



#coopscrutiny

Democratic Support

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CO-OPERATIVE SCRUTINY BOARD

10.00am - Wednesday 6 January 2016
9.00am - Monday 11 January 2016
9.00am - Wednesday 13 January 2016
Council House, Plymouth

Members:

Councillor James, Chair.
Councillor Mrs Aspinall, Vice Chair.
Councillors Mrs Beer, Bowie, Mrs Bowyer, Sam Davey, Jordan, Murphy, Ricketts, Storer and Kate Taylor.

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

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

CO-OPERATIVE SCRUTINY BOARD

AGENDA

PART I – PUBLIC MEETING

1. APOLOGIES

To receive apologies for non-attendance submitted by Co-operative Scrutiny Board Members.

2. DECLARATION OF INTEREST

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

3. CHAIR'S URGENT BUSINESS

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

4. SCRUTINY OF THE INDICATIVE 2016/17 REVENUE BUDGET PLUS TWO YEAR INDICATIVE FINANCIAL FORECAST AND 2016/17 TO 2019/20 CAPITAL PROGRAMME

Members will scrutinise the indicative 2016/17 revenue budget plus two year indicative financial forecast and 2016/17 to 2019/20 capital programme.

- | | | |
|-----|--|-------------------------|
| 4a. | Timetable for the Scrutiny of the Indicative 2016/17 Revenue Budget plus Two Year Indicative Financial Forecast and 2016/17 to 2019/20 Capital Programme | (Pages 1 - 4) |
| 4b. | Indicative 2016/17 Revenue Budget plus Two Year Indicative Financial Forecast and 2016/17 to 2019/20 Capital Programme | (Pages 5 - 48) |
| 4c. | Strategic Co-operative Commissioning | (Pages 49 - 84) |
| 4d. | Office of the Director of Public Health | (TO FOLLOW) |
| 4e. | Children, Young People and Families | (Pages 85 - 94) |
| 4f. | Learning | (Pages 95 - 112) |
| 4g. | Communities | |

Please refer to agenda item 4f for documents relating to this session.

- 4h. Transformation and Change **(Pages 113 - 202)**
- 4i. Executive Office **(Pages 203 - 206)**
- 4j. Street Services
- 4k. Strategic Planning and Infrastructure
- 4l. Economic Development
- 5. APPENDICES:**
- 5a. Workforce Information **(Pages 207 - 214)**
- 5b. People **(Pages 215 - 252)**
- 5c. Corporate Plan **(Pages 253 - 254)**
- 5d. Partner Submissions **(TO FOLLOW)**
- 6. 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 of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

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

NIL.

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Session	Topic	Required
Day One – 6 January 2016		
Session One 10am-12pm	Forecast out-turn 15/16 Planned Budget	Cllr Mark Lowry Andrew Hardingham
Lunch 1 Hour		
Session Two 1pm–2.30pm	Strategic Co-operative Commissioning (Integrated fund, Commissioning Strategies)	Cllr Sue McDonald Cllr Philippa Davey Cllr Ian Tuffin Cllr Chris Penberthy Carole Burgoyne Craig McArdle (others as directed by Officers)
Break 15 Minutes		
Session Three 2.45pm–4.30pm	Office of the Director of Public Health (Civil Protection Unit, Public Health and Public Protection Service)	Cllr Sue McDonald Cllr Philippa Davey Kelechi Nnoaham Rob Nelder Sarah Lees Katrina Houghton Andy Netherton (others as directed by Officers)

Day Two – 11 January 2016

Session Four 9am–10.30am	Children Young People and Families (Children and Young People in Care, Children in the Community, Safeguarding, Youth Services and Family Support)	Cllr Sue McDonald Carole Burgoyne Alison Botham Liz Cahill Anne Osborne Siobhan Wallace Niki Clark Fiona Phelps (others as directed by Officers)
<i>15 Minute Break</i>		
Session Five 10.45am-12.15pm	Learning (Education and Learning, Special Educational Needs and Disability, Access and Planning)	Cllr Sue McDonald Carole Burgoyne Judith Harwood Jayne Gorton Jo Siney (others as directed by Officers)
<i>Lunch 1 Hour</i>		
Session Six 1.15pm-2.45pm	Communities (Safer Plymouth, Social Inclusion, Regeneration and Sports Development)	Cllr Philippa Davey Cllr Peter Smith Cllr Chris Penberthy Carole Burgoyne Judith Harwood Matt Garratt (others as directed by Officers)

15 Minute Break

Session Seven 3pm-5pm	Transformation and Change (HR, Finance, ICT, Legal, Customer Service and Portfolio Office)	Cllr Jon Taylor Cllr Pete Smith Lesa Annear Les Allen Faye Batchelor-Hambleton David Shepperd Andrew Hardingham Guy Dickson (others as directed by Officers)
Day Three – 13 January 2016		
Session Eight 9am-10.30am	Executive Office (Democratic and Member Support, Business Support Unit, Policy Performance and Partnerships, Corporate Communications)	Cllr Peter Smith Tracey Lee Giles Perritt Candice Sainsbury Judith Shore Richard Longford (others as directed by Officers)
Break 15 Minute		
Session Nine 10.45pm-12.15pm	Street Services (Waste Services, Street Cleansing, Highways and Parking)	Cllr Brian Vincent Anthony Payne Simon Dale John Simpson Mike Artherton (others as directed by Officers)

Lunch 1 Hour

Session Ten 1.15pm-2.45pm	Strategic Planning and Infrastructure (Transport, Infrastructure and Investment and Planning Services)	Cllr Mark Coker Anthony Payne Paul Barnard (others as directed by Officers)
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Break 15 Minute

Session Eleven 3pm-4.30pm	Economic Development (Arts and Heritage, Employment and Enterprise, Land and Property and Strategic Development)	Cllr Tudor Evans Cllr Pete Smith Anthony Payne David Draffan Paul Barnard Amanda Ratsey Mark Brunson James Watt Nicola Moyle (others as directed by Officers)
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PLYMOUTH CITY COUNCIL

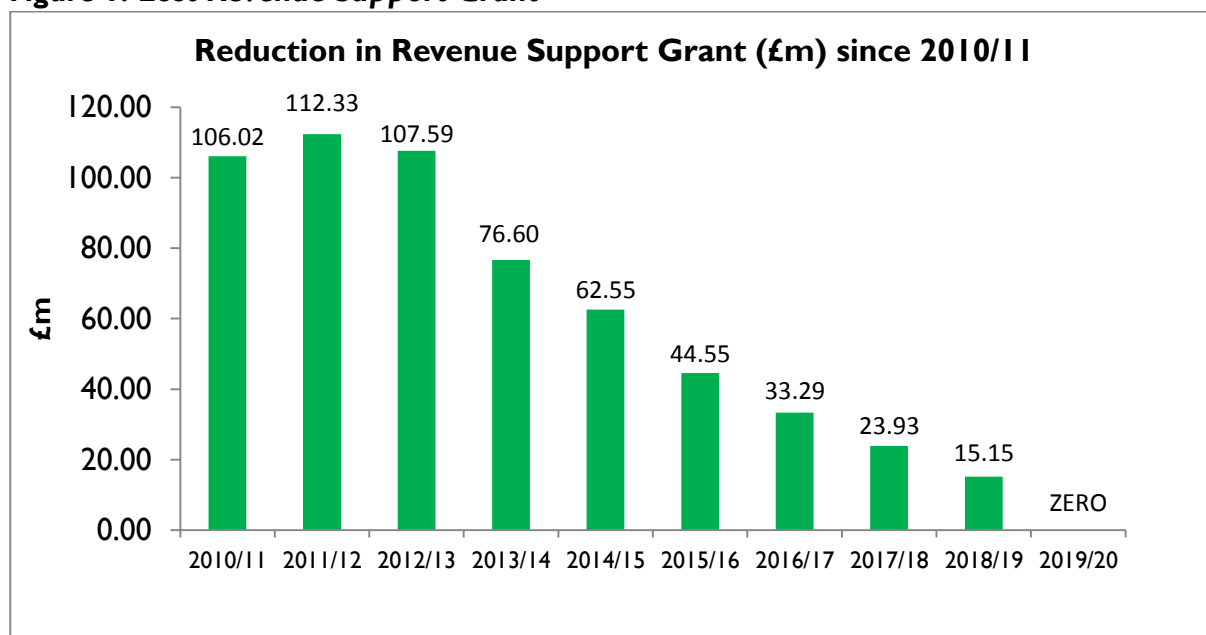
Subject:	Indicative 2016/17 Revenue Budget plus 2 Year Indicative Financial Forecast and 2016/17 to 2019/20 Capital Programme
Committee:	Cabinet
Date:	8 December 2015
Cabinet Member:	Councillor Lowry
CMT Member:	Lesa Annear (Strategic Director for Transformation & Change)
Authors:	Andrew Hardingham, Assistant Director for Finance; David Northey, Head of Corporate Strategy
Contact details	Tel: 01752 305428 Email: david.northey@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

The Government is imposing the biggest cuts to funding for local services in Plymouth in a generation, with public spending being cut to its lowest level since the 1970s. The continuing severity of cuts to Plymouth City Council's core funding does nothing to ease concern about the impact on our ability to provide essential front line services.

Figure 1 sets out the reduction in revenue support grant since 2010/11.

Figure 1: Lost Revenue Support Grant



This reduction represents money which has not been available to us to spend in our city and has had a huge impact on the local economy. These missing millions are before we factor in rising costs and the transfer of additional responsibilities from central government departments.

When comparing our forecasted resources available 2016/17 with our projected costs, this results in **a funding gap of £23.2m**, rising to £43.8m by the end of the three year period (as detailed in **Table 1**).

Table 1: Budget gap prior to savings

	2016/17 £m	2017/18 £m	2018/19 £m
REVENUE RESOURCES AVAILABLE	184.752	179.090	173.650
Overall spend requirement	207.993	189.929	183.397
Gap before intervention:	(23.241)	(10.839)	(9.747)
Cumulative Gap	(23.241)	(34.080)	(43.827)

We have been proactive in addressing these cuts with a radical transformation programme that is bringing a new approach to how we deliver services.

This continuing reduction in our core funding raises issues around the longer term sustainability and impact on the Plymouth economy. We cannot under estimate the difficulty of the task of finding £23.2m of savings in a single year and £43.8m by 2018/19. The problems we face as a Local Authority trying to maintain our essential support for the most vulnerable citizens of Plymouth, whilst facing year-on-year funding cuts, can be categorised into three main areas. These are lack of clarity, the scale of the funding cuts and additional costs as a direct result of government policy changes.

I. Lack of Clarity

There is a lack of clarity around our funding envelope from Central Government, not just in the medium term but also for 2016/17 itself. We are setting this indicative budget despite not having been informed of our:

- “Local Settlement”; our allocation of Revenue Support Grant (RSG)
- Central allocation of Business Rates.

Despite the Chancellor’s Autumn Statement 25 November, we have to wait until at least 18 December to be advised of our resultant funding.

In addition, various announcements by the Chancellor have set out policy decisions but no detail or clarity of the impact on our funding has been shared.

- In October 2015, the Chancellor announced that Local Authorities will be able to retain 100% of business rates by 2020 and the core grant will be phased out. It is currently unknown what the timescales, additional responsibilities and level of cuts to other Central Government grants will be as a result of this change.

- In 2010, the Government introduced a “Council Tax Freeze Grant” as an incentive for Councils who do not raise Council tax charges to be compensated. The level of this grant funding was equivalent to a 1% Council Tax increase.
- For 2015/16, the Government did not announce the Freeze Grant until late in January 2015. For the financial year 2016/17, they are yet to give any indication about the offer of the grant.
- For the purposes of this report, we are modelling both a tax freeze and the receipt of a Council Tax Freeze Grant equivalent to 1% being £0.911m. There is a risk that if the grant is not forthcoming, we will have an additional budget gap to this value.

In his Autumn Statement, the chancellor has now advised that we can set a 2% Council Tax levy, giving us additional income of £1.8m in 2016/17 provided the additional income is ring fenced to our social care provision. In other words, the proposal is for us to passport this cost to the tax payers in Plymouth. For the average band D property, this will mean charging an additional 51p per week.

This report sets out in detail our net revenue budget. However, we also rely on a number of specific grants to run our core functions. For example:

- The Better Care Fund (BCF) is our local single pooled grant from the Government to help us and the local Clinical Commissioning Group (CCG) to work more closely together. For 2015/16 this is £19m; we are yet to have confirmation of the amount we will be allocated for 2016/17.
- The “New Homes Bonus” (NHB) is a Government scheme which is aimed at encouraging local authorities to grant planning permissions for the building of new houses in return for additional revenue.
- The scheme currently pays the NHB for a period of six years; the Chancellor has announced consultation to restrict this period to four years only. This change would have a major impact on our future funding and budget as we use this funding to deliver public services. For 2016/17, we are forecasting a receipt of £5.5m.

2. Scale of Funding Cuts

There is also the scale of the funding cuts to our core funding.

- From the current 2015/16 RSG base of £44.55m, we are projecting a reduction to only £15.15m by 2018/19 (a reduction of £29.4m being 66%) phasing out to zero by 2019/20.
- In 2015/16, national savings of £200m from Public Health Grant (PHG) were announced by the Chancellor to fund Public Health. The impact on the grant for Plymouth City Council was a reduction of £0.919m (6.2%) from £14.9m to £13.9m. Further PHG savings have been announced for 2016/17 and Public Health England has stated that this will result in a reduction to the PHG baseline of 2.2%, or a further year-on-year reduction of £0.035m.

3. Additional Costs

In addition to the lack of clarity and the scale of the funding cuts, we also have to contend with the additional costs facing the Council in the coming years. On top of the already increasing demand for areas such as social care, due to demographic changes and price inflation, we also have additional costs as a direct result of Government policy changes. The Government has:

- Announced changes to the rate of national insurance on both employees and their employers for those eligible to a defined benefit pension. Plymouth City Council runs such a scheme and will therefore incur this additional cost burden, calculated to increase our annual salary costs by £1.5m per year starting April 2016.
- Introduced a National Living Wage for all working people aged 25 and above.
- In the 2015 Budget, it was announced that the new compulsory National Living Wage of £7.20 per hour will be introduced in April 2016; we have calculated the impact on Plymouth City Council's commissioning contracts to be £2.217m in 2016/17 rising by the same amount in the following two years, representing additional costs of £6.651m in 2018/19.

The uncertainty around our funding for 2016/17 prevents us from making a decision around our Council Tax charge for 2016/17 and future years at this point in time. Although this report models a zero increase and no "Social Care Levy", it also assumes a 1% freeze grant of £0.911m; these decisions have not been taken. A decision on the Council Tax and the Levy will be made once we have more clarity on our funding position.

This report details these issues and sets out an indicative budget for 2016/17.

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

The Council's Corporate Plan contains ambitious objectives around the themes of Pioneering, Growing, Caring and Confident Plymouth and this indicative budget sets out the allocation of our ever decreasing resources to these objectives.

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

This report sets out a budget gap of £3.442m. This is based upon an assumption of no Council Tax increase or social care levy in 2016/17 plus the receipt of £0.911m Council Tax Freeze Grant. We have not made a decision on our council tax charge and there is no guarantee of the specific grant being available. These assumptions have a major impact on our funding and therefore our budget gap.

Revenue

There is a legal requirement to produce a robust annual revenue budget, adopted by Full Council, enabling Council Tax charge rates to be set for the year.

Revenue funding for local government continues to be cut and is predicted to continue to see cuts for the foreseeable future, changing the make-up of the core funding as we go forward. With government placing greater emphasis on councils generating additional revenue locally, for example, through attracting more businesses to the city and building more homes, we are predicting that, for 2016/17, the total funding of £184.75m will come 50% from local Council Tax.

We are aware of new initiatives to move from the current retention of 49% of our local Business Rates to 100% by the end of the life of the current Government but these plans are currently out for consultation and the financial implications will be modelled in our Medium Term Financial Strategy.

For this indicative budget, we have assumed no increase in the Council Tax for 2016/17 with the increase from £90.41m to £91.76m reflecting the growth in our Council Tax Base as a result of our growth programme. We continue to work closely with independent organisations such as Local Government Futures and the Local Government Association, and our best estimate of revenue resources over the next three years are as follows:

Table 2: Revenue resource assumptions

	2015/16	2016/17	2017/18	2018/19	2019/20
	Actual	Forecast			
	£m	£m	£m	£m	£m
Revenue Support Grant (RSG)	44.55	33.29	23.93	15.15	0.00
Council Tax	90.41	91.76	93.28	95.15	97.05
Business Rates	58.04	59.70	61.88	63.35	64.62
Total Revenue:	193.00	184.75	179.09	173.65	161.67

Note: Council Tax level for '16/17 will be finalised at Full Council in February 2016. 2019/20 funding is included to indicate RSG reducing to zero.

Actual resource allocations from central government will not be confirmed until just before Christmas 2015, when we will be provided with revenue allocations for 2016/17. It is important to note that the figures quoted above are indicative and subject to change in this year's settlement.

We have continued to refine the financial and non-financial benefits achievable through our transformation programme in order to address the funding challenges ahead. At this point in the 2016/17 budget setting process, as in previous years, there remains a significant shortfall of circa £3m to be closed before the final budget can be approved at Full Council in February 2016.

Capital

Table 3: Estimated capital resources

2015/16	2016/17	2017/18	2018/19	2019/20	Total
£m	£m	£m	£m	£m	£m
98.855	59.847	63.824	30.584	28.860	281.970

We have extended the capital programme to provide a council investment of £282m over the next 5 years and continue to seek opportunities to lever in significant external investment in the city. Successful bids such as City Deal and the History Centre, alongside maximising contributions from developers, will leave a lasting positive legacy for the city. The Revenue and Capital budgets are inextricably linked. There is the consequence of all borrowing to fund the capital programme being a cost which needs to be borne by the revenue budget.

Workforce

Inevitably, the scale of financial reductions required will result in a shrinking of the workforce. We have tried, wherever possible, to protect front line staff and service delivery.

Table 4: Full Time Equivalent posts (excluding Schools) as at 31st March

2012	2013	2014	2015	Oct 2015	2016	2017	2018	2019	2020
ACTUAL					FORECAST				
FTE					FTE				
3,249	3,110	2,904	2,423	2,306	2,232	2,120	2,014	1,913	1,877

As a consequence of the funding cuts, there will be a further reduction in staff in addition to the 117 reduction to date in 2015/16. Similar downward trends in council workforce statistics are replicated throughout the country. We have, for some time, accounted for the cost of this change through the management of a redundancy reserve that we earmarked through planned end of year budget adjustments.

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

All actions being taken have been considered for their impact on: council priorities, legal obligations, customers and other services and partners. Each separate action has been risk assessed in terms of potential barriers to implementation with corresponding mitigation put in place. The protection of, and investment in, front line services such as children's and adult social care is specifically targeted at helping those most in need in our community.

Equality and Diversity

All actions being taken are covered by Equalities Impact Assessments undertaken as part of the 2015/16 budget setting process, signed off by the relevant Director or Assistant Director. These have been considered at relevant stages of transformation business case development, for example, health and social care integration. As such, there are no specific budget setting Equality Impact Assessments (EIA) as these are already inherent within our planned activities.

Recommendations and Reasons for recommended action:

1. That the proposed revenue target budget requirement for 2016/17 of £184.752m is presented for full public scrutiny in January 2016.
2. That the proposed indicative revenue forecasts for 2017/18 and 2018/19 are also presented for full public scrutiny in January 2016
3. That members and officers continue to bring forward further solutions in order to close the existing £3.442m budget gap in 2016/17 to present a balanced budget at Full Council February 2016.
4. That the proposed capital forecast of £282m is presented for full public scrutiny in January 2016.
5. Cabinet consider findings from consultation, feedback from budget scrutiny and any material changes announced in the final Settlement for Plymouth City Council in early February 2016.

To agree the current indicative revenue and capital position for 2016/17 and future years for consultation and public scrutiny in January, prior to approval of a balanced budget at Full Council in February 2016.

Alternative options considered and rejected:

A one year financial planning horizon will not support the long term decision making required to deliver the objectives of the Corporate Plan. The Council’s financial stability will be put at risk unless a transformative approach is taken to revising its delivery arrangements in the coming years.

The alternative of adopting a blanket reduction in budget across all service areas will result in priority front line services to the public being adversely impacted.

Published work / information:

- [Co-operative Council Finance Plan 2014-2017](#)
- [Response to the Plymouth Fairness Commission recommendations](#)
- [Delivering the Co-operative Vision Council Report 2014](#)

Background papers:

None

Sign off:

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Originating SMT Member: Andrew Hardingham													
Have the Cabinet Members agreed the contents of the report? Yes													

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Appendices

- A. Budget Savings
- B. Indicative Net Revenue Budgets 2016/17 to 2018/19
- C. Reserves
- D. Capital Investment Programme 2015/16 to 2019/20

I. Context and Challenges

- 1.1 Following the General Election in May 2015, the Conservative Government set out their immediate financial plans in a Budget in July 2015. We will not have our settlement confirmed for 2016/17 until later in December 2015 following the Chancellor's Autumn Statement in November. Even then it will only be a one year settlement, but we must be prepared that following this announcement we will face further funding reductions in the coming years as part of the deficit reduction programme.
- 1.2 Following the shift in government policy to transfer the funding and risk to local authorities, with changes in business rates at the heart of the strategy, we are predicting a reduction in our Revenue Support Grant (RSG) over the period 2015/16 to 2018/19 of £29.4m representing a 66% cut. We are further projecting that in 2019/20 our RSG will have reduced to zero.
- 1.3 Although the continual removal of ring fencing in grants allows the Council more control to allocate resources to meet local need rather than central Government policy, the scale of the reductions of funding puts the Council under extreme pressure to make its costs match the scarce resources available.
- 1.4 With effect from April 2015, Plymouth City Council and the Northern Eastern Western Devon Clinical Commissioning Group (NEW Devon CCG) entered into a legally binding Section 75 agreement to integrate their respective funding covering all aspects of children's and adult's social care plus intervention services. The People Directorate, at £123m, accounts for close to two thirds of the Council's overall net budget, and we also have specific grant funding of circa £15m for the Office of the Director of Public Health with the primary purpose of improving the public health of our local population.

2. Consultation

- 2.1 The Council has continued to improve how it communicates with partners and citizens in relation to its budget setting and spending plans.
- 2.2 The Council continues to keep its partners fully informed of its corporate priorities and financial position. Key strategic partners have been invited to comment on the Council's priorities for spending and demonstrate areas of joint alignment against shared city priorities.
- 2.3 The recommended indicative budget presented within this report is draft and subject to any necessary changes and amendments made through the consultation and scrutiny process (as approved through Cabinet and Full Council).

3. The Corporate Plan 2013/14 – 2016/17

- 3.1 In July 2013, the Council adopted a new Corporate Plan. The Corporate Plan provides the foundation for everything that we do; what we want to achieve, how we deliver services and the way we will operate. It contains ambitious objectives around the themes of Pioneering, Growing, Caring and Confident Plymouth. Each objective identifies outcomes by which our progress against delivery will be measured.
- 3.2 Commitments have been made to grow a stronger economy, deliver better services in spite of reducing resources, improve health and social care outcomes for citizens involving them in decision making and enhance the reputation of the city.

4. Revenue Resource Estimations

Table 5: Revenue Resource estimates

	2015/16	2016/17	2017/18	2018/19	2019/20
	Actual	Forecast			
	£m	£m	£m	£m	£m
Revenue Support Grant (RSG)	44.55	33.29	23.93	15.15	0.00
Council Tax	90.41	91.76	93.28*	95.15*	97.05*
Business Rates	58.04	59.70	61.88	63.35	64.62
Total Revenue:	193.00	184.75	179.09	173.65	161.67

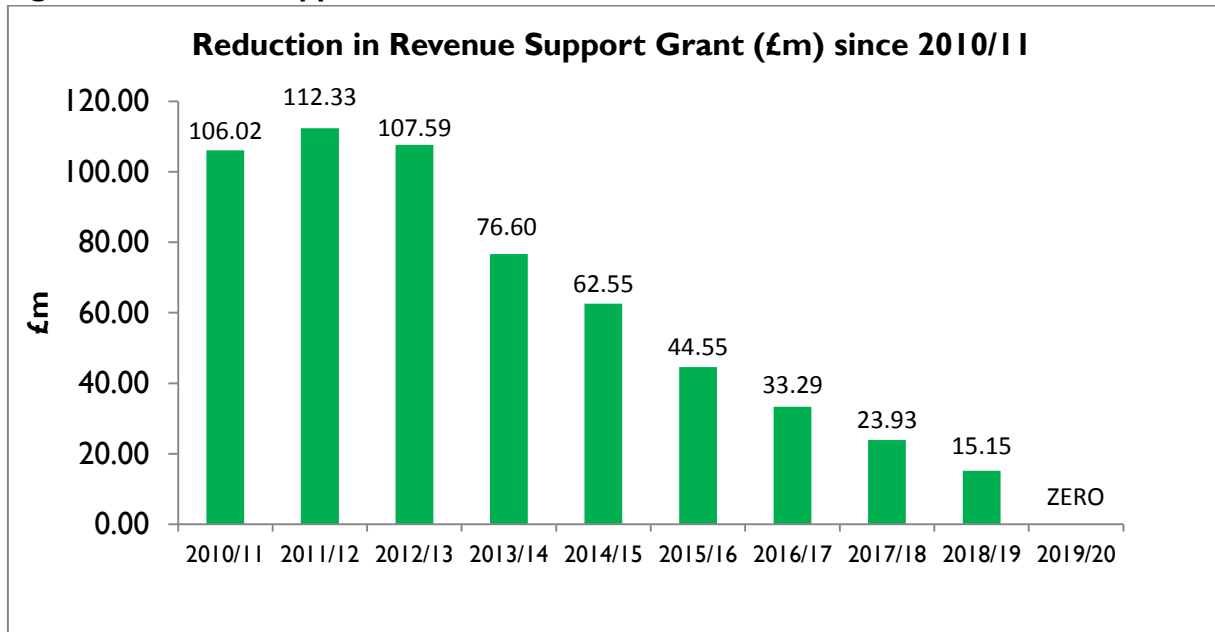
**Assumes +1.99% but subject to future Full Council decision*

- 4.1 In addition to the above funding, the Council receives a number of specific service grants. Although the number of specific service grants has diminished, there are still two material grants that remain; the Dedicated Schools Grant, (DSG), which is ring-fenced and pass-ported directly to Schools and the ring-fenced Housing Benefit Grant, both currently circa £100.00m.

Revenue Support Grant (RSG)

- 4.2 Linking with industry experts, Local Government Futures and the Local Government Association, (LGA), it is estimated that our core Revenue Support Grant formula funding allocation from central government will reduce from a base of £44.55m to £15.15m, a reduction of 66% **with a clear intent from Government to reduce to zero in 2019/20.**

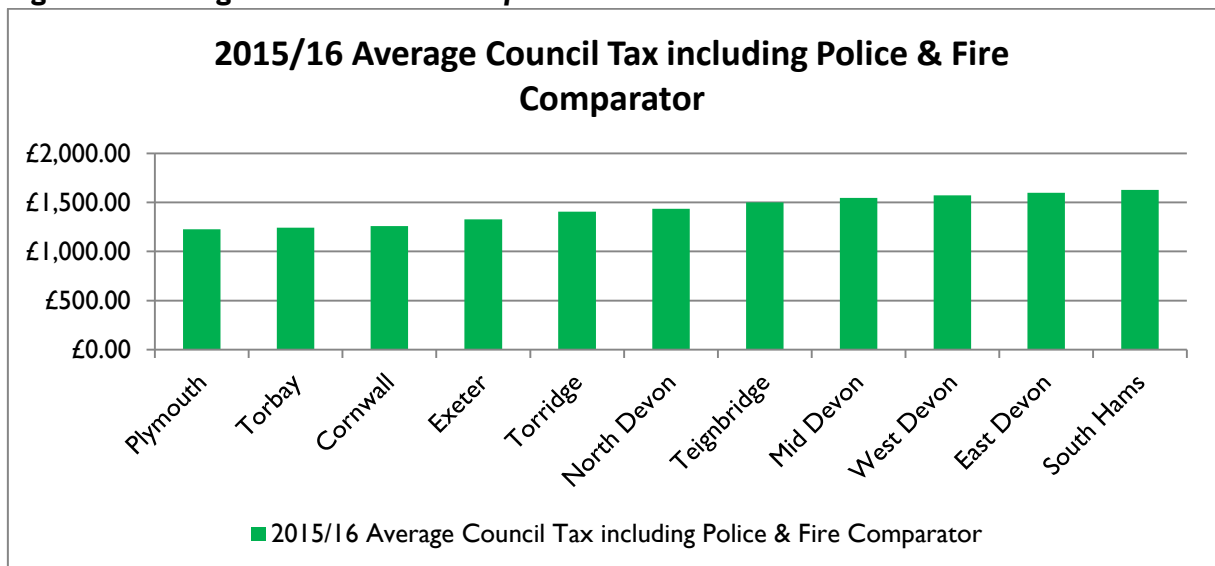
Figure 2: Revenue Support Grant to 2019/20 £m



Council Tax

- 4.3 In this budget we are modelling a Council Tax freeze for 2016/17. Compared to a 1.99% increase if implemented, this will save a council tax payer living in a Band D property 51p each week.
- 4.4 The decision on the 2016/17 Council Tax will take place at the Full Council meeting in February 2016. There is too much uncertainty at this stage to make a firm proposal.
- 4.5 With a Council Tax freeze for 2016/17 we would again retain the lowest average Council Tax levels in the South West. **Figure 3** below shows the 2015/16 comparison of average Council Tax.

Figure 3: Average Council Tax Comparator



Source: <https://www.gov.uk/government/collections/council-tax-statistics>

- 4.6 Plymouth City Council's 2015/16 average Council Tax charge is £1,225 per annum. Our nearest comparator is Torbay at £1,242 which is currently 1.4% more than our charge.
- 4.7 Given the Chancellor's announcements around welfare reforms in his Autumn Statement, and in line with other Unitary Authorities and our close neighbour group, we propose to maintain the level of Council Tax Support at the 2015/16 level for 2016/17.

Non Domestic Rates (NDR) – “Business Rates”

- 4.8 Under the government rules introduced from 2013/14, for any additional rates we collect, from the baseline of our 2013/14 bills, we are able to retain 49% of the surplus. The remaining balance is split 50% back to the national pot and 1% to the Devon and Somerset Fire Authority.
- 4.9 To help mitigate business rate risks, Plymouth continues to administer and contribute to the Devon-wide Business Rates Pool established in 2013/14, exploring potential to expand this arrangement beyond the county boundaries. The key advantage of a Pool is it can enable more of any business rates growth to be retained locally than if each authority was treated as 'standalone' under the business rates funding system.
- 4.10 In year one, 2013/14, Plymouth benefited by additional income of £0.311m; we are projecting additional income of £0.750m in 2016/17.
- 4.11 Given the uncertainty about future growth trends, plus Government announcements around 100% Business rates retention and the impact on pools, we have not assumed any growth in our future year projections. We remain optimistic that we will pass our 2015/16 target of £0.750m.
- 4.12 The key risk to business rates income is the economic environment and impact of businesses going into administration and/or leaving the city and the potential impact on any business successfully appealing their rateable value.

New Homes Bonus

- 4.13 The “New Homes Bonus” (NHB) is a Government scheme which is aimed at encouraging local authorities to grant planning permissions for the building of new houses in return for additional revenue.
- 4.14 Growth projections from 2017/18 and beyond are shown in **Table 7**. There is a risk to our future resource assumptions if the Government announces changes to the existing arrangements. The Chancellor has proposed reducing the funding from the current 6 year life to 4 years.
- 4.15 The NHB increase attributable to 2016/17 £1.319m is captured within the G.A.M.E programme Growth Dividend.
- 4.16 Plymouth City Council uses this funding to deliver public services and for 2016/17 we have assumed income of £5.516m (**Table 6**).

Table 6: Plymouth City Council allocation of new Homes Bonus (NHB)

2011/12 £000's	2012/13 £000's	2013/14 £000's	2014/15 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000's	2018/19 £000's
832	832	832	832	832	832		
	706	706	706	706	706	706	
		868	868	868	868	868	868
			1,189	1,189	1,189	1,189	1,189
				602	602	602	602
					1,319	1,319	1,319
						850	850
							850
832	1,538	2,406	3,595	4,197	5,516	5,533	5,678

Additional Cost Allocations

- 4.17 In addition to the reducing resources, additional costs accepted within the budget are exceptional in nature with the inherent assumption that spending departments will absorb the increased cost of service demand and inflation through proactive management action and efficiencies through business as usual operations.
- 4.18 However, the following, essential, costs have been incorporated within our budget plan.

Table 7: Cost allocations built into revenue budget (from 2015/16 base budget)

Item / area	2016/17	2017/18	2018/19
	£m	£m	£m
Salary & Pension / Inflation	0.900	1.500	1.800
ASC,CSC and People Directorate	3.562	0.750	1.000
Major Investments	0.850	0.500	(0.500)
National Insurance changes April 2016	1.500	-	-
Transport links / Income	0.528	-	-
National Living Wage	2.217	2.217	2.217
Delt	1.400	-	-
2015/16 savings met from one-offs	5.888	-	-
Plymouth Plan (one-off)	-	0.210	(0.210)
Total Additional Cost Allocations	16.845	5.177	4.307

- 4.19 **Salary & Pension / Inflation:** Pay awards have been significantly reduced over recent years, including a prolonged period of staff 'pay freeze'. An increase of 1% in our payroll roughly equates to £0.9m added revenue spend within our base budget. Looking forward, we have assumed an award of 1% each year with additional funding towards our pension deficit review included in 2017/18 and 2018/19. During 2016/17 the pension scheme will again be subject to its tri-annual review with any additional costs coming in from 2017/18. With current economic forecasts and assumptions, including a reducing workforce, we are anticipating the need to contribute more each year.

- 4.20 With the move towards alternative service delivery vehicles such as DELT (www.deltservices.co.uk) and CaterEd (www.plymouth.gov.uk/catered), future 'one off' costs will need to be quantified in terms of ensuring that there is no pension deficit at the point of transfer.
- 4.21 **Adult Social Care (ASC), Children's Social Care (CSC) and People Directorate:** For the 2016/17 budget, building on our 2015/16 budget setting process, we have again allocated additional revenue funding to match core spending requirements with the largest single amounts within the People Directorate relating to Children, Young People & Families and Adult Social Care. Between them, these two services account for circa £100m of expenditure (in gross terms).
- 4.22 **Major Investments:** We are creating the South Yard Marine Industries Production Campus site. This is a long term investment project which will create employment opportunities and generate commercial income in future years. The budget assumes an allocation of resources in 2016/17 to cover start-up and running costs with an additional allocation in 2017/18. This funding reduces in 2018/19 with the additional income streams from the new businesses. These running costs will not be required long term as the overall investment generates more income than the running costs.
- 4.23 Plymouth City Council is working towards the 400th celebration of the sailing of the Mayflower from Plymouth and has set out ambitious plans to ensure the occasion is marked nationally as well as locally. We have made an allocation to cover the revenue associated costs of planning and hosting events up to and including 2020.
- 4.24 **National Insurance changes April 2016:** The Government has announced changes to the levy of national insurance on both employees and their employers for those eligible to a defined benefit pension. Plymouth City Council runs such a scheme and will therefore incur this additional cost burden, calculated to increase our annual salary costs by £1.5m from April 2016.
- 4.25 **Transport links / income:** As well as funding for supporting studies into improving our high speed rail link to London, this also includes covering the car park income lost as a result of the closure of some of the city's current strategic sites. These sites when developed will increase future revenue streams in terms of business rates and council tax.
- 4.26 **National Living Wage:** The Government has introduced a National Living Wage for all working people aged 25 and above. In the Budget it was announced that the new compulsory National Living Wage of £7.20 per hour will be introduced in April 2016; we have calculated the impact on Plymouth City Council's commissioning contracts to be £2.217m in 2016/17 rising by the same amount in the following two years.
- 4.27 **Delt:** The publicly owned private sector company, Delt, set up in October 2014, currently provides a vast range of IT services to Plymouth City Council (PCC) and NHS as its founding partners. Delt Shared Services Ltd. is continuing to grow and develop the services it provides to its partners and customers. The company was formed to provide a shared IT service currently providing IT Service Management; IT Professional Services; IT Infrastructure Solutions and Business Applications. As the company is still in its infancy, we are undertaking a full review of all of the running costs and are providing £1.4m from 2016/17 to enable the company to be correctly funded going forward.

- 4.28 **2015/16 savings met from one-offs:** During the setting of the 2015/16 budget, each directorate and transformation programme identified savings (cumulative value of £21m) to be delivered within year and embedded into budgets going forward. Although in the majority of cases these savings plans are still on course to deliver the full savings, in some cases the launch and therefore the delivery of the savings was delayed during 2015/16. These shortfalls have been made good by one-off in-year savings equating to £5.9m. Each Director has been tasked to ensure these savings are delivered in full and sustainable during 2016/17 and form part of the savings target.
- 4.29 **Plymouth Plan (one-off):** this covers the anticipated consultation costs in 2017/18.
- 4.30 In addition to these additional costs, we have identified two areas which give us potential one-off opportunities from reviewing our Working Balance, and Council Tax Freeze Grant, totaling £1.861m.
- 4.31 **Working Balance:** We have allowed for the reduction of £0.950m in our Working Balance in accordance with previously agreed policy to keep the cash contingency at 5% of net budget.
- 4.32 **Council Tax Freeze Grant:** equivalent to 1% (£0.911m), receivable from central Government as compensation for not increasing our Council Tax in 2016/17. There has been no formal confirmation of whether this grant will be available in 2016/17. Introduced in 2011/12, it has been available for the last 5 years.

5. Addressing the Funding Gap - Future Direction and Shape of the Council

- 5.1 Our Transformation Programmes have fundamentally changed the way that the Council goes about its business by improving efficiency and reducing costs whilst still delivering benefits for citizens of Plymouth. Significant savings will be focused in four key programmes:

Growth, Assets and Municipal Enterprise (GAME)

- Economic growth initiatives that will provide financial dividends for the Council; attracting more businesses and business growth in the city and growing the council tax base through building more housing
- A more commercial approach to the way that we commission and run our services across the City - combining decent standards with high productivity

Integrated Health & Well Being (IHWB)

- Creating an integrated approach to health, wellbeing and social care commissioning and delivery
- Working co-operatively with partners to deliver joined-up high quality services

Customer Service Transformation (CST)

- Customer-led service redesign
- Transforming the way the Council interacts with citizens and serves its customers
- Meeting customer needs and preferences
- Moving to a purpose-built “1st Stop Shop” in the city centre

People and Organisational Development (POD)¹

- Smarter, evidence based decision-making for the Council using co-operative principles
- Affordable support services that support our changing organisational needs
- A strategic asset review
- Staff accommodation requirement

- 5.2 A number of desired non-financial benefits will also be realised through the Programmes including:
- Making the changes to services that are needed and taking opportunities to improve the customer experience as we do so;
 - Opportunities for council staff to improve their job satisfaction and gain knowledge, skills and experience;
 - Working co-operatively with partners across the city and in the wider region, helping achieve partnership objectives.

