



#plymcabinet

Democratic and Member Support

Chief Executive's Department
Plymouth City Council
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Cabinet

Tuesday 30 May 2017
4 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

Agenda

Part I (Public Meeting)

1. Apologies

To receive apologies for absence submitted by Cabinet Members.

2. Declarations of Interest (Pages 1 - 2)

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

3. Minutes (Pages 3 - 4)

To sign and confirm as a correct record the minutes of the meeting held on 25 April 2017.

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. 2016/17 Finance Outturn (Pages 5 - 26)

7. Corporate Monitoring Q4 2016/17 (Pages 27 - 54)

8. People Strategy (Pages 55 - 72)

9. Compulsory Purchase Order: North Prospect (Pages 73 - 96)

10. Veterans Strategic Commissioning Framework (Pages 97 - 172)

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

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

Declare the interest and speak and vote

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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 25 April 2017

PRESENT:

Councillor Bowyer, in the Chair.

Councillor Nicholson, Vice Chair.

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

The meeting started at 4pm and finished at 5pm.

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.

77. **Declarations of Interest**

There were no declarations of interest.

78. **Minutes**

Minutes of the meeting held on the 7 March 2017 were approved.

79. **Questions from the Public**

There were no questions from members of the public.

80. **Chair's Urgent Business**

There were no items of Chair's urgent business.

81. **Grant Conditions Attached to the Funding for Adult Social Care Announced in the Spring Budget 2017**

Councillor Mrs Bowyer and Councillor Darcy outline the arrangements to develop Plymouth City Council detailed plans for additional Adult Social Care funding allocations announced Spring Budget 2017.

Following a short debate and questions, Cabinet agreed to -

1. note the three year additional funding total of £11.275m which is allocated 2017/18 £5.800m; 2018/19 £3.660m and 2019/20 £1.815m;
2. note the requirement to pool this additional funding into the existing Better Care Fund (BCF) as set out in the government guidelines;

3. note the terms and conditions attached to the funding, in particular the requirement for Plymouth City Council to provide a quarterly finance report to DCLG, signed by the Section 151 Officer;
4. authorise senior officers to develop detailed plans for this additional funding in line with the existing delegation powers;
5. authorise senior officers to seek approval of the resultant plans with the Health and Wellbeing Board;
6. notes Plymouth City Council's intention to work with NEW Devon CCG to develop an application to "Graduate from BCF".

Subject: Financial Outturn 2016/17 - including Capital Programme (Subject to External Audit)

Committee: Cabinet

Date: 30 May 2017

Cabinet Member: Councillor Darcy

CMT Member: Andrew Hardingham, Interim Joint Strategic Director for Transformation and Change

Authors: Paul Looby, Head of Financial Planning and Reporting
Hannah West, Business Partner (Finance)

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Ref:

Key Decision: No

Part: I

Purpose of the Report:

This report is the final monitoring, or outturn, report for 2016/17 and details the financial position of the Council as at the end of March 2017.

The Council's gross revenue budget for 2016/17 was £531.615m which after allowing for income and grant was £186.702m. The financial outturn position before any adjustments is an overspend of £1.272m. Assuming the transfers to and from reserves and making use of capital receipts as proposed in the report are approved, a breakeven position will be declared i.e. an outturn of £186.702m.

As is normal practice, this report proposes a number of adjustments to the financial accounts following the financial review always undertaken by the Section 151 Officer at the end of the year. Decisions made as part of this report will feed into the Council's annual Statement of Accounts which is subject to external audit. The external audit is expected to commence in June 2017 with the final accounts approved and signed off by our external auditors in September 2017.

As at 31 March 2017 the Working Balance stands at £9.701m and the final Capital outturn position is £90.423m. The Working Balance represents 5.2% of the net revenue budget which remains above the 5% recommended minimum as set out in the budget approved by Council.

Council approved the use of £0.150m from the Working Balance to support the 2017/18 budget. As there is scope to release a further £0.350m from the Working Balance it is recommended this amount is transferred to the Redundancy Reserve. After this transfer the Working Balance will be 5% of the net revenue budget for 2017/18.

The Corporate Plan 2016/17-2018/19

This outturn report is fundamentally linked to delivering the priorities within the Council's Corporate Plan and sets out how the Council has allocated its limited resources to key priorities to maximise the benefits to the residents of Plymouth.

Implications for Medium Term Financial Strategy and Resource Implications

The overall outturn position is break even against our gross budget of £531.615m which is testament to the robust financial management and discipline across all areas of the Council.

Given the size of the financial challenge faced for 2017/18, with a total savings target of £18.231m, balancing the budget is a major achievement for the Council. This continues to put the Council in a strong position going into the even more financially challenging 2017/18.

A range of financing options are available in order to balance the budget and without working balances are maintained at 5% of the net revenue budget. By using a nominal sum of £0.267m of capital receipts the Council has protected its General Fund Balance and therefore declared a balanced budget position at year end.

The Medium Term Financial Strategy (MTFS) will now be updated to take account of the outturn position as detailed in this report.

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

In considering the budget variations for the year, Directors will identify any potential risks to delivering the budget in future years and risk assess the delivery of approved budget savings in 2017/18. These will be monitored as part of the corporate reporting process.

All actions taken as part of the Corporate Adjustments have been considered for their impact on: council priorities, legal obligations, customers and other services and partners.

Equality and Diversity

We have given due-regard to our Public Sector Equality Duty for all relevant managers.

Recommendations and Reasons for Recommended Action

1. Note the provisional outturn position as at 31 March 2017
2. Note the use of capital receipts - £0.267m - to write down Minimum Revenue Provision (MRP) to ensure a balanced budget position is achieved in 2016/17.
3. Approve the additional transfers to and from reserves reflected within the outturn figures:
 - Release the Business Rates Reserve (£1.000m).
 - Transfer to Housing Benefits Overpayments Provision £1.000m.
 - Release of Stock Transfer Release (£1.005m).
4. Approve the release of £0.350m from Working Balances and transfer to the Redundancy reserve.
5. Note the Capital Report including the Capital Financing Requirement of £90.423m.

Alternative Options Considered and Rejected

None considered as it is a statutory requirement to report on the use of the Council’s budget funds.

Published Work / Information

- The Local Government Act 2003
- The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003
- The Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2015
- Capital Financing Regulations (2012)
- 2016/2017 Annual report

Sign off

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

Plymouth City Council

Finance Monitoring – 2016/17

Quarter 4 Outturn at 31 March 2017

I. Introduction

- 1.1 This report reviews the Council's financial performance for the year ended 31 March 2017.
- 1.2 The provisional outturn position (subject to external audit review) for 2016/17 is showing a breakeven position after the application of reserves and capital receipts. This outturn position needs to be seen in context of the financial challenges the Council faced during the year.
- 1.3 Despite significant pressures within Social Care due to increasing demands arising from demographic growth and complex client needs a small overspend has been declared within People Services which will compare favourably with other Unitary and Upper Tier authorities. However, caution needs to be exercised when making comparisons as budgets for 2016/17 were developed from widely differing starting points.
- 1.4 Within the Place Directorate identified pressures within Waste Services and Fleet and Garage have been managed by identifying savings and maximising income across Directorate. Where pressures have been identified earlier in the year decisions were made to address some of these challenges to assist the Council and reaching this position.
- 1.5 Further details of the main variations are contained within section A of this report.
- 1.6 It is appropriate, given the financial challenges facing the Council in the next financial year and the medium term, that as part of reporting the final position for 2016/17 further consideration is now given to future levels of the Working Balance and reserves. As is normal practice at this time of year, the Chief Finance Officer, the Interim Joint Strategic Director for Transformation & Change is recommending adjustments to provisions and reserves within the report. Full details of the Council's reserves and provisions will be set out within the Statement of Accounts.
- 1.7 The outturn figures will now feed into the Council's formal Statement of Accounts, which will include the Balance Sheet position. Under the Accounts and Audit Regulations 2011 the Interim Joint Strategic Director for Transformation & Change, as the Council's Section 151 Officer, is required to formally approve the Accounts by 30 June 2017. The External Auditor is required to audit the accounts by 30 September 2017 – the statutory deadline for their publication; the Audit Committee will be formally asked to approve the final accounts for the year following completion of the audit.

1.8 This report contains the following sections and appendices:-

- **Section A** **Revenue Finance Outturn 2016/17**
- **Section B** **Capital Programme Outturn 2016/17**

- Appendix A Revenue Outturn Variances by Department 2016/17
- Appendix B Capital Programme additions January 2017 – March 2017
- Appendix C Capital Budget (Priority List).

1.9 Full details of how we have allocated our financial resources to our priorities are set out in our Annual Report 2016/17, which can be accessed using the link on page three. The Annual Report summaries how we are delivering the priorities for Plymouth.

1.10 It sets out what we aim to achieve going forward and details what we achieved during 2016/17 despite the financial challenges we are facing including the creation of more jobs and homes for the city and our ambitious capital investment.

SECTION A: REVENUE FINANCE OUTTURN**2. Revenue Finance Outturn 2016/17**

- 2.1 Council approved a gross revenue budget of £531.615m with a net revenue budget of £186.702m for 2016/17 at its meeting 29 February 2016. Table I below provides a summary of the Council's overall revenue expenditure and compares the provisional (outturn subject to Audit) with the latest approved budget.
- 2.2 The financial outturn position before any adjustments is an overspend of £1.272m which is a 0.68% variance. The outturn position needs to be considered in the context of a challenging financial climate and the continuation of the Government's austerity programme with respect to public finances. In 2016/17 the Council has managed a £23.871m savings programme in addition to increasing service demands and customer expectations. In addition increased pension costs have arisen due to reducing workforce numbers and pressures have been experienced within housing benefit subsidy and recovery of overpayments.

Table I End of Year Revenue Outturn by Directorate

Directorate	2016/17 Gross Expenditure	2016/17 Gross Income	2016/17 Council Approved Net Budget	2016/17 Budget Virements	2016/17 Latest Budget	2016/17 Outturn	Year End Over / (Under) Spend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Executive Office	4.419	(0.409)	4.010	(0.075)	3.935	3.914	(0.021)
Corporate Items	11.012	(10.094)	0.918	(1.154)	(0.236)	0.929	1.165
Transformation and Change Directorate	150.335	(115.629)	34.706	0.796	35.502	35.408	(0.094)
People Directorate	275.807	(153.318)	122.489	0.262	122.751	122.910	0.159
Public Health	20.007	(19.644)	0.363	(0.001)	0.362	0.362	0.000
Place Directorate	70.035	(45.819)	24.216	0.172	24.388	24.451	0.063
TOTAL	531.615	(344.913)	186.702	0.000	186.702	187.974	1.272

- 2.3 The following proposals have been recommended to reach a breakeven position for the Council.
- use of capital receipts - £0.267m - to reduce the MRP budget.
 - release of Stock Transfer Reserve - £1.005m.
- 2.4 Further details for other adjustments and reserve movements are set out in section 5 of the report.
- 2.5 Across the Council, management actions to reduce the overspend being reported over the last months of the financial year included a review of all discretionary spend and delayed expenditure wherever possible.
- 2.6 Given the closedown timetable, both PCC and N.E.W. Devon CCG have agreed to formalise the financial position as shown in Table 2 for the Plymouth Integrated Fund as at February 2017.
- 2.7 We have therefore closed the books with the risk share for 2016/17 being a transfer to PCC of £0.088m.

Table 2 Plymouth Integrated Fund for Period 11

Plymouth Integrated Fund	Section 75 indicative position	2016/17 Latest Budget	Forecast Outturn	Forecast Year End Over / (Under) Spend
	£m	£m	£m	£m
N.E.W. Devon CCG – Plymouth locality	356.000	357.727	358.346	0.619
Plymouth City Council	*136.000	137.665	138.090	0.425
TOTAL	492.000	495.392	496.436	1.044

*This represents the net People Directorate budget plus the gross Public Health Commissioning budget (which is financed by a ring fenced Department of Health Grant).

3. Analysis of the Final Outturn Position by Directorate

Executive Office

- 3.1 This service area has recorded a small underspend for the year of (£0.021m) arising mainly as a consequence of a restructure of the department.

Corporate Items

- 3.2 Corporate items is showing an overspend position for the year of £1.165m. The key variations are;
- 3.3 Significant pressure of approximately £0.500m Pension Deficit which reflects the reduction in the Council's workforce since the last actuarial valuation in 2013 and the impact this has on our pension contribution to Devon County Pension Fund.
- 3.4 Other adverse movements on the Corporate Items budget include reduced trading activity on recharges (£0.500m) and a shortfall on corporate efficiency savings. These have partially been offset by a better than budgeted Treasury Management outturn performance.
- 3.5 As part of Council's Treasury Management function the Council will borrow and make investments in accordance with its Strategy. Inevitably such activities do expose the Council to financial risks as well as opportunities which impact upon revenue budget. The Treasury Management budget is held within the Corporate Items Budget and includes the Minimum Revenue Provision (MRP) which is the amount charged to for the repayment of debt arising from capital investment.
- 3.6 Local authorities have an option that part or all of the MRP payment could be funded from capital receipts. Use of capital receipts to write down MRP realises a revenue underspend that could be applied should it be considered prudent to do so. Capital receipts to the value of £0.267m have been applied in 2016/17 to ensure a balanced budget position is achieved in 2016/17.
- 3.7 Further capital receipts realised in 2016/17 have been carried forward for use in future years either to support capital expenditure as per the capital programme or to use in accordance with the Council's decision regarding the "Flexible use of Capital Receipts".

- 3.8 Performance of the treasury management function is reported to the Audit Committee in accordance with the Chartered Institute of Public Finance and Accountancy's Treasury Management Code (CIPFA's TM Code). This will include a commentary on the Council's investment and borrowing strategy and a review of the Prudential Indicators set in 2016/17. This report will be presented to the Audit Committee on 29 June 2017.

Transformation and Change

- 3.9 Transformation and Change Directorate has achieved a £0.094m underspend at year end. This has primarily been achieved through Human Resources (HR) & Organisational Development (OD) and Transformation's service reviews both achieving their efficiency targets in full. This has been partly offset by pressures that have arisen elsewhere within the Directorate. The biggest pressure is within Finance following a review of Facilities Management staffing costs and increase in postage costs and the reallocation of corporate savings to the directorate.
- 3.10 Delt was set the challenge of delivering efficiencies of £0.400m which was built into the base budget and achieved in full as part of the outturn position. Delt delivered over 100 projects during the year with a total value of £2.600m and increased opening hours with no additional cost to the Council. The ICT budget declared a small overspend due to additional licensing costs incurred as a consequence of not being able to decommission some software as early as planned Firmstep (our digital platform) was fully commissioned.
- 3.11 Legal Services generated a small underspend following efforts to generate additional income.
- 3.12 As identified in the first half of the year there were pressures identified with Housing Benefit subsidy and recovery of overpayments. Actions were taken during the year to address this which resulted in improved recovery assisted by improved processing of Housing Benefit claims. New claims are now being processed within 17 days which is below the national average and change of circumstances processed within 13 days. However, there remain challenges in ensuring all housing benefit overpayments are recovered and that the provision for bad debt can be minimised in future years.

People Directorate

- 3.13 In the December 2016 quarter 3 report, the People Directorate was showing a forecast £0.973m overspend. The directorate has continued to work closely with finance colleagues to minimise the outturn overspend. The improvement in the quarter is £0.814m leaving an overspend for the year of £0.159m.
- 3.14 This is a fantastic result given the complexity of the demand-led budgets and the requirement to find £9.144m of savings in the year.
- 3.15 This is the second year of our Integrated Fund with the Plymouth locality of the N.E.W. Devon CCG and represents a major step in working closer with our health partner to improve outcomes for the people of Plymouth.
- 3.16 Our integrated budget for 2016/17 was £495.392m and we have closed the books with the risk share for 2016/17 being a transfer to PCC of £0.088m. This reflects a combined overspend of £1.044m or 0.21% against the integrated budget.
- 3.17 The detail of this final outturn position for People includes:

- Children Young People and Families (CYP&F) Service is reporting a budget outturn overspend position of £0.208m. There have been a number of factors that have contributed to this final position.
- The number of children placed with independent fostering agencies stands at 100 against a target budget of 70 placements. Residential placements stands at 28 against a target of 20 budgeted placements with a number of these placements being high cost due to the complex nature of these children's needs.
- The 2017/18 budget allocation acknowledges the continued increase in numbers of children in care is in line with national and regional trends.
- Additional costs have been offset wherever possible. As part of the transformation project for 2016/17, CYP&F was tasked to make savings of over £2.100m (in order to contribute to the £9.214m Directorate target). £1.000m has been saved through enhanced voluntary release scheme (EVRS) and the Transformation of Services together with a further £0.800m through review and commissioning of placements. In addition, there have been further one-off savings due to vacancy savings and management interventions such as review of high cost care packages plus challenge and review sessions with budget holders and finance review.

3.18 Adult Social Care ended the year with a favourable variance against budget of £0.007m with a total expenditure of £75.785m against the budget of £75.805m.

- Management action to contain spend included measures around sign off of spend by Senior Management before approving care packages, reviewing contracts and a further review of high cost packages.
- The service also delivered £5.400m of savings as part of the transformation project.

3.19 Education Participation and Skills are reporting a favourable position of £0.009m at the end of the financial year mainly due to a reduction in Special Education Needs and Disability (SEND) care packages.

3.20 The newly formed Community Connections has a final outturn position of £3.060m against the budget of £3.154m a saving of £0.033m with lower than forecast B&B accommodation costs and reduced agency worker spend as a result of implementation of a new structure.

Office of the Director of Public Health (ODPH)

3.21 The directorate of Public Health has ended the year on budget.

3.22 Public Health came in as a balanced budget within the ring fenced grant.

- The Directorate achieved its savings targets for 2016/17 of £1.493m and made further in-year savings of £1.014m totalling £2.500m.
- Savings were achieved through a mix of contract renegotiations for commissioned public health services; a directorate restructure which created multi-disciplinary teams and an integrated management structure, vacancy savings and increased activity in chargeable services and enforcement.
- As part of this balanced budget, ODPH made contributions of £0.625m towards schemes in other Council departments, and prepared contingency plans to achieve the anticipated further reduction to the ring fenced grant in 2017/18.

Place Directorate

- 3.23 The Directorate had been forecasting an overspend position for the year but has managed to recover its position to an almost balanced position with just a small overspend of £0.063m against a total net budget of £24.388m which is less than 0.25% of net budget. The final outturn position is summarised in the following paragraphs.
- 3.24 Economic Development ended the year with a £0.412m underspend against a net budget of £0.869m. The favourable variation is as a result of a continued drive to increase income from land and property assets (see capital section below), overachieving on commercial income targets, the capitalisation of costs and savings across the economic development service.
- 3.25 Strategic Planning and Infrastructure (SP&I) ended the year with a £0.754m underspend against a net budget of £9.945m. This significant underspend has been achieved through a number of actions and one off savings including re-financing of significant areas of public transport spend, the use of grants to mitigate service costs and ongoing savings arising from vacancy management, increased income from commercialisation of viability services and capitalisation of staffing costs on transport projects. SP&I have taken a proactive role in budget monitoring which has helped in identifying opportunities to mitigate known pressures such as the shortfall in planning applications and building control fees.
- 3.26 Street Services had been forecasting a significant overspend throughout the year but have managed to improve their position to a £1.229m overspend which is 6.83% of their net budget of £18.000m.
- 3.27 The final outturn position for Waste was £0.783m overspend. The overspend was due to a number of issues which included, for example, staffing pressures, tonnage increases and a loss of income at the Refuse Transfer Station. Negotiations are taking place to find a resolution for next year.
- 3.28 Street Cleansing and Grounds did achieve a balanced position for the year-end through a series of savings targets which included a restructure of the service.
- 3.29 The Fleet and Garage service have made considerable savings over a number of years. There have been savings of over £1.600m made and circa 25 vehicle reduction of fleet been delivered in terms of fleet capacity. The ambitious in-year targets associated with further reduction of fleet numbers and increased commercialisation income targets were not fully met in year; plans are being put in place to deliver against them for next year. The main element of the unachieved savings/income (£0.611m) relate to non-achievement of commercialisation targets (£0.445m) and further fleet reduction (£0.092m).
- 3.30 Highways and Car Parking final outturn position resulted in an underspend of £0.164m. The underspend was due to a number of reasons, including an increase in capitalisation of front line work, salary savings and an increase in commuted maintenance income.
- 3.31 The GAME growth dividend programme delivered its targeted level of income of £4.932m through the New Homes Bonus initiative.

4. Other Financial Performance

4.1 In addition to the financial outturn reports within this report there were a range of other significant performance achievements which have contributed to the year-end position. In-year collection targets are set for our Council Tax, Business Rates, Commercial Rent, and Sundry Debt Income including our Trade Waste Income. The 2016/17 revenue budget was based on the achievement of the required targets.

We continue to increase our collection rates in core income streams and explore alternative ways of making further improvements. For example, we created a new team within existing resources to focus on recovering debt due to the Council with a specific focus on reducing housing benefit over payments.

4.2 Some Key Indicators are:

- The Miscellaneous Debt Management Team raised invoices to the total value of £103.000m in 2016/17 compared with £111.000m in 2015/16, collecting 96.9% of this debt within 30 days (96.4% in 2015/16) against a target of 95%.
- 96.9% of Council Tax collected against a target of 98.5% (15/16 = 96.8%).
- 99.1% of NNDR collected against a target of 95.6% (15/16 = 98.5%).
- Average borrowing rate of 2.61% was achieved against target of 3.4% (15/16 = 3.5%).
- Average investment return of 1.7% was achieved against target of 1.1% (15/16 = 1.3%).
- 98.6% of all supplier invoices were paid within 30 days against a target of 95%.
- VAT partial exemption at 4.6% (15/16 = 3.9%) – see below.
- 56% of the Council's spend was incurred businesses within the "PL" post code against target of 52% (15/16 = 53.2%).

VAT

4.3 The Council has a special exemption under VAT legislation that allows it to reclaim VAT from exempt activity as if standard rated so long as the amount remains under 5% of the total amount of VAT on expenditure claimed. If the 5% limit is breached the Council has to repay HMRC all the exempt VAT claimed, in the region of £1.500m.

4.4 During the year the Council has been monitoring its partial exemption limit for VAT which must remain below 5%. If this limit is breached the Council would have to pay approximately £1.500m to HMRC.

4.5 As identified above the outturn position is 4.6% which is lower than previous months due to some slippage in capital schemes related to VAT exempt activities but higher than 2015/16.

4.6 A Strategic approach to tax planning has been required to ensure we manage our tax affairs efficiently without incurring additional costs. This includes solutions such as the creation of a wholly owned council company to enable the Council to take advantage of

innovative solutions with respect to capital expenditure. Officers will continue to proactively monitor the position over the medium term to ensure effective tax planning.

5. 2016/17 Financial Review

- 5.1 As part of consideration of the outturn position, and before officially closing the accounts, it is necessary to review the Council's overall financial position, looking not only at the general fund revenue outturn position for the year, but reviewing the adequacy of reserves and provisions in the light of financial liabilities identified over the short to medium term. Decisions made feed into the Council's statutory Statement of Accounts which is subject to external audit.
- 5.2 As an integral part of the financial review the Interim Joint Strategic Director for Transformation & Change - Finance and Corporate Management Team (CMT) are recommending the following corporate adjustments, including transfers to and from reserves.
- a. Transfer to Housing Benefits Overpayments Provision £1.000m
- 5.3 The review of the level of provision for the Council's liability for Housing Benefit Overpayment resulted in the requirement for an increase to the provision of £1.000m to move in line with standard corporate bad debt provision rates and to make provision adequate to cover the non-recovery of overpayments outstanding at the end of the year. The level of provision continues to be monitored and a further sum was approved in 2017/18 as part of the budget. The contribution to this provision in 2016/17 has been funded from the release of the Business Rates Reserve (see below) and has been fully applied during the year.
- b. Release of Redundancies Reserve £1.000m
- 5.4 £1.000m was released from the Redundancies Reserve in 2016/17 to fund the cost of departures arising from restructures and the EVRS. The Interim Joint Strategic Director for Transformation & Change - Finance has recommended a further contribution of £0.350m to the reserve as set out within this report.
- c. Release of Business Rates Reserve £1.000m
- 5.5 As part of last year's outturn a Non Domestic Rates (Business Rates) reserve was created to mitigate against any bad debts, in particular any arising a consequence of large Business Rates appeals. The Government is consulting on 100% localisation of Business Rates and has released a number of papers during 2016/17. The Government has decided that under the new system appeals will be funded centrally which will reduce the risk and volatility to local authorities. Having undertaken a review it is considered prudent to release this reserve (to fund the Housing Benefit bad Debt Provision) as a result of the Government's proposals and the NNDR Collection Fund has been assessed as being sufficient to meet any future obligations.
- d. Stock Transfer Reserve £1.005m
- 5.6 Following the Housing Stock Transfer in 2009, a reserve was created to provide for any residual liabilities which may arise from the transfer. Only one payment was made from the reserve during 2009/10. Following a review no further liabilities are expected to arise from the transfer. The release of the Stock Transfer Reserve will be used to support the council achieving a balanced outturn position.

e. Release of Capital Receipts

- 5.7 As set out in paragraph 3.6, local authorities have an option that part or all of the MRP payment could be funded from capital receipts. Capital receipts to the value of £0.267m have been applied to ensure a balanced budget position is achieved in 2016/17.
- 5.8 Full details of the Council’s Reserves and Provisions will be set out within the Statement of Accounts for 2016/17.

Working Balance

- 5.9 The Working Balance as at 31 March 2017 is £9.701m. This represents 5.2% of the net revenue budget which remains above the 5% recommended minimum approved within the MTFS. Council approved the release of £0.150m from the Working Balance to support the 2017/18 budget as part of the MTFS. A further £0.350m could be released which would reduce the balance to £9.200m. This will equate to 5% of the 2017/18 net revenue budget.

Table 3 Working Balance

	March 2016	MTFS adjustment	March 2017
	£m	£m	£m
Working Balance	10.652	(0.951)	9.701

Schools Balances

- 5.10 At the end of the year there was a total of £4.383m unspent monies against schools’ delegated budgets and other reserves. The main reasons why schools hold balances are:
- Anticipation of future budget pressures usually arising from pupil number variations;
 - To provide for the balance of Government grants paid during the financial year (April–March) which cover expenditure occurring across the academic year (September – August).

Recommendations

That Cabinet:-

1. Note the provisional outturn position as at 31 March 2017.
2. Note the use of capital receipts - £0.267m - to write down MRP to ensure a balanced budget position is achieved in 2016/17.
3. Approve the additional transfers to and from reserves reflected within the outturn figures:
 - Release the Business Rates Reserve (£1.000m)
 - Transfer to Housing Benefits Overpayments Provision £1.000m
 - Release of Stock Transfer Release (£1.005m)
4. Approve the release of £0.350m from Working Balances and transfer to the Redundancy reserve.

SECTION B: CAPITAL PROGRAMME OUTTURN 2016/17

6. Capital Programme outturn 2016/17

- 6.1 The provisional capital programme outturn position for 2016/17 is £90.423m. This is shown by Directorate in Table I below. This is within the approved Capital programme budget of £205.000m reported to Full Council in February 2017.

Table I – Capital Outturn 2016/17

Directorate	Latest Forecast December 2016	Re-profiling	Approvals post Dec	Variations & virements	2016/17 Outturn	Variance	%
	£m	£m	£m	£m	£m	£m	
Place	86.182	(13.548)	3.299	(0.408)	75.525	(10.657)	88
People	12.182	(0.734)	0	0.122	11.570	(0.612)	95
Transformation & Change	4.628	(1.451)	0.155	(0.228)	3.104	(1.524)	67
Public Health	0.224	0	0	0	0.224	0	100
TOTAL	103.216	(15.733)	3.454*	(0.514)	90.423	(12.793)	88

* See **Appendix B** List of Capital Programme Additions

- 6.2 The 2016/17 programme outturn of **£90.423m** has enabled investment in some notable schemes, including:

- **£30.800m** Asset Investment acquisitions:
 - £4.400m Bell Park Industrial Estate.
 - £1.700m 34-36 New George Street.
 - £24.700m Friary Retail Park.
- **£7.300m** Strategic Property Acquisitions for regeneration and housing developments:
 - £1.000m Prince Maurice Road.
 - £3.800m Colin Campbell Court.
 - £2.500m Bath Street.
- **£5.800m** of capitalised carriageway resurfacing.
- **£5.500m** to continue with the major infrastructure projects to support growth along the Northern Corridor:
 - £1.400m Derriford Hospital Interchange.
 - £2.200m Derriford Transport Scheme (Derriford Roundabout and Tavistock Road / William Prance Road junction).
 - £1.900m Outland Road junction improvements.
- **£1.700m** for the redevelopment of the City Museum and Library into the new History Centre complex.
- **£3.200m** of works to enable the redevelopment of Oceansgate as a Marine Industries Production Campus.

- **£2.000m** for the major refurbishment of the City Market.
- **£3.500m** City College, a loan and grant provided to assist with the Science, Technology, Engineering and Maths development of the college.

- **£1.600m** in Basic Need improvements to local schools:
 - £0.900m Pennycross Primary.
 - £0.400m Stoke Damerel Primary.
 - £0.300m Pomphlett Primary.

- **£1.900m** in condition works to local schools
 - £0.800m Mount Tamar Special School.
 - £0.700m Cann Bridge Special School.
 - £0.400m Salisbury Road Primary.

- **£2.000m** Disabled Facilities Grant.

- **£1.100m** for the on-going replacement of street lighting bulbs to provide energy and carbon savings.

- **£0.900m** to demolish the former Quality Hotel site.

- **£3.200m** completion of the new Coach Station at Mayflower West, to enable the redevelopment of a leisure complex at the existing Bretonside Bus Station site.

- **£1.400m** of Green Deal grant awards to Plymouth private households, for solid wall insulation.

- **£2.900m** loan to Ernesettle Community Solar Farm.

- **£1.300m** ICT provision, upgrading and creating new capabilities including investment into Customer Transformation ICT.

6.3 The year-end position highlights **£15.700m** of re-profiling of schemes into 2017/18. This is spend which was scheduled to be delivered in 2016/17, but is now forecast to be delivered in 2017/18. Explanations for the most significant project re-profiling are given below:

- **(£2.400m) Derriford Transport Scheme**

Works commenced in 2015/16 and have continued throughout 2016/17 on the £12.700m Derriford Transport scheme, which are planned for 2015-19. At the time of the latest capital programme approval (Dec 2016) it was anticipated that 2016/2017 spend would be £4.700m. However, due to the discovery of phosphorous grenades on Tavistock Road with associated road closures and changes to construction methods, delays in land acquisition and some re-design works, there will be slippage of £2.400m into 2017/18.

- **(£1.300m) Oceansgate**

Construction work to progress separation, enclaving and provision of new infrastructure at South Yard Oceansgate has been slower than anticipated due to ongoing delays associated with transferring the Area 1 West land, interfacing with the MoD and additional survey/investigation works. This has resulted in slippage of £1.300m of anticipated expenditure which will now occur in 2017/18.

- **(£3.000m) Acquisition of a Plymouth Freehold Property Investment**

At the time of approval (Feb 2017), it was anticipated that £3.000m would be spent during 2016/2017 on the land purchase. Due to on-going negotiations over the structure and terms of the acquisition, the land purchase will now not take place until the new-year.

- **(£1.000m) Bath Street & Colin Campbell Court**

At the time of the latest capital programme approval (Dec 2016) it was anticipated that 2016/17 spend would be £7.400m (Bath Street £3.300m and Colin Campbell Court £4.100m). However due to an error in processing the acquisition payments, completion of the purchase of the Bath Street property didn't take place until April 2017. The demolition works in Colin Campbell Court have also been delayed resulting in slippage of £1.000m into 2017/18 across the two projects.

