

The primary purpose of this report is to detail how the Council is delivering against its financial measures using its capital and revenue resources, to approve relevant budget variations and virements, report new schemes approved in the capital programme, and propose increases to the capital financing envelope.

The estimated revenue overspend is £2.265m. The overall forecast net spend equates to £195.274m against a budget of £193.009m, which is a variance of 1.2%. This needs to be read within the context of needing to deliver £21m of savings in 2015/16 on the back of balancing the 2014/15 revenue budget where £16m of net revenue reductions were successfully delivered.

Additional management solutions and escalated action to deliver further savings from the council's transformation programme will be brought to the table over the coming months in order to address the in year forecasted overspend.

Table 1: End of year revenue forecast

	Budget £m	Forecast Outturn £m	Variance £m
Total General Fund Budget	**193.009**	**195.274**	**2.265**

The latest approved capital programme funding envelope covering 2014/15 to 2017/18 stood at £237.406m which was approved at Full Council on 23 February 2015. The report details new schemes approved within the capital programme envelope under delegated powers and proposed increases to the capital funding envelope of £104m, which net of taking off the expenditure incurred in 2014/15 of £54m results in a proposed envelope of £287m for 2015 – 2020.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

This quarterly report is fundamentally linked to delivering the priorities within the Council's Corporate Plan. Allocating limited resources to key priorities will maximise the benefits to the residents of Plymouth.

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

Robust and accurate financial monitoring underpins the Council's Medium Term Financial Plan. The Council's Mediurm Term Financial Forecast is updated regulary based on on-going monitoring information, both on a local and national context.

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

The reducing revenue and capital resources across the public sector has been identified as a key risk within our Strategic Risk register. The ability to deliver spending plans is paramount to ensuring the Council can achieve its objectives to be a Pioneering, Growing, Caring and Confident City.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

That Cabinet:-

1. Note the current revenue monitoring position and action plans in place to reduce/mitigate shortfalls;
2. Approve the non-delegated revenue budget virements (shown in Table 4);
3. Recommend to Council that the Capital Programme 2015 -2020 is increased to £287m (as shown in table 5)
4. Note the new schemes added to the Capital Programme totaling £1.063m (shown in Table 6);

Alternative options considered and rejected:

None – our Financial Regulations require us to produce regular monitoring of our finance resources.

Published work / information:

2015/16 Budget Reports Delivering the Co-operative Vision within a 4 year budget

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Sign off:

Fin	CDR/ CorpsF FC1516 001 29.10.15	Leg	lt/24287	Mon Off	dvs/24287 29.10.15	HR		Assets		IT		Strat Proc	
Originating SMT Member: Andrew Hardingham, AD for Finance													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

Table 2 : Revenue Monitoring Position

Directorate	2015/16 Council Approved Budget	2015/16 Budget Virements	2015/16 Latest Budget	Forecast Outturn	Forecast Year End Variation	Movement from previous month
	£m	£m	£m	£m	£m	£m
Executive Office	3.840	0.027	3.867	4.015	0.148	(0.078)
Corporate Items	14.010	(6.094)	7.916	8.201	0.285	0.015
Transformation and Change	26.682	6.608	33.290	34.182	0.892	(0.037)
People Directorate	121.400	1.719	123.119	123.551	0.432	0.051
Public Health	0.194	0.822	1.016	1.016	0.000	0.000
Place Directorate	26.883	(3.082)	23.801	24.309	0.508	0.175
TOTAL	**193.009**	**0.000**	**193.009**	**195.274**	**2.265**	**0.126**

Plymouth Integrated Fund	Section 75 indicative position	2015/16 Latest Budget	Forecast Outturn	Forecast Year End Overspend / (Underspend)
	£m	£m	£m	£m
New Devon CCG – Plymouth locality	331.000	347.381	348.145	0.764
Plymouth City Council	*131.000	135.913	136.353	0.440
TOTAL	**462.000**	**483.294**	**484.498**	**1.204**

* This represents the net People Directorate budget plus the gross Public Health Commissioning budget (which is financed by a ring fenced Department of Health Grant)

Under the s75 risk share agreement with NEW Devon CCG, the forecast outturn indicates a potential transfer of £0.046m from the CCG to PCC

