



#plymcabinet

Democratic and Member Support

Chief Executive's Department
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Cabinet

Tuesday 6 December 2016
4.00 pm
Council House, Plymouth

Members:

Councillor Bowyer, Chair
Councillor Nicholson, Vice Chair
Councillors Mrs Beer, Mrs Bowyer, Darcy, Downie, Jordan, Michael Leaves, Ricketts and Riley.

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

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

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

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Tracey Lee

Chief Executive

Cabinet

1. **Apologies**
2. **Declarations of Interest** (Pages 1 - 2)
3. **Minutes** (Pages 3 - 6)
4. **Questions from the Public**

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

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

5. **Chair's Urgent Business**
6. **Sustainability and Transformation Plan** (Pages 7 - 64)
7. **The Council's Corporate Plan monitoring report and commitment progress report** (Pages 65 - 80)
8. **Draft Budget 2017/18** (Pages 81 - 90)
9. **Modernising Parking** (Pages 91 - 104)

DECLARING INTERESTS – QUESTIONS TO ASK YOURSELF

What matters are being discussed?

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

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

No

Yes

Declare interest and leave (or obtain a dispensation)

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

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

Yes

No

You can speak and vote

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

Yes

No

Declare the interest and speak and vote

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

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

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

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Cabinet

Tuesday 8 November 2016

PRESENT:

Councillor Bowyer, in the Chair.

Councillor Nicholson, Vice Chair.

Councillors Mrs Beer, Mrs Bowyer, Darcy, Downie, Jordan, Michael Leaves, Ricketts and Riley.

Also in attendance: Lesa Annear (Strategic Director for Transformation & Change), Carole Burgoyne (Strategic Director for People), Paul Cook (Head of Financial Planning & Reporting), Caroline Cozens (Strategic Commercial Manager – Finance), David Draffan (Assistant Director for Economic Development), Andrew Hardingham (Assistant Director for Finance), Lou Hayward (Assistant Director – Street Services), Tracey Lee (Chief Executive), Anthony Payne (Assistant Director for Place), Gareth Simmons (Strategic Project Director, Economic Development) and Lynn Young (Democratic Support Officer).

The meeting started at 4.00 pm and finished at 5.19 pm.

Note: The full discussion can be viewed on the webcast of the City Council meeting at www.plymouth.gov.uk. At a future meeting, the Council will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

30. **Declarations of Interest**

There were no declarations of interest made by members in respect of items on this agenda.

31. **Minutes**

Agreed the minutes of the meetings held on 6 September 2016 and 11 October 2016.

32. **Questions from the Public**

There were no questions from members of the public.

33. **Chair's Urgent Business**

Councillor Bowyer (Leader) provided Cabinet with an update following the recent announcement from the Secretary of State regarding the future of the Royal Marines in Plymouth, in particular the return of several units from North Devon and Somerset, and agreed to prepare a full statement to update members on this issue at Full Council on 21 November 2016.

Councillor Nicholson (Deputy Leader and Cabinet member for Strategic Transport, Housing and Planning) provided Cabinet with an update on the Peninsular Rail Task Force (PRTF) latest position. Cabinet were advised that the PRTF interim report, published in October 2016 identified that 13 workstreams were needed to provide sufficient information to

ensure the comprehensive and credible 20-year plan could be delivered. A launch of the plan would take place on 22 November – Councillor Nicholson agreed to provide members with an update at Full Council on 21 November 2016.

34. **Capital and Revenue Monitoring Report 2016/17 - Quarter 2**

Councillor Darcy (Cabinet member for Finance and ICT) presented his report – ‘Capital and Revenue Monitoring Report 2016/17 – Quarter 2’.

Councillor Bowyer (Leader) reminded Cabinet members of the importance of keeping in close contact with their Directors and Assistant Directors to ensure they are aware of any financial pressures within their portfolio area.

Cabinet agreed to recommend to Council that the Capital Budget 2016 -2021 is increased to £475m (as shown in Table 6).

35. **Medium Term Financial Strategy (MTFS)**

Councillor Darcy (Cabinet member for Finance/ICT) presented his report – ‘Medium Term Financial Strategy (MTFS)’.

Councillor Bowyer (Leader) thanked Andrew Hardingham (Assistant Director for Finance) and Tracey Lee (Chief Executive) for their ongoing work on this matter.

Agreed that Cabinet approves and recommends the Medium Term Financial Strategy to Council on 21 November 2016.

36. **Corporate Fees and Charges Policy**

Councillor Darcy (Cabinet member for Finance and ICT) presented his report – ‘Corporate Fees and Charges Policy’.

Caroline Cozens (Strategic Commercial Manager – Finance) advised members that a plan would be put in place to implement any increases – and these would be done in an open and transparent way.

Councillor Nicholson advised Cabinet members that they would have the opportunity to review the fees and charges relating to their portfolio area.

Agreed that Cabinet approves the revised Fees, Charges and Concessions Policy.

37. **Plymouth History Centre**

Councillor Jordan (Cabinet member for Culture) presented his report – ‘Plymouth History Centre’.

Cabinet agreed to –

(1) note the content of this report including the risks identified;

- (2) confirm acceptance of the HLF and ACE grants along with the agreement to the terms and conditions of the grants;
- (3) indemnify our partner organisations for any potential funding clawback to allow the collections to be fully integrated into the History Centre;
- (4) confirm the delegation of the decision for award of the contract (appointment of the works contractor) to the Strategic Director for Place in consultation with Councillor Glenn Jordan, Cabinet Member for Culture.

(The reason for these recommendations is to ensure that the History Centre programme is procured in good time for the Mayflower 400 celebrations)

38. **Modernisation of Waste and Street Services**

Councillor Michael Leaves (Cabinet member for Strategic Street Scene/Environment) presented his report – ‘Modernisation of Waste and Street Services’.

Following questions, Lou Hayward (Assistant Director – Street Services), advised Cabinet that a wide range of initiatives were in place to ensure the modernisation of Waste and Street Services occurs in May 2017.

Councillor Bowyer (Leader of the Council) reminded Cabinet that the full business case had been published to ensure openness and transparency around this issue, and to ensure that the citizens of Plymouth had been provided with the full facts.

Agreed that Cabinet approves Option 2: The modernisation of Waste and Street Services as set out in the summary business case, which incorporates the citywide roll out of Alternate Weekly Collections of household waste, and associated interventions to support the increase in recycling across the city.

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PLYMOUTH CITY COUNCIL

Subject:	Sustainability and Transformation Plan (STP) Wider Devon
Committee:	Cabinet
Date:	6 December 2016
Cabinet Member:	Cllr Lynda Bowyer
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Carole Burgoyne
Contact details:	carole.burgoyne@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

This report provides an update on the progress of the development of the Sustainability and Transformation Plan (STP) for Wider Devon. The STP is a strategic plan that covers the whole of wider Devon, including Plymouth, Devon and Torbay. The three top tier Local Authorities, two Clinical Commissioning groups (NEW Devon CCG and South Devon and Torbay CCG) and all the organisations covered by these CCGs are included in this footprint.

Partners across the wider Devon health and care community are united in a single ambition and shared purpose to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve.

Context:

The NEW Devon CCG area has been part of a “Success Regime” since 2015 and, with South Devon and Torbay, both CCGs have come together to form a single strategic planning footprint with the above Local Authorities in order to address together a common set of significant financial and service challenges around health and care. The STP provides information from the original Case for Change which was published in February 2016. The STP further describes the priorities for the next 5 years and includes how these link to the Five Year Forward View published by NHS England.

The STP highlights the significant potential funding gap in health and social care funding over the next five years. If no action is taken the Devon STP footprint will be £557m in debt by 2020/21 across the health and social care system. This includes the Local Authority adult and children’s social care gap across the whole footprint. The plan includes details about how an analysis will be undertaken to ensure that resources are re-allocated to better meet the greatest needs of the population. The analysis of CCG spend indicates sizable inequities in resource distribution across the wider Devon system. It highlights lower levels of spend in our more deprived areas, particularly in parts of Plymouth and on mental health care.

Governance arrangements have been put in place to ensure the plan is delivered, they are detailed in Appendix I of the plan. The Collaborative Board is attended by the Leader and Chief Executive

and there have been a number of meetings across wider Devon involving Overview and Scrutiny Members from all three Local Authorities, officers from across the Council are engaged in all relevant meetings to develop and deliver the plan. The plan highlights the significant work undertaken to develop a strong ethos of system-wide working.

In Plymouth the innovative work to create an Integrated Fund with NEW Devon CCG to deliver health and wellbeing services across the city and the development of the Integrated Health and Care Community Provider with Livewell Southwest are good examples of this collaboration and system working.

The Corporate Plan 2016 - 19:

The STP and the Council's approach as recommended in this report fully reflect the values and vision set out in the Corporate Plan. The seven priority areas in the STP map strongly across the Corporate Plan's themes.

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

A section 75 agreement is in place across Plymouth City Council and NEW Devon CCG which covers the integrated fund of £462m, this includes the whole of the People Directorate budget and the Public Health commissioning budget. Any changes proposed across the Plymouth area will be considered in the context of the Integrated Fund and will be brought to Cabinet and Overview and Scrutiny for consideration. The Plymouth Integrated Fund is managed and monitored through both the Council's and the NEW Devon CCG's financial management frameworks.

The Council's Adult Social Care staff were transferred to Livewell Southwest on 1 April 2015 to create the integrated health and care community provider and implications for social care will be brought to the Cabinet and Overview and Scrutiny for consideration.

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

Any implications will be considered as the proposals in the STP plan are developed and will be subject to appropriate oversight and scrutiny.

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? No

An equality impact assessment will be undertaken as proposals are developed across the wider Devon STP

Recommendations and Reasons for recommended action:

1. Cabinet are requested to note the attached version of the Sustainability and Transformation Plan for Wider Devon and the engagement and involvement from members and officers across the Council.
2. Cabinet are requested to note the proposal to undertake a comprehensive analysis of the financial inequity across Devon which has implications for funding in Plymouth and that a further update will be brought to Cabinet when this work is complete.

Alternative options considered and rejected:

None – it is essential that the Council is involved as a partner in the development and implementation of the STP

Published work / information:

[Sustainability and Transformation Plan \(STP\) Wider Devon
NHS Shared Planning Guidance 2016/17 – 2020/21](#)

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off:

Fin	DJN 1617 .47	Leg	DVS 2695 7	Mon Off		HR	DA- HR2 4.11. 2016	Assets		IT		Strat Proc	
Originating SMT Member Carole Burgoyne													

Has the Cabinet Member(s) agreed the content of the report? Yes

Introduction

- 1.0 In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England were required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.
- 2.0 There was a requirement to deliver plans that were based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP ‘footprints’. The health and care organisations within these geographic footprints are working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes for the longer term. The footprints had to be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints. The footprint which includes Plymouth in is the Wider Devon footprint which covers Plymouth, Devon and Torbay.
- 3.0 The latest draft of plans to reshape health and care services in Devon, Plymouth and Torbay by 2021 was released on 4 November 2016.
- 4.0 The Wider Devon Sustainability and Transformation Plan sets out ambitious plans to improve health and care services for people across Devon in a way that is clinically and financially sustainable. Health and care organisations as well as the three upper tier Local Authorities across Devon have been working together to create the shared five year vision to meet the increasing health and care needs of the population, while ensuring services are sustainable and affordable.
- 5.0 The STP provides the framework within which detailed proposals for how services across Devon will develop between now and 2020/21. A key theme throughout the STP is an increased focus on preventing ill health and promoting people’s independence through the provision of more joined up services in or closer to people’s homes. Seven priority areas have been identified as key programmes of work:
 - Ill health prevention and early intervention
 - Integrated care model
 - Primary care
 - Mental health and learning disabilities
 - Acute hospital and specialist services
 - Increasing service productivity.

- Children and young people

6.0 The aspiration in the plan is clear stating ‘ We will take a place based approach which links health, education, housing and employment to economic and social wellbeing for our communities through joint working of statutory partners and the voluntary and charitable sectors’. This is aligned to the Place based approach this Council has taken through the Plymouth Plan and its integrated approach to commissioning services for the health and wellbeing of the population.

7.0 The Case for Change highlights a number of reasons why this work is necessary:

- People are living longer and will require more support from the health and care system. In excess of 280,000 local people (23% of the population), including 13,000 children, are living with one or more long term conditions
- We need to respond better to the high levels of need and complexity in some parts of the population
- Some services such as stroke, paediatrics and maternity are not clinically or financially sustainable in the long term without changes to the way they are delivered across Wider Devon
- There is a difference of 15 years in life expectancy across wider Devon and differences in health outcomes – or ‘health inequalities’ – between some areas, particularly Plymouth
- Spending per person on health and social care differs markedly between the locality areas and is 10% less in the most deprived areas
- Mental health services are not as accessible or as available as they need to be which drives people to access other forms of care which don’t always meet their needs. People with a mental health condition have poorer health outcomes than other groups
- There is an over-reliance on bed-based care. Every day over 600 people in Wider Devon are medically fit to leave hospital inpatient care but cannot for a variety of reasons
- The care home sector is struggling to meet increasing demand and complexity of need
- Almost a quarter of local GPs plan to leave the NHS within 5 years and there are significant pressures on primary care services. Some other care services are particularly fragile due to high levels of consultant, nursing, social work or therapy vacancies
- Local health and social care services are under severe financial pressure, and are likely to be £557million in deficit in 2020/21 if nothing changes

8.0 The STP also clarifies the funding gap if no action is taken and identifies the need to shift resources. It states : ‘We will be responding to our analysis of what people need by re-allocating resources to better meet the greatest needs of the population e.g. through shifting our resources out of hospital, reducing the amount spent on unnecessary bed-based care, improving efficiency and reinvesting in more innovative, integrated care models including investing in community assets that do more to prevent ill health, keep people out of hospital, treat them effectively when needed and enable them to recover rapidly and to stay in their own homes for as long as possible.’ In the STP there are statements about how this will be achieved:

- The return to clinical and financial sustainability will be achieved by available resources being distributed optimally to meet population need by the end of the programme.
- The approach to the transformation of care, which is underpinned by population need, will determine and drive resource distribution going forward.
- The analysis of CCG spend which indicates sizable inequities in resource distribution across the wider Devon system is addressed. The fact that it highlights lower levels of spend in our more deprived areas, particularly in parts of Plymouth, and on mental health care is addressed.

A further, more comprehensive analysis will be undertaken which will include sources of funding – primary care, specialised commissioning and provider deficit support - not included in the initial analysis to confirm the scale of the inequities to be addressed, and the output will be incorporated into the financial strategy to ensure our pathway to financial sustainability includes achievement of equitable population and care group resourcing.

- 9.0 All of the organisations included in the Wider Devon STP footprint are taking the plan to their respective Governing Bodies for NHS organisations and to Cabinet for Local Authorities. The Overview and Scrutiny Panels across the three upper tier Local Authorities are also involved in the scrutiny of the plan and any specific changes that are proposed.
- 10.0 The STP is an important document as it will shape the future of health and care services across Plymouth, Devon and Torbay for the next 5 years. It is essential that Members are fully engaged in the development and implementation of the plan. There is an opportunity now, working as a single system, to build on the work already undertaken in Plymouth to create One System, One Budget which created an integrated fund of £462m net, a cradle to grave and prevention to acute fund which enables the Council to commission services with NEW Devon CCG to meet the needs of our population. A fully integrated community health and care provider, Livewell Southwest is now established to deliver services to the population of Plymouth which meet their needs.

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Sustainability & Transformation Plan (STP) Wider Devon

4th November 2016

Name of footprint and number: **Wider Devon (37)**

Region: **South**

Nominated lead of the footprint: **Angela Pedder,
Lead Chief Executive**

Contact details

angela.pedder@nhs.net

l.nicholas@nhs.net

Page 15

Organisations within Devon's STP footprint

Northern, Eastern and Western Devon Clinical Commissioning Group (CCG), South Devon and Torbay CCG, Plymouth Hospitals NHS Trust, Royal Devon and Exeter NHS Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Trust, South West Ambulance Service Trust, Devon Partnership NHS Trust, NHS England, Circa 160 GP practices, Virgin Care, Devon County Council, Plymouth City Council, Torbay Council, Livewell Southwest CIC, Devon Doctors, Healthwatch (Devon, Plymouth and Torbay) and Care UK.

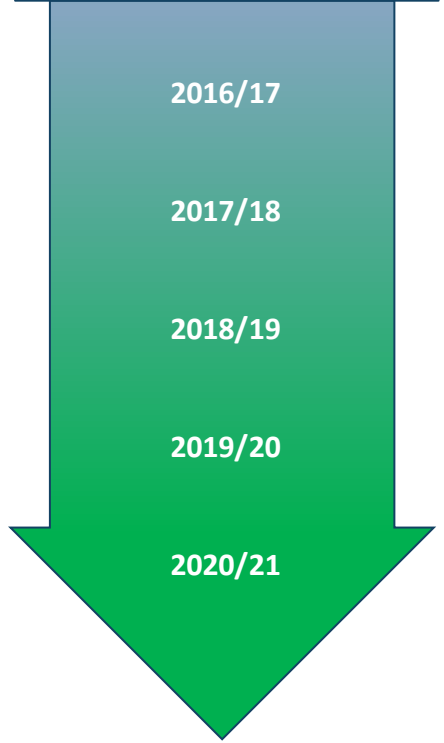
The NHS in Devon understands its need to meet all relevant statutory obligations when undertaking a change programme and nothing in this report should be taken to commit the NHS to a particular decision without proper consideration of those obligations.

<p>Introduction and context</p>	<ul style="list-style-type: none"> • Plan on a page • Introduction & context • Case for change • Vision
<p>Triple Aim</p>	<ul style="list-style-type: none"> • Triple aim (summary) • Our priorities (summary) • Critical decisions • Population health & wellbeing gap • Experience of care gap • Cost effectiveness gap
<p>Governance</p>	<ul style="list-style-type: none"> • Programme approach • Governance arrangements
<p>Priorities</p>	<ul style="list-style-type: none"> • Prevention & early intervention • Integrated care model • Primary care • Mental health & learning disabilities • Acute hospital & specialist services • Productivity • Children & young people
<p>Enablers</p>	<ul style="list-style-type: none"> • Workforce • Communications & engagement • Estate • Information management and technology (IM&T)

Our commitment

Partners across the wider Devon health and care community are united in a single ambition and shared purpose to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations we serve.

Over five years we will achieve clinical and financial performance and outcomes improvement by.....



2016/17

2017/18

2018/19

2019/20

2020/21

Phase 1 of clinical and financial recovery plan to reduce overspending 2016/17. Engage, design and consult on a new model of integrated care to ensure an equal spread of services across Devon and reduce reliance on bed-based care. Deliver early win initiatives to progress 1st phase financial recovery.

Phase 2 to start planning and implementing the longer term clinically and financially sustainable models of care
Engage, design and consult on reconfigured new models of care for mental health, acute and specialist services to secure clinically sustainable services, reduce duplication and variation and improve user experience.