- **(£1.800m) History Centre**

At the time of the latest capital programme approval (Dec 2016) it was anticipated that 2016/17 spend would be £3.500m. However, a number of technical issues have been discovered during the development stage. These include the discovery of asbestos, Japanese Knot Weed, water ingress and a collapsed drain in the road which needs to be replaced. Ground condition surveys have also revealed more rock than expected which will impact on the formation of the basement areas. As a result of all these technical issues there have been some redesigns, resulting in the need to re-profile £1.800m worth of spend from 2016/17 into 2017/18.

Capital Financing 2016/17

6.4 The table below shows the final financing of the 2016/17 programme.

Table 2 – Financing of 2016/17 Capital Programme

Method of financing	Un ring-fenced £m	Ring – fenced £m	Total £m
- Capital receipts	0.252	0.964	1.216
- Grants (e.g. gov't, HLF, LEP, Environment Agency)	9.217	24.190	33.407
- Internal PCC Balance Sheet Funds	0.030	0.807	0.837
- Contributions, S106 & CIL (neighbourhood element)	0	4.184	4.184
- Direct Revenue Funding from service areas	0	0.340	0.340
- Borrowing:			
- Corporately funded	9.372	0	9.372
- Service revenue budget funded	0	40.699	40.699*
- External Borrowing	0	0.368	0.368
TOTAL CAPITAL FINANCING 2016/17	18.871	71.552	90.423

* Service borrowing is paid for by the Revenue Budget and is provided from savings made from the capital investment or from additional income such as the Asset Investment Fund investments (£30.800m).

- 6.5 Service departments will make a revenue contribution for their borrowing based on the amount of the loan, the interest rate and the life of the individual assets. The interest cost is calculated using interest rates provided by the Treasury Management Team and is based on the term of the borrowing. The interest rates are fixed for the full term of the borrowing so that the service knows the full cost of borrowing.
- 6.6 The cost of borrowing is charged the year after the assets comes into use. The service would cover the cost of borrowing from the benefits gained once the scheme has been completed and commissioned. There should therefore be no additional cost to service budgets as the budgets will receive both the benefits derived and cost of debt financing.
- 6.7 The financing of the additional borrowing will be managed through the Council’s Corporate Treasury Management Team who seek to minimise the cost of borrowing through the daily cash management process. This may result in a slightly reduced cost to the Council as the team maximise opportunities to borrow at rates which maybe more competitive than the estimates provided in the business case. If the interest rates rise over the term of the borrowing then the Treasury Management team will manage this increase.
- 6.8 Corporately funded schemes are charged to the Corporate Items budget. Over recent years the cost of such schemes has been absorbed into that cost centre. However, this is unsustainable going forward. A provision of £0.250m has been included in the 2017/18 revenue budget with further provisions included within the MTFs but these will have to be reviewed each year as the projects are completed.
- 6.9 In February 2017 the Council agreed a priority list of capital projects to add to £417.200m to the Capital Budget and this will increase corporate borrowing by £266.200m over the next 5 years. This includes £100.000m borrowing towards the Asset Investment Fund but this will generate an income to more than fund the finance costs. See Appendix C.

Revised Capital Programme 2016 – 2021

- 6.10 The table below sets out the revised capital programme for the 2016 – 2021 period, now updated for 2016/17 outturn:

Directorate	2016/17 Outturn	2017/18 Forecast	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast	Total Programme
	£m	£m	£m	£m	£m	£m
Place	75.525	84.466	23.351	9.414	2.713	195.469
People	11.570	6.244	2.065	0	0	19.879
Transformation and Change	3.104	5.399	0	0	0	8.503
Public Health	0.224	0	0	0	0	0.224
TOTAL	90.423	96.109	25.416	9.414	2.713	224.075

Recommendations

That Cabinet:-

- Note the Capital Report including the Capital Financing Requirement of £90.423m.

REVENUE OUTTURN VARIANCES MARCH 2017

APPENDIX A

DEPARTMENTS	2016/17 Gross Expenditure	2016/17 Gross Income	Latest Approved Final	Outturn	Outturn Variation
	£'000	£'000	£'000	£'000	£'000
Total Executive Office	4,419	(0,409)	3,935	3,914	(21)
Capital Financing	5,124	(1,257)	3,702	2,994	(708)
Other Corporate Items	5,888	(8,837)	(3,938)	(2,065)	1,873
Total Corporate Items	11,012	(10,094)	(236)	929	1,165
Finance	19,630	(3,520)	16,110	16,528	418
Legal	3,808	(863)	2,964	2,915	(49)
Customer Services	113,074	(110,160)	2,766	2,864	99
Human Resources & OD	3,369	(741)	3,218	2,728	(490)
Management and Support	58	0	58	58	0
Transformation	3,452	97	3,885	3,609	(276)
ICT	6,944	(442)	6,502	6,707	204
Total Transformation and Change	150,335	(115,629)	35,502	35,408	(94)
Children's Social Care	37,727	(3,566)	34,161	34,369	208
Co-operative Commissioning & Adult Social Care	99,354	(24,000)	75,805	75,798	(7)
Education, Learning & Family Support Services	134,848	(124,421)	10,087	10,078	(9)
Homes & Communities	4,334	(1,331)	3,154	3,121	(33)
Management and Support	(456)	0	(456)	(456)	0
Total People Directorate	275,807	(153,318)	122,751	122,910	159
Economic Development	10,512	(9,644)	869	457	(412)
Strategic Planning	12,603	(3,115)	9,945	9,191	(754)
Street Services	46,293	(28,000)	18,008	19,237	1,229
Management & Support	627	(5,060)	(4,433)	(4,433)	0
Total Place Directorate	70,035	(45,819)	24,389	24,452	63
Public Health	16,801	(16,370)	430	430	0
Operational and Development	288	(68)	220	364	144
Trading Standards	440	(17)	423	393	(30)
Environ Health (Food & Safety)	425	(38)	387	369	(18)
Bereavement Services	1,024	(2,636)	(1,612)	(1,612)	0
Licensing	228	(336)	(108)	(101)	7
Environmental Protection	596	(163)	433	421	(12)
Civil Protection Unit	205	(16)	189	99	(90)
Total Office of Director of Public Health (ODPH)	20,007	(19,644)	362	362	0
Total General Fund budget	531,615	(344,913)	186,702	187,974	1,272

Approvals secured January - March 2017 through Executive Decisions and SI51 Officer Approval

Year of Programme Addition						
Scheme Name	2016/17	2017/18	2018/19	2019/20	2020/21	TOTAL
	£m	£m	£m	£m	£m	£m
Place Directorate						
Acquisition of a Plymouth Freehold Property Investment	3.000	12.210				15.210
Carriageway Resurfacing	0.242					0.242
Woolwell to the George	0.030	0.390				0.420
Dunstone Woods	0.004	0.013				0.017
Mount Edgecumbe Marquee Floor	0.023					0.023
Development Fund		0.500				0.500
Total Place Directorate	3.299	13.113	0.000	0.000	0.000	16.412

People Directorate						
Oreston Academy Basic Need		0.226				0.226
Pomphlett Basic Need			1.600			1.600
Plympton St Maurice - Condition Works		0.069				0.069
Woodford Primary School Basic Need		0.059				0.059
MAP – Early Years Capital Fund		0.300				0.300
Total People Directorate	0.000	0.654	1.600	0.000	0.000	2.254

Year of Programme Addition						
Scheme Name	2016/17	2017/18	2018/19	2019/20	2020/21	TOTAL
Transformation and Change Directorate						
Phase I - Depot Strategy	0.002	0.747				0.749
Customer Services Accommodation Transformation	0.010	0.095				0.105
Modern Government - Council House Phase I		0.078				0.078
Kay Close Roof	0.143					0.143
Foreshore Repairs		1.044				1.044
Lifecycle Maintenance 17/18		0.320				0.320
Total Transformation and Change Directorate	0.155	2.284	0.000	0.000	0.000	2.439

Total Capital Programme Additions Jan – Mar 17	3.454	16.051	1.600	0.000	0.000	21.105
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			£m Total cost	£m Plymouth Contribution
To deliver the Plymouth Plan by investing in the infrastructure necessary to enable the city to grow (based on the comprehensive assessment of infrastructure needs contained within the Infrastructure Needs Assessment)	Transport and other infrastructure that eases traffic flow and improves facilities for public and active transport, enabling housing growth and reducing the impact of development on local communities	Woolwell to The George widening	£15.7m	£15.7m
		Northern corridor transport schemes	£43.6m	£24.6m
		Forder Valley Link Road (only project development costs in the current programme). This is additional scheme cost.	£3.9m	£3.9m
		Schools	£26.0m	£5.0m
		Derriford Park	£12.0m	£6.0m
		Total	£101.2m	£55.2m
	Transport, public realm and business infrastructure that eases the flow of traffic, provides essential business premises and creates a more attractive environment, improving business productivity, and enabling economic growth	Public realm improvements at Armada Way and other schemes which will encourage further private investment in the city centre	£49.0m	£27.0m
		A cruise terminal which will support the viability of local hospitality and retail businesses by increasing visitor numbers	£8.0m	£5.0m
		The Mayflower 2020 celebration, which will increase visitor numbers and provide a lasting economic legacy. A detailed report on this project is on the 7 February 2017 Cabinet agenda	£10.0m	£5.0m
		Plymouth Central Station	£40.0m	£5.0m
		Oceansgate	£4.0m	£4.0m
		Millbay Boulevard	£10.0m	£3.0m
		Total	£121.0m	£49.0m

		£m	£m
		Total cost	Plymouth Contribution
To generate an increased level of sustainable rental income for the Council by investing in new land and property assets. £100m investment is planned. The further £100m programme is self-financing and will generate income in excess of the cost of borrowing of £0.300m in 2019-20, £0.300m in 2019-20 and £0.400m 2020-21		£100.0m	£100.0m
To maintain and improve the Council's assets	Maintaining the highway network	£50.0m	£20.0m
	Maintenance of other city assets	£15.0m	£15.0m
	Undertaking a series of improvements to Central Park, delivering the masterplan	£9.0m	£6.0m
	Total	£74.0m	£41.0m
To transform service delivery by building and procuring infrastructure and assets that enables the Council to change the way it delivers services	Extra care facilities which provide a supported housing environment for elderly people. The capital financing cost would need to be covered in the project business case	£4.0m	£4.0m
	IT infrastructure that enables more efficient ways of delivering services giving residents an improved customer experience. This investment would need to have a self-financing business case.	£11.0m	£11.0m
	An improved bereavement service model, that future proofs the delivery of bereavement services including new and replacement cemetery and crematorium facilities. This will have a self-financing business case.	£6.0m	£6.0m
	Total	£21.0m	£21.0m
Total Proposed Investments		£417.2m	£266.2m

PLYMOUTH CITY COUNCIL

Subject:	Corporate Plan 2016-19
Committee:	Cabinet
Date:	30 th May 2017
Cabinet Member:	Councillor Bowyer
CMT Member:	Tracey Lee, Chief Executive
Author:	Andrew Loton - Senior Performance Advisor
Contact details:	Andrew.Loton@plymouth.gov.uk
Key Decision:	N/A
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 first introduced in summer 2016. This report reflects progress made during quarter 3 of 2016/17 (October to December 2016).
 2. To update 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 Strategy and Resource Implications:
Including finance, human, IT and land:**

The Medium Term Financial Strategy is a core component of the council's strategic framework and has a vital role to play in translating the council's ambition and priorities set out in the Corporate Plan 2016-19 and the city's ambition in the Plymouth Plan, into action.

The current Medium Term Financial Strategy focuses on taking a view out to 2019/20 of the range of major issues affecting the resources of Plymouth City Council.

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 and approve the Corporate Plan Q4 monitoring report.

Alternative options considered and rejected:

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

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Corporate Plan 2016-19										

Sign off:

Fin	djn 171 8.14	Leg	It/28 100	Mon Off	LT/ DV S/2 810 0	HR		Assets		IT		Strat Proc	
Originating SMT Member: Giles Perritt													
Has the Cabinet Member(s) agreed the content of the report? Yes													

CORPORATE PLAN QUARTERLY REPORT

Quarter 4 – 2016/17



Please Note: The Performance Indicators within this report are currently under review and an improved set will be provided within the first quarter of 2017/18. The review will look to improve availability and frequency of data. Discussions are currently taking place across key agencies in Plymouth to develop a resident survey that would collect high level data about people's perceptions, experience and feelings about living and working in Plymouth. If agreed, the survey would be undertaken during the summer of 2017.

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I. INTRODUCTION

The Corporate Plan 2016-19 sets out our vision to be ‘one team serving our city’.

OUR PLAN ONE CITY COUNCIL



CITY VISION Britain's Ocean City

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

OUR VALUES

WE ARE
DEMOCRATIC

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

WE ARE
RESPONSIBLE

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

WE ARE
FAIR

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

WE ARE
PARTNERS

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

OUR VISION One team serving our city

PIONEERING PLYMOUTH	GROWING PLYMOUTH	CARING PLYMOUTH	CONFIDENT PLYMOUTH
We will be innovative by design, and deliver services that are more accountable, flexible and efficient.	We will make our city a great place to live by creating opportunities for better learning and greater investment, with more jobs and homes.	We will work with our residents to have happy, healthy and connected communities where people lead safe and fulfilled lives.	We will work towards creating a more confident city, being proud of what we can offer and growing our reputation nationally and internationally.

OUR THEMES

<ul style="list-style-type: none"> ■ Quality services focused on customers' needs ■ Balancing the books ■ New ways of working ■ Best use of Council assets ■ Working constructively with everyone 	<ul style="list-style-type: none"> ■ Quality jobs and valuable skills ■ Broad range of homes ■ Increased levels of investment ■ Meeting future infrastructure needs ■ Green and pleasant city 	<ul style="list-style-type: none"> ■ Focus on prevention and early intervention ■ Keeping children and adults protected ■ Inclusive communities ■ Respecting people's wishes ■ Reduce health inequalities 	<ul style="list-style-type: none"> ■ Council decisions driven by citizen need ■ Plymouth as a destination ■ Improved street scene environment ■ Motivated, skilled and engaged workforce ■ Setting the direction for the South West
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The Corporate Plan is supported by activity that is coordinated through a series of plans both at service level and at a more strategic level in order to deliver specific outcomes. Performance indicators measure the progress towards outcomes. This report provides an update on the activities and performance indicators in quarter 4 and are presented under the relevant vision headings:

- Pioneering
- Growing
- Caring
- Confident

Each year the Councils Performance Framework is reviewed and targets are revisited. There is currently a review underway of performance indicators and targets to ensure effective management and monitoring of performance in 2017/18. There will be a focus on data frequency and availability so that the quarterly report provides the best evidence of impact on performance.

2. REPORT DESIGN

Once the report has embedded this section will be moved to the back of the report and used for reference purposes only.

REPORTING PERFORMANCE BY EXCEPTION

Exception reporting is where information is provided when performance differs from an expected standard. This will help to ensure that the limited time available for Committees to consider performance is focused on those areas where action / intervention are most likely to be required.

ACTIVITY UPDATES

Each vision heading contains an overview of some of the highlights during the period being reported.

TREND (RAG) COLUMN – COLOUR SCHEME

A trend rating is provided for both annual and quarterly performance. This gives a visual indication of whether the figure is improving or declining based on the earliest and latest period for which information is available e.g. quarter 1 compared to quarter 4 or 2013/14 compared to 2015/16.

- Indicators highlighted **green** show where there the latest value is improving.
- Indicators highlighted **amber** show where the latest value is between plus and minus 2.5% of the previous value. (Slight improvement/decline)
- Indicators highlighted **red** show where there the latest value is declining.
- Indicators not highlighted have no trend data

BENCHMARK COLUMN ('Eng.' and 'Comp. Group') - COLOUR SCHEME

- Indicators highlighted **green** show where Plymouth is better than the England or Family Group average.
- Indicators highlighted **amber** show where Plymouth is not significantly different to the England or Family Group average.
- Indicators highlighted **red** show where Plymouth is worse than the England or Family Group average.
- Indicators not highlighted show where no family group or no national data are available for benchmarking.

TARGET (RAG) COLUMN - COLOUR SCHEME

- Indicators highlighted **green** show where Plymouth is better than target.
- Indicators highlighted **amber** show where Plymouth is within 15% of target.
- Indicators highlighted **red** show where Plymouth is 15% worse than target.
- Indicators not highlighted or N/A show where no in year data is available to compare against target.

3. REPORT SUMMARY

This is the quarter 4 update of the Plymouth City Council's Corporate Plan which reports activity and performance between January 2017 and March 2017. There has been a continued effort to make changes to the report layout and further enhance the content. This report provides a combined view of activity, performance updates by exception and performance indicators for each vision of the Corporate Plan to present progress and the challenges faced by the council.

Please note that we are also undertaking a review of performance indicators within the council and this work will be used to inform the indicators used within the Corporate Plan. In particular we are focusing on reducing the number of annual indicators used within the Corporate Plan.

The final update of 2016/17 shows that the Council is on target in delivering against the majority of its plans. However, this quarter has seen "slippage" identified for activity contained within 3 of the 4 visions.

Updates received as part of Pioneering, highlight a renewed effort to maximise the effectiveness of the transformation programme in order to support the council to become a more efficient and smarter organisation. The Medium Term Financial Strategy (MTFS), which articulates the council's financial framework, has been moving through the decision making process and was agreed at full council in February.

The slippage reported in this area relates to efforts to enhance our capability to generate intelligence that informs decision making. This project has been reviewed and rebranded in light of delivery issues for project outputs.

Within Growing, all activity is showing as on track with a focus on jobs and skills being articulated through activity within the Plan for Education, development of the Employment and skills Board and the Oceansgate development. The challenges faced in the area of educational attainment in the city are also highlighted within the performance indicators.

Within the city, 800 homes are expected to be completed by March 2018 and the national Starter Homes Land Fund has acquired 3 sites within Plymouth of the 4 across the country.

In terms of future infrastructure needs, unfortunately 2 bids for funding were not successful and alternative funding opportunities will have to be sought.

Within Caring, whilst a large amount of progress has been achieved, the quarter 4 update has highlighted delays in the delivery of elements of the 4 commissioning strategies. There have been challenges in delivery of housing pathways as part of the Community Strategy which is now being enabled by the creation of the Community Connections Service. There is also pressure from demand on the primary care system which is presenting issues for sustainability that are currently being addressed.

Progress for the safeguarding of adults and children is largely on track against the respective improvement plans, however, there have been delays in realising aspirations to enhance the digital platform.

The performance indicator highlight shows that the work to support young people with special educational needs and disabilities is continuing in an effort to sustain performance that is above national benchmarks. Delayed transfers of care are still a focus and also homelessness and category I hazard removal to ensure residences in Plymouth are safe.

Finally within Confident, the majority of activity is reported as being on track. The update regarding improved street scene reports 7 items due for delivery as part of the modernisation programme including alternate weekly collections, recycling on the go and community engagement plans. There has been a slight delay in the delivery of the People Strategy which is now being progressed.

Work is also underway to deliver the resident survey during the summer.

4. PIONEERING

4.1. PRIORITY ACTIVITY HIGHLIGHTS

PIONEERING - Priority Activity	Status
Quality services focused on customers' needs	On Track
<i>Implement innovative Transformation Programmes</i>	<i>On Track</i>
<i>Cemetery facilities fit for the future</i>	<i>On Track</i>
Balancing the books	On Track
<i>Deliver the Medium Term Financial Strategy</i>	<i>On Track</i>
<i>Identify sustainable, alternative and increased sources of income</i>	<i>On Track</i>
<i>Deliver the Asset Management Plan and maximise the community value of our assets</i>	<i>On Track</i>
New ways of working	Slippage
<i>Enhance our capability to generate intelligence that informs decision making</i>	<i>Slippage</i>
Best use of Council assets	On Track
Working constructively with everyone	On Track
<i>Deliver the Cities of Service vision promoting volunteering, individual effort and personal responsibility</i>	<i>On Track</i>
<i>Work collaboratively with the voluntary and community sector to deliver better outcomes for citizens</i>	<i>On Track</i>
<i>Develop a partnership governance framework to ensure that partnerships make robust decisions, are accountable and compliant with regulations</i>	<i>On Track</i>

Quality services focused on customers' needs

Implement innovative Transformation Programmes

In November 2016 the Transformation Portfolio was re-casted into 3 programmes; Transformation of the Corporate Centre (TCC), Integrated Health and Wellbeing (IHWB2 / One System One Aim) and Growth and Municipal Enterprise 2 (GAME2).

The 'Transforming Corporate Centre' Programme (TCC) has been developed following the amalgamation of the Customer and Service Transformation (CST) and People and Organisational Development (P&OD) Programmes. TCC is committed to developing innovative solutions that make things more efficient, smarter, digital and simpler for both staff and customers.

Since late 2016, the TCC programme has delivered a number of significant improvements and budget savings including:

- Agile HR project: HR and OD service transformation programme and savings delivered two months earlier than planned.
- Digital Services: new Council website delivered to plan and in addition went further by delivering Payment capability, Booking capability, and Flare and Firmstep integration.
- Smart Working: Pilot project completed; now live for Councillors and 175 front line staff plus an additional group of staff impacted by the Waste Modernisation project to support the delivery of technology improvements for the Street Services Department.
- Elections Review: now aiming to deliver a mobile and automated canvass in addition to Electoral Registration System improvements.

The Transformation programmes are also:

- Ensuring that shorter and more defined projects are being delivered faster,
- Pushing harder on the delivery of online self-service and digital processes; and
- Piloting changes rather than waiting for perfect business cases; e.g. death registrations at the coroners, online copy certificate order / payment online and trialling hybrid project manager/business analyst role.

The transformation programmes continue to progress at speed and is expected to deliver significant benefits and financial savings across the council over the next three years.

Cemetery Facilities fit for the future

Plans are under way to ensure that the population of Plymouth have access to bereavement services that are fit for the future. This is likely to require new crematoria facilities and a range of options are under consideration. A project under the Depot Review has started to look into the feasibility to improve/expand the depot at Weston Mill in order to accommodate Street Cleansing and Grounds thus maximising the asset alongside the ongoing cemetery use.

Balancing the Books

Deliver the Medium Term Financial Strategy (MTFS)

The MTFS was approved by Cabinet on the 6th of December and by Council on the 27th February as part of the budget and council tax approval process. The MTFS will be reviewed regularly throughout the year with progress reported to Cabinet. Forecasted overspend of £1.272m was reported to cabinet for month 9; however Directorates have been working to recovery plans with the aim to target a zero balance by the year end.

New ways of working

Enhance our capability to generate intelligence that informs decision making

The programme of work entitled 'Intelligent Organisation' is currently being reviewed and next step proposals co-designed with key stakeholders will be discussed at CMT on 16 May 2017 led by Ruth Harrell, Director for Public Health. Two key deliverables will also be presented:

1. Data Plymouth – a public facing intelligence / open data web portal based on the themes of the Plymouth Plan and aligned to Corporate and City priorities. The site will host key data sets, needs assessments, performance data, benchmarking figures, survey results, external links, best practice case studies as well as prominent facts and figures about the city. Hidden content pages aimed for internal use will share intelligence products such as topic/legislative briefings, presentations, narratives, bio's, speeches, horizon scanning docs etc.
2. The Plymouth Report 2017 – a high level report that presents a single strategic analysis of the key needs and issues for the city (inclusive of the JSNA and Annual Monitoring Report). This report has been co-authored by different disciplines and analysts across the Council.

Issues that have hampered delivery of project outputs, which will be addressed in the next phase proposals, include the accessibility to and quality of data, as well as a lack of dedicated project management resources.

Best use of Council Assets

To support delivery of the Asset Management Plan and maximise the community value of our assets, the depots rationalisation has been approved, with work to improve facilities at Prince Rock in progress. The Business case for improvements at Weston Mill Crematorium lodge and works compound are to be submitted to the City Council Investment Board in May 2017. This will allow final vacation and closure of Outland Road depot. The challenge with closure of the Outland Road depot is the move of the microwave link to the Life Centre which allows PCC network access for elections in the Life Centre. We are in discussion with DELT (ICT Provider) to move and/or re-provide the link. There is time available to do this work without impact. Office rationalisation options are being refined and we are in discussion with One Public Estate contacts about other departments needing office space in Plymouth to maximise use of PCC assets.

Working constructively with everyone***Deliver the Cities of Service vision promoting volunteering, individual effort and personal responsibility***

We have extended our contracts with Volunteer Plymouth (to deliver volunteering infrastructure and to assist with our ambitions for the Mayflower 400 volunteering scheme) and Plymouth Voluntary, Community and Social Enterprise (PVCSE) sector (to deliver infrastructure services and to provide a funding advice service for VCSE organisations) until 2019.

Volunteering numbers using Volunteer Plymouth has increased by 1% on the same time last year. Timebank volunteers have increased by 30.6% on the same time last year. The three Cities of Service projects (Grow, Share, Cook, Energy Champions and Right To Read) continue and volunteers numbers remain stable. Making a Difference for Mayflower 400 has recruited 34 businesses against a target of 50 to deliver Corporate Social Responsibility volunteering. One Plymouth have sponsored the “Our Plymouth” project, this will be launched in June 2017. “Our Plymouth” will be a single portal where people and businesses can access volunteering opportunities for the city.

We have commissioned Volunteer Connections for a further 2 years to deliver strategic volunteering services for the city. We will launch Our Plymouth during Volunteers Week - an on-line portal for all forms of volunteering for the city. We have also produced a volunteering plan for Mayflower 400 which will increase the number of people and businesses volunteering between now and 2020.

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

Ind.ID	Indicator	2013/14	2014/15	2015/16	Annual Performance Improving/ Declining?	England	Comp. Group	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Quarterly Performance Improving/ Declining?	Target (RAG)
PO1	Increase the uptake of digital services by our customers	New Indicator in 2016/17			N/A	N/A	N/A	-	17%	-	45%	Improving	15%
PO2	Maintain a high percentage of customers satisfied with our services	81%	77%	75%	Slight Decline	N/A	N/A	Annual Data - update expected Sept 2017				N/A	75%
PO3	Maintain a high percentage of complaints responded to within timeframe	89.12%	76.59%	95.86%	Improving	N/A	N/A	Annual Data - TBC				N/A	95%
PO4	Increase in the (£m) value of income from commercial services			£1,027,000		N/A	N/A	Annual Data - TBC				N/A	£770,000
PO5	Maximise ROI (net yield) on each commercial estate investment	6.0%	7.3%	6.8%	Improving	N/A	N/A	Annual Data - TBC				N/A	5%
PO6	Increase the "Total Occupancy Rate" of all commercial properties owned by PCC	93.4%	94.0%	97.0%	Improving	N/A	N/A	Annual Data - update expected Aug 2017				N/A	95%
PO7	Scrutiny is assured that (key) partnership working is effective			Yes		N/A	N/A	Annual Data - update expected July 2017				N/A	Yes
PO8	(New) The % of (adults) residents who volunteer at least once per month		21%	22%	Improving	24%	N/A	Annual Data - update expected July 2017				N/A	23%

5. GROWING

GROWING - Priority Activity	Status
Quality jobs and valuable skills	On Track
<i>Work with the Growth Board to deliver the Local Economic Strategy creating jobs and investment</i>	<i>On Track</i>
<i>Deliver new high value jobs by delivering the Oceansgate development programme as part of our City Deal</i>	<i>On Track</i>
<i>Deliver the History Centre project to support jobs and investment</i>	<i>On Track</i>
<i>Deliver the Vision for Education Plan</i>	<i>On Track</i>
<i>Work with the Employment and Skills Board to deliver the Plan for Employment and Skills</i>	<i>On Track</i>
Broad range of homes	On Track
<i>Deliver the Plan for Homes</i>	<i>On Track</i>
Increased levels of investment	On Track
<i>Take forward and deliver major development schemes</i>	<i>On Track</i>
<i>Continue to develop a development pipeline using Council land and property assets and a strong programme of inward investment activity</i>	<i>On Track</i>
Meeting future infrastructure needs	On Track
<i>Maximise resources available to the city</i>	<i>On Track</i>
<i>Transform the gateways to the city</i>	<i>On Track</i>
Green and pleasant city	On Track
<i>Support the growth of community owned energy solutions</i>	<i>On Track</i>
<i>Deliver the Active Neighbourhoods Project</i>	<i>On Track</i>
<i>Progress strategic transport projects</i>	<i>On Track</i>
<i>Deliver new community park and farm at Derriford</i>	<i>On Track</i>
<i>Deliver enhancements to Central Park informed by the masterplan</i>	<i>On Track</i>

5.1. PRIORITY ACTIVITY HIGHLIGHTS

Quality jobs and valuable skills

The Plan for Education is being fine-tuned in response to comments from the Corporate Management Team. The delivery plan is also being refined to reflect changes. It is acknowledged that the Education Plan must link to the transformation of the department and changes in the education landscape. Challenge to schools is an ongoing feature and remains an integral part of the service.

There has been continued progress with the development of the Employment and Skills Board (ESB) to gain wider representation. We now have schools represented on the ESB. Big issues are still around Careers Education Information Advice and Guidance (CEIAG) and the connectivity between what is known by parents and young people about the opportunities and careers locally. Events such as the Apprenticeship Fair (4th March) for Manufacturing and Construction have had a positive impact in conveying these messages but these need to be replicated across the rest of the employment sectors and growth opportunities.

Work on 'Oceansgate Phase 1' development formally commenced on site in January 2017 to deliver 1,140m² of office and 1,290m² of industrial space – this development is now being actively marketed and is expected to generate an estimated 123 new jobs. A funding bid for European Regional Development Fund money has been submitted to create a Marine Business Technology Centre located at site which will host, promote and facilitate innovation and collaboration between high-tech marine institutions and businesses. Demolition of existing unwanted buildings in Phase 2 was completed in March 2017 in preparation for future development and although new infrastructure construction works commenced at the site in 2016, activity in this area will ramp up from April.

Broad range of homes

Four sites have been acquired nationally under the Starter Homes Land Fund, three of which are in Plymouth! Submissions on all sites have been received and are currently being considered.

The council currently has 33 sites for which there is a plan to build homes, seven schemes are completed (136 homes), nine schemes are under construction (397 homes) and eight are due to start on site by April 2017 (416 homes). There is an expectation that 800 new homes will be completed by March 18.

We have submitted an expression of interest to the Homes and Community Agency (HCA): Accelerating Construction Programme. It is hoped we are able to work with HCA to secure funding and support for new homes and associated infrastructure to increase pace of delivery of new homes.

There is also a focus to bring empty homes back into use. The council has already made two approvals for funding under its Empty Homes Financial Assistance Policy, with a further five applications expected soon. We are pursuing enforcement action on a number of long term empty properties including the CPO and enforced sale of three empty properties.

Finally there are Brownfield sites prioritised for development through the Joint Local Plan. There is an opportunity to unlock a number of stalled Brownfield sites through our Starter Homes Programme and other planning interventions and this is being actively progressed.

Increased levels of investment

Current major planning application performance is 100% determined in time for 2016/17. All applications have complied with the revised planning guarantee and officers have been working hard to prioritise housing and commercial projects working proactively with applicants to get schemes delivered.

Plymouth City Council continues to develop a development pipeline using Council land and property assets and a strong programme of inward investment activity.

Meeting future infrastructure needs

As part of the preparation of the Joint Local Plan, an infrastructure Needs Assessment has been completed which identifies the infrastructure required to support delivery of the Plan's vision and objectives. Key infrastructure priorities have been agreed at the Full Council meeting on the 27 February 2017, and funding provision has now been made.

In addition the Government has awarded Plymouth railway Station £4.7m against a bid of £5.0m to Growth Deal 3 (GD3). A further £0.5m has been confirmed by the Cornwall and Isles of Scilly LEP from their GD3 award to support the Railway Station.