Table 3: Key Issues and Corrective Actions

Issue	Variation £M	Management Corrective Action
EXECUTIVE OFFICE Democratic support cost pressures. £0.225m relates to a stretch target for efficiencies in this area	0.148	Officers continue to review options including staffing and resource levels through vacancy management which are reducing the pressure
CORPORATE ITEMS The cross cutting savings target linked to a strategic asset review of £0.3m has only identified savings of £0.015m linked to a review of income received from recharging utility costs	0.285	Project managers within the transformation programme are reviewing other potential areas for savings alongside producing a strategic asset strategy framework, although it is unlikely that further savings will be identified this year
TRANSFORMATION and CHANGE – Finance There is a forecast underspend on staffing budgets and previously reported cost issues related to maintenance have now been capitalised	(0.170)	
TRANSFORMATION and CHANGE – Legal The forecast income is lower than previous years and employee turnover assumptions have not been as high as budgeted	0.120	Plans being reviewed to see what opportunities can be achieved to reduce this shortfall in year
TRANSFORMATION and CHANGE – Customer Services There is a shortfall in achieving the transformation saving target of £1.2m due to delays in implementing the service review	0.343	The service are reviewing all current vacancies to assist in managing the shortfall, and the service review will deliver the full year saving in future years following the take-up of the enhanced voluntary release scheme
TRANSFORMATION and CHANGE – Human Resources & OD There is a forecast underspend on staffing costs which is partly offset by reduced income from HR advisory services	(0.126)	

TRANSFORMATION and CHANGE – CCO programme and Departmental The CCO programme has a target of £1.5m to achieve in 15/16. - Reviews of business support, HR and Finance service provision were delayed and are now estimated to only achieve £0.160m of the £0.8m target in this financial year. There is also a shortfall savings target of expanding IT services to new customers of £0.3m. The overall in year shortfall against the CCO programme is forecast to be £1.140m. Financial reconciliations of DELT have highlighted a funding shortfall of c£1.0m	0.725	Management are reviewing staffing expenditure to ensure that all opportunities are maximised, including enhanced voluntary release schemes currently being run in the HR and Finance Departments. It is anticipated that service reviews in these areas whilst delayed in year will deliver the full estimated value of the 15/16 target reductions once implemented on an ongoing basis Officers have reviewed insurance provisions and reserves and at this stage anticipate the potential for an in year reduction of up to £1m which will offset delays in achieving the CCO target in year. Corporate management team have allowed that £0.795m of the corporate contingency be used to offset pressures relating to the IT service provision, and that these issues will be addressed as part of setting the 2016/17 budget. Officers are reviewing options with DELT, including ensuring that project income is maximised
PEOPLE – Children Young People and Families The Children Young People and Families Service is reporting a budget pressure of £0.671m As part of the transformation project for 2015/16, the CYP&F was expected to make savings of over £1.5m (in order to contribute to the £8.045m Directorate target).	0.671	

There are risks that will require close monitoring and management during the year: - Starting point in April of 88 Independent Foster Care (IFA's) placements with budget for only 68 achieving savings from interim and transformation wrap-around placements. - Lack of availability of the right in-house foster care placements creating overuse of IFA's. - High number of placements in Welfare Secure, there are currently 2 in situ. - - Unexpected court ordered spend on Parent & Child Assessment placements. The overall number of children in care at the end of September has increased by 3 to now stand at 389. The number of children placed with independent fostering agencies has increased by 4 to 88 which is above the budgeted target of 68. Residential placements have increased by 1 to 21 against a budget of 26 with a significant number being high cost due to the complex nature of these children's needs. In particular 3 young people with complex needs are in high cost placements currently at a higher cost than welfare secure. The number of young people placed in 'welfare' secure placements remains the same, with 2 young people currently in situ. The In-House Foster Care placements have increased by 1 to 197 placements against a budget of 209, with 2 in 'Other Local Authority' Foster Care. There is currently 3 In House Parent & Child Assessment Placements, 4 court ordered Independent foster care placement and 4 high cost Residential placements. The number of young people 16+ placed in supported living has remained at 24 against a budget of 22 where young people have steped down from secure or residential care. However, this has had an adverse affect on the average placement cost although this should improve as their level of support is stepped down.		Against the target of £1.5m, £0.605m has been saved to date through the first phase of wraparound, phase two will be implemented but there will be a real challenge in achieving the full saving in the face of increased pressures. However, a further £0.485m saving to year end is projected of which £0.200m is one off.