Growth, Assets and Municipal Growth (GAME) programme plus Place Directorate

- 5.3 GAME represents a range of initiatives to accelerate Plymouth's economic growth and deliver housing. This will raise income and reduce costs to the Council.
- 5.4 In addition, we will continue to review services such as refuse collection, recycling, street cleansing and parking to identify ways of making them more efficient and increase income and exploring potential new ways of delivering them in the longer term.
- 5.5 Embedding a commercial strategy will enable us to make the best use of our assets and take a more commercial approach to commissioning and running services. Commercialisation considers how we can generate new income streams whilst also maximising income from either recovering total costs for services provided or by generating new sustainable income streams.
- 5.6 The Growth Divided continues to accelerate growth in the City so that more housing and businesses generate additional income from Business Rates, Council Tax and New Homes Bonus.
- 5.7 Street Services continues the journey of modernisation and taking opportunities to work co-operatively with our communities, business and partners to provide more responsive Street Services such as Waste Collection and Disposal, Recycling, Parks, Street Cleansing whilst also looking at procuring Highways in a more collaborative way.
- 5.8 We are also continuously re-profiling programmes and projects to ensure the budget reflects when we need our resources for example City Deal.

¹ Our Cooperative Centre of Operations (CCO) has been merged with our People and Organisational Development programme (P&OD) and is now simply People and Organisational Development.

Customer Service Transformation (CST) plus Office of the Director of Public Health (ODPH)

- 5.9 The changes being made can be summarised as:
- Delivering a ‘tell us once’ approach to customer information saving customers and the Council from having to deal with multiple contacts for the same service request
 - Providing consistent measurable standards of customer service applied across all services and channels
 - Offering customers easy and convenient access to their preferred service channel
 - Expanding availability and scope of self-service channels across all service
- 5.10 Customer Service Transformation will deliver integrated, quality and consistent interactions between the public and the Council. We will reduce the number of ‘entry points’ on how the public and service users make contact with the council and ‘shift’ more costly and cumbersome processes and contacts into more efficient, commercial and sharper business.
- 5.11 An example of progress to date includes the opening of the new shop in New George Street which offers customers a completely different experience of dealing with the Council.
- 5.12 A continued focus on system investment is required to improve efficiency, through achieving greater on-line functionality and enabling the public to ‘self-help’ and access council services remotely (for example, the on line ‘fix my street’ application)
- 5.13 Having established a core operating model, service reviews will be carried out to ensure a consistent approach to serving customers is taken across the organisation.
- 5.14 The Director of Public Health will also review all departmental costs and plans to achieve savings in 2016/17 of £0.200m.

Integrated Health and Wellbeing (IHWB) programme plus People Directorate

- 5.15 In order to achieve the required savings and benefits across the People Directorate and Integrated Health & Wellbeing Programme the following areas will be focussed on:
- 5.16 **Integrated Delivery** by working in partnership with Plymouth Community Healthcare we will focus on the realisation of a single management arrangement and multi-skilled workforce the efficiencies created by this will be realised through the integrated PCH contract and a reduction in care package costs.
- 5.17 The **Integrated Commissioning** priorities will be to further identify areas where services can be jointly commissioned thus collectively managing the provider market, removing duplication of effort, joining together offers and realising efficiencies through the reduction/rationalisation of contracts across the whole system and maximising income and grant funding

- 5.18 Taken together, Integrated Delivery and Integrated Commissioning will enable the delivery of an enhanced health and social care service for Plymouth which will:
- Allow easier and earlier access to services that promote wellbeing or that provide help in a crisis
 - Empower people to take control of their own health and wellbeing
 - Support strong links between local communities in Plymouth with GPs, schools, social workers and community organisations, which will help people to stay independent for longer
 - Help older people who have come out of hospital to stay at home
 - Ensure that families and carers will not have to chase professionals or ask them to talk to each other
 - Support children with a learning disability and their families and carers in managing their needs and ensuring that when they turn 25 they will continue to receive the support they need
 - Develop social capital that enhances the lives of people in Plymouth through providing local resources that support a greater emphasis on prevention and early intervention
- 5.19 The **Children's Project** has been reviewing existing working practices and systems, over the coming months the focus will be on two key areas of the pathway:
- Early Help and how we can grow this offer across the whole system to prevent escalation in need and thus minimise high cost packages of support
 - Children's Social Care; new ways of working, the implementation of a revised IT system and the joining together of functions we will improve capacity across the system and realise efficiencies whilst protecting frontline staff
- 5.20 The **People Directorate** review will accelerate to support the review of all areas not within the scope of Integrated Delivery, Commissioning or Children's and Young People. Efficiencies and a reduction in headcount will be achieved through the opening of EVRS and then the subsequent remodelling of teams and services across the directorate.
- 5.21 The Directorate will also continue to seek to maximise all available grant funding and additional income opportunities.

People and Organisational Development (POD) programme plus Transformation and Change Directorate

- 5.22 In October 2014, we went live with the shared ICT service delivery, (Delt), collaborating with our health partners, the N.E.W. Clinical Commissioning Group (CCG). This new jointly owned entity will enable us to achieve more efficiency savings whilst delivering our planned change agenda including the integration of health and social care. Moving forward, we will seek opportunities to expand the client base and remit of Delt in order to maximise income generation potential with a number of potential new customers already identified.

- 5.23 A full review of the Human Resources, Finance and Corporate Services will identify new ways of working to reflect the changing requirements of the organisation; in particular, supporting the advent of more commissioned and shared frontline services. Utilising information technology, we will enable the business to access real time management information using core systems. Modernising our processes will make us more efficient and enable us to reduce our staffing and other associated support costs. Included within the Finance review are plans to strengthen the approach to making the Council more commercial through the recruitment of a senior post reporting to the Strategic Director for Transformation and Change.
- 5.24 Included in the Corporate Services review will be the consideration of an Integrated Assurance Service, bringing together teams from Audit, Risk & Insurance, Fraud and Health & Safety to have an integrated 'compliance' function. This new function would provide a slicker, joined up management tool for the business, reducing the volume of compliance testing needed across the individual support functions whilst, also, creating a combined service that will have income generation potential.
- 5.25 Commissioning and Procurement will develop better intelligence around the Council's, and key partners', spending patterns. This will enable greater opportunities for collaboration and drive efficiencies of scale to deliver tangible savings.
- 5.26 The core focus of the POD programme will be to flexibly adapt all back office support services, using the most appropriate delivery mechanisms, in order to shape the organisation to be in a position to take advantage of the opportunities that change across public services will present. For example, major changes in other transformation programmes, such as creating an integration delivery function for health and adult social care, will require significant changes in how we organise our support functions.
- 5.27 Reflecting the maturity of our Transformation Programme, as we move from planning to delivery, we will be reducing the cost of the core portfolio team year-on-year reducing the cost base by £0.500m each year.

Other savings / Income assumptions

- 5.28 In addition to the savings detailed above, we have also put in place the following cost savings and income assumptions.
- 5.29 Within the Chief Executive's Office, we are forecasting savings of £0.050m for 2016/17.
- 5.30 We continue to review our Treasury Management Strategy to ensure we get the best balance of risk versus return on our investments, whilst ensuring the best available sources of borrowing. We will also review our Capital Financing Requirement (CFR) to ensure we minimise our MRP (Minimum Revenue Provision) requirement. For 2016/17, we are planning for additional savings of £1.245m.
- 5.31 We have again set a target saving of £0.200m within Corporate Items to reflect the sale of annual leave to employees.
- 5.32 A full review of all Corporate Items to include: benchmarking our policy on capitalisation of revenue expenditure in areas such as our PCC/CCG integrated fund; a consistent policy on charging for commercial debt late payments; rates hardship relief.
- 5.33 The full analysis of our £19.799m savings plans for 2016/17 is included as **Appendix A**.

6. 2016/17 Detailed Budget

- 6.1 The net revenue budget that we are presenting for 2016/17 is for £188.194m which is currently £3.442m more than the estimated resources available.
- 6.2 We will continue to develop financial solutions over the coming weeks in order to present a balanced budget to the February 2016 Full Council meeting.

Table 8: Indicative Budget position

	2016/17 £m	2017/18 £m	2018/19 £m
REVENUE RESOURCES AVAILABLE	184.752	179.090	173.650
Baseline spend requirement	193.009	184.752	179.090
Plus identified additional costs	16.845	5.177	4.307
Less One-off Opportunities	(1.861)	-	-
Overall spend requirement	207.993	189.929	183.397
Gap before intervention:	(23.241)	(10.839)	(9.747)
Savings (Appendix A)	19.799	10.511	6.416
Revised Spend requirement (Budget)	188.194	179.418	176.981
Indicative Budget Gap	3.442	0.328	3.331

More details for the three indicative years are set out in **Appendix B**.

Recommendation 1: That the proposed revenue target budget requirement for 2016/17 of £184.752m is presented for full public scrutiny in January 2016.

Recommendation 2: That the proposed indicative revenue forecasts for 2017/18 and 2018/19 are also presented for full public scrutiny in January 2016

Recommendation 3: That members and officers continue to bring forward further solutions in order to close the existing £3.442m budget gap in 2016/17 to present a balanced budget at Full Council February 2016.

- 6.3 In setting the budget, we have taken a cross-cutting approach to prioritisation and resource allocation. However, for reporting purposes, we have re-presented the figures on a departmental basis in **Table 9** in order to provide a year by year comparison.

Table 9: Indicative target budget by directorate 2016/17

Directorate	2015/16 Budget as at Sept 2015 £m	Indicative 2016/17 Budget £m	Net Movement £m
Executive Office	3.867	3.817	(0.050)
Corporate Items	7.915	7.279	(0.636)
Transformation and Change	33.291	31.790	(1.501)
People Directorate	123.119	121.902	(1.217)
Public Health	1.016	0.816	(0.200)
Place Directorate	23.801	22.590	(1.211)
Grand Total	193.009	188.194	(4.815)

- 6.4 The figures stated are net revenue figures. For comparison purposes, our net budget for 2015/16 is £193.009m.
- 6.5 Clearly, our budget solutions moving forward rely on us to, wherever possible, maximise the income and investment coming into the city alongside the need to reduce our spend commitments.

7. Review of Reserves and Risk Management

- 7.1 There is continuing uncertainty around our future funding settlements, highlighted by the one year funding envelopes where we used to have visibility for a four year horizon. We know the government is looking to overhaul the NDR (Business Rates) funding during this parliament. There is also a rates revaluation to be undertaken for 2017 implementation.
- 7.2 We do not yet have enough information to fully model the impact of the government's Welfare Reform and how it will affect both demand and therefore costs in areas such as our Council Tax Support Scheme.
- 7.3 Given these uncertainties, it is important we maintain our prudent approach to risk management and the retention of our reserves.
- 7.4 Our core working balance, as at 31 March 2015, at £10.6m representing 5.5% of our indicative net 2015/16 revenue budget £193.009m. Our plans are to retain the Working Balance level throughout 2016/17 at a minimum of 5% (compliant with the objectives set within our Medium Term Financial Forecast) and consistent with the approach adopted by other unitary authorities. We are therefore proposing to reduce our Working Balance in 2016/17 by £0.950m to a revised £9.7m, representing 5.2%.

- 7.5 In addition to the Working Balance, specific earmarked reserves are forecasted at £28.5m at the end of March 2015 and forecasted to reduce to £20.5m by 31 March 2016. The balances include, under Internal Financial Reporting Standards (IFRS) requirements, Schools Balance (currently £7.4m) and unused year end Grants carry forwards once quantified.
- 7.6 Specific reserves are set to cover known or estimated future costs for specific activities and/or liabilities.
- 7.7 As part of our revenue budget, we have historically carried a contingency as part of the Corporate Items budget. This is set aside to cover any unforeseen budget pressures. For 2016/17 this has been retained at £1m. As and when the exceptional pressures become evident during the year, directors will need to present evidence to gain approval to draw down from this contingency.
- 7.8 An analysis of actual, and planned, movement across all key Council Reserves is set out in **Appendix C**.

8. Human Resources and Workforce

- 8.1 The Council directly employs approximately 2,781 staff (2,306 FTE) and approximately 2,000 FTE staff within maintained schools. The impacts of the Council's budget proposals affect only those employed directly as schools have delegated budgets for staffing.
- 8.2 Budget provision (approximately £1m) is put aside for an increase in pay costs. An allowance for future pay awards has been factored into our cost pressures.
- 8.3 We continue to drive the values of a fair and equitable employer and have adopted the principles of The Living Wage. We will be implementing the new Living Wage rate of £8.25 per hour from April 2016.
- 8.4 A strategic spotlight on talent management will ensure we review the whole spectrum of how we attract, develop and retain an 'agile' and brilliant workforce. Workforce planning is a key tool that will enable us to proactively plan for the medium and longer term; understanding internal and external drivers that will change the shape and cost of our workforce for the future.
- 8.5 Our success in attracting and building our base of apprenticeships across the council has been impressive. We currently host 81 apprentice learners. Such placements help Plymouth City Council to invigorate the workforce, attracting new ideas and harvesting a healthy culture of nurturing and developing local talent.

- 8.6 Our workforce has reduced significantly in the last 3 years; a reduction of 29% (Full Time Equivalent) since April 2012. In overview terms, as of October 2015, we have reduced our FTE posts by 943 since March 2012 with further posts being considered through alternative service delivery mechanisms (e.g. shared services, social enterprises) as a direct result of the actions and solutions that will be delivered within the 2016/17 budget.

Table 10: FTE Year on Year comparison

	Mar 12	Mar 13	Mar 14	Mar 15	Oct 15	Net Movement Mar 12 - Oct 15
	FTE					
Executive Office	38	34	31	68	67	29
Transformation & Change	856	802	798	685	622	(234)
People	1,493	1,482	1,329	949	928	(565)
Place	862	792	746	626	595	(267)
Public Health	-	-	-	95	94	94
Total	3,249	3,110	2,904	2,423	2,306	(943)

Numbers in () indicate a reduction

- 8.7 2016/17 will see further FTE reductions. For example, as part of the Transformation Programme, the Transformation and Change Directorate (Corporate Support Services) are implementing service reviews in 2015/16 to fix, prepare and transform the way that the corporate centre supports the Council and our external customers.
- 8.8 In HR&OD and Finance, this will include the introduction of an Ulrich Business Partner model that will improve and modernise the way that staff and managers access these services and transform the way that corporate services support their customers. A positive gear change from transactional to strategic support will require ICT investment to enable efficient and effective self-service and contact centre capability and functionality. An internal 'AGILE HR' and 'Finance Fit' staff development programme is being developed to improve our in-house skills and capability in business partnering, specialist and transactional shared business services.
- 8.9 In the next 4 years the downward trend in our FTE numbers is expected to continue but at a slower pace now that early opportunities to reduce our direct workforce via transfers into arms-length and external service delivery organisations have largely been taken. An annual 5% FTE reduction will see the workforce reduce in size from 2,306 FTE (as of Oct. 2015) to c. 1,877 FTE by April 2020. This will be impacted by a number of factors including staff turnover, TUPE transfers (both in and out of PCC) and organisational change programmes and will require effective workforce planning. A commercial approach and shared services opportunities may offset these reductions.

- 8.10 The overall salary bill continues to be a significant cost to the Council, costing circa £80m including on-costs. Local Collective Agreements in 2000, 2004 and 2011 have reduced pay and terms and conditions considerably in recent years and a new ‘Productivity Deal for Staff’ using a Total Reward approach will be developed to increase productivity, improve employee engagement and reduce cost. Agency worker costs and management costs will be reviewed to ensure optimal organisational structures are in place, along with an aligned workforce development strategy to ensure we are growing our own talent and developing our staff and our volunteers to flourish within an agile whole system public services workforce.
- 8.11 Absence rates across the council are an average of 7.51 days (October 2015). We are below average rates compared to other unitary councils, however there is still much we can do to improve attendance so we will retain close monitoring and management action in order to continue the downward trend in future years.

9 Capital Resources

- 9.1 The Council has expanded the Capital Resources Forecast to include current year 2015/16 plus four to 2019/20. There remains some volatility around future capital grant funding and income generation through capital receipts. The five year forecast is based on known and anticipated future capital funding streams using the assumptions as detailed below.

Table 11: Five year Estimated Capital Resources

Funding Source	2015/16	2016/17	2017/18	2018/19	2019/20	Total
	£m	£m	£m	£m	£m	£m
Un-ring-fenced Grants	15.306	10.071	6.585	5.315	5.315	42.592
Ring-fenced Grants	23.402	26.574	39.681	12.288	8.665	110.610
Developer Contributions	20.563	8.016	6.200	6.201	6.200	47.180
Capital Receipts	10.550	3.935	1.740	0.525	2.400	19.150
Unsupported Borrowing	24.518	6.299	8.008	5.000	5.000	48.825
Revenue funds / other	4.516	4.952	1.610	1.255	1.280	13.613
Total	98.855	59.847	63.824	30.584	28.860	281.970

- 9.2 The current funding assumptions total £282m but this will increase as more investment to the city is secured. From this forecasted funding, £13m has been allocated to the Investment Fund and a further £139m to the overall Capital Programme.
- 9.3 There is a clear link between the revenue budget and unsupported borrowing. Where a capital project is not fully funded the Council may have to borrow the additional funds and the associated interest charge has to be paid for through the revenue budget.

- 9.4 As un-ring-fenced capital resources are fully committed within the existing approved capital programme, future capital proposals which would formerly have contained a request for un-ring-fenced resources will be shown as funded from borrowing. This will ensure that any exposure to risk surrounding the over allocation of un-ring fenced resources is mitigated. Should alternative un-ring-fenced (or otherwise) resources become available by the end of the financial year, then this borrowing will not be required.
- 9.5 There are a number of risks inherent within the calculation of forecast resources, the majority of which are reflected by the use of an appropriate RAG rating. Every additional £1m borrowed for a project over 10 years will cost the revenue budget circa £0.129m being £0.029m interest and Minimum Revenue Provision (the money set aside to repay the loan) of £0.100m per year.
- 9.6 More details of our five year Capital Programme are set out in **Appendix D**.

Recommendation 4: That the capital forecast of £282m is presented for full public scrutiny in January 2016.

- 9.7 Key schemes include:
- History Centre
 - Major infrastructure projects to support large scale growth of eastern and northern corridors
 - School build and modernisation
 - Housing development (e.g. Housing Loan Scheme)
 - City market major refurbishment
 - Street lighting bulb replacement
 - Multi £m investment in the city's roads maintenance
- 9.8 Officers will remain proactive at optimising external grant funding wherever possible in order to continue to deliver significant, ambitious capital investment in the city. The indicative programme will be continually updated as further details of funding are made available.
- 9.9 We remain committed to a significant capital investment programme despite the current economic climate. The Council, engaging with partners in major regeneration of the city, will not only contribute towards delivering improvement priorities, but will also help to sustain much needed work opportunities in the local area (for example, the construction industry).
- 9.10 However, with resources at a premium, we need to ensure that we maximise the outcomes and revenue savings generated through capital investment. For example, growing businesses in the city and building more houses will generate much needed business rate income, new homes bonus and extra council tax.
- 9.11 Significant progress has been made over the last 12 months in much needed road re-surfacing and we will continue to build on this programme throughout this five year capital budget. We note with interest the Chancellors statement regarding the creation of a "Pothole" Fund. At the time of writing the details of this are still unknown. Whilst government have been deliberating the Council has proactively committed resources to improve the state of the city's roads and have significantly reduced the number of potholes over the last few years.

- 9.12 In partnership, we have undertaken a strategic review of all of the council's assets. This review will help us to take a more sustainable, longer term view to decision making regarding the level of investment and dis-investment from our asset base. We will continue to challenge the purpose and need for asset ownership, consider investing and building the asset base where appropriate and generate capital receipts and encourage more house building through the sale or development of the land and buildings that we own.

10 Next Steps

- 10.1 This is a draft budget report for consultation. In early February 2016, Cabinet will consider all consultation responses, along with the output from the January 2016 budget scrutiny and any material changes from the final funding settlement, prior to recommending a final budget for adoption by Full Council on 29th February 2016.
- 10.2 Cabinet and officers will continue to challenge all of the cost and saving assumptions in this report to close the current gap and present a balanced budget in February.
- 10.3 The overall revenue and capital budget allocations stated in this report are accurate based on the information known to us at the time of writing. However, there will be a number of adjustments that will be required within the overall revenue total.
- 10.4 Officers and Members need to work through the detail of the Chancellor's proposed Council Tax Levy of 2% to fund social care and implications for the final 2016/17 Budget.
- 10.5 Officers and Members need to work through the implications of a Council Tax freeze versus any increase for 2016/17 and the impact on future funding.
- 10.6 All departmental budgets will need to be updated and adjusted to account for:
- a. Final allocations re Revenue Settlement;
 - b. Virements undertaken during the period October to 31 December 2015;
- 10.7 Details of all such corporate adjustments will be incorporated within the papers for the final February 2016 Council budget meeting. Corporate adjustments are not anticipated to materially affect the departmental revenue targets as detailed within this report.

Recommendation 5: Cabinet consider findings from consultation, feedback from budget scrutiny and any material changes announced in the final Settlement for Plymouth City Council in early February 2016.

BUDGET SAVINGS £m

APPENDIX A

Area	Project	2016/17	2017/18	2018/19
GAME/Place	Growth Dividend – New Homes Bonus	1.319	0.850	0.850
GAME/Place	Growth Dividend – Council Tax	Moved to resources £0.680m / £0.730m	0.680	0.680
GAME/Place	Growth Dividend – Business Rates		0.250	0.840
GAME/Place	Investment Portfolio	0.100	0.300	0.800
GAME/Place	Commercialisation and Income Reviews	0.756	1.761	1.076
GAME/Place	Place Directorate Review	0.503	0.040	-
GAME/Place	Place 2015/16 one-off savings b/fwd.	0.335	-	-
GAME/Place	Reduced Insurance premiums	0.200	-	-
GAME/Place	Street Service Operations	0.250	0.100	0.750
GAME/Place	City Deal Re-profiling	0.200	-	(0.200)
GAME/Place	Highways Re-Procurement	-	0.250	-
CST	Customer Service Transformation	1.349	-	-
ODPH	ODPH Directorate savings	0.200	-	-
IHWB/People	Integrated Delivery	0.830	-	-
IHWB/People	Integrated Commissioning	2.331	3.000	0.520
IHWB/People	Children, Young People, Youth and Families	2.400	0.500	-
IHWB/People	People Directorate Review	1.435	-	-
IHWB/People	Maximising Grants/Income/efficiencies People Directorate	2.219	-	-
POD/T&C	Finance Transformation	1.500	-	-
POD/T&C	HR Transformation	0.300	-	-
POD/T&C	Procurement Savings	0.400	-	-
POD/T&C	Legal department Transformation	-	0.200	-
POD/T&C	Corporate Fraud Debt Recovery	0.100	-	-
POD/T&C	Strategic Asset review	0.070	-	-
POD/T&C	Maximising Grants/ Income/efficiencies T& C Directorate	-	1.100	-
POD/T&C	Delt Savings under review	0.704	-	-
POD/T&C	Transformation Portfolio Savings	0.500	0.500	0.500
POD/T&C	Library review	0.048	0.080	-
POD/T&C	Review of Elections	-	0.100	-
Chief Ex	Chief Executive Office	0.050	-	-
Corp Items	Treasury Management	1.245	0.800	0.600
Corp Items	Sale of Annual Leave	0.200	-	-
Corp Items	Corp Items Review	0.255	-	-
	Total Savings	19.799	10.511	6.416

INDICATIVE NET REVENUE BUDGETS 2016/17 – 2018/19
APPENDIX B

2016/17 Indicative Budget	Corporate Items	Executive Office	People Directorate	Place Directorate	Public Health	Transformation & Change	Total General Fund
	£000	£000	£000	£000	£000	£000	£000
2015/16 Base Budget	7,915	3,867	123,119	23,801	1,016	33,291	193,009
Cost & Volume	3,714	0	7,998	2,133	0	3,000	16,845
Risks & Opportunities	(1,861)	0	0	0	0	0	(1,861)
Savings	(2,489)	(50)	(9,215)	(3,344)	(200)	(4,501)	(19,799)
Indicative 2016/17	7,279	3,817	121,902	22,590	816	31,790	188,194

2017/18 Indicative Budget	Corporate Items	Executive Office	People Directorate	Place Directorate	Public Health	Transformation & Change	Total General Fund
	£000	£000	£000	£000	£000	£000	£000
2016/17 Base Budget	7,279	3,817	121,902	22,590	816	31,790	188,194
Cost & Volume	1,500	0	2,967	710	0	0	5,177
Savings	(800)	0	(3,500)	(4,231)	0	(1,980)	(10,511)
Indicative 2017/18	7,979	3,817	121,369	19,069	816	29,810	182,860

2018/19 Indicative Budget	Corporate Items	Executive Office	People Directorate	Place Directorate	Public Health	Transformation & Change	Total General Fund
	£000	£000	£000	£000	£000	£000	£000
2017/18 Base Budget	7,979	3,817	121,369	19,069	816	29,810	182,860
Cost & Volume	1,800	0	3,217	(710)	0	0	4,307
Savings	(600)	0	(520)	(4,796)	0	(500)	(6,416)
Indicative 2018/19	9,179	3,817	124,066	13,563	816	29,310	180,751

RESERVES

APPENDIX C

Reserves Summary	Balance as at 31/03/2015	Forecasted Movement 15/16	Forecasted Balance as at 31/03/2016	Forecasted Movement 16/17	Forecasted Balance as at 31/03/2017	Purpose of Reserve
	£000	£000	£000	£000	£000	
Commuted Maintenance Total	(3,058)	(217)	(3,275)	32	(3,243)	Funds set aside to fund future years maintenance costs of specific areas of land, buildings or equipment
Care Act	(500)	500	0	0	0	Funds set aside to fund costs of implementing the Care Act
Grants carry forward	(2,500)	2,500	0	0	0	Carry forward grants from one financial year to the next financial year
Investment Fund	(1,554)	890	(664)	164	(500)	Funds set aside to finance Investment Fund
Job Evaluation/Equal Pay	(200)	0	(200)	0	(200)	Funds set aside to fund job evaluation claims
Life Centre Dowry	(600)	0	(600)	0	(600)	Future funding for major remedial works to Plymouth Life Centre
Plan for Jobs	(390)	390	0	0	0	Funds set aside to fund job creation projects in the city
Recovery costs - Icelandic Banks	(85)	0	(85)	0	(85)	Funds set aside to cover Icelandic claim legal costs
Insurance & Risk Management	(1,179)	879	(300)	0	(300)	To minimise insurance risk and meet unforeseen / increased costs of insurance
Additional Pensions Liability	(566)	0	(566)	0	(566)	Funds set aside to cover additional pension fund liability post valuation
Redundancies & Voluntary Release	(700)	700	0	0	0	Funds set aside to cover employee reductions, balance to be reviewed during outturn 2015/16
Carry Forwards	(753)	753	0	0	0	Revenue carry forwards to fund known /specific costs in future years
Skills Agenda	(87)	10	(77)	0	(77)	Funds set aside for skills improvement projects
Stock transfer residual liabilities	(1,005)	0	(1,005)	0	(1,005)	To fund potential liabilities post stock transfer to Plymouth Community Homes
Transformational Change Reserve	(135)	135	0	0	0	Funds set aside to fund the acceleration of the Corporate Transformation Programme
Waste Reserve	(750)	750	0	0	0	To cover Waste Disposal costs ahead of EfW plant go live
Earmarked General Reserves Total	(11,004)	7,507	(3,497)	164	(3,333)	

Reserves Summary	Balance as at 31/03/2015	Forecasted Movement 15/16	Forecasted Balance as at 31/03/2016	Forecasted Movement 16/17	Forecasted Balance as at 31/03/2017	Purpose of Reserve
	£000	£000	£000	£000	£000	
Beechwood Campus Drs Surgery Reserve	(35)	0	(35)	0	(35)	Set aside funds for known future years liability
Education Carry Forwards	(13)	0	(13)	0	(13)	Schools ring-fenced resources
PFI reserves	(1,391)	0	(1,391)	0	(1,391)	PFI Credits received in advance
School Budget Share	(7,365)	0	(7,365)	0	(7,365)	Schools ring-fenced resources - mainly funded via grants
PACLS	(100)	0	(100)	0	(100)	Funds set aside in respect of potential pension liability re PACLS
Education/schools Earmarked reserves Total	(8,904)	0	(8,904)	0	(8,904)	
Other reserves Total	(1,177)	379	(797)	(418)	(1,216)	All reserves have been reviewed and confirmed as required to meet specific policy requirements
A386 Park & Ride Leased Spaces	(400)	44	(356)	44	(312)	Reserve for leased spaces at George Park & Ride Site
Brickfields Sports Development	(44)	44	0	0	0	Reserve set aside to meet future expenditure in Devonport in lieu of grant funding in 2007/08
Tamar Bridge & Torpoint Ferry	(2,575)	0	(2,575)	0	(2,575)	This balance represents Plymouth's 50% share of the operations ring-fenced reserves
Tamar House - Commercial rents sinking fund	(724)	286	(438)	50	(388)	Manage RDA purchased assets and net income etc. be used for Economic Development Initiatives
Other Ring fenced Reserves Total	(3,743)	374	(3,369)	94	(3,275)	
Trading Account & other statutory reserves Total	(574)	65	(509)	0	(509)	Accumulated trading position, for reinvestment in trading activities or departmental related expenditure
Working Balance Total	(10,620)	951	(9,669)	0	(9,669)	
Grand Total	(39,080)	9,059	(30,021)	(128)	(30,149)	

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CAPITAL INVESTMENT PROGRAMME 2015/16 TO 2019/20

APPENDIX D

Approved Capital Programme	2015/16	2016/17	2017/18	2018/19	2019/20	Total
	£000					
Investment Fund	5,646	2,714	4,461	0	0	12,821
Total	5,646	2,714	4,461	0	0	12,821
Pioneering						
Electric Car Charge Points	18	-	-	-	-	18
Energy Projects	1,565	1,681	-	-	-	3,246
Ernesettle Solar Farm	3,187	549	-	-	-	3,736
Street Lighting Bulb Replacement	3,125	150	-	-	-	3,275
Vehicles	3,629	1,619	-	-	-	5,248
West Hoe Pier	106	-	-	-	-	106
Retained Waste	1,800	-	-	-	-	1,800
Whitleigh HQ	940	303	-	-	-	1,243
The History Centre	155	200	2,622	610	-	3,587
City Market	227	3,093	79	-	-	3,399
City Centre	45	236	119	-	-	400
Coastal Communities	24	-	-	-	-	24
Mount Edgcombe	226	182	-	-	-	408
Mercury Abatement	-	-	1,093	-	-	1,093
Customer Services	1,468	-	-	-	-	1,468
ICT	4,153	64	-	-	-	4,217
Assets Lifecycle Maintenance	500	-	-	-	-	500
Corporate Heritage Maintenance	411	-	-	-	-	411
Corporate Property	37	-	-	-	-	37
Accommodation Strategy	82	-	-	-	-	82
Accommodation Transformation	4,213	-	-	-	-	4,213
Sustainable Energy	126	150	-	-	-	276
Total	26,037	8,227	3,913	610	0	38,787
Growing						
S106 Transport	1,101	333	-	-	-	1,434
Strategic Housing	310	144	-	-	-	454
South Yard	1,256	7,968	6,040	133	-	15,397
Gypsy & Traveller Sites	719	500	-	-	-	1,219
Basic Need - Schools	10,706	2,940	-	-	-	13,646
Development Works	35	4,000	-	-	-	4,035
Condition Works	3,530	-	-	-	-	3,530
Oreston Primary Academy - S106	23	-	-	-	-	23
Universal Infant Free School Meals	50	-	-	-	-	50
Devolved Capital	1,479	771	475	475	475	3,675
Total	19,209	16,656	6,515	608	475	43,463

Caring						
Joint Commissioning & Adult Social Care	1,332	-	-	-	-	1,332
Homes & Communities	1,157	-	-	-	-	1,157
Basic Need - Nursery Places	274	300	-	-	-	574
SEN & Inclusion	99	-	-	-	-	99
Total	2,862	300	0	0	0	3,162
Confident						
Transport	7,778	12,505	670	1,613	-	22,566
Saltram Countryside Park	691	356	-	-	-	1,047
Biodiversity Gain & Visual Improvements	128	128	-	-	-	256
Planning	1,819	2,409	-	-	-	4,228
Street Services Transport	11,464	4,114	4,307	2,000	2,000	23,885
Flood Defence	106	-	-	-	-	106
Barbican Public	1	-	-	-	-	1
Homes & Communities	56	-	-	-	-	56
Plymouth Life Centre	47	-	-	-	-	47
Corporate Property	724	-	-	-	-	724
Public Conveniences	412	25	-	-	-	437
Total	23,226	19,537	4,977	3,613	2,000	53,353
Forecast future income streams	21,875	12,413	43,958	25,753	26,386	130,385
GRAND TOTAL	98,855	59,847	63,824	30,584	28,861	281,971

NOVEMBER 2015 FINANCE MONITORING

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	3.952	0.085	(0.063)
Corporate Items	14.010	(6.159)	7.851	6.138	(1.713)	(0.015)
Transformation and Change	26.682	6.584	33.266	35.233	1.967	(0.278)
People Directorate	121.400	1.780	123.180	123.695	0.515	0.082
Public Health	0.194	0.813	1.007	1.007	0.000	0.000
Place Directorate	26.883	(3.045)	23.838	24.580	0.742	(0.029)
SUB-TOTAL	193.009	0.000	193.009	194.605	1.596	(0.303)

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	348.228	349.258	1.030
Plymouth City Council	*131.000	136.137	136.569	0.432
TOTAL	462.000	484.365	485.827	1.462

The financial position above for the Plymouth Integrated Fund is for October.

*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 PCC to NEW Devon CCG.

Table 3: Key Issues and Corrective Actions

Issue	Variation £M	Management Corrective Action
<p>EXECUTIVE OFFICE</p> <p>Democracy and Governance support cost pressures. £0.225m relates to a stretch target for efficiencies in this area.</p>	0.085	<p>Pressure reduced following Cooperative Councils Innovation Network income and Britain's Ocean City producing additional income, as well as savings across supplies, transport and support budget codes. Remaining pressure being actively managed but are difficult to quantify.</p> <p>An EVRS scheme in this area ended mid-November and the financial impact will be reflected in the December monitoring report.</p>
<p>CORPORATE ITEMS – Cross cutting savings</p> <p>The cross cutting savings target linked to a strategic asset review of £0.285m has only identified savings of £0.015m linked to a review of income received from recharging utility costs.</p> <p>The iChoose Annual Leave savings target of £0.200m is forecast to achieve £0.183m from the purchase of additional leave scheme, resulting in a shortfall of £0.017m.</p>	(1.713)	<p>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.</p> <p>The 2nd offering of the purchase of annual leave scheme was completed in October, therefore there it is unlikely that the £0.017m variance will be closed via this means, however officers will continue to review budgets within Corporate Items to achieve savings.</p> <p>Officers have reviewed insurance provisions and reserves and, at this stage, anticipate the potential for an in year reduction of up to £1.000m which will be available if required to offset any budget pressures across the Council. There is also a general contingency budget of £1.000m which is also available to meet any one off issues / pressure.</p>

<p>TRANSFORMATION and CHANGE – Finance</p> <p>There is a forecast underspend on staffing budgets and previously reported cost issues related to maintenance have now been capitalised.</p>	(0.190)	<p>An EVRS scheme in this area is underway which will be finalised mid-November and the financial impact reflected in the December monitoring report.</p>
<p>TRANSFORMATION and CHANGE – Legal</p> <p>The forecast income is lower than previous years and employee turnover assumptions have not been as high as budgeted.</p>	0.049	<p>Improvement is due to staff vacancies and staff going on maternity leave. Other opportunities still being sought to reduce the shortfall in year.</p>
<p>TRANSFORMATION and CHANGE – Customer Services</p> <p>The £1.200m Transformation savings target has been achieved in-year through a Service Review, vacancy management, and the improved collection process resulting in £0.343 being collected in relation to previous years outstanding debt on Council Tax.</p>	0.000	<p>The completed service review will deliver the full year savings target of £1.200m in future years on an ongoing basis.</p>
<p>TRANSFORMATION and CHANGE – Human Resources & OD</p> <p>There is a forecast underspend on staffing costs which is partly offset by reduced income from HR advisory services.</p>	(0.241)	<p>Improvement is due to continued staff vacancies and completion of the EVRS scheme.</p>
<p>TRANSFORMATION and CHANGE – POD programme and Departmental</p> <p>The POD programme has a target of £1.5m to achieve in 15/16.</p> <p>Despite delays, HR and Finance have continued to put in efforts to meet this target and are now estimated to achieve £0.233m of the £0.800m target in this financial year. There continues to be a shortfall on the savings target set relating to Delt expanding IT services to new customers of £0.300m.</p>	1.329	<p>Management are continuing to review staffing expenditure to ensure that all opportunities are maximised. Enhanced voluntary release has now been run in HR&OD and coming to an end in Finance.</p>

<p>The overall in year shortfall against the POD programme is currently £1.067m.</p> <p>There are more than £0.200m of previous savings targets which were achieved in 14/15 through one off activities or underspends.</p> <p>There is a forecast underspend on Transformation costs of £0.053m.</p>		
<p>TRANSFORMATION and CHANGE – ICT Commissioned Service</p> <p>Financial reconciliations of DELT have highlighted a funding shortfall of c£1.000m related to:</p> <ul style="list-style-type: none"> • £0.400m insufficient costs budgeted for on-going provision of ICT service. • £0.100m resulting from the decant of the civic centre, Delt now needs to fund accommodation costs. • £0.300m increased use of staff on business as usual IT activity rather than project work compared to budget forecast. • £0.200m estimated additional costs above the business case relating to back office costs of DELT. 	1.020	<p>Officers are continuing to review options with DELT, including ensuring that project income is maximised, and where possible back office services are provided by the Council.</p>
<p>PEOPLE – Children Young People and Families</p> <p>The Children Young People and Families Service is reporting a budget pressure of £0.671m</p> <p>As part of the transformation project for 2015/16, the CYP&F was expected to make savings of over £1.500m (in order to contribute to the £8.045m Directorate target).</p> <p>There are risks that will require close monitoring and management during the year:</p> <ul style="list-style-type: none"> - There are currently 89 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. 	0.671	<p>Against the target of £1.500m, £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. . One off Families with a Future (FWAF) rewards of £0.200m are on target to be achieved. However, we are projecting a further £0.145m saving to year end on Creative Solutions for placements and there are considerable risks with this.</p>

<ul style="list-style-type: none"> - High number of placements in Welfare Secure, with 3 placements in year there is currently 1 in situ. - Unexpected court-ordered spend on Parent & Child Assessment placements. <p>The overall number of children in care at the end of November increased by 6 to 395.</p> <p>The number of children placed with independent fostering agencies has reduced by 1 to 89 which is above the budget of 68. Residential placements have increased by 3 to 25 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 have been placed in high cost placements, these placements were at a higher cost than welfare secure.</p> <p>The number of young people placed in ‘welfare’ secure placements remains constant with 1 young person in situ. The In-House Foster Care placements have increased to 185 placements against a budget of 209, with 3 in ‘Other Local Authority’ Foster Care. There is currently 1 In House Parent & Child Assessment Placement, 6 court-ordered Independent Foster Care placements and 3 high cost Residential placements. The number of young people 16+ placed in supported living has reduced to 19 against a budget of 22.</p> <p>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 is not able to address individual guardian recommendations whilst proceedings are live and this represents a significant challenge in managing spend on these placements.</p>		<p>A paper has been approved by cabinet agreeing to the proposal for contract award for 5 residential children’s homes beds in and close to the city for Plymouth children and young people in care with a reputable children’s home provider. This will ensure that there are sufficient resources available for our most vulnerable young people and potentially reduce the spend on costly out of area packages of care. Progress to date, contract negotiation to complete December 2016. Properties have been identified although there could be risks with Ofsted regulations for registration which may cause a delay.</p> <p>The current commissioning arrangements for Supported Accommodation are being reviewed in order to provide more capacity at a reasonable price. CSC/Commissioners/DCH Block Provider proactively working together to review individual Lot 4 placements for step down, and all referrals to prevent use of Lot 4. The current commissioning plan is in draft form, ready for review in December.</p> <p>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.</p>
<p>PEOPLE – Management and Support</p> <p>Savings identified from Directors contributions to other bodies.</p>	<p>(0.007)</p>	

PEOPLE – Strategic Co-operative Commissioning

The Strategic Co-operative Commissioning (SCC) service is reporting to come in (£0.231m) under budget at the end of month 8, no change from month 7. 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.
- Income – currently there is a favourable variation of (£0.325m) on income overall, mainly 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 £0.161m which is due to both increased costs and usage of the service, along with a movement of clients from a block contract.