Phase 3 Promote prevention and early intervention: Fully Implement the integrated care model

- Build equitable mental health and emotional well being capacity
- Mobilise new model of fully integrated health and social care, primary care and local community support in all localities and reduce bed stock
- Realign use of resources to achieve population and service equity
- Workforce redesign and capacity building to support care model delivery and to promote economic growth and resilience
- Commence specialist and acute reconfigurations implementation

Capture the benefits of Reduced variations in care and provision, reduced health inequalities, enabling people to access services that achieve better outcomes. Also enable the care providers to better manage demand for their services – right care, right place

Clinical and financial sustainability secured
Improvements in health/patient experience outcomes demonstrated

Page 17

Key priorities	Prevention & early intervention	Integrated models of care	Primary care	Mental health	Children & young people	Acute hospital & specialist services	Productivity
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Aspiration

The STP sets out our commitment to transforming care to deliver the best possible health outcomes for our local population; shifting our model of care so that more people are cared for in out of hospital settings - through prevention, more proactive care, and new models of care delivery – and reducing reliance on secondary care. We will take a place-based approach which links health, education, housing and employment to economic and social wellbeing for our communities through joint working of statutory partners and the voluntary and charitable sectors.

Framework

This Plan describes how people residing in wider Devon will experience safe, sustainable, integrated, local support by 2021. It shows how we will deliver a major programme of transformational change and improvement across wider Devon starting from 2016/17. This change will be enabled by engaging our communities, investment in technology, changes in workforce and ensuring that where estate is required, it is fit for purpose.

Challenges

The challenges we face are significant. Whilst we may all agree on the goal of achieving clinically and financially sustainable care services, there will be many views on how we get there.

We will be encouraging the community to work with us to jointly understand the challenge and develop solutions together.

Scope

The STP is a strategic plan that covers the whole of wider Devon, including its three local authorities and two clinical commissioning group areas. This plan necessarily focusses on a limited number of key transformational priorities which will deliver improvements to care services over the next 2-4 years in response to the significant financial and clinical sustainability challenges identified in the case for change.

We have identified seven high priority areas: Prevention; integrated care model; primary care; mental health; acute hospital and specialist services, children & young people and productivity. This STP does not replace the many other service plans already in development or delivery within the health and care system, but overtime will ensure all Plans align.

Growing needs

These ambitious plans will respond to the growing physical and mental health needs of people in their communities to ensure a future integrated network of support that is safe, sustainable and affordable and that enables people to live their lives well and independently.

Context and Approach

Context

Wider Devon has a resident population of around 1,160,000 within the 3 local authority areas of Devon County Council, Plymouth City Council and Torbay Council. Just over half of the population live in urban communities, and the remainder in rural communities.

The NEW Devon CCG area has been part of a Success Regime since 2015 and, with South Devon & Torbay, both CCGs have come together to form a single strategic planning footprint with the local authorities in order to address together a common set of significant financial and service challenges around health and care.

Approach

This Plan is a work in progress that has been prioritised to provide a framework for focus on activities that will make the biggest initial difference to our population's health outcomes and financial recovery. There is a strong set of system governance arrangements in place that are enabling the 10 statutory organisations in Devon to work collaboratively to ensure the changes we make will benefit our patients and the health and social care system as a whole, not just individual organisations. At the heart of our Plan is a new model of integrated care that will reduce reliance on bed-based care and enable people to live healthy independent lives for longer, closer to where they live.

Whilst we will have one Plan for wider Devon, our approach will also ensure that local plans setting out how we deliver the common goals can be adapted to reflect local needs and existing services. We will be involving communities and our staff in doing this.

Wider Devon STP footprint



We will undertake a process of wide stakeholder engagement on the content of the STP and involve citizens and patients in its ongoing development. For this to be meaningful, it will be done both at the level of this overarching plan, and separately for the key areas of strategic change that we are proposing.

Services in Devon must change in order to become clinically and financially sustainable, and the key reasons for this are highlighted in the case for change published in February 2016:

- People are living longer and will require more support from the health and care system. In excess of 280,000 local people (23% of the population), including 13,000 children, are living with one or more long term conditions
- We need to respond better to the high levels of need and complexity in some parts of the population
- Some services such as stroke, paediatrics and maternity are not clinically or financially sustainable in the long term without changes to the way they are delivered across Wider Devon
- There is a difference of 15 years in life expectancy across wider Devon and differences in health outcomes – ‘health inequalities’ – between some areas, particularly Plymouth
- Spending per person on health and social care differs markedly between the locality areas and is 10% less in the most deprived areas
- Mental health services are not as accessible and as available as they need to be which drives people to access other forms of care which doesn’t always meet their needs. People with a mental health condition have poorer health outcomes than other groups
- There is an over reliance on bed-based care - every day over 600 people in Wider Devon are medically fit to leave hospital inpatient care but can not for a variety of reasons
- The care home sector is struggling to meet increasing demand and complexity of need
- Almost a quarter of local GPs plan to leave the NHS in 5 years and there are significant pressures on primary care services. Some other care services are particularly fragile due to high levels of consultant, nursing, social work or therapy vacancies
- Local health and social care services are under severe financial pressure, and health & social care services are likely to be £557million in deficit in 2020/21 if nothing changes

Aim and Statement of Purpose

We will operate as an aligned health and care system, to be a major force and trustworthy partners for the continual improvement of health and care for people living in Devon, Plymouth and Torbay. We will address the NHS Five Year Forward View three key aims to improve population health & wellbeing, experience of care and cost effectiveness per head of population.

The Challenge for Wider Devon

Deliver better and more equal outcomes for more people and do it sustainably in a more joined up way harnessing the value of partners coming together to tackle problems as a collective. We will do this as efficiently as we can, within the financial resources available to us.

Mission

We will focus everything we do on improving:

- Our population’s health & wellbeing
- The experience of Care
- The cost effectiveness per head of population

These mission statements underpin the NHS’ Five Year Forward View and are referred to as the ‘triple aims’.

Values

We will act, behave and be held to account for:

- Putting the patient/person first
- Operating without boundaries
- Working with speed and agility
- Strong teamwork
- Embracing innovation
- Relentless focus on population benefit and user experience

Strategic Objectives

We will deliver:

- Excellence in service delivery
- Improved health and well being for populations and communities
- Integrated care for people
- Improved care for people
- Empowered users who are experts in managing their care needs

Our plans are designed to deliver on a series of “I” statements developed by local people:

- I will take responsibility to stay well and independent as long as possible in my community
- I can plan my own care with people who work together to understand me and my family
- The team supporting me allow me control and bring services together for outcomes important to me
- I can get help at an early stage to avoid a crisis at a later time
- I tell my story once and I always know who is coordinating my care
- I have the information and help I need to use it, to make decisions about my care and support
- I know what resources are available for my care and support, and I can determine how they are used
- I receive high quality services that meet my needs, fit around my circumstances and keep me safe
- I experience joined up and seamless care – across organisational and team boundaries
- I can expect my services to be based on the best available evidence to achieve the best outcomes for me

From where we are

From patients...
From care settings...
From organisations...
From what's the matter with you...
From illness management...



To where we want to be

...to people
...to places and communities
...to networks of care and support
...to what matters to you
...to wellness support

Improve population health & wellbeing

- Improve overall health by increasing focus on preventing or avoiding ill-health and proactively responding when required
- Improve outcomes for people with mental health problems
- Improve outcomes for people with two or more long term conditions
- Address challenges of deprivation and funding inequality across wider Devon

Experience of care

- Reduce reliance on bed-based care and the associated harm to patients of long lengths of stay in hospital through investment in community, primary care and other supporting care services
- introduce an innovative, fully integrated model of care that enables people to stay well and independent within their communities
- Deliver consistently safe and high quality acute care by introducing clinically sustainable service configurations
- Develop a well-trained, motivated and caring workforce that is empowered to deliver joined-up care and support to the communities they serve, including support to voluntary carers.
- Develop a culture of safety and continuous service improvement

Cost effectiveness per head of population

- Reduce over-reliance on use of hospital beds to release around £90m
- Invest in community, primary and social care services to support implementation of the integrated care model and improvements in care
- Improve effectiveness of spend and productivity in all service areas to release around £300m (consisting of 2% annual provider efficiency and other additional efficiency gains)
- Ensure progress towards equitable funding for the most deprived communities
- Effective care market management and efficiency of spend

STP priorities and headline solutions

Devon’s objectives for the Five Year Forward View (5YFV) focus on achieving financial and clinical sustainability and addressing key health and financial inequalities by 2021. The initial proposals below will be further developed and extended over time to make sure they achieve our key objectives

<p>1 Prevention & early intervention</p> <ul style="list-style-type: none"> Action to tackle the top five causes of death in under 75s Make sure all plans and priorities have a focus on preventing ill health Tackle place-based socio economic health determinants Build community resourcefulness Develop workforce skills in prevention 	<p>2 Integrated care model</p> <ul style="list-style-type: none"> Promoting health through integration Empower communities to take active roles in their health and wellbeing Locality-based care model design and implementation Shift resources to community from hospital Health & Social care integration 	<p>3 primary care</p> <ul style="list-style-type: none"> Developing integrated GP/primary care Delivering the GP forward view Supporting general practice development to be fit for the future Work towards delegated commissioning 	<p>4 Mental health & learning disabilities</p> <ul style="list-style-type: none"> Ensure our services meet local needs Maximise the effectiveness of mental health spending to achieve better outcomes Improve mental illness prevention in primary care Improve provision for people with severe, long term mental illness and those who also have physical health problems
<p>5 Acute hospital & specialist services</p> <ul style="list-style-type: none"> Ensure clinical sustainability of services across wider Devon Review high priority services: <ul style="list-style-type: none"> Stroke services review Urgent and Emergency Care review Maternity /Paediatrics/ Neonatal service review Review small & vulnerable specialties 	<p>6 Productivity</p> <ul style="list-style-type: none"> Improve the cost-effectiveness of the care delivered per head of population Implement Carter’s recommendations in ‘Reducing Variations’ report Rationalise the ‘back-office’ services Procurement efficiencies in clinical supplies and drugs Review spending on continuing health care (CHC) 	<p>7 Children & young people</p> <ul style="list-style-type: none"> Ensure seamless support and access Ensure high quality, effective and rapid response of services Enhance effective collaboration between adult and childrens’ services 	<p>Enablers</p> <ul style="list-style-type: none"> Workforce Stability, Workforce Redesign, Workforce Development Estates Strategy Information: Digital Road Map Communications & engagement Organisational Development: Towards accountable care systems IM&T – improving clinical decision making

Page 27

Critical decisions that deliver the plan

Financial recovery and meeting of future predicted increases in demand is predicated on implementing an integrated care model that is significantly less reliant on bed-based care. The changes we are proposing will result in a significant reduction in the number of acute and community beds needed across wider Devon by 2021 where up to 600 people are being cared for inappropriately at present. As we change the model of care these beds will no longer be required and this then releases resource to invest in improved care and achieve clinical and financial sustainability.

To facilitate implementation of the care model and release funding to invest in more ambulatory care provision in community and home based settings the CCGs are currently publicly consulting:

- NEW Devon CCG is engaging on proposals for the overall strategic direction of travel and provision changes and on the components of new models of care. Public consultation on specific proposals to close a number of community hospital beds in the eastern locality commenced on 7 October 2016.
- In South Devon & Torbay implementation of the care model as set out in the Integrated Care organisation (ICO) business case is pushing ahead with consultation on community services transformation including proposals for closure of four community hospitals. This started in September 2016.

Proposals are in development for some changes to the acute care model across Devon's STP footprint to improve care and outcomes. There are a number of specialties that need to change to address future clinical sustainability issues, including: stroke, emergency services including A&E, paediatrics, maternity, neonatology and some smaller specialties. These may also require public consultation and preparations for undertaking the review will begin in October 2016.

We anticipate that we can make further progress over the five year period with developing the new care model and this may lead to further changes to how and where care is delivered. We are committed to fully engaging (and consulting as required) staff and communities on these proposals.

During the next phase of planning we will:

- Ensure that plans reflect the needs of local communities
- Engage fully with our stakeholders on future direction of travel and proposed changes to services particularly where this impacts on the number of beds available, community hospital closures, and changes to specific acute services.
- Formulate our change proposals and agree the future configuration of commissioning and provision functions to best support delivery.
- Ensure that implementation plans rapidly take shape to ensure we are ready for delivery in 2017/18

There is a **real opportunity** to make significant improvements in the physical and mental health, wellbeing and care for the population and communities. This Plan is a work in progress and provides a planning framework that will evolve as we collate the evidence base and develop proposals for future improvements to the way we deliver care. We plan to **share our learning** to benefit communities beyond wider Devon.

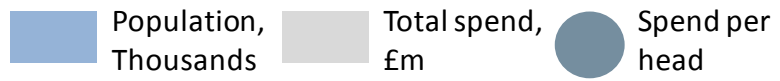
The Public Health and Joint strategic needs assessment (JSNA)* key considerations underpinning the plan

An ageing and growing population	Giving every child the best start in life and ensuring children are ready for school	Complex patterns of deprivation linked to earlier onset of health problems in more deprived areas (10-15 life year life expectancy gap)	Balancing access to services in both urban and rural localities	Housing issues (low incomes / high costs/ poor quality in private rental sector)
Shifting to a prevention and early intervention focus	Poor mental health and wellbeing, contributed to by social isolation and loneliness	Poor health outcomes caused by modifiable behaviours	Ensuring services are resourced to meet the needs of people particularly those with long-term conditions, multi-morbidity, mental health and frailty	Unpaid care and the impact of caring on carers' health and wellbeing

* The Joint strategic needs assessment (JSNA) is an annual analysis of population health needs and demography undertaken by each local authority. It informs our understanding of the health of the population, disease and condition prevalence and causes of death. This helps us to plan health and care services for the future.

Health and wellbeing opportunities are based on our understanding of targeted population segments across the wider Devon

Health and Care Segmentation Devon 20/21



Devon STP	Mostly Healthy		Chronic conditions		SEMI		Dementia		Cancer		High needs			
Children 0-15	Mostly healthy children 591		Children with chronic conditions 1,503		Children with SEMI 4,056		-		Children with cancer 12,733		Children with PD/LD 12,127		Vulnerable children 24,914	
	179.2	106.0	18.1	27.2	1.7	6.8	0.0	0.0	0.2	2.0	3.1	37.2	3.8	95.6
Adults 16-69	Mostly healthy adults 635		Adults with chronic conditions 1,553		Adults with SEMI 7,536		Adults with dementia 6,746		Adults with cancer 3,148		Adults with Phys. disabilities 13,292		Adults with Learn. disabilities 30,467	
	469.4	298.2	248.3	385.6	10.3	77.5	0.6	4.0	24.8	77.9	4.1	55.0	3.7	111.7
Elderly 70+	Mostly healthy elderly 1,802		Elderly with chronic conditions 3,414		Elderly with SEMI 12,758		Elderly with dementia 13,438		Elderly with cancer 4,466		Elderly with Phys. disabilities 19,667		Elderly with Learn. disabilities 32,469	
	29.1	52.4	129.9	443.4	1.8	23.2	10.5	140.5	37.5	167.5	16.3	319.7	0.43	13.8

Page 27

This segmentation is based on forecast spend and population in a do nothing scenario. Opportunities have been identified based on the care segments to address the health and wellbeing gaps and public health and JSNA priorities

Sources: ONS subnational projections CCG level, Data returns from NEW Devon CCG, SDT CCG, RD&E, PHT, T&SD, NDH, Devon CC, Plymouth council, Torbay council, QOF 13/14, Carnall Farrar analysis

The case for change summary shows that care in Devon is generally high quality but is inconsistent and with variable outcomes. The principles and design features in this Plan will drive improvement in an integrated manner, delivering benefits of standardisation to reduce variation whilst ensuring our models are tailored to the clinical needs of individuals and communities. This will drive improved achievement of national performance standards, patient and staff experience, safety, service line resilience and clinical effectiveness and outcomes.

- ▶ Ensuring parity of esteem and equality of access for people with learning disability, poor mental health and looked after children
- ▶ Meeting national standards for primary, acute and specialist care with particular focus on child and adult mental health
- ▶ Achieving a minimum of good in Care Quality Commission (CQC) assessments in all services and making sure that services assessed by the CQC as inadequate or requires improvement are supported to improve rapidly and sustainably.
- ▶ Reduce harm associated with delayed discharge from bed based care
- ▶ Creating a whole system culture of continuous quality improvement and evaluation across the footprint, sharing best practice, learning and spreading the use of recognised improvement methodologies

To support a culture of high quality safe care and continuous improvement by:

- Supporting the whole system to reduce avoidable deaths, morbidity and harm
- Ensuring that people who are cared for in hospitals and residential settings are safeguarded, have personalised care plans and live in places where standards are high, and regularly monitored.
- Systematically learning from mistakes and sharing best practice
- Raising awareness and early identification of sepsis at all clinical interfaces
- Creating a positive culture of antibiotic guardianship in primary and secondary care, helping to reduce antimicrobial resistance and improve
- Safeguarding adults, young people and children through joined up safeguarding teams and processes

Key areas for care and quality improvement: comparison of CQC assessments of NHS providers



Care and quality gaps in the wider Devon health and social care system will be addressed over the period of this plan. Current performance is variable across the system ranging from inadequate to outstanding. Our aim is to reduce variation.