The following two schemes were not successful in securing funding through GD3 and therefore will go forward to future external funding opportunities:

- Morlaix Drive: £0.86m bid to support improved access to Derriford Hospital and the north of the city
- Cattedown Roundabout: £3.98m bid to support highway capacity improvements

Three bids have also been submitted to Highways England in July 2016 for the Growth and Housing Fund. Highways England has requested information about how each of the schemes benefits the trunk road and remain as live bids:

- £4.47m bid to support the Forder Valley Link Road (total scheme value £33.4m)
- £3.78m bid to support Forder Valley Interchange with the A38 (total scheme value of £7.9m)
- £5.0m bid to support Woolwell to the George (total scheme value of £15m)

Finally, following the new city coach station opening on the 8th of September completing a £4.85m investment by the Council, a better welcome is now being experienced by thousands of coach passengers who visit the city each year. Visitor coach drop off and pick up facilities were also opened at Derry's Cross with space for five coaches with layover facilities being provided at Milehouse and The Ride bus garages.

Further improvements to visitor coach facilities are planned for the Barbican before 2017 peak season commences.

The bid for £5m that was submitted to GD3 in September 2016, for improvements to Plymouth Station, has been successful with an award of £4.7m. Cornwall and Isles of Scilly LEP have also confirmed £0.5m from their GD3 award.

Green and pleasant city

Plymouth Energy

Plymouth City Council has supported Plymouth Energy Community to:

- Raise £1m in community share equity towards the refinancing of Ernesettle Community Solar farm
- Complete feasibility work on community owned renewable heat solutions for Mount Edgecombe and three schools.
- Installed LED lighting refits at three schools
- Initiate a three year Big Lottery funded fuel poverty project supporting disabled residents
- Deliver the Active Neighbourhoods Project

Strategic Transport

Good progress has been made on a large programme of transport schemes supported by Growth Deal funding. There are a number of projects that, subject to business case approval, have funding secured or allocated. These are:

- Derriford Hospital Interchange (£2.24m): A new public transport 2 way interchange at Derriford hospital was complete in January 2017 and now operational
- Derriford Transport Scheme (£13.3m): Large scale upgrades at Derriford Roundabout and William Prance Road. Scheme commenced on site on 3rd January 2017. Construction is scheduled to take 15 months
- Five year programme of Northern Corridor Junction Improvements (£3m): Upgrading ageing signal infrastructure and capacity improvements. Phase 1 (Outland Road) scheduled to complete by the end of March. Phase 2 (Mannamead Road) feasibility is in progress
- Five year programme of Eastern Corridor Junction Improvements (£3.34m) on the A374 Plymouth Road and junctions in Plymstock: Traffic signal upgrades and capacity improvements. Cot Hill feasibility and Ground Investigation took place in February. Council's Corporate Investment Board approved this scheme to be added to the Capital Programme in December 2016. Phase 1 Cot Hill is anticipated to start in late 2017 with future phases being delivered before 2021.
- Charles Cross (£3m): Final design and construction has been procured through the SCAPE Framework. Emphasis is on increasing flow of traffic at this location. Consultation with bus operators and with neighbouring developers has taken place. Targeting the July Local Transport Board to submit Programme Entry business case. Delivery planned to start in 17/18 and complete in 18/19. Complementing this scheme would be the provision of a straight across pedestrian crossing between Drake Circus and Tavistock Place funded from developer contributions
- Eastern Corridor and City Centre Strategic Cycle Network scheme (£4.91m): walking and cycling improvements to the National Cycle Network. Phase 1 work to extend eastwards the off-road pedestrian/cycle route from the Ride to Broxton Drive underway. Initial feasibility for Phase 2 Laira Bridge to Barbican section underway. Phase three of the funded cycle route along Armada Way is programmed to be delivered as part of the Armada Way Public Realm improvements from 2018

- Northern Corridor Strategic Cycle Network scheme (£3.51m): walking and cycling improvements to the north of the city to be delivered in phase up to 2020. Phase I Derriford Roundabout to north of Powisland Drive currently underway as part of the Derriford Transport scheme
- Forder Valley Link Road (£33.4m): A new 1km of road connecting Brest Road in Derriford with Forder Valley Road. Outline design developed and completed, Public and Member consultations held September/October 2016, Procurement route determined and progressed Planning application progressed. Consultation Events very well attended. Overall, there is support from members of the public.

5.2. PERFORMANCE INDICATOR HIGHLIGHTS

Decrease in number of residents with no formal qualifications

Over the past 11 years, Plymouth has managed to decrease its proportion of residents with no formal qualifications by an average of 4.2% per annum. This average annual reduction exceeds the national average (4.17%) but lags behind the South West average reduction (5.17%).

However, 2015 saw a sizable increase in the number of Plymouth residents with no formal qualifications to 6.1% – the largest recorded increase in the city since ONS records started in 2004. Despite this increase Plymouth still sits below the 8.6% of the UK's population lacking these qualifications in the same period.

Much activity is occurring locally and regionally to ensure efforts secure further decrease in the proportion of residents with no formal qualifications. These are:

- Learning Skills and Employability Group is strengthened by VCS attendance enabling better understanding of age and locality
- OnCourse South West are delivering functional skills and English teaching to students who speak other languages
- Department for Work and Pensions are providing digital literacy training as part of Universal Credit
- 'Building Plymouth' is addressing skills shortages and entry to the construction sector through licence to practice site certificates
- The Heart of the South West Local Economic Partnership (HoTSW LEP) is working to better understand the impact of migrant workers in the city

Increase in NVQ4 and above per head of population

Plymouth has a good track record of increasing the number of its residents with NVQ4 (and above) qualifications. On average, the number of working-age Plymouth residents with NVQ4 and above qualifications increased by 5.3% per annum. This average annual increase is larger than the South West average (4.19%) and the UK national average (4.10%). However, although Plymouth is making large annual increases, the overall proportion of residents holding at least NVQ4 qualifications is lower than the South West and UK national averages. Plymouth has reported year on year increases over the past 10 years. The Plymouth average is 29.9%, the SW average is 37.3% and the England average is 37.1%

The Department for Education's (DfE) Post 16 Skills Plan, launched in July 2016, attempts to raise the profile of technical progression routes and qualifications so that they have parity with academic learning routes. The word 'vocational' is being removed from the dialogue and being replaced with 'technical'. What we are expecting to see is A'levels and T'Levels in the future (piloted 2018, launched 2019). There is a phased approach to implementing and shaping vocational curriculum and the offer which is to be dependent on local demand. Other evidence from specific sectors illustrates that provision is not offered in the sub region (professional qualifications in the built environment sector, for example).

Government's 'Building our Industrial Strategy' Green Paper was launched for consultation January 2017 and refers to the Skills plan in its second pillar – developing skills. The LA is working across Plymouth to collate and respond to this Green Paper supported by the STEM Plymouth forum.

Some larger organisation e.g. Babcock, or Networks e.g. Plymouth Manufacturing Group, are expected tailor their own responses to the consultations.

In preparation, a Plymouth Post 16 partnership set of six task and finish meeting starts Mid-April 2017, where the LA are demonstrating leadership across the Post 16 education landscape to work together to agree priorities for 2019 and beyond.

STEM Plymouth welcomes Lord Lucas of the Digital Policy Alliance to launch the Plymouth Pilot into high level digital skills at Plymouth University in March 2017.

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.
Financial Year

Ind.ID	Indicator	2013/14	2014/15	2015/16	Annual Performance Improving/ Declining?	England	Comp. Group	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Target (RAG)
GR1	Increase the number of jobs in Plymouth	107,700	107,800		Slight Improvement			Annual Data - update expected Aug 2017				109,560
GR6	Increase proportion of young people in academic years 12-14 who are in Education, Employment or Training (EET)	Data not available due to definition change			N/A	89.70%	89%	89.60%				87.0%
GR7	Deliver 5000 new homes (Gross) over next 5 years	731	971	1244	Improving	N/A	N/A	Annual Data - update expected June 2017				1000
GR4	Increase the number of higher level apprenticeship starts	50	70	170	Improving	N/A	N/A	Annual Data - update expected Mar 2018				120
GR8	Reduce carbon emissions	1210	1055		Improving	N/A	N/A	Annual Data - TBC				1209

Calendar Year

Ind.ID	Indicator	2013/14	2014/15	2015/16	Annual Performance Improving/ Declining?	Eng	Comp. Group	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Target (RAG)
GR2	Increase the value of the City's GVA (Gross Value added per Hour - indices)	89.7	88.1		Slight Decline	92.5	85.7	Annual Data - update expected Dec 2017				92.6
GR3	Increase in NVQ4 and above per head of population	29.1%	29.4%	29.9%	Slight Improvement	37.3%	37.1% (SW)	Annual Data - update expected July 2017				30.5%
GR5	Decrease in number of residents with no formal qualifications	6.1%	4.8%	6.1%	Slight Improvement	8.6%	N/A	Annual Data - update expected July 2017				4.8%

6. CARING

CARING - Priority Activity	Status
Focus on prevention and early intervention	Slippage
<i>Deliver the Integrated Commissioning strategies</i>	<i>Slippage</i>
<i>Deliver the Children, Young People and Families Service Improvement Plan</i>	<i>On Track</i>
<i>Deliver the Plan for Sport</i>	<i>Slippage</i>
Keeping people protected	Slippage
<i>Deliver the Safeguarding Improvement Plan for Adults and Children</i>	<i>Slippage</i>
<i>Deliver the Community Safety Plan</i>	<i>On Track</i>
Inclusive communities	On Track
<i>Deliver the Welcoming City Action Plan</i>	<i>On Track</i>
Reduce health inequalities	On Track
<i>Deliver the Child Poverty Action Plan</i>	<i>On Track</i>
<i>Deliver Thrive Plymouth</i>	<i>On Track</i>

6.1. PRIORITY ACTIVITY HIGHLIGHTS

Focus on prevention and early intervention***Integrated Commissioning***

Children and Young People Strategy – Delivery against the Children and Young People’s plan is largely on target. In particular the activity to better integrate the Community Health, Wellbeing and SEND Support Service remains on track, with senior managers from PHNT, Livewell and PCC Education and Learning department beginning to meet to develop a plan for 2017 – 2019. Decisions for the procurement of services post 2019 will be developed between now and Autumn with proposals to Cabinet later in the year.

The work to develop our residential placement market in Plymouth continues to be successful, with an increase in the last five years from one home to seven homes, with ten bed spaces. A further home is due to open in Plymouth this year, and two more homes on the outskirts. This increases our ability to keep young people close to home, with continuity of care and locally negotiated prices.

Work with schools and CAMHS Transformation continues to ensure young people have significantly improved access to emotional wellbeing and mental health support in the city, with 872 young people accessing online support since the service opened in September 16. There has been a reduction in average waiting times for children waiting for specialist CAMHS interventions.

The review of the Early Help and Targeted Support offer across the system has not yet been completed. However following the completion of the transformation of the offer in PCC Children, Young People and Families Services the activity to review the interface with this and other commissioned services is now being undertaken.

Community Strategy – the Community Strategy Action Plan is also on target with a number of initiatives progressing. Activities on track include the contract award for Supported Living service, a programme board established to oversee work in relation to integrated personal care and the progress toward alternative support options for vulnerable adults. The delivery of the future Complex Needs whole system design in Plymouth has not yet been completed but significant co-production has been completed with specifications to be sent to providers for comment. The review of the housing based support pathway for older people has been delayed but should now be undertaken following the establishment of the Community Connections department. The urgent care system has continued to be a major factor effecting the health and social care system across the city, with higher than anticipated numbers of people presenting to the Emergency Department and pressures on flow through the whole system, impacting on community provision and the care home market.

Although there are periods of excellent performance, the constitutional target continues to be missed in a sustainable manner. This pressure in turn impacts on the hospital's ability to ensure throughput in its elective workload.

Enhanced and Specialist Strategy – Actions in relation to care homes remain on track with a number of initiatives underway or completed. A market analysis of nursing bed capacity has been completed and a market position statement and analysis will go before the Integrated Commissioning Board in April. A Primary Care innovation pilot which has seen Pharmacists and GP's work directly with care homes has been a success and there will be shared learning at the end of the 17 month pilot period. Fifty Health and Wellbeing champions based in care homes and domiciliary care providers receive education and peer to peer advice at quarterly multi-agency workshops, aimed at tackling some of the key reasons for hospital admissions from care homes. Plans on a page have been developed to illustrate the care home and domiciliary care markets contribution to tackling pressures around urgent care.

Wellbeing Strategy – A draft vision for health and wellbeing hubs that work for different neighbourhoods across the city has been developed and consulted upon, this will be delivered through commissioning work streams including; advice and information, wellbeing, health improvement, and integrated early years. Existing advice and information contracts have been renegotiated including a co-location pilot at first stop, a task and finish group has been set up to oversee the implementation plan covering the three elements of the 'One Help Plymouth' model.

Supporting a sustainable primary care system remains a challenge although governance structures have been established and funding streams co-ordinated. Efforts to reduce demand for planned care include all GP practices within the CCG offered the opportunity to participate in a LES (Locally Enhanced Service) to manage demand. Practices within the Western Locality have been reviewed to assess their baseline position, and discuss their plans for tackling variation in referrals with visits undertaken with those practices with the highest referral rates.

Children, Young People and Families Service

The Plymouth Children, Young People and Families Service have continued to embed the service redesign following transformation; this includes developing best practice standards. In January they launched the NSPCC local helpline and neglect campaign with a specific focus on promoting early help. In addition the Plymouth Children's Safeguarding Board has been actively supporting the Child Sexual Exploitation (CSE) awareness campaign and in particular the CSE awareness day held on the 18th March.

Plan for Sport

The final draft of the Plan for Sport is out to external consultation for further feedback and comments; closing date 9 April. The Plymouth Sports Board and the Plymouth Sports Network have both had the opportunity to provide additional partner feedback. Detailed work on the development of a delivery plan is also underway which will capture outputs and milestones from relevant plans.

Deliver the Community Safety Plan

The production of the new Partnership Plan has been delayed as the Safer Plymouth board continues works with sub group chairs to develop new delivery action plans for 2017/18. Sub group delivery plans will aim to deliver against outcomes in relation to the Safer Plymouth priorities, which are; tackling Domestic Abuse and Sexual Violence, Hate Crime and emerging issues such as Child Sexual Exploitation and Modern Slavery. This new approach will see these delivery plans combine to create the new strategic plan for the board, this process should be complete by the end of quarter one in 2017/18. This process will also ensure that delivery plans are closely aligned with commissioning plans, and that outcomes are aligned to the Police and Crime Commissioners plan.

Keeping people protected

Children's Safeguarding

A number of pieces of work are underway to ensure social work caseloads remain manageable, including some identifying some additional social work capacity, and our vacancy rate compares very well against national comparators and statistical neighbours.

We have completed the restructure of the department as part of the Children, Young People and Family Service (CYPFS) Transformation. We have undertaken cultural change workshops with the management team, and we are in the process of implementing a set of Plymouth Best Practice Standards. These aim to improve the quality of supervision practice, care planning, recording and assessment. We have also re-designed a service area to deliver an enhanced focus on quality assurance. We have concurrently worked to secure improvements in IT systems to support our new care planning approach, and joined with the NSPCC to launch a new helpline, neglect campaign and reunification pilot.

Repeat referrals and repeat child protection plans remain a focus. We have reconfigured our front door and work is underway to review thresholds and processes within Plymouth Referral and Assessment Service (PRAS) and REACH. The number of children subject to child protection plans has reduced to bring us in line with our statistical neighbours. However, the Best Practice Standards are also targeting repeat child protection plans and we would expect to see this percentage reduce as the size of the cohort stabilises.

Short term placement stability continues to perform well. Long term placement stability remains slightly below target and is subject to a high level of management scrutiny/action. There have been some recent improvements in this area, but this is not yet on target.

We have worked alongside the Plymouth Safeguarding Children's Board (PSCB), supporting the transformational change programme to bring the Board in line with the Wood Review recommendations. This is progressing well with a new PSCB structure and governance arrangements now in place. We have completed the action plans for child A and child Q other than a specific action relating to pathways for HSB, which has been referred to the System Optimisation Group.

Adult Safeguarding

The Plymouth Safeguarding Adults Board (PSAB) remains largely on target to deliver against the first twelve months of the 2016-19 Strategic Plan; with only one or two notable delays. We are collecting data from the recently promoted online referral form for professionals and members of the public, and early signs are that awareness of its benefits is increasing and numbers reflect this increase. This route ensures timely and accurate recording of concerns, provides tracking and feedback for referrers, and helps to reduce call volumes for the Contact Centre. Work has begun with the web team to update the PSAB web pages as part of awareness raising and promotion of the board and its work. Across the safeguarding network, local and regional partnership work on the Modern Slavery agenda continues. A half day conference, organised with our community safety colleagues, for over 200 representatives from a variety of agencies and sectors took place in March.

Inclusive Communities

A series of actions to move forward on Welcoming City was presented to One Plymouth members on 29th March including roll out of a pilot school based empathy development programme, increased visibility of city leaders at events promoting diversity, embedding the Welcoming City narrative and ethos within city marketing/ promotion activities and events, and organisational support and challenge on the self-assessment criteria. A resident survey is also being considered that would provide baseline and benchmarking data and track progress and trends around specific outcome measures set out in the Plymouth Plan – including how people from different backgrounds get on together. Without this data, it will not be possible to understand whether any activity or investment to create a welcoming city is having any longer term impact on attitudes and behaviours.

Reduce Health Inequalities

Year three of Thrive Plymouth, which focusses on localising 'One You', a national campaign being led by Public Health England (PHE) which aims to help adults across the country avoid future diseases caused by modern lifestyles, is ongoing. We are working with 8 local organisations that connect to our target populations (three social housing providers, Job Centre Plus, Working Links, Derriford Hospital) with a further 12 identified. This work includes training relevant staff in the Thrive Plymouth interventions; we have completed training for 45 Housing Offers at Plymouth Community Homes (PCH). We have a full calendar of events and advertising throughout the year to promote the messages of Thrive Plymouth/ One You, and take up of the HAY tool (for example, Whitleigh Cycle for Santa). We have set up a network that currently involves 19 large Voluntary and Community Sector organisations in the city to expand our reach into the communities. We will receive data on the number of people using the HAY tool as a measure of our reach (not currently available).

We are also progressing evaluation with Plymouth University, with an evaluation of Year 1 (workplaces) due to be completed imminently. The Child Poverty Action Plan was signed off at Cabinet in October 2016 and continues to be rolled out under the supervision of the Cabinet Advisory Group on Child Poverty. The Peninsula Dental Social Enterprise has pledged £100,000 to support the strategy delivery.

6.2. PERFORMANCE INDICATOR HIGHLIGHTS

Percentage of young people with Special Educational Needs and Disabilities (SEND) in education, employment and training (EET)

Latest figures from Careers SouthWest (Jan17) show 83.1% of young people with a Special Educational Need or disability have remained in Education, Employment and/or Training, at the same point last year the figure was 85.8% a difference of 3 young people. Latest comparable figures from DfE show at the end of 2016, Plymouth SEND EETs at 91.3% slightly above National (91.2%) and regional (90.9%) performance.

SEND Reform programme has identified raising aspiration for disabled young people to be in employment – this is a key strand of our local work for SEND. Working without partners we are creating individualised programmes of learning that provide the targeted support needed for young people with SEND to make good progress into employment or training. Work is being undertaken into the development of specialist Post 19 options for young people with SEND.

The forum for parent/carers and the forum for young people with SEND contribute to the strategic planning of the Local Offer and engage in decision making across the SEND steering group to help direct its work against the identified priorities.

We have a growing network of 14-25 education and training providers for SEND meeting regularly. They are working to build relationships with each other and schools. It provides an opportunity for us to brief providers about what they offer to young people needs to be in order to make sure that we see young people progressing in the learning and training and moving towards real and sustainable employment according to their skills and abilities.

We are working with schools and colleges to improve the focus of Education, Health and Care Plan reviews from year 9 onwards to have a focus on independence skills and pathways to employment.

Reduce the rate of Delayed Transfers of Care attributable to Adult Social Care

Nationally, since August 2010, the number of delayed transfers of care has been increasing. Locally, performance is of concern with on average 18 people delayed at the end of each month between April 2016 and February 2017 (based on an end of month snapshot and delays attributable to Social Care only).

Since December recording changes have had an adverse effect on numbers of delays from Derriford hospital. In order to tackle the number of DTOCs, actions included in a plan being overseen by the Urgent Care Partnership include; Integrated Discharge Teams interpreting data and understanding reasons for delays with an aim to reduce length of stay, agreement on a new complex discharge pathway and additional social work capacity in the Integrated Hospital Discharge Team, the roll out of seven day working and additional step down beds.

Number of households prevented from becoming homeless

End of year performance was below target. In 2016/17 932 households were prevented from becoming homeless. Actions to improve performance include the review of initial point of contact procedures and the establishment of new community connections department, including locality working.

Category 1 hazards removed (CAT1)

End of year performance was below target, this was anticipated with major change having been undertaken within the Housing Service. Recruitment to posts within the new Community Connections Service is progressing well, this alongside changes to policy and processes mean that we would anticipate an upturn in performance in 2017/18.

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

Financial Year													
Ind.ID	Indicator	2013/14	2014/15	2015/16	Annual Performance Improving/ Declining?	England	Comp. Group	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Quarterly Performance Improving/ Declining?	Target (RAG)
CR1	Improve safeguarding through increased success in achieving the "Families with a future" Outcome Framework (cumulative)			54	N/A	N/A	N/A	18	103	178		Improving	TBC
CR2	Increase in number of eligible 2 year olds taking up free early education places		80%	89%	Improving	68%	69.10%	90%	93%	92%	92%	Same	85.7%
CR3	% of young people with Special Educational Needs and Disabilities (SEND) in education, employment and training		73.9%	87.0%	Improving	90%	89%	91%				Improving	85%
CR4	Children's Safeguarding timing of Assessments.		88.7%	91.4%	Improving	81.5%	77.6%	92%	94.7%	94.7%	94.6%	Same	88%
CR5	The proportion of people who use services who say that those services make them feel safe and secure	86.1%	93.3%	94.0%	Improving	85%	88%	Annual Data - update expected Sept 2017				N/A	94%
CR6	Overall satisfaction of people who use services with their care and support	67.8%	65.6%	70.0%	Improving	65%	65%	Annual Data - update expected Sept 2017				N/A	72%
CR7	Reduce the rate of Delayed Transfers of Care attributable to Adult Social Care	6.9	6.2	8.31	Declining	4.7	3.5	6.84	6.6	7.22	8.85	Declining	4.8
CR8	Number of households prevented from becoming homeless	900	833	900	Improving	N/A	N/A	214	513	711	948	Improving	1200
CR9	Category I hazards removed (CATI) (Cumulative)	394	369	286	Declining	N/A	N/A	78	121	215	287	Declining	300
CR11	Self reported wellbeing – Reduce percentage with a low satisfaction score	5.30%	5.40%	4.20%	Improving	4.60%	3.70%	Annual Data - update expected Feb 2018				N/A	5.1%
CR12	Increase participation in sports activities	62132	62509	144683	Improving	N/A	N/A	Annual Data - update expected June 2017				N/A	125k
3 Year Average													
Ind.ID	Indicator	2012/14	2013/15	2014/16	Trend RAG	England	Comp. Group	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Qrtly Direction of travel RAG	Target (RAG)
CR10	Close the gap in life expectancy between the most and least deprived areas	4.0	3.7		Improving	N/A	N/A	Annual Data - update expected Feb 2018					3.8

7. CONFIDENT

CONFIDENT - Priority Activity	Status
Council decisions driven by citizen need	On Track
<i>Residents help to inform Council priorities</i>	<i>On Track</i>
Plymouth as a destination	On Track
<i>Deliver the Mayflower National Trail and International Events programme</i>	<i>On Track</i>
<i>Support Destination Plymouth to deliver the Visitor Plan</i>	<i>On Track</i>
<i>Support the Culture Board to deliver the Vital Spark Cultural Strategy</i>	<i>On Track</i>
Improved street scene environment	On Track
<i>Ensure that the city is kept moving</i>	<i>On Track</i>
<i>Deliver the pavements Improvement Programme</i>	<i>On Track</i>
<i>Develop and deliver the Plan for the Modernisation of Waste and Street Services</i>	<i>On Track</i>
<i>Introduce an initiative to tackle littering and fly-tipping</i>	<i>On Track</i>
Setting the direction for the South West	On Track
<i>Strengthen Plymouth's role in the region through the delivery of priority actions identified in the Plymouth Plan</i>	<i>On Track</i>
<i>Continue to fight to secure better alternative rail and improved road links</i>	<i>On Track</i>
<i>Take a lead role in the new Combined Authority and deliver a Devolution Deal</i>	<i>On Track</i>
Motivated, skilled and engaged workforce	Slippage
<i>Deliver the People Strategy</i>	<i>Slippage</i>

7.1. PRIORITY ACTIVITY HIGHLIGHTS

Improved street scene environment

Below is a list of items due to be delivered as part of the Modernisation programme. All are on track to be delivered by 8 May.

- Alternate Weekly Collection
- Garden waste collection
- Rolling grass cut
- Rolling sweep
- Recycling on the go and replacement litter bins
- Community engagement plans
- New management and operational structure

Purchase of a wide range of waste and recycling bins including recycling on the go and community recycling and waste bins has progressed and installation plans are being devised with all ward councillors. Final structure has been agreed and five recycling officers are to develop and implement enforcement capability alongside public protection team with regards to litter and fly tipping. Structure due to be in place in April 2017.

Setting the direction for the South West

There have been a number of developments in this area during quarter 4. Plymouth's strategic role has been embedded into the Joint Local Plan which was approved by Full Council on 27 Feb 2017 and an 'in principle' decision to establish a Joint Committee for the Heart of the South West is expected to be made by the Council on March 20th. The Heart of the South West Productivity Plan is the refreshed long term economic plan for the area, and is due to be published in September 2017 to coincide with the establishment of the Joint Committee.

The Council is also leading discussions with neighbouring councils based on the Plymouth's 'Travel-to-Work area' which includes South East Cornwall, and collaborative working with Greater Exeter and Torbay.

The PRTF 20 Year plan 'Close the Gap' was well received by Government. At a meeting with Paul Maynard on the 28th Feb, he was clear that the South West was recognised as a priority and that the rail industry submissions for funding in CP6 were now being worked through, with much alignment between PRTF 'asks' and the schemes submitted by Network Rail (NR). NR has confirmed that the culvert resilience work is funded and will take place in summer 2017 and 2018, with the weir removal scheme in design stage. PRTF is engaged with NR on its CP6 plans and is undertaking ongoing lobbying through MP's with the rail industry and government. It is anticipated that Gov't will make announcements in the autumn in relation to which schemes they will fund as part of CP6. The dates for the new Great Western and Cross Country franchises are now published.

- Cross Country – ITT issued Aug '18, contract award Jun '19, start of new franchise Oct '19
- Great Western - ITT issued Feb '19, contract award Dec '19, start of new franchise Apr '20

Motivated, skilled and engaged workforce – Deliver the People Strategy

The People Strategy was discussed at Scrutiny on 26th January and 1st March. The recommendations made are now being adopted and the People Strategy will return to Cabinet for approval in May. Following the early and successful delivery of Agile HR project in March 2017, we continue to make good progress having delivered a number of improvements including the introduction of HR Business Partnering and HR Self Service for managers and staff. Going forward improvements will be focussed on talent management, leadership and culture change.

7.2 PERFORMANCE INDICATOR HIGHLIGHTS

Percentage of people who feel they can influence decisions (in their locality)

Discussions are currently taking place across key agencies in Plymouth to develop a resident survey that would collect high level data about people's perceptions, experience and feelings about living and working in Plymouth.

Building on the Wellbeing Survey undertaken in 2014, this survey would generate high level intelligence to inform strategic decisions for the council, the community and partner organisations. It would also fulfil the requirement to report on a number of performance indicators set out both within the Council's Corporate Performance Framework and the Plymouth Plan.

If agreed, the survey would be undertaken during the summer of 2017.

Resident satisfaction with reduction in City congestion levels.

Public satisfaction with traffic levels and congestion has remained at the 2015 figure of 43%; the national average has also stayed at 45%. Actual average speeds on the city's A roads declined slightly from 21.7mph in 2015 to 20.8mph in 2016. It's possible that road works in the city have had some impact, but it's most likely due to increasing traffic levels. 2016 figures are not yet available, but there had been a small increase over previous years.

Residents are satisfied with the condition of roads and pavements in the city

A further significant improvement in public satisfaction with the condition of Plymouth's roads has been achieved; this is now at 37%, just below the national average of 38% (figures from the 2016 NHT survey). This is a reflection of an actual improvement in road condition; whilst the percentage of principal roads in satisfactory condition remains at 97.6%, for non-principal roads this has increased from 97.4% to 97.8%. Satisfaction with the condition of pavements has also improved from 48% to 50%, but is still below the national average of 56%.

Reduced rail journey times between Plymouth/London

The PRTF 20 Year plan 'Close the gap' presented to Government 22nd Nov 2016, sets out a phased plan (between 2017 and 2030+) for proposed rail improvements. Awaiting a response from Government and visibility of funding allocations in the Network Rail CP 6 settlement.

The 20 year strategic rail blueprint sets out the actions and improvements that will deliver the following reductions:

- 2017-2019 - 16 minute reduction through new Timetable and 2 direct trains an hour Plymouth to London
- 2019-2029 – 14 minute reduction through infrastructure changes
- 2030+ - Further 19 minutes

Confident Plymouth - We will work towards creating a more confident city, being proud of what we can offer and building on growing our reputation nationally and internationally

Financial Year

Ind.ID	Indicator	2013/14	2014/15	2015/16	Annual Performance Improving/ Declining?	England	Comp. Group	2016/17	Target (RAG)
CO4	Increase the value of local community projects benefitting from non Council funding		£807,145	£2,711,542	Improving	N/A	N/A	Annual Data (TBC)	£2,800,000
CO6	Percentage of residents who are satisfied with Plymouth as a place to live.	A resident survey is planned for the Summer 217, at which point new data will be available							
CO7	Percentage of people who feel they can influence decisions (in their locality)								
CO10	Improved recycling rates (Households)	33.70%	35.33%	32.62%	Declining	45%	N/A	Annual Data - update expected Jul 2017	41%
CO11	Less waste going to landfill	63.36%	62.25%	6.81%	Improving	24%	N/A	Annual Data - update expected Jul 2017	2%
CO12	Reduce the incidents of fly-tipping	13004	13503	6316	Improving	NA	N/A	Annual Data - update expected Jul 2017	1000
CO13	Reduced rail journey times between Plymouth/London (minutes)	187	187	187	Same	N/A	N/A	187	175

Calendar Year (2013 - 15)

Ind.ID	Indicator	2013	2014	2015	Annual Performance Improving/ Declining?	England	Comp. Group	2016	Target (RAG)
CO1	An increase in the city's population	259200	261546	262172	Improving	N/A	N/A	Annual Data - update expected June 2017	267,300
CO2	An increase in Visitor Numbers	5,256,000	5,035,000	4,965,000	Declining	N/A	N/A	Annual Data - update expected Oct 2017	4,638,733
CO3	An increase in Visitor Spend	£337,564,000	£316,843,000	£336,082,000	Improving	N/A	N/A	Annual Data - update expected Oct 2017	£319,352,833
CO5	Increase the volume of residents registered to vote	181,571	177,301	179,871	Improving	N/A	N/A	186,988 (as at 30/4/17)	Increase
CO8	Residents satisfaction with reduction in City congestion levels.	51.20%	48.30%	43.1%□	Declining	45%	N/A	43%	45%
CO9	Residents are satisfied with the condition of roads and pavements in the city	56.20%	53.40%	56.6%□	Improving	58%	N/A	57%	59%

Confident Plymouth - We will work towards creating a more confident city, being proud of what we can offer and building on growing our reputation nationally and internationally									
Calendar Year (2014-16)									
Ind.ID	Indicator	2014	2015	2016	Annual Performance Improving/ Declining?	England	Comp. Group	2016/17	Target (RAG)
CO14	Highly engaged Council staff promote the city and Council	61%	64%	64%	Improving	63%	N/A	Annual Data - Nov 2017	64

PLYMOUTH CITY COUNCIL

Subject:	People Strategy
Committee:	Cabinet
Date:	30 May 2017
Cabinet Member:	Councillor Riley
CMT Member:	Dawn Auger - Interim Joint Strategic Director for Transformation and Change (Transformation)
Author:	Guy Dickson (Head of Organisational Development and Talent)
Contact details	Tel: 01752 307326 email: guy.dickson@plymouth.gov.uk
Ref:	People Strategy v11
Key Decision:	No
Part:	I

Purpose of the report:

In order that Plymouth City Council can lead in achieving its vision of a Pioneering, Growing, Caring and Confident city, we need a 'motivated, skilled and engaged workforce'. Our People Strategy is our high level medium term plan for how we will ensure we achieve that aim by focussing on three workforce themes: Talent, Leadership and Culture (TLC).