As part of the transformation project for 2015/16, the SCC budget will need to make savings of over £5.000m (in order to contribute to the £8.045m Directorate target) with the activities and actions that will drive delivery forming part of the transformation programme.

Two risks that are being closely 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.

(0.231)

So far, SCC has achieved in the region of £4.500m of savings around reduced client numbers in residential and nursing, reviews of high cost packages and contract savings, however there are £0.5m of delivery plans for 2015/16 that are currently showing as RAG rated amber, ie reviews to care packages, and further use of ECH housing instead of higher cost placements, that are still being achieved and, if necessary, alternative plans being 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.

<p>PEOPLE – Housing Services</p> <p>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.</p>	0.000	
<p>PEOPLE – Learning & Communities</p> <p>Learning and Communities is reporting a pressure of £0.082m due to the Home to School transport taxi and minibus contract costs which have been retendered with effect from 1st January 2016. The retendering exercise resulted in a full year effect increase in cost totalling £0.327m.</p> <p>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.</p>	0.082	To date one off savings totalling £0.228m has been identified against savings targets.
<p>PUBLIC HEALTH –</p> <p>The public health ring-fenced grant was identified as one of the areas targeted for in year budget cuts and the reduction for 2015/16 has now been confirmed as £0.919m for Plymouth City Council.</p>	0.000	Now that the cut has been quantified, the management team are putting plans in place for reducing expenditure. This includes managing vacancy levels and reviewing contract activity levels across Public Health commissioned contracts.
<p>PLACE - Strategic Planning and Infrastructure</p> <p>SP&I are projecting an estimated outturn variation of (£0.251m). 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.</p> <p>This has more than countered cost pressures within other parts of the SPI budget.</p>	(0.251)	Income and expenditure is routinely reviewed each cycle to control spend and maximise income.

<p>PLACE - GAME</p> <p>Although the Commercialisation Work stream is making a significant contribution (£1.000m) towards transformation, some projects (of which the largest relates to passenger transport) will not be achieved in the current financial year, leading to a projected shortfall.</p>	0.993	<p>Organisation wide commercialisation opportunities will continue to be explored and accelerated to address the current projected shortfall. Decisions to defer some commercial income streams will be revisited in the current year. The Place budget is continuously being reviewed to stop or re-profiling expenditure to help mitigate the GAME pressures.</p>
<p>PLACE - Economic Development</p> <p>Economic Development is currently forecasting to deliver within budget by year end, although this is not without risk.</p> <p>Economic pressure on commercial rents continues. The return on head leases is outside of the council's control and far from being a risk has now become an issue to mitigate.</p> <p>The events programme will deliver within the overall budget for events.</p>	0.000	<p>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.</p> <p>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.</p>
<p>PLACE - Street Services</p> <p>Street Services is currently planning to deliver within budget through careful cost control and by seeking opportunities to improve the way it operates. As a key frontline service there are some demand risks in delivering services within the available budget. This is made harder by the loss in car parking income as highlighted below and the current position highlights this.</p> <p>Waste Services; One-off savings continue at the Energy from Waste plant during the extended commencement period: these will offset pressures elsewhere within Street Services.</p> <p>Highways Parking & Marine Service Monitoring of car parking income is showing a reduction in the year to date, which is likely to have an adverse impact on the parking trading</p>	0.000	<p>We are currently modelling new opportunities to reduce costs to ensure key services can be delivered within existing budget whilst also planning ahead for longer term service delivery as available resources are reduced. We will also continue to explore opportunities to maximise income and productivity.</p> <p>Car park trading income losses will need to be addressed as part of budget setting in 2016/17. This will impact on the Highways account.</p>

<p>account contribution to Highways. In part this is due to a reduction in corporate permits being required, which represents a saving elsewhere within the authority.</p> <p>Street Cleansing & Grounds Additional spending is being incurred within the city on unforeseen works in;</p> <ul style="list-style-type: none"> - Removing trees in response to a fungal infection in Cann Woods - Repairing and replacing a bridge in Plymbridge Woods - Repairing and replacing litter bins and flagpole on The Hoe. 		
<p>TOTAL</p>	<p>1.596</p>	

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BUDGET SCRUTINY

Integrated Commissioning Overarching Report

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Background and Context

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.

In order to meet the challenges, NEW Devon CCG and Plymouth City Council (PCC) have embarked on an ambitious and ground breaking Integration programme. Key elements of this approach includes:

- Development of a Section 75 Agreement between PCC and NEW Devon CCG that Pools fund of circa £462million. The Integrated fund covers Public Health, leisure services, Housing and Community Safety services, Children and Young People services, Adult Social Care, Community Health Care and Acute Provision. The Integrated Fund is underpinned by a detailed Financial Framework and Risk Share Agreement.
- Development of integrated governance arrangements, including the Integrated Commissioning Board which provides system leadership and clinical oversight to the integrated commissioning arrangements. 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.
- From the 1st April we will also put in place an **integrated health and care provider** that provides the right care, at the right time in the right place. This is the result of collaboration between Plymouth City Council and Plymouth Community Healthcare and will involve integrating social workers, occupational therapists and community care workers with community nursing staff. To make this happen 170 Adult Social Care staff will transfer to Plymouth Community Healthcare.
- Establishment of Integrated Commissioning arrangements, including co-location of commissioners on Floor two of Windsor House, established an Integrated Leadership Team and developed four Integrated commissioning strategies

This extensive programme of change has been delivered through the Integrated Health and Wellbeing Transformation Programme.

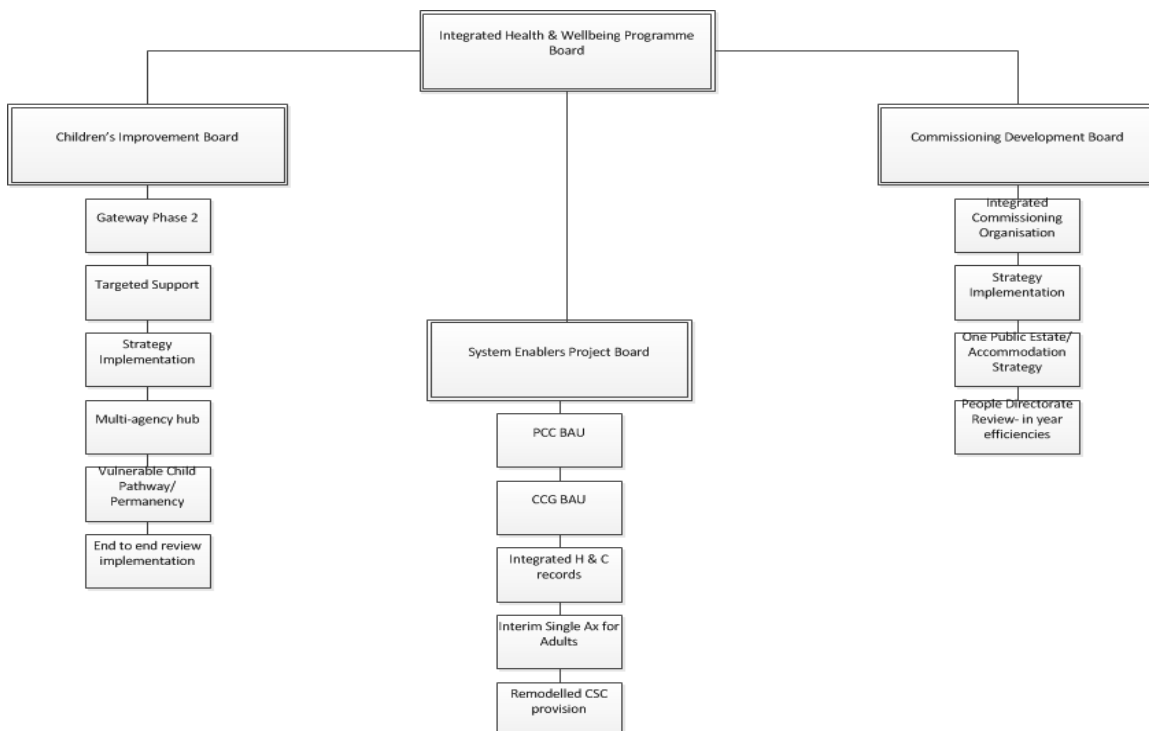
Overview of IHWB Transformation Programme

The Integrated Health and Wellbeing programme is fundamentally a partnership by nature; only with collaboration between PCC and the CCG will the programme continue to reach all stakeholders and achieve the benefits identified in the business case. The programme continues to play a key role in describing what an integrated suite of community health and social care services may look like in the future. The programme has engaged with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how the organisations commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth.

The complexities of the programme require input from project/ programme techniques which are then embedded within the various service areas. Our learning over the last 12 months is that the best results are achieved using a collaborative approach across organisations and throughout teams which has enabled momentum to be maintained throughout the life of the programme to date.

In light of these achievements and a number of successful projects moving towards their next phases, governance arrangements have been reviewed and workstreams identified to support each organisation drive through the next phases of transformational change.

Governance and workstreams for the Programme:



Overview of Strategic Cooperative Commissioning

Overview of Functions

Following the transfer of Adult Social Care staff to Plymouth Community Healthcare on the 1st April 2015, the Strategic Cooperative Commissioning Department took on a number of additional functions as set out below-

Cooperative Commissioning	Adult Safeguarding	Retained Services	Retained Provision
Commissioning team covering the entire commissioning and contracting activity of the People Directorate	Adult Safeguarding covering strategic safeguarding and the Deprivation of Liberty Office	Retained services to ensure Statutory Adult Services are delivered including Verification, Safeguarding Enquiries and Business Support	In house provision which covers The Vines a day centre Colwill Lodge, Respite both for those with complex and multi needs and community reablement that offers outreach support to the same client group
Staffing Overview (FTE- 30/11/15)			
Commissioning and Safeguarding -38.74		Business Support 6.01 Retained Client 3.50	Colwill 24.21 Vines 34.36 Reablement 12.53

Overview of Sickness (November 2015)

Division	Average FTE		Percentage		Direction of Travel
	Rolling Year	F YTD	Rolling Year	FYTD	
Business Support Team	9.5 8	8. 43	3.6 7	4.85	↑
Colwill Short Break Service	12. 40	6. 73	4.7 5	3.87	↓
Co-operative Commissioning	3.1 1	2. 26	1.1 9	1.30	↑
Day Services Team	13. 34	7. 80	5.1 1	4.48	↓
Retained Client	9.1 4	1. 71	3.5 0	0.99	↓
Total	9.3 9	5. 58	3.6 0	3.20	↓

Staff Survey Results (December 2015)

Staff Survey 2015		COUNCIL	LG Benchmark	People	Strategic Co-op Commissioning
70	High Scores				
50	Low Scores				
		2015	2015	2015	2015
Response Rate		60%	-	44%	71%
Overall Engagement Score		64%	1%	67%	75%
My Job		70	-7	73	80
My Career		46	-13	48	55
My Employer, the Council		55	0	57	67
My Team		63	0	65	72
My Line Manager		70	1	73	80
Senior Managers (Directors and Assistant Directors)		35	-10	40	60
The Co-operative Council		79	9	82	86
Equality and Diversity		75	4	77	87
Health and Safety		67	-	70	75

2015/16 Budget – Cost and Volume (Month 8 Data)

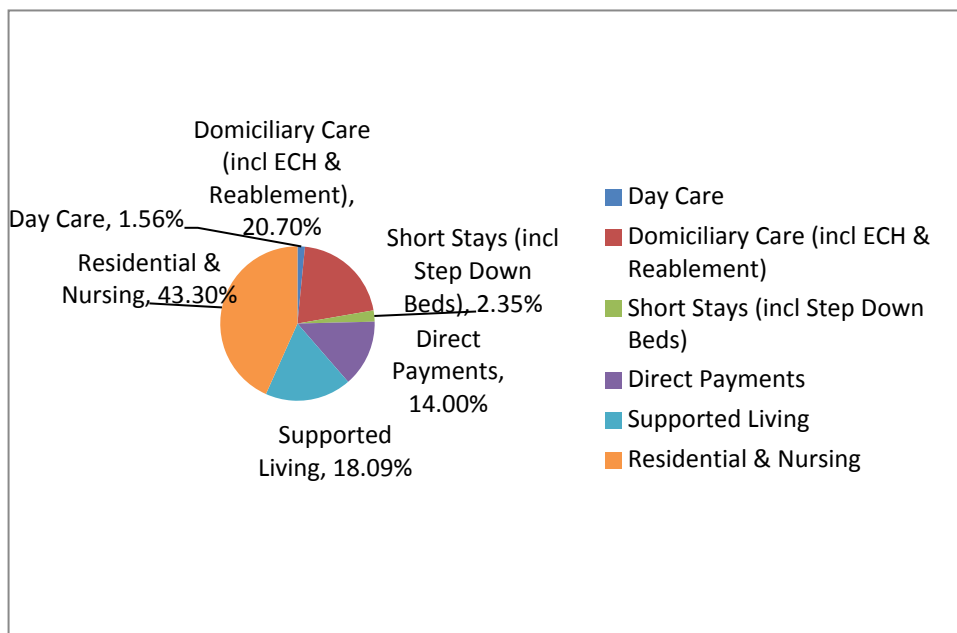
The Strategic Commissioning Function incorporates covers the largest single budget area of Plymouth City Council, Adult Social Care. The information below sets out the position at month eight in relation to both the budget and progress against delivery plans.

	2015/16 Budget	2015/16 Forecast Mth 8	Forecast Over / (Underspend)
	£'000	£'000	£'000
Income	(21,966)	(22,291)	(325)
Commissioned Contracts	17,598	17,456	(142)
Individual Care Packages	67,523	68,042	519
Management	5,679	5,488	(191)
Sub Total	68,834	68,695	(139)
Leisure Management	2,501	2,409	(92)
Totals	71,335	71,104	(231)

Strategic Cooperative Commissioning Delivery Plans 2015/16		
Area of Savings	In Year Saving £000	Actions
Residential Care	1,400	Achieved - reduced client numbers in Res and Nurs
Packages of Care	1,256	On track- High cost reviews of care packages and clawback of Direct Payments plus one off savings
Supported Living	64	Achieved - covered by one off savings
Extra Care Housing	500	Achieved - covered by one off savings
Contract Savings	755	Achieved - reductions to contracts
Better Care Fund	1,100	Achieved - additional BCF monies
Staffing Efficiencies	20	Achieved
Total	5,095	

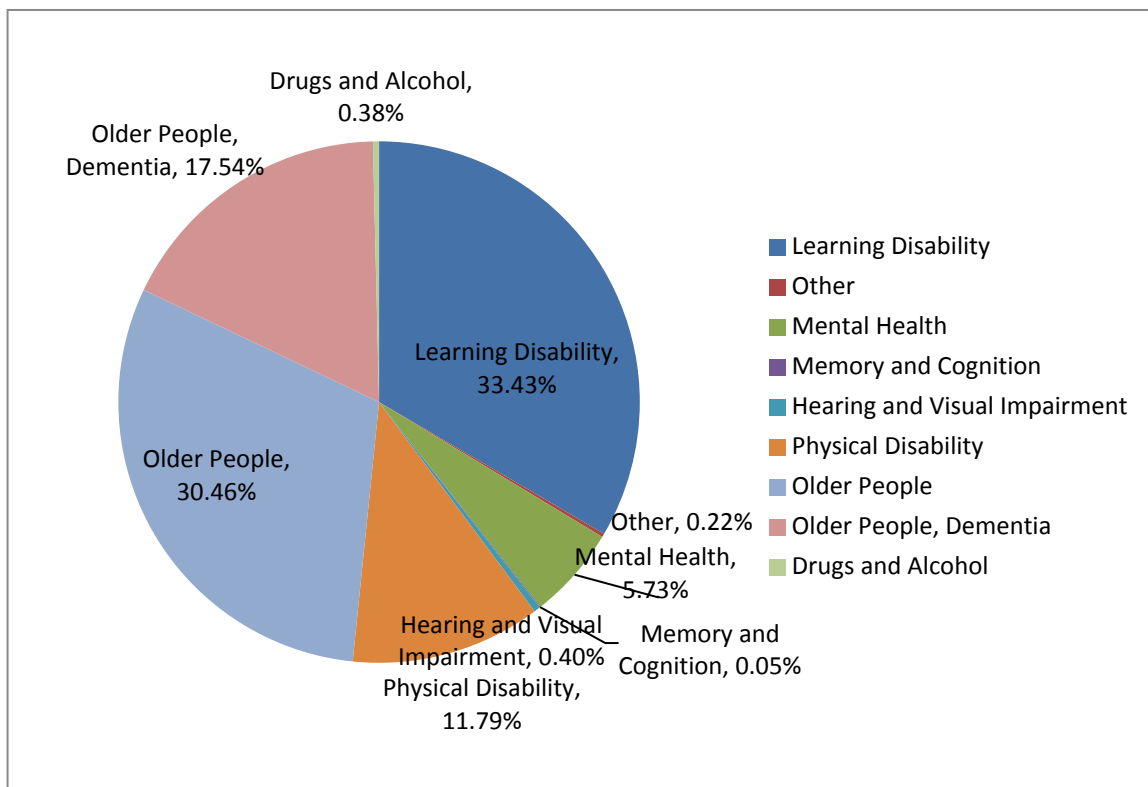
Care Packages by Type – 2015/16 Budget

	2015/16 Budget	
	£'000	%
Day Care	1,054	1.56%
Domiciliary Care (incl. ECH & Reablement)	13,976	20.70%
Short Stays (incl. Step Down Beds)	1,589	2.35%
Direct Payments	9,451	14.00%
Supported Living	12,213	18.09%
Residential & Nursing	29,240	43.30%
Totals	67,523	100%



Care Packages by Client Type – 2015/16 Budget

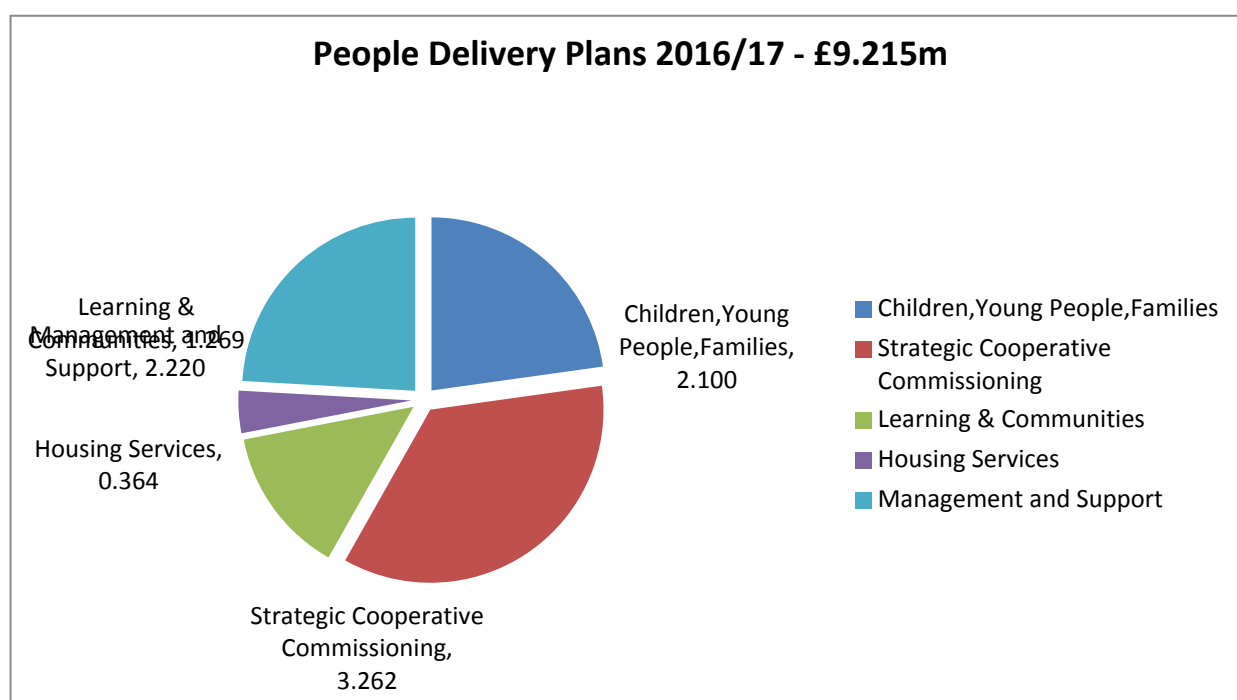
Client Group	%	£,000
Learning Disability	33.43%	22,574
Other	0.22%	147
Mental Health	5.73%	3,867
Memory and Cognition	0.05%	37
Hearing and Visual Impairment	0.40%	268
Physical Disability	11.79%	7,959
Older People	30.46%	20,570
Older People, Dementia	17.54%	11,846
Drugs and Alcohol	0.38%	255
Totals		67,523



2016/17 Budget

	2015/16 Forecast Mth 8 £'000	2016/17 Budget Estimate £'000	% Change Between Years £'000
Income	(22,291)	(22,275)	0.07%
Commissioned Contracts	17,456	16,683	-4.43%
Individual Care Packages	68,042	70,851	4.13%
Management	5,488	5,064	-7.73%
Sub Total	68,695	70,323	2.37%
Leisure Management	2,409	2,501	3.82%
Totals	71,104	72,824	2.42%

2016/17 People Savings by Department

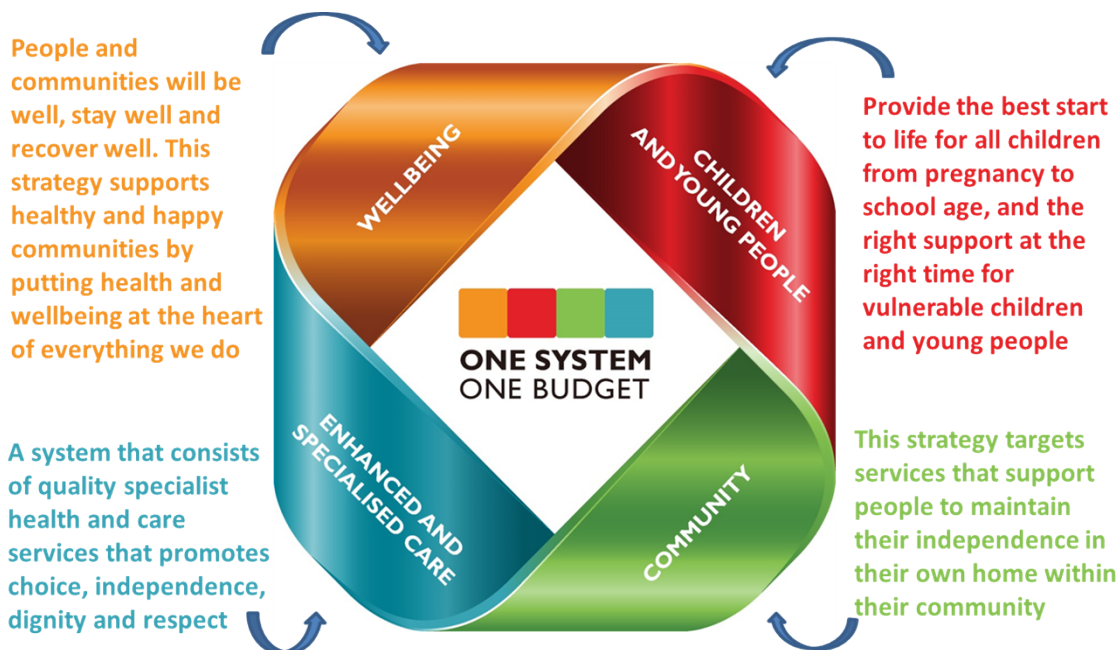


Strategic Cooperative Commissioning Indicative Delivery Plans 2016/17		
Area of Savings	In Year Saving £000	Actions
Integrated Delivery	931	Packages of Care, Management efficiencies, Increased Income
Integrated Commissioning	2,331	Contract Efficiencies, Service Reviews
Management & Support	2,220	Maximising Grants and Income (Cross Cutting)
Total	5,482	

Integrated Commissioning Strategies

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.

In order to deliver system wide change and improve outcomes, commissioners have set down an overarching commissioning strategy (Appendix One) four Integrated commissioning strategies (<http://www.plymouth.gov.uk/hscintegrationstrategies>) 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:



Each commissioning strategy is accompanied by a detailed implementation plan with specific actions that will lever system change, and which will be refreshed annually. These documents and progress against them are set down in Appendix Two, with key performance indicators being monitored through the Integrated Performance Scorecard (Appendix Three)

Appendices

- Overarching Commissioning Strategy
- Four Annual Commissioning Plans
- Integrated Performance Scorecard



COMMISSIONING AN INTEGRATED SYSTEM FOR POPULATION HEALTH AND WELLBEING

DRAFT



Northern, Eastern and Western Devon
Clinical Commissioning Group



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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

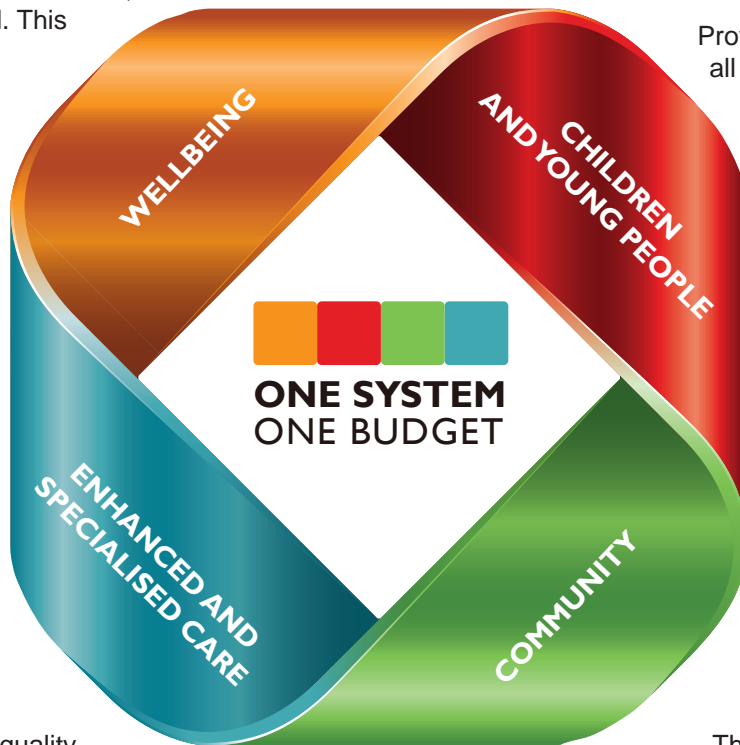
In order to deliver system wide change and improve outcomes, four commissioning strategies that cover the entire needs course (wellbeing, children and young people, community care through to enhanced and specialised care) and life course (pre-conception through early years, adulthood and to older age)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

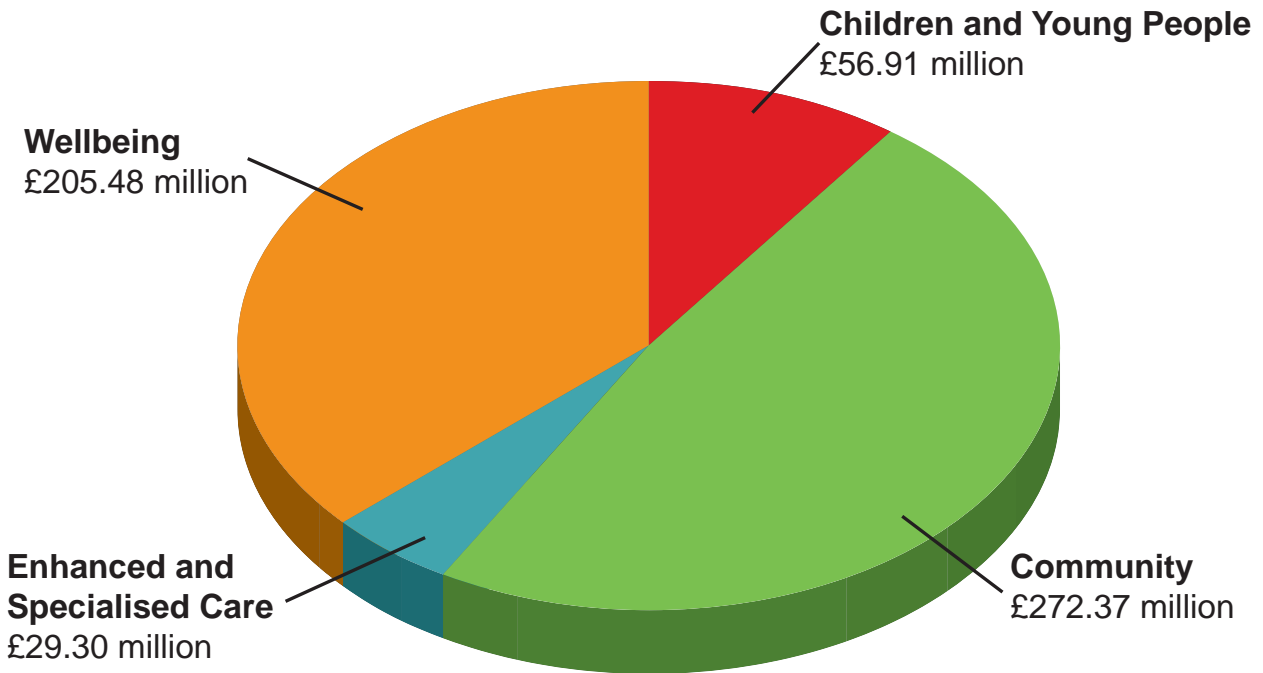
- Support people with multiple care and support needs
- Support people requiring urgent care: responding to a crisis - providing a timely response, reablement and recovery
- Support people with long-term support needs, who need on-going personalised support

Services that:

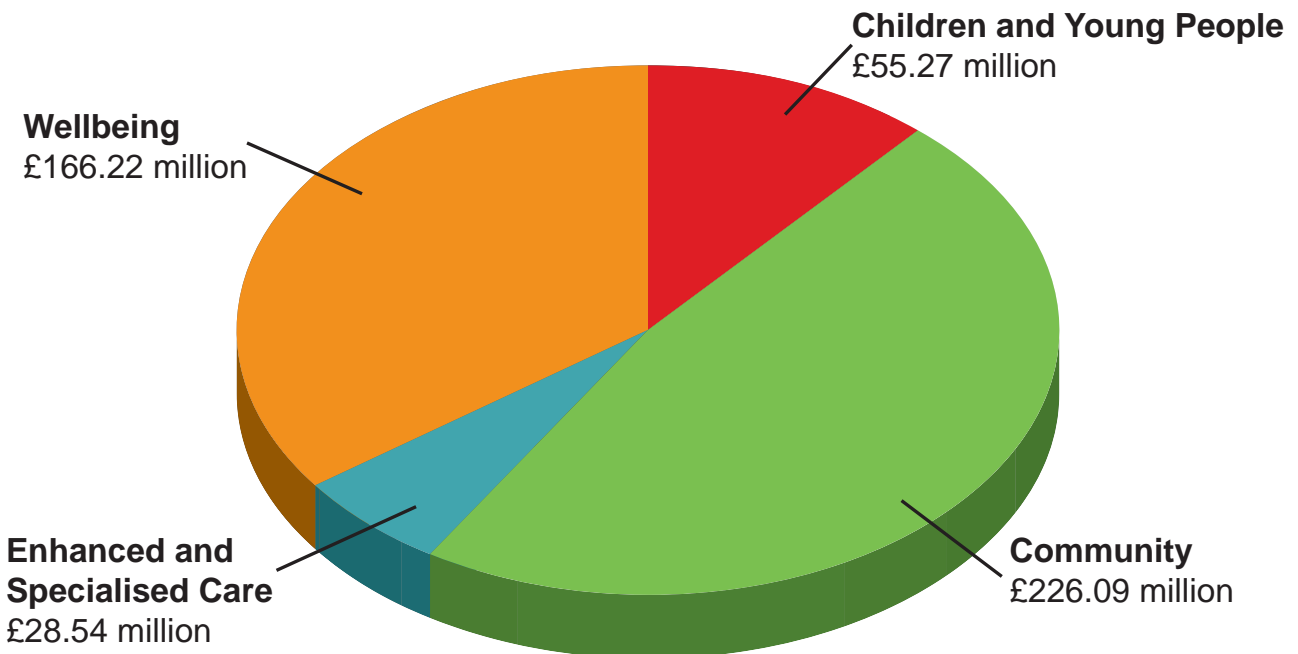
- Provide the "top tier" of care covering Individual Patient Placements, care homes for both working age adults and those over 65, end of life care, acute hospital services and specialist and tertiary services

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	Integrated Health and Care Services	Integrated System of Health and Wellbeing
<p>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</p>	<p>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</p> <p>An emphasis on those who would benefit most from person-centred care, such as intensive users of services and those who cross organisational boundaries</p>	<p>A focus on developing joined-up population-based public health, and preventative and early intervention strategies</p> <p>Built on an asset-based approach focusing on increasing capacity and assets of both people and place</p>

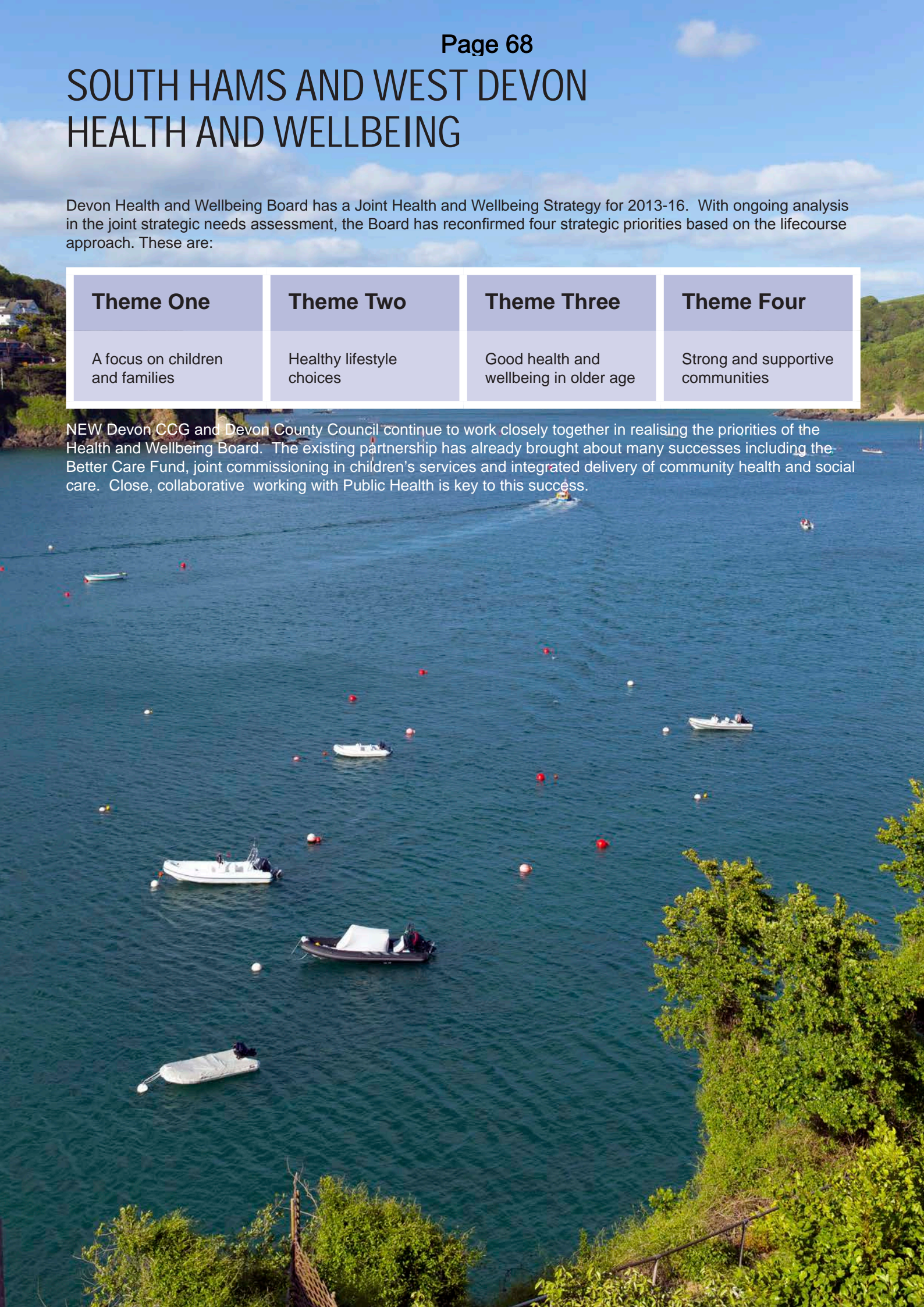


SOUTH HAMS AND WEST DEVON HEALTH AND WELLBEING

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 Plan¹ 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.