There is changing behaviour in court in relation to both Parent & Child Residential and Independent Foster Care (IFA's) assessment placements. This is under review and to some extent is led by guardian recommendations. The service are not able to address individual guardian recommendations whilst proceedings are live and this represents a significant challenge in managing spend on these placements. The service has received 450 referrals in September 2015 which was 15.1% more than September 2014 (530). The YTD figure for referrals is 2725 compared to 2695 for the same period in 14/15. This is an increase of 1.0%.		The current commissioning arrangements for Supported Accommodation are being reviewed in order to provide more capacity at a reasonable price. Ten new In House Foster carers are anticipated coming on line between now and the end of the financial year in order to increase placement sufficiency and reduce costs.
PEOPLE – Strategic Co-operative Commissioning The Strategic Co-operative Commissioning (SCC) service is reporting to come in (£0.231m) under budget. The overall variation is mainly in the following areas: - Leisure Management – mainly due to a saving on utilities, there is expected to be a saving of (£0.091m) against budget this year. - Salaries and related costs – an adverse variation of £0.259m is being forecast, mainly around the In-House provision which is being closely monitored. - Non Residential Income – currently there is a favourable variation of (£0.414m) which has arisen due to the change in the Fairer Charging policy and the Direct Payment income that is being collected as a result. - Day Care costs – there is currently an adverse variation on day care of £0.281m which is due to both increased costs and usage of the service, along with a movement of clients from a block contract. - PCH Contract – an assumption has been made of a saving against the full year contract of (£0.200m) As part of the transformation project for 2015/16, the SCC budget will need to make savings of over £5m (in order to contribute to	(0.231)	So far, SCC has achieved in the region of £2.4m of savings around reduced client numbers in residential and nursing, reviews of high cost packages and contract savings, however there are £1.3m of delivery plans for 2015/16 that are currently showing as RAG rated red or amber, ie reviews to care packages, and further use of ECH housing instead

the £8.045m Directorate target) with the activities and actions that will drive delivery forming part of the transformation programme Two risks that will require close monitoring and management during the year are: - DoLS assessments – over the past year there has been a very significant increase in Deprivation of Liberty Safeguard (DoLS) applications. Official data from the Health and Social Care Information Centre (HSCIC) show that there has been a ten-fold increase on previous activity levels. A DOLS action plan has now been developed and is being monitored through the year. - Care Coordination Team clients – there are currently a large number of clients that are waiting for an assessment which could result in the costs being charged to SCC – see monitoring variations above. A working group has been established to ensure reviews are completed in a planned and managed way.		of higher cost placements, that will need to be reviewed and, if necessary, alternative plans put in place to make the savings. A DOLS action plan has now been developed and will be monitored through the year. A working group has been established to ensure reviews are completed in a planned and managed way.
PEOPLE – Housing Services The Housing Service is reporting a balanced forecast outturn, containing budget pressures reported in July within existing budgets through an improvement in quarter due to a reduction in monthly demand on emergency accommodation, together with management reviewing future commitments.	-	
PEOPLE – Learning & Communities Learning and Communities is reporting to come in on budget at the end of month 6. As part of the transformation project for 2015/16 the Learning and Communities budget will need to make savings of £0.600m (in order to contribute to the £8.045m Directorate target) with activities and actions that will drive delivery forming part of the transformation programme.	-	The department is reviewing any potential pressures with the intention of mitigating these with off-setting actions, including employee savings, and maximising grants
PUBLIC HEALTH – The public health ring-fenced grant has been identified as one of the areas targeted for in year budget cuts as part of the government. Indications are of a circa 7% reduction which	-	The Public Health Management team have fed back on the consultation around the allocation of reductions which closed on