This report takes into account recommendations made at Scrutiny on 1 March 2017:

- The key areas of questioning related to the –
 - quality of information contained with the Equalities Impact Assessment;
 - Engagement of the trade unions in this process.
- The committee agreed –
 - To recommend to the Cabinet Member for HR/Democracy and Governance/Licensing that further work is undertaken on the Equalities Impact Assessment and the workforce information used to populate it.

We are seeking Cabinet endorsement of the People Strategy.

The Corporate Plan 2016 - 19:

The People Strategy is our 'People Plan on a Page' with supporting narrative for ensuring that Plymouth City Council has a "motivated, skilled, and engaged workforce". This is one of the themes under "Confident" in our Corporate Plan.

Our People Strategy will be performance monitored by the Corporate Management Team on a quarterly basis, alongside more detailed Directorate workforce plans. It has been developed over the last 12 months with input from CMT, SMT, Team Plymouth, HROD, Trade Unions and Councillors.

Implications for Medium Term Financial Plan and Resource Implications:

Including finance, human, IT and land:

Resources: The People Strategy will be owned by managers across the Council and driven forward by HROD.

Specific interventions for Talent Management, Leadership Development and Culture Change will be driven and resourced by the existing in-house HR & OD department. The annual corporate training budget will support some of this activity.

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

Health, Safety & Wellbeing: Improving the wellbeing of our staff is an important consideration that has been factored into the People Strategy as part of a high employee engagement approach.

Equality and Diversity

Has an Equality Impact Assessment been undertaken?

Yes – this has been reviewed and enhanced following feedback received at scrutiny and discussions with Trade Unions.

Recommendations and Reasons for recommended action:

We are seeking that the People Strategy be endorsed to support the delivery Our Plan, One City Council.

Alternative options considered and rejected:

N/A

Published work / information:

N/A

Background papers:

N/A

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

Sign off:

Fin	AKH 1718. 20	Leg	DV S28 106	Mon Off	DV S28 106	HR	DA- HR 05.05. 2017	Assets		IT		Strat Proc	
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Originating SMT Member: Dawn Aunger
Has the Cabinet Member(s) agreed the contents of the report? Yes

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OUR PEOPLE STRATEGY 2016 - 2020

Human Resources and Organisational Development



WORKFORCE VISION

A motivated, engaged and skilled workforce focused on meeting the needs of the citizens of Plymouth

We will focus on three key themes to support the transformation of the Council

TALENT

We will attract and retain talented people and develop their strengths

LEADERSHIP

Our leaders will be confident, inspiring, and role model our values

CULTURE

The way we will do things around here to be at our best

How we will know we have been successful?

When our people tell us

- I have **opportunities to learn and develop** my career
- Our **leaders live by our values** and are positive role models
- I am **inspired** to **give my best** every day
- I believe Plymouth City Council **cares about me** and is committed to **my health, safety and wellbeing**
- I work hard but still enjoy a healthy **work life balance**
- I feel that **what I do matters** and my contribution counts and is **rewarded fairly**
- I can access **simple, standard tools and processes** which help me to **achieve my objectives**

When our Council transforms to

- Match the **talents, strengths and interests** of our staff to the work we need to do
- **Retain and motivate staff** with a total reward approach to **pay, reward and recognition**
- Be an employer staff are **proud to work for**, promoting our vision, purpose, values and goals
- Foster a **culture of collaboration, innovation and engagement** that **enables or empowers** staff to listen, understand and **work together** to respond to our citizens' needs
- Be an **outcome focussed, values led** culture
- Be a leader in the city for **celebrating and valuing** diversity

Our people plan will be underpinned by our corporate values

WE ARE DEMOCRATIC

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

WE ARE RESPONSIBLE

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

WE ARE FAIR

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

WE ARE PARTNERS

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

INTRODUCTION TO OUR PEOPLE STRATEGY

“Plymouth is an ambitious City with huge growth potential and is undergoing exciting changes. Plymouth City Council takes a lead role in these ambitions, driving towards the vision in our Corporate Plan of a Pioneering, Growing, Caring and Confident city. In order to achieve this, we need a motivated, engaged and skilled workforce who are focused on meeting the needs of the citizens of Plymouth. This People Strategy will ensure that the Council has the workforce our City needs in the future.”

*Councillor Ian Bowyer
Leader, Plymouth City Council*



“Our Council has faced some huge challenges over the past few years: reducing funding and increasing demand for services has meant that we had to meet a £65 million gap in funding. Our workforce has done a fantastic job in meeting those challenges, but there are more ahead. Over the next three years we must meet a further £37 million gap in funding as well as improve services to meet the changing expectations of our citizens and embrace digital technology. The coming three years will see further big changes in the way that we work. To achieve all of this it is critical that we develop and invest in our workforce. This People Strategy is our plan for how we will do that; by focusing on three key themes: our Talent, our Leadership and our Culture.”

*Tracey Lee
Chief Executive, Plymouth City Council*



“Our People Strategy was developed in 2016, taking a co-design approach, involving the Council Leader and Cabinet Members and our Corporate Leadership team and Management teams, with advice and input from our Human Resources and Organisational Development (HR & OD) experts. Our HR & OD department will be guardians of the people strategy and will monitor, support and enable it; but it is a plan for our whole organisation that will ultimately lead to a higher performing Council and better outcomes for the Citizens of Plymouth. In 2017 we are sharpening our focus on culture change and employee engagement to enable our people and our organisation to be prepared for the challenges we face both now and in the future.”

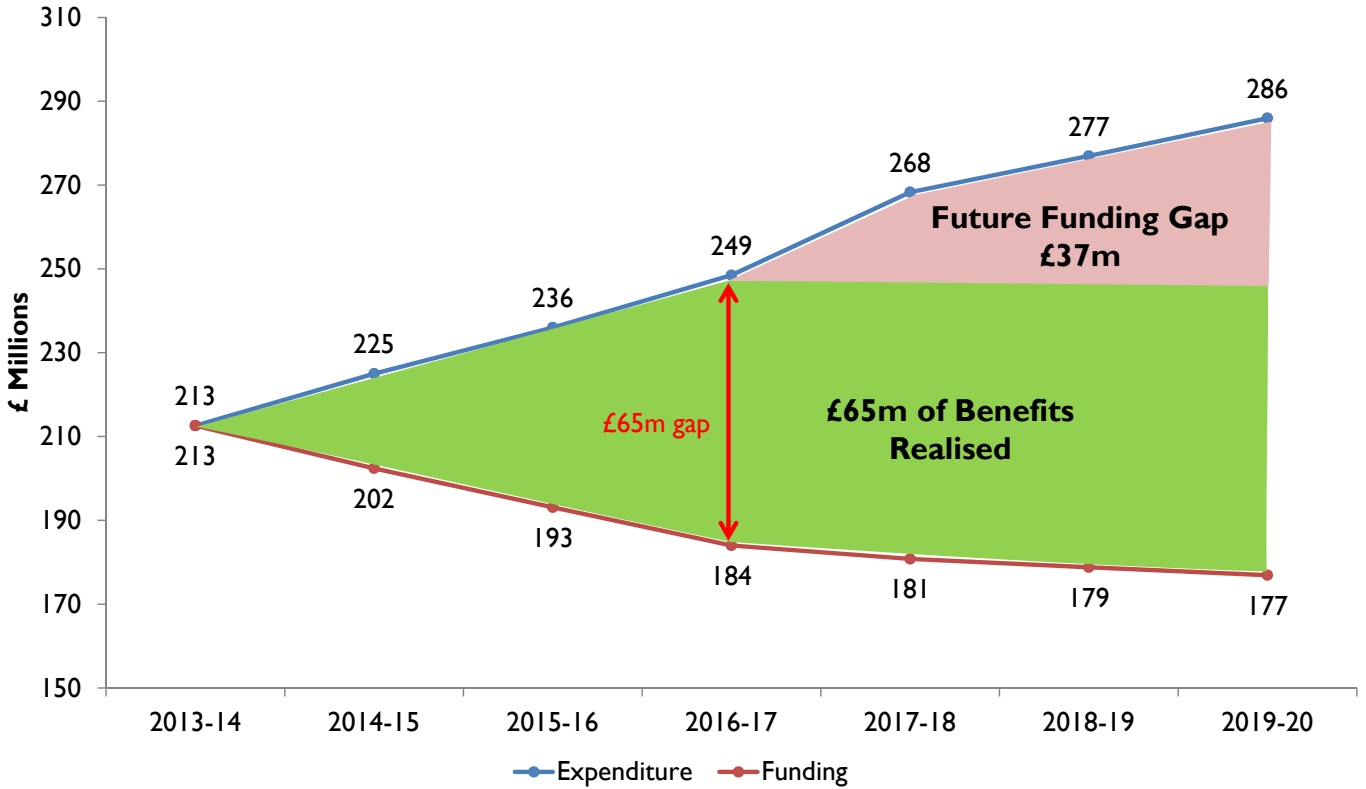
*Dawn Aunger,
Interim Joint Strategic Director Transformation and Change
(Transformation), Plymouth City Council*



THE CONTEXT WE WORK IN

We have successfully met some huge challenges as an organisation, and face more over the coming years. Here are some of the key facts and figures about the context facing Plymouth City Council.

We have met a £65 million funding gap, but have another £37 million to meet over the next three years



Our workforce provides and commissions over 300 services for the citizens of Plymouth



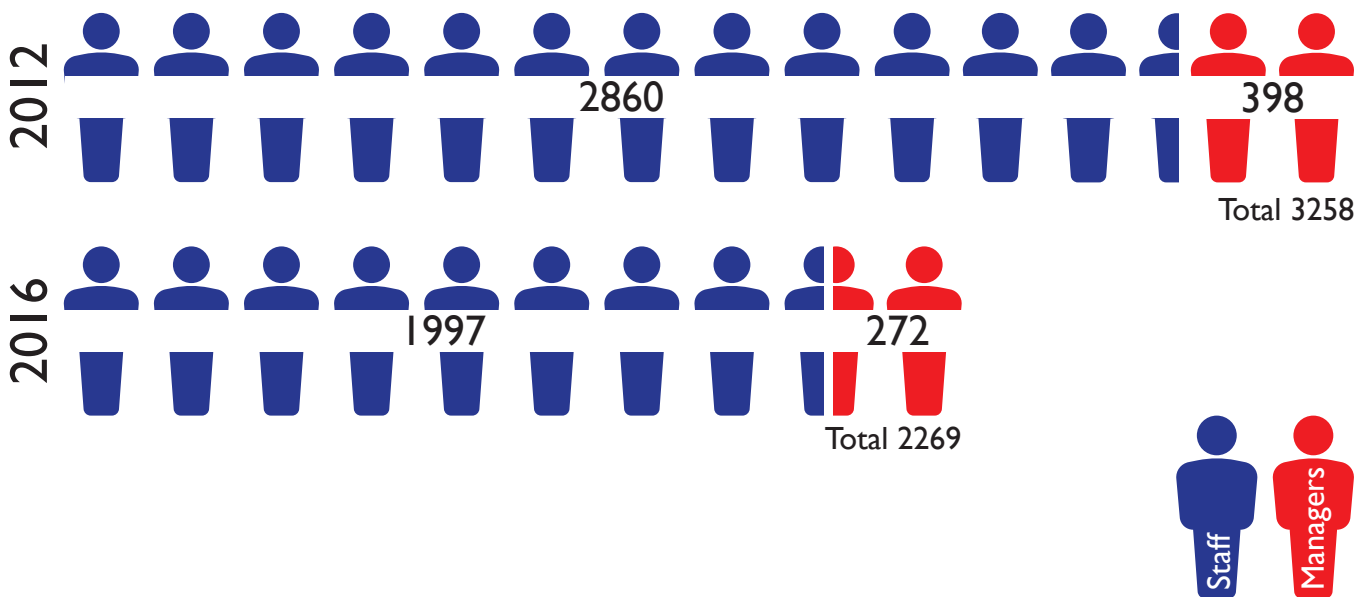
In 2016/17 we invested over £800,000 in developing our workforce to do the jobs of the future

THE CHANGING SHAPE OF OUR WORKFORCE

By working with our partners in new ways, and in response to the financial challenges, we have reduced our workforce significantly over the past four years. This has been done through voluntary release schemes, service reviews, and transferring sections of our workforce to new or partner organisations such as CaterEd, Delt, and Livewell SW. Overall, the Council has shrunk by approximately a quarter since 2012.

We cannot predict exactly what the workforce will look like by 2020, although we are planning our workforce to help us identify what it might need to look like. What we do know, is that we will continue to change the way we work and reshape the Council, in response to the future challenges we face. This means that we may see a similar shrinking of the workforce over the coming years.

PLYMOUTH CITY COUNCIL WORKFORCE NUMBERS (full time equivalent)



'Managers' are defined as roles higher than salary grade H that have people responsibility.

Despite the challenges facing the Council, our workforce is more engaged than ever

2010
57%

2016
64%

TALENT

We will attract and retain talented people and develop their strengths

WHY FOCUS ON TALENT?

Talent management will enable us to build a future workforce that is engaged, motivated, has the right knowledge, skills and behaviours, is cost effective, and focused on delivering the right outcomes for the citizens of Plymouth.

We work in a complex system and we need to create new ways of enabling whole system change and improvement through talent management across this system. Future challenges include: systems leadership; digital services; integrated and joint teams; working across teams; equip people with the ability to 'passport' flexibly between organisations and sectors; behavioural change to empower and enable people to deliver organisational outcomes.

WHAT WILL WE DO?

We will ensure we have strong pipelines for bringing talent into the organisation and the system, and developing, keeping and maximising the investment in the talent we have. This means: addressing skills gaps with targeted learning and development solutions, creating talent pathways to get the most from our staff; and improving our employer brand, workforce planning, career management and succession planning, and ensuring the diversity of our organisation.

We have six council-wide workforce development priorities set by DMTs in 2015: management development; commercial finance; political awareness; customer focus; ICT and projects. This is in addition to the core offer (induction, health and safety, core e-learning and soft skills courses for staff and managers).

We are committed to investing in our people, and we allocated £800,000 in 2016 to support the Council's transformation by enabling a step change in the capability of our workforce. For 2017 we are continuing this commitment and further building our capability with an investment of £200,000.

HOW WILL WE KNOW WE HAVE BEEN SUCCESSFUL?

We will have workforce plans in place that enables us to understand our workforce profiles, to forecast what roles we need to recruit to, retain or remove, what skills we will need to meet shortages in supply, and to proactively manage our largest cost: our pay-bill.

We will have a workforce that is well integrated with and connected to the wider system.

We will benchmark ourselves against the highest performing organisations.

We will have a high performing and empowered workforce.

We will have a strong employer brand, being seen internally and externally as a great employer with a strong total reward offer.

We will have high employee engagement levels that demonstrate high productivity.

We will have more transparency on workforce development spend and a clear understanding of the return on our workforce development and talent investments.

We will meet ambitious apprenticeship targets and grow leaders that are fit for the future.

We will have a diverse workforce across all levels of our organisation, reflecting the diversity in our communities and acting as a role model in the city and region.

HOW WILL WE MEASURE PROGRESS?

- Apprentices as a percentage of our workforce
- External hires as a percentage of roles we fill
- Percentage of the organisation covered by a workforce plan
- The diversity profile of our organisation will be a role model for the City

LEADERSHIP

Our leaders will be confident, inspiring, and role model our values

WHY FOCUS ON LEADERSHIP?

Leadership drives culture and employee engagement which in turn drives productivity.

Our leaders will enable our people plan: living our values, managing our talent and shaping our culture to meet the needs of Plymouth citizens.

WHAT WILL WE DO?

We will drive systems leadership development to build visionary, ambitious and effective leaders who build connections and work across boundaries.

We will implement a leadership framework for all levels of leaders across the organisation and for multi-agency systems leadership development.

We will ensure the fundamental management skills are in place to enable leadership – e.g. strategic thinking; performance management; planning; risk management; commercial skills; decision making; problem solving; resilience, communication skills; emotional intelligence, health, safety and wellbeing.

We will support our leaders to deliver more and different things with less, remaining resilient in face of unprecedented change and financial challenge, embracing creativity and innovation.

HOW WILL WE KNOW WE ARE SUCCESSFUL?

Our people will say they trust and respect leaders.

Our people will say that leaders role model our values and demonstrate positive behaviours.

Our people believe that leaders value their health, safety and wellbeing and drive this agenda.

Our employee engagement levels will continue to rise.

Our people will say they are managed well, empowered and treated with trust and respect.

Our workforce productivity will increase. Our leaders work in partnership with other leaders across the system to create the right conditions for success.

Our leaders will manage change in line with our value of democracy.

Our leaders create an inspiring vision of the future and engage the workforce with this narrative.

Our leaders will value and enable a more diverse workforce.

HOW WILL WE MEASURE PROGRESS?

- Employee satisfaction with managers
- Employee satisfaction with senior leaders
- Percentage of managers and leaders who have received targeted leadership development.

CULTURE

The way we will do things around here to be at our best

WHY FOCUS ON CULTURE?

Corporate culture can have a huge impact on an organisation's work environment and output.

Organisational elements (stories, symbols, power structures, organisational structures, control systems, rituals and routines) need to be aligned with one another and with corporate strategy to enable our organisation to perform at its best.

WHAT WILL WE DO?

We will seek to explore and understand who we are as an organisation, how we do things, and how we can be at our best. We will do this through an ongoing, organisation-wide series of conversations.

Deliver a significant change programme for flexible (Smart) working.

Improve internal communications to be at the heart of changing culture.

Enhance positive employee relations and workforce empowerment.

Bring our values to life throughout the employee lifecycle.

Deliver the Wellbeing Charter to embed health, safety and wellbeing in the organisation.

Focus on increasing employee engagement by developing a strong strategic narrative, organisational integrity, engaging managers and employee voice.

Focus on Organisational Development: culture change, employee engagement, workforce planning, talent management and organisational design; aligned to business priorities.

Apply a new Total Reward Framework that positively influences people's behaviours on a day to day basis.

HOW WILL WE KNOW WE ARE SUCCESSFUL?

Our values will be reflected in our culture, the way we do things around here to be at our best.

'How we do things around here' will enable the workforce vision to become a reality.

Our employee engagement index will continue to rise.

Our staff will say that Plymouth City Council is a better place to work and act as advocates for our organisation.

Our staff will feel we are serious about improving wellbeing, and supporting them to be healthy, safe and resilient, including proactive health and safety management, and supporting and promoting mental health wellbeing in our workforce.

Our culture will value diversity.

We will achieve external recognition for our achievements locally, regionally and nationally.

We will see a shift in the way we do things, including:

- Thinking about our **Customers** as **Citizens** – a different kind of relationship with them
- Thinking first about the **Outcomes** we want and then designing **Services** around them
- Using our **Data**, including listening to people, to make more **Intelligent** decisions
- Considering **Risks** but also looking for **Opportunities**

HOW WILL WE MEASURE PROGRESS?

- Employee engagement levels
- Employee views on the way that the organisation manages change
- Employee advocacy of our organisation

PEOPLE STRATEGY ROADMAP

We will monitor and report progress on a quarterly basis through a dashboard showing a set of Key Performance Indicators relating to the progress measurements for Talent, Leadership and Culture.

2016-2017		
TALENT	LEADERSHIP	CULTURE
<p>We will begin the process of strategic workforce planning to ensure that we have the workforce we need both now and in the future to deliver provide citizens with the services they need.</p> <p>We will develop a Total Reward Framework to ensure a modernised and joined up approach to pay, reward and recognition so that we can attract and retain talented people.</p> <p>We will complete our investment of over £800,000 in staff to support them to do the jobs of tomorrow.</p>	<p>50% of our managers will receive a targeted form of leadership development that helps them motivate and engage our workforce and drive service changes.</p> <p>Leaders will lead by example, role modelling desired behaviours and values.</p> <p>Our previous investment in Systems Leadership training will be cascaded by targeted 'Team Plymouth' development events for our top 100 leaders.</p>	<p>We will tell the story of 'Our Journey' and our future purpose and vision.</p> <p>We will introduce new ways of engaging our workforce and giving our people a stronger voice.</p> <p>We will introduce Smart Working across the organisation, enabling our people to work in a more agile way, trusted and empowered, to help drive workforce productivity.</p>

2017-2018		
TALENT	LEADERSHIP	CULTURE
<p>We will deliver our departmental workforce plans and develop whole organisation workforce plans. We will seek to engage with Plymouth partner organisations to develop a place-based approach to talent.</p> <p>We will develop an employer value proposition and brand.</p>	<p>All of our managers will have received a targeted form of management development over the past two years in order for them to motivate and engage our workforce and drive service changes..</p> <p>Our leaders will be managing across departmental and, where possible, across organisational (whole system) boundaries.</p>	<p>We will improve our performance management approach, ensuring performance, behaviours and development needs are regularly discussed throughout the year and training is targeted to need.</p> <p>We will complete our Smart Working rollout, enabling work to become an activity, not a place. Our engagement strategy will drive the conditions for success: we will have a strong strategic narrative, engaging managers, organisational integrity and employee voice.</p>

2018-2020		
TALENT	LEADERSHIP	CULTURE
<p>Public sector workforce development plans will be developed across organisational boundaries</p>	<p>Our leaders will increasingly be managing across organisational boundaries, in partnership with public sector leaders and sharing responsibility for outcomes for citizens.</p>	<p>We will have a highly engaged workforce, focused on outcomes for citizens, working in an agile way across organisational boundaries.</p>

EQUALITY IMPACT ASSESSMENT

Human Resources and Organisational Development



STAGE I: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?

This EIA assesses the Council's People Strategy. In order that Plymouth City Council can lead in achieving its vision of a Pioneering, Growing, Caring and Confident city, we need a motivated, skilled and engaged workforce. The People Strategy is our plan for how we will ensure we achieve that aim, by focussing on three themes: Talent, Leadership and Culture, between now and 2020.

Positive Impacts:

We expect there to be a positive impact, in line with the vision the people strategy, by ensuring that:-

- Our Council transforms to be a leader in the city for celebrating and valuing diversity.
- We will have a diverse workforce across all levels of our organisation reflecting the diversity in our communities and acting as a role model in the city and region. The diversity of our organisation will be a role model for the city.
- Our leaders will value and enable a more diverse workforce, and foster a climate of trust and respect.
- Our culture will value diversity.
- Workforce planning will ensure that we consciously review the demographics of our workforce, and, for example, encourage pathways into the organisation for people with protected characteristics where they are under-represented (eg younger people, through apprenticeships).
- We will focus on management development, which will ensure that development opportunities, performance management, selection processes etc. are applied fairly, objectively and consistently, reducing the risk of subjective bias.
- We will work to encourage and support the development of informal, self-sustaining staff networks for parts of the workforce with protected characteristics.
- We will have a full set of equalities data. At the time of this EIA, we have a comprehensive set of data relating to Gender, Age, and Ethnicity. In respect of Religion and Disability we have some data but not sufficient to robustly monitor the workforce. For Sexual Orientation and Transgender status we had not been actively collecting data. Working in partnership with the Trade Unions, we are now addressing this to

	<p>ensure that we are able to more robustly monitor our workforce and therefore ensure that the People Strategy is having a positive impact on diversity.</p> <ul style="list-style-type: none"> All employees have equality and diversity training. We regularly monitor and report equalities data through our workforce reports.
Author	Guy Dickson (Head of Organisational Development and Talent)
Department and service	Human Resources and Organisational Development
Date of assessment	12/05/17

STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	<p>Teens = 1.07% 20s = 8.50% 30s = 18.26% 40s = 29.55% 50s = 33.64% 60-65 = 7.91% Over 65= 1.07%</p> <p>When compared to the overall Plymouth workforce, Plymouth City Council employs proportionally fewer younger people (aged 16-34) and more in the older age range (45 – 59).</p>	<p>No adverse impact expected. The People Strategy is designed to have a positive impact.</p> <p>Younger people are currently underrepresented in our workforce. The people strategy should seek to monitor and address this picture both for reasons of diversity and future workforce resilience.</p>	<p>We will address this by adopting the CIPD recommendations¹ in our People Strategy:</p> <ol style="list-style-type: none"> Inclusive recruitment and strong recruitment pipelines including apprenticeships. Improve the capability of line managers. Invest in training, development and performance management. Support employee health and wellbeing. Support flexible working. <p>We will measure our progress by monitoring the age of our workforce, particularly the proportion of younger and older workers, and also the</p>	<p>Organisational Development and Talent / HR Specialist Services 2016 - 20.</p>

¹ Avoiding the demographic crunch: Labour supply and the aging workforce, CIPD, June 2015

			number of apprenticeships as a percentage of our workforce.	
Disability	<p>Disabled = 3.57%</p> <p>Not disabled = 23.74%</p> <p>Not declared = 1.47%</p> <p>Not recorded = 71.22%</p> <p>Of the employees where records are held, 11% are recorded as having a disability. This is in line with the local population (10% of our population have their day-to-day activities limited a lot by a long-term health problem or disability). Due to the limited amount of data available, it is not possible to undertake further analysis.</p>	<p>No adverse impact anticipated. However, it will be difficult to assess and monitor this without a better set of data relating to the proportion of our workforce with disabilities. The People Strategy should have a positive impact on the proportion of disabled people in our workforce.</p>	<p>We have recently (Jan 2017) introduced functionality that allows employees to enter data direct into the HR Employee Information system (iTrent) confidentially. We will work with the Trade Unions and communications to encourage more of our staff to record whether or not they are disabled on Itrent, and develop methods for non office-based employees to confidentially do the same.</p> <p>We will continue to monitor the proportion of our workforce who are disabled and with better data we will be able to do this with more confidence.</p> <p>We will take positive action to increase the proportion of our disabled workforce, in particular within our Talent theme, by continuing our inclusive recruitment practices and working with agencies such as PLUS to provide work placements and career pathways for disabled people.</p>	<p>HR Specialist Services / OD and Talent / Policy and Intelligence team 2016-20</p>
Faith/religion or belief	<p>Information on religion is currently available for 46% of employees. Of these, 50% are Christian and 40% report no religion. Only 4% are recorded as having a different religion.</p>	<p>No adverse impact anticipated. However, we are striving for a better set of data relating to the faith / religion or belief profile of our workforce.</p>	<p>We will continue to monitor the faith and belief of staff our workforce. We do not currently have functionality for our workforce to directly record their faith or belief on iTrent and will seek to add this functionality. We will also work with the Trade Unions and</p>	<p>HR Specialist Services / OD and Talent / Policy and Intelligence team 2016-20</p>

	<p>This is very similar to the religious profile of Plymouth as a whole, where 58% of the population report as Christian, 33% report as no religion.</p>		<p>communications to encourage employees to add this information into the system including non office-based employees.</p>	
<p>Gender - including marriage, pregnancy and maternity</p>	<p>Female =62.5% Male =37.5%</p> <p>There is a greater proportion of females working for Plymouth City Council when compared with the overall population of Plymouth (females 50.3%, males 49.7%).</p>	<p>No adverse impact anticipated.</p> <p>We are an employer of choice for women. Women are overrepresented in our workforce, including at senior levels. When the gender split is compared to salary grades, the ratio of females to males remains roughly at the same proportion throughout the salary hierarchy, with a few exceptions either way. There are certain departments within our workforce where women are under-represented.</p> <p>The people strategy should have a positive impact on gender equality.</p>	<p>We will continue to analyse the distribution of women across the organisation and consider whether proactive measures are needed where we find underrepresentation. We will consider, through our workforce planning activity, the gender breakdown of different areas and include in departmental action planning methods of addressing any underrepresentation.</p>	<p>HR Specialist Services / OD and Talent / Policy and Intelligence team 2016-20</p>
<p>Gender reassignment</p>	<p>We do not record this information in our system.</p>	<p>No adverse impact anticipated. However, we are currently unable to assess and monitor this as we do not hold this data.</p>	<p>We do not currently have functionality for our workforce to directly record their status relating to gender reassignment on iTrent and will investigate how we might add this functionality. We will also work with the Trade Unions and communications to explore how we might capture this information including for non office-</p>	<p>HR Specialist Services / OD and Talent / Policy and Intelligence team 2016-20</p>

			based employees.	
Race	<p><u>Race</u> <u>% ees</u></p> <p>BME 5.11%</p> <p>Non-BME 92.95%</p> <p>Not declared 1.94%</p> <p>5.11% of our employees who provided information are of Black or Minority Ethnic origin. This is slightly less than the Plymouth population as a whole (7.1%).</p>	<p>No adverse impact anticipated.</p> <p>Several of our BME communities are currently under-represented in our workforce.</p>	<p>We have policies and procedures in place to analyse our recruitment data and to ensure there is no bias in our recruitment processes.</p> <p>We will review these processes to see if there is positive action we can take to address this more proactively.</p> <p>We will consider, through our workforce planning activity, the ethnicity profile of different areas and include in departmental action planning methods of addressing any underrepresentation.</p>	<p>HR Specialist Services / OD and Talent / Policy and Intelligence team 2016-20</p>
Sexual orientation - including civil partnership	<p>We do not record this information in our system.</p> <p>There is no precise local data on the numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth, but nationally the government have estimated this to be between 5 and 7%</p>	<p>No adverse impact anticipated.</p> <p>However, it will be difficult to assess and monitor this without a robust set of data.</p>	<p>We have recently (Jan 2017) introduced functionality that allows employees to enter data direct into the HR Employee Information system (iTrent) confidentially. We are working with the Trade Unions and communications to encourage more of our staff to record their sexual orientation on Itrent, and develop methods for non office-based employees to confidentially do the same.</p> <p>We will begin to monitor the sexual orientation profile of our workforce and with better data we will be able to do this with more confidence.</p>	<p>HR Specialist Services / OD and Talent / Policy and Intelligence team 2016-20</p>

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 gap in average hourly pay between men and women by 2020.	The council has set 'reducing the gap in average hourly pay as one of our 3 equality objectives. We already have corporate policies in place to support this action, such as our adoption on the Foundation Living Wage which is paid to all our staff.	HR Policy Specialist 2016-20 / Policy and Intelligence Team C.Exec's Office.
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	Our staff are aware of how they can report hate crime whether it is on their own behalf or on behalf of customers with whom they are a dealing. Staff survey data includes that a relatively small number of staff experience incidents of this nature, less than in other similarly sized organisations and below the TUC reported work place average.	Head of Specialist Services 2016 -20.
Good relations between different communities (community cohesion)	N/A	
Human rights Please refer to guidance		

STAGE 4: PUBLICATION

Responsible Officer Dawn Aunger

Date 12/5/17

Assistant Director of Human Resources and Organisational Development

PLYMOUTH CITY COUNCIL

Subject:	Compulsory Purchase Order Resolution for the Regeneration of Phase 5 North Prospect
Committee:	Cabinet
Date:	30 th May 2017
Cabinet Member:	Councillor Patrick Nicholson
CMT Member:	Anthony Payne (Director for Place)
Author:	Paul Barnard Assistant Director of Strategic Planning and Infrastructure
Contact details	Tel: 01752 304077 email: paul.barnard@plymouth.gov.uk
Ref:	N/A
Key Decision:	No
Part:	I

Purpose of the report:

This report seeks approval to make a Compulsory Purchase Order (CPO) in the future, if necessary, as part of the 5th phase of the North Prospect regeneration project. This request relates to properties that were within the estate transferred to Plymouth Community Homes (PCH) as part of the Housing Stock Transfer on 20th November 2009.