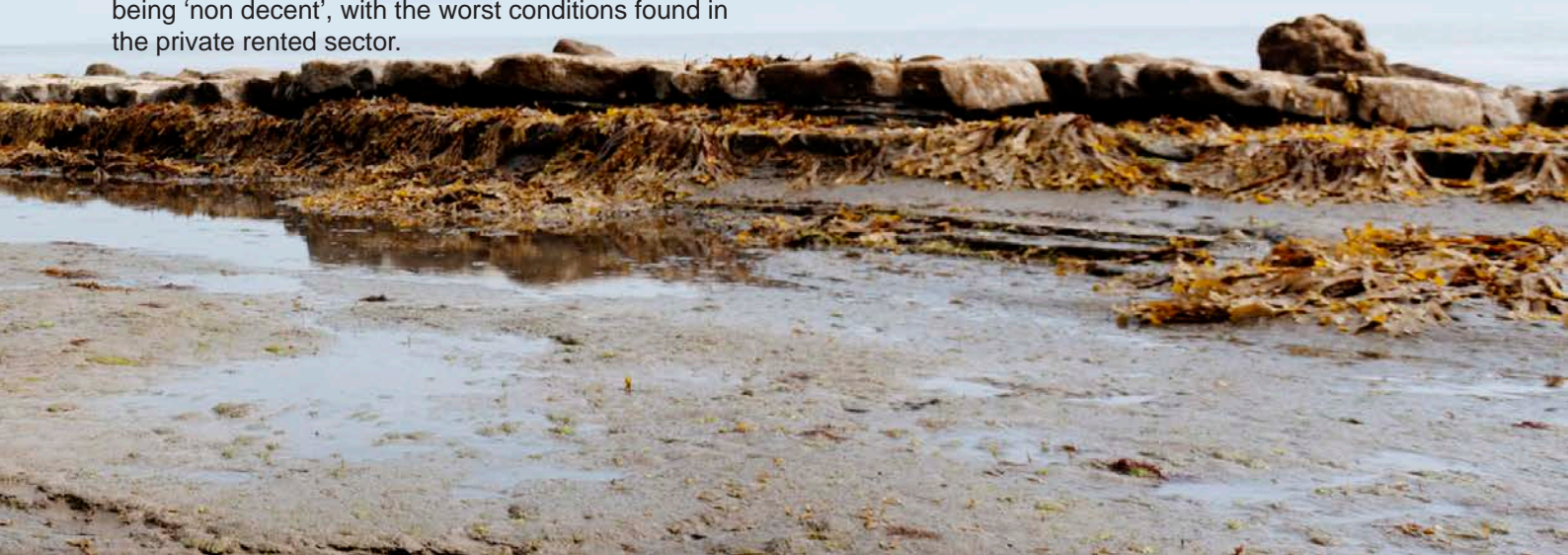
Child poverty continues to be a feature of our system and there is a greater concentration of families with multiple and complex needs in areas of social deprivation. Our needs analysis highlights that we have a growing number of children, young people and families with a range of complex needs including 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.

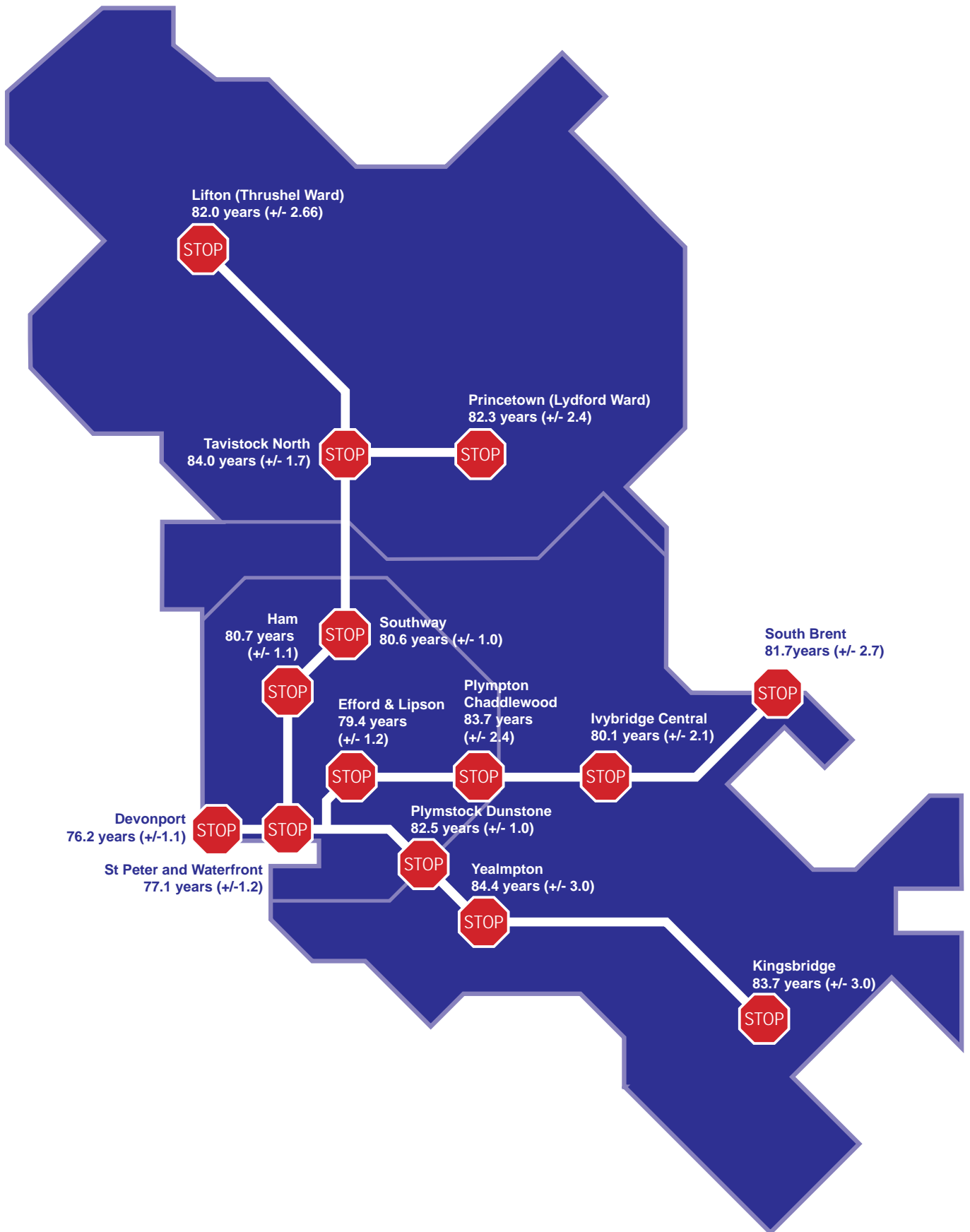
It is also known that the number of people with long-term conditions and multiple long-term conditions is rising, which will place an additional demand pressure on the system. Similarly, getting the most from medicines is becoming increasingly important as more people are taking more medicines to prevent,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

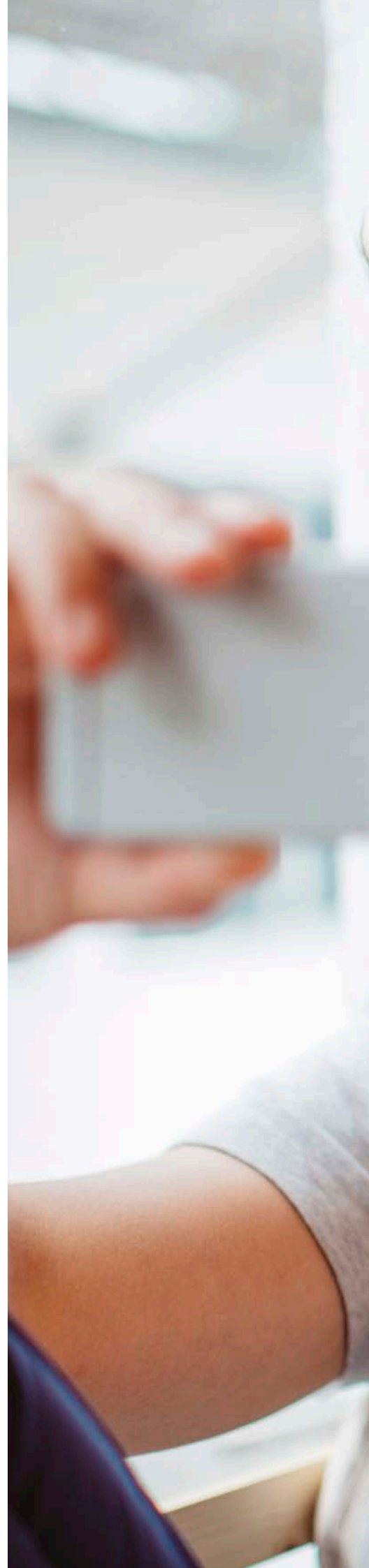
Individuals and carers, families and communities all, have their own individual needs and experiences. We know from many sources of information, not least the engagement 'Your Health, Your Future, Your Say'² which was run as part of the Transforming Community Services programme by the Western Locality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

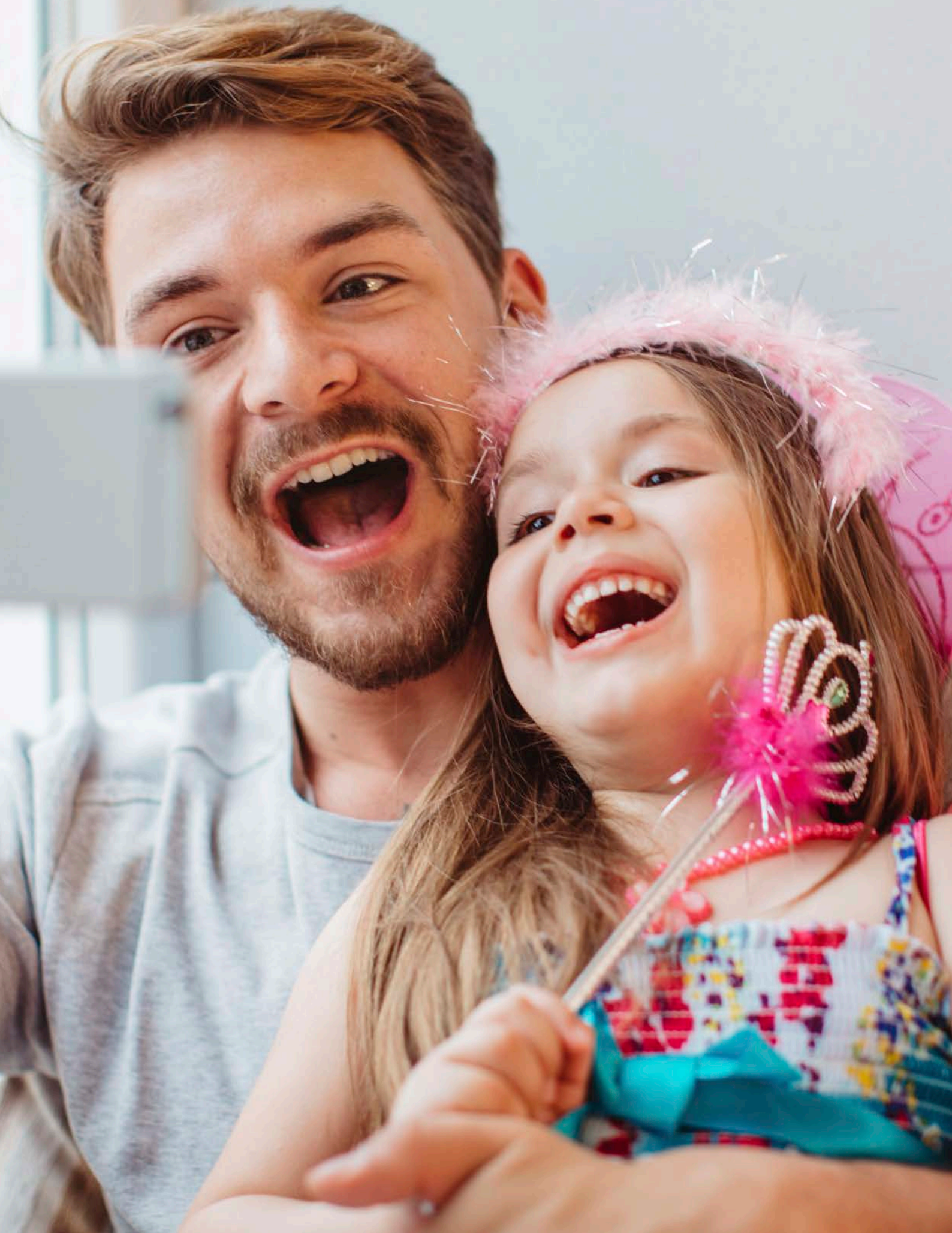
Fairness is important and we have paid attention to the principles of the Plymouth Fairness Commission in our approach.

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-documented³ 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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**BUDGET SCRUTINY
CHILDREN YOUNG PEOPLE AND FAMILIES OVERARCHING REPORT**

CONTENTS

Overview of Children Young People and Families

- **Overview of Functions**
- **Overview of Budget 2015/16**
- **Overview of Budget 2016/17**
- **Overview of Staffing**

OVERVIEW OF CHILDREN, YOUNG PEOPLE and FAMILIES

Overview of Functions

The Children, Young People and Families service includes the core Children's Social care (CSC) functions including family support, and the newly established early help gateway and youth services.

The CSC services include :-

Advice and Assessment

This service undertakes all statutory social work led child protection, s47 investigations and assessments and single assessments of children in need.

Children, Young People and Families

There are two services undertaking all the statutory social work with children in need, including those in need of protection, all children subject to care proceedings, and all children permanently looked after.

Adoption and fostering

The adoption service now works as part of the Adopt South West Consortium in assessing all prospective adopters, as well as providing adoption support.

The fostering teams recruit, assess, supervise, and support our in- house foster carers. In addition the service manages our in- house parent and child assessment team, and the in- house parent and child placements.

Safeguarding

The safeguarding service provides all the Independent Reviewing Officers who as well as chairing all LAC statutory reviews, chair all the Child Protection Conferences. In addition the service includes the business unit that supports the Plymouth Safeguarding Children Board.

Family Support

The family support teams provide support to children and families that do not meet the threshold for CSC, but are in need of help to prevent the need for further services, or work with children and families as they "step down" from CSC provision. In addition they work providing intensive support to families with children in need including those in need of protection. They also deliver the Troubled Families programme - Families with a Future.

Early help gateway

The early help gateway was established in December bringing together existing teams to ensure effective screening, support and advice in relation to children and families in need of early help, as well as ensuring increased co-ordination of the early help offer.

Youth services include:-

Care Leavers

The care leaver’s team provide statutory support services to all care leavers

Youth Offending Team (YOT)

The YOT provide the early intervention support to reduce and prevent offending among young people as well as the statutory service for young people in the criminal justice system.

Targeted youth support, including participation

These teams provide key worker support to vulnerable young people and the Intensive Support Team has a particular focus on preventing homelessness and the need for young people to come into the care system.

Community youth teams

These teams deliver outreach services and centre based activities, and sessions.

Children’s Social Care Operational Delivery	Early Help gateway Family Support and Youth Services	Adoption and Fostering	Safeguarding
Advice and assessment Children in Need, including those in need of protection Children in Care, and in care proceedings Care Leavers	Early Help Gateway Targeted Family Support including Families with a future, and intensive family support Community and targeted youth support including participation Youth offending Services	Adoption, part of the Adopt South west Consortium with Torbay, Devon and Somerset. Adoption support In house Foster care	Independent Reviewing Officers PSCB business unit
Staffing Overview (FTE- 30/11/15)			
CYP&FS	Full time equivalents		388

Overview of Sickness

People								
Children, Young People and Families Services								
October 2015								
Division	Total Number of Days		Average FTE		Percentage		Direction of Travel	
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD		
Children & Young People in Care	876.40	335.76	6.49	2.49	2.50	1.63	↓	
Children In the Community	258.00	84.50	3.63	1.19	1.40	0.78	↓	
Safeguarding Service	186.50	146.50	12.95	10.17	4.98	6.65	↑	
Targeted Family Support	795.60	381.90	9.75	4.68	3.75	3.06	↓	
Youth Services	1,355.83	838.97	13.19	8.16	5.07	5.33	↑	
Total	3,472.33	1,787.63	8.54	4.39	3.28	2.87	↓	

Staff Survey Results

Staff Survey 2015		COUNCIL	LG Benchmark	People	Children, Young People and Families
High Scores	Low Scores				
50		2015	2015	2015	2015
Response Rate		60%	-	44%	47%
Overall Engagement Score		64%	1%	67%	61%
My Job		70	-7	73	66
My Career		46	-13	48	49
My Employer, the Council		55	0	57	50
My Team		63	0	65	59
My Line Manager		70	1	73	67
Senior Managers (Directors and Assistant Directors)		35	-10	40	27
The Co-operative Council		79	9	82	78
Equality and Diversity		75	4	77	69
Health and Safety		67	-	70	67

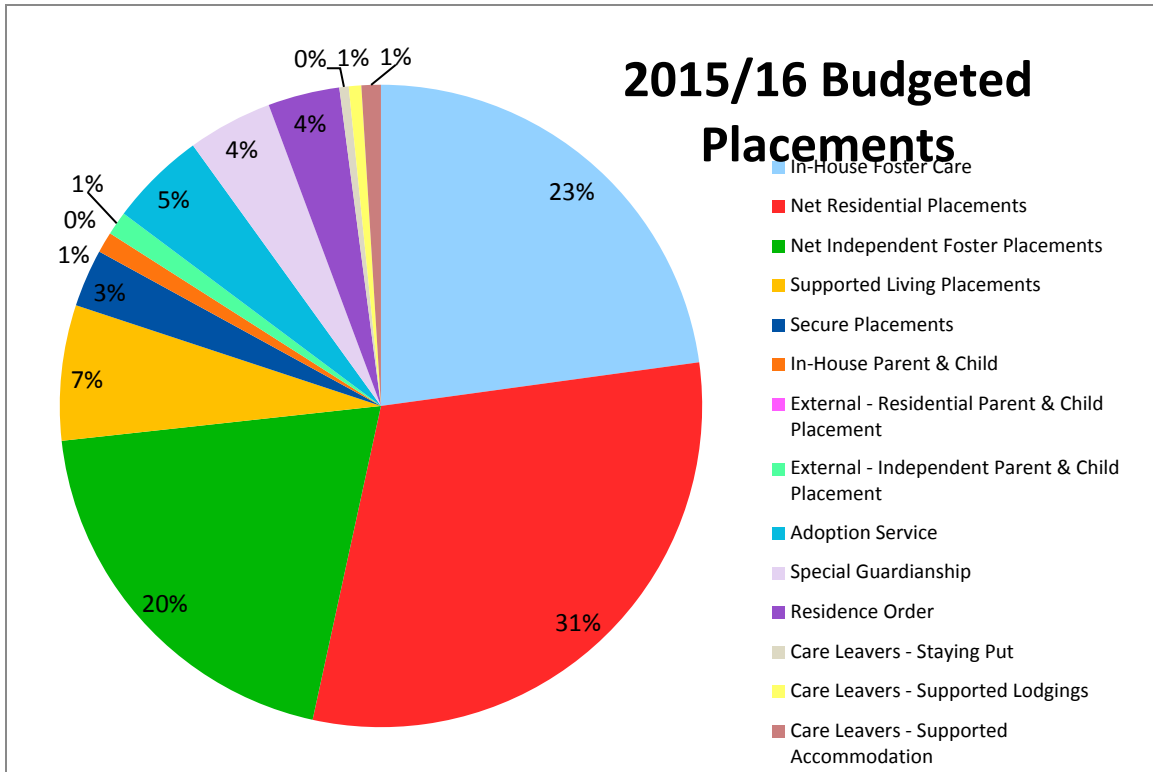
2015/2016 BUDGET- COST AND VOLUME

The information below sets out the position at Nov 15 in relation to both the budget and progress against delivery plans.

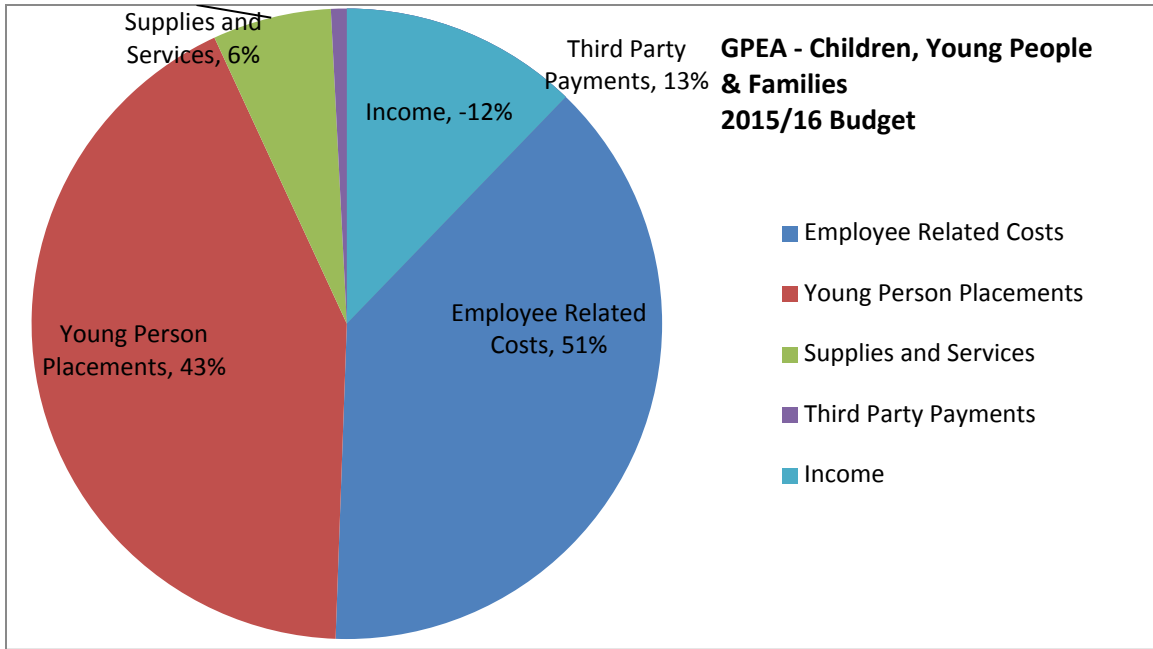
	2015/16 Budget	2015/16 Latest Forecast	Forecast Over/(Underspend)
Employee Related Costs	17,177,083	17,106,265	(70,818)
Income	(4,151,358)	(4,589,077)	(437,719)
Young Person Placements	14,447,193	15,718,081	1,270,888
Supplies and Services	2,068,195	1,610,133	(458,062)
Third Party Payments CIN/CIC	4,426,412	4,793,363	366,951
Grand Total	33,967,525	34,638,765	671,240

Children Young People & Families Delivery Plans 2015/16		
Area of Savings	In Year Saving £000	Actions
Wrap Around Care & Creative Solutions	1,500	Phase I Creative Solutions currently being delivered, options appraisal being undertaken for roll out. Wrap Around Care implementation Sept
People Directorate Review	0.600	People Directorate Review – Directorate Wide 50% Achieved to-date, Further delivery plan to be brought forward.
Total	2,100	

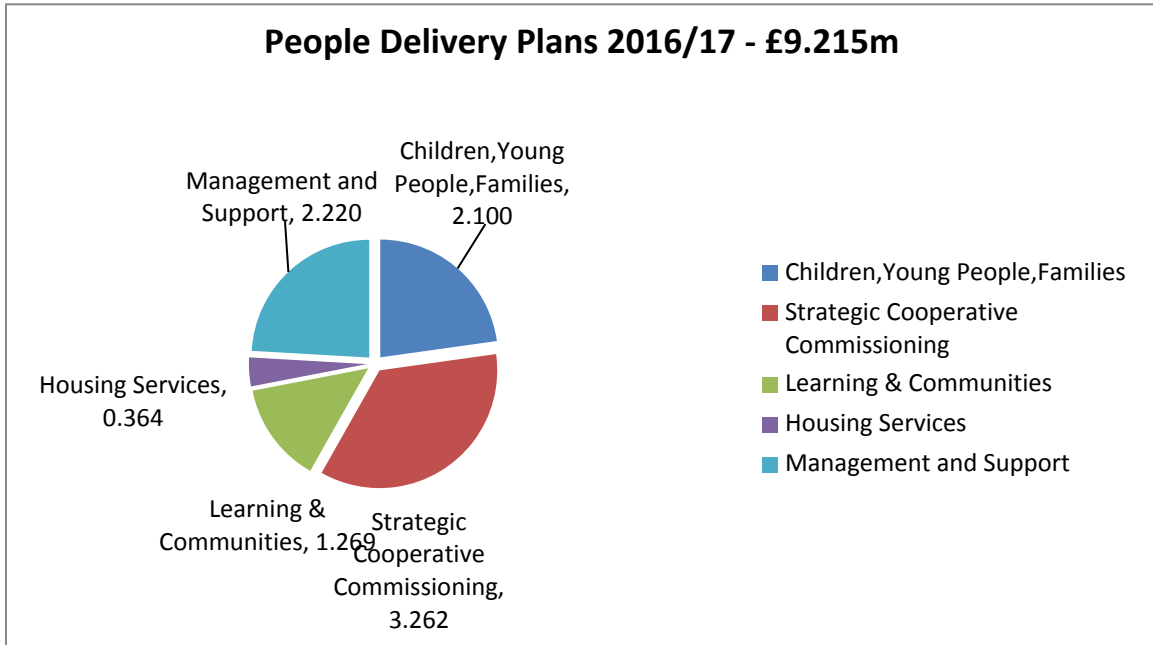
Placement Type	2015/16 Budget	
Placement Type	£'000	%
In-House Foster Care	3,444	22.83%
Net Residential Placements	4,615	30.59%
Net Independent Foster Placements	2,995	19.85%
Supported Living Placements	1,027	6.81%
Secure Placements	438	2.90%
In-House Parent & Child	159	1.05%
External - Residential Parent & Child Placement	0	0.00%
External - Independent Parent & Child Placement	180	1.19%
Adoption Service	729	4.83%
Special Guardianship	644	4.27%
Residence Order	544	3.61%
Care Leavers - Staying Put	71	0.47%
Care Leavers - Supported Lodgings	95	0.63%
Care Leavers - Supported Accommodation	147	0.97%
Totals	15,088	100.00%
Transformation Savings – see above table	-1,500	
Totals	-1,500	0.00%
Grand Total	13,588	100.00%



Expenditure Type	2015/16 Budget	
	£'000	%
Employee Related Costs	17,177.08	50.57%
Young Person Placements	14,447.19	42.53%
Supplies and Services	2,068.20	6.09%
Third Party Payments	4,426.41	13.03%
Income	-4,151.36	-12.22%
Grand Total	33,967.53	100.00%



2016/17 BUDGET



Children Young People & Families Delivery Plans 2016/17		
Area of Savings	In Year Saving £000	Actions
Placements, targeted support and end to end review.	2,100	Continue Wrap Around implementation Early Help Gateway Phase 2, End to End Review, Multi Agency Hub, Targeted Support Offer, Vulnerable/Permanency Support Offer and Children & YP Strategy Implementation
Total	2,100	

Budget Comparison Breakdown 2015/16 2016/17

	2015/16 Forecast Month 8 £'000	2016/17 Budget Estimate £'000	Change Between Years %
Income	(4,589)	(3,602)	-21.52%
Employee Related Costs	17,106	17,376	1.58%
Young Person Placements	15,718	15,834	0.74%
Supplies and Services	1,610	734	-54.40%
Third Party Payments	4,793	4,556	-4.95%
Grand Total	34,639	34,898	0.75%

**BUDGET SCRUTINY
LEARNING AND COMMUNITIES OVERARCHING REPORT**

CONTENTS

Background and Context

Overview of the Integrated Health and Wellbeing Transformation Programme

Overview of Learning and Communities

- **Overview of Functions**
- **Overview of Budget 2015/16**
- **Overview of Budget 2016/17**
- **Overview of Staffing**

Appendix

- **Performance Scorecard**

BACKGROUND AND CONTEXT

The Integrated Health and Wellbeing programme is fundamentally a partnership by nature; only with collaboration between PCC and the CCG will the programme continue to reach all stakeholders and achieve the benefits identified in the business case. The programme continues to play a key role in describing what an integrated suite of community health and social care services may look like in the future. The programme has engaged with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how the organisations commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth. As time goes on we intend to embed this system approach more broadly with new integrated arrangements between schools and the Police for example.

The complexities of the programme require input from project/ programme techniques which are then embedded within the various service areas. Our learning over the last 12 months is that the best results are achieved using a collaborative approach across organisations and throughout teams which has enabled momentum to be maintained throughout the life of the programme to date.

In light of these achievements and a number of successful projects moving towards their next phases, governance arrangements have been reviewed and workstreams identified to support each organisation drive through the next phases of transformational change.

OVERVIEW OF LEARNING AND COMMUNITIES

The department five key areas of activity as set out below. It was formed in January 2015 by the amalgamation of the Education, Learning and Family Support department and sections of the Homes and Communities department. On April 1st 2015 the Education Catering Service left the Council and Cater.Ed was created. Strong links and management oversight are retained between this Local Authority Trading Company and the LA due to the statutory functions discharged by them in relation to the provision of free school meals and the healthy eating agenda. In addition the Plymouth Adult and Community Learning Service (PACLS) left the Council on 1st April 2015 and On-Course South West, a Community Joint Venture, was established.

One of the main functions of the Department is in relation to the management of the funding of schools. The Dedicated schools Grant (DSG) is funding allocated to local authorities which must be used in support of the Schools Budget as defined in the Schools and Early Years Finance (England) Regulations 2013. It can be used for no other purpose.

The grant is paid in support of the local authority's schools Budget and is the main source of income for schools.

Local authorities are responsible for determining the split of the grant between central expenditure and Individual Schools Budget (ISB) in conjunction with the local Schools Forum. Local Authorities are responsible for allocating ISB to individual schools in accordance with the schools local funding formula.

The Local Authority's Chief Finance Office is required to confirm the final deployment of the DSG in support of the Schools Budget in connection with the section 251 outturn statement.

Appendix

A key function of the Department is in relation to pupil place planning across the city. The increase in the number of children is due to a significant rise in birth rates in certain areas of the city, coupled with Plymouth's economic growth. This has naturally put real pressure on school places which the Council has worked tirelessly to effectively manage in a climate where savage Government cuts has resulted in less funding for investment in school buildings and central policy changes have reduced local authority control of schools.

Having excellent schools is an important part of our city's structure. We are very proud of our schools and investing in their future is essential if we are to maintain our high standards and encourage families to raise children in Plymouth.

Since 2012 just under £53 million pounds has already been invested in improving the quality of Plymouth's schools and over the next 2 years (2015 – 2017) another £3.3 million is set to be spent creating an additional 348 school places across the city. This means we currently have a 6 per cent surplus in primary places, but the majority of this space is in the North West of the city and families move to all areas and we work with schools to meet parental preference.

We currently have around 13% in secondary schools – this will fill up by 2020/2021 due to the birth rate rise coming through: we are meeting with Headteachers/principals to establish capacity issues for the future.

The department also supports and services the Children's Partnership, Employment Skills Board, Safer Plymouth and Child Poverty agenda.

Appendix

Education and Learning	Special Educational Needs and Disability (SEND)	Skills	Access and Planning	Neighbourhoods and Communities
<p>Pupil performance in Early years, Key stages 1, 2, 4 and 5.</p> <p>School performance as regulated by Ofsted with particular emphasis for the LA on vulnerable cohorts of pupils and disadvantage.</p> <p>Children's Centres and Nursery quality assurance.</p> <p>Healthy Schools, Citizenship, Religious education provision, International and global education links.</p> <p>Links to Department for Education, Regional Schools Commissioner and Ofsted.</p> <p>'Champion' for all children in the system.</p>	<p>Assessment of SEND and development of Education, Health, and Care plans.</p> <p>Post 16 transitions</p> <p>Short breaks and respite and child protection including Downham House</p> <p>Occupational Therapy, Speech and Language, Portage. Specialist Hearing and Visually Impaired Teachers.</p> <p>SEND provision and placements – in and out of the city. Current and future.</p> <p>Community psychology</p>	<p>Maintenance, development and implementation of Employment and Skills plan which includes: Focus on worklessness, Core skills, Science, Technology, Engineering and Maths Strategy, Matching skills with sector demand, Innovation and Enterprise.</p> <p>Regional FE and HE provision and Local Enterprise Partnership skills priorities.</p> <p>Post 16 Education Funding Agency placement planning</p> <p>Bursaries</p>	<p>School admissions</p> <p>School organisation (governance and place planning)</p> <p>School capital programmes and planning</p> <p>School transport</p> <p>Schools Forum; school financial strategies</p> <p>Inclusion and welfare (to include educational welfare, children missing education)</p> <p>Data, Systems & Information Team (Capita ONE & Carefirst)</p> <p>Business Support across the Department</p>	<p>Community safety</p> <p>Diversity</p> <p>Social inclusion</p> <p>Equalities and hate crime</p> <p>Asylum seekers and refugees schemes</p> <p>Neighbourhoods</p> <p>Community engagement</p> <p>Sports development</p>

Appendix

Education and Learning	Special Educational Needs and Disability (SEND)	Skills	Access and Planning	Neighbourhoods and Communities
Integrated school improvement function with Teaching School				

Staffing Overview

Year	Total FTE	Reduction from prior year	Reasons for reduction
2014/15	301.33	(41.17)	Cessation of services due to schools funding reform (20) FTE, amalgamation of services (20) FTE
2015/16	259.77	(41.56)	Creation of CATERed Ltd (88) offset by movement into department of 42 FTE
2016/17	252.1	(7.67)	EVRS (14) FTE offset by movement into department of 6 FTE

Appendix

Overview of Sickness

Division	Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	
Learning and Communities	6.60	4.07	2.53	2.34	↓
Schools	7.34	4.32	2.81	2.48	↓
Total	7.48	4.47	2.87	2.57	↓

Staff Survey Results

Staff Survey 2015		COUNCIL	LG Benchmark	People	Learning and Communities
70	High Scores				
50	Low Scores				
		2015	2015	2015	2015
Response Rate		60%	-	44%	31
Overall Engagement Score		64%	1%	67%	70
My Job		70	-7	73	77
My Career		46	-13	48	45
My Employer, the Council		55	0	57	60
My Team		63	0	65	68
My Line Manager		70	1	73	78
Senior Managers (Directors and Assistant Directors)		35	-10	40	43
The Co-operative Council		79	9	82	84
Equality and Diversity		75	4	77	82
Health and Safety		67	-	70	73

Appendix

2015/2016 BUDGET

The Learning and Communities budget covers the largest single budget area of Plymouth City Council if the Dedicated Schools Grant is included. The information below sets out the position at November 2015 in relation to both the budget and progress against delivery plans for 2015/16.

	2015/16 Budget	2015/16 Forecast Mth 8	Forecast Over/ (Underspend)
	£'000	£'000	£'000
Employees	14,159	14,322	163
Premises	169	199	30
Transport	586	465	(121)
Supplies and Services	106,348	106,543	195
Third Party Payments	23,815	24,269	455
Support Services	67	32	(35)
Unsupported Borrowing	613	610	(3)
Dedicated Schools Grant	(110,535)	(110,746)	(211)
Other Government Grant Income	(13,312)	(13,376)	(64)
Income from Schools	(910)	(1,187)	(277)
Other Income	(5,622)	(5,671)	(49)
Totals	15,378	15,460	82

<u>Learning and Communities Delivery Plans 2015/16</u>		
Area of Savings	In Year Saving £000	Actions
SEND Integration	300	Due to be achieved – covered by on off savings
Early Help	300	Not due to be achieved in 2015/16. New delivery plan to be bought forward
Grant Maximisation across People	250	Achieved
Total	850	

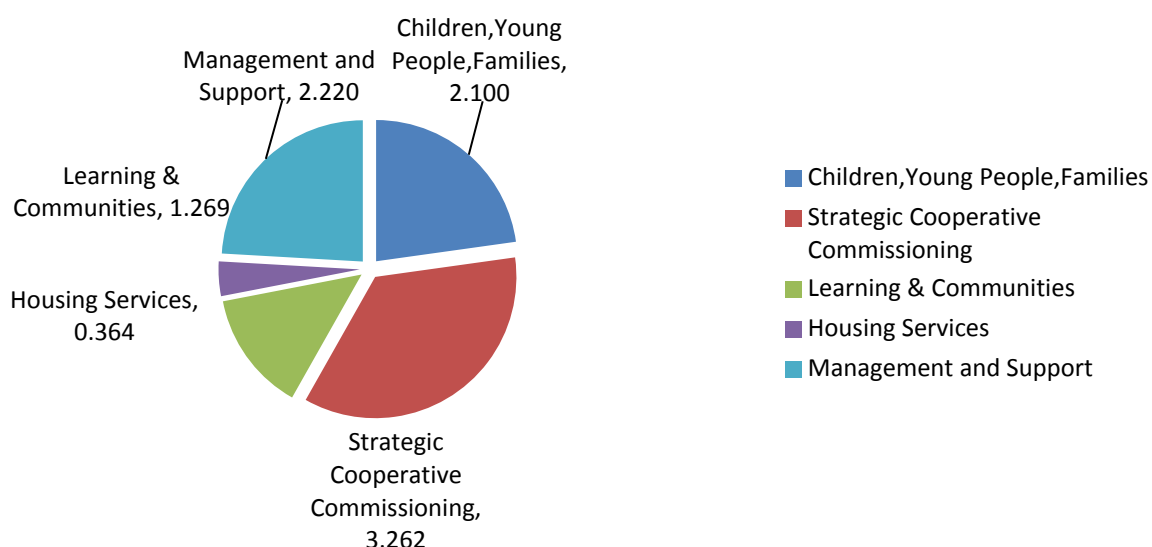
2016/17 BUDGET

The information below sets out the proposed budget for 2016/17 with the projected delivery plans

Appendix

	2015/16 Forecast Mth 8	2016/17 Budget Estimate	% Change between years
	£'000	£'000	
Employees	14,322	13,776	-3.81%
Premises	199	45	-77.13%
Transport	465	530	14.06%
Supplies and Services	106,543	103,306	-3.04%
Third Party Payments	24,269	23,687	-2.40%
Support Services	32	60	88.85%
Unsupported Borrowing	610	595	-2.42%
Dedicated Schools Grant	(110,746)	(109,510)	-1.12%
Other Government Grant Income	(13,376)	(11,926)	-10.84%
Income from Schools	(1,187)	(1,036)	-12.68%
Other Income	(5,671)	(4,524)	-20.22%
Totals	15,460	15,003	-2.96%

People Delivery Plans 2016/17 - £9.215m



Learning and Communities Delivery Plans 2016/17

Area of Savings	In Year Saving £000	Actions

Appendix

SEND Integration	300	Transformation service review – reconfigured way of working
Learning & Communities	839	Functional analysis and review of statutory requirements across Department
Increase income	130	Review charges
Total	1,269	

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**BUDGET SCRUTINY
HOUSING SERVICES OVERARCHING REPORT**

CONTENTS

Overview of Housing Services

- **Overview of Functions**
- **Overview of Staffing**
- **Overview of Budget 2015/16**
- **Overview of Budget 2016/17**

OVERVIEW OF HOUSING SERVICES

Overview of Functions

Housing Services was bought together as part of the original phase one of the People Directorate review in January 2014.