- Outstanding
- Good
- Requires improvement
- Inadequate
- Not assessed

CQC full inspection assessment	STP footprint	Devon Partnership NHS Trust	Northern Devon Healthcare NHS Trust	Plymouth Hospitals NHS Trust	Royal Devon & Exeter NHS FT	Torbay & South Devon NHS FT	Livewell Southwest CIC	South West Ambulance FT
Safe								
Effective								
Caring								
Responsive								
Well led								
Overall								
SHMI data								
Latest CQC inspection report		18.01.2016	11.09.2014	21.07.2015	09.02.2016	07.06.2016	19.10.2016	06.10.2016
SHMI Data		03/15-04/16	03/15-04/16	03/15-04/16	03/15-04/16	03/15-04/16	-	-

NB:Virginicare Childrens Services CQC assessment not available

Key areas for care and quality improvement: comparative performance of assessments and improvement opportunities

CCG & Local Authority Assessments	NEW Devon CCG	South Devon & Torbay CCG	Devon County Council	Plymouth City Council	Torbay Council
OFSTED children's services					
CCG assurance framework					

- Not assessed
- Requires improvement
- Inadequate

Staff and patient experience across NHS providers	RD&E	NDHT	TSDHT	PHT	DPT	England
Friends and Family Test (inpatient)	99.65%	99.95%	96.55%	99.18%	-	95%
Friends and Family Test (A&E)	95.65%	81.13%	97.1%	99.42%	-	87%
Friends and Family Test (Mental Health)	-	-	-	-	98.29%	88%
Harm free care	94%	95%	90%	96%	100%	94%
Staff survey score out of 4 Overall engagement increased in all areas	3.85	3.93	3.87	3.68	3.75	3.79 (acute) 3.75 (MH)

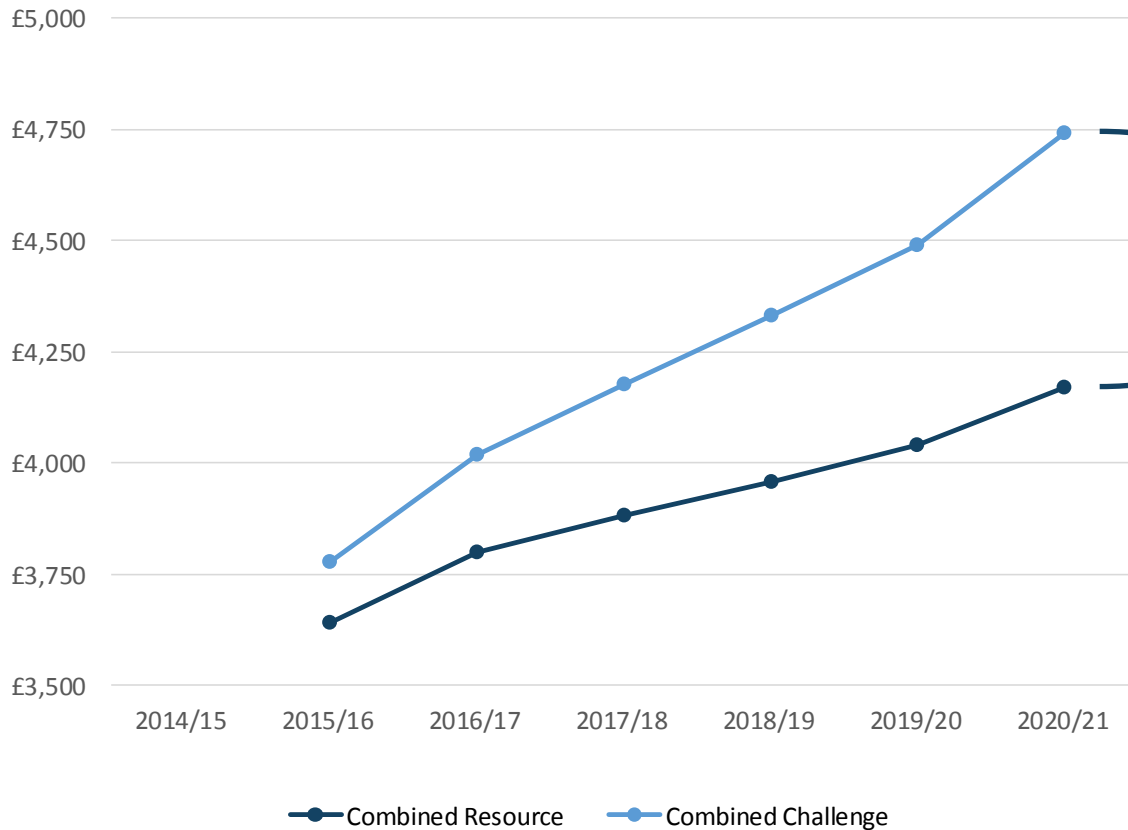
Source: NEW Patient Safety and Quality Scorecard in Development – Data from August 2016, England Data from August 2016
 Ofsted Children's Services – Devon: Publication 03/15. Plymouth: Publication 01/2015; Torbay: Publication 01/2016
 CCG Assurance Framework: 2015/2016 Data
 Staff Survey: Data from 2015
 Harm Free Care: August 2016 (RD&E), September 2016 (NDHT, TSDHT, DPT, England)

Whilst improving health, we also have to close a significant potential funding gap in health and social care funding over the next five years. If we do nothing this means the Devon STP footprint will have be £557m in debt by 2020/21 across the health and social care system. This includes the local authority adult and children’s social care gap across the whole footprint

Deficit Drivers				
Independent sector care including CHC	Elective care and intervention rates	Community services	Length of Stay	Productivity
Devon spends significantly more on Continuing Healthcare (CHC) than other areas of similar size/population. Unit cost of independent care sector	We treat more people than other areas with similar populations	High levels of NHS & social care community services spending compared to peers	Excess length of stay in acute hospitals and non-elective admissions where patients would benefit if we had access to ambulatory or alternative community based models of care	Trust level productivity analysis confirms opportunities across staffing, procurement and agency spend.

We will be responding to our analysis of what people need by re-allocating resources to better meet the greatest needs of the population e.g. through shifting our resources out of hospital, reducing the amount spent on unnecessary bed-based care, improving efficiency and reinvesting in more innovative, integrated care models including investing in community assets that do more to prevent ill health, keep people out of hospital, treat them effectively when needed and enable them to recover rapidly and to stay in their own homes for as long as possible.

A system-wide challenge of £557m is forecast by the year 2020/21 in £m



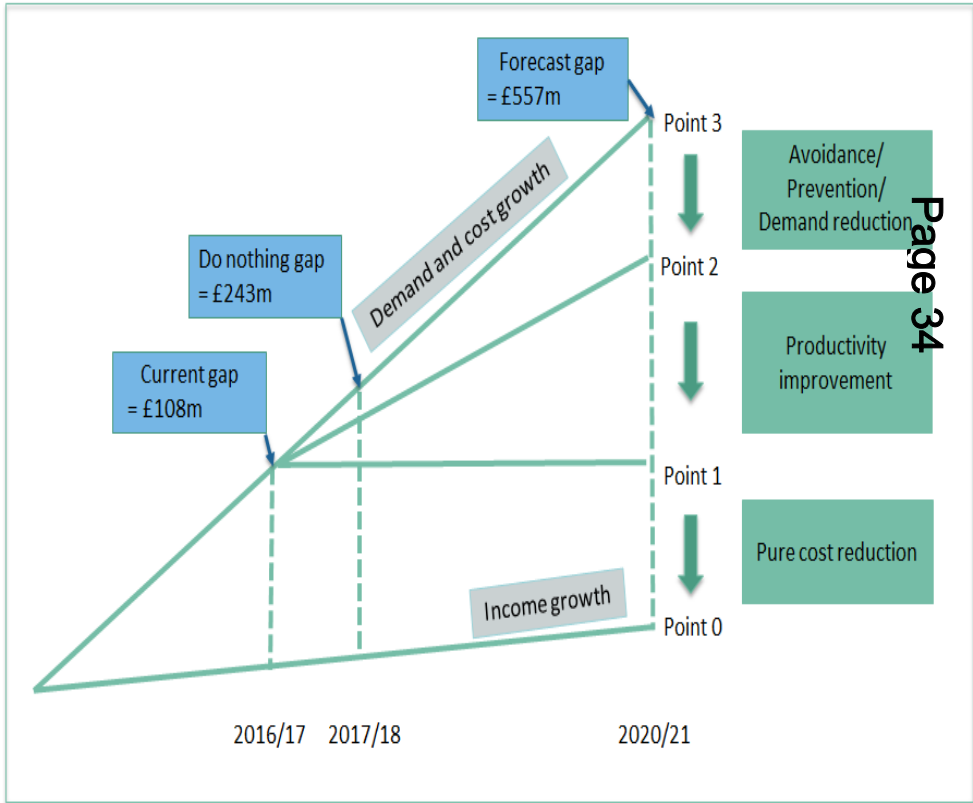
By 2021, without transformational change there will be a system deficit of £557m

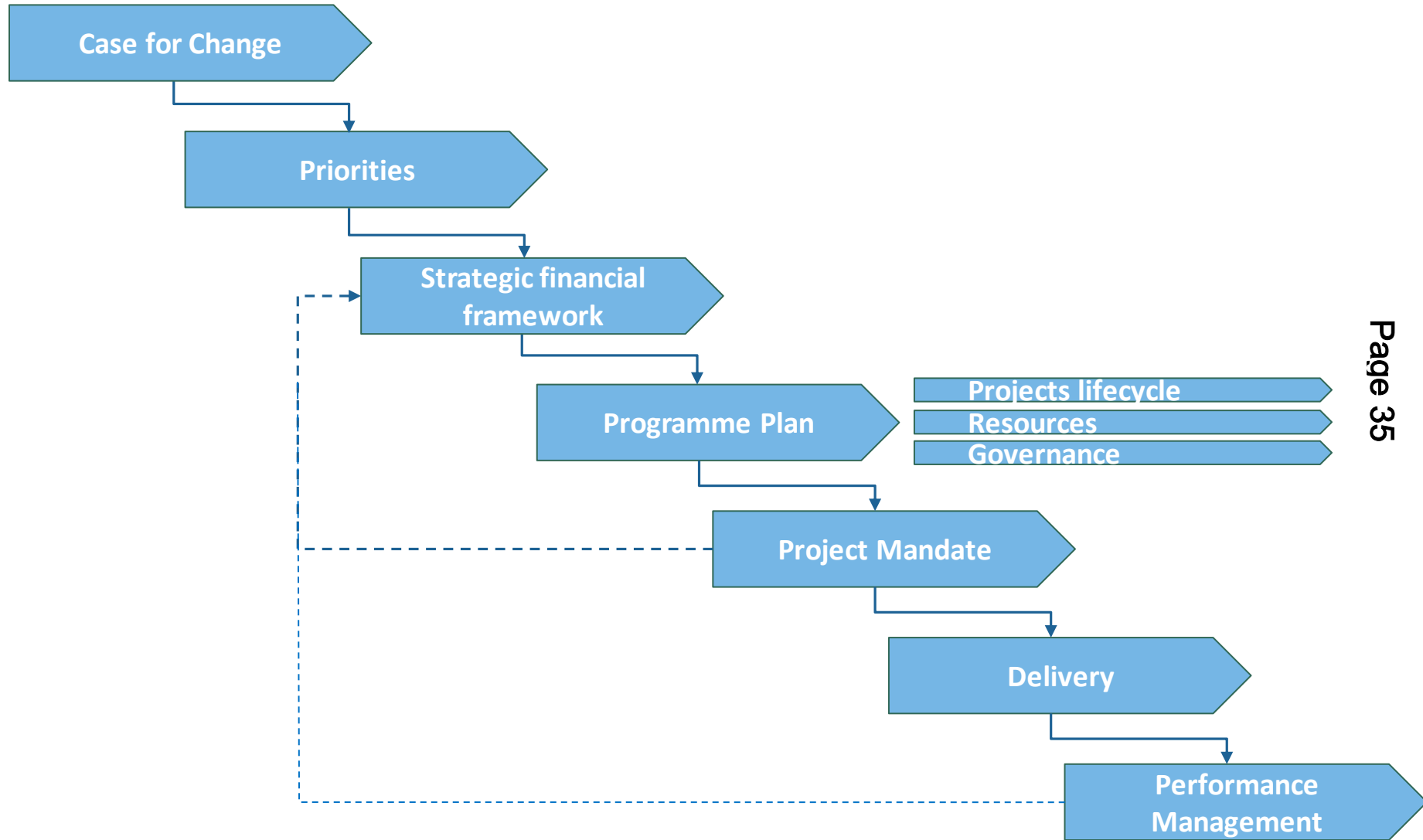
NOTE: When the RAB effect is included, the total challenge amounts to £705m.

- ▶ A vital element of our return to clinical and financial sustainability is that our available resources are distributed optimally to meet population need by the end of our programme.
- ▶ Our approach to the transformation of care, which is underpinned by population need, will both determine and drive resource distribution going forward.
- ▶ Analysis of CCG spend indicates sizable inequities in resource distribution across the wider Devon system. It highlights lower levels of spend in our more deprived areas, particularly in parts of Plymouth, and on mental health care.
- ▶ A further more comprehensive analysis will be undertaken which will include sources of funding – primary care, specialised commissioning and provider deficit support - not included in the initial analysis to confirm the scale of the inequities to be addressed.
- ▶ The output will be incorporated into the financial strategy to ensure our pathway to financial sustainability includes achievement of equitable population and care group resourcing.

Closing this financial gap will rely on six things to reduce demand and cost of delivering care, improve productivity and address inequalities

- 1 Delivery of the 2016/17 savings opportunities and “business as usual” efficiencies in providers and commissioners is achieving savings in the region of £85m in 2016/17. These schemes form the building blocks for future years.
- 2 An assessment of investment in new and enhanced services and the expected impact on activity has been carried out. This will deliver the excellent care initiatives by reducing activity and shifting the setting of care closer to home.
- 3 Additional productivity opportunities including rationalisation of estate and back-office will contribute to provider productivity.
- 4 Examining the options that will ensure the clinical sustainability of acute services will help avoid forecasted cost pressures. Work on health promotion will help avoid the growth in demand for care services.
- 5 Delivering benefits of integrated local care, to ensure that reliance on expensive bed based care is minimised, and people retain their independence.
- 6 A detailed analysis of the distribution of resources, and a plan to address the current geographical and service inequities, particularly for mental health





Governance arrangements and system collaboration achievements

Through the Success Regime, NEW Devon's partners have developed a strong ethos of system-wide working with commissioners, providers and local authorities coming together to agree a single system plan and financial control total for our 2016/17 plan. With the STP footprint including South Devon and Torbay, our system-wide co-design work to develop and implement our transformational change proposals from 2017/18 onwards will include partners across wider Devon.

South Devon & Torbay have a strong track record of working collaboratively across the commissioner, providers and local authority boundaries. Torbay & South Devon Healthcare Foundation Trust is the first fully integrated care organisation in England and their local governance arrangements around this are well established.

There is already significant health and local authority integration in both commissioning and provision across Devon. Adult social care is fully integrated with health provision in Torbay; Health and social care commissioning is fully integrated in Plymouth, along with a single integrated health & social care provider. In Devon County there are numerous examples of integrated provision and ambitious plans are in development to achieve extended scope and coverage of this as part of this Plan. There is increasing collaboration across the wider local authority agenda including housing, economic development and public health. NHS organisations are supporting and contributing to local authority proposals for a new combined authority – “The heart of the south west”.

These foundations provide a sound platform upon which to bring together both CCGs and three local authority areas to create strong and cohesive leadership of the STP agenda.

The new STP-wide governance infrastructure (shown in appendix 1) will allow us to work together to extend our collaborative working and decision making across the whole STP footprint, under the leadership of a lead chief executive (Angela Pedder) and an Independent chair (Dame Ruth Carnall)

Our priorities

1. Prevention & early intervention
2. Integrated care model
3. Primary care
4. Mental health
5. Acute Hospital and specialised services
6. Productivity
7. Children, young people and families

Top five causes of death in under 75s

1. Coronary heart disease (CHD)
2. Trachea, bronchus and lung cancers
3. Accidents
4. Bronchitis, emphysema and other chronic obstructive pulmonary disease (COPD)
5. Cerebrovascular disease (stroke)

Prevention delivered through the new care model, will bring a renewed focus on prevention. To improve health and wellbeing and address health inequalities a long-term approach will be needed but we have identified some early priorities:

Smoking cessation
Alcohol misuse
Healthy eating
Moving more
Accident prevention - falls and fractures
Social connectedness and combatting loneliness
Mental health gap in access and outcomes
Addressing wider determinants of health - social, economic, environmental and cultural factors

See appendix for further information

1

Our approach to prevention of ill health and encouraging independence and wellbeing is based on our identification of areas of significant local need and the potential to make both a health and financial impact across a large area. These priorities are better delivered together rather than in individual organisations as we will realise more cost and outcome benefits.

2

Based on key health and wellbeing challenge themes identified in our JSNAs as follows:

- Settings – place based health, care homes, workplace, housing
- Life-course – starting well, living well, ageing well
- Behaviours – smoking, eating, alcohol and physical activity and inactivity, DSVAs
- Diseases and medical conditions – diabetes, hypertension, falls and fractures, sexual health
- Approach – making every contact count, complex individuals, universal proportionalism

Potential overlaps with wider work – place-based health, mental health, children and young people, planned care optimisation

Page 39

3

The early priorities have been developed and further modelling and potential investment and cost savings are being scoped using the population segmentation undertaken. Early suggested priorities include:

1. Making every contact count and brief intervention training at scale
2. Test the new approach with an initial focus on the alcohol pathway from brief advice to acute alcohol liaison
3. Scale up lifestyle interventions through the new Devon Lifestyle service, Thrive Plymouth and ICO mode in T&SD
4. Focus on long-term conditions prevention and early intervention with a focus on co-morbidities in particular mental health and diabetes and hypertension
5. Develop further prevention and early intervention for pre-frail and frail to include isolation and falls prevention and the care home setting
6. Connect with the mental health and children and young people priorities to ensure a focus on emotional health & Wellbeing of children and young people

In order to empower people, their carers and communities to take a more active role in their health and wellbeing we plan to:

1 Develop Integrated Personal Commissioning (IPC) to enable greater involvement in planning and choosing their care as a mainstream model of community based care for around 5% of the Devon population, including people with multiple long-term conditions, people with severe and enduring mental health problems and children and adults with complex learning disabilities and autism.

2 Expand personal health budgets and integrated personal budgets in line with the ambitions of the Five Year Forward View - including exploring the concept for maternity and end-of life. Our ambition in Devon is to use the Integrated Personal Commissioning programme to go further and faster than the national target and we aim to achieve 2,000 individual budgets by 2018. We are already well ahead of other systems in implementing IPC.

3 Achieve a step change in patient activation and self-care. The South Devon and Torbay urgent care vanguard has a framework in place which includes consideration of social segmentation, a strengths-based approach to behaviour change and the development and integration of directory of services. We also need to build on the Plymouth approach to integration, the Integrated Care in Exeter (ICE) project and One Ilfracombe.

4 Continue to work with Peninsula Urgent and Emergency Care network to develop a Peninsula-wide plan, leveraging collaborative opportunities. In parallel, we will develop detailed service models that meet local population needs. Our local delivery timeline is aligned with the emerging plan being developed for the Peninsula Urgent & Emergency Care Network.

5 Continue to develop our Better Care Funds to support our focus on prevention. They are already operating in a way that brings providers and commissioners together to determine how a single pooled fund can best be deployed to support improved flow of patients and how to keep people well and supported at home, or to return their own home as quickly as possible following a period of ill health, including support to their carers.

Priority 2: Integrated care model – promoting independence through a focus on joined up care provided locally

The best bed is my own bed

We will strengthen community health & care services so that they can both help people to avoid the need to access NHS and other provided care and respond swiftly when people become unwell. This means investing in more community-based services and associated technology so that they mirror the availability and reliability of hospital-based care. This includes enhancing our support to carers and delivering high quality end of life care, as well as building wider community support that can keeps people well.

Services closer to home

We also want to make sure that people do not travel further than they need to for care / treatment. Keeping people well and independent avoids the need to travel for care. The more community and primary care services we can provide in or close to people's homes the better.

High quality hospital care

Where people need to be admitted to hospital, we will make sure that they receive the best quality and experience of care, that we have caring and skilled staff to look after them and that we meet national quality/safety standards. New discharge to assess services will ensure people return to their normal place of residence quickly and safely and that care is coordinated around the person and their family.

What matters to me

Moving discussion from 'what's the matter with a person?' to 'what matters most to a person?' means that we will adopt a person-centred and asset-based approach to care, promoting networks of support, skills and attributes of individuals that increase people's self-confidence to manage their health and care for themselves. This approach will avoid unnecessary reliance on statutory services that can take away a person's independence and create more resilient communities. Patients will own their own digital, shared care plan.