Approval for CPO is being sought by PCH under provisions laid out in schedule 24 of the Housing Stock Transfer Agreement (see appendix 2), to ensure that landownership within Phase 5 of the development is unified and clear title can be provided to the developer to enable the proposed redevelopment to take place. The circumstances in which the Council would be making a CPO would include the failure to purchase a freehold or leasehold property by agreement with the owner, or the need to deal with covenants or secure other interests in the land. This action would only be taken where all other negotiated approaches fail. A similar resolution to make a CPO was approved by Cabinet for Phases 1, 2 and 3 of the development, most recently on 7th July 2015, and in each case a CPO was not required as all properties were acquired by PCH through negotiation.

The properties that would fall within the boundaries of the CPO for Phase 5 are located within the following streets and shown on a plan in appendix 1:

- a) Briardale Road no.s 8,12,14,20,22,28,30
- b) Foliot Road no.s 7,9,13,17,19,21,23,27,31,45
- c) Woodville Road no.s 3,4,9,12,14,15,29,32

The Corporate Plan 2016-2019

The regeneration of North Prospect contributes to a number of the Council's corporate priorities, most specifically Growing Plymouth and Confident Plymouth. This is being achieved by demolishing existing properties that are in poor repair, and refurbishing existing properties where repairs are cost

effective and by building a range of new properties for sale and rent. This is likely to improve both the quality of life and the health of the residents living in the improved houses.

In addition improved community facilities have been created in the area, with the construction of a 'community hub' building known as the Beacon, which provides new retail premises, shops, early years children's centre, community café and kitchen, community hall, and office space.

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

Provision has been made within the Housing Stock Transfer Agreement for PCH to meet the costs of acquisition and associated home-loss compensation, disturbance and all legal costs associated with purchasing a replacement property or any future CPO action that might be required. Therefore there is no direct cost implication for the Council.

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

The regeneration of North Prospect will have the long term effect of reducing rates of child poverty within the neighbourhood by replacing older housing which is expensive to heat with modern, energy efficient property. This will result in more affordable utility bills for residents and also help improve the health of occupants by reducing the occurrence of illnesses linked to cold and damp housing. In addition changing the tenure mix of the neighbourhood by introducing new homes for open market sale and low cost homeownership will help raise levels of aspiration for all residents in this area.

Community safety is also being improved by designing new houses that achieve the Secured by Design accreditation.

The project and risk management form part of the governance arrangements between Plymouth City Council, PCH and the Homes and Communities Agency, and are discussed at regular meetings of these partners.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes

Recommendations and Reasons for recommended action:

It is recommended that Cabinet make a CPO resolution, in the event that it is required for properties within Phase 5 of North Prospect defined as:

- a) Briardale Road no.s 8,12,14,20,22,28,30
- b) Foliot Road no.s 7,9,13,17,19,21,23,27,31,45
- c) Woodville Road no.s 3,4,9,12,14,15,29,32

As follows:

Resolved that, Cabinet make a Compulsory Purchase Order pursuant to S17 of the Housing Act 1985 in respect of the areas outlined in red on the plan submitted (appendix one).

The Cabinet specifically notes the considerations that arise under the Human Rights Act (1998) in respect of the proposed CPO and has had full regard to the rights of those that would be affected by the CPO but, for the reasons set out in this report, determines nevertheless to authorise CPO procedure.

Alternative options considered and rejected:

It is considered that there is no alternative option to CPO that would guarantee delivery of the regeneration in a timely manner, should the situation arise where an interest in the land cannot be acquired by agreement. Although every effort will be made to achieve a negotiated outcome to the acquisition of a property, the redevelopment cannot proceed unless the option of making a CPO is available in the event that it is needed.

Published work / information:

N/A

Background papers:

- **Appendix One** - Plan of CPO area
- **Appendix Two** - Schedule 24 of the Housing Stock Transfer Agreement – Nov 2009
- North Prospect Area Planning Statement- July 2012
<http://www.plymouth.gov.uk/northprospectaps>

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

Sign off:

Fin	pl171 8.22	Leg	27674/AC 2/5/17.	Mon Off	N/ A	HR	N/A	Assets	N/A	IT	N/A	Strat Proc	N/A
Originating SMT Member: Anthony Payne													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

1.0 Introduction

- 1.1 On the 23rd November 2009 the Council agreed the transfer of housing stock from Plymouth City Council to Plymouth Community Homes. This decision included a joint agreement to proceed with the Masterplan for the North Prospect regeneration which envisaged the demolition of up to 800 properties, the construction of up to around 1200 new mixed tenure properties and the refurbishment of 300 social rented homes to Decent Homes standards. Since that time considerable progress has been made with the completion of Phase 1, Phase 2 being almost complete and Phase 3 having made a start on site. In addition the refurbishment programme has now been completed, and the new community hub known as the Beacon is open to the public, providing a number of high quality services such as shops, early years children's centre, community café and kitchen, community hall, and office space.
- 1.2 Schedule 24 of the Housing Stock Transfer agreement (North Prospect Covenant – see attached appendix two) states in section 6.1 that “the Council agrees to work with the Association (PCH) as it acquires or extinguishes any Third Party Rights necessary to allow the Association to undertake the Redevelopment”
- 1.3 PCH are now requesting that Cabinet takes the first step in the process by agreeing a resolution to make a CPO, should the need arise, in the event that properties in Phase 5 of the redevelopment cannot be acquired by agreement. PCH does not have compulsory purchase powers and therefore Cabinet is required to make a CPO, if needed, on their behalf.

2.0 Proposals

- 2.1 It is proposed that Cabinet agrees a resolution to make a CPO for those properties which are in private ownership in the following streets:
- a) Briardale Road no.s 8,12,14,20,22,28,30
 - b) Foliot Road no.s 7,9,13,17,19,21,23,27,31,45
 - c) Woodville Road no.s 3,4,9,12,14,15,29,32

3. Justification for Using CPO Powers

- 3.1 The use of CPO powers is very much seen as a last resort to be implemented only in the event that properties in private ownership cannot be acquired by agreement. A similar resolution was made for Phases 1, 2 and 3 of the development, and in all these cases every privately owned property was successfully acquired by PCH without the need to resort to CPO powers. It is expected that this can also be achieved for Phase 5 of the development.
- 3.2 However this cannot be guaranteed and it is necessary to have the agreement of Cabinet to make a CPO should the need arise to ensure that the regeneration of North Prospect is able to continue.
- 3.3 The following reasons are set out by way of justification for the use of CPO powers:
- PCH have advised the City Council that there is considerable building survey evidence that confirms the need for major redevelopment in North Prospect to the extent that repair and rehabilitation work in Phase 5 is not practicable.
 - Resolving the housing conditions in North Prospect was a key requirement of the transfer of Plymouth City Council's housing stock to PCH to unlock the investment for the city wide Decent Homes Programme.
 - The regeneration of North Prospect is identified as an investment priority in the City and contributes to delivery of the City Vision and Corporate Objectives to provide Decent Homes.

In order to achieve the scale of change needed in the area, it is essential that the next phase of development continues through to completion.

- Without the use of CPO powers as a backstop solution, PCH are not able to offer a guarantee of site assembly to its future developer partner. Without this certainty the developer partner would be unable to enter a contract for the redevelopment of Phase 5 and the project would not continue.

4. Consultation

- 4.1 A substantial amount of work has also been undertaken to understand the views and needs of the community affected by the redevelopment proposals, and in particular the needs of the owners of properties in future phases of the development. Within Phase 5 of the development 25 owners have been identified, some of whom are also occupiers whilst others are renting out their properties to private tenants.
- 4.2 To date the following actions have been undertaken to engage with these owners:
- Letters have been sent to all owners in the Phase 5 area, explaining the regeneration proposals for the area, and the likely impact upon those owners.
 - Drop in events have been held on a number of occasions to allow owners to meet with representatives of PCH, to discuss the terms of sale and details of the compensation offer that would be available.
 - PCH have carried out 1-1 interviews with the owners of properties and have provided a detailed information pack outlining the full offer that PCH are able to make available.
 - PCH have agreed to cover the costs of providing Independent Financial Advice for owners, paying both the open market value of property as assessed by an independent valuer and the statutory compensation required by legislation. This amounts to an additional sum equating to 10% of the value of the property or £4900 whichever is higher, plus the reasonable costs of disturbance including removal and legal costs.
- 4.3 So far 8 of the 25 owners have agreed terms and have sold their properties to PCH. A further 5 owners have accepted offers to purchase and are in the conveyancing process. 12 owners have yet to accept offers to purchase their homes – of these 7 are in negotiation with PCH and the remaining 5 are yet to engage. PCH intends to reach agreement with all of the outstanding owners by the end of August 2017 however in the event that this is not possible it will be necessary for the City Council to proceed with making a CPO in order to resolve the issue of ownership and enable the redevelopment process to continue.

5. Legal Basis

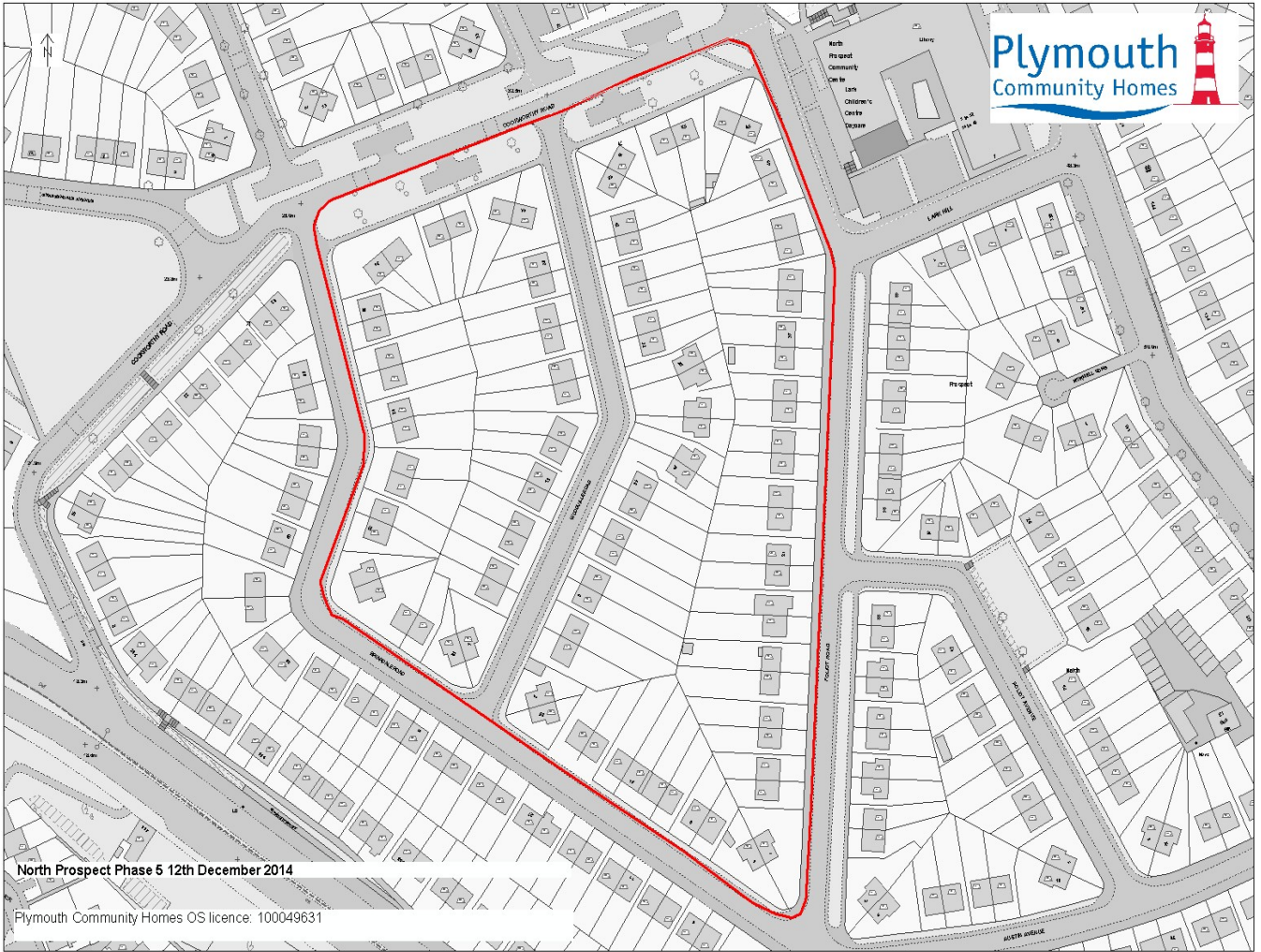
- 5.1 The CPOs would be made under S17 of the Housing Act 1985 to provide a quantitative or qualitative increase in housing provision and will follow a similar justification to that used in Phases 1,2 and 3 of the North Prospect regeneration project.
- 5.2 The City Council is fully aware of its responsibilities under the Human Rights legislation arising from the European Convention of Human Rights (2008) and of the need to address the rights of the individual in any action considered.

6.0 Conclusion

- 6.1 PCH are requesting that Cabinet agree a resolution to make a CPO, in the event that all interests in land in Phase 5 of the development cannot be acquired by agreement. Without making this resolution, and in turn the CPO itself, should it be required, the continuing regeneration of the North Prospect area will be put at risk, as the other options to achieve the redevelopment have been considered and dismissed for the reasons stated above.

6.2 The resolution to make a CPO will provide a level of certainty of achieving unified land ownership to both PCH and their developer partner to proceed with the development at Phase 5. To date substantial progress has been made to acquire the privately owned units by agreement and PCH will continue to make every effort to acquire all remaining interests without resorting to a CPO. However as this cannot be guaranteed it is considered necessary for Cabinet to agree a resolution to make a CPO should it be required.

Appendix I



North Prospect Phase 5 12th December 2014

Plymouth Community Homes OS licence: 100049631

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SCHEDULE 24

NORTH PROSPECT COVENANT

North Prospect Covenants

For the purposes of this covenant, the following definitions also apply:-

- “Community Engagement Steering Group”** means the group responsible for engaging with the local community in relation to the Master Plan and in particular (but not limited to) those aspects set out in paragraph 3.1.1;
- “Disposal”** means the transfer of or grant or creation of any interest in any part of the North Prospect Site to any person or body before completion of the Redevelopment other than pursuant to an agreed overarching marketing and disposal strategy for any non-Social Housing New Dwellings on the North Prospect Site (and references to “Dispose” or “Disposes” shall be construed accordingly);
- “First Phase”** means the first phase of the Project as described in paragraph 2.1.1;
- “HCA”** means the Homes and Communities Agency or any statutory successor body thereto;
- “Infrastructure Works”** means the highway improvement works (including improvements to existing highways and the construction and adoption of new roads and/or footpaths), the provision and installation of all services and supplies including gas, electricity, water and telephone services so as to enable the Dwellings to be supplied with such services, the creation of any open spaces and any other environmental works required to be undertaken in connection with the Development;

"Land Acquisition Strategy"	means that part of the Master Plan which documents the strategy agreed by the Parties to identify and subsequently acquire or extinguish all or any Third Party Rights
"Master Plan"	means the master plan for the Project to be devised by the Parties (and updated from time to time) in accordance with paragraph 3;
"New Dwelling"	means a dwelling to be constructed on the North Prospect Site as part of the Redevelopment including any apartments, flats, houses or maisonettes;
"Nomination Rights"	means the nomination rights set out in Schedule 2 of this Agreement;
"North Prospect Redevelopment Study"	means the study commissioned by the Council and carried out by Levitte Bernstein scoping the regeneration of the North Prospect Site dated 23 April 2009 (revised 30 April 2009 and updated in July 2009) incorporated at Annex 9;
"Planning Permission(s)"	means all outline and/or detailed planning permissions (including reserved matters approvals) considered by the Association to be necessary or desirable in order to undertake the Redevelopment;
"Project"	means the First Phase and the Second Phase together;
"Project Board"	means the project board formed and operated in accordance with paragraph 3.5;
"Redevelopment"	means the regeneration and redevelopment of the North Prospect Site in accordance with the Master Plan including design, site preparation and works and references to "the Redevelopment" include the whole or any part of the Redevelopment;
"Second Phase"	means the second phase if the Project as

“Third Party Rights”

described in paragraph 2.1.2;

means the interest and rights of third parties in relation to the North Prospect Site and Third Party Right shall be construed accordingly.

1. AGREED OUTCOMES AND CO-OPERATION

1.1 The Parties have agreed that the key outcome in relation to the Project is the comprehensive master planning and redevelopment of the North Prospect Site through the provision, re-provision or renovation of dwellings, amenities and associated Infrastructure Works, as set out in this Schedule 24.

1.2 This Schedule records the Parties' intention to co-operate to procure the Redevelopment and sets out the manner in which this will take place.

2. NOMINATIONS

2.1 Throughout the Redevelopment the Association shall offer New Dwellings for rent to tenants of the North Prospect Site who vacate their current homes to enable the Redevelopment to take place ("Returning Tenants").

2.2 If the New Dwellings are not required by Returning Tenants within 28 days of the New Dwellings being released for occupation by the relevant developer, they shall be regarded as vacant and available for letting under the Choice Based Lettings Arrangements.

2.3 If the Choice Based Lettings Arrangements are no longer in operation, the Association grants to the Council Nomination Rights in respect of the Dwellings situated on the North Prospect Site as at the Completion Date, and any New Dwellings, as set out in Schedule 2.

2.4 For the avoidance of doubt, the Association is under no obligation to offer New Dwellings to any residents of the North Prospect Site other than Returning Tenants.

3. THE PROJECT

3.1 The Parties intend that the Project shall be carried out in two phases:

3.1.1 the First Phase shall comprise the development of a Master Plan to be carried out in the manner described in paragraph 4; and

3.1.2 the Second Phase shall comprise the Redevelopment to be undertaken in accordance with the Master Plan, to be carried out in the manner described in paragraph 5.

3.2 The Second Phase shall commence on the completion of the First Phase or at such other time as the Association may determine (after consulting with the Council and formally taking into account (inter alia) the Council's views, the Association's financial standing, market conditions, the availability of HCA funding and the views of the Security Trustee the Beneficiaries and the Finance Parties).

4. FIRST PHASE

4.1 The Parties agree that the key outcomes of the First Phase are:-

- 4.1.1 creating a Master Plan building on work already carried out and documented in the North Prospect Redevelopment Study. The Master Plan shall include the proposed uses, design criteria and development framework for dwellings on the North Prospect Site and shall include, but shall not be limited to, details of the:
- dwellings and other properties to be demolished;
 - dwellings to be refurbished;
 - New Dwellings to be provided;
 - the mix of tenure and dwelling type of the New Dwellings (being the mix of social housing, intermediate housing, housing for open market sale, and the mix of Houses and Flats)
 - the design criteria for the New Dwellings
- 4.1.2 identifying the costs required to be incurred in order to achieve the Redevelopment;
- 4.1.3 securing funding for the costs identified pursuant to paragraph 4.1.2 above, including (but not limited to) funding from the HCA and assumptions relating to the sale of dwellings (whether on open market terms or shared equity or similar terms) (such outcome to build on the indicative programme set out in the North Prospect Redevelopment Study;
- 4.1.4 liaising with the Council's planning department and identifying the process for the granting of Planning Permission;
- 4.1.5 identifying any Third Party Rights required to be acquired or extinguished to enable the Redevelopment;
- 4.1.6 establishing the Land Acquisition Strategy.
- 4.2 Both Parties acknowledge that the master planning shall follow the principles set out in the Consultation Document, which states that consultation should take place through Strategic Urban Futures.
- 4.3 It is the intention of both Parties to complete the First Phase within eighteen months of the Completion Date and the Parties shall co-operate fully and use their reasonable endeavours to meet this deadline.
- 4.4 The First Phase shall be undertaken by the Association in co-operation with the Council and in doing so the Association shall formally consider the views of the Council and the Project Board. The Association acknowledges that the decisions it makes regarding the tenure mix, design, development partner and the Redevelopment overall are key to the Council and the Association agrees to fully involve the Council.
- 4.5 The Project Board shall establish a Community Engagement Steering Group in the manner set out in set out in paragraph 4.7. Each Party or its duly appointed

representatives will attend and participate at Project Board meetings and meetings of the Community Engagement Strategy Group.

4.6 **The Project Board**

- 4.6.1 The Project Board shall be responsible for oversight of the Project on behalf of both Parties, for driving the Project forward and creating the Master Plan. It shall provide a flexible and responsive communication framework for the strategic matters affecting the Project, but shall have no decision making powers. In discharging its duties and responsibilities, the Project Board shall liaise with the Community Engagement Steering Group as and when it deems such liaison to be appropriate and/or necessary.
- 4.6.2 The Project Board will comprise nominated representatives of the Council and nominated representatives of the Association, as well as consultants and/or other persons agreed by the Parties as necessary for the procurement and delivery of the First Phase or any part of it (including the HCA should the HCA require representation). Each Party may change its nominated representatives (or any of them) to the Project Board by written notice to the other at any time.
- 4.6.3 Both Parties shall have regard to the skills required by the Project Board to effectively conduct its business when making their nominations.
- 4.6.4 The quorum for any meeting of the Project Board shall be at least one nominated representative from each Party.
- 4.6.5 Although the Council has an advisory, planning and strategic role to play in the Redevelopment, ultimate responsibility for approval of the Master Plan lies with the Association. If the Association decides not to accept the views of the Project Board in relation to the Master Plan, the Association shall report back to the Project Board on the reasons why it has not accepted the Project Board's views.
- 4.6.6 The Project Board will meet at regular intervals as often as may be necessary or desirable for the despatch of its business.
- 4.6.7 Either Party may convene a Project Board meeting on reasonable notice.
- 4.6.8 Any member of the Project Board may appoint an alternate to represent him at a Project Board Meeting where he is unable to attend provided that reasonable prior notice in writing of the name and details of the alternate is given to the Chair.

4.7 **The Community Engagement Steering Group**

- 4.7.1 In discharging its duties and responsibilities, the Community Engagement Steering Group shall liaise with the Project Board as and when required by the Project Board.
- 4.7.2 The Community Engagement Steering Group will include group members formally nominated by both Parties, together with representatives from the North Prospect Partnership and constituted residents groups as appropriate. The quorum for any Community Engagement Steering Group meeting shall include at least one nominee from the Council and the Association.

- 4.7.3 The Community Engagement Steering Group shall have no decision-making powers and any decisions that need to be made shall be referred to the Project Board along with the recommendation of the Community Engagement Steering Group.

5. **SECOND PHASE**

- 5.1 The Parties agree that the key outcome of the Second Phase is the Redevelopment.
- 5.2 The Association shall implement the Redevelopment but shall consult and work closely with the Council as the Redevelopment progresses. Both Parties shall act reasonably and in a spirit of trust, fairness and mutual co operation for the benefit of the Redevelopment within the scope of their respective roles expertise and responsibilities.

6. **THIRD PARTY RIGHTS AND COMPULSORY PURCHASE**

- 6.1 The Council agrees to work with the Association as it acquires or extinguishes any Third Party Rights necessary to allow the Association to undertake the Redevelopment. Further to this:
 - 6.1.1 as soon as reasonably practicable after the Land Acquisition Strategy has been determined, the Council shall as agreed with the Association, and in accordance with the Land Acquisition Strategy, diligently carry out the referencing exercise to determine the Third Party Rights to be compulsory acquired by drafting and serving requisitions for information on any affected parties pursuant to Section 16 of the Local Government (Miscellaneous Provisions) Act 1976 or Section 330 of the Act and also prepare a statement of reasons, notices, certificates and statements and carry out other procedural matters up to and including the preparation of the CPO;
 - 6.1.2 the Council will consult with and, in accordance with the Land Acquisition Strategy, agree with the Association which Third Party Rights are required to carry out the Redevelopment and therefore necessary to be acquired by the Association before commencing the referencing exercise for the Third Party Rights;
 - 6.1.3 the Council shall as soon as it is reasonably practicable (and in any event within 20 Business Days from any request of the Association) consider and respond to a request of the Association to make the CPO and shall, as soon as it is reasonably practicable to do so, consider the use of its compulsory purchase powers to acquire the Third Party Rights;
 - 6.1.4 if the Council resolves to make the CPO, it will, in full consultation with the Association, proceed with due diligence to make the CPO and seek confirmation by the Secretary of State of the CPO;

- 6.1.5 notwithstanding paragraph 6.1.3, the Council shall not be obliged to consider any request from the Association to make a CPO other than in accordance with the Land Acquisition Strategy;
 - 6.1.6 the Association shall within 21 days of receiving a demand from time to time in respect thereof pay to the Council, whether or not the CPO proceeds to confirmation, all costs and expenses incurred by it in the preparation making and confirmation of any CPO required under this provision including without prejudice to the generality of the foregoing all costs arising directly or indirectly from any public inquiry, professional fees, taxes and disbursements; and
 - 6.1.7 the Association shall meet all costs arising directly or indirectly from the acquisition of the Third Party Rights and shall immediately put the Council in funds when requested to do so to enable the Council to acquire all or any of the Third Party Rights and pay all compensation fees and taxes in connection therewith.
- 6.2 With regard to the CPO process the Association will ensure:
- 6.2.1 that they consult with the owners of the Third Party Rights throughout the CPO stages as soon as the Third Party Rights have been identified;
 - 6.2.2 that they use best endeavours to acquire the Third Party Rights prior to implementation of the CPO processes and in advance of confirmation of the CPO;
 - 6.2.3 that they assist the Council in the preparation of any statement of reasons and statements of case and with any public enquiry including acting as witness and providing statements of evidence;
 - 6.2.4 that there is a reasonable prospect of the Redevelopment going ahead, that the Redevelopment is financially viable and that funding is in place for the CPO to be confirmed;
 - 6.2.5 that the Redevelopment is unlikely to be blocked by any impediments to implementation. In addition to potential financial impediments, physical and legal factors need to be taken into account. These include the programming of any infrastructure accommodation works or remedial work which may be required, and any need for planning permission or other consent or licence;
 - 6.2.6 where possible, they obtain planning permission for the Redevelopment prior to the CPO being submitted for confirmation; and
 - 6.2.7 that where planning permission will be required for the Redevelopment, and has not been granted, there should be no obvious reason why it might be withheld.

7. **PLANNING**

The Association shall be responsible for preparing and submitting all necessary applications for Planning Permissions in connection with the Redevelopment and shall

pursue the same diligently will use all reasonable endeavours to obtain satisfactory Planning Permissions.

8. **LIAISON**

8.1 The Parties will discuss the progress of the Project at the meetings referred to in Schedule 9 of this Agreement.

9. **EXTENT OF OBLIGATIONS AND FURTHER ASSURANCE**

9.1 Nothing in this Schedule requires:

9.1.1 the Association to act in any way which is inconsistent with its obligations as a charitable RSL; or

9.1.2 the Council to act in any way which is inconsistent with its statutory duties or obligations as a local authority or is to act as a fetter on the Council in the exercise of its statutory duties and obligations, as Planning Authority, highways authority or otherwise.

9.2 The Council acknowledges that the Association may, and is explicitly entitled to, elect to undertake the Redevelopment itself or through a subsidiary (whether incorporated or yet to be incorporated) or either alone or in partnership with a selected development partner. The Association will, however, consult and work closely with the Council on its choice of partner and will seek to join the Plymouth Housing Development Partnership.

10. **NOMINATION TO RELATED SITES**

10.1 The Council intends to transfer land at Carlton Terrace, Paternoster House, South Trelawney School and Lion and Column (the Related Sites) to certain RSLs and to secure nomination rights in relation to dwellings to be developed at the Related Sites.

10.2 The Council hereby agrees with the Association to seek to make available nomination rights procured in relation to the Related Sites in order to allow the Association to decant tenants from existing Dwellings on the North Prospect Site to assist the Redevelopment.

11. **OPTION TO PURCHASE SCHOOL SITE**

As soon as is reasonably and conveniently possible after the Completion Date, the Council will transfer the site of the North Prospect Primary School to the Association for the purposes of providing a mixed use scheme comprising adult learning facilities, a children's centre, community facilities and housing. The transfer will be on such terms as are then agreed between the Parties.

12. **DEFERMENT PROVISIONS**

12.1 The Council agrees that it will not commence any action to enforce the provisions of this Schedule if:

12.1.1 circumstances outside of the Association's control prevent the Association complying with the provisions of this Schedule; and/or

12.1.2 to comply with the provisions of this Schedule would have a serious detrimental effect on the financial standing of the Association and/or on its ability to perform its obligations under the Security Trust Deed and/or the Loan Agreement and/or any Finance Document and/or any Relevant Documents and/or any Refinancing Agreement and/or would cause the Association to commit an event of default or potential event of default under the Loan Agreement and/or any Refinancing Agreement.

12.2 If any of the circumstances in paragraph 12.1 occur, the Association may delay/defer compliance with this Schedule **PROVIDED THAT** the Association:

12.2.1 informs the Council of the reasons for such delay/deferment forthwith;

12.2.2 consults with the Council about its proposals;

12.2.3 consults with any affected tenants about any delay;

12.2.4 agrees with the Council (acting reasonably) a revised programme for compliance with the provisions of this Schedule; and

12.2.5 implements such revised programme thereafter.

13. **DEED OF COVENANT AND MORTGAGEE EXCLUSION**

13.1 Any delay by the Council in exercising any remedy for breach of the provisions of this Schedule shall not constitute a waiver by the Council of any of its rights and remedies in relation thereto and the exercise of, or failure to exercise any remedy hereunder shall not constitute a waiver by the Council of any of its other rights and remedies.

13.2 Subject to the provisions of paragraph 5.4 if at any time prior to the completion of the Redevelopment the Association (not being in receivership or acting by its mortgagee or chargee) Disposes of the North Prospect Site or any part of it, it shall procure that the party to which it has made such a Disposal shall enter into a covenant or covenants with the Council agreeing to be bound by the covenants given by the Association and contained in this Schedule 24 as though it was named in this Schedule 24 as a party to them.

13.3 For the avoidance of doubt, the provisions of Clauses 20 (Covenants) and 21 (Mortgagee Exclusion) of this Agreement shall apply this Schedule 24.

14. **DECENT HOMES STANDARD**

The Council agrees not to enforce the covenants in the Consultation Document (as referred to in Schedule 5, Part 2) where any breach and/or non performance and/or non observance arises as a consequence of the Association's failure to meet the decent homes standard in respect of those parts of the North Prospect Site to be redeveloped pursuant to the provisions of this Schedule.

15. **SUBSOIL**

The Association will transfer back to the Council at nil cost within 28 days of written request such subsoil as is required by the Council in its role as local authority in connection with any road or highways scheme.

EQUALITY IMPACT ASSESSMENT

Strategic Planning and Infrastructure



STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?	<p>This assessment relates to a request from Plymouth Community Homes for the Council to make a resolution to use CPO powers should they be required to acquire privately owned houses within Phase 5 of the North Prospect regeneration project.</p> <p>The aim of the EIA is to assess whether the use of CPO powers would create an unequal impact on people with protected characteristics, in comparison with those who do not have protected characteristics within the cohort of the remaining 17 owners of properties in Phase 5.</p>
Author	Neil Mawson
Department and service	Housing Delivery Team, Strategic Planning and Infrastructure
Date of assessment	9 th May 2017

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STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	3 of the remaining resident owners are over retirement age	None		
Disability	None of remaining residents are disabled according to information held by PCH.	None		
Faith/religion or belief	The religion of the remaining residents is unknown	None		
Gender - including marriage, pregnancy and	16 owners are male and 10 are female	None		

maternity				
Gender reassignment	None that we are aware of	None		
Race	Of the remaining owners 1 household is of Chinese origin and 1 is Polish	None		
Sexual orientation - including civil partnership	The sexual orientation of the remaining households is unknown.	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 gap in average hourly pay between men and women by 2020.	None	N/A
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	None	N/A
Good relations between different communities (community cohesion)	This is a mixed tenure development and the integration of affordable and private homes should help create a more sustainable and integrated community for North Prospect.	Up to 2020/21 PCH is responsible.
Human rights Please refer to guidance	The Human Rights of those remaining owners will be fully considered in the event any CPO powers are used to acquire private property within Phase 5 of this development. The decision that Cabinet are being asked to make at this point is time is only to make a resolution that CPO powers will be used in the event that they are needed.	Up to 2020/21. Responsibility for ensuring that Human Rights are respected would be shared by both PCH and PCC in the event that CPO powers were to be used to acquire property within this phase of development.