Accommodation	Private Sector	Renewals	Housing Needs	Service Development	Casework
Manages our Gypsy and Traveller work, Raglan Court and all our temporary accommodation including B+B spend	Management of standards in the PRS including HMO licensing and housing standards and removal of Cat I hazards	Provision of Disabled Facilities Grants, Warm at Home scheme	management of the housing register and strategic work about future developments	responsibility for housing plan, homelessness strategy, monitoring returns and project management around service development	provision of housing advice, prevention of homelessness and statutory homelessness

Staffing Overview

FTE	Headcount
43.7	47

Overview of Sickness

Division	Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	
Accommodation	0.56	0.56	0.21	0.32	↑
Housing Casework	27.60	21.70	10.57	12.47	↑
Housing Needs	6.77	5.81	2.60	3.34	↑
Housing Renewals	6.30	3.50	2.41	2.01	↓
Private Sector Housing	7.07	5.93	2.71	3.41	↑
Total	11.28	8.91	4.32	5.12	↑

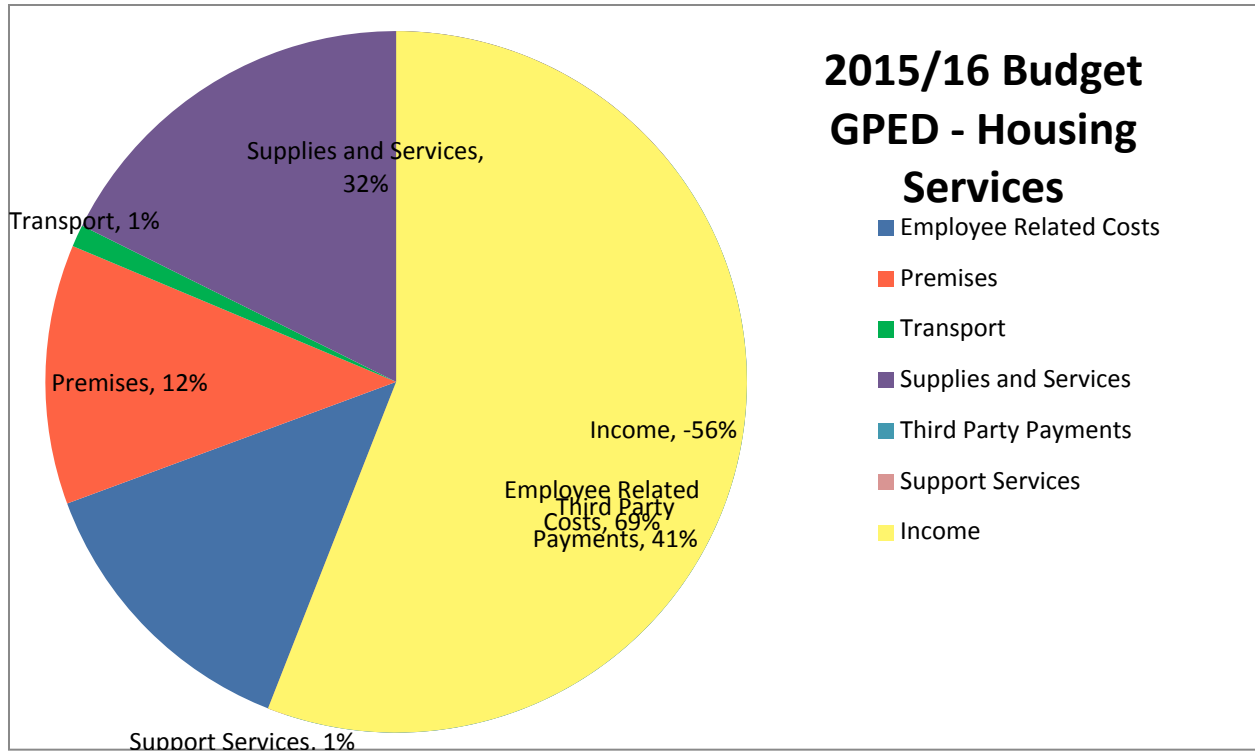
Staff Survey Results

Staff Survey 2015		COUNCIL	LG Benchmark	People	Housing Services
70	High Scores				
50	Low Scores				
		2015	2015	2015	2015
Response Rate		60%	-	44%	80%
Overall Engagement Score		64%	1%	67%	61%
My Job		70	-7	73	68
My Career		46	-13	48	38
My Employer, the Council		55	0	57	50
My Team		63	0	65	64
My Line Manager		70	1	73	74
Senior Managers (Directors and Assistant Directors)		35	-10	40	33
The Co-operative Council		79	9	82	82
Equality and Diversity		75	4	77	73
Health and Safety		67	-	70	60

Budget Breakdown 2015/16

Type of Expenditure	2015/16 Budget	
	£'000	%
Employee Related Costs	1,587	69.36%
Premises	274	11.96%
Transport	23	1.02%
Supplies and Services	731	31.97%
Third Party Payments	932	40.77%
Support Services	20	0.87%
Income	(1,280)	-55.95%
Grand Total	2,287	100.00%

2015/16 One off Grant	(202)
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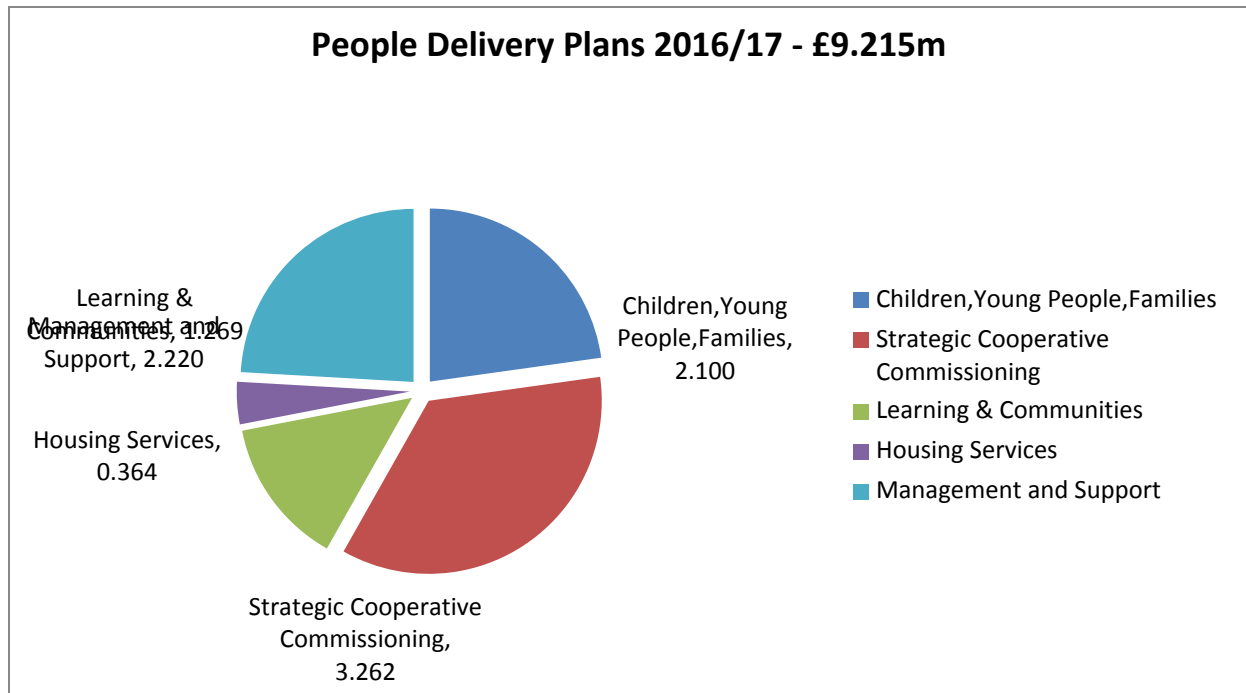


Housing Delivery Plans 2015/16		
Area of Savings	In Year Saving £000	Actions
Housing Option review	20	Step up solution 15/16
Total	20	

Budget Comparison Breakdown 2015/16 2016/17

	2015/16 Forecast Month 8 £'000	2016/17 Budget Estimate £'000	Change Between Years %
Employee Related Costs	1,598	1,218	-23.80%
Premises	398	274	-31.31%
Transport	21	23	10.87%
Supplies and Services	334	241	-27.94%
Third Party Payments	1,112	969	-12.83%
Support Services	20	20	0.00%
Income	(1,196)	(1,017)	-15.02%
Total	2,287	1,728	-24.45%
2015/16 One off Grant *	(202)	0	
Comparative budget	2,085	1,728	-17.12%

* 2015/16 Budget & forecast includes £202k one off grant funded spend



Housing Delivery Plans 2016/17		
Area of Savings	In Year Saving £000	Actions
Housing Services Review	364	Part of People Directorate Review
Total	364	

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BUDGET PRESENTATION AND TRANSFORMATION



THE LOCAL GOVERNMENT FUNDING SETTLEMENT



The local government finance settlement is the annual determination of funding to local government.

RSG - Revenue Support Grant is a central government grant given to local authorities which can be used to finance revenue expenditure on any service.

Business Rates - Under the business rates retention scheme, authorities keep up to half of the local business rates revenue as well as growth on the revenue that is generated in their area.

❖ *However, the Chancellor's announcement of 5 Oct 2015 local government be able to retain 100% of business rates at same time phasing out core grant by end of this Parliament.*

THE LOCAL GOVERNMENT FUNDING SETTLEMENT



Specific Grants - Specific grants are grants (sometimes called targeted grants) distributed outside the settlement. The basis of the distribution varies from grant to grant.

Council Tax - Each local authority then sets its basic amount of council tax (band D) at the level necessary to raise this amount, taking into account its likely collection rate.

SUMMARY OF RESOURCES AVAILABLE



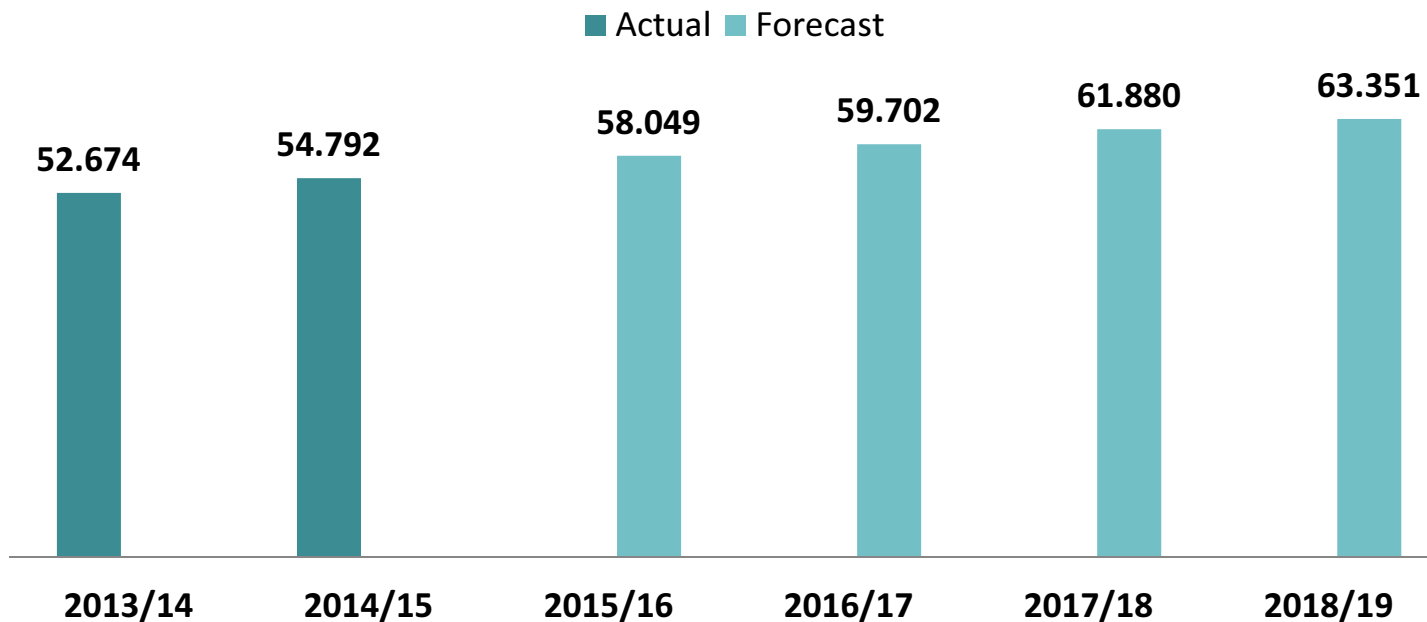
	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
	BUDGET	FORECAST		
Revenue Support Grant (RSG)	44.55	33.29	23.93	15.15
Business Rates	58.04	59.70	61.88	63.35
Council Tax	90.41	91.76	93.28	95.15
Total Revenue:	193.00	184.75	179.09	173.65
Annual increase / (decrease)	(11.68)	(8.25)	(5.16)	(5.44)

RSG reduces from 2015/16 £44.55m to 2018/19 £15.15m a drop of 66%
 Council Tax 2016/17 reflects freeze with growth from PCC Growth Dividend

NDR



Non Domestic Rates Income (£m)

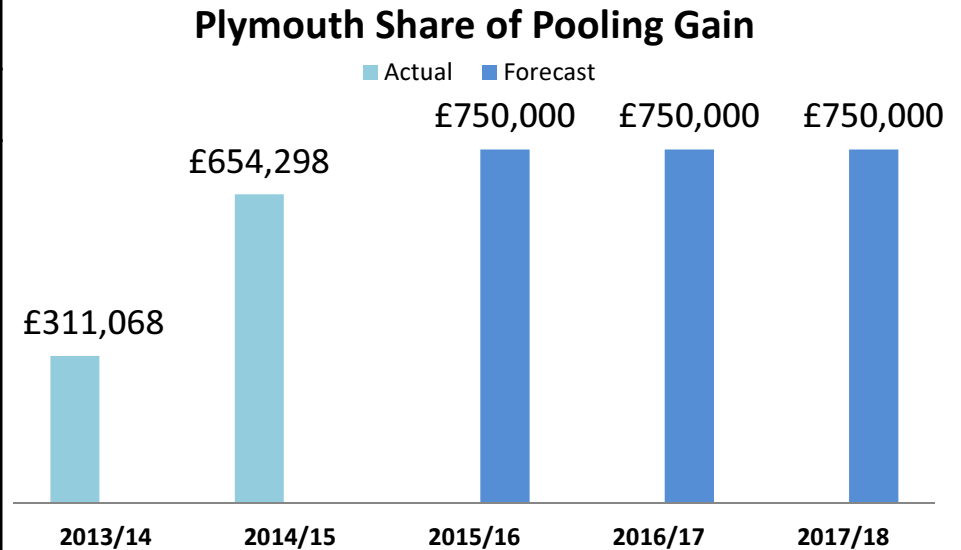


Non Domestic Rates (Business Rates) includes several elements:
Retained Business Rates (being 49% of our local collection)
“Top UP” from Central Government; Devon Business Rates Pool income;
Other adjustments (small business rate relief etc)

DEVON BUSINESS RATES POOL

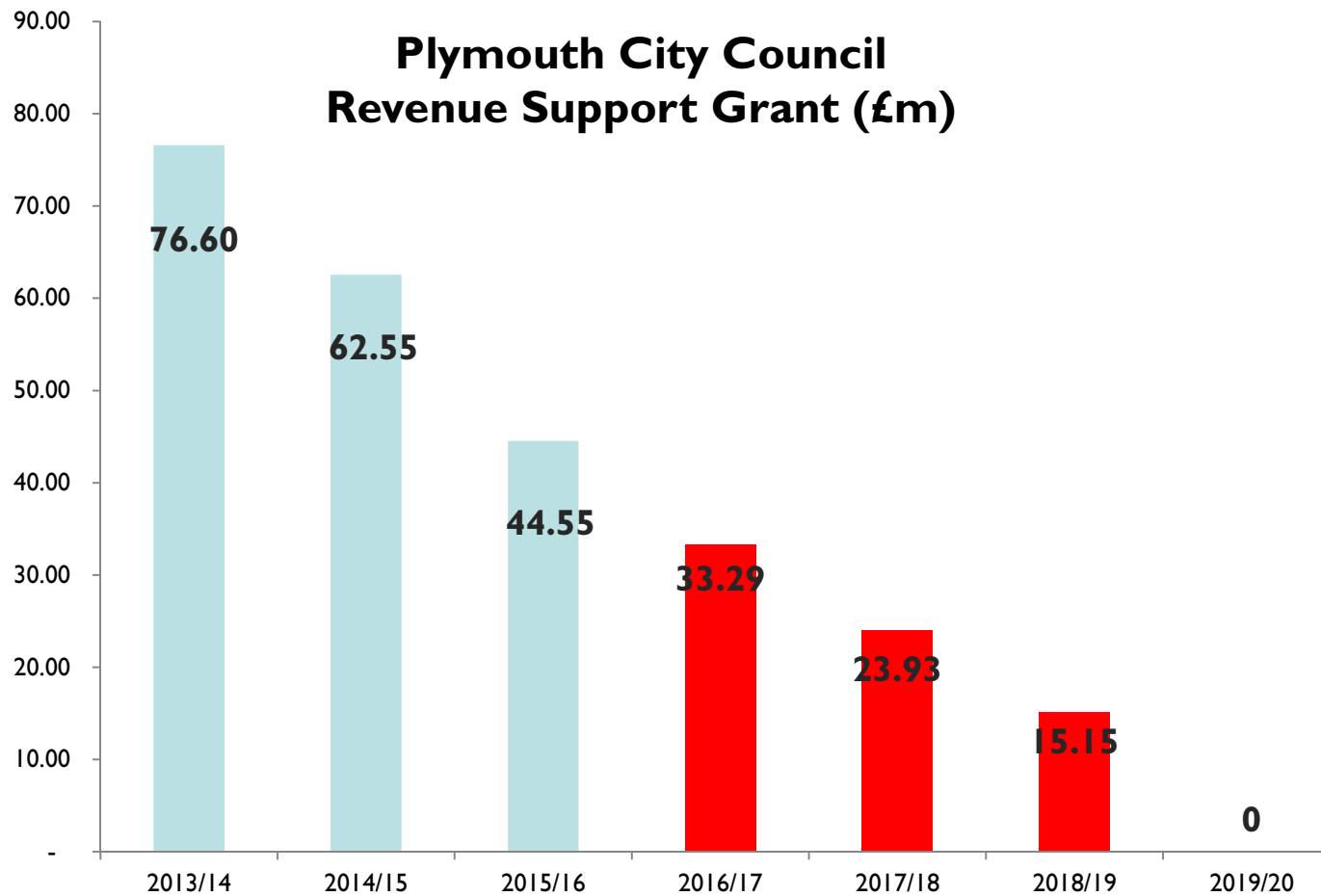


Members	Share of 2014/15 Pooling Gain	
	£	%
East Devon	105,797	4.16%
Exeter	236,909	9.31%
Mid Devon	55,931	2.20%
North Devon	109,295	4.29%
Plymouth	654,298	25.71%
South Hams	103,164	4.05%
Teignbridge	107,852	4.24%
Torbay	324,837	12.76%
Torridge	44,920	1.76%
West Devon	41,427	1.63%
Devon County	760,654	29.89%
TOTAL GAIN	2,545,083	100.00%



“The key advantage of a Pool is it can enable more of any business rates growth to be retained locally than if each authority was treated as ‘standalone’ under the business rates funding system.”

REVENUE SUPPORT GRANT FORECAST



In 2018/19 RSG is forecast to be only 20% of the grant received in 2013/14

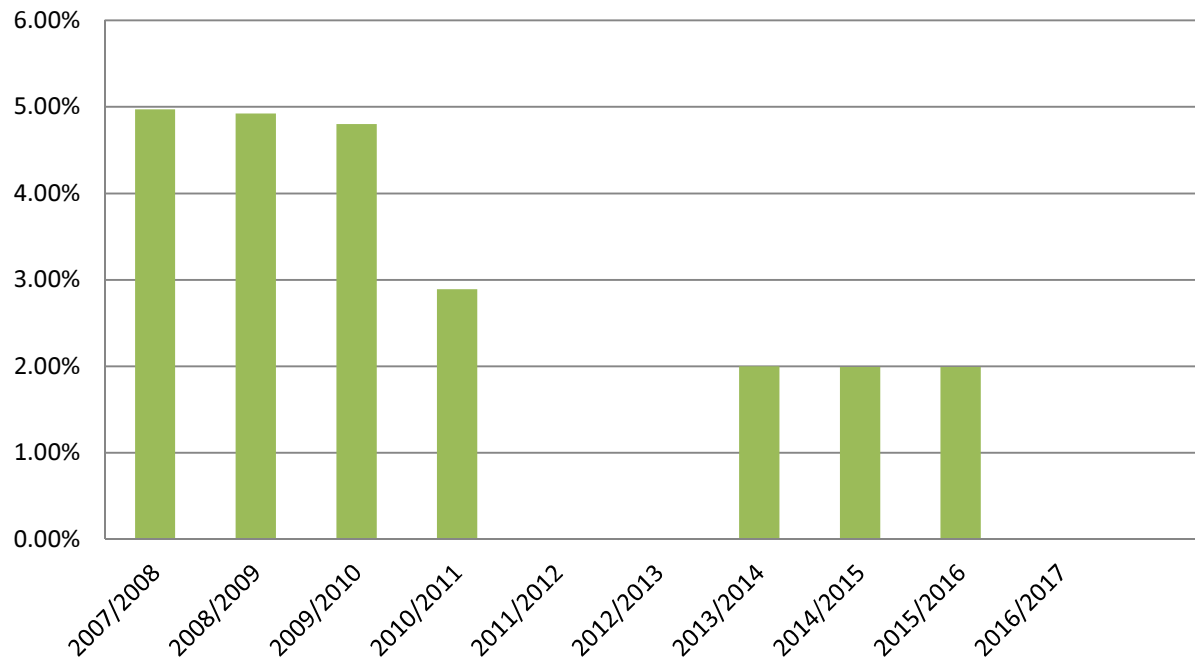
COUNCIL TAX



The chart shows the % change year-on-year

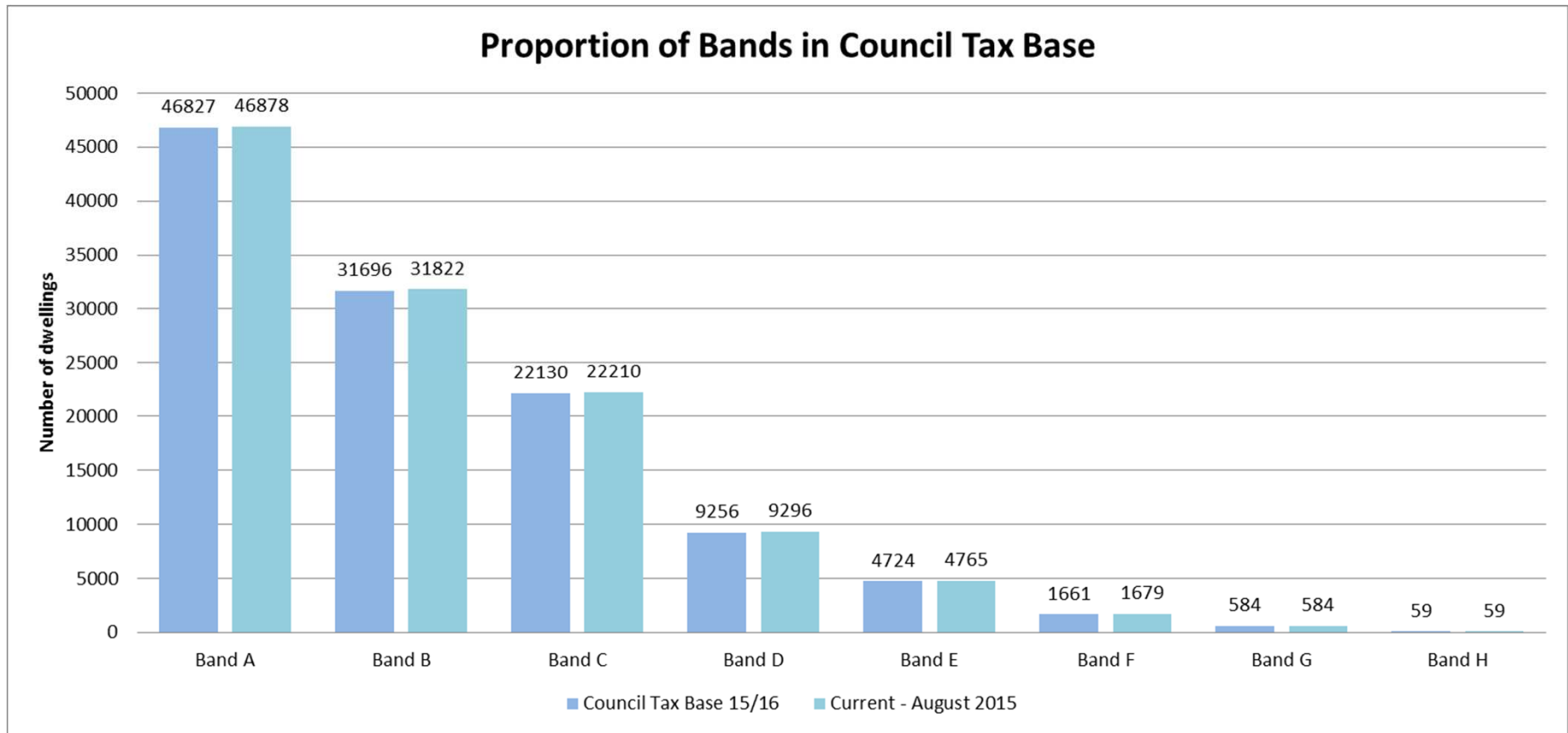
Our income also grows as the Council Tax Base grows due to additional properties, reassessments, changes in circumstance

Council tax increase (% Band D) 2007/08 to 2016/17



	C Tax	Freeze Grant
2011/12	0%	£2.4m
2012/13	0%	£2.4m
2016/17	0%	TBC

COUNCIL TAX



Biggest growth during year is “Band B” properties (36% of all growth)

NEW HOMES BONUS (NHB)



The current NHB scheme only guarantees funding for a six year period which starts to taper out from 2017/18.

At its estimated peak, in 2016/17, the Council will be reliant on more than **£5m** of NHB funding within core revenue budgets. Growth projections from 2017/18 and beyond have been netted off by the anticipated drop out of funding received on a rolling six year basis (e.g. 2011/12 NHB will drop out from 2017/18 income projections).

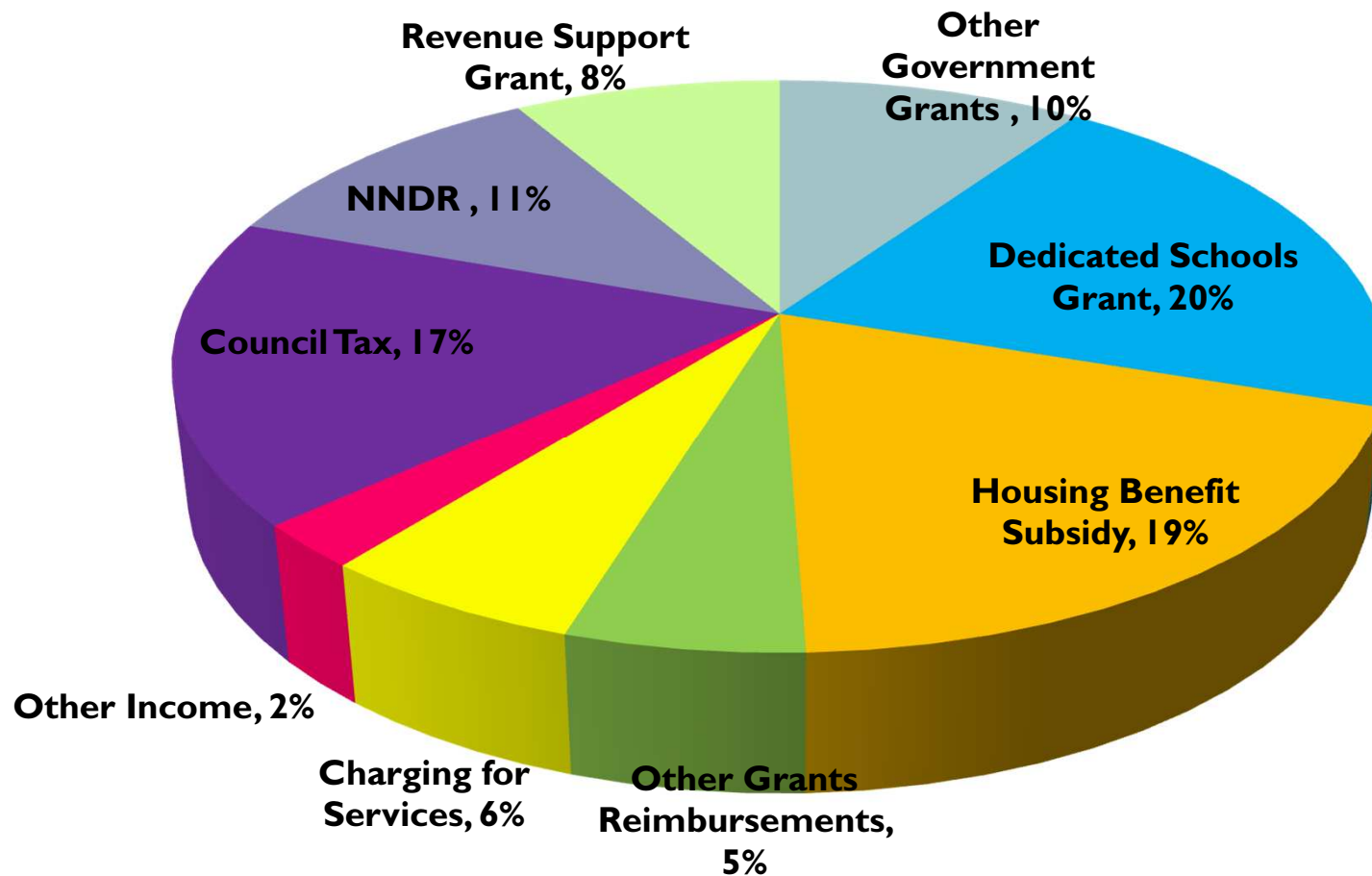
2011 / 12	2012 / 13	2013 / 14	2014 / 15	2015 / 16	2016 / 17	2017 / 18	2018 / 19	2019 / 20
£832,349	£832,349	£832,349	£832,349	£832,349	£832,349			
	£705,682	£705,682	£705,682	£705,682	£705,682	£705,682		
		£867,952	£867,952	£867,952	£867,952	£867,952	£867,952	
			£1,188,756	£1,188,760	£1,188,760	£1,188,760	£1,188,760	£1,188,760
				£601,820	£601,820	£601,820	£601,820	£601,820
					£850,000	£850,000	£850,000	£850,000
						£850,000	£850,000	£850,000
							£850,000	£850,000
								£850,000
£832,349	£1,538,031	£2,405,982	£3,594,738	£4,196,562	£5,046,562	£5,064,214	£5,208,532	£5,190,580

DCLG Director has stated that the gov't are committed to retain NHB 10

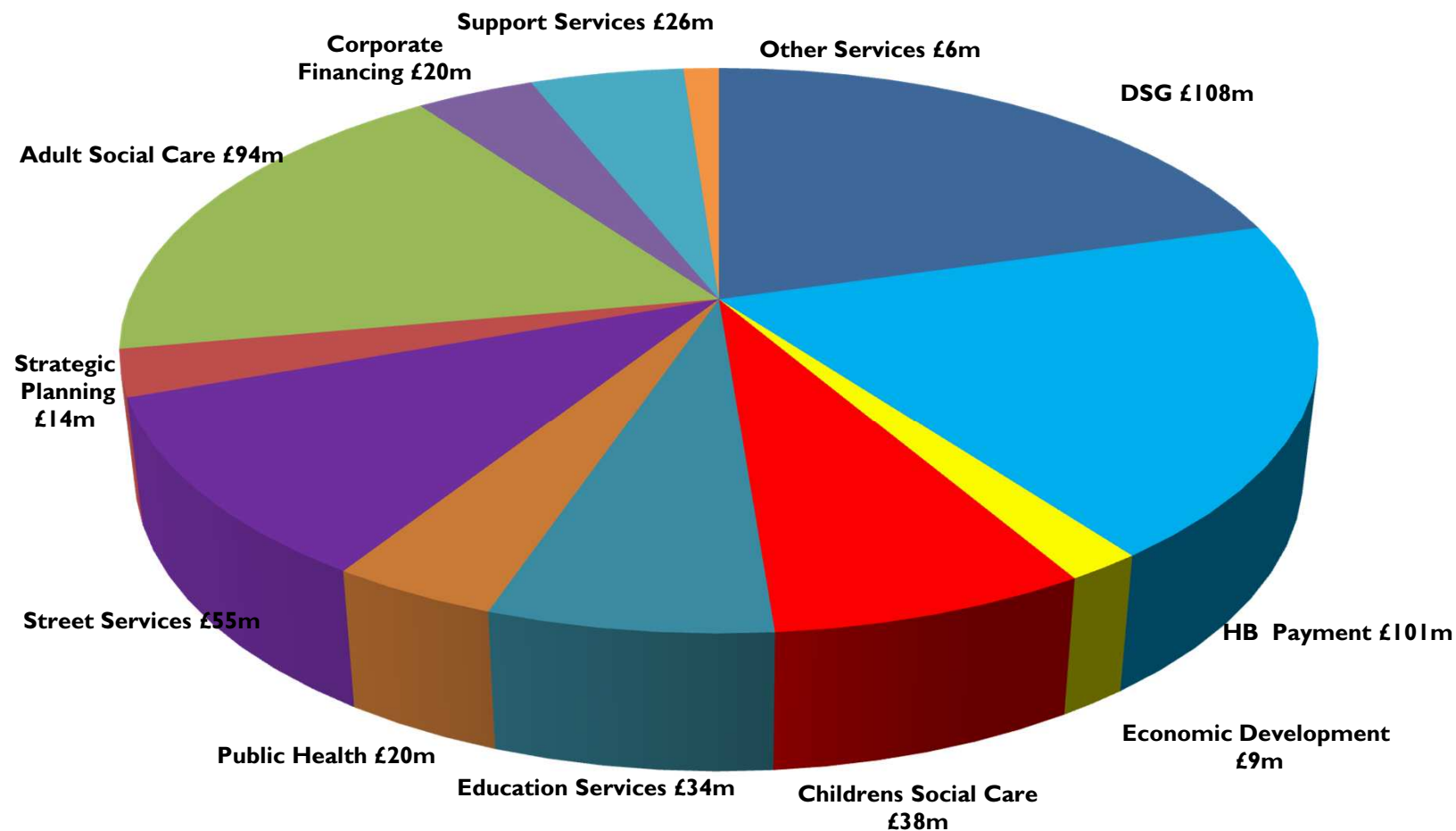
THE LOCAL GOVERNMENT FUNDING SETTLEMENT 2015/16



2015/16 Income Sources £525m



PLYMOUTH CITY COUNCIL 2015/16 EXPENDITURE



ADDITIONAL COSTS

2016/17 – 2018/19



Additional Cost Drivers	16/17 £m	17/18 £m	18/19 £m
Salary inflation/pension deficit	0.900	1.500	1.800
ASC + CSC Cost/Volume	3.562	0.750	1.000
Major Investments	0.850	0.500	(0.500)
NI changes April 2016	1.500	-	-
Transport Links / Income	0.528	-	-
National Living Wage	2.217	1.863	1.863
Delt	1.100	-	-
2015/16 savings met from one-offs	5.468	-	-
Total additional Cost	16.125	4.613	4.163

RISKS & OPPORTUNITIES

2016/17



Additional Cost Drivers	16/17 £m
Delt – full review of financial reconciliations *	0.300
Working Balance to 5%	(0.950)
Council Tax Freeze Grant	(0.911)
Total Risks & Opportunities	(1.561)

* Delt - Subject to future financial due diligence

FUNDING GAP

2016/17 – 2018/19



Funding Gap	16/17 £m	17/18 £m	18/19 £m
Resource Reduction	8.250	5.160	5.440
Additional Costs	16.125	4.613	4.163
Risks & Opportunities	(1.561)	0.210	-
Funding Gap before Savings	22.814	9.983	9.603

CLOSING THE FUNDING GAP:

HOW DO WE ACHIEVE ?