would equate to £0.9m		28th August, and are considering potential options for reducing expenditure once the final details on reductions are released
PLACE - Economic Development Economic Development is currently forecasting to deliver within budget by year end, although this is not without risk. Economic pressure on commercial rents continues. The return on head leases is outside of the Councils control and far from being a risk has now become an issue to mitigate. The Events programme will deliver within the overall budget for events.	-	The Economic Development Service is endeavouring to identify savings to offset these costs pressures but the ability to generate one off or recurring options continues to reduce year on year as the portfolio is systematically reviewed to maximise opportunities. The Council continues to sponsor and promote major events across the city underwriting from Council budgets. Officers continue to work to seek to manage the budget and ensure a positive economic benefit for the local economy.
PLACE - Strategic Planning and Infrastructure SP&I are projecting an estimated outturn variation of (£0.154m). It has additional favourable variations in relation to staffing costs, and planning and building control income, with improvements in both of these areas since last month. This has more than countered cost pressures within other parts of the budget.	(0.154)	Income and Expenditure is routinely reviewed each cycle to control spend and maximise income.
PLACE - Street Services Street Services is currently forecasting a £0.147m overspend due to reduced forecasts around car parking income. <u>Waste Services</u> One off savings continue at the Energy from Waste Plant during the extended commissioning period, and these will offset pressures within other areas within Street Services.	0.147	New opportunities to reduce costs are currently being modelled to ensure key services can be delivered within existing budget whilst also planning ahead for longer term service delivery as available resources are reduced. Officers will also continue to explore opportunities to maximise income and

Highways Parking & Marine Service Monitoring of car parking income is showing a reduction which is likely to have an adverse impact on the Parking Trading account contribution to Highways.		productivity. The impact of any changes to parking income needs to be considered in setting the overall 16/17 budget
PLACE - GAME The Commercialisation Workstream is making a significant contribution of £1m towards the transformation programme although the integrated transport projects will result with in-year cost pressures in the region of £0.420m.	0.515	Organisation wide commercialisation opportunities will continue to be explored and accelerated to address the current projected shortfall. The favourable position in the core Place budget is contributing to mitigating the Staff and Passenger Transport pressures in the GAME programme.
TOTAL	**2.273**	

Virements

Cabinet are required to approve all non delegated revenue budget virements over £0.1m and these are shown in the table below.

Recommendation

It is recommended that Cabinet approve the non delegated virements which have occurred in the period since the September Cabinet report

Table 4 Virements detail

Directorate	Transfer from Transformation Reserve to fund Customer Transformation Programme in respect of Digital Platform implementation	Realignment of democratic support efficiency target between Directorates	Realignment of Corporate Delivery Plans within Corporate Items and Transformation & Change	**Total**
	£m	£m	£m	**£m**
Executive Office	0	(225)	0	**(225)**
Corporate Items	(200)	0	(110)	**(310)**
Transformation and Change	200	225	110	**535**
People Directorate	0	0	0	**0**
Public Health	0	0	0	**0**
Place Directorate	0	0	0	**0**
Total	**0**	**0**	**0**	**0**

Capital Programme 2015/16 – 2017/18

The Council's approved Capital Budget for 2014 – 2018 represents its overall "affordability envelope" within which a Capital Programme of projects for delivery is agreed, this is currently £237m

Since the approval at Council further work has been undertaken to update income projections and the current estimated funding envelope for the 2015 – 2020 period now stands at £287m. The movement is set out in Table 5 below.

TABLE 5 - Capital Programme Budget Movements	£m
Total 2014 -18 Approved capital budget	**237**
Removal of 2014/15 outturn	(54)
Addition of 2018/19 income projections	30
Addition of 2019/20 income projections	28
OTHER CHANGES:	
Addition of ring-fenced Forder Valley Link Rd grant	22
Addition of ring-fenced Dft Challenge Fund grant for capitalised maintenance	8
Net result of the changes in methodology for forecasting the timing of future S106 and Community Infrastructure Levy income.	6
Increase in forecast borrowing requirements for regeneration initiatives	10
Total Revised Capital Budget 2015 -20 for approval	**287**

Recommendation

It is recommended that the Cabinet recommend to Council that the 2015 -2020 capital budget be increased to £287m.