STAGE 4: PUBLICATION

Responsible Officer Pete Ford

Date 9th May 2017

Director, Assistant Director or Head of Service

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PLYMOUTH CITY COUNCIL

Subject:	Veterans Strategic Commissioning Framework
Committee:	Cabinet
Date:	30 May 2017
Cabinet Member:	Councillor L Bowyer
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Katy Shorten, Strategic Commissioning Manager
Contact details:	Tel 01752 307078
Ref:	
Key Decision:	Yes
Part:	I

Purpose of the report:

The commissioning plan sets out Plymouth City Council's and NEW Devon Clinical Commissioning Group's commissioning intentions for support services for Veterans and their families. It aims to ensure that services to be seamless, with services joined up to ensure the smooth transition from a military career into the civilian community.

Data indicates we have around 18,899 - 20,281 Veterans in Plymouth and we are aware that there is likely to be a greater proportion of mental health and offending support needs within this population.

The framework identifies gaps in the effectiveness of current provision. The council has commissioned a new Veterans Care Navigation Service which will launch to the public in June 2017. There is now opportunity to build on existing support for Veterans through the development of a Strategic Stakeholder Group which will implement the recommendations of the plan.

The Corporate Plan 2016 - 19:

The Veterans Strategic Commissioning Framework aims to help Plymouth to deliver an outstanding quality of life for Veterans through addressing three of the four key corporate objectives:

- **CARING Plymouth**

The Council and partner organisations will work together to provide services that help Veterans and their families to lead happy, healthy, safe and fulfilled lives. The support services provided will adopt an outcome focussed approach, and regularly review to improve services users' access to appropriate advice, information and early intervention services when they are most needed.

- **GROWING Plymouth**

The service will support a strong economy by developing the workforce to 'up skill' staff within mainstream support services and supporting veterans to gain the skills required to benefit from local job opportunities.

- **PIONEERING Plymouth**

The Council will work constructively with partner organisations and stakeholders to ensure that services for Veterans and their families will be timely, seamless, accessible & co-ordinated, and inclusive.

Implications for Medium Term Financial Plan and Resource Implications:

Including finance, human, IT and land:

Delivery of the recommendations in this report will be facilitated strategically and operationally through the Veterans Care Navigation Service which is being funded in 2017/18 and 2018/19 by a grant from the LIBOR fund awarded in the Autumn Statement, November 2016.

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

No other implications identified

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? Yes

Recommendations and Reasons for recommended action:

Agree and deliver the implementation plan of the Veterans Strategic Commissioning Framework

Alternative options considered and rejected:

To leave Veterans services uncoordinated

Published work / information:

N/A

Background papers:

South West Peninsula Veterans' Health Needs Assessment
Equality Impact Assessment

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
South West Peninsula Veterans' Health Needs Assessment	x									
EIA	x									

Sign off:

Fin	djn1718.27	Leg	MS/2 8175	Mon Off	lt/dvs/2 8174	HR		Assets		IT		Strat Proc	HG/SP U/445C P/0517
Originating SMT Member Carole Burgoyne													
Has the Cabinet Member(s) agreed the content of the report? Yes													



Northern, Eastern and Western Devon
Clinical Commissioning Group



COMMISSIONING FRAMEWORK

VETERANS

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1.0 Introduction

1.1 The Vision

Plymouth is committed to becoming a centre of excellence for Veteran support. Services for Veterans will be:

- Timely, with support provided at the appropriate point
- Seamless, with services joined up to ensure the smooth transition from a military career into the civilian community
- Accessible, with appropriate support and understanding embedded within universal services
- Co-ordinated, so that support is available to support Veterans to navigate a complex system
- Inclusive, so that the wider needs of dependants (in particular children) are considered.

1.2 Strategic Leadership

The Plymouth Armed Forces Community Covenant was signed at the Armed Forces Day National Event in June 2012. It is a formal commitment to mutual support between the city's civilian and armed forces communities, with a special focus on service children.

The Community Covenant lists seven main priorities for all covenant partners and this forms the basis of the action plan, but at the heart of the covenant is a shared understanding that service families receive all the support available to them from the public and voluntary sectors in Plymouth. Access to housing, healthcare and employment are just some of the issues which affect the armed forces community and the Community Covenant aims to raise the awareness of such issues so that the city's service families and Veterans are not disadvantaged in any way.

The priorities are; Children, young people and their families, Health and wellbeing, Housing, Working in partnership, Support for Veterans and their families, Employability and education and Governance. There is an action plan in place for 2017 which addresses the Health and Wellbeing of Veterans, Service Personnel and those transitioning out of the Armed Forces.

1.3 National Driver

Recently The Forces in Mind Trust and the Local Government Association commissioned Shared Intelligence to carry out research into ways of improving the local delivery of the Armed Forces Covenant. The research, which was supported by the Ministry of Defence, was commissioned in the context of concerns nationally that implementation of the Covenant locally was inconsistent. The deep dive paper makes a series of recommendations and has a self-assessment tool in order to identify any gaps in delivery of local Covenant Pledges.

1.4 Purpose of this Commissioning Paper

The purpose of this commissioning plan is to set out Plymouth City Council's and NEW Devon Clinical Commissioning Group's commissioning intentions for support services for Veterans and their families. Plymouth is a Military city with a major Armed Forces presence, both the serving and Veteran community.

Locally we face a particular financial challenge because of the changes in local demography, the historic pattern of service provision, the impact of deprivation and significant health and wellbeing inequalities. We want to do better for and with our local population and therefore it's imperative that we have an integrated and collaborative approach to work across all the organisations that commission and deliver health and wellbeing.

Having "One system, one budget" will enable us to deliver the right care at the right time in the right place.

Four integrated commissioning strategies have been developed and agreed which set out the commissioning intentions of Plymouth City Council and NEW Devon CCG. These commissioning strategies all support the future vision of becoming a centre of excellence for Veterans Care as the four overarching aims of these strategies are;

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people’s experience of care
- To improve the sustainability of our health and wellbeing system.

2.0 Needs Assessment

2.1 Local demographics

The official data estimate from the Royal British Legion and the Office of National Statistics indicates the following population figures for Plymouth:

Age Group	Royal British Legion		Office for National Statistics	
	Estimated	Estimated	Estimated	Estimated
Years	Prevalence %	Number	Prevalence %	Number
16-24	0.84	331	1.58	619
25-34	3.28	1,124	3.14	1,075
35-44	4.44	1,475	5.11	1,699
45-54	5.45	1,850	5.81	1,971
55-64	10.54	3,066	6.87	2,000
65-74	28.54	6,278	23.05	5,070
75-84	36.55	5,152	0.00	0
85+	17.88	1,005	0.00	0
(ONS 75+)	0.00	-	32.79	6,465
Total		20,281		18,899

Table 1: *Population for Plymouth adapted from the South West Veterans Needs Assessment*

Establishing an accurate picture of the Plymouth veteran population is severely challenged by the lack of available sources of up to date local data.

2.2 Housing need

In Plymouth, the Housing Register is held by Devon Home Choice and does include details of the number of Veterans registered. This is broken down further by local authority area and category of housing need: B and A being the highest (emergency) housing need, through to Band E being no housing need.

Table 2 below outlines the details for applicants who advised that they are or have served in the Armed Services, the majority of who were band C.

Local Authority	Band A (Emergency)	Band B (High)	Band C (Medium)	Band D (Low)	Band E (No Housing Need)	Grand Total
Plymouth	0	48	224	46	215	533

Table 2: Housing Register - Veterans by Local Authority and Band (Oct 2014)

A quick snapshot of services within the single homeless system indicates that a small proportion of Veterans access their services, although this is anecdotal evidence as military service is not captured in their reporting mechanisms routinely.

2.3 Mental/emotional health

There is no Veteran specific health and illness data for Plymouth. The South West HNA highlights the following issues affecting the veteran population nationally:

- The prevalence of common mental health problems in the military is higher than in the general population (The Houses of Parliament's Post note 518 (Feb 2016)).
- Combat troops and reservists are at higher risk of developing conditions such as Post Traumatic Stress Disorder.
- Drinking at harmful levels is widespread in the forces.
- The stigma associated with mental health is a major barrier to accessing help.
- The most prevalent conditions are common mental health disorders: anxiety, stress, panic and adjustment disorder (exaggerated emotional and behavioural response to significant life events), mood disorders such as depression and alcohol misuse.

Other research shows that traumatic physical injuries, particularly those sustained in combat, can be a risk factor for poor mental health. Consequently the House of Commons Defence select committee has stated that more resources are needed to support military personnel, particularly in mental health services. Goodwin et al (2015) found that prevalence of common mental health conditions in men aged 18-44 years in a military cohort was twice as high as for working men of the same age in the general population (18.2 vs 9.2%).

2.4 Criminal Justice System

There is no probation data specific to Plymouth, however the South West veterans Needs Assessment also contains the picture of the national data on veterans and the probation Service:

- Male veterans are less likely than the general male population to be in prison or be supervised by Probation.
- MOD figures suggest that veterans are 14% less likely to be serving a sentence for violence against people and non-violent offending but 15% more likely to be in prison for sexual offences than the general population.
- The main factors associated with offending are lower rank, younger age, a history of violence or antisocial behaviour prior to enlisting, having mental health problems and alcohol misuse.

Since 1st June 2014, offenders in Plymouth have been supervised by the following organisations which both have local delivery offices:

- The National Probation Service (NPS) - if they pose a high risk of harm or there are significant public protection issues.
- The Dorset, Devon and Cornwall Community Rehabilitation Company (CRC) - if they are assessed as medium or low risk offenders.

2.5 Summary

Although it is a challenge to accurately identify the number of veterans locally, this is also a challenge that is experienced nationally. Data indicates we have in the region of 18,899-20,281 Veterans in Plymouth and we are aware that there is likely to be a greater proportion of mental health and offending support needs within this population. This information will enable us to target resources and develop services to most appropriately respond to this need.

3.0 Current Services – What's Available for Veterans

3.1 Strategic overview

Locally, services specifically supporting Veterans have a strong presence and are easily identifiable, for example Help for Heroes, Royal British Legion, SSAFA. These services present a good example of

joint working and avoiding duplication of support, however there are limitations. Feedback indicates these services are not always as skilled in terms of supporting Veterans to access wider support services, such as specialist mental health or substance misuse services. Similarly, wider services are not always skilled and knowledgeable regarding the specific needs of Veterans.

This can lead to Veterans being unable to navigate the often complex systems of services available in order to have their range of needs met.

Specific information and advice services are available online, such as the Devon Forces Family website. Universal information is also available online, such as via the Plymouth Online Directory and Advice Plymouth, but is not always easily accessible to Veterans and there is no single point of contact.

Several pieces of work have taken place recently to engage with the Veteran community which have been driven by the Covenant, including a Veterans Job fair and the pilot of a Veterans Drop in advice centre.

3.2 Existing veterans service provision

Service Description	Provider	Commissioner / Funder
Rehabilitation and Recovery Centre Endeavour Building (Gymnasium, Hydrotherapy pool, treatment rooms, assorted activity areas, support hub, and café). Email/telephone first access support, advice and information.	Help for Heroes (H4H)	H4H
H4H Hidden Wounds- free, confidential and easily accessible service helping Veterans and their families who suffer from excessive worry, low mood, stress, alcohol or anger.	Help for Heroes (H4H)	H4H
Pop In Shop – first access support, advice and information	Royal British Legion (RBL)	RBL
Supported Accommodation	Alabare	Covenant / Housing Benefit
I-I housing related support for 30 Veterans	PATH	RBL
Email/telephone first access support, advice and information	SSAFA	SSAFA
Memory café at Crownhill Families centre	RBL	RBL
Nelson self build project-12 custom build homes	DCH	Community Self Build Agency (CSBA), PCC
Live safe and well in own home - Independent Living Service	RBL	RBL
Military Kids Club heroes for Service and Veterans’ children, including the Military Kids Choir	MKC Heroes and PCC through Covenant	MKC Heroes and PCC through Covenant
Plymouth Military Advocacy Service	SEAP	LIBOR Fund/ Charitable Funding
South West Veterans Mental Health Service	Avon & Wiltshire Mental Health Partnership Trust	NHS England

3.3 Available resources

There is significant funding available to support the provision of services for Veterans, as follows:

Covenant funding

Under the Strengthening Local Government Delivery of the Covenant priority, the Covenant Fund will make awards of between £20,000 and £500,000. Delivery of the Covenant at a local level is expected to encourage local communities to support the armed forces community in their area and promote understanding and awareness among the public of issues affecting the armed forces community; and so work to uphold the promise set out in the Covenant to give them a fair deal. Bids must be from a cluster of local authorities (at least regional level).

Charitable funding

The Royal British Legion accepts bids for Military/Veteran linked initiatives, as well as offering grant schemes and funding for veterans as part of individual support planning.

Forces in mind Trust (in conjunction with Big Lottery) is investing £35 million over the next 20 years to support the psychological well-being and successful and sustainable transition of veterans and their families into civilian life. This is an open application process with initial expressions of interest welcomed.

H4H together with SSAFA provides grant funding opportunities for veterans as part of their individual recovery plan subject to meeting criteria.

Locally

The Community Covenant offers a small grant scheme. The Community Covenant Grant Scheme was established to help provide funding for local projects that bring together civilian and armed forces communities. The scheme is administered by the Ministry of Defence and grants are awarded of up to £20,000.

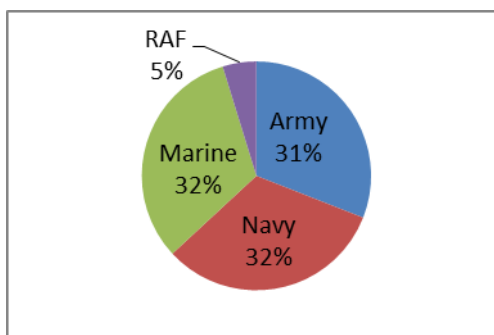
Nationally

In September 2016 NHS England announced that it is set to further improve mental health care for military veterans after a nationwide campaign to give veterans themselves a say in how services are delivered. To progress this in a timely manner, NHS England is working with the Ministry of Defence and veteran charities to develop the new services. The enhanced South West Veterans Mental Health Service will be provided by the Avon and Wiltshire Partnership NHS Trust (AWP) from April 2017. In November 2016, the Ministry of Defence announced £2 million of funding for a one-stop service to support British Armed Forces veterans in need. The new service, called Veterans' Gateway, will launch in the week beginning 22 May 2017 and will be provided by a consortium of military charities including The Royal British Legion, SSAFA and Combat Stress.

3.4 Consultation feedback

3.4.1 Jobs Fair

A Veterans job fair was held in July 2016, to which there were 231 attendees. Thirty-seven per cent of attendees returned a feedback form, the breakdown from which is as follows:



The majority of visitors were looking for general advice and information about getting back into work (30%) and the types of employers in the local area. Many had no set ideas about which area they would like to work in (19%) with the others mainly looking at engineering work (11%) and construction (6%). Other areas of work mentioned included management, health services, driving, self-employment, project management, Health and Safety, finance, police, security and electricians. The majority of people who responded (84%) felt that a veteran’s drop-in on a regular basis would be a good idea.

3.4.2 Plymouth Veterans Forum

Members attending the Veterans Forum in July 2015 identified key areas for improvement which included employment, health/family and support.

The issue of employment was raised as a major priority; members felt that veterans were ill-prepared for civilian life and cited non-transferable qualifications, insufficient transition support prior to discharge and challenges making CV’s ‘civilian friendly’ as examples.

Health and wellbeing was also identified as an area requiring support. Members expressed concerns that health professionals do not always understand the specific health and wellbeing needs of veterans, such as PTSD and that challenges accessing military health records can lead to unnecessary delays.

Accessing and identifying support services and sharing information relevant to veterans was also an area of concern.

4.0 Gap Analysis

Gap/Issue	Rationale/Evidence
Service accessibility	Feedback from Veterans suggests that services aren’t always easy to access and that they struggle to navigate a complex system without support. Whilst specific information and advice services are available online, universal information services such as the Plymouth Online Directory are not always easily accessible to Veterans.
Workforce development	Feedback from veterans indicates that mainstream services often lack the skills and capacity to identify and support them (and their families) effectively.
Services do not provide joined up care that supports the ‘whole person’	As described, specialist services are able to support Veterans but often lack the network and relationships with other specialist services e.g. mental health, substance misuse, which means that Veterans can struggle to get support as a ‘whole person’.
Transition support	Data indicates that there are a number of challenges when Veterans transition into civilian life, in terms of accessing healthcare, medical information being shared and employment opportunities. Preparation for civilian life does not happen early enough in the move on process.
Accurate needs information	The Southwest Veterans Needs Assessment already identifies the lack of quantitative data as a major challenge of service provision and understanding of

	veteran needs. Veterans are hard to identify and often only self – identify at points of crisis. Veterans are not always aware that their status may entitle them to priority access to services or added benefits.
Reservists	Are services sufficiently aware of reservists, their support needs and the services available to them?

5.0 Current Developments

In response to feedback and needs analysis, the council has commissioned a new Veterans Care Navigation Service which will launch in April 2017. This service will

- Provide a coordinated first point of entry for Veterans requiring support, enabling them to choose and access services that best meet their needs without duplication
- Provide a developmental role ensuring that there are skilled and accessible mainstream services that can be easily accessed by Veterans and their dependants
- Build up a comprehensive picture of the needs of Veterans in Plymouth
- Help facilitate a smooth transition for Veterans leaving military life and support them in preparing for civilian life

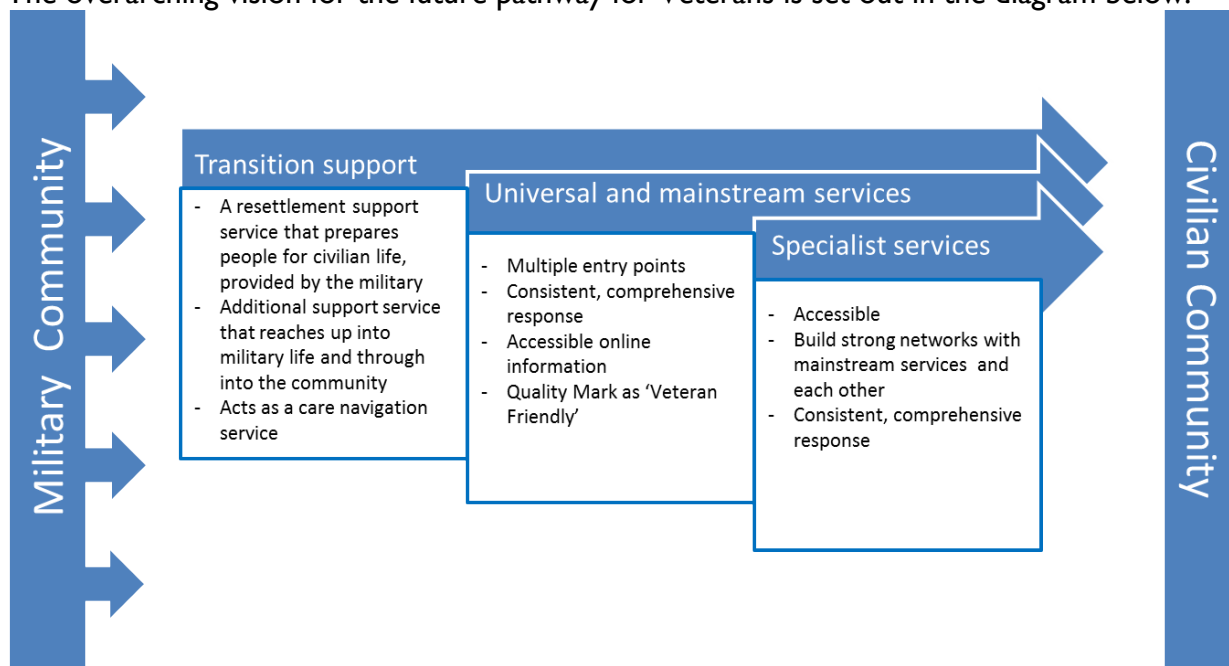
The new service will work closely with SEAP, who as part of their work to launch the Plymouth Military Advocacy Service have begun to engage stakeholders in Plymouth. A Supporting Veterans Together Conference was held on 1 February 2017 with resulting actions aimed improving the quality of services offered to Veterans in Plymouth.

6.0 Opportunities

There is now opportunity to build on existing support for Veterans and make recommendations to:

- Identify the current ‘pathway’ for Veterans and smooth transitions to reach up into military life and help to prepare people for civilian life, providing support through into the community, including working with the Services to achieve this.
- Develop the workforce to ‘up skill’ staff within mainstream support services and build relationships with specialist services (including those that support children and families), so that there are multiple entry points into the pathway
- Raise awareness of the general public so that Veterans know how and where to access support services and the benefits of self-identifying as a Veteran
- Consult with Veterans on commissioning activity including the Advice and information commissioning plan and the concept of ‘One Help Plymouth’, Health and wellbeing HUB development and future system design for people with complex needs
- Develop a ‘Veteran Friendly’ quality mark so that Veterans can easily identify services available to them
- Target the Covenant action plan for 2017 to include a focus on Reservists.

The overarching vision for the future pathway for Veterans is set out in the diagram below:



7.0 Financial Implications

Delivery of the recommendations in this report will be facilitated strategically and operationally through the Veterans Care Navigation Service which is being funded in 2017/18 and 2018/19 by a grant of £80k from the LIBOR fund awarded in the Autumn Statement, November 2016 to Plymouth City Council.

8.0 Recommendations & Implementation

The key recommendations are to:

Recommendation	Lead	Timescale
Develop a Strategic Stakeholder Group to oversee Veterans development work in Plymouth, with membership from both military and civilian organisations	Improving Lives Plymouth (formerly Plymouth Guild)	April 2017
Implement the care navigation/resettlement service to enable veterans to make a smooth transition from the military into civilian life-including working with the Services to achieve this.	Improving Lives Plymouth	April 2017-March 2019
Develop a Covenant funding bid to raise awareness with the public of issues affecting our Veteran community and up skill our frontline workforce	Stakeholder Group	October 2017
To ensure that the development of 'Health & Wellbeing Hubs' responds to the specific needs of Veterans and their families.	Health & Wellbeing Hubs T&F Group	March 2018
To work with providers (specialist and mainstream) to build capacity, 'up skill' their workforce and develop networks to better support Veterans on the pathway	Improving Lives Plymouth / SEAP	April 2017-March 2019
Work with services, including health and social care, to ensure that they ask and record if the	Improving Lives Plymouth / SEAP	March 2019

person has ever served, to inform more accurate data collection		
Develop a 'Veteran Friendly' quality mark	Health & Wellbeing Hub T&F Group	March 2018
Ensure that Veterans are a key group for consultation on upcoming commissioning activity aligned to the four integrated commissioning strategies	System Design Groups	Ongoing
Focus on Reservists when developing the Covenant action plan for 2017	Covenant Group	April 2017 – March 2018
Develop POD to become more Veteran Friendly	PCC	May 2017
Develop the work streams identified in the sub regional Convent bid for WFD/awareness raising	Covenant Group	TBC

9.0 Monitoring & Evaluation

Progress on this commissioning plan will be monitored quarterly through the Community Covenant Meeting with the recommendations shaping the Covenant's action plan for 2017/18.

South West Peninsula

**(Devon, Plymouth, Torbay,
Cornwall and Isles of Scilly)**

Veterans' Health Needs Assessment

September 2014

Acknowledgements

This Health Needs Assessment is being produced by consultants, analysts and specialists from across the Public Health teams in Cornwall and the Isles of Scilly, Devon, Plymouth and Torbay.

It draws on a range of health needs assessment work that has and is taking place across NHS and Public Health teams across the country. The work of colleagues in Hampshire, Portsmouth, Southampton, Kent and Medway and the North East region is particularly appreciated.

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Foreword

The Armed Services are an integral part of the history and heritage of Devon. Alongside the military bases situated in the County, there are many veterans who have chosen to retire here to the extent that it is estimated that over 100,000 people in Devon have served in the Armed Forces at some time.

The conflicts of the last 30 years have produced a stark picture of the impact of warfare. The nature and extent of injury and ill health arising from the various combat engagements has raised the national interest and awareness of the human cost that serving your country can bring. The needs of a number of veterans will be ongoing and will require commitment from public, private, voluntary and community sector organisations to enable them to continue to live active lifestyles.

Most veterans have a smooth transition into civilian life, but about 15% have a complex mix of physical and mental health needs which can affect family life and, in some cases, can lead to offending behaviour. A tenth of Devon's prison population are veterans.

This Health Needs Assessment scopes the issues and makes a series of observations as to what needs to happen to achieve the early identification of and intervention with our most vulnerable veterans. The Devon Armed Forces (Community) Wellbeing Partnership will monitor and report on the extent of progress achieved in responding to these findings.

I should like to thank all those who have contributed to the production of this document. I commend it to you and ask for your support in improving the health and wellbeing of all our veterans.

Dr Virginia Pearson
Director of Public Health
Devon County Council

South West Peninsula (Devon, Plymouth, Torbay, Cornwall and Isles of Scilly) Veterans' Health Needs Assessment

1. Executive Summary

Introduction

- 1.1 This Health Needs Assessment seeks to understand the health and wellbeing needs of the veteran population in the South West Peninsula to guide decisions about the commissioning of appropriate services.
- 1.2 As a direct result of the combat engagement since the early 2000's in Kuwait, Iraq and Afghanistan, there has been an increasing national and political focus on the health and wellbeing of serving members of the Armed Forces, their families, and of veterans.
- 1.3 For this Health Needs Assessment, a veteran is defined as: *"anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces."* (Royal College of General Practitioners, The Royal British Legion and Combat Stress 2010 page 3).
- 1.4 Whilst serving personnel, their healthcare is provided by the Defence Medical Services. On discharge, however, this responsibility returns to the NHS with veterans eligible for the same full range of local NHS services as the general population.

Aims and Objectives

- 1.5 The aim of this Health Needs Assessment is to understand the characteristics of the veteran population and their specific needs is crucial for ensuring local services are commissioned to adequately meet these needs by:
 - identifying and quantifying the size of the veteran population within the South West Peninsula. This includes the sub areas of Cornwall and the Isles of Scilly, Plymouth, Devon and Torbay
 - describing the characteristics of the South West Peninsula and specifically each of the sub areas regarding their veteran population
 - assessing the health needs of the local veteran population and identify important differences with those identified at a national level
 - identifying local services currently available for the veteran community
 - making recommendations for future service development within the South West Peninsula for partner organisations to meet the needs highlighted by this Health Needs Assessment which meet the obligations of the Armed Forces Covenant (Department of Health 2011).

Methods

- 1.6 Drawing on national data supplemented with local data (where available) the size of the veteran population is estimated. National and local research evidence has been searched to identify the main health and health-related needs of veterans and is documented in this Health Needs Assessment.

Conclusions

- 1.7 As the Veterans' Transition Review (Lord Ashcroft 2014) confirmed, for most veterans serving in the Armed Forces is as a positive experience but, for a minority, adverse physical and mental health outcomes can be substantial and can be compounded by other factors such as financial and welfare problems.
- 1.8 There is a major issue of stigma which may prevent many veterans accessing healthcare services and is compounded by perceptions of a lack of understanding of the Armed Forces culture amongst civilian healthcare staff. Other main health issues facing the veteran population relates to common mental health problems and excess alcohol consumption. There is also an association with musculo-skeletal disorders for some veterans.
- 1.9 A lack of quantitative data available about the veteran population both nationally, and most notably, locally, means it is extremely challenging to establish a robust estimate on the size of the South West Peninsula's veteran population which is crucial for commissioners in planning services.

Observations

- 1.10 The observations reflect the need to improve the collection of data relating to the health, wellbeing and welfare of the veteran population alongside improving the provision of and access to relevant information for healthcare professionals and veterans themselves. The following observations (overleaf) are based on the evidence obtained by this Needs Assessment, including national and local data (where available) which are framed against three overarching strategic objectives:

1. To ensure that information about, and access to, services for veterans, reservists and their families is readily available.

Observation 1.1 - Improve data collection by:

a) Encouraging all GP practices to use the same Read codes relating to veteran status when registering new patients.

There is no national agreement on which Read code to use but Xa8Da is advocated by the Department of Health and cited in RCGP guidance. However, practices use different primary care clinical record systems and this particular code will not be appropriate for all Peninsula practices.

b) Encouraging the recording of veteran status for all referrals to secondary care for conditions relating to military service.

Although veteran status may be recorded in the individual's referral, there is currently no system of identifying veteran status in the Secondary Users System (the commissioners' anonymised view of the hospital and community patient systems).

c) Encouraging the recording of veteran status on registers of partner organisations, such as local authority registers of homelessness acceptances.

Identifying veteran status on homeless acceptance registers would enable better estimation of the number of homeless veterans in the Peninsula thereby enabling an appreciation of the burden of need on housing services and related health services.

d) Dis-aggregating local-level data on the veteran community from nationally held sources, such as DASA (Defence Analytical Services Agency).

The recent provision of data by resettlement town for service leavers (outflow data) provides a more detailed estimate of the size of the local veteran community than has been available previously. However, there are data gaps and more data about the service leavers is needed to allow a more accurate estimate of the number of injured or wounded veterans resident in the South West Peninsula.

Observation 1.2 - Communication of need and numbers well in advance of transition from Defence Medical Service to NHS will be important to inform commissioning intentions, particularly for the following conditions:

- complex case (mainly neurological) management 24/7/365
- mental health issues, with alcohol a compounding factor
- primary care support whilst in service for certain cases
- prosthetics
- continuing support for cognitive injuries (learning disabilities)

Observation 1.3 - Promote information about NHS services, including GP registration, as well as other sources of support amongst the veteran community by: a) When registering for NHS services, veterans and reservists should be encouraged to identify their status.

b) Encouraging veterans and reservists to register with an NHS GP and identify their veteran's status.

c) Promoting other sources of support available in the Peninsula.

Observation 1.4 - Provide support to reservists and their families by:

a) Encouraging veterans and reservists to identify their status when registering children at school.

b) Delivering education inputs, as appropriate, in key settings, eg schools and workplaces on the potential impact on reservists and their families.

c) Providing access to operational stress management records and programmes, where appropriate, and peer networks for reservists and veterans.

Observation 1.5 - Enhance local support networks to address the needs of pupils, parents and staff in schools in relation to Armed Forces pupils and produce a Devon Passport for armed forces, veterans and reservist children.