Community-centred approach

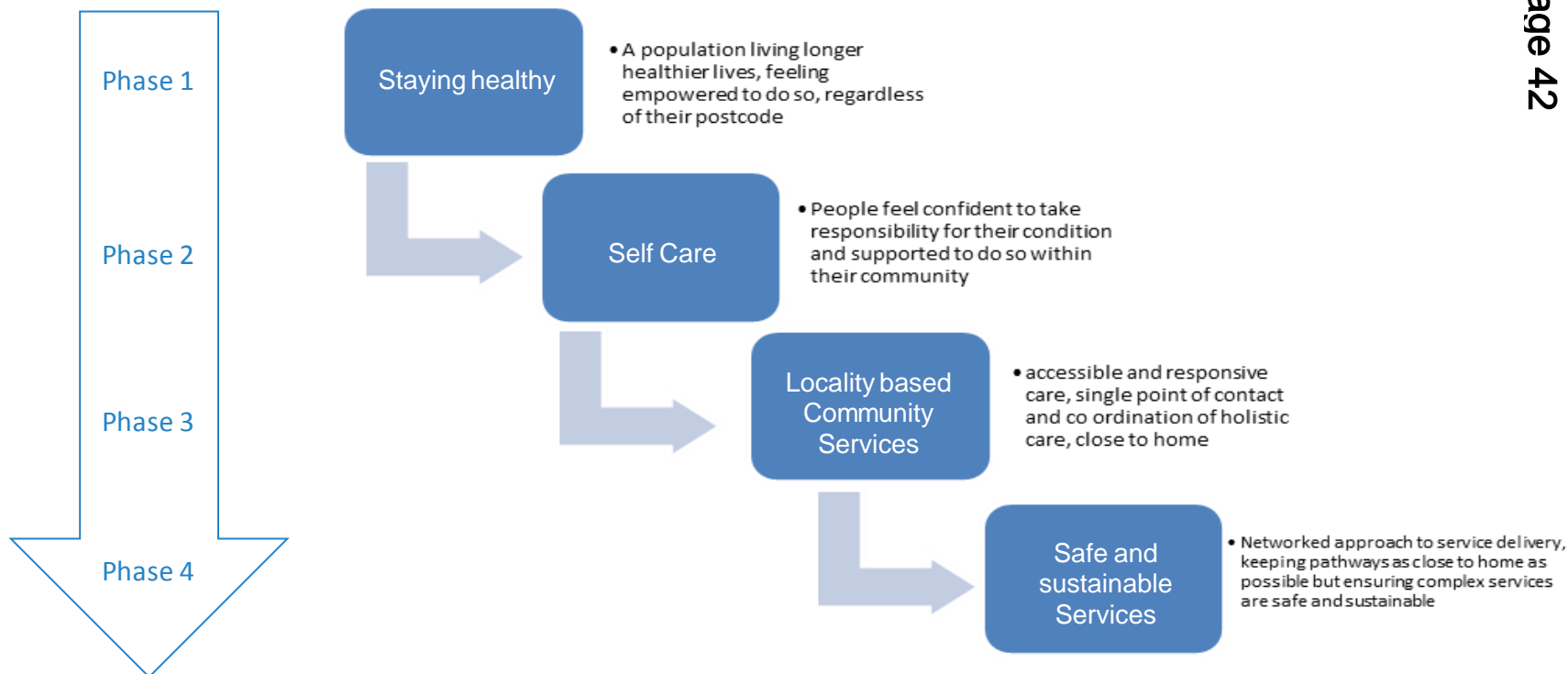
Adopting a person-centred and community-centred approach to health and wellbeing helps to build community capacity and resilience which in turn helps provide support to reduce social isolation and loneliness and can contribute to reducing health inequalities for individuals and communities. Our voluntary and community partners are at the heart of our new care model. It is through the interaction of statutory services with local voluntary and community groups that we can improve people's health and wellbeing, reduce demand on health and care services and lead to wider social outcome improvements.

Making every contact count

Wellbeing is at the centre of our care model because it reflects the importance and necessity of focussing on prevention and early intervention. 'Making every contact count' encourages conversations based on behaviour change methodologies, ranging from brief advice and intervention, to more advanced behaviour change techniques. The aim is to empower healthier lifestyle choices and exploring the wider social determinants that influence all of our health. Patient activation measures can help us to understand where people are in terms of their level of knowledge and confidence to manage their own health. Activation measures have been linked to improved clinical outcomes and reduced costs of care.

The development and implementation of new models of care is fundamental in delivering the vision based on the drivers for change we have outlined earlier (on page 5). This transformation work is high profile and will realise a broad range of STP deliverables; increased focus on prevention, financial sustainability and quality of care.

Whilst the vision is consistent across the STP footprint, models of care will be tailored to meet the needs of localities. Models will maximise the use of non bed-based care and support people and carers as individuals, outcomes tailored to specific need. Development is at differing stages currently: In South Devon a full service model developed underpinned by a full engagement process and planned consultation. In the North there has been a focus on care closer to home and enhancing home-facing care services, the locality is engaging with a range of stakeholders to define the type and level of service required, location, and analysis on both financial and patient benefits. The diagram below supports us to analyse current configurations of service and work with stakeholders around which services and patient outcome should be achieved across the various phases:





A **16 bedded community hospital** unit costs **£75k per month** to staff for nursing*



In one month, a unit like this **cares for around 21 people**



For **£75k**, the same level of care can be offered to clinically-assessed patients in their homes by **12 nurses, 8 therapists, 7 support workers plus some night sits**



In one month, this could **care for around 82 people**



Our modelling shows that the out of hospital model offers more care to more people for the same cost.

Our proposals currently out to public consultation will help us enhance and increase care capacity closer to where people live.

*This is based on a daily £174/bed nursing cost in Eastern Devon (Referenced in PCBC finance appendix). This gives an annual nursing cost of £914K for a 16 bed site. Rounded down to £900k or £75k per month.

Our new model of care will have a local (place / community based) approach. In developing this we have considered the work of the King’s Fund “Place-based systems of care” (Ham; Alderwick 2015) recognising that systems of care exist on different place-based footprints. The wider Devon STP area has a geographical and economic coherence based on the old shire county of Devon. Within this we have recognised material variation in care & quality, health & wellbeing outcomes; productivity, and finance and delivery performance. It is at this STP population level that we want to develop strategic plans including a financial strategy to achieve financial balance. However, these variations and inequalities can only change through action and delivery at the level at which they occur.

Public and user engagement in our vision is helping shape common design principles that will enable us to prioritise and tackle specific inequalities. Currently there are 4 localities – North, East, West and South (see below). As we develop our work and define the level of place we require to best deliver our strategy our current approach may change.

Northern Devon	Eastern Devon	Western Devon (including Plymouth)	South Devon & Torbay (1 st Integrated care organisation in England)
Northern Devon Healthcare Trust Vertical integration One Ilfracombe, One North Devon Devon Cares – domiciliary care service	Royal Devon & Exeter Foundation Trust Vertical integration ICE project	Whole system commissioning fund. Integrated health & social care provider	Health and social care integrated provision. Implementing new care model through the integrated care organisation

First phase of implementation of the integrated care model is underway across the STP footprint. We are pursuing changes to service delivery in all areas that focus on promoting independence, keeping people safe and well at home / in their own communities and reducing reliance on bed-based care. We have plans to reduce both acute and community hospital bed numbers which will enable additional investment in community & primary care and other local services to help deliver more care, more effectively to more people, closer to where they live and help them to maintain the highest level of independence.

Integrated local planning will also take account of natural cross boundary flows. Most significant is the East Cornwall population served by Plymouth Hospitals NHS Trust. We are working with Kernow CCG to ensure our plans are appropriately aligned.

There is already an established track record of achievement which we will help to accelerate change

- The first Integrated Care Organisation (ICO) in England (acute hospital, community health and adult social care) is in South Devon & Torbay
- Fully integrated health & social care commissioning in Plymouth
- Integrated community health and social care community provider in Plymouth
- A high degree of vertical integration between acute and community health and social care services already delivering benefits in Northern Devon, including an emerging place-based approach in One Ilfracombe and other towns.
- Foundations established for similar care integration between acute and community health and social care in Eastern Devon
- Northern Devon Healthcare Trust is the first NHS Trust to provide domiciliary care. Operating across Northern and Mid Devon under the name of 'Devon Cares' and aims to bridge gap between health and social care provision into people's homes.
- Significant progress on integrated health & social care provision across Devon County
- A strong track record of population engagement on community services

Primary care will be an integral part of our new care model. We will prioritise broader integration of primary care into the wider care system in order to address some of their immediate challenges, around workforce sustainability, capacity and scale, 7 day working, IM&T and estate.

GPs will continue to be very much at the centre of patients' care, coordinating and other clinicians and healthcare providers, as well as providing care directly to patients. Partnership with patients, as well as fellow clinicians, to optimise health and wellbeing will be extended, as will pro-active identification and subsequent management of illness, and in particular long-term conditions.

We want to ensure we have high quality and sustainable primary care services which are integrated with social, voluntary, mental health, community and acute care across Devon. Primary care provision will be developed form a significant component of the integrated care model.

We recognise the need for practices to collaborate more formally than has been typical in the past, and we will provide support to make this happen, including investing in IM&T systems, workforce sustainability and premises where return on investment can satisfactorily be demonstrated. We will continue to commission integrated pathways of care that shift the focus of care from a bed-based model to one that is primary and community care focussed, and realign funding to enable this to happen.

We are developing a high level integrated primary care strategy for the STP that is capable of addressing the key challenges faced by primary care and incorporating the expectations of the GP Forward View. This will need to be translated at a local community level to agree changes that will respond to the varying needs of local communities and their different starting points. Whilst there is a significant focus on general practice we will also develop plans to better integrate other primary care providers especially pharmacy and optometry.

Engagement is key and we are working closely with both our CCG commissioning GPs and primary care provider representatives to co-design a sustainable future for the primary care sector that can make a vibrant, high quality and material contribution to our vision for fully integrated care.

The South Devon & Torbay Primary Care Strategy has been informed and supported by a Primary Care Stakeholder Survey. This sets out plans to proactively meet the challenges of future development including:

- Access and 7-day a week delivery
- Stakeholders and professional reputation
- Collaboration
- IM&T infrastructure
- Workforce sustainability
- Voluntary and third sector
- Education and leadership development
- Self-care
- Premises
- Patient and public participation
- Unplanned care
- Prescribing and medicines optimisation
- Funding flows
- Quality

The Northern, Eastern and Western Devon Primary Care strategy is in development. The priorities are first to support practices to work at scale, to work together and plan change together, working as part of a transformed multi-disciplinary fully integrated workforce. The CCG is working to overcome contractual and infrastructure barriers to better enable this.

In NEW Devon we need to build on the plethora of good practice but small in scale changes already in place to create a consistent and coherent set of change plans across the area.

We are working across the STP footprint to ensure that we make best use of the additional funding available to support the GP Forward View. We are aligning supported initiatives to specific local primary care challenges and our evolving integrated care model. We will support a programme of (consistent) shorter term and small scale service change and improvement at practice level to build capability and engagement and to help provide some immediate solutions to the most pressing issues.

We will work towards delegated commissioning to ensure change plans can fully align with the STP.

The national *Five Year Forward View for Mental Health* has set out the case for transforming mental health care across England by putting mental and physical health on an equal footing. There are benefits to this approach for people using mental health services and for the health and care system.

National priorities for all STPs are:

- High quality 7-day services for people in crisis
- Integrated approach to the delivery of physical and mental health care
- Promoting good mental health and preventing poor mental health
- Ensuring arrangements are in place for good mental health care across the NHS - wherever people need it

Our *Case for Change* highlights the fact that mental illness is relatively common in Devon and that people with serious mental illness experience poorer health outcomes than the general population. It also identifies the need to prioritise high quality and accessible services for people with a mental illness - especially those who also have poor physical health - as well as prioritising the mental health needs of people with a physical health need. In addition more needs to be done to prevent mental illness and promote mental wellbeing. However, much less money is spent on mental health (when out-of-area placements are excluded) in Devon than in other similar areas of the country, and services are not as comprehensive as they need to be to ensure the best outcomes for people.

We believe that mental health should have equal priority with physical health and that everyone who needs mental health care should get the right support, at the right time. We have included mental health throughout our STP - in terms of prevention, integrated care and specialist services – so that mental health is an integral part of our system. We will design and deliver clear pathways of care that meet people’s mental and physical health needs. We have developed a set of local priorities to transform mental health care in Devon and these, along with the national requirements, will be addressed through our transformation programme.

1. Ensuring safe and sustainable services and addressing gaps in service provision

Clear, evidence-based pathways of care will be established for all main mental health conditions – from prevention and primary care through to secondary care, specialist care and supported recovery.

The interface between primary and secondary care will be transformed so that people can have the most appropriate care in the right setting.

Mental health will be an integral and equal part of the new model of care in order to ensure improvements in the wellbeing, support and experience of people with dementia and their carers in wider Devon.

We will strengthen plans for suicide prevention and publish our plans in accordance with national requirements.

2. Making acute and crisis care more resilient; 24 hours a day, seven days a week

We will create a more effective and robust care pathway for people experiencing a mental health crisis. We will ensure sufficient Crisis Resolution and Home Treatment Team capacity and effective step-up and step-down options to ensure that we can provide alternatives to hospital admission and ensure discharge from hospital is timely.

We will develop greater community resilience to support people with mental health needs, for example through increasing the availability of peer support programmes.

We will set out a plan of service development and improvement to achieve these aims. This will be agreed and regularly reviewed against a set of performance indicators.

3. A life course approach to care

We will develop a mental health outcomes strategy that prioritises prevention, early intervention and recovery across wider Devon that will create a framework for achieving:

- A seamless and integrated experience for everyone, regardless of their age
- Access to mental health services that are timely, proactive and effective
- Empowerment and self-help as essential principles of a remodelled mental health system
- Commissioning additional Individual Placement Support roles for those with severe and enduring mental illness
- Delivering integrated physical and mental health services

4. Achieving equity of access and national standards

We will achieve equitable access to mental health services that meets national standards for people across wider Devon, including:

- Treatment for Children and Young People
- Access to perinatal mental health support
- Early Intervention in Psychosis
- Increased access to Psychological Therapies
- Diagnosis of dementia and effective support through regular care plan reviews
- Annual physical health checks
- Access to Individual and Placement Support to find employment
- Core 24hr psychiatric liaison services where needed
- Meeting urgent care response standards
- Further reduction in out-of-area placements and care

6. Recruiting and retaining staff

Enabling health and care staff in the wider workforce to meet people’s mental health needs with the appropriate support of mental health professionals .

Creating a balanced and flexible workforce, of the right size and with the right skills, that is well led and appropriately rewarded.

Embedding a health and social care system in which mental health and learning disability are everyone’s business.

5. Treating people with complex care needs in Devon

Enhanced expertise, services, and facilities in Devon that meet people’s needs locally and reduce placements out-of-area:

- Reducing the number of people receiving specialist mental health care out-of-area; improving provision for intensive rehabilitation and specialist dementia care; improving s117 aftercare commissioning and enhancing community pathways to maximise recovery or provide onward support following hospital admission
- Extending clinically-led individual placement commissioning and considering models of provision needed to return people to Devon
- Piloting a commissioning model for specialised Secure Care and identifying opportunities to shift resources from hospital care to community pathways, aligned with Transforming Care Partnerships
- Commissioning specialist community eating disorder services and ensuring that commissioners and providers join the national quality improvement and accreditation network for community eating disorder services (QNCC ED)

7. Increasing access to mental health support and services for children and young people

Working with our schools and Local Authorities to develop systems that support emotional wellbeing, resilience and positive mental health whilst transforming the delivery of mental health services for children and young people through our CAMHS transformation plans.

We want people in Devon with a learning disability to live well and we are developing an

Drivers behind our work in the field of learning disability include:

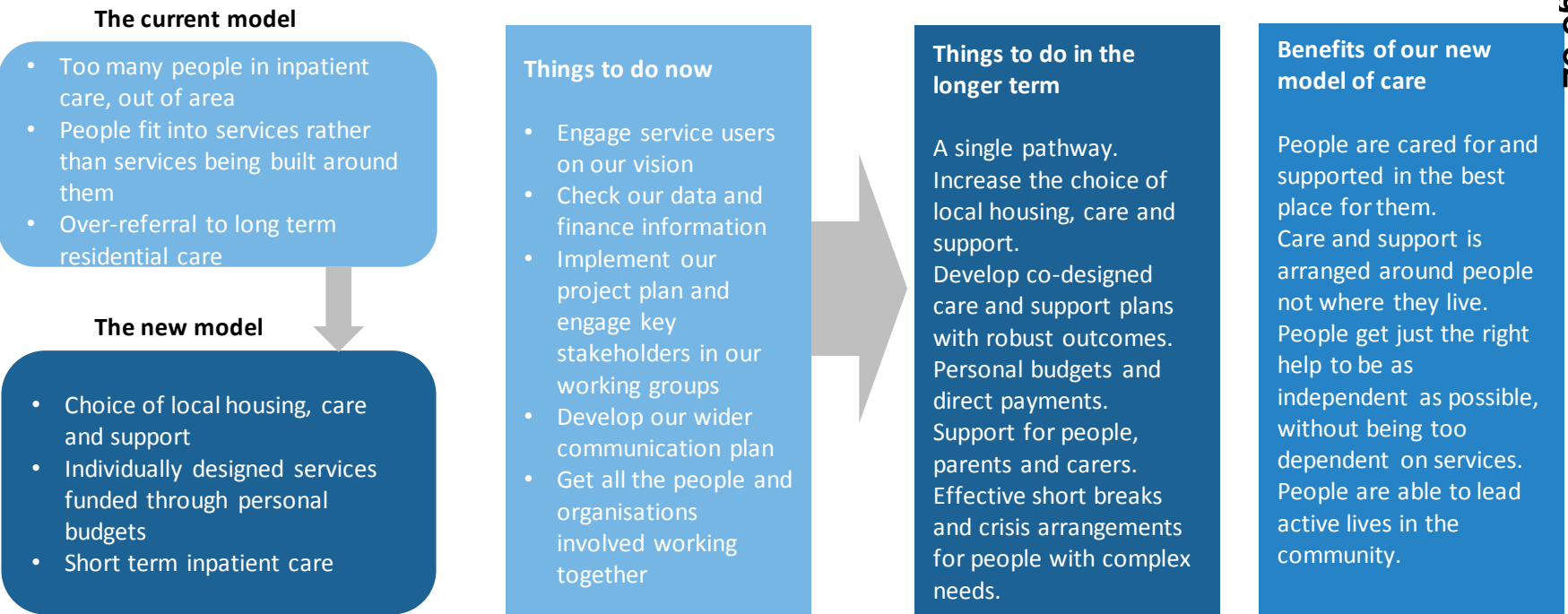
- 1 Tackling health inequalities: The Confidential Inquiry into the Premature Deaths of People who have Learning Disabilities (CIPOLD) in 2013 showed that on average “women with a learning disability were dying 20 years before women in the general population and men, on average, 13 years earlier.”
 - ▶ In order to address this we have developed nursing liaison roles across primary, acute and neurological services, however we need to ensure that as a community of health and social care providers we have a legal and moral duty to consider the needs of this population **in all our plans and pathways** and make the reasonable adjustments required to help people access the services they need.
- 2 There is a need across all commissioned services to maximise the independence of people who have a learning disability. Furthermore we need to support opportunities for people to develop real friendships that will reduce the number of people experiencing loneliness.
 - ▶ This can be achieved through more robust outcomes based commissioning that utilises reviews to help set new goals to help people to progress.
- 3 Transforming care for people who have a learning disability and/or autism who have behaviours that challenge. This aims to bring people placed in hospital back into the community, prevent admissions to hospital, and to make sure that people have every opportunity to live a good life
 - ▶ In order to address this we have developed a new Transforming Care plan that spans the whole STP area and **also includes children and young people**. In order to make sustainable change happen action needs to be undertaken in a number of areas.