SAVINGS 2016/17 - 2018/19 (CUTS, TRANSFORMATION, GROWTH)



Strategic Savings	16/17 £m	17/18 £m	18/19 £m
Place / GAME	4.045	1.950	2.420
People / IHWB	9.215	3.500	-
T+C / POD / CST	4.923	1.500	-
Corporate Items	1.445	1.780	2.120
Chief Executive Office	0.050	-	-
Office Director Public Health	0.200	-	-
Total Savings	20.878	8.730	4.540
Less Growth dividend incl. in resources	1.585		
Total Savings	18.293	8.730	4.540

FUNDING GAP

2016/17 – 2018/19



Funding Gap	16/17 £m	17/18 £m	18/19 £m
Resource Reduction	8.750	5.160	5.440
Additional Costs	16.125	4.613	4.163
Risks & Opportunities	(1.561)	0.210	-
<i>Funding Gap before Savings</i>	22.814	9.983	9.603
Savings (Cuts, transformation, Growth)	18.293	8.730	4.540
Funding Gap after Savings	4.521	1.253	5.063

INDICATIVE DEPARTMENTAL BUDGETS 2016/17



	People	Place	T & Change	Cex	ODPH	C Items	Total
2015/16 baseline expenditure							
Employees	37.471	20.124	24.047	3.695	4.063	1.496	90.896
Premises	0.484	4.463	8.924		0.223	0.030	14.124
Supplies and Services	108.818	8.962	3.696	0.337	1.872	-0.310	123.376
Transport	1.372	5.171	0.219	0.025	0.168	0.003	6.959
Third Party & Transfer payments	127.309	36.549	111.644		13.168	6.089	294.759
Support Services	0.575	0.181	0.366	0.005	0.218	0.246	1.590
Capital Financing outside NCS	2.089	2.075	0.738			11.062	15.963
Gross expenditure	278.118	77.525	149.633	4.063	19.712	18.615	547.667
baseline income							
Grants	-121.783	-14.735	-104.397	-0.016	-14.851	-4.304	-260.085
Other Grants Reimbursements	-14.993	-10.506	-1.209	-0.072	-0.213	-1.127	-28.120
Rents	-0.604	-5.630	-1.028	-0.014	-0.003	-0.020	-7.300
Fees/charges	-14.630	-11.110	-6.788	-0.003	-3.278	-0.165	-35.976
Interest						-1.223	-1.223
Recharges to other accounts	-2.989	-11.743	-2.920	-0.091	-0.351	-3.862	-21.956
Gross Income	-154.999	-53.725	-116.343	-0.196	-18.696	-10.701	-354.659
2016/17 baseline budget before additional savings and costs	123.119	23.801	33.291	3.867	1.016	7.915	193.008
Additional Costs	7.998	1.713	2.970	0.000	0.000	3.444	16.125
Savings	-9.215	-2.460	-4.923	-0.050	-0.200	-1.445	-18.293
One off items			0.300			-1.861	-1.561
baseline spend (BUDGET)	121.902	23.054	31.638	3.817	0.816	8.053	189.279

Resources available
£184.752m
less budget
£189.279m
= gap
£4.521m



PEOPLE DIRECTORATE



Northern, Eastern and Western Devon
Clinical Commissioning Group



One System, One Budget - *'the right care, at the right time, in the right place'*

PEOPLE

Key Achievements to Date



- **Creating One System**
 - Development of Integrated Governance Arrangements
 - Four Draft Integrated Commissioning Strategies covering Cradle to Grave
 - Commissioning of Integrated Health and Social Care Provider
 - Developed a joined up advice and referral co-ordination offer for children and young people
- **Creating One Budget**
 - Section 75 between PCC & NEW Devon CCG
 - Integrating funds of £460 million
 - Underpinned by Risk Share and Financial Framework
- **Culminating in £8.384m savings**

Challenges Remain: Key Principles and Priorities



- Protection of Front Line Services
- Extend the breadth and depth of Integration
- Review and Restate Local Authorities Core Offer
- Work with a range of partners to deliver services regardless of organisational form
- Focus on High Impact Areas

OVERALL PEOPLE INDICATIVE SAVINGS



Benefits	16/17 £m
Integrated Delivery	0.830
Integrated Commissioning	2.331
Children, Young People, Youth & Families	2.400
People Directorate Review	1.435
Saving Plans In Development (Maximising Grants/Additional Income/Further Efficiencies)	2.219
Total	9.215

Forward View 16/17

- Integration Priorities



- **Integrated Delivery** will focus on the realisation of a single management arrangement and multi-skilled workforce the efficiencies created by this will be realised through the integrated PCH contract and a reduction in care package costs.
- The **integrated commissioning** priorities will be to further identify areas where services can be jointly commissioned thus collectively managing the provider market, removing duplication of effort, joining together offers and realising efficiencies through the reduction/rationalisation of contracts across the whole system and maximising income and grant funding

Forward View 16/17

- Integration Priorities



- The **Children's Project** has been reviewing existing working practices and systems, over the coming months the focus will be on two key areas of the pathway.
 - Early Help and how we can grow this offer across the whole system to prevent escalation in need and thus minimise high cost packages of support
 - Whilst in Children's Social Care, new ways of working, the implementation of a revised IT system and the joining together of functions we will improve capacity across the system and realise efficiencies whilst protecting frontline staff

One System, One Budget - *'the right care, at the right time, in the right place'*

Forward View 16/17

- Integration Priorities



- The **People Directorate** review will accelerate to support the review of all areas not within the scope of Integrated Delivery, Commissioning or Children's and Young People where we have modelled a 20-40% headcount reduction in order to achieve our delivery targets. This will be achieved through the opening of EVRS and then the subsequent remodelling of teams and services across the directorate.

Place Directorate

PLACE KEY ACHIEVEMENTS TO DATE



The Growth, Assets & Municipal Enterprise Programme has grouped its projects around delivering three main outcomes:

Accelerating processes using new skills and resource to increase revenue benefits from CT, NHB and NNDR



Making the Council more Commercial by changing behaviours to increase income / efficiency savings

Creating a Brilliant, Co-operative Street Services

PLACE SUCCESSES



- ❖ **Housing and Business growth exceeding target**
e.g. 1,115 net additions to the dwelling stock against a target of 1,070 in 2014/15
- ❖ **Successful delivery of new waste collection routes**
Nation Winners of APSE's Best Transformation and Efficiency Project 2015
- ❖ **New Street Services Management & Supervisory Structure**
Of the 70 posts reduced, 40 fewer management and supervisory posts
- ❖ **Fleet reduced by over 60 vehicles & revised working patterns**
Improved fleet management and tracker technology, 6 days working week including evenings
- ❖ **Making the Council more Commercial**
e.g. Amey service and maintenance contract, opening Chelson Meadow to the trade
- ❖ **Leading to net benefit of £4.312m**

FORWARD VIEW PLACE 2016/17



- Further accelerate housing and business growth,
- Identify new income opportunities and strengthen Commercial capability
- Fees and Charges Review(s)
- Continue the modernisation of Street Services around working patters and ensure more integrated working
- Provision of Passenger Transport

OVERALL PLACE INDICATIVE SAVINGS



Action Plan	£ m
Increased Planning & DES income	0.100
Increase New Homes Bonus Income due to improved Empty Property activity	0.100
New Homes Bonus (NHB)	0.850
Growth Dividend Council Tax + Business Rates	1.585
Street Services Operational Structures	0.250
Reduced Insurance Premiums	0.200
2015/16 Savings	0.335
Step up - Management Actions	0.595
Total	4.045

Increasing Income
Reducing Cost

Transformation and Change Directorate

OVERALL TRANSFORMATION & CHANGE INDICATIVE SAVINGS



Area	£m
Customer & Service Transformation Programme	1.349
People & Organisation Development	3.074
Portfolio Savings (Staff Reductions)	0.500
Total	4.923

TRANSFORMATION & CHANGE KEY ACHIEVEMENTS TO DATE



What's been delivered:

- Delivery of 1st Stop Shop in New George Street
- Service review and performance management across Customer Services (inc Revs and Bens)
- Consolidation of contact centres into Taylor Maxwell House
- Renegotiation of terms and conditions

What's better for customers:

- Significantly improved service performance
- Longer opening hours providing easier access and more choice
- Simpler processes with more contacts resolved for customers at point of contact

CUSTOMER AND SERVICE TRANSFORMATION (CST) INDICATIVE SAVINGS 2016/17



Action Plan	£m
Modernise Customer Services	0.714
Customer Services Management review	0.100
Channel Shift	0.335
Service review (PPS)	0.200
Total	1.349

FORWARD VIEW CST



- Revenues and Benefits
 - ➔ Complete deployment of additional systems to automate currently manual tasks and improve management information reporting – Jan 2016

- Digital services delivery
 - ➔ Beta release to replace “My Plymouth” mobile app – December 2015
 - ➔ CRM replacement functionality – May 2016
 - ➔ Further customer self service expansion and content simplification – through 2016

- Service reviews
 - ➔ Street services review – January 2016
 - ➔ Strategic Planning and Infrastructure – July 2016
 - ➔ Electoral Services – December 2016

PEOPLE & ORGANISATION DEVELOPMENT (POD) INDICATIVE SAVINGS 2016/17



Action Plan	£m
Finance Transformation	1.500
HR Transformation	0.300
Procurement Savings	0.400
Corporate Fraud Debt Recovery	0.100
Strategic Asset Review	0.070
Sub Total	2.370
Delt Savings under review	0.704
Total	3.074

FORWARD VIEW POD



The Programme will mature and develop new and existing corporate capabilities as well as enabling the rest of Transformation to deliver the Co-operative vision of Plymouth City Council.

Objectives

- ✓ Mature & introduce key capabilities to Smart Working
- ✓ Transform corporate and support services

Outcomes

- ✓ More efficient and effective corporate and support services
- ✓ An organisation aligned to business need
- ✓ Maximised assets that meet the need of the Council
- ✓ Skills aligned to business need
- ✓ Decision makers have easier access to the right expertise, advice and support
- ✓ The services we buy or purchase are consistently managed
- ✓ Assurance functions within the organisation work better together and provide accurate information, clear ownership and accountability

FORWARD VIEW POD



■ **One Public Estate**

- Encompassing the new office requirements for PCC and rationalisation of the public estate in Plymouth this is a large project to maximise efficiencies of public assets and dispose of those not required. This project has rolled up the accommodation strategy work. The next bid phase completes on 16 Oct

■ **Modern Government**

- Phase 1: Modernisation of AV and introduction of electronic voting in the Council House. Underway with Delt. Phase 2: Refurbishment and modernisation of fabric of the building to bring the public back into the heart of Plymouth democracy

THE TASK



The Council has to find £4.521m of savings over and above those identified above to balance 2016/17 Budget

WHAT HAPPENS NEXT?



- List of potential savings Opportunities
- Need to Review
- Consider what else
- Timeline

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Finance Transformation



Andrew Hardingham,
AD for Finance

Page 155



Finance Department “as is”



Purpose:

To provide professional finance support to aid effective organisational decision making and management. To assist the council in managing its change agenda by providing more commercial and innovation skills that will help to maximise income opportunities, investment into the city and overall greater value for money.

Source: Finance Business Plan 2014/15

Work co-operatively with stakeholders

Current Leadership



Management & Support - Andrew
Strategic Finance – David Northey

- Risk and Insurance
- Internal and External Audit Services

Finance Operations – Chris Randall

Transaction Centre – Chris Trevitt

Facilities Management – Chris Trevitt

Commercial Services – Martine Collins

Departmental Budget 2015/16



PLYMOUTH
CITY COUNCIL

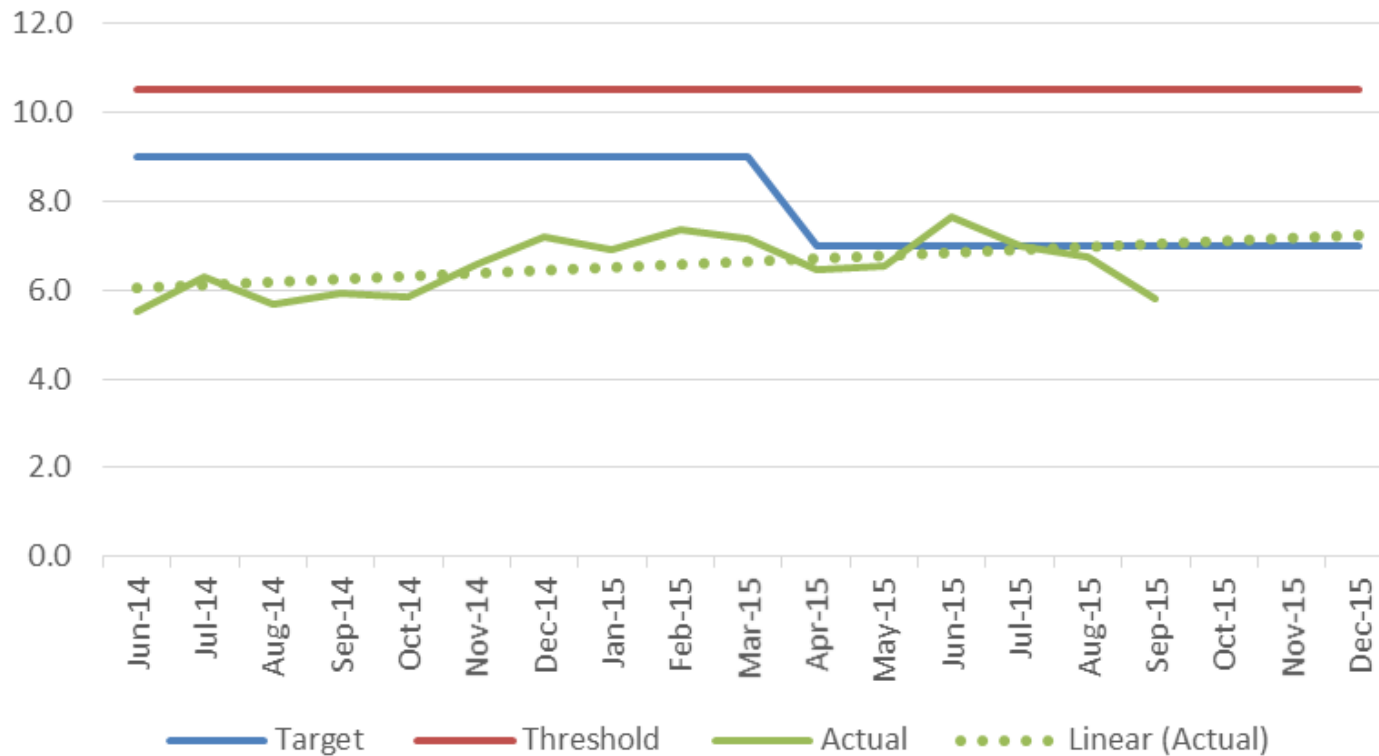
	Sept. 15 £,000	employees £,000
Management & Support	-193	160
Strategic Finance	1,425	1,730
Finance Operations	1,299	1,341
Transaction Centre	1,353	1,287
Facilities Management	11,480	3,402
Audit Services	556	0
Procurement & Commercial	404	896
Total	16.323	8,816

Savings to find in 2016/17 = £1.6m or 10%
Equivalent to 20% reduction in employee costs

Opportunities for savings

Healthy workforce

Finance sickness - average days per FTE



Trend deteriorating

Total 386 staff equivalent to 275.60 FTE as at 31 August 2015.

Management and Support



Budget -£0.193m

No of Staff: Head count 3 FTE 3

Key Deliverables

- Member of Council Leadership team
- Work with members, leadership and staff to deliver brilliant cooperative council
- Lead on strategic finance management – develop MTFS
- Develop centre of expertise for contract management
- Lead department
- Empower managers
- Represent Council across the city
- Act as S151 Officer



Strategic Finance - Issues



Issues

- Shortage of skills
- Lack of flexibility and functionality in finance systems
- Broader depth of understanding of TM required
- Strategic TM skills and experience
- Integration of Assure Project without overall consideration of Finance programme.
- Regrading recommendation
- New external auditors – BDO
- Do we get VFM from DAP?
- How should the relationship be governed?
- Financial regulations

Issues

- Support service recharges
- Transformation financial reporting
- Resourcing DSG work
- Technical knowledge
- Integration of financial and management accounting
- Eliminate manual workarounds
- IHWB/S75 agreement – integration with CCG
- Develop the financial analyst activity – supporting the “Ask”
- Quality of statutory reporting.- capability?
- Ability to attract and keep good staff

No
performance management
across department

Previous findings relating to Accounting service



- Manual processes and off system accounting/reporting
- Budget managers not directly managing budgets – service accountants applying virements
- Key system functionality either not enabled or not fully utilised e.g. budget profiling function on Civica is active but not currently widely used in practice
- Many manual hand-off points between finance teams (e.g. Cash/Treasury)
- Coding structure is not fit for purpose
- iTrent Payroll is not directly linked to Civica GL
- No direct interface between Civica and Carefirst – manual conversion and transfer of data via DELT is prone to delays and errors
- Posting to expense Account requires continually chasing up with the Transaction Centre

Savings Target £1.6m

Transaction Centre



Budget £1.353m

No of Staff: Head count 63 FTE 52.87

Key Deliverables:

- Accounts payable/Deputyship
- Buying
- Sundry Debt Billing incl. Commercial Rents (£90m)
- Income recovery
- Cash
- NNDR Billing
- NNDR recovery
- Client Finance team

Team of the Year - Deputyship

Jewel in the crown?



Findings relating to Transaction Centre (1)



- No process automation – “e” invoices are printed and manually inputted
- Scanned invoice images are not loaded into Civica but loaded onto the S/drive – process managing variances is inefficient
- The Civica Debtors system does not support variable direct debits and paperless direct debits (i.e. sundry debts)
- Civica FWEB is not fit for purpose – agents can only enquire Creditors/Debtor information but cannot edit or create
- Varied quality performance information
- Civica Purchasing Hub has been installed but has not been configured to automate electronic invoices.
- No integrated helpdesk system to log calls
- Should we be looking to include other functions e.g. payroll, HR transaction processes, Council Tax, insurance claims handling
- Why is NNDR billing and Recovery in and Council Tax out?
- Integration of CFs and deputyship
- How to leverage the skill across PCC
- Collection of services not integrated

Jewel in the crown?



Findings relating to Transaction Centre (2)



Creditors/Buyers/Income

- Historic need for temp staff/ high staff turnover
- Staff in dept's not promptly receipting goods resulting in delays in processing invoices
- Need for intelligent scanning to improve efficiencies
- Lack of resources in procurement Team impacts on availability of relevant/current corporate contracts
- Outdated procurement systems, double keying of data, inability to report against category of spend
- Operate a manual direct debit system process for sundry debt (customers send in paper mandates)
- Out of date cash receipting system

Client Financial Services/Deputyship

- Backlog of assessments and referrals since April 2014- Lack of resources leading in delay in assessment and managing client funds
- Interface between Care First and Debtors
- FCP policy not Phase 1 compliant.
- Performance reports manually created Performance metrics not known

Jewel in the crown?



Commercial Services



Budget £0.404m

No of Staff: Head count 20 FTE 21

Key Deliverables

- Delivery of Procurement service across the council
- Delivery/management of major projects
- Commercial Services
- Intelligent client



Commercial Services



Issues

- Profile of Team in Council.
- No strategy
- Separation of “Buyers” from the Procurement Team.
- Appears to be two Project Teams – Procurement and Transformation – duplication or resources, specialisms.
- Development of Retained Client Function and building capacity and capability.
- Meeting the “PL” & SME spend targets.
- Purchase cards.
- Pace - re the category management identification.

Issues

- Role out category management across PCC
- Collaboration with Cornwall CC and Devon over category management.
- Full implementation of “Atamis Prospend” tool.
- Creation of PCC wide contracts register.

Empty wallet solutions?

Facilities Management



Issues

- Management spread across two disciplines.
- Fulfilling the competent person role for health and safety?
- No understanding on benchmarking; what does good look like?
- High levels of vacancies and sickness
- Viability of schools cleaning and caretaking services
- New manager just started
- Slow to respond

Empty wallet solutions?

Managing Performance KPI scorecard



Finance Department Key Performance Indicator scorecard

printed 15/09/2015

Business Plan goal:

To provide professional finance support to aid effective decision making and management. To provide effective value driven procurement and commercial services.

Ref	Description	frequency	Target	14/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend	Comments	
Transaction Centre																			
TC1	% of supplier payments in 30 w/days	Monthly	95.0%	97.8%	99.3%	98.3%	97.9%	98.6%	98.6%									↔	
TC2	% of supplier pay'ts to SMEs in 15 days	Monthly	75.0%	74.2%	64.9%	76.2%	77.3%	77.70%	82.0%									↑	
TC3	% of NNDR collected	Monthly	42.8%	97.5%	17.80%	25.9%	29.1%	42.8%	50.8%									↑	dependant upon Customers Services for data
TC4	% of sundry debt recovered against GF	Monthly	95.0%	94.9%			88.7%	93.9%	93.8%									↓	dependant upon Customers Services for data
TC5	Reduce no. of suspense transactions	Monthly (cumm)	13,330	35,660	2,982	5,824	8,864	12,100	14,427									↔	
TC6	CFS days to process	Monthly	20	69			107	144	56									↑	New indicator: service transferred June 2015
TC7	% of CO's to PO's (number raised)	Monthly	10.0%	18.7%	9.50%	10.8%	11.2%	9.3%	16.0%									↓	
TC8	Buyers savings v spend	Monthly	7.5%	6.9%	11.4%	7.9%	13.7%	8.0%	9.0%									↑	
TC9	% of customers satisfied with service received	Monthly	90.0%						95.8%										surveys being developed
Strategic Finance - Prudential Indicators																			
SF1	authorised limit for ext debt - borrowing	Quarterly	£296m				£289m												typically done bi annually
SF2	ratio of financing costs to net revenue stream	1/2 Yearly	8.70%	7.83%															
SF3	average borrowing rate	Monthly	3.41%						3.77%										Nothing currently in place to enable monitoring
SF4	average investment return	Monthly	0.73%	0.80%			0.85%		0.81%									↑	
Strategic Finance																			
SF5	remain within VAT partial exemption limit	Quarterly	<5%	4.37%					4.70%										
Health and Staff																			
HS1	Department budget variance (£16.462m)	Monthly	+/- 2%			£0.0k	£-19.0k	£141.0k	£111k									↑	
HS2	No of days sickness cummulative (rolling)	Monthly	7.00		6.45	6.65	7.76	7	6.31									↑	
HS3	Staff turnover	Monthly	5.00%		1.18%	0.54%	1.82%	2.35%	1.27%									↑	
HS4	% vacant posts	Monthly			21.89%	21.80%	21.10%	20.65%	19.42%									↑	
HS5	Percentage of staff appraisals completed	End of August	95.0%	94.0%					95%									↑	
HS6	Staff engagement score	Annual	61	59															
HS7	Percentage of FOI's answered in 20 days	Monthly	100.0%		100%	100%	100%	90%	100%									↑	

Target = upper quartile



Summary – context for change



Too many manual work arounds - working for the system rather than the other way round

Lost in detail

Weak leadership across all disciplines – allowed to get comfortable

No focus on customer

Focus in wrong places

Not enough procurement & commercial expertise

Intelligent client not delivering

Systems don't talk to each other

Transaction centre under utilised

Weak analysis skills

Room for
improvement

Finance Transformation “Finance Fit”



PLYMOUTH
CITY COUNCIL

FINANCE FIT

for Purpose
for the Future
for Life



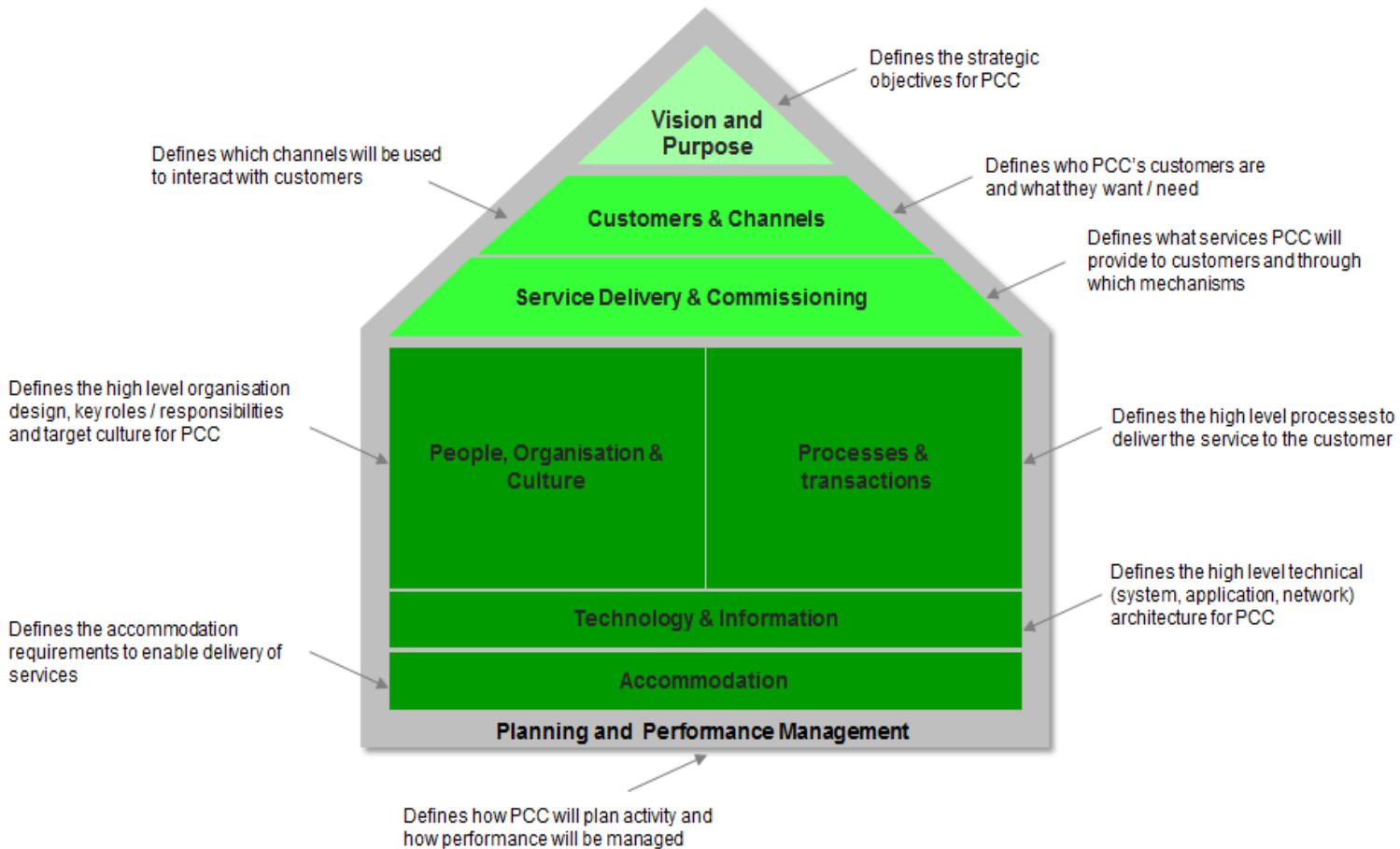
Vision.



- Modernise service to make fit for purpose
- Create a service fit for future
- Deliver a service that customers need and are prepared to pay for
- Commercially orientated
- Deliver services to Plymouth partners
- Enable a fit and healthy workforce with a work/life balance
- Adopt a business partner approach
- Automate processes; cut cost
- Maximise Transaction Centre

Buy make Sell ?

The Blueprint



Building the house

Role of CFO in Local Government



“The finance function must also have a firm grasp of the authority’s financial position and performance. The CFO must ensure that there is sufficient depth of financial expertise, supported by effective systems, to discharge this responsibility and challenge those responsible for the authority’s activities to account for their financial performance. The resources available must be proportionate to the complexity of the financial environment.

Section 114(7) of the Local Government Finance Act 1988 requires authorities in England and Wales to provide their CFO with *‘such staff, accommodation and other resources as are in his opinion sufficient to allow his duties under this section (i.e. s114) to be performed’.*”

The logo for CIPFA (The Chartered Institute of Public Finance & Accountancy). It features the acronym "CIPFA" in a large, bold, purple, sans-serif font, oriented vertically. To the right of the acronym, there is a thin vertical line, and to the left of the line, the full name "The Chartered Institute of Public Finance & Accountancy" is written in a smaller, purple, sans-serif font, also oriented vertically. The entire logo is set against a white background with a purple vertical bar on the right side.

The Chartered Institute of
Public Finance & Accountancy

Success Criteria.



- Clear vision for the department (What is our brand?)
- Customer driven, customer focused and solution orientated capability
- Performance driven and engaging with customers
- Sustainable cost base going forward
- Simplification/automation of processes
- Shaped to focus on both strategic and transactional work
- Supports organisational change
- Supports self serve
- Income generation through transaction centre
- Cost savings

Job done

“Finance Fit” workstreams.



PLYMOUTH
CITY COUNCIL

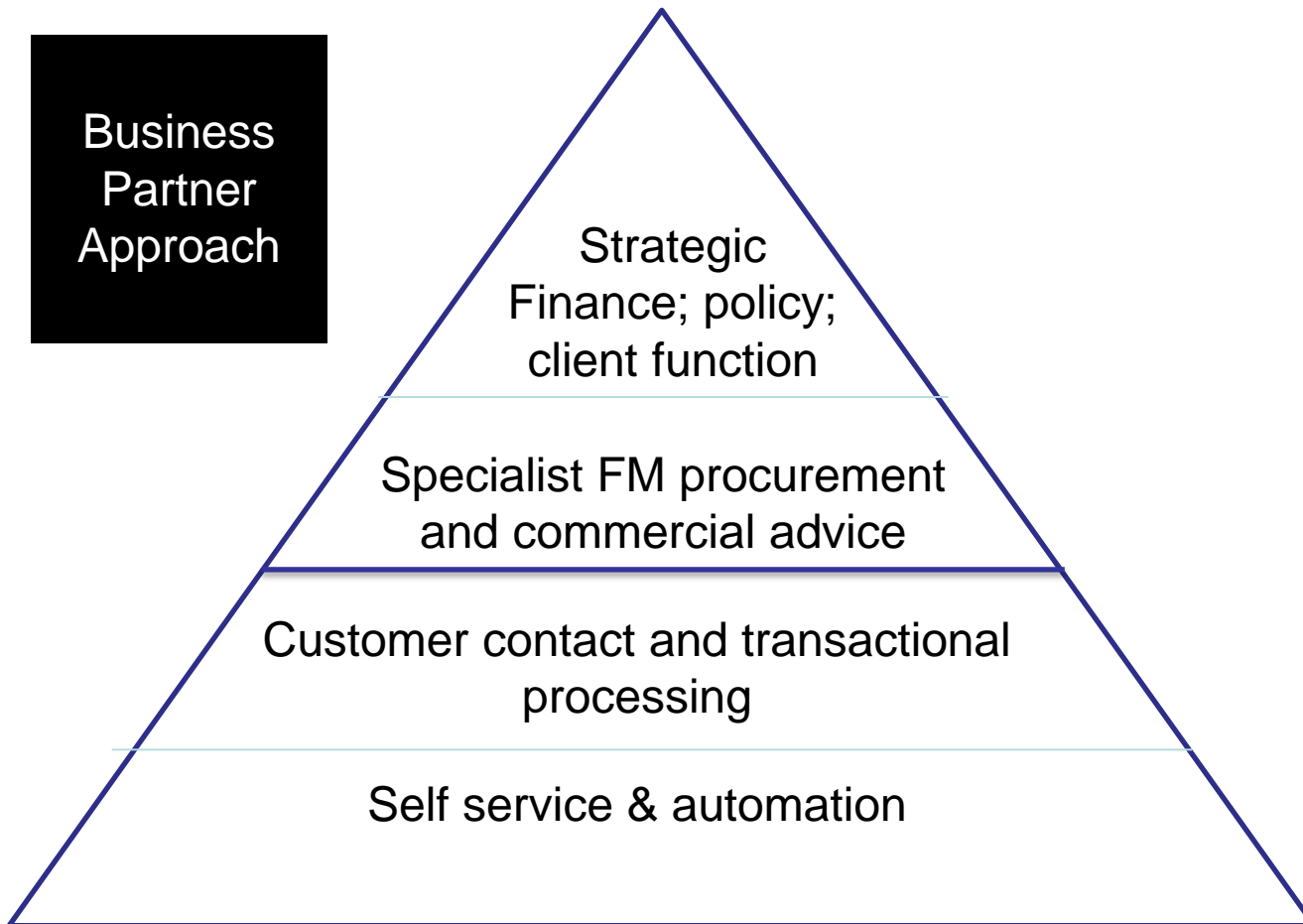
- Defining the TOM; rightsize structure following EVRS
- Modernising, automating, leveraging the transaction centre – other services to maximise economy of scale
- Implement business partner model across directorate
- Making strategic finance work creating the analytical/financial “think tank” capacity/capability
- Join up finance functions “one service”
- Financial systems (incl. project accounting)
- Statutory accounts and reporting - quality and speed
- Commercial Services – develop to deliver
- Strategic Procurement - align with SIM scope
- Intelligent client
- Review Project management - organisational fit
- FM

Blend with HR

Finance Target Operating Model



Business
Partner
Approach



Alternative
delivery solutions

Retained function

Business Partner Model



- Developed by Tom Ulrich for HR functions, more commonly adopted by Finance services across sectors
- Focus on automation of activities as much as possible to free up resources
- Allows focus on adding value by utilising resources on interpretation and analysis of information rather than reporting on 'historic' data
- Customer feedback provides evidence that the organisation would like focus on problem solving and forward looking
- Challenging environment for public bodies over the coming years, requires Finance's focus on identifying solutions for the services we support

Developed by Tom Ulrich

Operating Model



Illustration of the Ulrich Model (source – CIPFA Excellent Business Partner)



Culture change

Finance Target Operating Model - Business Units



Current

- Strategic Finance
- Finance Operations
- Commercial Services (procurement, Int. Client, commercial, PM)
- Partnerships (FM & Transaction Centre)

Proposed

- Finance – Planning & Reporting
- Procurement
- Commercial Services
- Business and Facilities Services
- Transaction Centre

For consideration

- Project Management
- Making FM work for the Council
- Outsourced services, client services
- What do we want from Commercialisation?

EVRS



- Open to all staff except concierge, cleaners, toilet attendants and apprentices.
- Scheme opens 5 October 2015, closes 26 October.
- It will not be possible to absorb all the costs in the finance budget in 2015/16 arising from the release of employees through the scheme.
- Departmental budgets will fund the “notice” element of the payment but will not be able to absorb other costs.
- It may be possible to release more staff but on the condition that some “backfilling” is effected to cover the period between the closure of the scheme and the implementation of the subsequent reorganisation.
- Launch restructure after EVRS leavers (probably mid December).



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Commercial Strategy 2015-2018

Executive Summary



Terms of Reference

The Commercial Strategy Annex A provides the framework to underpin the delivery of the Council's Corporate Plan and our ambitious transformation agenda whilst ensuring that the needs of Plymouth residents, service users and community groups continue to remain at the heart of the Council's decision making and the services it provides.

The focus over the next 3 years 2015-2018 is to lay the foundations to build sustainable income streams by developing and delivering income opportunities, encouraging enterprise and innovation and building commercial capability.

In addition the Council will seek to increase the efficiency of services through a mix of in-house and external service provision, whilst also ensuring its' commissioning and procurement activities and approach to contract management delivers value for money.

Strategic Intent

The Strategy sets out 4 key areas of strategic intent for the next 3 years:

- Strategic Intent 1: Generating Income through Charging, Trading and Investment
- Strategic Intent 2: Implementing a Co-operative Commissioning Approach to Service Delivery
- Strategic Intent 3: Delivering Value for Money through Strategic Procurement and Contract Management Activities
- Strategic Intent 4: Enhancing the Councils Commercial Culture and Capability

The Council will diversify activity and secure sustainable income streams by:

- Investing time and resource into 'drop down' task and finish teams to enable delivery of commercial initiatives by services and business functions, and for commercial reviews
- Utilise toolkits and frameworks to recommend and implement optimised service delivery options
- Deliver income opportunities both within service areas led by the business and within service areas led by Commercial Services
- Innovate and develop to find the next 'big thing' to generate sustainable income
- Implement a commercial toolkit with a range of tools and techniques to support decision making and build commercial capability

- Implement a Commercial Community of Practice to bring together knowledge and experience and to engage and empower individuals to apply commercial principles.

The Council will diversify activity and secure value for money and savings by:

- Introducing a category management approach to the way it procures goods, service and works to increase market intelligence and deliver increased value for money
- Increasing opportunities for collaborative commissioning and procurement to generate economies of scale
- Embedding co-operative commissioning principles and standards through a Commissioning Policy to meet the needs of our citizens and service users
- Developing its retained client function in response to the changing shape of service delivery, to maximise the benefits of outsourced relationships
- Improving both contract and supplier relationship management to maximise contractual outcomes and benefits

Context

During 2014/2015 much has been achieved in laying the foundations for the Council's approach to income generation and its procurement activities within the GAME and POD programmes as part of the Council-wide transformation agenda.

Achievements include:

- Bringing together resource within a Commercial Services Team to develop the Commercial Strategy and develop and embed the infrastructure to enable commercial capability and delivery of work-streams. This includes Retained Client function and Strategic Commercial Manager
- Developed a range of commercial tools and models to improve commercial capability such as, Alternative Service Delivery Toolkit (ASDV), Contract Management Framework, Full Cost Recovery Model
- Delivered £700k in income as part of the GAME programme
- Delivered £150k of savings through procurement activity as part of the POD programme
- Increased collaboration regionally through the creation of a Peninsula Working Group with Devon and Cornwall Councils.
- Implemented Atamis spend analysis tool and undertook extensive spend analysis and category identification
- Developed a more robust contracts register to support the emerging category management approach
- Supported the post creation of DELT IT services with a retained client role

Future Requirements

It is evident from the learning and achievements to date, that a stepped change is now required to continue to build and develop the Council’s Commercial direction, moving away from the delivery of tactical benefits and building a more robust strategic approach.

Commercial activity needs to be strengthened and supported through representation of a Commercial Enterprise Board that has the necessary corporate overview, responsibility, accountability and decision making powers, but also the ability to engage and empower colleagues to innovate and deliver opportunities. This supporting role will enable Commercial direction to begin to transition from its current transformation programmes into a business as usual function for the Council.

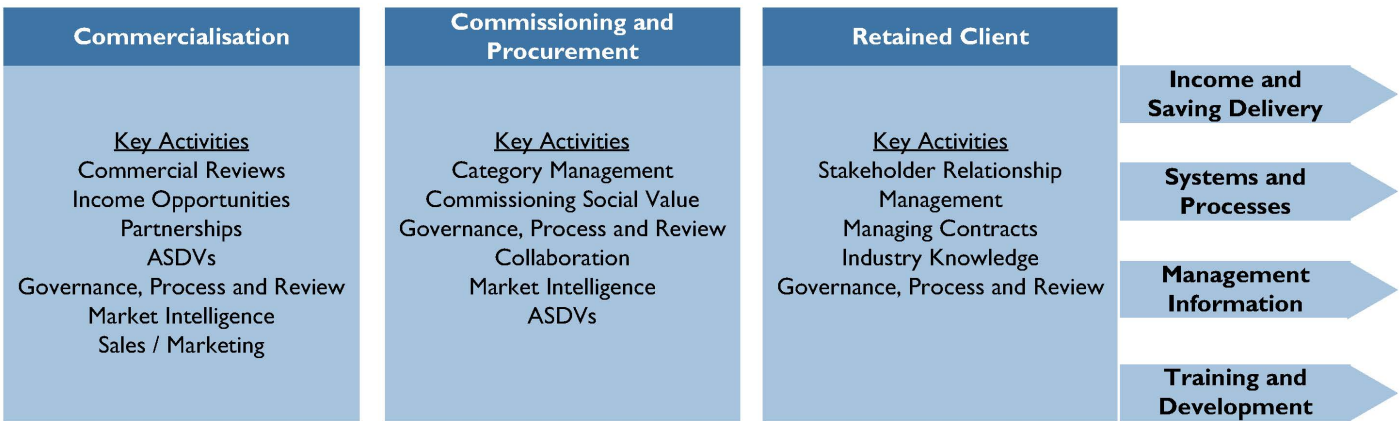
Commercial targets and the ability to retain income from commercial activity will also transition from the GAME programme into business as usual across the Council as an incentive to build capability, encourage innovation and deliver opportunities for growth.