Observation 1.6 - Improve data collection processes for veterans to ensure early identification and direction to appropriate support in line with the Jobcentre Plus covenant objectives.
Observation 1.7 - Identify personnel leaving the service who indicate they had a permanent home contact address in the South West Peninsula and the service leavers who indicated they were settling in the local authority areas of the South West Peninsula.
Observation 1.8 - Ensure local directories have up-to-date information on local mental health, substance misuse and domestic violence and sexual abuse support services.
2. To ensure that the needs of veterans, reservists and their families are specified in contracts so identification and support is mainstreamed.
Observation 2.1 - Promote the education and training of GPs and other healthcare providers.
Observation 2.2 - Promote the uptake of the Royal College of General Practitioners 'on line' training package by GPs.
Observation 2.3 - Specifically include 'Have you ever served in the Armed Forces?' as a question on the registration of new patients with GP practices and subsequently request veterans' complete medical records.
Observation 2.4 - In order to comprehensively address the issues of veterans in the Criminal Justice System and utilise the NHS mental health and police diversionary schemes, develop a veterans' support programme as an alternative to custodial sentencing so as to meet the challenges of the Transforming Rehabilitation agenda and to further promote enhanced partnership working. <i>(The Veterans Change Partnership is seen as a suitable model for such provision. This proposal aims to provide an intensive and comprehensive joined up programme of rehabilitation, linking to all associated agencies and funding streams).</i>
Observation 2.5 - Promote the Veterans in Custody Support (VICS) scheme in prisons in the Peninsula.
Observation 2.6 - Raise awareness of veterans' mental health needs with health and social care staff in primary and community care settings and ensure local directories have up-to-date information on local mental health support services.
Observation 2.7 - Implement the agreed procedures with local authority housing teams to ensure veterans are made aware of sources of local and national support at an early stage in their transition to civilian life.
Observation 2.8 - Promote veterans' employment and housing advice peer support networks, eg the Exeter and Plymouth hubs and Veterans 2 Veterans groups, and establish links to local services, ie benefits
Observation 2.9 - Identify the prosthetic requirement for the Clinical Commissioning Groups in the South West Peninsula.
Observation 2.10 - Explore with partner or sister charities, NHS and local authorities, amongst others, how to utilise the Help for Heroes resources to provide non-clinical rehabilitation support for wounded, injured and sick veterans in Plymouth.
Observation 2.11 - Promote access to the armed forces, veterans and reservists hubs in Exeter and Plymouth.
Observation 2.12 - Commissioning organisations to ensure the collection and recording of armed forces status is a specific requirement of contractual arrangements with providers.
3. To ensure the case is made for service commissioners to recognise needs early and provide support before problems become embedded.
Observation 3.1 - Develop a Peninsula-wide Veterans Action Plan.
Observation 3.2 - Establish appropriate governance arrangements to measure the impact of an action plan.
Observation 3.3 - Include veterans in other NHS Peninsula needs assessments and audits, eg mental health and suicide.
Observation 3.4 - Promoting the registration of veterans and reservists with primary care and community services.
Observation 3.5 - Promote partnership working across all agencies to produce a co-ordinated response to the health, housing, employment, education, welfare and criminal justice (H2E2WCJ) challenge.

2. Introduction and Methods

Introduction

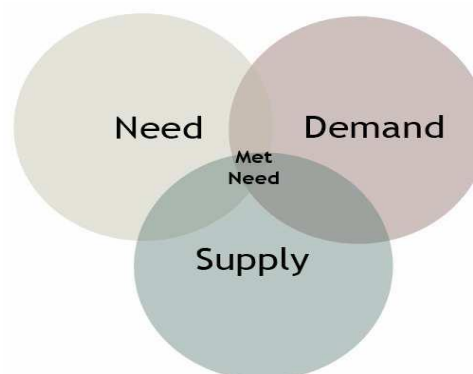
Health Needs Assessment

- 2.1 The objective of the South West Peninsula Veteran's Health Needs Assessment is to understand the health and wellbeing needs of this particular population, including high risk groups. This will involve undertaking a systematic review of the health and wellbeing issues faced by many veterans leading to agreed priorities and resource allocation that will improve health and reduce inequalities.
- 2.2 **Figure 1** below sets out the principles behind a needs assessment and the stages to be taken as part of a rapid and a comprehensive needs assessment:

Figure 1: Core Elements to a Needs Assessment
(Department of Health 2007)

The core elements are:

- map need
- examine demand
- map service provision
- assess gaps



Why Focus on the Armed Forces Community and Veterans?

- 2.3 The death and injury that has occurred from the range of combat scenarios involving British Armed Forces over the last decade and the current decade to date has brought a very powerful political focus on the health, wellbeing and welfare needs of the Armed Forces and veterans. Consequently, a number of policy directives have been produced to inform the nature and extent of services to be commissioned and delivered. These include:
- Command Paper The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans (Ministry of Defence 2008)
 - Fighting Fit: A mental health plan for servicemen and veterans (Murrison 2010)
 - The Armed Forces Covenant (Ministry of Defence 2011)
 - A better deal for military amputees (Murrison Prosthetics Review 2011)
 - Briefing paper for Clinical Commissioning Groups regarding Armed Forces and Veteran Health (NHS England 2013)

- The Veterans' Transition Review (Lord Ashcroft Report February 2014)
 - Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis (Department of Health 2014).
- 2.4 In contrast to the majority of the general population, serving and veteran personnel and their families experience unique factors as a result of their time in service, including not only the risks of injury or death, but also those related to armed services' lifestyle, such as frequent moves and the disruption this may bring.
- 2.5 The **Command Paper** (Ministry of Defence 2008) seeks to ensure that these circumstances are taken into account in commissioning and delivering services:
- "The essential starting point is that those who serve must not be disadvantaged by virtue of what they do - and this will sometimes call for degrees of special treatment."* (Page 9)
- 2.6 It then specifies that healthcare organisations must:
- ensure that commissioning plans provide for a smooth transition into NHS care for the increasing numbers of returning personnel who have been injured in the course of duty
 - ensure that their dependants are not disadvantaged by their circumstances (eg if they move location)
 - provide priority treatments, including appropriate mental health treatment, for veterans with conditions related to their service, subject to the clinical needs of others (Page 23).
- 2.7 The **Armed Forces Covenant** (Ministry of Defence 2011) sets out the relationship between the nation, the government and the Armed Forces. It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families, and it establishes how they should expect to be treated.
- 2.8 To inform the commissioning infrastructure, in March 2013 the NHS Commissioning Board produced '**The Securing Excellence in Commissioning for the Armed Forces and their Families**' document which sets out where commissioning responsibility lies for all members of the Armed Forces community ie serving Armed Forces, their families, reservists and veterans.
- 2.9 Furthermore, an Armed Forces Clinical Reference Group (CRG) has been established to provide NHS England with advice on clinical service delivery and other issues relevant to the Armed Forces community. The CRG will be responsible for developing key 'products', such as commissioning policies, eg for Individual Funding Requests (IFRs), service specifications and working with clinical leaders, patients and providers of services to identify and promote best practice whilst always taking positive action to improve patient experience and outcomes in the NHS.

2.10 Lord Ashcroft's report '**The Veterans' Transition Review**' published on 11th February 2014) recognises that for many service leavers their transition into civilian life is a smooth one but "*... there can be no doubt that some Service Leavers suffer real hardship; for others transition is more of a struggle than it should be.*" (Ashcroft 2014, Page 9). The report draws a number of conclusions:

- transition is important for the Armed Forces and society as a whole not just the individual
- there is no shortage of provision for service leavers – and most do well
- preparation by the individual is essential and good information is key
- the service leavers most likely to struggle get the least help
- public perception of service Leavers needs to change.

Whilst the main recommendations cover:

- the Ministry of Defence (MoD) and the Armed Forces should be more proactive in changing perceptions of service leavers
- all personnel should complete an online personal development plan
- all service leavers who have completed basic training should be eligible for the full transition support package
- a new work placement scheme should be created in partnership with industry
- a single 24/7 contact centre should be established by the Veterans' Welfare Service and Forces charities
- a Directory of Armed Forces charities should be created

2.11 The **Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis** is about how a wide range of public service bodies can work together to deliver a high quality response when people of all ages with mental health problems urgently need help.

2.12 Mental illness is a challenge for all of us. When an individual's mental state leads to a crisis episode this can be very difficult to manage for the person in crisis, for family and friends, and for the services that respond. All may have to deal with suicidal behaviour or intention, panic attacks or extreme anxiety, psychotic episodes or behaviour that seems out of control, or irrational and likely to endanger the person or others. Some veterans will come into this category and therefore benefit from a more co-ordinated and comprehensive response.

The South West Region and South West Peninsula Armed Forces Community

- 2.13 Historically, both the South West Region and South West Peninsula have strong military ties and heritage arising from both serving personnel being stationed here and veterans living locally. Whilst the Armed Forces reviews have resulted in a reduction of serving personnel and military infrastructure, there is still a significant military presence with an accompanying economic benefit across the two regions.
- 2.14 Research commissioned by Wiltshire County Council and the then South West Regional Development Agency (Hunter 2009) started to quantify the impact of the Armed Forces community (including veterans) on the region. The main headlines were:
- a) Around 25% of the national expenditure is estimated to be allocated to the South West region, suggesting MoD expenditure in the region of around £9bn for 2009, with the following estimated breakdown by function:
 - personnel - £3.5bn
 - operations and maintenance - £3bn
 - research and development - £0.7bn
 - procurement – £1.8bn
 - construction – £0.1bn.
 - b) It is further estimated that, of this total £9bn regional expenditure, around £5bn is associated with the military bases and other MoD sites in the region and around £4bn is associated with the defence industry.
 - c) In 2009, there were around **38,800** Armed Forces personnel stationed in the South West region, being mostly Naval Service and Army personnel. The highest numbers are stationed in Wiltshire followed by Plymouth, Devon, Cornwall and Somerset.
 - d) The largest numbers of Naval Service personnel are located in Plymouth, which is home to the largest naval base in Western Europe, with significant numbers also at training establishments, naval air stations and Royal Marines locations in Devon, Cornwall, Somerset and Poole.
 - e) There are estimated to be 37,000 direct full-time jobs in industry and commerce supported by MoD expenditure in the South West. Combining this with the total number of military personnel and defence civil servants in the region gives a total direct employment supported by defence of around 93,000 (around 4% of overall employment in the region).
 - f) This study estimates that the total number of service leavers per year in the South West region is around 4,000. By far the largest numbers are focused in Wiltshire (around 1,600) followed by Plymouth (**around 700**) with around **200 to 400** in Devon, Cornwall, Dorset and Somerset. The majority of these leavers are from junior ranks with relatively few officers. For officers, most leavers are between the ages of 25 and 54, while for the more junior ranks there is an approximately even split between those aged 16 to 24 and 25 to 54.

g) A survey of military personnel intending to leave the services has been carried out for this study at the two Career Transition Partnership Regional Resettlement Centres in the South West. This indicates that around 60% of leavers currently serving in the region would consider settling somewhere in the South West. Around 20% would consider settling in Wiltshire and just over **10%** in Plymouth and Devon, with 5% or less considering settling in the other local authority areas of the region.

2.15 In October 2013 there were 156,690 full time trained Armed Services personnel supported by 63,810 civilians nationally. In the South West there were **39,040** Armed Services personnel - a reduction of **6%** on the previous year. They were supported by **18,100** civilians - a reduction of **16.5%** on the previous year.

The Location of Military Bases in the South West Peninsula

2.16 There are currently 13 military bases under the following command in the South West Peninsula:

The Naval Service: 10 Royal Air Force: 1 Army: 2

Figure 2 overleaf shows the geographical location of each base or centre in the South West Peninsula and **Table 1** lists the military bases in the South West Peninsula.

Figure 2: The Location of Ministry of Defence Bases in the South West Peninsula

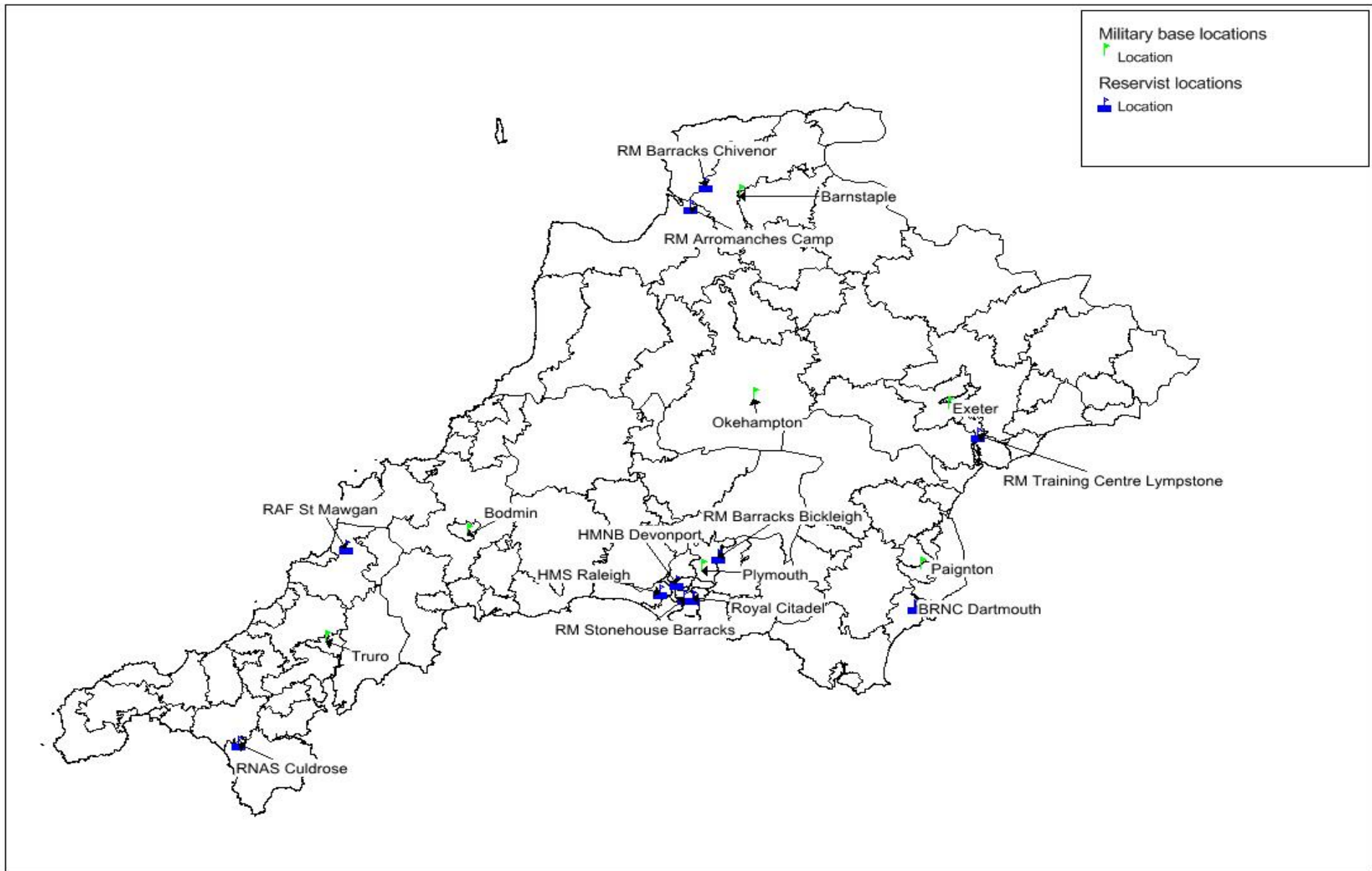


Table 1: Military Bases in the South West Peninsula

Base/Command	Designation
Chivenor Barracks, Braunton The Naval Service	Commando Logistics Unit 24 Commando Unit Royal Engineers 22 Squadron RAF Search and Rescue Force 624 Volunteer Gliding Squadron
Arromanches Camp, Instow The Naval Service	11 Amphibious Trials and Training Unit Royal Marines and 1 Assault Group Royal Marines – equipment testing and training
Bickleigh Barracks, Plymouth The Naval Service	42 Commando Royal Marines within 3 Commando Brigade
Commando Training Centre Royal Marines, Lympstone The Naval Service	Principal Military Training Centre for the Royal Marines
Royal Citadel, Plymouth The Naval Service	29 Commando Regiment of the Royal Artillery
Royal Marines Tamar Royal Navy, Plymouth The Naval Service	539 Assault Squadron, Royal Marines
Her Majesty's Naval Base, Devonport Plymouth The Naval Service	<p>Devonport flotilla: Amphibious Assault Ships, Type 23 Frigates, Trafalgar Class Submarines, Surveying Squadron, Antarctic Patrol Ships (from 2015). Other Units:</p> <ul style="list-style-type: none"> • Flag Officer Sea Training • Hydrographic, Meteorological & Oceanographic Training Group • HQ Amphibious Task Group • HMS Vivid RNR • Royal Marines Tamar/1 Assault Group Royal Marines • 10 Landing Craft Training Squadron • 4 Assault Squadron • 6 Assault Squadron • 9 Assault Squadron • 539 Assault Squadron • Supacat manufacturing unit • South West Armed Forces Rehabilitation Unit • Hasler Company Royal Marines • Southern Diving Group Royal Navy • Defence Estates South West • HQ Western Division Ministry of Defence Police • CID Devonport MoD Police and DSG Devonport MoD Police

<p>Royal Navy Air Station, Culdrose The Naval Service</p>	<p>Three major roles: serving the Fleet Air Arm's front line Sea King and Merlin helicopter squadrons; providing search and rescue for the South West region; and training divers for the Royal Navy.</p> <p>Squadrons based at Culdrose:</p> <ul style="list-style-type: none"> • 750 Naval Air Squadron • 771 Naval Air Squadron • 814 Naval Air Squadron • 820 Naval Air Squadron • 824 Naval Air Squadron • 829 Naval Air Squadron • 849 Naval Air Squadron • 854 Naval Air Squadron • 857 Naval Air Squadron <p>Other units:</p> <ul style="list-style-type: none"> • Maritime Aviation Support Force (MASF) • RN School of Flight Deck Operations • Merlin Training Facility • Fleet Requirements Air Direction Unit (FRADU) • Engineering Training Section • Naval Flying Standards Flight (Rotary Wing) • Merlin Depth Maintenance F
<p>Britannia Royal Naval College, Dartmouth The Naval Service</p>	<p>Britannia Royal Naval College (BRNC), commonly known simply as Dartmouth, is the initial officer training establishment of the British Royal Navy, located on a hill overlooking Dartmouth, Devon, England. While Royal Naval officer training has taken place in Dartmouth since 1863, the buildings which are seen today were only finished in 1905, and previous students lived in two wooden hulks moored in the River Dart. Since 1998, BRNC has been the sole centre for Royal Naval officer training. BRNC is widely considered one of the most prestigious officer training establishments in the world.</p>
<p>HMS Raleigh, Plymouth The Naval Service</p>	<p>HMS Raleigh is the modern-day basic training facility of the Royal Navy at Torpoint, Cornwall, United Kingdom. It is spread over several square miles, and has damage control simulators and fire-fighting training facilities, as well as a permanently moored training ship, the former HMS Brecon. Its principal function is the delivery of both New Entry Training & Basic Training.</p> <p>In 2007, phase one training for all new Royal Navy recruits was increased to nine weeks (from eight) of their career at the base, which also provides courses in military training, seamanship, logistics and submarine operations. It also delivers training for crews preparing for operational deployments. HMS Raleigh is also the home of Defence Maritime Logistics School (DMLS) providing training for the Royal Navy's logistics officers, chefs, stewards, pay clerks (referred to as writers) and supply chain ratings, the Seaman Specialist School, the Submarine School and HM Royal Marines Band Plymouth.</p>
<p>RAF St Mawgan Royal Air Force</p>	<p>RAF St Mawgan is currently home to Defence Survival Training Organisation (DSTO), which is a tri-service unit that teaches 'Survive, Evade, Resist, Extraction' (SERE) methods for the Armed Forces in support of operations and training. They also conduct trials and equipment development. The Royal Air Force maintains a small workshop on the station enabling construction of components for the upgrading of aircraft across all three services. Accommodation on the airfield is often used by students of AgustaWestland's training facility at Newquay Airport.</p>

RAF St Mawgan Royal Air Force (cont'd)	Other lodger units located at St Mawgan are Plymouth & Cornwall Wing of the Air Training Corps. The gate guard, which is an Avro Shackleton aircraft, will remain at RAF St Mawgan as long as there is a military presence.
Okehampton Camp Army	<p>There is a tradition of military usage of Dartmoor dating back to the Napoleonic wars. There is still a large British Army training camp at Okehampton - also the site of an airbase during the Second World War.</p> <p>The MoD uses three areas of the northern moor for manoeuvres and live-firing exercises, totalling 108.71 square kilometres (41.97 square miles) or just over 11% of the National Park. Red and white posts mark the boundaries of these military areas (shown on Ordnance Survey 1:25,000 scale maps). Flagpoles on many tors in and around the ranges fly red flags when firing is taking place. At other times, members of the public are allowed access. Blank rounds may also be used but the MoD does not notify the public of this in advance.</p> <p>Some "challenge" and charitable events take place with assistance of the military on Dartmoor including the long established Ten Tors event and the more recent Dartmoor Beast.</p>
Wyvern Barracks Army	<p>Battalion HQ for 6th Battalion The Rifles (6 RIFLES), one of the Regiment's two Army Reserve battalions, comprising 520 part-time soldiers from a wide variety of backgrounds throughout the South West of England. The principal mission of this Light Roled Infantry Army Reserve Battalion is to train and prepare soldiers for front-line operations in southern Afghanistan; having deployed in Helmand almost non-stop since formation in 2007. Up to 85 soldiers are deployed at a time, supporting five regular Rifles battalions in the form of individual reinforcements when they deploy.</p> <p>243 (Wessex) Field Hospital have detachments in Wyvern Barracks Exeter and in Plymouth (where they are co-housed with 155 RLC Wessex Transport Regiment, Army Reserve Centre, Brest Road) 155 Transport also has detachments in Truro and Bodmin.</p> <p>Exeter University Officer Training Corps (EUOTC), also based at Wyvern Barracks, serves the Universities of Exeter and Plymouth but also other higher education establishments in the South West</p>

Who Is a Veteran?

- 2.17 There are differing views on the use of the term ‘veteran’. Whilst it does not apply exclusively to those who served in the Second World War many young ‘veterans’ feel it refers to older personnel who served in conflicts pre-Iraq and Afghanistan and think of themselves more as ‘ex-military’ or ‘ex-armed forces’. No distinction is made between those who may have served in more recent conflict operations (such as the Gulf War, Iraq or Afghanistan) and those who have spent time in basic training with one of the Services, or between the length of time personnel may have served. As a result, the veteran population is large and encompasses a wide-age range.
- 2.18 The Ministry of Defence defines a veteran as:
- “Anyone who has served in HM Armed Forces at any time, irrespective of length of service (including National Servicemen and Reservists)”* (Ministry of Defence 2011).
- 2.19 Earlier guidance for GPs on the treatment of veterans gives a more extensive definition:
- “Anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.”* (Royal College of General Practitioners, the Royal British Legion and Combat Stress 2010)
- 2.20 Consequently, commissioning services for South West Peninsula veterans requires assessment of the needs of younger and older veterans, as well as regular and reserve personnel who are likely to present different challenges. For this Health Needs Assessment, the term “veteran” relates to the definitions highlighted above, not including adult or child dependants. (The distinction between veterans and ‘the ex-service community’ should be noted, the latter being defined as veterans and their dependants).
- 2.21 With the increased emphasis on the contribution of reservists in support of full-time serving personnel, moving in and out of domestic, work and military roles, may give rise to the need for more support services to the reservists and their relations/family. This Needs Assessment will give some consideration to what those needs may be.

Data Sources

Quantitative Information

- 2.22 This Needs Assessment seeks to identify and quantify the number of veterans living within the Peninsula in order to establish the size of the population and estimate the potential impact of health needs on local service provision. Routinely collected local data for veterans in the Peninsula is extremely limited. Consequently, national data, eg from the Royal British Legion, Office for National Statistics and the Defence Analytical Services and Advice (DASA), was used as a primary source.

3. Demography

Current Demographic Profile

- 3.1 Data on veterans is not collected in the UK Census questionnaire but it does collect information on those currently serving in the Armed Forces (in questions relating to current occupation).
- 3.2 Consequently, the most robust estimates of the national veteran population are obtained from the Royal British Legion (RBL) survey data and the Office for National Statistics (ONS). The RBL estimates a UK veteran population of 4.8 million (8% of the UK population); 84% of whom are male (Royal British Legion 2005); whilst the ONS estimates approximately 3.8 million veterans in England (9% of the English adult population); 87.5% of whom are male. (Woodhead et al 2007).
- 3.3 Both estimates are limited in that they sampled adults living in residential dwellings. Consequently, this excluded veterans in prisons, hospitals, residential or nursing homes and veterans who are homeless. These exclusions may have had a disproportionate impact on estimations of the veteran population, as veterans may be more likely than the general population to be found in these settings. Both estimates are therefore likely to under estimate the size of the total veteran population but this cannot be quantified given the difficulties in identifying the excluded populations in question

Veterans in the South West Peninsula

- 3.4 The methodology used to calculate prevalence of veterans is as follows: identify some national estimates (RBL and ONS survey) by age groups then using the relevant ONS mid-year population estimates to calculate a national prevalence. Using the national prevalence extrapolated to the latest population (ONS 2011 census) for local authorities.
- 3.5 Applying these prevalence estimates to the Peninsula gives an estimated **174,041** to **191,839** veterans living in the area. Most veterans are estimated to be in the older age groups with 26% to 30% aged 65 - 74 years and 30% to 35% aged 75+ years. This age profile reflects veterans of National Service which operated from 1939 to 1960.
- 3.6 The following **Tables 2 – 6** show the estimated number of veterans by each local authority area and the Peninsula and, in both cases, reflect a significant population group for each local authority area.

Table 2: Estimated Veterans Population, Cornwall, 2011

	Royal British Legion		Office for National Statistics	
Age Group	Estimated	Estimated	Estimated	Estimated
Years	Prevalence %	Number	Prevalence %	Number
16-24	0.84	453	1.58	847
25-34	3.28	1,740	3.14	1,664
35-44	4.44	2,967	5.11	3,416
45-54	5.45	4,106	5.81	4,374
55-64	10.54	8,235	6.87	5,372
65-74	28.54	17,626	23.05	14,235
75-84	36.55	13,795	0.00	0
85+	17.88	2,813	0.00	0
(ONS 75+)			32.79	17,535
Total		51,735		47,444

Table 3: Estimated Veterans Population, Devon 2011

	Royal British Legion		Office for National Statistics	
Age Group	Estimated	Estimated	Estimated	Estimated
Years	Prevalence %	Number	Prevalence %	Number
16-24	0.84	671	1.58	1,256
25-34	3.28	2,367	3.14	2,263
35-44	4.44	4,027	5.11	4,637
45-54	5.45	5,753	5.81	6,129
55-64	10.54	11,248	6.87	7,338
65-74	28.54	24,662	23.05	19,916
75-84	36.55	20,557	0.00	0
85+	17.88	4,607	0.00	0
(ONS 75+)	0.00	-	32.79	26,892
Total		73,891		68,432

Table 4: Estimated Veterans Population, Plymouth 2011

	Royal British Legion		Office for National Statistics	
Age Group	Estimated	Estimated	Estimated	Estimated
Years	Prevalence %	Number	Prevalence %	Number
16-24	0.84	331	1.58	619
25-34	3.28	1,124	3.14	1,075
35-44	4.44	1,475	5.11	1,699
45-54	5.45	1,850	5.81	1,971
55-64	10.54	3,066	6.87	2,000
65-74	28.54	6,278	23.05	5,070
75-84	36.55	5,152	0.00	0
85+	17.88	1,005	0.00	0
(ONS 75+)	0.00	-	32.79	6,465
Total		20,281		18,899

Table 5: Estimated Veterans Population, Torbay 2011

	Royal British Legion		Office for National Statistics	
Age Group	Estimated	Estimated	Estimated	Estimated
Years	Prevalence %	Number	Prevalence %	Number
16-24	0.84	108	1.58	201
25-34	3.28	421	3.14	403
35-44	4.44	706	5.11	813
45-54	5.45	1,000	5.81	1,066
55-64	10.54	1,959	6.87	1,278
65-74	28.54	4,441	23.05	3,587
75-84	36.55	3,735	0.00	0
85+	17.88	907	0.00	0
(ONS 75+)	0.00	-	32.79	5,014
Total		13,276		12,361

Table 6: Estimated Veterans Population, South West Peninsula 2011

	Royal British Legion		Office for National Statistics	
Age Group	Estimated	Estimated	Estimated	Estimated
Years	Prevalence %	Number	Prevalence %	Number
16-24	0.84	1,564	1.58	2,926
25-34	3.28	5,660	3.14	5,413
35-44	4.44	9,188	5.11	10,580
45-54	5.45	12,727	5.81	13,559
55-64	10.54	24,541	6.87	16,009
65-74	28.54	53,085	23.05	42,870
75-84	36.55	43,299	0.00	0
85+	17.88	9,343	0.00	0
(ONS 75+)	0.00	-	32.79	55,983
Total		159,408		147,342

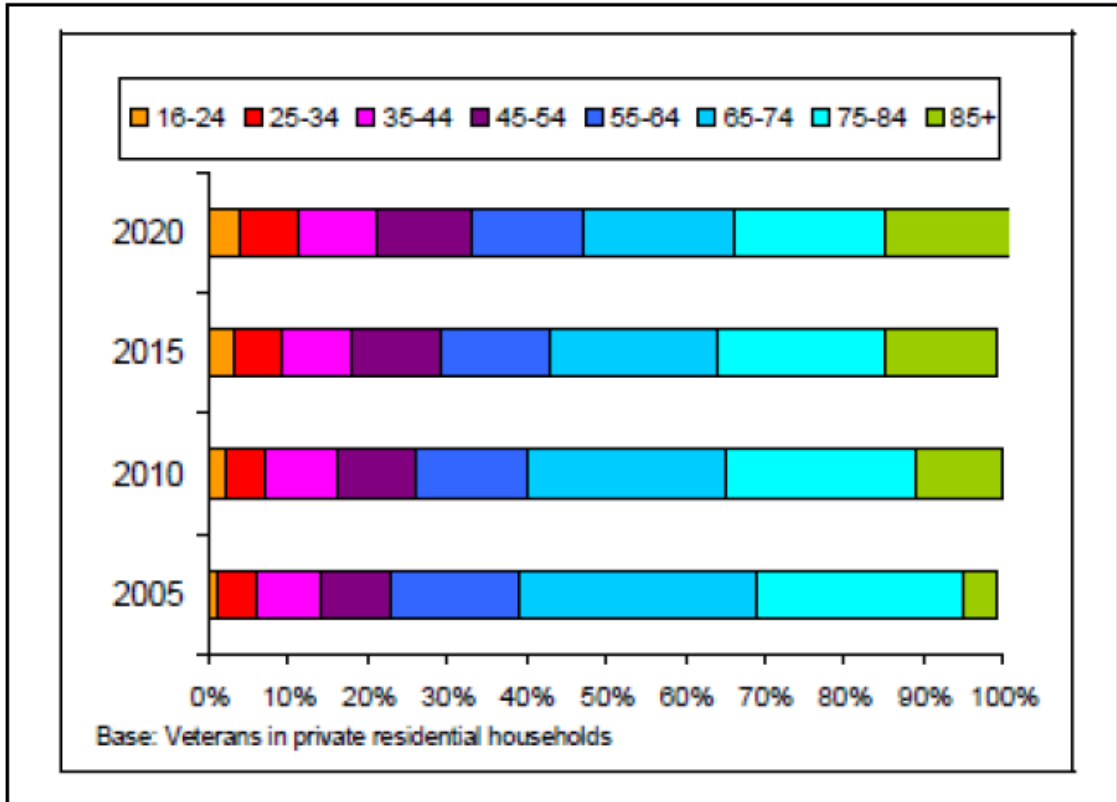
Source for Tables 2 – 6: Royal British Legion, 2005. Profile of the Ex-Service Community in the UK. Woodhead C. et al for the Office for National Statistics. An estimate of the veteran population in England: based on data from the 2007 Adult Psychiatric Morbidity Survey, 2009. Extrapolated to ONS Census Population Estimates for 2011.