Our vision is to create a place where children and adults with a learning disability live in the community of their choice, with the people they want, and with the right support, and are happy, healthy and safe

This plan is for people of all ages living in Devon, Torbay and Plymouth who have a learning disability and / or autism, who display behaviour that challenges, including behaviour from a mental health condition

We are succeeding when:

- All people placed out of the area are returned to their own community
- No-one remains in hospital for longer than they need to be
- People and their carers have a better quality of life and are helped to be as independent as possible
- All people on our risk register have been offered a personal budget and have an individually designed service
- There is a lifelong pathway for people
- We have a range of providers offering choice to people who have their own budgets



We understand that transforming mental health care in Devon and addressing our priorities will require additional resources. National guidance requires an increase in baseline spending on mental health by at least the overall growth in allocations in order to deliver the Mental Health Investment Standard.

In order to make a start toward increasing resources and improving access to services, mental health services in Devon have been proactive in securing additional revenue and capital funding through national funding opportunities such as: increasing access to psychological therapies, and improving health based places of safety for people experiencing mental health crisis.

In order to secure and then sustain the priorities for improvements in mental health care in Devon we will through our STP:

- Review our spending on mental health services as a proportion of the total system
- Review how we currently use our resources to ensure they are directed toward evidence based and effective interventions, providing supporting at an early stage and ensuring safe and sustainable services.
- Realise the benefits of increasing mental health interventions that reduce activity in other parts of the system, such as reduced attendances, admissions or length of stay in hospitals, and reinvest these savings to continue to fund these enhanced mental health services in future.

Priority 5: Acute hospital and specialist services

- The NEW Devon case for change identified concerns about quality and/or sustainability of some acute hospital and specialist services. It prioritised stroke, maternity, paediatrics and neonatology and emergency and urgent care for urgent review. A similar analysis undertaken in Torbay and South Devon confirmed similar priorities for review.
- Medical leaders in Wider Devon also identified a number of clinically and financially vulnerable services where clinical sustainability was causing some concern. The causes of this vulnerability can include national staff shortages or low patient numbers, which make it difficult for clinical staff to keep their skills up to date and where action may be necessary to maintain reliable services.
- An overarching programme for the review of acute and specialist services has been established. The programme will be led by the STP Clinical Cabinet chair and a nominated Lead Chief Executive. The objectives of the review will be to optimise the quality and timeliness of acute hospital and specialist care by making services more resilient with better outcomes and improved affordability. This will allow us to meet the increased demand for hospital-based services and support services – does this need clarifying so it doesn't contradict earlier statements about not needing so much hospital inpatient capacity?
- The unique geography of Devon will not limit access to time critical services and that proposed changes are affordable within the allocated system funding

The services prioritised for review in the first phase of this programme are:

- Stroke services (including hyper-acute and stroke rehabilitation).
- Maternity (including consultant-led and midwife-led care), paediatrics and neonatology, to be reviewed together given their inter-dependency.
- Urgent and emergency services, focusing particularly on the acute hospital provision of accident and emergency and co-dependent services.

The 'vulnerable' services for review include:

- Breast services (surgery and radiology)
- Ear, Nose and Throat
- Interventional radiology
- Histopathology
- Neurology
- Interventional cardiology
- Vascular surgery

Scope and content of subsequent phases is currently being developed

Specialised Commissioning - services currently commissioned by NHS England

- Leaders within the wider Devon STP recognise that unifying a commissioning approach to services with Specialised Commissioning is critical to a sustainable Plan over the next five years. Both CCGs are exploring how specialised services can be commissioned differently to integrate pathways, develop local service alternatives and to crystallise opportunities for consolidation as part of reconfiguration plans
- Specialised Services within the South West Peninsula are delivered in a number of Trusts. The transformation programme for specialised services will be integrated with the Devon STP acute and specialist services review work programme
- Plymouth Hospitals NHS Trust will be the lead centre for trauma, cardiac surgery, neurosurgery and level 3 neonatology in the STP footprint
- For specialised mental health the aim is to:
 - eliminate unnecessary admissions out of the South West of England
 - establish a South West tertiary mental health care models pilot with budget circa £70m (this will be undertaken as part of the mental health work programme)

Reinvestment and collaboration

- The STP partners will seek permission to develop plans that would reinvest specialised commissioning efficiencies where our plans control demand and produce service alternatives that reduce demand for specialised interventions
- We will also work in conjunction with national and regional service networking arrangements to develop, share and implement best practice and align our plans as appropriate across neighbouring STP areas – for example, Cancer Alliance, strategic clinical networks; urgent & emergency care network.

Objective

Each provider has had their pay and non-pay costs and spend benchmarked against similar sized and types of NHS organisations. This has enabled us to identify with a view to implementing productivity opportunities across providers in Devon.

Expected impact

- Significant reductions in pay and non-pay costs by 2020/21 across four providers in Devon (RD&E, Plymouth, NDHT, T&SD)
- Achieve operational productivity as good as top quartile performers in provider peer groups

Key workstreams

- Improving **Pay** productivity within
 - Medical staff
 - Nursing staff
 - Scientific, Therapeutic & Technical (ST&T) staff
 - Other non-clinical staff
- Improving **Non – pay** productivity within
 - Clinical supplies and drugs
 - Estates
 - Agency

Milestones

- High level productivity opportunity agreed by Finance Working Group (FWG)
- Providers to reconcile with Carter benchmarking analysis and to develop plans to target opportunities

Team

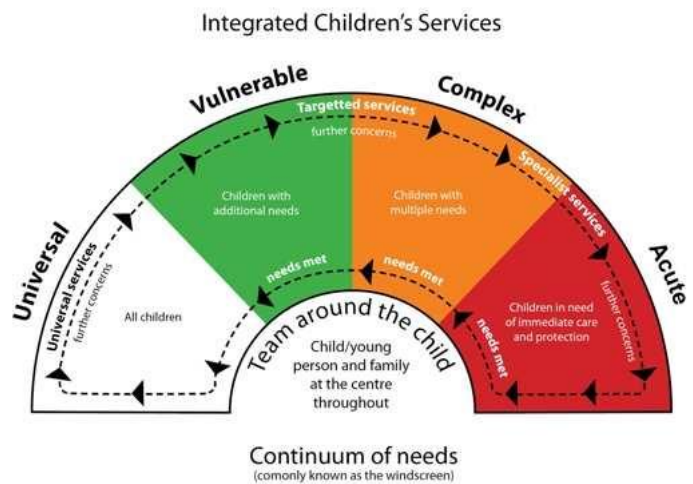
- Finance Working Group
 - consists of Directors of Finance from all providers in STP
 - chaired by Andy Robinson, STP Director of Finance

It is our aim to ensure we are ‘doing the right thing at the right time’ to support children, young people and families (CYP) across wider Devon. Support is area-based, seamless and has an integrated pathway approach that builds resilience and early support to CYP and their families. To do this we need to:

- Help families and practitioners understand and access Early Help in their community.
- Ensure that children and young people are able to access whole person support in the right place throughout their journey. This means ensuring that staff have the best skills to help them to thrive and to provide support through key transition points.
- Ensure that children and young people stay healthy, with intervention starting earlier, both in terms of access to the right people who have the skills and of expertise to their support needs.
- Commissioners and providers will co-produce a model of care across universal and specialist services that spans health, social care and education; and ensures that adult and children’s services work together to prepare young people for adulthood.
- Ensure that mechanisms are in place to enable effective communication, sharing data and enabling timely access to the right pathway.
- Strengthen access to senior paediatric expertise, linked to GP practices, for urgent and non-urgent needs.
- Provide a rapid access clinic for non-emergency cases, led by paediatricians.
- Triage quickly and effectively to ensure that children and young people can access the right care appropriate to their needs and in doing so avoid unnecessary attendances and admissions whilst ensuring that their parents/carers also receive appropriate support.

We know that some CYP may need more targeted and specialist support. Therefore we need to:

- Ensure that our consistent arrangements also comply with statutory responsibilities for children with Special educational needs (SEND) their parents/carers and also young carers.
- Provide a local offer available for children under the SEND reforms, that enables them to achieve the outcomes and goals identified through their ECHP. We must support children and young people, including those with complex needs and the most vulnerable, with multi-agency co-ordinated care, as close to home as possible.
- Support children and young people with emotional well-being and mental health services in supportive communities that can build resilience and that provide access to early help that delivers prevention and early intervention. Transformation of CAMHS will ensure timely crisis responses; specific pathways for eating disorders and self-harm; specific support to cared for children.
- Evidence effective transition planning for children and young people and their families, offering more personalised care through the use of Personal Budgets.
- Facilitate access to health assessments for children in care and services which are responsive to their needs; ensuring that we are safeguarding these vulnerable CYP.



1. Workforce
2. Communications & engagement
3. Estates
4. IM&T

Opportunities

The creation of employment opportunities are key drivers of health, wellbeing, economic growth, resilient communities and the delivery of quality care. Our new models of care will create the opportunity to think and work differently, creating a flexible workforce across health and social care which is capable of responding to the changing needs of people and to address many of the problems our staff and service users currently describe.

Our workforce strategy also creates the opportunity to work with schools and colleges as well as our traditional links with universities to create new roles such as care apprentices creating more career opportunities and choice for young people locally . The STP area is one of 11 national pilot sites for the new assistant nurse roles: 76 places will be available from January 2017. This innovative scheme is the only one in the country which had included the care home sector in the pilot.

Implementation of the proposed changes in this Plan will have a major impact on the existing workforce. Our workforce will be supported to develop new skills and capability. Initial analysis indicates:

- Re-provision of up to £60m per year to deliver the new care delivery arrangement interventions could provide for between 1,000 and 1,500 redesigned roles, representing retraining of 4 - 6% of the current workforce or recruiting new staff.
- High-level estimates indicate a requirement for 900 staff to undertake different roles (these were based on traditional roles and ways of working, and require development) and many of these roles would be filled by staff relocating their work and expertise from existing services.
- Significant training and support will be needed to as staff move to new roles, working in new ways in the new models of care. An extensive OD programme is being established to underpin these changes.
- There will be challenges in recruitment in several areas such as domiciliary workers, social workers, health care assistants, primary care and senior medical staff in small specialties.
- Primary care workforce development is a key area for attention given the Devon GP age profile and the key role primary care will play in our future integrated model of care.

▶ Workforce leads in all the partner organisations in the STP are working together to address these issues and have developed this high level shared system-wide work plan.

- Produce an agreed strategic workforce Sustainability Transformation Plan (STP) which addresses the priorities identified that spans 10 years ahead but focus on the medium to five year plan.
- Build and develop key relationships with the agreed workforce representatives from across the whole system in an ongoing way to achieve effective engagement, understanding and collaboration in delivering the workforce objectives
- Systems leaders will ensure sign-up to an implementation plan, with clearly identified achievable steps informed and agreed by the models of care and clinical cabinet, tested and assured through agreed modelling.
- Ensure workforce plans encompass the whole system for the long-term with the vision of the future integration landscape described and workforce mapped
- Agree and deliver system workforce benefits, for example, by exploring a joint values-based recruitment and retention strategy (one Devon, one workforce) that is inclusive across all statutory organisations with a focus on maximising use of the local labour force
- Explore opportunities for flexible education packages and career pathways which enable hybrid roles which can rotate within all partner organisations, working as required to support new care models (for example an Integrated Apprenticeship programme)
- Develop system wide approaches to shared flexible staff learning interventions prioritising initiatives that deliver greatest benefit to staff and patients.
- Set up and roll out pilot for assistant nurse role
- Develop the Community Education Provider Networks (CEPN) to plan inter-professional learning (with support from Academic Health Science Network)
- Develop systems that ensure Education and continuing professional development is accessible to the whole workforce
- Consider development of shared broad based integrated training delivery opportunities (e.g. key common statutory training) across partner organisations that improve scale and efficiency of provision.
- Share best practice in care delivery practice that will support the existing workforce to implement the new care model
- Maximise the impact of the new employment deal by working collaboratively across the STP on its implementation

In a change programme of this size, scope and length it is critical that staff, patients, public and stakeholders understand the context, purpose and benefits of any change as well as feeling able to influence and be involved in the decision-making process.

	Current focus	Key achievements to date
Strategic	<ul style="list-style-type: none"> Development of a system-wide stakeholder communications and engagement plan to support delivery of the STP Provision of expert SC&E advice to STP Programme Board informing strategic approach Representation from three Healthwatches to advise on public engagement at Programme Board Development of strategic narrative and key messages aligned to, and reinforcing the Devon vision Patient and public involvement assurance mechanism in place via NEW Devon Patient and Public Engagement Committee and SD&T Engagement Committee Developing approaches to co-production / planning with citizens and communities 	<ul style="list-style-type: none"> ✓ NEW Devon case for change launched in February to more than 10,000 staff and public ✓ Widespread and extensive SD&T engagement in developing new model of care for community services ✓ A growing awareness of the need for change by the public and staff ✓ Key stakeholder events held in Plymouth, Torbay, Barnstaple and Exeter ✓ Flow of feedback from events influencing the development of STP vision and approach. SD&T survey informing IM&T and wider primary care strategy implementation
Tactical	<ul style="list-style-type: none"> Embedding SC&E within each STP Working Group (eg: the Clinical Cabinet) Establishing the governance structure to monitor delivery of SC&E Plan (including resourcing) Development of core SC&E processes, channels and protocols – ensuring consistency, evaluation and use of feedback received Stakeholder mapping and analysis 	<ul style="list-style-type: none"> ✓ Health and wellbeing scrutiny, Health and Wellbeing Boards and Member of Parliament briefings commenced ✓ Public and patient representatives influencing design of new models of care ✓ Clinicians and SC&E team co-designing/delivering communication and engagement activity ✓ Increased alignment of SC&E across New Devon and South Devon CCG footprints
Operational	<ul style="list-style-type: none"> Patient and public engagement working with clinicians on STP groups Weekly internal communication channels established Media protocol in place Daily calls between commissioner and provider comms leads 	<ul style="list-style-type: none"> ✓ South Devon and Torbay CCG completed a nine month engagement programme which informed the “Into the Future” consultation proposals, published on 31 August ✓ NEW Devon CCG launched a formal consultation (7 October 2016) on proposals to achieve consistent, integrated community services. ✓ Stakeholder engagement forum event held on 20 October

Strategic Aim	Provide a transformed and innovative estate portfolio which delivers excellent, quality, well maintained and economical buildings and facilities which are efficient and responsive to the changing needs of the new model of care population and local communities of Devon.			
Strategic Objectives	Economical and Efficient Estate	Transformed and Innovative estate portfolio	Well maintained and Responsive	Excellent and Quality Environment
	Support the on-going viability of the NHS by minimising the cost of property and waste and by maximising commercial opportunities for income generation and the use of one public estate.	In collaboration with local communities and partners, deliver changes to the estates portfolio to facilitate the delivery of the integrated service model.	Deliver a safe, statutory compliant and responsive estate by utilising new technologies, innovation and best practice to transform the way Facilities Management (FM) services are delivered.	Invest available resources wisely, delivering an environment of the highest possible quality to maintain the quality of services.

	Drivers for Change	Estates Plans/Solutions
1.	Delivery of the new model of integrated care and reduced need for bed based care. Developing mental health care services, fully integrated with primary and acute care services.	Build on the Local Estates Strategies (LES) by developing a system wide estates strategy. Disposal of poor quality buildings and re-investment in new and re-configured buildings to provide community multi-disciplinary centres and local health and well-being centres. Smaller acute Hospitals
2.	Future population increase and provision of services at the heart of the community.	Locally based affordable rural services with integrated General Practice and community care, provided through multispecialty centres. Partner working and co-ordination between NHS and Local Authorities, to forward plan effectively, and release land to create new opportunities for housing. New Care facilities and building in town centres linked with re-generation.
3.	Pockets of deprivation, levels of high-risk behaviours and multiple conditions.	Re-use of existing estate for preventative and public health services.
4.	Vanguard deliverables.	Development of urgent care centres (and, potentially, new locations).
5.	Ageing population – increased pressure on the whole care system.	Increased private sector care home provision and use of telemedicine to reduce face-to-face appointments. Co-located facilities and partnership working with voluntary services.
6.	Meeting the challenges of the General Practice Forward View (GPFV), the Five Year Forward view (5YFV) and System Transformation Plan (STP). Delivery of the Lord Carter review.	Development of health hubs with GPs operating at scale and within multi-disciplinary centres. Fewer individual GP practices and development of new estate and conversion of existing estate to deliver fit-for-purpose facilities. Partnership working to develop a system wide plan for 'One Public Estate' Reducing the cost of the estate; rationalisation of leases, disposal of buildings in poor condition. Partnership working across all sectors in the region to deliver upper quartile EFM performance, and reduction in running costs. To include new and different funding models and commercial partnership
7.	Reduced Capital resources for investment in the estate	Make use of capital received from disposal of assets for system-wide re-investment in new buildings and facilities to support the re-configured service model.

Implementation of the proposed new care model requires new ways of working which will be enabled through technology and information sharing. Data and digital technology has the power to support people to live healthier lives and be less reliant on care services, as well as ensuring the provision of health and care is both high quality and sustainable. A local digital roadmap has been developed in collaboration with Kernow STP and sets out the shared vision, goals and plan required to deliver health and social care IT solutions across the South West Peninsula. To achieve this ambition locally there are four key areas of focus namely:

- Build the foundations: health and care organisations need to reach digital maturity
- Leverage the capability: connect all the digitally mature organisations
- Leverage existing capabilities: identify what can be achieved ahead of 2020
- Exploit the opportunities: enable citizen access.