Table 6 New or increased allocations for Capital Schemes

Delegated Approvals by S151 Officer	£m	Funding
City Centre Wild Flower Meadows – Urban Buzz	0.015	S106
Lipson Vale – Relocation of Foundation Unit	0.050	S106
Public Conveniences	0.043	Unringfenced resources *
Mayflower Coach Station	0.138	Unringfenced resources
Cremyll Lodge Holiday Let & Shop	0.006	Revenue
Total (S151 Officer)	**0.252**	
Executive Decisions by Leader (after CCIB approval)	**£m**	
Heritage Asset Maintenance	0.411	78% Ringfenced Grant 22% Unringfenced
City Centre Shop Fronts	0.400	Unringfenced resources
Total (Leader Approvals)	**0.811**	
Total Approvals (August & September)	**1.063**	

- *The term unringfenced resources refers to a mixed pool of funding including capital receipts, capital grants, borrowing etc with no restrictions (other than funding capital) which can be applied strategically to fund any capital expenditure schemes

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PLYMOUTH CITY COUNCIL

Subject:	Cities of Service Update
Committee:	Cabinet
Date:	10 November 2015
Cabinet Member:	Councillor Penberthy
CMT Member:	Tracey Lee (Chief Executive)
Author:	Darin Halifax (Cities of Service Chief Service Officer)
Contact details	Tel: 01752 305446 email: Darin.Halifax@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

Michael Bloomberg, the former Mayor of New York developed the Cities of Service (C of S) model to encourage people in their communities to "do their bit". Nesta, the UK's innovation foundation, backed by the Cabinet Office, announced in 2013 that it wanted to bring C of S to the UK. Local authorities were invited to bid for volunteering projects that addressed evidenced need in their area. Plymouth was successful in receiving funding over two years to deliver two specific projects – Energy Champions and Grow, Share, Cook. A service plan was developed with Nesta along with key metrics measuring delivery. Cities of Service UK was launched nationally in September 2014. This report is to update Cabinet of the progress made since the local launch in October 2014.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

The Cities of Service project and its emphasis on targeted volunteering directly reflect the Council objective of Plymouth becoming a fairer city where everyone does their bit.

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

The Cities of Service project has been funded by Nesta with match funding provided by Public Health, Plymouth Energy Community, Families with a Future and the Family Intervention Project. Our funding is secure until the end of the project in May 2016.

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

Child Poverty – The Energy Champions project aims to help at least 200 households to save money on their fuel bills. This will include at least 50 families currently on pre-payment meters. Our Grow Share Cook project is providing 103 families with a supply of free fruit and vegetables for a year as well as delivering fresh produce to the city's food banks and soup runs.

Health and Safety – Full DBS checks are made on Cities of Service volunteers as required

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Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes (attached)

Recommendations and Reasons for recommended action:
1, Cabinet to note progress of Cities of Service project

Alternative options considered and rejected:

Plymouth City Council runs its own volunteer initiative to meet corporate need. This is a viable option, but using the Cities of Service branding gives us the opportunity to add more emphasis and provides an international profile to the initiatives.

Published work / information:

None

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Equality Impact Assessment	x								

Sign off:

Fin	akh1516.42	Leg	24198/DVS	Mon Off	24198/DVS	HR		Assets		IT		Strat Proc	NA/CS/411/CP/1015.
Originating SMT Member Tracey Lee													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

1. Introduction

1.1 This paper is to inform Cabinet of the progress of the current Cities of Service (C of S) projects and the future plans for the programme.

2. What is Cities of Service?

2.1 The C of S model builds on the work of former New York City Mayor Michael Bloomberg, who pioneered the approach, designating New York as a service city and creating opportunities for thousands of citizens to serve their community.

2.2 As a C of S, we aim to find new and innovative ways to harness the power of volunteers to address strategic city issues. Many other cities have replicated this approach. Today in the United States, the C of S coalition includes more than 195 cities successfully mobilising thousands of volunteers to improve their communities' one task at a time. Volunteers give their time on high impact initiatives in the service of others and their local areas, with cities sharing successful strategies to ensure the most effective initiatives are copied by others.

2.3 Plymouth was one of seven UK local authority areas that gained C of S status in 2014 in a competitive process. On deciding which projects to concentrate on, we used evidence from the Fairness Commission Report "Creating the Conditions for Fairness". This enabled us to identify local challenges that we could best address by mobilising volunteers alongside public services. As a result, we have delivered two key projects on topics that fundamentally affect all of us – heating and eating.