The role of Commercial Services needs to be strengthened and resourced to enable the ongoing development and delivery of the necessary infrastructure, outputs and corporate capabilities. There will need to be investment in resource to allow for category management planning and delivery, commissioning and decommissioning activity, development and delivery of innovative income opportunities, and building the retained client function to deliver best practice and robust stakeholder relationship and contract management activities. In addition also allowing Commercial Services to develop and improve commercial capability Council wide.

Commercial Services function and outputs model

Commercial Services

Mission Statement: Working with the Council and it’s partners as the commercial experts to transform the way we do business



Structure and Approach

In order to continue to develop the Council’s commercial direction and ensure the right level of support and corporate view is enabled a Commercial Enterprise Board (CEB) will be established with responsibility for:

- Developing a commercial programme from initiatives identified from within service areas, and from commercial reviews
- Taking forward the commercial programme
- Taking initiatives from across the Council and enabling them to be successfully realised
- Developing a process for enabling and approving external funding bids

The CEB will be sponsored by the Director for Transformation and change, to enable provision of direction, focus and leadership. Members of the board will include Commercial ‘champions’ from across the Council who will act as enablers, stimulators and ambassadors for commercial activity.

Chair - Lesa Annear – Director for Transformation and Change
 Councillor John Taylor – Portfolio Holder
 Head of Commercial Services
 Commercial Champions

The Council will give consideration to include non-Council advisors and entrepreneurs from the private sector onto the board where it poses no conflict or commercial risk.

Representatives from the wider Commercial Services and Transformation and Change team will be invited to attend CEB meetings as required to provide specialist input for example finance and legal along with teams who have submitted commercial ideas which are being proposed or implemented.

Commercial Enterprise Board

What Is The Opportunity?	Business Case	Commercial Case	Delivery Route	Contract Award	Monitoring Benefits
<u>Inputs</u> Mandate Budget Benefits Method Of Measurement Resources Milestones	<u>Inputs</u> Commissioning Need Opportunity Assessment Business Requirement Resource Requirement Quality Issues / Risks Strategic Alignment	<u>Inputs</u> Commercial Options Options Appraisal Recommendation Action Plan Risk Quality Resources Financial Plans	<u>Inputs</u> Procurement Tender Documents KPIs or SLA Draft Contract Implementation Plan Contract Management	<u>Inputs</u> ITT Evaluation Financial Benefits Implementation Plan ASDV Delivery	<u>Inputs</u> Reports Governance Arrangement Retained Client Lessons Learned Financial Benefits Risk Quality
<u>Outputs</u> Opportunity Business Definition	<u>Outputs</u> Business Case	<u>Outputs</u> Commercial Strategy	<u>Outputs</u> Procurement Strategy or Implementation Plan	<u>Outputs</u> Contract	<u>Outputs</u> Report and Monitoring

Encouraging Engagement and Commercial Behaviours

Along with the responsibility for delivery of the commercial programme, it is important that the commercial programme and role of CEB is set up to create a corporate 'can do' environment to empower colleagues and services to reach their full potential. This needs to be delivered in an energetic and supportive environment to drive a high pace of change and upskilling of the workforce.

This will require the following attributes from the board:

- Engage the workforce, through a simply designed approach which also leads them through the change, from concept to delivery
- Encourages innovation and optimisation of opportunity to reduce cost and generate income
- Empowering services and individuals to take business like decisions, manage risks and deliver opportunities
- Promote continuous improvement through learning with commercial tools, training, advice and support
- Remain customer focused whilst continuing to deliver high quality services
- Identifying and removing barriers to delivering commercial activity

Enterprise Funding

Seed funding by way of an enterprise fund will enable the Council to support ideas including pilot projects and resources that will generate an income and which need an initial investment to get the idea started. The service borrowing the funds would be expected to pay back a minimum of two times the value that they borrowed over an agreed period of time. The monies paid back into the Enterprise Fund would then be used to fund other initiatives across the Council, becoming a self-sustaining fund that doesn't require income from other sources to maintain it.

Dependencies

Finance

There will be an increasing need for timely and accurate income and expenditure reporting to enable tracking and forecasting of income and costs and identification of spend activity. In addition to appropriate IT systems, the Council will require the finance team to have appropriate commercial finance skills relating to areas such as cost and volume, unit costing, Tax and VAT whilst also supporting the Council in budget income forecasting and financial modelling, especially when putting together business cases for new commercial opportunities.

Legal

There will be an increasing need to seek legal advice in an increasingly complex commercial environment and through the delivery of alternative service delivery vehicles. It will be essential to call upon advice to ensure the most appropriate approach is adopted and all legal aspects understood by the organisation, for example to allow for future growth and innovation.

HR

Commercial activity needs to be supported by HR with experience in areas such as TUPE, pensions and workforce development to ensure staff activities support future requirements.

Transformation

Ongoing support and resource will be required linking to the change request process for the delivery of projects. Resource will be required in the form of Business analyst and project management.

Recovery

A corporate approach to recovery will be required to ensure timely and maximised collection of income. Swift and timely payment of invoices is required ensure income streams are optimised.

Marketing and Sales

In order to understand the markets within which the Council will operate, maximise marketing impact it will be necessary to build knowledge of markets, future citizens requirements, branding and communications, these skills will need to be acquired within the council, whilst also developing customer service skills in a more commercial environment.

Financial Forecast

The following income and savings model shows where growth and savings will come from over the next 3 years as part of the Council's commercial programme. Priorities have been identified through a commercial audit of services, building on existing commercial activity currently within service areas, and the emerging category management and spend analysis work.

However this is not a one-size fits all approach and it must be recognised that additional initiatives and opportunities will come directly from service areas and as a result of engagement with other organisations.

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HR & OD:

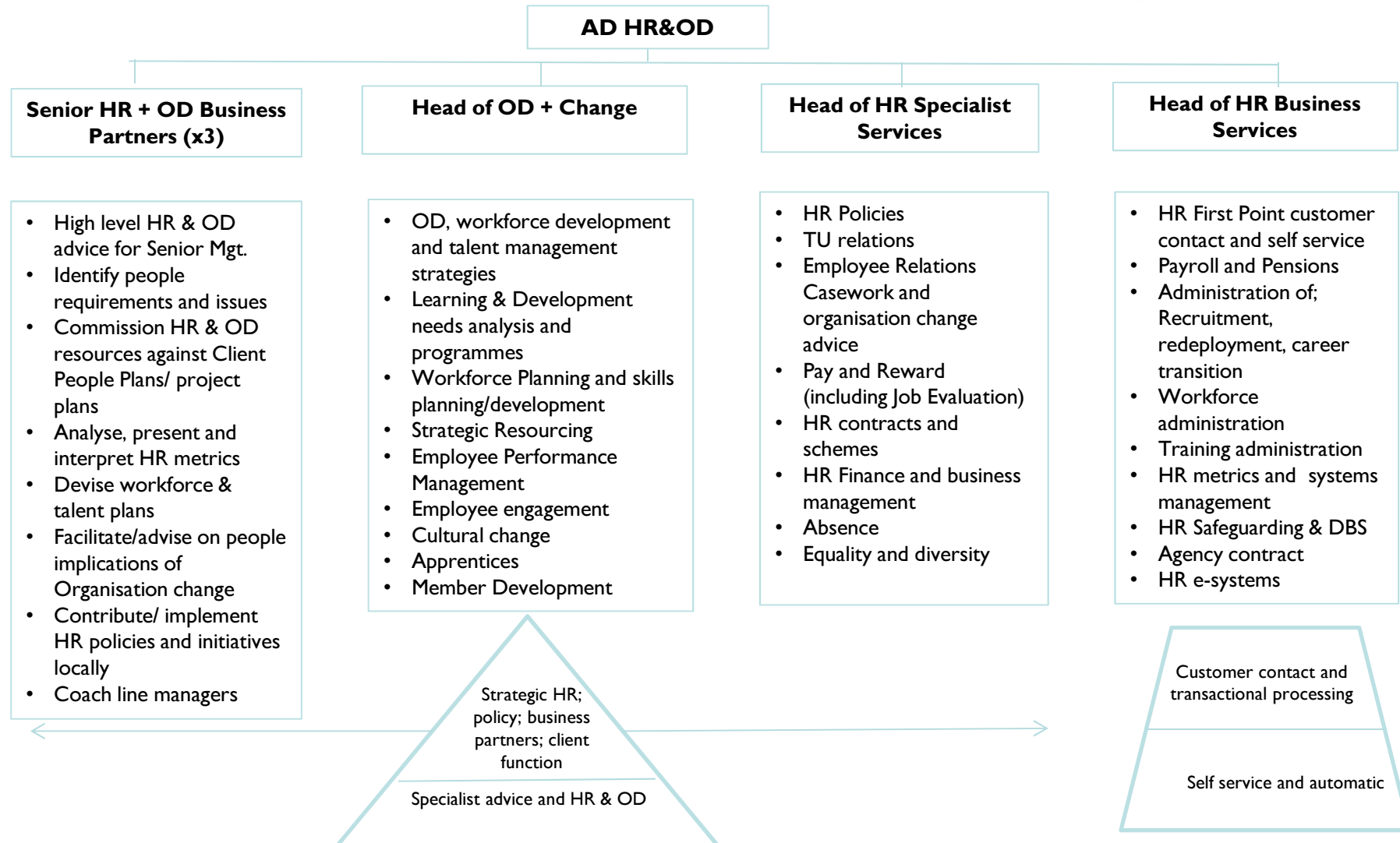
Looking back, moving forward to 2016/17



- 44.5% reduction in HR&OD staffing since 2012
- 37% total reduction in overall budget since 2012
 - 2016/17 (£310k savings c.12%, & internal transfer of HS&W to finance)

Annual as of April	Council Workforce FTE* (excluding Schools/ external customers)	HR&OD	HR&OD Budget
2012	3249	99	3,199,548
2013	3110	90	3,195,859
2014	2904	78	2,629,495
2015	2426	74	2,449,183
Work force Prediction			
2016	2296	55	2,000,000 tbc

HR&OD: Our functions



HR & OD: Improved Outcomes



- Customer driven, customer focused and solution orientated HR & OD capability
- Performance driven and engaging / transparent with customers
- Sustainable cost base to meet budget parameters
- Reduced burden and changed emphasis of HR practices and policies on customers inside the organisation
- Simplification of key HR processes
- Shaped to focus differentially on both strategic, operational and transactional work
- Function geared up to enable major organisational and cultural change
- Equips managers and employees to self serve and builds overall people management capability
- Developing income generating services

HR&OD:

Some context



- 16.81 FTE payroll staff administer 22 monthly payrolls for 17 clients (including PCC) making 108,000 payments annually and paying circa 10,000 employees with an accuracy level of 99.7%
- Our HR Advisory team of 10 staff supported managers in 192 individual employee relation cases.
- In 2014/15 the Recruitment Team (6 FTE) advertised 806 vacancies, issued 581 employee contracts and 3,500 ID cards, carried out around 3,500 DBS checks and 487 DBS self-declarations for corporate and external clients
- Our Learning and Development team have supported 17,578 hours of training across 73 different topics.
- In 6 months HR&OD answered 3,148 external calls from customers providing them with advice and professional support.

CHIEF EXECUTIVE'S OFFICE BUDGET SCRUTINY BRIEFING

13 JANUARY 2016



OVERVIEW OF CEX BUDGET 2016/17

Division Name	2016/17 LE £
Policy, Performance & Partnerships	653,617
Corporate Communications	489,563
Lord Mayoralty	183,057
Democratic and Member Support	377,161
Councillor Allowances / Community Grant Scheme	1,261,656
Executive Support / Business Support	795,600
Grand Total	3,760,654

Source	Savings Target £
Democracy and Governance Legacy (3 year cumulative 15/16 – 17/18)	222,000
Additional management savings (3 year cumulative 16/17 – 18/19)	50,000

Establishment	Dec 2015
Headcount	82
FTE	55.97

CEX SERVICE REVIEW

Between December 2015 and May 2016, the Chief Executive's Office will identify and deliver ways to modernise the service. This service review process will be based on the service review method agreed by the Corporate Management Team and will help to identify and exploit common business functions across the service and enable consistent delivery standards and service efficiency of all teams. This approach will ensure that the services being offered by the Chief Executive's Office are aligned to the blueprint (architecture) Design Service. Information gathered as part of the Co-operative Centre of Operations programme is also being used to inform the review.

Due to the similarities in a number of functions and activities (consultation, policy, performance etc.), the service review will be undertaken in conjunction with the People Service Review (Phase 2).

Teams affected by the service review will include:

- Corporate Communications
- Policy, Performance and Partnerships
- Democratic and Member Support
- Executive Support / Professional Support
- CEX Business Support Unit

Development of draft outcomes, principles, objectives and structures is taking place during December 2015, and consultation with affected staff will commence in mid-January. Staff are being kept updated on progress through weekly emails from the Assistant Chief Executive and monthly shout out's. Team managers are also keeping staff informed via regular team meetings.

All staff were recently involved in an activity log exercise which sought to provide an insight into the nature and focus of the work currently being undertaken by the various teams across the department. The analysis from this exercise will be feed into the service review process to add to our understanding of the work being done on a day to day basis. Teams are now in the process of providing feedback on the results.

CEX SERVICE PRIORITIES

In addition to our core service activity and In lieu of the upcoming service review, which will outline longer term service vision, outcomes and priorities, the key service priorities for 2016/17 are as follows:

1. **New Council Website:** Our new digital platform includes a new content management system to run a website. Creating a website on the new system is a major undertaking and involves reviewing thousands of pages of content. The aim is to use this opportunity to ensure every section of the Council's website is easy to use and entirely focused on what residents need to know and do.
2. **Internal Communications:** While we currently communicate with the Council's workforce in a number of ways including: team meetings, weekly staff newsletters, the Staff Room intranet and management conferences, we recognise that as the organisation continues to go through significant change internal communications and engagement needs to be further developed. The priority is use of a dedicated internal communications resource to build on existing activities and improve communication and engagement with all staff members no matter where they work.
3. **Communicating with Residents:** We currently communicate with Plymouth residents in a range of ways. The media and the Council's own publications continue to play an important role, while digital channels such as email newsletters and social media provide new opportunities to increase engagement with residents. For example, 72,000 people are signed up for regular e-alerts from the Council. The priority is to continue to develop use of these channels to improve two-way communication between the council and Plymouth communities.
4. **Intelligent Organisation:** We will look to enhance our current policy and performance offer by playing a greater role in ensuring that the Council behaves as one organisation - managing and sharing information so all are informed. This will help us to set the strategic direction, align our resources to achieve it and tracks how we are doing.

5. **Performance Management:** We will continue to develop and deliver a strong and effective approach to improving and managing the Council’s performance. This will include continued support for scrutinising delivery against Corporate Plan objectives, in addition to tracking delivery against fairness commission and pledge milestones.
6. **Plymouth Plan:** We will continue to work with our planning colleagues and partners to drive forward shared delivery of the Plymouth Plan’s ambitions for the city. As the single strategic plan for the city, the service will help ensure that that plan is delivered and that it’s achieving its objectives through delivery of its policies and development of a shared performance monitoring framework. Key deliverables for this will be an Annual Report, and facilitation of an Annual Conference. The service will also continue to provide additional strategic planning support through the development and delivery of the Plan for Child Poverty, which is currently out for consultation.
7. **Heart of the South West Devolution:** As a driving force behind the Heart of the South West devolution deal, we will continue to influence or directly manage central Government services and funding streams, with a particular focus on growth funding. Our focus on devolution will also link closely with our work on Plymouth’s Offers and Asks which is an ongoing summary of the city’s key lobbying ‘Asks’ of Government.
8. **Roll out of Mod Gov Technology:** We will oversee this council wide project to automate the process for the production, input, circulation, reviewing and approval of reports prior to their formal consideration by the Cabinet, Cabinet members and other committees. The outcome will be a more efficient and controlled process which will reduce the risk of an incorrect version being produced and approval leading to a more efficient decision making process.
9. **Strengthening Scrutiny:** As the Council continues to experience significant sustained change which requires many new and innovative approaches to service delivery, we will continue to provide support to identify where changes to Plymouth City Council scrutiny function may enhance the process of open, transparent and democratic decision making.
10. **Modern Government:** The Modern Government project encompasses the Council House asset and its overall function as the centre for democracy in Plymouth. It proposes to take improvements further with new opportunities to advance the use of the building to bring the asset in-line with a 21st century perception of what a Council House should be for Plymouth.

CORPORATE PLAN: KEY ACTIONS UPDATE

The Council provides and enables brilliant services that strive to exceed customer expectations.	Intensify performance improvement on top priorities identified by Plymouth residents.	1. Publish Plymouth Plan consultation response report. 2. Approval of Plymouth Plan Part I at Full Council.	COMPLETE
People are treated with dignity and respect.	Implement the findings of the Fairness Commission.	1. Publish response to Fairness Commission recommendations. 2. Assign lead officer against each recommendation.	COMPLETE

		<p>3. Set up reporting schedule against the delivery of the approved responses.</p> <p>4. Cabinet receive performance report on progress.</p>	
<p>Plymouth's brand is clear, well-known and understood globally.</p>	<p>Strengthen the roll out of the Britain's Ocean City branding.</p>	<p>1. Ensure BOC branding is used to prominently to promote and during the 2015 summer events programme.</p> <p>2. Deliver programme of stakeholder engagement to increase appropriate use of the brand by partners.</p> <p>3. Relaunch BOC website with more resources and tools to encourage appropriate use.</p>	<p>COMPLETE</p>
<p>Government and other agencies have confidence in the Council and partners: Plymouth's voice matters</p>	<p>Develop a proactive approach to lobbying Government, working with the LEP and neighbouring authorities.</p>	<p>1. Continue to review and revise Plymouth Ask document and interactive version.</p> <p>2. Work with partners to explore any new potential areas for Asks.</p> <p>3. Conduct a post-election policy analysis and cross reference with Plymouth Ask</p> <p>4. Develop Plymouth's stance in terms of working with the other peninsula authorities through working towards a devolution deal</p>	<p>COMPLETE</p>

Agency Spend

Agency Spend in 15/16 is comparatively lower against the same period in 14/15 (see below). While in part this relates to a significant reduction in the use of interims, and the transfer of some services (eg Delt, CaterEd, etc), the Council continues to actively review agency placements to ensure that this is the most appropriate method of resourcing.

Since April 2015, the Council has paid the Living Wage to agency workers from the first day of their placement. The demand for agency workers fluctuates throughout the year, dependent on a number of factors for example; seasonal work, additional capacity, sickness cover and vacancies (particularly through periods of organisation change).

Some areas of the Council rely more heavily on agency workers for example; eg Inclusion Workers are not employed directly by PCC but are entirely sourced via Pertemps because of the required flexibility and minimal hours. It is also cost effective to use temporary workers (in the short term), especially as we transition and work to reduce our headcount.

Table one: Agency Spend - Year on Year Comparison

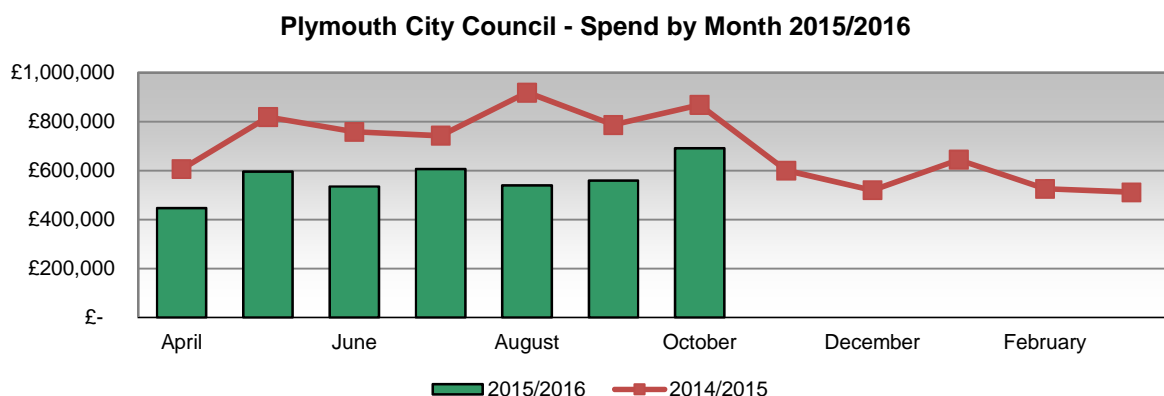


Table two: Agency Spend by Directorate (Financial Year to Date)

Directorate	April	May	June	July	August	September	October	Grand Total
People	£157,250.13	£208,071.02	£186,819.71	£248,474.83	£167,611.22	£219,320.66	£265,884.34	£1,453,431
Place	£150,970.59	£195,667.16	£181,947.53	£215,192.00	£195,165.15	£187,111.04	£237,579.02	£1,363,632
Executive Office Transformation & Change	£ 11,601.21	£ 14,908.31	£ 13,839.94	£ 9,804	£ 10,143.62	£ 7,759.04	£ 9,989.65	\$78,046
Office of the Director of Public Health	£120,206.46	£168,490.25	£143,593.47	£126,721	£157,648.14	£136,731.37	£167,216.81	£1,020,607
	£ 6,854.72	£ 9,129.85	£ 7,797.51	£ 5,968.45	£ 8,827.48	£ 7,921.17	£ 10,067.24	£ 56,566.41
Grand Total	£446,883.11	£596,266.59	£533,998.16	£606,159	£539,395.60	£558,843.28	£690,737.06	£3,972,283

ABSENCE REPORT – NOVEMBER 2015

HR & OD

The average full time equivalent days lost (per year) to sickness absence (per person) is currently **7.33** (rolling year to date). This is the lowest in the 12 month period and continues to trend downwards and remain under target. Since April 2015 the days lost to sickness absence, per month continue to be lower than in the previous year as a result of positive interventions taken to manage and reduce sickness absence.

Note: The council wide target is 8.49 FTE days, lower than the public sector average of 8.7 FTE days lost due to sickness.

Approaches to Managing Sickness Absence

We have multiple strategies in place to equip managers and support employees, including;

- The HSW team coordinate the annual flu vaccination programme; 446 employees have had their flu vaccinations in November 2015, with further clinics planned at Prince Rock and Outland Road in December.
- Plymouth City Council encourages the use of Occupational Health Services and since April 2015 there have been 254 referrals.
- Plymouth City Council actively manages sickness absence through our Capability policy and procedures. Sickness absence data is reviewed by managers and Assistant Directors every month, and HR Advisors review the top 100 cases each month directly with the relevant line manager to ensure the appropriate action is taken.
- The Health, Safety and Wellbeing team have issued an assessment tool and guide on Managing Stress and Resilience in the workplace.
- All Council employees have access to an Employee Assistance Programme (EAP) which is a signposting website as well as offering up to 6 free telephone counselling sessions.
- Plymouth City Council has been awarded the Workplace Wellbeing Charter, National Award for England, at Commitment Level. This award recognises that we are a committed to the health and wellbeing of staff.

WORK FORCE: FULL TIME EQUIVALENTS

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Change in rolling 12 months
Executive Office	40.80	64.60	63.60	64.80	67.80	67.60	66.50	64.30	65.30	66.50	66.70	66.70	25.90
People	1269.10	1237.70	1220.50	1220.70	949.10	939.30	940.30	939.10	933.10	933.90	927.90	903.80	(365.30)
Place	634.50	628.10	625.70	621.00	626.10	623.30	623.20	621.00	622.80	595.20	595.10	591.20	(43.30)
Public Health	98.40	99.00	99.00	97.00	95.00	95.00	96.00	96.00	96.00	94.00	93.60	81.60	(16.80)
Transformation & Change	690.90	691.60	691.90	691.50	684.90	685.40	682.20	683.30	624.00	635.20	622.50	626.10	(64.80)
Council Wide	2734.8	2722.0	2701.6	2695.9	2423.9	2411.5	2409.2	2404.8	2342.2	2325.9	2306.7	2270.4	(464.40)

AVERAGE DAYS LOST TO SICKNESS

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Target
Executive Office	6.00	5.81	5.43	5.41	5.28	5.25	5.28	5.31	5.68	5.75	5.84	6.45	7.00
People	8.49	8.53	8.67	9.85	8.82	8.84	8.87	8.66	8.43	8.15	8.24	7.75	9.45
Place	8.04	7.92	8.03	8.29	8.41	8.02	8.22	8.41	8.57	7.43	7.58	7.72	8.50
Public Health	4.27	4.54	4.42	4.66	5.24	5.97	6.64	5.98	6.31	6.89	5.54	5.16	8.50
Transformation & Change	6.86	7.15	7.45	7.65	7.21	7.44	7.82	7.47	7.11	7.08	6.87	6.77	8.50
Council Wide	7.77	7.82	7.97	8.56	8.01	8.02	8.21	8.05	7.94	7.55	7.51	7.33	8.49

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THE VIEW FROM YOU - STAFF SURVEY 2015

Human Resources and Organisational Development



I. REPORT HEADLINES

The initial analysis of the 2015 staff survey shows some overall very encouraging results.

The commitment and enthusiasm employees have for their work is at its highest level since we launched the survey in 2010 (our 'employee engagement level'). This is despite 2015 having been a challenging year for the Council's employees, with significant changes taking place including reductions in numbers of employees.

In addition, a higher proportion of employees responded to the survey than ever before, with 60% of the Council taking the opportunity to have their say. This reflects the confidence that employees have that their views will be listened to.

There has also been significant progress in many areas that were highlighted as areas to focus on last year. Notably employees have responded more positively to questions about their careers, the Council as an employer, their line managers, senior managers, the Co-operative Council, and equality and diversity.

In comparison to other Councils results, historically the Plymouth City Council's employee survey results have been less positive than average. However, the improvements mentioned above mean that our results are now comparable to most other Councils, and in the important measure of employee engagement level, we are above average.

However, as can be seen from the summary table of results, there is still work to do and a few areas that we need to pay particular attention to: employees' jobs, careers, and senior managers.

We are now beginning a full analysis of the results and plan to repeat the successful approach that we took last year, which is for Assistant Directors and their management teams to lead a conversation with employees over the coming weeks and months about what the results mean, and agree actions for how we can improve things.

2. 2015 COUNCIL RESULTS

- RESPONSE RATE: **60%** (increase of 20% from 2014)
- EMPLOYEE ENGAGEMENT SCORE: **64** (increase of 3 points from 2014)

2.1 SUMMARY RESULTS (scores out of 100):

Category	Plymouth City Council Results	Change Since 2015	Comparison to Other Councils
My Job	70	-2	-7
My Career	46	10	-13
My Employer, the Council	56	7	1
My Team	63	0	0
My Line Manager	70	1	1
Senior Managers	35	2	-10
The Co-operative Council	79	6	9
Equality and Diversity	75	9	4
Health and Safety	67	-	-

2.2 HIGHS AND LOWS

Five highest scoring questions:

I understand my health and safety responsibilities.	94
I am aware of the Council's values.	91
I support the Council to achieve its goals.	87
I support the Council's values.	84
Working in this job makes me want to do the best work I can.	82

Five lowest scoring questions:

Morale is high in my team.	33
Our senior managers (Directors and Assistant Directors) lead by example.	34
I have career opportunities in the Council.	35
I receive regular health and safety briefings.	36
Our senior managers (Directors and Assistant Directors) are open and honest.	37

Biggest increase and decrease since 2014 survey:

My appraisal helped me to understand what my strengths and development areas are.	Increase of 30 (now 62)
I feel valued for the work I do.	Decrease of 11 (now 59)

Best and worst comparison to other councils:

I support the Council to achieve its goals.	14 better than other councils
I feel valued for the work I do	26 worse than other councils

The information above shows that the Council has employees who say they are aware of the Council's aims and values, they are committed to these goals and values, and strive to do the best work they can.

However it also tells us that these employees say morale is low in their teams, they do not feel valued for the work they do, and do not report highly of senior managers. Our research found that this is a common picture amongst councils, however in these particular areas our results are lower than other councils that we compared ourselves with.

These are areas that managers will be focusing on when discussing the results with employees.

3. 2015 DIRECTORATE RESULTS

	Executive Office	ODPH	People	Place	Transformation & Change
RESPONSE RATE	58%	72%	44%	77%	60%
ENGAGEMENT	69	54	67	63	64

Survey Category	Executive Office	ODPH	People	Place	Transformation & Change
My Job	75	61	73	68	70
My Career	41	38	48	45	48
My Employer, the Council	59	44	57	57	56
My Team	68	46	65	59	66
My Line Manager	77	71	73	63	71
Senior Managers	49	23	40	40	29
The Co-operative Council	88	66	82	77	80
Equality and Diversity	77	65	77	71	78
Health and Safety	70	53	70	68	64

(High scores of 70% positive or more are highlighted green, low scores of 50% positive or less are highlighted red. Scores are out of 100.)

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Children and Young People's Action Plan

System Element	Reference Number	Commissioning Activity	Key Outcomes	Timeframe	Progress
Gateway	1	Agree outcome monitoring framework (including Families with A Future Payment by Results Framework and tracking)	Early Help and Targeted Support demonstrates impact on: <ul style="list-style-type: none"> A reduction in offending, re-offending and anti-social behaviour 	Aug-15	Delayed - Draft has been finalised following engagement with partnership - due to PICB in November
	2	In line with the Wellbeing Strategy, review the Information, Advice, Guidance service offer	<ul style="list-style-type: none"> Improvement in children's school attendance and attainment 	Sep-15	Local Offer on POD has been updated. Wellbeing Strategy paper on track
	3	Reconfigure Plymouth City Council Services to ensure a single gateway for Early Help, reviewing relationship and functions with Safeguarding Advice and Assessment	<ul style="list-style-type: none"> Children remaining safe from harm, including reduction in risk from domestic abuse 	Sep-15	Slightly delayed - but due to launch November
	4	Review relevant contracts and make variations to support development of the single gateway for early help	<ul style="list-style-type: none"> Reduction in child poverty Improved family health and wellbeing 	Jan-16	Not yet started
Family Support	5	Service Specification and Performance Monitoring in place for Targeted Family Support Service (in-house)	Reduction in repeat referrals to child protection Reduction of number of Children in Need	Sep-15	Complete
	6	Create an agreed partnership approach to increase sufficiency of whole population and targeted evidence-based Parenting Support	Improved parenting capacity to manage behaviour issues Reduction in referrals to social care Reduction in presentations at the Emergency Department	Sep-15	To be reviewed as part of the design of early help and targeted offer - need more time to develop proposal
Integrated Early Childhood Services	7	Shared Outcomes across Health Visiting and Children's Centres	Improve child development & school readiness (reducing inequalities) Improve parenting to ensure children are safe Improve child and family health and life chances (reducing inequalities)	Oct-15	Complete

Children with Specific Health and Special	8	Successful transition of commissioning responsibility for Health Visiting Contract from NHS England to Plymouth City Council – with agreed specification that reflects local need and ensure clear access to universal health offer	Contract in place (outcomes as above)	Oct-15	Complete
	9	Develop and implement priority pathways and review intervention offer for: 1. Vulnerable parents and families 2. Children with developmental or additional needs 3. Breastfeeding nutrition and exercise	Reduction in contacts and referrals to social care	1. Sep 15 2. Dec 15 3. Mar 16	Pathway designed - offer still be clarified
			Increased breastfeeding		
			Reduced childhood obesity		
			Improvement in readiness for school		
	10	Ensure the development of Early Intervention for post natal depression	Improvement in Parental Mental Health	Mar-16	Development of a group IAPT offer in CC - expanding "Safety in Numbers" - See also CAMHS transformation
	11	Develop and implement plans for co-location of Health Visiting and Midwifery services within Children's Centres	Improved information sharing and communication for vulnerable families.	Mar-16	In progress- but not possible in all locations
	12	Integrate the 2 year old development check (Health Visiting and Nurseries)	Improved identification and intervention for those with additional needs Readiness for school	Mar-16	In progress
13	Review of 'preparation for parenthood' (ante-natal education) offer to families to ensure information and advice more readily available	Increased breastfeeding Increased parental confidence Reduction in accidents	Mar-16	Not started	
14	Develop commissioning plan to achieve greater join up in the Short Break Offer and support for families at home, including joint funding options. Including business case to re-tender	Increased parental resilience and ability to ensure children and young people remain in the home Improved learning outcomes for children	Sep-15	Market position statement complete - commissioning plan now due Dec 2016	

Educational Needs and Disability (SEND)		specialist short break services.			
	15	Establish a joint transition pathway with health, education and adult social care	Transition Pathway Agreed	Sep-15	In progress - to be completed by Dec
	16	Develop business case for full Integration of Specialist Services, including <ul style="list-style-type: none"> · Scope · Full options appraisal in respect to delivery body and commissioning processes 	Future model to integrate service agreed, for implementation for April 2017	Dec-15	In progress - Options Appraisal to PICB Oct
	17	Personal budgets for Health and Social Care up and running, through 1. A Pilot 2. Implementation	Access to personal budgets available	1. Nov 15 2. Jan 16	
	18	Market development for greater choice, and quality in 16+ Education Placements for Children with SEND	Reduction in NEET for children with SEND	Aug-15	Delayed to need for further information. Analysis of NEET cohort underway to fully inform placement development - report by Dec . Need to change timeframe.
	19	Sufficiency of Special School and Support Centre placements (SEND review)	Improved development and attainment of children with SEND	Aug-15	Complete and immediate recommendations implemented
	Vulnerable Children and Young People	20	Partnership co-design of an integrated pathway from prevention to intervention, to meet known gaps in provision including <ul style="list-style-type: none"> 1. Complex and risk taking behaviour 2. Children with ASC and complex behaviour 3. Self-Harm 	Reduction of demand of CAMHS and Social Care	Jan-16

Children In And On The Edge Of Care	21	Development of co-commissioning approach with schools to ensure early help and targeted support for behaviour and mental health difficulties	Reduction in exclusions	Sep-15	Bid agreed - implementation plan now being developed
	22	Develop a Transformation Plan for mental health in line with DoH "Future in Mind", including approaches to bidding for additional funding for eating disorder, perinatal mental health and IAPT	Reduction in presentations at emergency departments	Sep-15	Bid submitted -next steps to be agreed and action plan to be developed
	23	Scope the approach for an alliance or collaboration of provision to meet key needs in respect to mental health, risk taking behaviour and educational/ social exclusion. To include: Scoping of services best placed in an alliance approach, with review of: · In house/ outsourcing decisions re: Plymouth City Council based services · Current offer in health preferred provider	Reduction in: Persistent absenteeism from school Child sexual exploitation Substance misuse Harmful Sexualised behaviour Youth Offending Youth Homelessness	Mar-16	Initial scoping in progress.
	24	Secure long term future of Plymouth's Place of Safety for Young People	Prevention of young people with mental health problems being held in police cells.	Mar-16	
	25	Develop Wrap Around Support Model of Care: 1. Pilot approach with small number of high risk young people, through the creation of bespoke packages of care. 2. Create business case to scope and manage the transformation of services to meet known need in this cohort of adolescents	New Service model / way of working in place and delivering improved outcomes for high risk children, including: · Diversion of children from care · Reduction in use of high cost placements	1. Apr – Sep 15 2. Sep 15	Complete - new model being implemented

	3. Implement new way of working	<ul style="list-style-type: none"> · Reduction in hospital admissions · Placement stability · Improved support for transition to adulthood 	3. Mar 16	
26	Develop improved models of care in residential market and develop step down to foster care approaches	<ul style="list-style-type: none"> Development of more bespoke models of care Keeping children within 20 miles of Plymouth Placement stability 	Sep-15	Contract for 5 solo placements agreed in Cabinet and in development
27	Re-tender advocacy and independent visiting services for looked after children, with a review of participation support.	Improved representation of children's voice in care planning	Apr-16	Need better prediction of future CP figures
28	Review options to "staying put" and post 16 housing options to ensure greater sufficiency of placements that support transition to adulthood for care leavers	<ul style="list-style-type: none"> Improved transition to adulthood, including: <ul style="list-style-type: none"> Stable accommodation Employment and training 	Sep-15	Delayed - in progress
29	Begin the development of the Peninsula business case for the future Peninsula Framework for placements	<ul style="list-style-type: none"> Business case for tender for services April 2017 onwards, including <ul style="list-style-type: none"> · Development of more bespoke models of care · Keeping children within 20 miles of Plymouth · Placement sufficiency · Placement stability · Continuity of care 	Mar-16	Devon recruitment issues - at risk of delay
30	Development of Adoption Support Model	Improved stability of adoption placements	Dec-16	In development

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Community Strategy Action plan

System Element	Reference Number	Commissioning Activity	Key Outcomes	Timeframe	Progress
Multiple Needs	1	Develop a commissioning plan to inform the future procurement of a joined up 'whole system approach' to support people with multiple needs	Reduced homelessness Increased recovery from substance misuse Reduced offending Improved mental health	Apr-16	October 2015: Working in collaboration with providers, stakeholders, service users and carers to optimise the current system for people with complex lives. The inaugural System Optimisation Group met on 26 October 2015 and action plan commenced. Development of a commissioning plan to shape the future service is in progress and plan is to present at SIG in January. November 2015: Next SOG date 8/12/15 occurring monthly from the New Year.
Urgent Care	2	Deliver an integrated performance improvement plan	Deliver the NHS Constitution target for the emergency department	Jul-15	October 2015: Work is ongoing with partners across the urgent care system. External input has been given from Alamac (data analysis and escalation) and ECIP. Discussions are being held with providers regarding additional measures (including discharge planning and admissions avoidance) ahead of the winter period.
	3	Apply to be a Vanguard for urgent and emergency care	System redesign Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. Ensure the achievement of the 95% A&E 4 hour performance target. Ensure the achievement of SWASFT performance targets.	Jul-15	CLOSED ACTION August 2015: Application submitted but unsuccessful. As such the action is closed.
	4	Establish and develop an alternate front door to the emergency department for medical and surgical services Establish an Acute Care at Home team	Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. Ensure the achievement of the 95% A&E 4 hour performance target. Ensure the achievement of SWASFT performance targets.	Sep-15	October 2015: Acute Care at Home and Robin Ward both went live on 05 October 2015.. COMPLETE
	5	Develop new models of integrated care to enable people to remain in their own homes wherever possible	Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. Ensure the achievement of the 95% A&E 4 hour performance target.	Apr-16	Oct 2015: Project arrangements around current integration process being strengthened. Tactical Control Centre to operate from 16 November 2015 which will ensure people get to the right place, first time