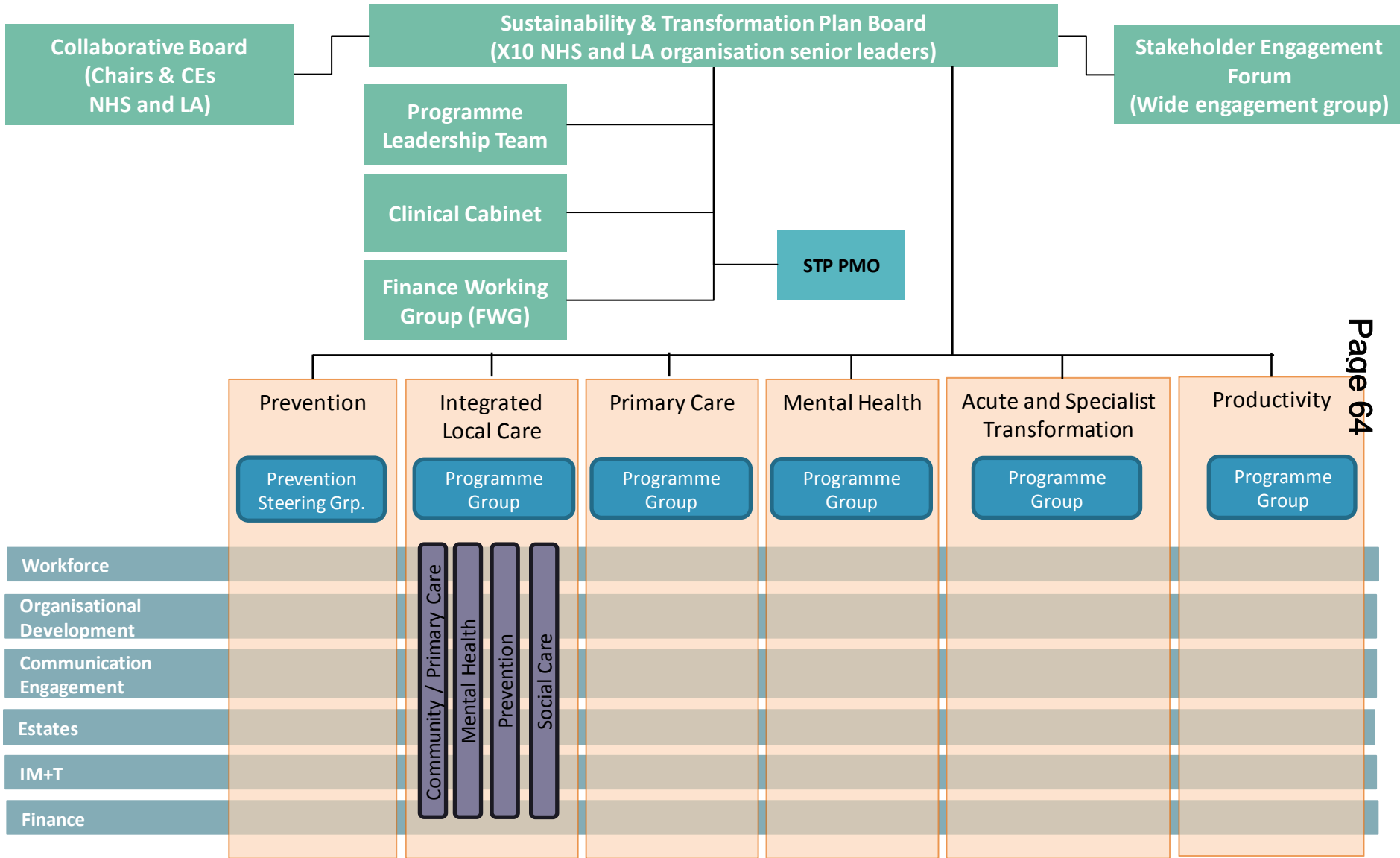
Good progress is being made in terms of sharing the GP record in accordance with robust information sharing agreements.

The next three areas in the local digital roadmap considered to deliver greatest alignment and impact on the seven priorities are:

1. Delivery of the integrated digital health and care record
2. Shared care plan
3. Supporting self care/prevention, including the patient held portal.

These will require significant additional resourcing over and above the current allocation.

STP priority	Digital maturity	System wide bed management	Integrated digital record	Self care	Information Sharing Framework	GP record availability	Child protection information system	Secure email (care homes)	Virtual consultations	Secure hotspots for health and care workers	End of life wishes & shared care plan patient portal
Prevention				✓	✓			✓			
Care Model		✓	✓	✓	✓	✓		✓		✓	
Primary care				✓	✓	✓					✓
Mental Health			✓	✓	✓	✓			✓	✓	✓
Children & young people	✓		✓		✓	✓	✓		✓		
Acute hospital and specialist care	✓	✓	✓		✓						
Productivity	✓	✓	✓		✓						



PLYMOUTH CITY COUNCIL

Subject:	The Council's Corporate Plan monitoring report and Commitments progress report
Committee:	Cabinet
Date:	6 December 2016
Cabinet Member:	Councillor Ian Bowyer
CMT Member:	Giles Perritt, Assistant Chief Executive
Author:	Alan Knott, Performance and Research Officer
Contact details	Tel: 01752 307348, email: alan.knott@plymouth.gov.uk
Key Decision:	No
Part:	I

Purpose of the report:

1. To report progress against the ambitions as set out in the Council's Corporate Plan 2016-19. This report provides a narrative summary of progress against the Council's ambitions as a Confident, Growing, Caring and Pioneering Council and is supported by a set of performance indicators which measure progress against specific targets. The Corporate Plan 2016-19 was agreed by full Council in September 2016. This report reflects progress made during quarter 1 and quarter 2 of 2016/17 (April – September 2016).
 2. To describe progress to date against the Council's Commitments. This report provides a narrative summary of progress being made against each of the commitments made by the Council following the election in May 2016.
-

The Corporate Plan 2016 - 19:

This report outlines progress against the ambitions as set out in the Council's Corporate Plan 2016-19.

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

The Council adopted a Medium Term Financial Strategy for 2017/18 to 2019/20 in November 2016, with requirements and resources based on delivering against the vision and themes set out in the Corporate Plan. The Corporate Plan allows the council to continue to manage its commitments within the revenue and capital envelope agreed.

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

The Corporate Plan complements the Council's existing policy framework with respect to the above.

Equality and Diversity

Where potential equality and diversity implications are identified from the implementation of any new activities arising from the Corporate Plan, assessments will be undertaken in line with the Council's policies.

Recommendations and Reasons for recommended action:

- Cabinet to note the Corporate Plan Q1 & Q2 monitoring report and Commitments progress report.
-

Alternative options considered and rejected:

None:- This report forms part of the Council's agreed performance management framework.

Published work / information:

[Corporate Plan 2016-19](#)
[Working Arrangement 2016](#) (item 14)

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert references of Finance, Legal and Monitoring Officer reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin		Leg	DVS26 824	Mon Off	DVS26 824	HR		Assets		IT		Strat Proc	
Originating SMT Member: Giles Perritt													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

PIONEERING PLYMOUTH

We will be innovative by design, and deliver services that are more accountable, flexible and efficient.

Most Pioneering Themes indicate they are on target to support the Pioneering objective achieve its outcome. This is supported by the majority of outcome measures both improving and meeting their respective targets. Our transformation programme has been successful with customer engagement and improved digital services. Furthermore the return on investment for commercial properties evidences excellent value for money. The 2016/17 revenue budget is being actively managed with a reducing overspend forecast from Q1 to Q2.

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.

Every Growth Theme indicates it's on target to support the Growing objective achieve its outcome. This is supported by the majority of outcome measures both improving and meeting their respective targets. Most notably we have a city with more homes, more jobs and an increasing population, the majority of whom have more formal qualifications than last year.

CARING PLYMOUTH

We will work with our residents to have happy, healthy and connected communities where people lead safe and fulfilled lives.

The majority of the Themes that support the Caring objective are on track, and the majority of measures are either improving or achieving target. The adult safeguarding improvement plan continues to make good progress although there is some slippage in terms of the delivery of actions. The Plan for Sport is on target for delivery, whilst performance pressures remain in relation to delayed transfers of care and the prevention of homelessness.

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.

All Confident Themes indicate they are on target to support the Confident objective achieve its outcome. However, some of the outcome measures have not met their targets, particularly engagement with residents. However, recent consultation with residents over budget pressures returned one of the biggest resident response rates ever received, contributing significantly to budget setting policy. Further work is underway to rationalise the Council's approach to seeking residents' views.

PIONEERING PLYMOUTH

OUTCOME

Enable quality services that are recognised as innovative; achieve value for money and exhibit an embedded customer focus.

OUTCOME MEASURES

PRIORITY ACTIVITY

97% Occupancy Rate in PCC buildings. Target is to achieve and maintain a high level of occupancy above 95%.

7.5% return on commercial estate investment. Target is 5% avg. (PA) return for all assets held purely for investment income.

21% of adults in the city volunteer once a month.

75% of Customers are satisfied with council services – achieving the target set for 2015/16.

Quality services focused on customers’ needs – digital accessibility. The Customer Service Transformation (CST) Programme and People and Organisational Development (P&OD) merged in order to align objectives and outcomes to deliver quality services focused on customers’ needs. The merged programme will improve access to services, enable more efficient and productive service delivery and creating common ways of working. The programme has delivered a digital project which has: Launched a new interactive and user-friendly website; Released a total of 45 self-service processes; Had over 5000 registered users on the new website who have undertaken 20,000 transactions.

Quality services focused on customers’ needs – Cemetery facilities fit for the future. The project has moved into the design phase to support the development of a sustainable service for the future,.

Best use of council assets – Deliver the medium term finance strategy. The draft strategy has been considered by both Scrutiny Committees, and was agreed by the Council in November 2016. It now incorporates the new risk register, highlighting the rising costs facing the Council, particularly in providing adult and children’s social care services as demand increases. The 2016/17 revenue budget is being actively managed with a reducing overspend forecast from Q1 to Q2. The 2016/17 revenue budget pressures are being actively managed.

Working constructively with everyone – Deliver the cities of service vision. The “making a difference for Mayflower 400” volunteering program was launched, recruiting 23 local businesses to provide a volunteer workforce.



97% occupancy in Plymouth City Council buildings



75% customer are satisfied with council services



7.5% Return on commercial estate investment



21% of residents volunteer once a month

GROWING PLYMOUTH

OUTCOME

We realise our full economic potential; outperforming the region by creating quality houses and jobs with a better educated and skilled population.

OUTCOME MEASURES

PRIORITY ACTIVITY

107,700 jobs in the city. The Target is in line with the Plymouth Plan, to increase the number of jobs in the city by 18,600 by 2031.

55 empty homes were brought back into use during 2015/16, a slight decrease from the previous year (68).

We added an additional 1061 new homes in the city in 2015/16. The Target is to deliver 5000 homes over 5 years. Plymouth exceeds the national average.

More than 85% of the city's young people are in education, employment or training.

Quality Jobs and valuable skills - Work with the Growth Board to deliver the Local Economic Strategy creating jobs and investment. The biggest inward investment in the city for over a decade has been agreed. 700 jobs will be created following a trade deal with Sitel. The multi-million-pound deal will see the business locate in the Ship building in Derriford. The city council has also been awarded local authority of the year at the South West Business insider property awards for being "open for business".

Quality Jobs and valuable skills – Work with the Employment and Skills Board (ESB) to deliver the Plan for Employment and Skills. The ESB has a new Chair and has been involved in adding members to the Board to represent each of the six Flagship programmes as well as key sectors of growth. A key piece of work for this year has been the review and development of a Science, Technology, Engineering and Maths (STEM) Plan: The STEM Strategic Plan. There are three key objectives; Grow, Keep and Attract STEM talent, and a communications plan is being prepared to achieve these.

Broad Range of Homes - Accelerate plans to bring empty homes back into use – We completed a review of all empty homes in the city. On 15 August 2016, we agreed a draft business plan which will propose how the £1 million of funding in the approved capital program will be spent on tackling empty homes faster.

Increased levels of investment -Take forward and deliver major development schemes. Current major planning application performance is 100% determined in time for 2016/17 (Q2). All applications have complied with the revised planning guarantee and the Council has been prioritising housing and commercial projects, working proactively with applicants to get schemes delivered. Plymouth Science Park is due for completion in 2016. Colin Campbell Court and a new high quality hotel for Plymouth Hoe have been marketed and the appointment of development partners will follow shortly.



1061 additional homes in the city



107,700 jobs



100% major developments determined in timescales



85% young people in education, employment and training

CARING PLYMOUTH

OUTCOME

Children, young people and adults live in healthy, safe and aspiring communities and are supported by a high quality health and care service for those who need it when they need it.

OUTCOME MEASURES

Nationally the number of delayed transfers of care has been increasing; however the local trend is an improving one. A comprehensive action plan is in place and is overseen by the Urgent Care Partnership.

The timeliness of single assessment continues to be strong with Q2 performance of 94.7%.

Levels of homelessness (and demand for homeless prevention) continue to rise; the first two quarters of 2016/17 saw statutory homeless approaches rise 18% compared to the 2015/16 quarterly average.

1,080 2 year olds are taking up free early education places.

PRIORITY ACTIVITY

Inclusive communities - Deliver the Welcoming City Action plan. Terms of Reference have been agreed. A steering group and action plan are in place and phase one is underway. A self-assessment leading to a peer assessment process is in place. This was presented at Scrutiny in September. Small grants have been awarded to diverse community groups and was well supported Hate Crime Awareness Week in October.

Keeping people protected - Deliver the Safeguarding Improvement Plan for Adults. The Plymouth Safeguarding Adults Board has agreed its priorities for annual review, and these are set out in the Board's strategic plan for 2016 – 19. There has been some slippage in the delivery of case audits to provide scrutiny of providers' safeguarding processes, however we routinely scrutinise every case for authorisation.

Keeping people protected - Deliver the Safeguarding Improvement Plan for Children. The Early Help Assessment Framework has been revised. Implementation and roll out has now begun, including quality assurance arrangements. There is improved access to intensive family support and continued evidence of positive impact of the Family Intervention Project, Family Group Conferencing and Intensive Support Team.

Focus on prevention and early intervention - Deliver the Plan for Sport. The Plan for Sport is currently in draft form and will provide the strategic direction for the development of sport in Plymouth. Key achievements to date include the adopting of the Plan for Playing Pitches and the drafting of the Sports and Leisure Facilities Plan.



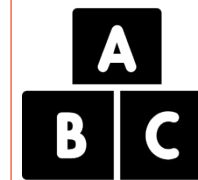
94.7% of child safeguarding assessment on time



94% say their long term adult social care package makes them feel safe



24,227 attended Sports Development activities in the first quarter of 2016/2017



1080 two year olds are taking up **free early education places**

CONFIDENT PLYMOUTH

OUTCOME

A city with an outstanding reputation where people choose to live, work and visit.

OUTCOME MEASURES

The city's population has increased by 0.2% to 262,172 (latest ONS 2015 data). This compares to the national increase of 0.9% and the SW increase of 0.86%.

The latest data reports the number of visitors decreasing but the annual target has still been reached with more than 4.9 million visitors arriving in the city.

77 projects benefited from non-council funding from both Plymouth Octopus Project and Lottery funding to the tune of £2,711,542 during 2015/16. A £1.9M increase over the previous year, but 3 projects fewer.

1.5% of city waste goes to landfill. A significant decrease compared to previous years.

PRIORITY ACTIVITY

Setting the direction for the south west. All 17 councils have agreed 'in principle' to the establishment of the Combined Authority and are working collectively to develop a Scheme and Governance Review.

Setting the direction for the south west - Continue to fight to secure better alternative rail and improved road links. The Peninsula Rail Taskforce continues to lobby MPs and key stakeholders using the principles of the 3 point plan through the All Party Parliamentary Group and lobbying events that have taken place over the last 6 months.

Council decisions driven by citizen need - residents help to inform Council priorities. A Budget engagement exercise has been undertaken to capture residents' views to gather insight in relation to the budget pressures faced by Plymouth City Council. Residents' views have been analysed and were considered at a joint scrutiny review on the 22nd September 2016. Recommendations from scrutiny will help to inform the MTFS going forward.

Improved Street Scene environment - Develop and deliver the Plan for the Modernisation of Waste and Street Services. Plans to modernise the way Plymouth deals with household waste and increase recycling in the city were considered by Corporate Overview Scrutiny Committee in October and were agreed by Cabinet in November. The report described the city's need to modernise its waste collections in order to reach targets for recycling and make sure services can cope with the expected rise in Plymouth population over the next 20 years.



Population **262,172**



4.9 million visitors



£2.7m non-council
funding to city
projects



1.5% waste to
landfill

PIONEERING PLYMOUTH

Priority Activity	Status
Quality services focused on customers' needs	On Track
Balancing the books	Some Slippage
New ways of working	On Track
Best use of Council assets	On Track
Working constructively with everyone	On Track

Outcome Measure	Direction	Target
Increase the uptake of digital services by our customers	Data available Q3	Target agreed
Maintain a high percentage of customers satisfied with our services	Declining	On Track
Maintain a high percentage of complaints responded to within timeframe	Improving	On Track
Increase in the (£m) value of income from commercial services	Data available Q3	Target agreed
Maximise ROI on each commercial estate investment	Data available Q3	On Track
Occupancy rates	Improving	On Track
Scrutiny is assured that partnership working is effective	Data available Q3	Target agreed
Residents volunteering at least once per month	Data available Q3	Target agreed

Priority Activity Status	Outcome Measure Direction	Outcome Measure Target Status
On track	Improving	On track
Some Slippage	Declining	Slippage
	Static	Target agreed (Baseline)

GROWING PLYMOUTH

Priority Activity	Status
Quality jobs and valuable skills	On Track
Broad range of homes	On Track
Increased levels of investment	On Track
Meeting future infrastructure needs	On Track
Green and pleasant city	On Track

Outcome Measure	Direction	Target
Increase the number of jobs in Plymouth	Improving	On Track
Increase the value of the City's GVA	Declining	Slippage
Increase in NVQ4 and above per head of population	Improving	On Track
Increase the number of higher level apprenticeship starts	Improving	On Track
Decrease in number of residents with no formal qualifications	Improving	On Track
Increase proportion of young people in academic years 12-14 who are in Education, Employment or Training (EET)	Improving	On Track
Deliver 5000 new homes over next 5 years	Improving	On Track
Reduce carbon emissions	Improving	On Track

CARING PLYMOUTH

Priority Activity	Status
Focus on prevention and early intervention	On Track
Keeping people protected	Some Slippage
Inclusive communities	On Track
Respecting people's wishes	On Track
Reduce health inequalities	On Track

Outcome Measure	Direction	Target
Improve safeguarding	Data available Q3	Target agreed
Increase 2 year olds taking up free early education places	Declining	On Track
Increase % of SEND in education, employment and training	Improving	On Track
Improve timeliness of single assessments	Improving	On Track
% of people who say services have made them feel safer and more secure	Improving	On Track
Increase % of people satisfied with adult social care services	Improving	On Track
Reduce Delayed Transfers of Care	Improving	Slippage
Number of households prevented from becoming homeless	Improving	Slippage
Reduce the number of category one hazards from homes	Declining	Slippage
Close the gap in life expectancy	Improving	On Track
Self-reported wellbeing – Reduce percentage with a low satisfaction score	Declining	Target agreed
Increase participation in sports activities	Improving	On Track

CONFIDENT PLYMOUTH

Priority Activity	Status
Council decisions driven by citizen need	On Track
Plymouth as a destination	On Track
Improved street scene environment	On Track
Setting the direction for the South West	On Track
Motivated, skilled and engaged workforce	On track

Outcome Measure	Direction	Target
Increase in population	Improving	Slippage
Increase in visitor numbers	Declining	On Track
Increase in visitor spend	Improving	On Track
Local communities benefitting from non-Council funding	Improving	On Track
Increase the volume of residents registered to vote	Improving	On Track
Residents who are satisfied with Plymouth as a place to live.	Declining	Slippage
Residents who feel they can influence decisions (locality)	Declining	Slippage
City congestion is reduced below the national average	Declining	Slippage
Satisfaction with the condition of roads and pavements	Improving	Slippage
Improved recycling rates	Declining	Slippage
Less waste going to landfill	Improving	On Track
Reduce levels of fly-tipping	Improving	Slippage
Reduced rail journey times between Plymouth/London	Static	Slippage
Highly engaged Council staff promote the city and Council	Improving	On Track