2.4 In October 2014, a report was brought to Cabinet to agree and adopt the Cities of Service plan. During that Cabinet session, it was requested that a progress report was brought back to Cabinet after a year of delivery.

3. Current projects – what we have achieved so far

3.1 Energy Champions

3.1.1 Alongside the initial £15,000 project funding from Nesta, a further £55,000 match funding was invested by Plymouth Energy Community (PEC) to provide support for volunteering. This included recruiting a co-ordinator to work with the C of S Chief Service Officer to recruit, train and support volunteers to achieve the PEC's broader aims as well as the C of S targets.

3.1.2 Up to and including September 2015, we have achieved the following figures,

- 44 Energy Champion Volunteers
- 1,965 individuals receiving energy advice
- Average savings per household of £178.00 per year
- Total savings of £134,210 per year
- 100% of households taking up advice saved at least £60 per year.

3.2 Grow, Share, Cook

3.2.1 Alongside the initial £15,000 project funding from Nesta, a further £41,000 match funding was invested by Public Health, Families with a Future and the Family Intervention Project to provide support for the Grow, Share, Cook project. Also, Plymouth Community Homes supported us in supplying a converted van to transport produce to areas where it is most needed.

3.2.2 In partnership with Nesta, we commissioned Food Plymouth partners to deliver Grow, Share and Cook as 2 small separate projects (one project delivering the growing and sharing, the other delivering the cook sessions). The Cities of Service Chief Service Officer oversees and coordinates the activity to ensure consistency and connectivity.

3.2.3 Up to and including September 2015, we have achieved the following figures,

- 73 Grow, Share, Cook Volunteers
- 103 of our most disadvantaged families receiving a fortnightly delivery of free fruit and vegetables to their door
- 12,440 portions of fruit and vegetables given to people
- 1,120 individuals have been fed including the families receiving the fortnightly delivery, Foodbank users and people accessing the soup run.
- 216 pots and pans donated at the August Pots and Pans Amnesty
- 90% of recipients reporting improved cooking skills
- 100% of recipients reporting a healthier diet as a result of Grow, Share, Cook

4. Future projects

4.1 There are two further Cities of Service projects planned to be launched in November 2015.

1) Right to Read – We will be recruiting volunteers to attend primary schools settings to both read to and be read to by children. Our initial targets are,

- 50 volunteers
- 10 participating schools
- 150 children participating in the scheme
- 90% of children showing a marked improvement in their reading skills
- 90% of schools stating that the scheme has had a positive impact on participating pupils

2) Pledge Plymouth – We will be asking people to give 15 minutes of their time per month to improve life in our city and then use social media to tell us what they have done. Our initial targets are,

- 6 different themed campaigns each lasting 6 weeks (e.g. 1 pledge to help my neighbour, 1 pledge to help my street etc.)
- 200 different individuals pledging for each campaign
- 200 different tweets/Facebook entries for each campaign
- 1,200 different pledges for the duration of the project
- A brief report for each campaign outlining the impact of the activity undertaken.

5. One Plymouth

5.1 C of S has also been a catalyst to a new approach to volunteering in the city. This involves PCC along with One Plymouth and voluntary sector partners working together to establish,

- A common approach to volunteering and civic engagement
- Targeted volunteering projects that meet corporate and city need
- Shared formal volunteering protocols e.g. role profiles
- Improved IT support to enable volunteers to "do their bit".

6. What happens after May 2016?

6.1 Cities of Service Chief Service Officer post – Although this has yet to be confirmed officially, it is extremely likely that Nesta funding for the post will cease on 31/5/16. The current post holder is working with the Chief Executive to look at possible options for the future.

6.2 The projects – For each of the current projects, the Cities of Service Chief Service Officer is developing business plans with partners to ensure the projects are sustainable. In addition, he is working with delivery partners to access internal (e.g. Social Enterprise Investment Fund) and external (e.g. Big Lottery Power to Change and Reaching Communities) funding pots to both continue and scale up activity.

6.3 The new projects will be coordinated and delivered using existing C of S and PCC infrastructure and as a result, the only cost will be the salary of the Cities of Service Chief Service Officer.

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