		Ensure the achievement of SWASFT performance targets.		Discharge to ~Assess beds being commissioned to go live in January 2016 Current scoping work for patient flow improvement which will see more people remaining in their own homes. Delivery plan for 2016/17
6	Develop the Urgent Care Model through a strategic review of urgent and unplanned care services	A clear map of the current network of urgent and unplanned care services	Apr-16	October 2015: This work is being undertaken as part of a regional review of capacity for the 2015/16 winter period.
7	Implement two Progress Enablers: 1)Completion of data analysis on impact to length of stay / identify alternative diagnostic offerings and pathways 2)Completion of data analysis on impact to length of stay / identify alternative diagnostic offerings and pathways	Release pressure on the urgent care system	Apr-16	Oct 2015: Work is ongoing with Alamac to develop a series of metrics to enable the whole system to be reviewed. This will enable pressures within the system to be identified and appropriate mitigating actions to be taken. Work is ongoing across the CCG to understand Excess Bed Days and length of stay.
8	Further analysis of emergency admissions, repeat emergency admissions and potentially avoidable admissions	Concepts tested with reference groups for agreement	Aug-16	October 2015: Work in progress through ISPIG. Joint diagnostic undertaken between PHNT and CCG for meeting on 7 September with TDA and NHS England . Complete
9	Evidence based roll out 'telecare' into urgent care pathway	Reduce hospital admissions Support timely hospital discharge	Nov-15	October 2015 – Meetings with CES Provider have taken place and initial workshop with Practitioners held to determine how Telecare can be embedded into pathways. Discussions currently taking place with Procurement and Legal departments. November 15: Implementation delayed as a consequence of capacity to review clients at the end of the reablement period.
10	Review of pathway flats in extra care housing	Ensure appropriate use to facilitate hospital discharge and prevent hospital admission	Sep-15	November 2015: A review of both the Extra Care and Sheltered Accommodation pathway flats were undertaken to review occupancy levels, the type of requests and the circumstance of those people referred to use them. Following this review it was apparent that 2 of the Sheltered Accommodation Pathway Flats within Ron King house were underutilised. The tenancies on these flats were terminated and handed back to PCH. The Use of Extra Care Pathway flats have assisted to facilitate hospital and residential discharge for a number of individuals as well as supporting people who would have been admitted to a residential placement where suitable housing options were not available to meet the individual's needs.
11	Tackling the Children's Big 6:	Reduction in non-elective paediatric activity	Sep-15	October 2015 HANDi app due for release early November to provide pathways to healthcare community. Acute hospital ready to implement

		<ul style="list-style-type: none"> - Gather and understand the work that has already taken place, driven and implemented by Commissioner NHS NEW Devon CCG, in partnership with clinical colleagues across the whole health community - Oversee the adoption of the project through contracting with acute and community providers. - Act as a single point to assess implementation and adoption across the whole CCG 			senior paediatrician answering phone to speciality.
	11a	<ul style="list-style-type: none"> - Assist where possible in adoption by clinicians in Primary, Community and Acute settings - Review urgent care data throughout the lifespan of the project to assess impact - Facilitate timely and safe discharge 	Increased numbers of paediatric patients assessed correctly within Primary and Community settings	Dec-15	
Long Term Support	12	<p>Further develop the integrated delivery function for social and health care that delivers all statutory functions and maximises opportunities for integration across all disciplines. Development activity to include:</p> <ul style="list-style-type: none"> - A single point of contact for health and social care delivery - A single individual assessment for health and social care needs, with information accessible to primary and secondary care, ambulance service and voluntary sector, ensuring that the individual only needs to describe their needs once. - An offer which places the person in the centre and arranges appropriate care and support when needed 	<p>Improved service user experience of health and care</p> <p>Improved health and social care outcomes</p> <p>Care Act 2014 compliance</p> <p>Improved ASC Performance</p> <p>Empower individuals to manage their own conditions and care</p> <p>A reduction in bed based support and a shift to community assistance</p>	Mar-16	<p>Action included here for completeness. Action to be delivered by CDB. If Community required to take action, then a separate action will be added to the plan.</p> <p>Progress will be reported to the Group by exception only.</p>

		<ul style="list-style-type: none"> - An emphasis on self-management including the use of assistive technology - 24/7 availability to offer assistance when a crisis occurs 			
13	Work towards establishing IT systems that allow for data sharing between health and social care professionals	<ul style="list-style-type: none"> Allow for a single health and social care assessment Supported the integration of health and social care professionals Avoid repetition of assessments, tests or additional prescribing for service users/patients 	Apr-16	<p>October 2015: Project arrangements around current integration process being strengthened. For more of a detailed report in November</p> <p>November 2015: Project initiated within System Enablers project, resources from PCC/PCH and DELT in place. Requirements captured with PCH Operational staff, business process mapping underway, appraisal of current SystemOne functionality complete and alternative interim arrangements with Care First changes being implemented to support new ways of working whilst Social Care model is developed by SystemOne supplier</p>	
14	Trial 'Trusted Assessor model' to undertake client assessments and reviews on behalf of the CCG and PCC	<ul style="list-style-type: none"> Testing models of assessment Improved patient flow Improved use of resources 	Apr-16	October 2015: No progress to date	
15	Identify those people most at risk of illness and/or deterioration in their activities of daily living and wrap services around these individuals and their General Practitioners	<ul style="list-style-type: none"> Proactive support for individuals Allow for a single health and social care assessment Supported the integration of health and social care professionals Avoid repetition of assessments, tests or additional prescribing for service users/patients 	Apr-16	October 2015: Will be a PCIP2 scheme for 2016/17	
16	Develop and implement an evidence based pathway for frail older people	<ul style="list-style-type: none"> Proactive support for individuals Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. 	Apr-16	Oct 2015: Robin Community Assessment Hub work programme in place Clinical Reference Group (chaired by DJ) with PHNT, PCH, SWAST & CCG represented	
17	Review the requirement for Rapid Response domiciliary care provision in line with existing service delivery	<ul style="list-style-type: none"> Support people to remain at home with support Prevent hospital admission Ensure consistency across domiciliary care provision 	Apr-16	October 2015: Review in process	
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	45	Support providers to implement the new Care Certificate	Awareness raised through the dignity forum Care certificate embedded in staff inductions Improved training and quality assurance	April 2016 and on-going	October 2015: Complete and ongoing through Domiciliary Care Forum and Contract Monitoring
	46	Explore options to commission training for supported living providers about outcome based support planning. This training will be delivered to managers and service leads with a view to rolling out across each organisation.	Providers will understand and deliver outcome based support plans. All providers will produce SMART outcomes for support plans.	Jan-16	August 2015: requests for quotation to deliver training requested November 2015: provider sourced and training plan being developed

47	Explore options to commission training for supported living providers to increase knowledge and skills of managers, based on evidence and legal frameworks. This training will increase manager's ability to influence and guide practice to increase positive risk taking, independence and skills.	Managers will guide staff to increase positive risk taking related to people living in the community.	Mar-16	August 2015: requests for quotation to deliver training requested November 2015: provider sourced and training plan being developed
48	Medicines optimisation team Work with Dignity in Domiciliary Care Forum to establish partnerships with providers	Improve the management of medicines in domiciliary care services	Mar-16	October 2015: Attending quarterly Dignity in Domiciliary Care Forum
49	Provide Autism Awareness training service providers with a focus on the provision of services to older people with autistic spectrum disorders	Increased awareness amongst support staff to enable services to be delivered in a personalised way	Mar-16	August 2015: Training sourced and being delivered. Action completed
50	Explore commission dementia awareness training for domiciliary care providers	Increased awareness amongst support staff to enable services to be delivered in a personalised way	Mar-16	October 2015: 2 x full day sessions booked November/December to potentially cover 200 staff
51	Provision of training in relation to Safeguarding: - Alerters training provided to all council and service provider staff free of charge where appropriate - For staff who undertake enquiries into safeguarding concerns practitioners training will also be made available - For Registered Managers specific training is available to enable managers to understand their responsibilities under safeguarding and to support their staff	Raise awareness to ensure safeguarding concerns are raised appropriately and adults at risk are safe	On-going	August 2015: This programme continues and is booked well in advance We have also delivered additional training: in partnership with D&C Police to the Voluntary and Community Sector on Financial abuse on the behalf of PSAB to multi-agency frontline staff on Lasting Powers of Attorney and Advanced Decisions to City taxi drivers in conjunction PSCB and the Taxi Licensing team on CSE and adult safeguarding Annual Councillors joint safeguarding training planned for November 2015.

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Community Strategy Action plan

System Element	Reference Number	Commissioning Activity	Key Outcomes	Timeframe	Progress
Multiple Needs	1	Develop a commissioning plan to inform the future procurement of a joined up 'whole system approach' to support people with multiple needs	Reduced homelessness Increased recovery from substance misuse Reduced offending Improved mental health	Apr-16	October 2015: Working in collaboration with providers, stakeholders, service users and carers to optimise the current system for people with complex lives. The inaugural System Optimisation Group met on 26 October 2015 and action plan commenced. Development of a commissioning plan to shape the future service is in progress and plan is to present at SIG in January. November 2015: Next SOG date 8/12/15 occurring monthly from the New Year.
Urgent Care	2	Deliver an integrated performance improvement plan	Deliver the NHS Constitution target for the emergency department	Jul-15	October 2015: Work is ongoing with partners across the urgent care system. External input has been given from Alamac (data analysis and escalation) and ECIP. Discussions are being held with providers regarding additional measures (including discharge planning and admissions avoidance) ahead of the winter period.
	3	Apply to be a Vanguard for urgent and emergency care	System redesign Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. Ensure the achievement of the 95% A&E 4 hour performance target. Ensure the achievement of SWASFT performance targets.	Jul-15	CLOSED ACTION August 2015: Application submitted but unsuccessful. As such the action is closed.
	4	Establish and develop an alternate front door to the emergency department for medical and surgical services Establish an Acute Care at Home team	Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. Ensure the achievement of the 95% A&E 4 hour performance target. Ensure the achievement of SWASFT performance targets.	Sep-15	October 2015: Acute Care at Home and Robin Ward both went live on 05 October 2015.. COMPLETE
	5	Develop new models of integrated care to enable people to remain in their own homes wherever possible	Deliver a minimum of 3.5% reduction in non-elective admissions to acute Trusts. Ensure the achievement of the 95% A&E 4 hour performance target.	Apr-16	Oct 2015: Project arrangements around current integration process being strengthened. Tactical Control Centre to operate from 16 November 2015 which will ensure people get to the right place, first time

		Ensure the achievement of SWASFT performance targets.		Discharge to ~Assess beds being commissioned to go live in January 2016 Current scoping work for patient flow improvement which will see more people remaining in their own homes. Delivery plan for 2016/17
6	Develop the Urgent Care Model through a strategic review of urgent and unplanned care services	A clear map of the current network of urgent and unplanned care services	Apr-16	October 2015: This work is being undertaken as part of a regional review of capacity for the 2015/16 winter period.
7	Implement two Progress Enablers: 1)Completion of data analysis on impact to length of stay / identify alternative diagnostic offerings and pathways 2)Completion of data analysis on impact to length of stay / identify alternative diagnostic offerings and pathways	Release pressure on the urgent care system	Apr-16	Oct 2015: Work is ongoing with Alamac to develop a series of metrics to enable the whole system to be reviewed. This will enable pressures within the system to be identified and appropriate mitigating actions to be taken. Work is ongoing across the CCG to understand Excess Bed Days and length of stay.
8	Further analysis of emergency admissions, repeat emergency admissions and potentially avoidable admissions	Concepts tested with reference groups for agreement	Aug-16	October 2015: Work in progress through ISPIG. Joint diagnostic undertaken between PHNT and CCG for meeting on 7 September with TDA and NHS England . Complete
9	Evidence based roll out 'telecare' into urgent care pathway	Reduce hospital admissions Support timely hospital discharge	Nov-15	October 2015 – Meetings with CES Provider have taken place and initial workshop with Practitioners held to determine how Telecare can be embedded into pathways. Discussions currently taking place with Procurement and Legal departments. November 15: Implementation delayed as a consequence of capacity to review clients at the end of the reablement period.
10	Review of pathway flats in extra care housing	Ensure appropriate use to facilitate hospital discharge and prevent hospital admission	Sep-15	November 2015: A review of both the Extra Care and Sheltered Accommodation pathway flats were undertaken to review occupancy levels, the type of requests and the circumstance of those people referred to use them. Following this review it was apparent that 2 of the Sheltered Accommodation Pathway Flats within Ron King house were underutilised. The tenancies on these flats were terminated and handed back to PCH. The Use of Extra Care Pathway flats have assisted to facilitate hospital and residential discharge for a number of individuals as well as supporting people who would have been admitted to a residential placement where suitable housing options were not available to meet the individual's needs.
11	Tackling the Children's Big 6:	Reduction in non-elective paediatric activity	Sep-15	October 2015 HANDi app due for release early November to provide pathways to healthcare community. Acute hospital ready to implement

		<ul style="list-style-type: none"> - Gather and understand the work that has already taken place, driven and implemented by Commissioner NHS NEW Devon CCG, in partnership with clinical colleagues across the whole health community - Oversee the adoption of the project through contracting with acute and community providers. - Act as a single point to assess implementation and adoption across the whole CCG 			senior paediatrician answering phone to speciality.
	11a	<ul style="list-style-type: none"> - Assist where possible in adoption by clinicians in Primary, Community and Acute settings - Review urgent care data throughout the lifespan of the project to assess impact - Facilitate timely and safe discharge 	Increased numbers of paediatric patients assessed correctly within Primary and Community settings	Dec-15	
Long Term Support	12	<p>Further develop the integrated delivery function for social and health care that delivers all statutory functions and maximises opportunities for integration across all disciplines. Development activity to include:</p> <ul style="list-style-type: none"> - A single point of contact for health and social care delivery - A single individual assessment for health and social care needs, with information accessible to primary and secondary care, ambulance service and voluntary sector, ensuring that the individual only needs to describe their needs once. - An offer which places the person in the centre and arranges appropriate care and support when needed 	<p>Improved service user experience of health and care</p> <p>Improved health and social care outcomes</p> <p>Care Act 2014 compliance</p> <p>Improved ASC Performance</p> <p>Empower individuals to manage their own conditions and care</p> <p>A reduction in bed based support and a shift to community assistance</p>	Mar-16	<p>Action included here for completeness. Action to be delivered by CDB. If Community required to take action, then a separate action will be added to the plan.</p> <p>Progress will be reported to the Group by exception only.</p>

		<ul style="list-style-type: none"> - An emphasis on self-management including the use of assistive technology - 24/7 availability to offer assistance when a crisis occurs 			
13	Work towards establishing IT systems that allow for data sharing between health and social care professionals	<ul style="list-style-type: none"> Allow for a single health and social care assessment Supported the integration of health and social care professionals Avoid repetition of assessments, tests or additional prescribing for service users/patients 	Apr-16	<p>October 2015: Project arrangements around current integration process being strengthened. For more of a detailed report in November</p> <p>November 2015: Project initiated within System Enablers project, resources from PCC/PCH and DELT in place. Requirements captured with PCH Operational staff, business process mapping underway, appraisal of current SystemOne functionality complete and alternative interim arrangements with Care First changes being implemented to support new ways of working whilst Social Care model is developed by SystemOne supplier</p>	
14	Trial 'Trusted Assessor model' to undertake client assessments and reviews on behalf of the CCG and PCC	<ul style="list-style-type: none"> Testing models of assessment Improved patient flow Improved use of resources 	Apr-16	October 2015: No progress to date	
15	Identify those people most at risk of illness and/or deterioration in their activities of daily living and wrap services around these individuals and their General Practitioners	<ul style="list-style-type: none"> Proactive support for individuals Allow for a single health and social care assessment Supported the integration of health and social care professionals Avoid repetition of assessments, tests or additional prescribing for service users/patients 	Apr-16	October 2015: Will be a PCIP2 scheme for 2016/17	
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Workforce Development	44	Capacity building amongst commissioners and service providers to meet the requirements of Alliance Contracting	Increased awareness and skills to establish Alliance Contracts where applicable	Nov-15	October 2015: The first 'System Optimisation Group' met in October. Workforce development needs to optimise the current system will be identified through this group. Any future commissioning intentions will be publicised to the SSW market and development opportunities in relation to this made available to all.
	45	Support providers to implement the new Care Certificate	Awareness raised through the dignity forum Care certificate embedded in staff inductions Improved training and quality assurance	April 2016 and on-going	October 2015: Complete and ongoing through Domiciliary Care Forum and Contract Monitoring
	46	Explore options to commission training for supported living providers about outcome based support planning. This training will be delivered to managers and service leads with a view to rolling out across each organisation.	Providers will understand and deliver outcome based support plans. All providers will produce SMART outcomes for support plans.	Jan-16	August 2015: requests for quotation to deliver training requested November 2015: provider sourced and training plan being developed

47	Explore options to commission training for supported living providers to increase knowledge and skills of managers, based on evidence and legal frameworks. This training will increase manager's ability to influence and guide practice to increase positive risk taking, independence and skills.	Managers will guide staff to increase positive risk taking related to people living in the community.	Mar-16	August 2015: requests for quotation to deliver training requested November 2015: provider sourced and training plan being developed
48	Medicines optimisation team Work with Dignity in Domiciliary Care Forum to establish partnerships with providers	Improve the management of medicines in domiciliary care services	Mar-16	October 2015: Attending quarterly Dignity in Domiciliary Care Forum
49	Provide Autism Awareness training service providers with a focus on the provision of services to older people with autistic spectrum disorders	Increased awareness amongst support staff to enable services to be delivered in a personalised way	Mar-16	August 2015: Training sourced and being delivered. Action completed
50	Explore commission dementia awareness training for domiciliary care providers	Increased awareness amongst support staff to enable services to be delivered in a personalised way	Mar-16	October 2015: 2 x full day sessions booked November/December to potentially cover 200 staff
51	Provision of training in relation to Safeguarding: - Alerters training provided to all council and service provider staff free of charge where appropriate - For staff who undertake enquiries into safeguarding concerns practitioners training will also be made available - For Registered Managers specific training is available to enable managers to understand their responsibilities under safeguarding and to support their staff	Raise awareness to ensure safeguarding concerns are raised appropriately and adults at risk are safe	On-going	August 2015: This programme continues and is booked well in advance We have also delivered additional training: in partnership with D&C Police to the Voluntary and Community Sector on Financial abuse on the behalf of PSAB to multi-agency frontline staff on Lasting Powers of Attorney and Advanced Decisions to City taxi drivers in conjunction PSCB and the Taxi Licensing team on CSE and adult safeguarding Annual Councillors joint safeguarding training planned for November 2015.

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Wellbeing Action Plan

System element	Reference Number	Commissioning Activity	Key Outcomes	Timeframe	Progress
Information	1	Develop a comprehensive Advice and Information commissioning plan that covers all types of advice and information (website – casework), and the broad scope of services impacting on health and wellbeing including financial capability, financial inclusion, housing, early help, patient self-management, social care), and meets statutory duties and impact of the Care Act 2014 and Welfare Reform	Improved wellbeing through exercising choice and control	Sep-15	Commissioning Plan paper with the general principles and direction of travel approved at SIG October 2015. Full commissioning plan now in development
			Improved wellbeing through patient activation		
			Improved stability of housing / homelessness prevention		
			Improved financial capability including maximising income, budgeting skills, and management of debt		
	2	Complete a review of new Advocacy Services contract (commenced 01/14/15)	People are empowered and have their voices heard	Sep-15	Service is performing well and responding to increase in need and demand for RPR and IMCA following Cheshire West ruling; service has provided constructive proposals to meet this demand
3	Develop a programme of interventions with the Fire Service Train fire service personnel as health champions to ensure 'Every Contact Counts' A falls prevention programme	Improved health and wellbeing	Sep-15	Programme in development - training underway, which includes shadowing falls team carrying out a home visit and health champion training. Note the programme of interventions, including health champion, is part of the primary falls prevention programme.	
4	Complete a pilot utilising volunteer befrienders to improve compliance with medication	Improved medication compliance	Mar-16	Have contacted Meds Management team by email and phone with no reply	
5	Determine commissioning intentions for Healthwatch Plymouth	Service develop and respond to customer feedback	Mar-16	October 2015: negotiations regarding the future shape of service provision are underway with the provider	
Empowered Communities	6	Develop commissioning plan to facilitate growth in social capital and community self-help utilising community development approaches	Improve the wider determinants of health	Sep-15	Scoping for "From Patients to Communities" project taking place
More Independence and control					
Improved trust and neighbourliness					
Being active and having influence					
			Living together and respect		

	7	Undertake Strategic Review of volunteering across city	Maximise impact of volunteering to improve health and wellbeing Increase employment	Sep-15	First draft of strategy completed. Currently out for consultation with key partners. Due to be finalised by One Plymouth partners in December 2015	
	8	Delivery of Safer Plymouth Partnership: Partnership Plan 2014-17	Reduce crime and disorder Increase feelings of safety	Dec-16	Development of partnership towards systems leadership and outcomes focused approach, underway. Several "away" sessions held, interim chair appointed and agenda management revised. Further work to be undertaken.	
	9	Commission a pilot non statutory Domestic Abuse Perpetrator Programme and complete a review to inform future commissioning intentions	Reduction in the number of domestic abuse incidents	Sep-15	Review completed and recs agreed at SIG and PCC DMT- now going to PDAP for their input - and then moving onto implementation of recommendations	
	10	Delivery of 'Building Strong and Inclusive Communities'	Improved 'social cohesion'	Mar-16	Action plan being worked on including involvement of One Plymouth.	
	11	Delivery of the Better Homes, Healthy Lives Delivery Plan 2012 -2017	Improve the poor condition and management of private sector housing that affects the health of residents, and results in higher health and care costs	Mar-16	On track	
	12	Delivery of Housing Choices Smarter Solutions delivery plan	Tackle homelessness – a key cause of health inequality Promote access to a range of suitable accommodation options Integrated work to address the wider causes and impacts of homelessness	Mar-16	On track	
	13	Implement Dementia Friendly City Action Plan 2015/16	Increased diagnosis rates People live well with Dementia	Mar-16	On track - most actions already delivered	
	14	Deliver the Carers Strategy Action Plan 2015/16	Improved carer wellbeing	Mar-16	On track to be completed	
	Thrive Plymouth	15	Review how the role of primary care can be strengthened within the wellbeing system	Maximise health promotion and uptake of healthy lifestyle choices with a focus on the 'Thrive Plymouth' behaviours and health checks Increased use of social prescribing	Dec-15	Scoping for "From Patients to Communities" project taking place
		16	Develop role of Community Pharmacies through 'Healthy Living Pharmacy' and 'Pharmacy First'	Maximise health promotion and uptake of healthy lifestyle choices with a focus on the 'Thrive Plymouth' behaviours and health checks	Mar-16	Review of Community Pharmacy role to commence in New Year
		17	Deliver Healthy Lives for Healthy Weight Action Plan (to include Physical Activity Needs Assessment)	Reduced BMI in targeted populations	Mar-16	Action Plan being delivered

	18	Complete a comprehensive sexual health needs assessment to inform future commissioning and system design	Reduction in rate of sexually transmitted infections	Mar-16	Complete
		Commissioned services continue to improve sexual health and reduce teenage conception rate	Reduction in rate of under 18 conceptions		
Improved Emotional Wellbeing and Mental Health	19	Develop a plan to build community / neighbourhood capability and capacity to support people with mental health needs	More people with mental health needs participate in their local community	Mar-16	Review commencing in January 2016. Additional funding for ASIST training secured
		Develop a plan to promote awareness of mental health need across system with a strong emphasis on tackling stigma	Reduced mental health need caused by deprivation/poverty/debt/low income		
		Delivery of mental health awareness training			
Planned Care	20	Deliver 'Planned Care that adds value – right first time every time. Commissioning intentions for elective care in the Western Locality of NEW Devon Clinical Commissioning Group	Better medicines optimisation to reduce demand	Mar-16	Work in progress
			Better pathology optimisation to reduce demand		
			Reduced need for specialist services		
	21	Commissioning Framework: Orthopaedic Care Right Care Targeted follow up	Increase conservative treatment opportunities on surgical pathways	By Mar-16	Work in progress
			To maximise the value that a patient derives from their own care and treatment		
			To maximise the value the whole population derives from the investments in their healthcare		
22	The Primary Care Innovation Programme (PCIP)	Increased management in primary care by GPs	Mar-16	PCIP 2 is in development for launch in December	
		Increased self-care and prevention			
23	Build on existing offer to commission an older persons falls prevention programme	Reduction in number of older people presenting to Hospital following (1) an initial fall (2) a subsequent fall	Mar-16	Programme in development - training underway, which includes shadowing falls team carrying out a home visit and health champion training. Livewell focussing on physical activity opportunities for over 50's. Note the programme of interventions, including health champion, is part of the primary falls prevention programme.	
24	Clinical Effectiveness and Medicines Optimisation Work plan	Improved understanding of variation in prescribing leading to improvement activity	Mar-16	Variation in prescribing being identified as part of Right Care programme. Working with public health to understand impact of demographics on variation.	

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INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD 2015/16 - DRAFT



Northern, Eastern and Western Devon
Clinical Commissioning Group



1. INTRODUCTION

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

On the 1st April 2015 Plymouth City Council (PCC) and the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) pooled their wellbeing, health and social care budgets and formed an integrated commissioning function. Four Integrated Commissioning Strategies will drive activity across the wellbeing health and social care system.

The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes both for individuals and value for money. Integrated commissioning must deliver integrated wellbeing.

The four strategies describe the current picture and the integrated commissioning response across the health and wellbeing 'system' in Plymouth, specifically covering

- Wellbeing
- Children and young people
- Community
- Enhanced and specialist

The Integrated System Performance and Intelligence Group (ISPIG) sits within the formal integrated commissioning governance structure and has responsibility for the development and monitoring of an integrated health and wellbeing 'system performance scorecard'. The purpose of this is to capture and understand the impact of integration across the system, and inform future commissioning decisions.

2. COLOUR SCHEME – BENCHMARK COLUMN

For indicators taken from either the Public Health Outcomes Framework or the Children and Young People's Health Benchmarking Tool:

- Indicators highlighted green show where Plymouth is significantly better than the England average.
- Indicators highlighted amber show where Plymouth is not significantly different to the England average.
- Indicators highlighted red show where Plymouth is significantly worse than the England average.
- Indicators highlighted white show where no significance test was performed, or where no local data or no national data were available.

For the rest of the indicators:

- Indicators highlighted green show where Plymouth 15% better than England's average.
- Indicators highlighted amber show where Plymouth within 15% of England's average.
- Indicators highlighted red show where Plymouth 15% worse than England's average.
- Indicators highlighted white show where no local data or no national data were available.

3. COLOUR SCHEME - TARGET COLUMN

4. TREND GRAPHS

Each indicator is accompanied by a trend graph showing the latest six values. Caution is required when interpreting the graphs as there is no Y axis displayed and as such the significance or flow of the change is difficult to interpret.

5. COLOUR SCHEME - TREND COLUMN (RAG)

- Indicators highlighted dark green show where there the latest 3 values are improving.
- Indicators highlighted green show where there the latest 1 or 2 values are improving.
- Indicators highlighted amber show where the latest value is between plus and minus 2.5% of the previous value.
- Indicators highlighted red show where there the latest 1 or 2 values are deteriorating.
- Indicators highlighted dark red show where there the latest 3 values are deteriorating.
- Indicators not highlighted have no trend data

6. WELLBEING

Source	Indicator	Measure	Most Recent Period	Benchmark England	Target (RAG)	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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										
PHOF	2.12 - Excess Weight in Adults	Percentage	2012		No Target	60.0		60.0	No Trend Data	Low is good
PHOF	2.13i - Percentage of physically active and inactive adults - active adults	Percentage	2014		No Target	59.2		50.9		High is good
PHOF	2.13ii - Percentage of active and inactive adults - inactive adults	Percentage	2014		No Target	27.6		30.1		Low is good
PHOF	2.14 - Smoking Prevalence	Percentage	2013		No Target	23.9		24.5		Low is good
PHOF	2.04 - Under 18 conceptions	Rate per 1,000	2013		No Target	51.6		28.9		Low is good
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										
Local - CCG	Reduced demand – reduce new referrals to specialists									
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway %) (PHNT)	Percentage	2014/15		No Target	88.4		88.4	No Data	Low is good
CCGOF	(3.ii NHSOF)CCGOF Total health gain as assessed by patients for elective procedures - Physical health-related procedures - Hip replacement (Primary)	EQ-SD™ index	2014/15		No Target	0.41		0.41		High is good
CCGOF	(3.ii NHSOF)CCGOF Total health gain as assessed by patients for elective procedures - Physical health-related procedures - Knee Replacement (Primary)	EQ-SD™ index	2014/15		No Target	0.30		0.30		High is good
CCGOF	(3.ii NHSOF)CCGOF Total health gain as assessed by patients for elective procedures - Physical health-related procedures - Groin hernia	EQ-SD™ index	2014/15		No Target	-		0.11	No Data	High is good
CCGOF	(3.ii NHSOF)CCGOF Total health gain as assessed by patients for elective procedures - Physical health-related procedures - Varicose veins	EQ-SD™ index	2014/15		No Target	0.04		0.05		High is good
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI), MRSA	Count	2014/15		No Target	-		-	No Data	Low is good
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI), C. difficile	Count	2014/15		No Target	35		35	No Data	Low is good
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI), proportion of patients with category 2, 3 and 4 pressure ulcers	Count	2014/15		No Target	87		87	No Data	Low is good
CCGOF	In hospital Falls with harm	Count	2014/15		No Target	112		112	No Data	Low is good
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.										
Care Act Metric (Local)	Total number of people for whom an advocate is arranged	Count								
Local – Housing Options	The number of households given Housing Advice via Plymouth City Council Casework	Count								
Local - Carefirst	Number of carers receiving a statutory Carers Assessment	Count								
Local - Safer Plymouth	Close the gap between the 10 neighbourhoods with the highest crime rates and the city average per 1000 population	Difference of Rate per 1,000	2014/15		No Target	71.6		77.4		Low is good
Local - Police	Number of reported domestic abuse incidents	Count	2015		No Target	7,102		6,585		High is good
Local – Housing Options	Reduction in the % of private rented accommodation that is classified as having a category 1 hazard	Percentage								
www.primarycare.nhs.uk	NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	2014/15		No Target	53.0		53.0	No Data	
PHOF	Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score	Avg. Score			No Target	48.6		48.6	No Data	
PHOF	i.1Bi - Social Isolation: % of adult social care users who have as much social contact as they would like	Percentage	2013/14		No Target	46.3		43.8		High is good
PHOF	i.1Bii - Social Isolation: % of adult carers who have as much social contact as they would like	Percentage	2012/13		No Target	36.5		36.5	No Data	High is good
Local	Prevalence of common mental health conditions									

7. CHILDREN AND YOUNG PEOPLE

Source	Indicator	Measure	Most Recent Period	Benchmark England	Target (RAG)	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment										
Local - PCC	School attendance and exclusions	Percentage	2014/15		No Target	6.0		4.5		Low is good
PHOF	1.04 - First time entrants to the youth justice system	Rate per 100,000	2014		No Target	1,167.5		525.2		Low is good
PHOF	1.05 - 16-18 year olds not in education employment or training	Percentage	2013		No Target	8.4		7.7		Low is good
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										
PHE C&YP	Child mortality rate	Rate per 100,000	2011 - 13		No Target	11.6		10.5		Low is good
PHOF	1.01i - Children in poverty (all dependent children under 20)	Percentage	2012		No Target	21.9		20.2		Low is good
PHOF	4.01 - Infant mortality	Rate per 1,000	2011 - 13		No Target	4.5		4.7		Low is good
PHOF	2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	Percentage	2013/14		No Target	35.0		38.3		High is good
	% of children making good progress at the 2 year old development check									
PHOF	1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	Percentage	2013/14		No Target	57.3		58.3		High is good
PHOF	2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Percentage	2013/14		No Target	24.8		25.0		Low is good
PHE C&YP	A&E attendances	Rate per 1,000	2013/14		No Target	338.9		331.8		Low is good
Deliver an Integrated Education, Health and Care Offer: ensure the delivery of integrated assessment and care planning for our children										
Careers South West	The number of 16-18 year old NEET young people with SEN needs	Count								
Local - PCC	The number of children and young people with an Integrated Education, Health and Care Plan	Count				-		-		
Local - PCC	The number of children with SEND in care	Count				-		-		
Local - PCC	The number of children with SEND in out of area residential/education placements	Count				-		-		
Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care										
Local - PCC	Reduction in repeat referrals to Children's Social Care	Percentage	2014/15		No Target	23.7		33.5		Low is good
Local - PCC	Reduction in the number of children with a "Child in Need" Status	Count	2014/15		No Target	1,776		1,866		Low is good
Local - PCC	Success in achieving the outcomes in the "Families with a Future" (Troubled Families) outcome framework					-		-		
PHE C&YP	Hospital admissions as a result of self-harm (pooled)	Rate per 100,000	2010/11 - 12/13		No Target	333.7		450.6		Low is good
PHE C&YP	Hospital admissions due to alcohol specific conditions	Rate per 100,000	2011/12 - 13/14		No Target	108.5		57.5		Low is good
PHE C&YP	Hospital admissions due to substance misuse	Rate per 100,000	2011/12 - 13/14		No Target	49.7		78.2		Low is good
PHE C&YP	Hospital admissions for mental health conditions	Rate per 100,000	2013/14		No Target	140.7		64.3		Low is good
Local - PCC	Number of Children subject to CP plan	Count	2014/15		No Target	301		400		Low is good
Local - PCC	Number of Children in Care - Overall	Count	2014/15		No Target	375		392		Low is good
Local - PCC	Number of children in residential care	Count	Jul-15		No Target	23.0		20.0		Low is good
PHOF	2.08 - Emotional well-being of looked after children	Percentage	2013/14		No Target	16.1		16.6		Low is good

8. COMMUNITY

Source	Indicator	Measure	Most Recent Period	Benchmark England	Target (RAG)	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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										
PHOF	2.18 - Admission episodes for alcohol-related conditions - narrow definition	Rate per 100,000	2013/14		No Target	576.0		664.9		Low is good
PHOF	2.15i - Successful completion of drug treatment - opiate users	Percentage	2013		No Target	5.8		7.2		High is good
PHOF	2.15ii - Successful completion of drug treatment - non-opiate users	Percentage	2013		No Target	23.6		28.9		High is good
Housing	Number of households prevented from becoming homeless	Count	2015		No Target	554		1,242		High is good
PHOF	1.13i - Re-offending levels - percentage of offenders who re-offend	Percentage	2012		No Target	28.8		24.2		Low is good
PHOF	1.06ii - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	Percentage	2013/14		No Target	53.6		54.5		High is good
Reduce unnecessary emergency admissions to hospital across all ages by: Responding quickly in a crisis • Focusing on timely discharge • Providing advice and guidance, recovery and reablement										
ASCOF	Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2014/15		No Target	84.9		90.9		High is good
NHSOF	IAPT access rate	Percentage	2014/15		No Target	9.6		9.6	No Data	
NHSOF	IAPT recovery rate	Percentage	2014/15		No Target	33.2			No Data	
NHS quality premium	Discharges at weekends and bank holidays	Percentage	2014/15		No Target	17.6			No Data	
ASCOF	Delayed transfers of care from hospital, per 100,000 population	Rate per 100,000	2014/15		No Target	10.2				Low is good
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										
Housing	People helped to live in their own home through the provision of Major Adaptation	Count	2015		No Target	209				High is good
ASCOF	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2014/15		No Target	863.9				Low is good
ASCOF	Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2013/14		No Target	22.6				Low is good
PHOF	1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	Percentage Point	2013/14		No Target	65.6		67.2		Low is good
PHOF	1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Percentage Point	2013/14		No Target	62.9				Low is good
ASCOF	The proportion of people who use services who feel safe	Percentage	2014/15		No Target	64.7				High is good
clients survey	Proportion of people who use services who have control over their daily life	Percentage	2014/15		No Target	74.7		81.2		
biennial carers survey	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	Percentage	2014/15		No Target	67.3		67.3		
ASCOF	The proportion of people who use services who say that those services make them feel safe and secure	Percentage	2014/15		No Target	93.3			No Trend Data	High is good

9. ENHANCED AND SPECIALIST

Source	Indicator	Measure	Most Recent Period	Benchmark England	Target (RAG)	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Create Centres of Excellence for enhanced and specialist services										
PHOF	2.24i - Injuries due to falls in people aged 65 and over	Rate per 100,000	2013/14		No Target	2,233.8				Low is good
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI), MRSA	Count	2014/15		No Target	0.0		0.0	No Data	Low is good
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI), C. difficile	Count	2014/15		No Target	35.0		35.0	No Data	Low is good
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI), proportion of patients with category 2, 3 and 4 pressure ulcers	Count	2014/15		No Target	87.0		87.0	No Data	Low is good
CCGOF	In hospital Falls with harm	Count	2014/15		No Target	112		112	No Data	Low is good
Ensure people are able to access care as close to their preferred network of support as possible										
ASCOF	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2014/15		No Target	863.9				Low is good
ASCOF	Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2013/14		No Target	22.6				Low is good
NHSOF	Health-related quality of life for people with long-term conditions	EQ-5D™	2014/15		No Target	0.72			No Data	High is good
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care										
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%)) (PHNT)	Percentage	2014/15		No Target	88.4		88.4	No Data	Low is good

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OUR PLAN THE BRILLIANT CO-OPERATIVE COUNCIL



CITY VISION Britain's Ocean City

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

CO-OPERATIVE VALUES One team serving our city

WE ARE DEMOCRATIC

Plymouth is a place where people can have a say about what is important to them and where they can change what happens in their area.

WE ARE RESPONSIBLE

We take responsibility for our actions, care about their impact on others and expect others will do the same.

WE ARE FAIR

We will be honest and open in how we act, treat everyone with respect, champion fairness and create opportunities.

WE ARE PARTNERS

We will provide strong community leadership and work together to deliver our common ambition.

OUR OBJECTIVES Creating a fairer Plymouth where everyone does their bit

PIONEERING PLYMOUTH

We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources.

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.

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.

CONFIDENT PLYMOUTH

We will work towards creating a more confident city, being proud of what we can offer and growing our reputation nationally and internationally.

THE OUTCOMES What we will achieve by this plan

- 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.

- 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.

- 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.

- 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 they are proud of the difference we make.

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