The Council's Commitments 2016

No	Commitment	Key activities undertaken so far.	Progress
1	Provide more jobs, apprenticeships, and work experience opportunities	The biggest inward investment in the city for over a decade has been agreed. 700 jobs will be created following a trade deal with Sitel. The multi-million-pound deal will see the business locate in the Ship building in Derriford. The city council has also been named "local authority of the year" at the South West Business insider property awards for being open for business.	On target
2	Support the Trident replacement programme. We will fight to maintain jobs and investment in HM Dockyard and Naval Base	* Parliament agreed to renew the Trident weapon systems in Summer 2016. * Plymouth leaders are at the forefront of the city's lobbying campaign, including responding in strong terms to the proposed closure of Stonehouse barracks and the Citadel and seeking Government commitment to the long term future of HM Devonport Dockyard and Naval Base, as set out in the Royal Navy Devonport Vision for 2030, in order to safeguard the value to our local economy and underpin our overall marine offer.	On target
3	Campaign for fairer public health spending for Plymouth	Plymouth's Director for Public Health is a member of a national group that has been convened to look at how Business Rates could be used to fund the public health grant in future. A key challenge will be to ensure a fairer Public Health deal for Plymouth.	On target
4	Maintain the campaign for better rail links and protect the airport	<p>The Peninsula Rail Task Force (PRTF) continues to lobby MPs and key stakeholders using the principles of the 3 point plan (resilient and reliable, with faster journey times and better connectivity, with sufficient capacity and comfort) through the All Party Parliamentary Group. The PRTF has completed its 20 Year Plan "Closing the gap: The South West Peninsula strategic rail blueprint" which was presented to the Secretary of State in November. Since the initial report published in 2015, the PRTF has undertaken extensive studies with partners Network Rail, the Department for Transport, Great Western Railway and the University of Plymouth to look at ways to achieve our aims. The PRTF, through this work, is now able to set out its immediate priorities up to 2019 and medium term priorities up to 2029:</p> <p>The PRTF's message to Government is plain: there must be real enhancements to our rail network, improving existing provision. Whilst the rail network cannot be transformed overnight, the PRTF's report shows how the decades of underinvestment must be tackled, starting from now."</p>	On target

5	Continue to deliver more homes for local people on suitable sites	We continue to focus on new homes delivery on the 33 City Council sites released under the Plan for Homes to deliver a range of new and affordable homes; six sites have been completed, eight are under construction and eight are due to start on site by December 2016. We are awaiting the outcome of our Starter Homes Proposal to DCLG that will support our plans to acquire identified stalled and lapsed sites to further increase and accelerate delivery. With over 1000 homes under construction as at April 2016, we are on target to achieve our commitment of 5000 homes over five years.	On target
6	Actively pursue and bring forward plans to regenerate Colin Campbell Court	Colin Campbell court has been marketed and the appointment of development partners will follow shortly.	On target
7	Seek a new high quality hotel for Plymouth Hoe	Marketing for a new high quality hotel for Plymouth Hoe has commenced, and appointment of development partners will follow shortly.	On target
8	Accelerate plans to bring more empty homes in Plymouth back into use	We have completed a review of all empty homes work in relation to this commitment. On 15th August 2016, we agreed the draft business plan which will propose how the £1 million of funding in the approved capital programme will be spent on tackling empty homes faster. This was reported to the City Council Investment Board on 13th September 2016.	On target
9	Prioritise development on brownfield sites	Brownfield site development has progressed by reviewing all plans for homes developments. Action has been taken to ensure quicker delivery. We are looking at driving forward the entire Plan for Homes sites to ensure that we focus on delivering the majority of new homes on previously developed, rather than green field, sites. With regard to City Council green field sites previously proposed for housing, these have been stopped.	On target
10	Review traffic light operations and tackle traffic bottlenecks to keep Plymouth moving	A thorough review has been undertaken of all traffic lights, junctions and locations where traffic signals could be removed. This has been accompanied by an extensive safety audit. Cabinet has refocused on projects that address priorities, thereby freeing up opportunities for funding our infrastructure priorities on the Eastern and Northern corridors. Cabinet has also reviewed all the existing projects to ensure that only schemes that help deliver the growth agenda in the Plymouth Plan are supported. (Helping deliver Policy 22 of the Plymouth Plan).	On target
11	Improve our pavements	The agreed virement from carriageways to pavements of £400K from last year is being spent on pavements improvement, repairing or replacing those in priority need. Going forward, a new funding bid is being prepared to ensure that this priority activity has resources to deliver expectations.	On target

12	Promote volunteering and recognise individual effort and personal responsibility	The “Making a difference for Mayflower 400” volunteering programme launched and recruited 23 local businesses to provide a volunteer workforce. Grow, Share, Cook was recommissioned in partnership with Plymouth Community Homes, and ‘Energy Champions’ has been picked up by Plymouth Energy Community via their successful Big Lottery Bid. There has been an increase in Right to Read volunteers. Early planning is taking place for a Diabetes volunteering programme with the CCG/Beacon Medical Group.	On target
13	Put customers and our local communities first	Budget consultation was undertaken with support from the Voluntary, Community and Social Enterprise sector (VCSE). The ‘Our Plymouth’ project, sponsored by city leaders, has now commissioned a provider for IT improvements in Civic Engagement. Octopus continues to support transformation projects, which have delivered more than £1 million in funding for the VCSE.	On target
14	Invite local residents to be more involved in council budget setting plans	An engagement exercise - ‘Time for Big Decisions’ - was undertaken in August/September to generate feedback from residents and other stakeholders about the difficult decisions to be taken to set the budget. Analysis of the results was undertaken and reported to scrutiny, and has been considered as part of the medium term finance strategy and budget setting process.	On target
15	Introduce a city wide initiative to tackle our growing littering problem	An Initiative scoping exercise has been undertaken with the Portfolio holder. Proposals have been developed and consultation has taken place with shadow members. Initiatives under consideration include a specific focus on enforcement. Replacement bins with larger capacity are already in place.	On target
16	Continue to support our voluntary, community, and social enterprise sector	We are currently scoping the process for re-commissioning infrastructure and funding support for the sector, to start in April 17.	On target
17	Freeze parking charges in the city centre until April 2017	Commitment has been secured to ensure that no charges are increased within this period.	On target
18	Keep council tax low and balance the books	Current projections indicate a potential overspend by year end 2016/17. Managing this position is a corporate priority. Part of this process includes delivering the medium term finance strategy (MTFS). The draft strategy has been considered by both Scrutiny Committees, and now incorporates the new risk register, highlighting the rising costs facing the Council, particularly in providing adult and children’s social care services as demand increases. The final version of the MTFS was presented to Cabinet and agreed by the Council in November 2016. To help keep Council Tax charges low, changes are being considered to the Council Tax Support scheme and residents’ views are being sought. Continuation of the current scheme as it is will be more expensive, which potentially means less money would be available for other vital council services.	Some Slippage

19	Produce an options appraisal to investigate the re-introduction of the "committee" system of governance in April 2017	The Constitutional Review Group has put in place an action plan that sets key milestones for delivery of this work over the next 6 months.	On target
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PLYMOUTH CITY COUNCIL

Subject: Draft Budget 2017-18
Committee: Cabinet
Date: 6 December 2016
Cabinet Member: Cllr Darcy
CMT Member: Lesa Annear
Author: Paul Cook (Head of Financial Planning and Reporting)
Contact details: Tel 01752 398633
paul.cook@plymouth.gov.uk
Ref:
Key Decision: Yes
Part: I

Purpose of the report:

Under the Council's Constitution, Cabinet is required to recommend the 2017/18 Budget to Council. This report is the next stage in preparing the Budget for 7 February 2017 Cabinet to recommend to 27 February 2017 Council.

The Corporate Plan 2016/19:

The 2017/18 Draft Budget sets out the resources available to deliver the Corporate Plan.

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

The resource implications are set out in the body of the report.

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

The 2017/18 Draft Budget provides the maximum resources achievable to address key policy areas.

Equality and Diversity:

A full equalities impact assessment is attached.

Recommendations and Reasons for recommended action:

1. That the proposed revenue budget is presented to scrutiny committees in January 2017;
2. Members and officers continue to work on solutions in order to close the existing budget gap in 2017/18 in order to present a balanced budget at Full Council in February 2017;
3. Cabinet consider findings from consultation, feedback from scrutiny committees and any material changes announced in the final settlement for Plymouth City Council in early February 2017.

Alternative options considered and rejected:

There are no alternative options.

Published work / information:

[Medium Term Financial Strategy 2017/18 – 2019/20](#)

Background papers:

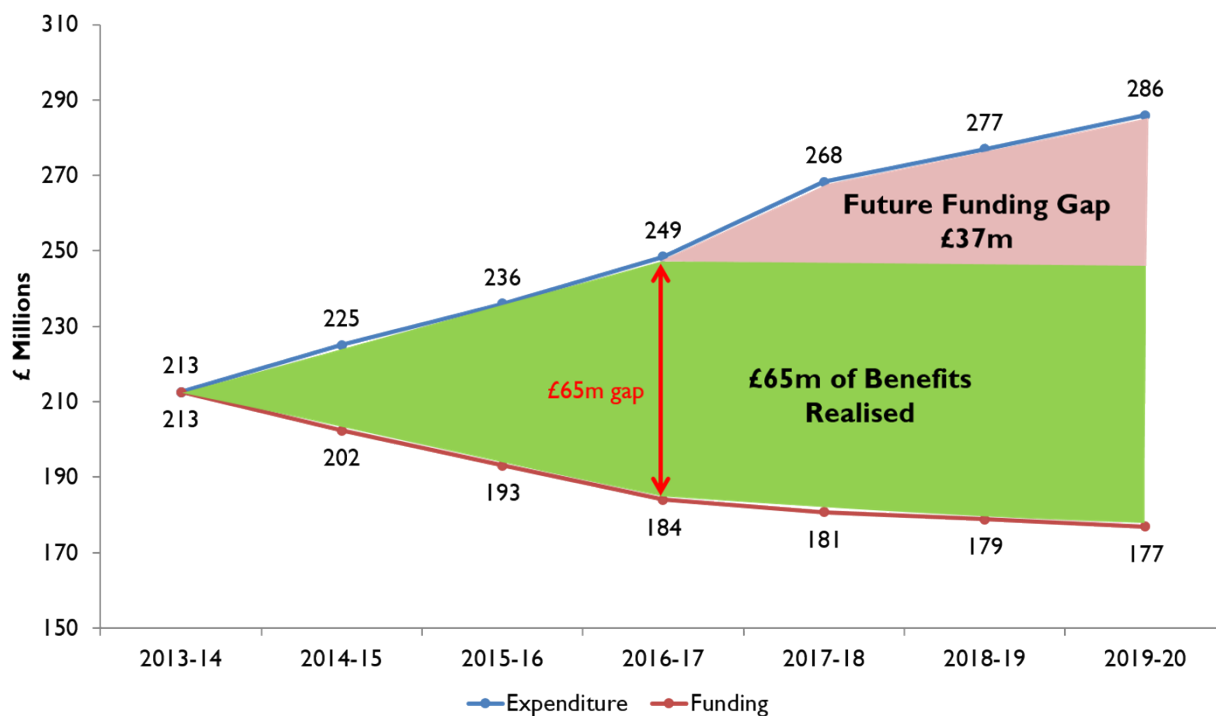
Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off:

Fin	pci617.46	Leg	DVS26939	Mon Off	DVS26939	H R	Ass ets	IT	Strat Proc	
Originating SMT Member -										
Has the Cabinet Member(s) agreed the content of the report? Yes										

1.0 Introduction

1.1 The Medium Term Financial Strategy was recommended by 8 November 2016 Cabinet and subsequently approved by 21 November 2016 Council. The Strategy addresses the funding gap for the following three financial years. It builds on the significant benefits achieved over recent financial years.



1.2 The 2017/18 Budget is now being developed in greater detail and in accordance with the budget timetable.

1.3 There are a number of changes to forecast funding and expenditure for 2017/18 and these are set out in the sections below. They are also summarised in the table below.

	2017/18 £m	2018/19 £m	2019/20 £m
	FORECAST		
Budget Gap 8 November MTFS	2.241	0.682	-0.730
Autumn Statement	-0.800		
Provisional Local Government Finance Settlement	Expected to be available 8 December 2016		
Pension Cost in excess of MTFS provision	+0.500	-0.150	-0.350
Fees and charges increases below MTFS assumption	0.000	0.423	0.423
Budget Gap 6 December 2016	1.941	0.955	-0.657

1.4 The overall budget position is now set out in the table below

	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m
	BUDGET	FORECAST		
REVENUE RESOURCES AVAILABLE	186.702	180.776	178.804	176.920
Baseline spend requirement	193.009	186.702	180.776	178.804
One off savings brought forward		4.876		
Plus identified additional costs	17.564	10.436	7.207	6.053
Overall spend requirement	210.573	202.014	187.983	184.857
In-year shortfall to be found	23.871	21.238	9.179	7.937
Cumulative shortfall		45.109	54.288	62.225
Transformation stretch savings	23.871	19.297	8.224	8.595
REVISED SPENDING FOR YEAR	186.702	182.717	179.759	176.262
Budget Gap 6 December 2016	0.000	1.941	0.955	-0.657

2.0 The Autumn Statement

- 2.1 The main announcements are set out in the Appendix.
- 2.2 The National Living Wage will be increased to £7.50 from April 2017. This is lower than the MTF5 assumption of £7.65. The £2.520m provision in 2017/18 can therefore be reduced by £0.850m.
- 2.3 Insurance premium tax will increase from 10% to 12%, costing the Council around £0.020m in 2017/18.
- 2.4 Employer national insurance contribution thresholds are being harmonised with employee thresholds. This is expected to cost the Authority £0.030m in 2017/18.
- 2.5 The net effect of all these changes is a reduction in the savings gap in 2017/18 of £0.800m.

3.0 Provisional Local Government Finance Settlement 2017-18

- 3.1 It is expected the Provisional Local Government Finance Settlement will be issued on 8 December 2016. 4-year RSG settlements have been taken up by the greater part of local authorities. The calculation of the settlement should therefore be simplified. However the results of a number of technical consultations by DCLG are expected to be announced in the settlement. Significant items include
- Revisions to the New Homes Bonus Scheme and the basis of allocation for the enhanced Better Care Fund
 - Arrangements to ensure the 2017 business rates revaluation is cost neutral for individual local authorities
- 3.2 Although the Council has opted to accept the 4 year settlement this does not mean the Council cannot make representation during the settlement consultation phase. The Council will continue to press for a better deal for the residents of Plymouth. When offered, government said that those

authorities opting for the 4 years settlement would not be worse off; therefore guaranteeing a minimum funding position.

- 3.3 Any implications of the Provisional Local Government Finance Settlement will need to be incorporated in later reports.

4.0 Pension Costs

- 4.1 The actuarial valuation of Devon County Council's pension fund as at 31 March 2016 will be implemented 2017/18 onwards. Provision has already been made in the MTFS in anticipation of increased costs.
- 4.2 The PCC employer's contribution has two components – future service rate and deficit repayment.
- 4.3 The actuaries have determined that the future service rate will be 14.7%. This is 1% higher than the previous rate. This would represent an additional general fund cost of £600k from 2017/18 onwards.
- 4.4 The 2013 valuation assumed PCC would repay its £111m share of the pension fund deficit over 24 years from 2014/15. The 2016 valuation continues this profile with the deficit now being recoverable over 21 years from 2017/18. The deficit repayable has however increased to £128m. With interest due to the long period to repay the deficit the overall deficit cost is around £168m. The impact of these decisions is a proposed additional deficit contribution from the general fund of £1.000m in 2017, followed by an additional £0.150m in 2018/19 and an additional £0.150m in 2019/20.

		2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m
		FORECAST			
1	Future service rate	13.7%	14.7%	14.7%	14.7%
2	Additional cost (excluding schools) following valuation		0.600	0.000	0.000
3	Deficit recovery period	22 years	21 years	20 years	19 years
4	Additional deficit cost (excluding schools) following valuation		1.000	0.150	0.150
5	Net additional cost (2) + (4)		1.600	0.150	0.150
6	MTFS provision – 8 November Cabinet		-0.600	-0.900	-0.600
7	Reprofiled cash flow		-0.500	0.600	0.100
8	Cost in excess of MTFS provision (5) – (6)		0.500	-0.150	-0.350
	Memorandum Items				
9	Value of future service contributions	10.112	11.062	11.062	11.062
10	Of which recoverable schools		2.212	2.212	2.212
11	Deficit lump sum payable	6.358	7.651	7.834	8.021

- 4.6 The impact of these changes is set out in the table. The figures are provisional as discussions are still continuing with the actuaries. Any shortfall in recovery of the deficit contribution in 2016/17 will be addressed at financial year-end.
- 4.7 The deficit repayment is a long-term funding issue that needs to be considered in combination with the proposed increased future service rate. It is expected that total contributions can be reprofiled to spread the cost more evenly over the 3 financial years resulting in an additional pressure of only £500k in 2017/18. This would maintain the current target for deficit reduction whilst fully funding future service costs.

5.0 Fees and Charges

- 5.1 A revised Fees and Charges policy was approved by Cabinet on 8 November 2016. The assumed £500k in 2018/19 and 2019/20 has not yet been fully delivered and the budget gap is adjusted accordingly.
- 5.2 Proposals have now been developed over all the discretionary charging areas. The approach follows the Policy. Each year charges ought by and large to be increased by the Consumer Price Index (CPI). This avoids long periods of no review and then the need for a sudden hike. Charges are set in sensible amounts (not £1.01p)
- 5.3 Charges recover full cost where appropriate. Exceptions might be bulky waste (fly tipping) or compassion grounds.

6.0 Adult Social Care Precept

- 6.1 In the Spending Review November 2015 the Chancellor announced that for the rest of the current Parliament Local Authorities with responsibility for Adult Social Care (ASC) will be given an additional 2% flexibility on the current Council Tax referendum threshold to be used entirely for ASC.
- 6.2 The 2016/17 Budget approved a 2% Adult Social Care precept. The £1.845m income has been used to fund ASC provision.
- 6.3 The Adult Social care precept is shown separately on Council Tax bills as required by regulations.
- 6.4 An additional 2% precept on Council Tax for Adult Social Care in 2017/18 will raise £1.873m. This is included in the MTFs resource assumptions.
- 6.5 Adult Social Care is the largest single budget in the Council. In 2016/17 it is £71.238m and in 2017/18 is planned to be £73.514m.
- 6.6 The MTFs allows additional costs for care packages of £2.756m in 2017/18. A further £1.854m is allocated in 2018/19 and £1.374m in 2019/20.

	2017/18	2018/19	2019/20
	£m	£m	£m
	FORECAST		
Additional cost for care packages	2.756	1.854	1.374
National Living Wage in contracts	1.670	3.263	3.479
	4.426	5.117	4.853
2% Adult Social Care Precept	1.901	1.958	2.017

- 6.6 The Government also expects the national living wage to be included in all ASC contracts. The MTFs allows £2.520m in 2017/18, adjusted following the Autumn Statement to £1.670m. A further £3.263m is allocated in 2018/19 and £3.479m in 2019/20.
- 6.7 Adult Social Care provision is a statutory service and the Council must meet clients' assessed needs. The table demonstrates that the MTFs additional costs significantly exceed the income derived from the Adult Social Care precept.

6.8 In 2017/18 the Adult Social Care precept might be regarded as paying for any of the service packages below:

- 216 vulnerable older people to remain living in their own homes through the provision of valuable home care that provides assistance with daily living and personal care, such as bathing, washing, dressing, prompting with medication and preparing meals
- 145 clients in extra care housing which provides bespoke care and support in purpose built accommodation with every tenant having their own flat with a range of communal on site facilities.
- 61 working age adults with complex, profound and multiple needs (including those with learning and physical disabilities) live independent, fulfilling lives in supported living in their communities rather than in institutionalised settings

6.9 These financial pressures the Council has been taking steps to speed up financial assessments, reducing the period from 112 days to below 20 days. This enables the Council to recover income through the fairer charging policy that would not otherwise have been available.

7.0 Conclusion

7.1 There is still further work to do to finalise the budget for 2017/18. This cannot be completed until the details of the provisional settlement have been announced which should include confirmation of the 4 year settlement including details of specific grants.

Autumn statement 2016

Overview

- Borrowing is forecast to be £122bn higher in the period until 2021 than forecast in March's Budget
- No longer aiming for surplus by end of the decade. New fiscal targets aim for 2% underlying deficit and debt falling by 2020, and a balanced budget as soon as possible thereafter
- Office for Budget Responsibility (OBR) forecasting growth of 1.4% in 2017, 2.1% in 2019/20 and 2% in 2021 (lower than previously forecast)
- Government to stick to departmental spending plans set out in Spending Review 2015
- From next year, Budget to move to Autumn and there will now be a Spring Statement although no changes to be made. Further details [here](#).

Infrastructure and Investment

- Government prioritising infrastructure & investment to raise productivity
- £23bn National Productivity Investment Fund (NPIF) to be spent on innovation & infrastructure over next 5 years - targeted at transport, housing, digital communications and research & development (R&D).
- £2bn extra investment per year in R&D
- Digital infrastructure – over £1bn investment in full-fibre broadband and 100% business rate relief on new fibre infrastructure
- [Industrial Strategy](#) being developed – green paper due before end of year

Transport

- £1.1bn investment in English local transport networks
- £220m to reduce traffic pinch points
- £450m digital signaling on trains and smart ticketing
- £390m on low emission vehicles, renewable fuels, and connected and autonomous vehicles

Housing and Planning

- Affordable housing - £1.4bn to deliver 40,000 affordable homes
- Grant funding restrictions relaxed to allow providers to deliver a mix of homes for affordable rent and low cost ownership
- £2.3bn housing infrastructure fund (funded by the NPIF) to help provide 100,000 new homes in areas of high demand
- Pilot of Right to Buy for housing association tenants
- Ban on letting agent fees 'as soon as possible'
- Housing white paper coming shortly

Welfare

- No plans for further welfare saving measures in this Parliament (beyond those already announced)
- Welfare spending cap to remain
- Universal Credit taper rate decreased from 65% to 63% from April 2017

Devolution

- £1.8bn from Local Growth Fund to be allocated to regions– £191m to South West with allocation for individual LEPs to be announced shortly.
- Mayoral Combined Authorities to have new borrowing powers

Finance

- National Living Wage increase from £7.20 to £7.50 in April 2017 (Plymouth City Council currently pays Living Wage Foundation rate of £8.45)
- Fuel duty rise to be cancelled
- Rise in Insurance Premium Tax from 10% to 12%

- Corporation Tax to fall to 17% as planned by 2020
- Employee and employer National Insurance thresholds to be equalised at £157 per week from April 2017
- Income tax threshold to be raised to £11,500 in April, from £11,000 now. Higher rate income tax threshold to rise to £50,000 by the end of the Parliament
- From April 2017, tax savings on salary sacrifice and benefits in kind to be stopped, with exceptions for ultra-low emission cars, pensions, childcare and cycling

Culture

- £1 million towards the development of a new [creative media centre](#) in Plymouth

Useful Links

[Full Autumn Statement documents](#)

[LGA Autumn Statement 2016 live blog](#)

[LGiU Autumn Statement briefing](#)

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PLYMOUTH CITY COUNCIL

Subject:	Parking Modernisation Plan
Committee:	Cabinet
Date:	6 December 2016
Cabinet Member:	Councillor Ricketts
CMT Member:	Anthony Payne (Strategic Director for Place)
Author:	Mike Artherton, Parking & Marine Service Manager
Contact details	e-mail: mike.artherton@plymouth.gov.uk Tel: 01752 305582
Key Decision:	N/A
Part:	I

Purpose of the report:

As part of the Council's ongoing modernisation and improvement agenda, this report presents a number of changes to parking services. The Parking Modernisation Plan includes a package of measures and new features covering business and hotelier permits; Blue Badge tariffs; the standardisation of on-street parking charging periods; simplification of off-street parking tariffs; and the revision of parking charges. This Plan follows on from previous work to modernise the service and is expected to generate an additional net income of £655,000 in 2017/18.

The Corporate Plan 2016 - 19:

The Parking Modernisation Plan supports the Council in achieving the Corporate Plan objectives of a **Growing** and a **Pioneering Plymouth**. The proposals include the adoption of innovative technology to improve service delivery and customer experience, providing modern, efficient services that support businesses and residents.

In 2016 the Service won an award in recognition of support for people with Dementia by introducing 'dementia friendly parking bays' and carrying out training for front-line staff in Dementia awareness. This demonstrates the Service commitment to the Council's objective of being a **Caring Plymouth**.

The Plan supports the Council's values, and is **Democratic** as it will enable a responsive service to meet the needs of residents, businesses and visitors.

It is **Responsible**, in that the impact of the changes will be carefully considered and clearly communicated.

It demonstrates Plymouth City Council's commitment as a **Partner** through working with Plymouth Chamber of Commerce, Plymouth Waterfront Partnership, Plymouth City Centre Company, Association of Barbican Businesses, Plymouth Hospitality Association, and PADAN (Plymouth Area Disability Action Network) and others to develop and deliver the changes in the Plan.

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

The changes described in the Plan are expected to cost £25,000 to implement as a one-off cost in the first year, to replace signage and prepare Traffic Regulation Orders, and will generate an additional net income of £655,000 in 2017/18.

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

Any measures introduced will fully comply with health and safety and risk management procedures.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes - attached

Summary of Equalities Impact Assessments

Groups that are likely to be impacted by these changes will be directly involved as part of the Council's ongoing engagement and consultation, over and above the required statutory consultation.

Recommendations and Reasons for recommended action:

Cabinet agrees –

1. to undertake 21 day consultation beginning January 2017 on proposals for change as set out in the Parking Modernisation Plan;
 2. That following consultation and consideration at scrutiny, final recommendations will be considered by Cabinet for decision in February 2017.
-

Alternative options considered and rejected:

The Parking Modernisation Plan comprises a carefully balanced package of measure that are designed to simplify and standardise the Council's parking offer. Failure to agree the proposals will mean that the service will not keep pace with customer expectations, and opportunities to update processes with the introduction of new technology will be missed.

Published work / information:

List (and include a hyper link) to published work / information used to prepare the report

Background papers:

Title	Part I	Part II	Exemption Section Number						
			1	2	3	4	5	6	7

None										
------	--	--	--	--	--	--	--	--	--	--

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert references of Finance, Legal and Monitoring Officer reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin	djn16 17.48	Leg	LS/2 6954 /JP/ Nov 16	Mon Off	DV S 26 96 6	HR		Assets		IT		Strat Proc	
Originating SMT Member Lou Hayward, Assistant Director – Street Services													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

The Parking Modernisation Plan

1. Executive Summary

As part of the Council's on-going modernisation and improvement agenda, a number of changes are being introduced to make parking services clearer, simpler and more convenient for customers. The parking service has already undergone significant modernisation over the last seven years, including a £1.3million investment in systems and technology for items such as online permits and payments, and CCTV. The next phase of service improvements includes measures such as standardising and simplifying charging periods, issuing parking permits online, and providing greater flexibility for customers to select the best parking options for their needs.

On street and off street parking charges have remained static since 2011. The proposal includes increasing charges by just 10 pence per hour, but this is coupled with far greater flexibility through the introduction of new features such as transferrable tickets, a clearer pricing structure, and the ability to 'over-pay' and extend parking stays incrementally to suit individual circumstances at less cost. All of these measures will result in a fairer, more transparent, modern and convenient service for motorists living and working in, or visiting the City.

The modest increase in charges is projected to generate additional income equivalent to £655,000 net, with an initial one-off implementation cost of £25,000. (See Appendix A for the breakdown of income).

2. Plymouth Plan

The Plymouth Plan sets out the overarching long term vision for the city to 2034 and beyond. The City's ambition is for the population to grow from the current level of 262,172 to over 300,000 by 2034, and for the number of households to rise from 117,432 to circa 132,926 over the same period. The on-going modernisation of parking services supports the objectives of the Plymouth Plan by ensuring that the City prepares for growth in a sustainable way, supporting access to businesses and services, and encouraging visitors, whilst reducing congestion and providing safe, affordable parking.

3. Corporate Plan

The Parking Modernisation Plan supports the Council in achieving the Corporate Plan objectives of a **Growing** and a **Pioneering Plymouth**. The proposals include the adoption of innovative technology to improve service delivery and customer experience, providing modern, efficient services that support businesses and residents.

In 2016 the Service won an award in recognition of support for people with Dementia by introducing 'dementia friendly parking bays' and carrying out training for front-line staff in Dementia awareness. This demonstrates the Service commitment to the Council's objective of being a **Caring Plymouth**.

The Plan supports the Council's values, and is **Democratic** as it will enable a responsive service to meet the needs of residents, businesses and visitors.

It is **Responsible**, in that the impact of the changes will be carefully considered and clearly communicated.

It demonstrates Plymouth City Council's commitment as a **Partner** through working with Plymouth Chamber of Commerce, Plymouth Waterfront Partnership, Plymouth City Centre Company,

Association of Barbican Businesses, Plymouth Hospitality Association and PADAN (Plymouth Area Disability Action Network) and others to develop and deliver changes in the Plan.

4. Plymouth’s Current Parking Services

The Councils’ Parking Service provides parking for 5,800 vehicles across 47 car parks, and 15 city centre sites, including 4 multi-storey car parks, and a further 32 outer and district locations.

The Service also manages over 1,500 on street pay and display spaces and disabled bays and 55 Controlled Parking Schemes, as well as issuing permits for residents, business and visitors, and administering the Blue Badge Scheme and disabled driver parking spaces. Last year the Service processed over 25,000 parking permits and 5,000 Blue Badge applications, and issued 65,000 fines.

5. The approach to modernising the service

The changes to the service cover a number of areas:

- a. Business Permits
- b. Hotelier Permits
- c. On-Street Tariffs
- d. Blue Badge Tariffs
- e. Parking Charges

a. Business Permits

The Council provides various concessionary parking permits to support local businesses, the costs of which have not increased since 2007/8. As part of the ongoing service improvements, a number of changes are being introduced that will make the permitting system faster, simpler and more flexible.

In future, business permits will be processed and registered online, in the same way as DVLA vehicle tax discs. This avoids the need to visit the council offices to make applications, and means that the process is faster with permits being valid as soon as the payment is received. It also means that permits don’t have to be displayed in the vehicle, and the system will issue an automatic renewal reminder.

In addition, the choice of permits will be reduced from four to two, as shown below, and a new business visitor permit will be available, providing up to 2 hours parking within the zone of the registered business which can be used for pick-up and drop-off of goods, or by visiting tradesmen for example.

Business Permit (Short Stay)	Business Permit (Long Stay)
2 Hours Max Stay 2 hours no return	No Maximum stay outside zone of registered business. 5 Hours Max Stay, no return 2 hours, within Zone of Business
£150 per Permit (Annual) £40 per Permit (Weekly)	£300 per Permit (Annual) £75 per Permit (Weekly)

b. Hotelier Permits

The Council provides hotels and guest houses with concessionary parking permits known as a Daily Visitor Permits (DVTs) which they can issue to their guests. The cost of visitor permits has not increased since 1994 and currently stands at £2 per day, which is significantly cheaper than the full day parking rate of £14.

A recent review found that there was a lot of inconsistency across the City, with some hoteliers selling permits on for more than the original price. In the future, hotelier permits will also be issued online, making it much fairer, faster, simpler and more convenient. The new permits will be valid until 10am instead of the current 8am, allowing guests more time to check out of their hotel or guesthouse, and the cost will be standardised at £5.

c. On-Street Tariffs

The hourly rate for on street parking is consistent across the city, however there are eleven different variations of the hours when charges apply. These variations can cause confusion, with charging times varying from one street to another, and even along different parts of the same street. Every variation requires separate signage which can be misleading for the public, and costly for the Council to maintain.

In order to standardise hours, on street parking charges will apply between 8am and 6pm, and a flat rate of £2 for evening/overnight parking will apply between 6pm and 8am. The exception to this will be areas around the waterfront along Hoe Road and Madeira Road, which will remain free to allow people to take advantage of access to the foreshore.

A further enhancement will be to introduce 'transferrable tickets'. A ticket purchased in one location will be valid for parking in another location if there is time left on it, and as long as it doesn't exceed the maximum stay rules for that location.

A final new feature will be the introduction of 'smart meters' to enable customers to extend their stay to exactly match their requirements by 'over-paying' for parts of an hour. Instead of motorists paying for up to the nearest hour, they will be able to top up incrementally to increase their length of stay.

d. Blue Badge Tariffs

Plymouth City Council currently provides free parking to Blue Badge holders within all pay and display car parks, which is at odds with council practices elsewhere in the South West, and with private car parks in Plymouth. The exceptions to this are in the Theatre Royal, Regent Street, Mayflower East and Western Approach car parks where charges currently apply. Feedback from PADAN has suggested that Blue Badge holders would be prepared to pay for parking, or for an annual permit, providing that the Council supports disabled access to essential services such as doctors' surgeries and pharmacies.

In future, car park charges will apply to all Blue Badge holders but motorists will be allowed extra time, up to an hour after the expiry of the purchased ticket, by way of a 'reasonable adjustment'. In addition, residents who are eligible to receive a Blue Badge and who live with the Plymouth City boundary will be able to buy a permit that will allow free parking in all the Council's pay and display car parks for just £40 per year. The permit will be registered to a specific vehicle.

e. Parking charges

Council parking charges have not increased since March 2011, and these will now increase by just 10p per hour, and will be accompanied by some adjustments to provide a more tailored offer in a number of the City's car parks.

The one hour tariff in the City's long stay car parks will be removed (affecting Theatre Royal, Regent Street, Western Approach, Mayflower West, Mayflower East, Derry's Cross, Elphinstone and North Hill car parks) as these car parks are not intended for short stay parking which is catered for in other car parks or on-street.

The increase in charges will mean that the cost of parking in the Guildhall, Colin Campbell Court, Mayflower Court, and Woolworths East car parks will rise to £1.30 per hour, up to a maximum of £3.30 for a three hour stay.

For all long-stay City centre car parks, including the 'premium' car parks, Regent Street and Theatre Royal, the costs will range from £2.40 for the minimum 2 hour stay, to £3.30 for 3 hours. For Mayflower West, Mayflower East, Derry's Cross, Elphinstone and North Hill long-stay car parks, the cost of the maximum stay of 'up to 6 hours' will be reduced from £4 to £3.50

6. Communications and engagement

The changes in this Parking Modernisation Plan will be subject to statutory consultation under the Road Traffic Act. Details of the proposed changes will be published in the local media and at the specific locations affected (i.e. On Street and within car parks), setting out what the Council is proposing to do, why, and how to make comments on any of the proposals during the 21-day consultation period.

However, alongside the statutory consultation the Council will also carry out effective and meaningful engagement with residents, the public, businesses and other stakeholders to help ensure the successful implementation of the Parking Modernisation Plan, which includes a wide range of proposals.

In order to convey the key messages and ensure effective engagement, meetings will be arranged with key stakeholder groups including, but not limited to: -

- Plymouth City Centre Company
- Plymouth Chamber of Commerce
- Plymouth Waterfront Partnership
- Plymouth Hotelier Association
- PADAN (Plymouth Area Disability Action Network)
- Association of Barbican Businesses
- Plymouth Hospitality Association
- Destination Plymouth
- Bed and Breakfast Association.

Front line Parking Services staff will act as 'communications champions' to provide help and advice on the proposals. Staff and Member briefings, and good engagement will be key to the successful implementation of these changes.

3. Conclusion

The changes introduced by this Plan will ensure that the Council's Parking Services keep pace with changing demands and make best use of modern technology so that they are convenient, responsive and cost effective for customers. The changes provide greater clarity and fairness, and despite the modest increase in charges, the Council still provides an extremely good value for money and competitive service.

Appendix A

Breakdown of expected increased income resulting from the changes in the Parking Modernisation Plan

Measure	Projected additional income
Business Permits	£120k
Hotelier permits	£40k
On-street Tariffs	£50,000
Blue Badge	£270,000
Parking charges:	
On street	£30,000
Off street	£170,000
Total income	£680,000
One-off year 1 costs	£25,000
Total net income	£655,000

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EQUALITY IMPACT ASSESSMENT



STAGE 1: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?	The Parking Modernisation Plan
Responsible Officer	Mike Artherton
Department and Service	Place, Street Services
Date of Assessment	24 th November 2016

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	None	None	Proposals are subject to a consultation process under the Road Traffic Act where information on all the proposals will be made available. Consultation will be	The Council will consult for a period of 21 days, through publication of these proposals and consultation with stakeholders, inviting all to submit representations to all/any of the proposals.
Disability	A total of 31,164 people (from 28.5% of households) declared themselves as having a long-term health problem or disability (national	The proposals do not impact on the current provision and accessibility of disabled parking. The proposal do		

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>figure 25.7% of households).</p> <p>10% of our population have their day-to-day activities limited significantly by a long-term health problem or disability.</p> <p>Self-assessment of health yields percentages of fair, bad, and very bad health of 13.9%, 5.1% and 1.4% respectively.</p> <p>1,224 adults registered with a GP in Plymouth have some form of learning disability (2010/11).</p> <p>17.5 per 1,000 children in Plymouth have a learning difficulty reported by schools.</p>	<p>financially impact on blue badge holders through expanding the number of car parks where charges will apply to blue badge holders.</p>	<p>undertaken with the Plymouth Area Disability Action Network (PADAN) in relation to proposals around disability.</p>	
Faith, Religion or Belief	None	None		
Gender - including marriage, pregnancy and maternity	None	None		

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Gender Reassignment	None	None		
Race	None	None		
Sexual Orientation -including Civil Partnership	None	None		

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	No implications	None
Good relations between different communities (community cohesion).	No implications	None
Human Rights	No implications	None

STAGE 4: Publication

Director, Assistant Director/Head of Service approving EIA.

Date

24th November 2016