Population Projections

- 3.7 The largest proportion of the veteran population is aged 65 and over in each of the local areas shown in Tables 2 – 5 above. Due to the majority of personnel leaving the service being in younger age groups, there are increasing proportions of veterans in the 16 – 24 years and 25 – 34 years age groups. This occurrence is likely to increase as a result of enforced personnel reductions, arising from various services and spending reviews, with the health needs of younger veterans likely to differ significantly from those in older age groups. (Royal British Legion 2006)

3.8 Across the United Kingdom the projections show a reduction in the number of veteran's (see Figure 3 below). Between 2007 and 2027, ONS predicts a **50.4%** reduction in the size of the veteran population in England. Much of this reduction results from a decline in the oldest age groups with a disproportionate number of deaths in these age groups compared to the inflow of new veterans each year. Once again, this has implications for the age profile of veterans in future, although the average age of the national veteran population is likely to remain older than that of the general population. Both the ONS and RBL studies predict a higher proportion of younger veterans over the next 16 years.

Figure 3: Predicted Age Structure of UK Veterans from 2005 to 2020



Source: The Royal British Legion, 2006, Future profile and welfare needs of the ex-Service community (Figure 4.10, Page 20).

Sources of Local Data

Primary Care

3.9 While serving, primary medical care services are delivered by the Defence Medical Services (DMS). On leaving the Armed Forces, veterans should register with a local NHS General Practitioner (GP). Veterans are given a summary of their medical notes from their time in service and it is proposed to have an automatic transfer of medical records from DMS to the NHS in place by April 2014. There is a data recording flag which is populated when the patient first registers with a GP and declares that they are “returning from Armed Forces” on the registration form. It is therefore incumbent on veterans to notify their GP of their status. The flag disappears if the veteran moves to another practice as this is then counted as an internal patient transfer between practices.

- 3.10 GP practices themselves can identify veterans registered with their practice using Read codes:

Read V2 systems:

- 13q3 - Served in the Armed Forces
- 13JR – Left military service
- 13Ji – Military Veteran
- 13JY – History relating to military service
- 091 – Occupation domain – Armed Forces
- 06E – Occupation domain – Officer Armed Forces

Systems using V2 coding are used by 22 Cornwall practices

CTV3 systems:

- 13q3 – Served in Armed Forces
- XE0pb – Left military service
- 13JR - Left military service
- XaX3N – Military Veteran
- Xa8Da - History relating to military service

- 3.11 There is no national agreement on which Read code to use but Xa8Da is advocated by the Department of Health and cited in Royal College of General Practitioners' (RCGP) guidance (Page 5). The equivalent code matching the description of Xa8Da in the V2 coding system is 13JY.

- 3.12 Whilst offering an opportunity, the use of primary care data is therefore limited by:

- the willingness of veterans to identify themselves as such when first registering with a GP
- awareness of the existence of relevant Read codes by GPs and other primary care staff

- 3.13 Given these caveats, data from primary care is likely to under estimate the size of the local veteran population.

Pensions Data and Other Data Sources

- 3.14 Pension data provides another means of identifying the veteran population. Table 7 below provides a breakdown by the former Primary Care Trust localities, which mainly overlap with the top tier local authority geographies, whilst Table 8 provides further analysis by district, borough, city and unitary authority.

Table 7: Numbers on All Armed Forces Pension Scheme (AAFPS); All War Pensions Scheme (AWPS) and All Armed Forces Compensation Scheme (AAFCS) by Former Primary Care Trust (PCT) Area

Former PCT Areas	All AFPS	All WPS	Disablement Pension	War Widow(er)s	All AFCS
Cornwall & Isles of Scilly	7,885	2,715	2,260	430	105
Devon	8,895	3,865	3,205	645	285
Plymouth Teaching	7,325	2,525	2,215	300	195
Torbay	1,145	630	495	135	10
Total	25,250	9,735	8,175	1,510	595

(Disablement pensions and war widowers are a sub-section of all WPS).

Table 8: Numbers on All Armed Forces Pension Scheme (AAFPS); All War Pensions Scheme (AWPS) and All Armed Forces Compensation Scheme (AAFCS) by Local Authority

Local Authority	All AFPS	All WPS	War Disablement Pension	War Widows	All AFCS
Cornwall	7,870	2,705	2,255	430	105
East Devon	2,030	1,070	910	155	125
Exeter	740	450	370	75	10
Mid Devon	690	275	225	45	~
North Devon	1,060	375	295	75	70
Plymouth	7,325	2,525	2,215	300	195
South Hams	1,560	485	405	75	65
Teignbridge	1,320	660	535	125	~
Torbay	1,145	630	495	135	10
Torridge	545	255	210	45	5
West Devon	955	305	255	50	~

Location of Armed Forces Pension and Compensation Recipients released on 15 November 2011.

- 3.15 The age profile of War Disablement Pensioners is older given the eligibility criteria: the distribution of these by postcode district is shown in **Appendix A** and a map displaying the number of people receiving AFPS, WPS and AFCS is shown in **Appendix B**. **Appendix C** shows a crude rate of the number of people receiving AFPS, WPS and AFCS.
- 3.16 Veterans whose injuries resulted from Service after 6th April 2005 are covered by the Armed Forces Compensation Scheme (AFCS). There are **595** veterans receiving such compensation in the Peninsula.
- 3.17 Applying this data to estimated prevalence shows that about **0.4% (696 – 768)** of local veterans either claim War Pension or AFCS, however, these data sources only identify veterans whose claim was successful under each scheme, and the estimated prevalence may greatly over count the true prevalence.

Service Leavers Data

- 3.18 Nationally, about 22,000 Armed Forces personnel leave service and return to civilian life every year. During 20012/13, 23,520 personnel left UK Regular Armed Forces, out of these 430 (1.8% of service leavers) were discharged for medical reasons. Out of the medical discharges, there were 256 (1.1% of service leavers) for musculo-skeletal disorders and 45 (0.2% of service leavers) for mental and behavioural disorders (Defence Analytical Services and Advice 2010a). The MoD is now making available data on service leavers at a local level.

Summary of Local Data

- 3.19 Key points arising from an assessment of the data are:
- the ability to establish a quantitative picture of the Peninsula's veteran population is severely limited by the lack of available sources of local data
 - The most robust estimate of the local population, by extrapolation of national survey data to local populations, estimates **147,300 to 159,400** veterans living in the Peninsula
 - A key recommendation of this Health Needs Assessment is the development of robust sources of data relating to the local population; in its absence, it is difficult to formulate an accurate assessment of the size of the veteran population and the nature and extent of their needs.

4. The Wider Determinants of Health and the Veteran

- 4.1 Most veterans leave the services without physical or mental health problems and view their time in the services as a positive experience, however, a minority experience complex mental and physical issues and these can be compounded by a number of wider adverse issues relating to crime, housing and income.
- 4.2 Figure 4 below presents a model pathway to support the health, wellbeing and welfare needs of veterans premised on early identification, early intervention and therapeutic responses to need. To put this pathway in place requires the commitment of a range of partners.
- 4.3 This section considers a range of social and economic factors that can affect some veterans.

Veterans and the Criminal Justice System

- 4.4 Overall, male veterans are less likely than the general male population to be in prison or be supervised by Probation, however, research has also identified that in the male prisoner population, former service personnel may now comprise the largest occupational subset (The Howard League 2011).
- 4.5 A variety of factors may lead some veterans to be involved with the criminal justice system, eg pre-existing characteristics not associated with time in the Armed Forces; mental health problems, substance misuse and addictions or difficulties adjusting to civilian life, possibly related to experiences during their time in the services.

- 4.6 Recent research (University of Chester unpublished 2014) has identified that of the 16% annual leavers who have known health and wellbeing issues, 60% of these are classified as early service leavers having served for less than 48 days and share similar characteristics (see below) and, subsequently, a number of these leavers may be more vulnerable to entering the criminal justice system:
- low educational attainment
 - single
 - family breakdown
 - poor self esteem
 - inability to have positive relationships
 - housing issues

Veterans in Prison

- 4.7 In 2010, Defence Analytical Services and Advice (DASA) estimated that **3.5%** of prisoners (**99.6%** male) in England and Wales were veterans. However, for males aged 18 - 54 years, the proportion of the general population in prison was significantly greater (**43%**, **95%** confidence interval **37% to 49%**) than the proportion of regular veterans in prison. The age groups 45 - 54 years and 26 - 34 years represented the highest proportions (**22%** and **20%** respectively) of veterans in prison. Their most common offences were violence against the person (**33%**); sexual offences (**24.7%**) and drug offences (**10.7%**). (DASA 2010b)
- 4.8 An HM Inspectorate of Prisons Survey (HM Inspectorate of Prisons 2014) of 4,731 adult male prisoners in 2011–12 showed that the average proportion of prisoners identifying themselves as ex-service personnel was **7%** (n=318; circa 6,000). The survey responses echo the DASA data showing a larger proportion of prisoners aged over 50 in the ex-service personnel population, compared with the general prisoner population (**46% compared with 14%**). The HM Inspectorate survey findings, with regards to sentence length, may well support the DASA evidence that suggests ex-service personnel are convicted of more serious crimes.
- 4.9 The Inspectorate reports showed that during the period of September 2012 and July 2013, 228 veterans were detained within the three Devon prisons. (The figures are based upon the following: December 2013 - HMP Dartmoor 15%; September 2012 - HMP Channings Wood 11%; July 2013 – HMP Exeter 10%).
- 4.10 Using the local prevalence estimates in Section 4, 94 - 110 veterans are estimated to be in prison for the Peninsula. The method used in this calculation is the number of veterans in prison (nationwide) divided by the estimated veteran population (nationwide) then multiplied by the estimated local veteran population.

The Transforming Rehabilitation Programme

- 4.11 The main driver for this new overarching criminal justice approach is partnership working which is key to delivering a reduction in re-offending and protecting the public from future harm.

- 4.12 As part of these changes, the Devon & Cornwall Probation Trust ceased to exist from 31st May 2014. From this point, offenders will either be supervised by the National Probation Service (NPS) - if they pose a high risk of harm or there are significant public protection issues or by the recently established Community Rehabilitation Companies (CRCs) - if they pose a low or medium risk. The NPS will also be responsible for court work and for the preparation of court reports.
- 4.13 From 1st June 2014, medium and low risk offenders in Devon will be supervised by the new Dorset, Devon and Cornwall CRC. Both the NPS and the CRCs will continue to have local delivery offices, some of which will be shared between the respective organisations. Offenders have been advised of the new arrangements and everything done to minimise the disruption to their supervision.
- 4.14 The other significant proposed change is the management of the short-term Automatic Unconditional Release (AUR) prisoners who, on receipt of at least two days' imprisonment, will qualify for 12 months' defined supervision. At present, the AUR prisoner group do not receive supervision. This is a significant opportunity to now deal with this group who, previously, have had a very high reconviction rate and become part of the 'revolving door' problem, and account for approx 25% of the current offender group at area level (Devon and Cornwall) - something in the region of 1,200 offenders. Clearly, veterans will be found within this group and are likely to be disproportionate in numbers.

Veterans Subject to Probation Supervision

- 4.15 DASA estimates that about **3.4%** of all offenders (**99%** male) supervised by Probation Trusts in England and Wales are veterans. However, for males aged 18 - 54 years, the proportion of the general population supervised by Probation was significantly greater (**12%, 9% to 15%**) than the proportion of Regular veterans. Sixty-nine percent of veterans being supervised were aged 18 - 44 years. Nationally, the most common offences were 'Summary offences – other' (eg criminal damage, trespass) (**30.8%**); violence against the person (**18.8%**) and 'Other indictable' (eg drugs, common assault) (**13.9%**).
- 4.16 In the Devon & Cornwall Probation area, **150 veterans** (2.8% of all veterans subject to probation supervision) were under supervision orders as at September 2009. (This may be an under estimate given the incompleteness of DASA's service leavers' database). This compares to **189** (3.5%) in Hampshire Probation area; **129** (2.4%) in Avon & Somerset Probation area and **52** (1%) in Wiltshire Probation area.
- 4.17 Analysis shows that the majority of offences are violent in nature and are often associated with alcohol and/or drug use. NAPO (the Trade Union and Professional Association for Family Court and Probation Staff) highlights the need to tackle the culture of alcohol use associated with the Armed Forces, as well as promoting help-seeking by veterans for mental health conditions in an aim to reduce rates of offending (NAPO 2011).
- 4.18 Veteran offenders are increasingly recognised as a complex service user group with the offending behaviour also having a profound and often damaging impact upon families. A recent award winning research by Andrea Macdonald, Durham and Tees Probation Trust, has shown that a variety of factors can lead to some veterans becoming involved with the criminal justice

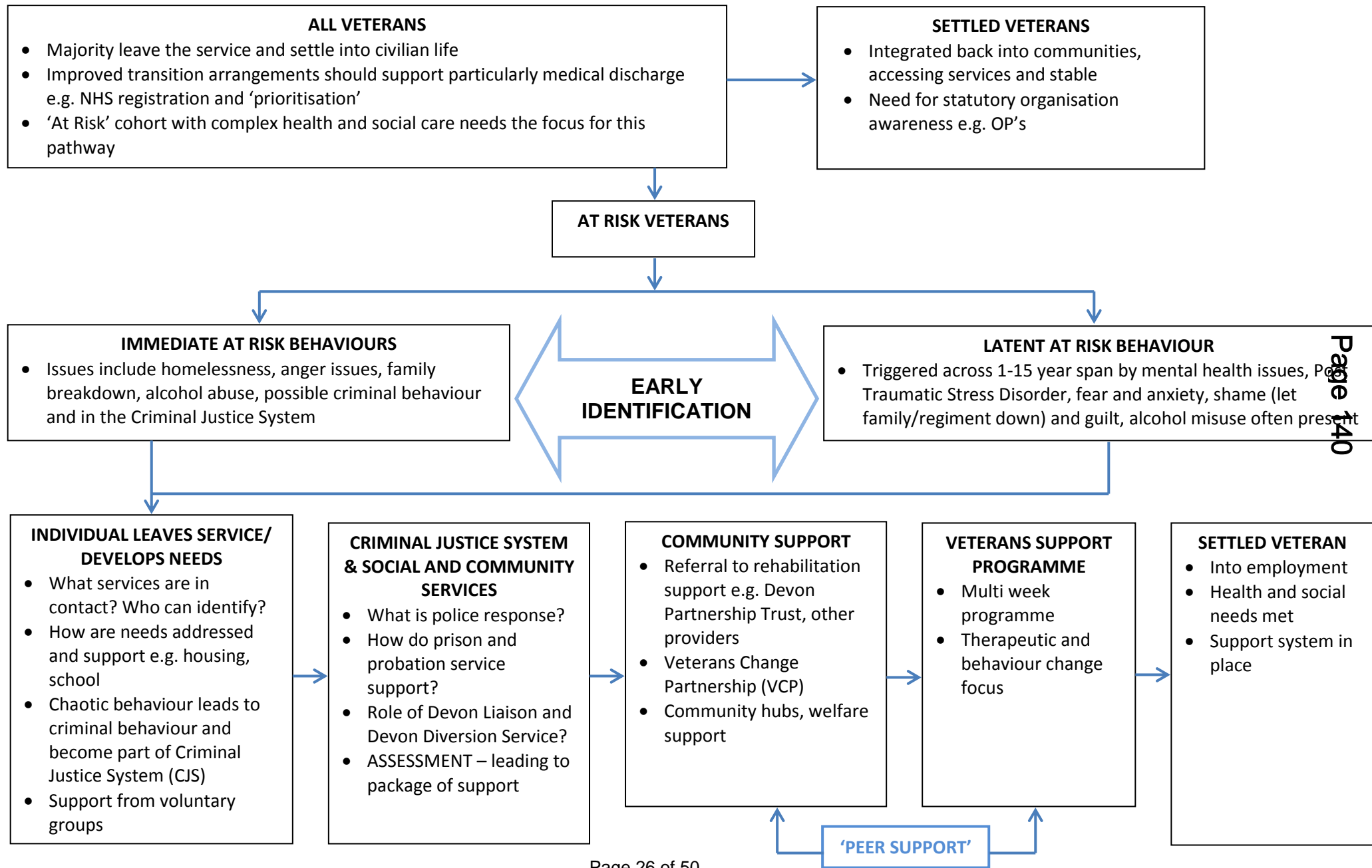
system. Click on Link to access: <http://probation-institute.org/wp-content/uploads/2014/06/Probation-Quarterly-No1-web-abridged.pdf>

- 4.19 Adjustment disorders are particularly evident and more common than post-traumatic stress disorder. These can include profound feelings of separation, detachment and dislocation from military life; low self-esteem outside of the military environment; social isolation; social and life skills deficits; poor intimate relationships; empathy problems; poor coping or self-management skills and adverse developmental experiences. In some examples, poor socio-economic backgrounds, lower educational ability and a lack of housing and employment also contribute to these factors.
- 4.20 Other recent research (University of Chester unpublished 2014) also identified that of the 16% annual leavers who have known health and wellbeing issues, 60% of these are classified as early service leavers, having served for less than 48 days, and share similar characteristics. Subsequently, a number of these leavers may be more vulnerable to entering the criminal justice system.
- 4.21 Suicide rates are more prevalent among veterans than mainstream society with rates four times the national average for civilians among some service groups. Pre-existing characteristics, not necessarily associated with time in the Armed Forces; mental health problems, former substance misuse and addictions, are also evident.
- 4.22 In order to support veterans who find themselves in prison, the Prison-In-Reach (PIR) initiative aims to ensure veterans have knowledge and access to resettlement and support services. As part of this, the Veterans in Custody Support (VICS) Scheme has been introduced, in which a VICS Champion is appointed within the prison system to identify and link with veterans, providing information and support in accessing specialist services, if required.

Welfare Needs of Veterans

- 4.23 The transition to civilian life is likely to bring a number of welfare requirements which prove problematic. For example, veterans may have difficulties finding suitable housing, obtaining adaptations to accommodate injuries or other physical health needs, or obtaining financial aid to which they are entitled. All these areas play a vital role in the overall physical and mental health of the veteran population.
- 4.24 A range of voluntary and community organisations, including The Royal British Legion (RBL), Combat Stress and SSAFA, are a vital source of welfare support for many veterans as well as, in some cases, providing support for serving personnel and dependants.
- 4.25 For many veterans their first contact with support services may not be for many years after having left the Armed Forces. This may be due to a lack of awareness about entitlements and eligibility to apply for help or, as may be the case for veterans experiencing mental health disorders, a delay in recognising that problems exist. For others, however, support may be sought much earlier after discharge. Although the overall number of veterans is projected to decline over future years, it is clear that welfare and health needs are prevalent across the age range and commissioners should ensure they continue to consider the population in future service provision.

Figure 4: Veterans' Health and Social Care Pathway



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Housing

4.26 The Armed Forces Covenant recognises the importance of ensuring veterans have access to quality housing and housing support. Homelessness is closely linked to adverse physical and mental health, both for veterans and the general population. Capturing data on the population who are homeless is difficult due to their mobile nature. Data from studies conducted over 10 years ago suggested that 20% - 25% of the homeless population in the UK may be veterans (Fear et al 2009). A 2008 study of the ex-service homeless population in London estimated that 6% of London's current non-statutory (single) homeless population has served in the Armed Forces (Johnsen et al 2008, Page ix). Of these veterans, the majority were male and found to be older than the wider homeless population. The authors identified that there were a range of factors contributing to homelessness in the veteran group, including the following:

- one quarter had risk characteristics that pre-dated their time in the Armed Forces and which were carried through their military careers and their return to civilian life
- one quarter experienced difficulties during their time in the Services, such as mental health disorders and substance misuse, which continued after their discharge
- a small proportion (one in six) did not experience difficulties during their career in the Services but had problems with the transition to civilian life, such as difficulties finding employment
- one third had successful careers in the Services and did not find the transition difficult initially but faced issues later on as a result of a bereavement or relationship or financial difficulty which served as a trigger for problems, ultimately leading to homelessness.

Housing Need

4.27 In Devon, which includes Plymouth and Torbay for this purpose, the Housing Register is held by Devon Home Choice and does include details of the number of veterans registered. This is broken down further by local authority area and category of housing need: Band A being the highest (emergency) housing need, through to Band E being no housing need.

4.28 Table 9 below contains this detail for all applicants on the housing register and Table 10 contains the same detail for applicants who have advised that they are or have served in the Armed Services.

Table 9: Housing Register - All Applicants by Local Authority and Band (April 2014)

Local Authority	Band A (Emergency)	Band B (High)	Band C (Medium)	Band D (Low)	Band E (No Housing Need)	Grand Total
East Devon	0	284	493	733	945	2455
Exeter	2	477	499	982	2122	4082
Mid Devon	0	158	271	403	1203	2035
North Devon	1	203	287	603	869	1963
Plymouth	8	1182	1482	2889	4726	10287
South Hams	1	164	201	452	1145	1963
Teignbridge	5	399	561	592	1622	3179
Torbay	5	298	422	657	1727	3109
Torridge	3	191	175	199	758	1326
West Devon	1	105	199	333	934	1572
Grand Total	26	3461	4590	7843	16051	31971

Table 10: Housing Register - Veterans by Local Authority and Band (April 2014)

Local Authority	Band A (Emergency)	Band B (High)	Band C (Medium)	Band D (Low)	Band E (No Housing Need)	Grand Total
East Devon	0	4	19	23	45	91
Exeter	0	11	10	25	48	94
Mid Devon	0	5	8	5	17	35
North Devon	0	10	11	12	29	62
Plymouth	0	39	61	112	186	398
South Hams	0	3	8	12	39	62
Teignbridge	0	7	15	19	16	57
Torbay	0	14	19	18	35	86
Torridge	0	7	3	4	20	34
West Devon	0	3	5	6	22	36
Grand Total	0	103	159	236	457	955

- 4.29 The Devon Home Choice policy in relation to veterans was amended in October 2013 so that the requirement for an applicant to have a local connection to Devon no longer applies to members of the Armed Forces and their families, unless a home is subject to specific planning conditions (eg in very rural areas). This, in line with the guidance from Government, recognises the special position of members of the Armed Forces (and their families) whose employment requires them to be mobile and who are likely therefore to be particularly disadvantaged by local connection requirements; as well as those injured reservists who may need to move to another local authority district to access treatment, care or support.

4.30 In addition, the Devon local authorities have considered the Housing Act 1996 (Additional Preference for Armed Forces) (England) Regulations 2012, which came into force in November 2012, requiring local authorities to provide additional preference to the following categories of person who fall within one or more of the reasonable preference categories (see above) and who have urgent housing needs:

- is serving in the Regular Forces and is suffering from a serious injury, illness or disability which is attributable (wholly or partly) to the person's service
- formerly served in the Regular Forces
- has recently ceased, or will cease to be entitled, to reside in accommodation provided by the MoD following the death of that person's spouse or civil partner who has served in the Regular Forces and whose death was attributable (wholly or partly) to that service, or
- is serving or has served in the Reserve Forces and is suffering from a serious injury, illness or disability which is attributable (wholly or partly) to the person's service.

4.31 The Devon local authorities have agreed to apply this new legislation by placing the application of the types of person set out above, in Band C, where they would otherwise have been placed in Band D. Applicants who have served in the UK Armed Forces will continue to have their application placed in Band A or Band B where a Devon local authority assess that their housing need meets one of the categories of either band. The local authorities have also decided not to take into account any lump sum received by a member of the Armed Forces, as compensation for an injury or disability sustained on active service, when assessing whether they have sufficient resources to meet their own housing need.

Homelessness

4.32 Currently, most local authorities do not record whether a homeless application is made by veterans or current serving personnel who will be leaving the Armed Forces imminently but with no future place to live, however, the following data has been provided by Teignbridge District Council:

Table 11: Availability of Disabled Facilities Grants (DFGs) for Veterans

LA name: Teignbridge District Council	2012/13		2013/14	
	Serving personnel	Veterans	Serving personnel	Veterans
Nos. Housing advice and assistance approaches	1	Not recorded	5	Not recorded
Homeless application made	0	Not recorded	0	Not recorded
Homeless application decision	N/A	Not recorded	N/A	Not recorded

- 4.33 Local authorities have a statutory duty to provide DFGs, on receipt of an application form, for works which are recommended by an Occupational Therapist employed by the Social Care Authority. There are financial assessments for this grant. Data collected by the local authorities covering the years 2012/13 and 2013/14 indicates that, in most areas, no grant applications were received, however, the data shown in **Table 12** below has been provided by Plymouth City Council.

Table 12: Disabled Facilities Grants Applications Received Including Value (Plymouth City Council)

Local Authority: Plymouth City Council	2012/13		2013/14	
	Serving personnel	Veterans	Serving personnel	Veterans
Number of DFG applications approved	0	2	0	4
Value of work undertaken £	0	£6,928.40	0	£19,859.29

No detail of the adaptations which were carried out is available.

- 4.34 North Devon District Council reports that, historically, those who have links to the Armed Services have elected to seek funding via the British Legion and other organisations, rather than choosing to remain on the DFG waiting list. North Devon District Council also has the facility to record if military funding has been received as part of a DFG which is approved by the Council, as this is reclaimable from central Government. However, this has not been used to date because if an Armed Forces support service approves funds to contribute to a DFG, it has normally taken on the whole cost of the work carried out.

Employment

Jobcentre Plus Armed Forces Champions

- 4.35 The Department for Work and Pensions has now established an Armed Forces Champion in every Jobcentre Plus District (Department of Work and Pensions 2014). The Champion is there to ensure that Jobcentre Plus support, advice and guidance reflect the needs of the service community. The Champion focuses specifically on the Jobcentre Plus support available to:

- service leavers
- serving personnel currently within their resettlement period, and
- spouses/civil partners of currently serving and ex-service personnel

- 4.36 The role of the Armed Forces Champions is to:

- develop and maintain joint working arrangements between Jobcentre Plus and the Armed Forces community in their district
- provide information to Jobcentre Plus staff about specific Armed Forces initiatives

- provide an understanding of the issues the Forces community face that can be a barrier to employment
- be the first point of contact for Jobcentre Plus staff and Services welfare/families staff to advise on queries regarding individual Armed Forces cases, and
- focus specifically on the Jobcentre Plus support available to service leavers, those within their resettlement period, and spouses/civil partners of currently serving and ex-service personnel. Where necessary, and appropriate, the Champions will work to put support in place.

4.37 Jobcentre Plus has a designated Champion covering the Cornwall, Devon, Plymouth, Somerset and Torbay areas. In each of the local authority areas there are partnership managers. In relation to Armed Forces and veterans, Jobcentre Plus has a number of client categories/markers (listed below) and, nationally, ensuring the appropriate marker is logged for each client is a priority:

- service leaver
- early service leaver
- spouse/partner of people in the service
- reservists
- prefer not to say
- not applicable

Health and Wellbeing Needs of Veterans' Families Including School-Aged Children

4.38 Identifying the children of veterans is problematic as there is no mechanism for collecting the data. The Forces Pupil Premium provides a more accurate record of the children of serving personnel in schools. As would be expected, schools in the vicinity of military bases have a higher percentage of serving children, often giving rise to a mix of nationalities and an increase in younger parents with less stability.

4.39 Feedback from schools (Davies 2013) identifies a number of issues:

Information and Support for Parents

4.40 Many service families move on a relatively frequent basis, sometimes at short notice. Each time they move they must get to know the new area quickly and place children in suitable child care, where necessary, and enrol children into school. Schools can support and ease this process by providing useful and accessible information and securing effective communication channels.

Supporting Pupils

4.41 In 2012 there were 842 service children in schools in Devon which rose to 1,233 in 2013. This is set to rise with the re-organisation of troops from German bases back to the UK in the near future. Ensuring effective transition documents that are useful to all, such as using 'pupil passports' to ensure pupils do not have to keep repeating information and can maintain some link with previous schools and friends by use of postcards etc is a priority.

Support for Schools

4.42 Schools in Devon range from having only one service child in school to 91 in another. Percentages range from 0.2% to 36.4% - Spring 2012 (Devon census data). Each school, regardless of size, will have the challenge of supporting those children in the best way possible and helping them to achieve their potential. Research shows that if a child moves every two years they lose a total of one year of schooling. Areas for consideration include:

- relevant and informative transition documentation in place
- effective signposting to information and other support offers
- supervision opportunities for staff
- developing and supporting effective pre-school links and collaboration
- opportunities for bereavement counselling training and support
- supporting effective links to Service Welfare Officers
- identification and sharing of good and best practice between Devon schools and beyond
- ensuring multi agency links clear

4.43 It will be important to understand the extent to which Armed Forces, veterans and/or reservists families are coming within the scope of the Early Help and Targeted/Troubled Families initiatives.

5. The Health and Healthcare Needs of Veterans

5.1 Much national and international attention has focused on the health of serving and veteran personnel, for example, the mental health of personnel returning from the 1991 Gulf War or how best to meet the needs of severely physically disabled veterans who have served more recently in Iraq and Afghanistan.

5.2 Again, there is no robust source of data relating specifically to the health of veterans within the South West. Instead, national data is relied upon to highlight the key health issues facing veterans with information obtained from local stakeholders highlighted, where available.

Physical Health Needs of Veterans

5.3 A recent review of health and social factors affecting the UK's veterans suggests that overall the health of the veteran population is comparable to that of the UK's general population (Fear et al 2009).

5.4 The RBL survey (2005) includes self-reported health information from veterans and the wider ex-service community (including dependants). With this caveat, when compared to the UK general population, significantly higher prevalence was reported for the ex-service community for the following conditions:

- musculo-skeletal
- cardiovascular
- respiratory
- mental health
- sight
- hearing

5.5 **Table 13** below highlights the key differences between veterans and the general public by age group.

Table 13: Key Differences in Self-reported Prevalence of Long-term Conditions between Ex-Service Community and the UK Population by Age Group

Veterans	16-44	45-64	65-74	75+
Musculo-skeletal	higher	similar	lower	lower
Cardio-vascular	similar	higher	lower	similar
Respiratory	similar	higher	lower	similar
Mental health	higher	similar	similar	similar
Hearing	similar	similar	similar	higher

Source: RBL, Profile and Needs: Comparisons between the Ex-Service Community and the UK population, 2006

5.6 Again, there is no robust source of data relating specifically to the health of veterans within the South West Peninsula. Instead, national data is relied upon to highlight the key health issues facing veterans with information obtained from local stakeholders highlighted, where available.

Complex Case and Neurological Injury

5.7 The South West has one of the units for treating this type of injury: Hasler Company, based at Devonport Dockyard, was established four and a half years ago to primarily look after trauma injuries sustained in Afghanistan. Around 300 personnel have been treated and supported, mainly serving with the Royal Marines and the Royal Navy, although a small number of locally based Army and RAF injured personnel have been cared for as well. The main categories of injuries are:

- triple amputees
- below knee amputees
- neurological (including spinal)

5.8 All cases require long and protracted care pathways. Increasingly, non-battle injuries are being seen and these are mainly:

- poly trauma from road traffic incidents
- training related, including falls
- complex back pain with neurological complication
- Sports related

Post the Afghanistan conflict, head injuries are most prevalent.

5.9 Of non-injury illness, 10-15% of patients have complex mental health problems ranging across:

- Post-traumatic stress disorder
- Bipolar
- Psychosis
- Aspergers
- Recurrent depression

5.10 Alcohol misuse is an issue in many of the diagnoses used as a self-medicating coping strategy. Symptoms may only arise as an evolving mental health presentation once physical health needs have been stabilised.

5.11 Between 30 - 40% of the cases have an amputation following chronic regional pain. There is an issue of amputation being seen as the 'normal treatment' due, mainly, to advances in the improvement of prosthetics giving a better quality of life. Consequently, there are frustrations from no amputee lower limb injured, who see amputees getting a better and quicker service.

Unmet Needs

5.12 A number of needs, that will also have ongoing funding costs for the NHS, have been identified:

Tinnitus: hearing impairment

Terminal illness: leading to death in service. Estimated between 100 - 200 personnel nationally needing shared care from NHS primary care services but also receive support from the Defence Medical Service (DMS).

Fertility treatment: DMS fund up to National Institute of Clinical Excellence (NICE) guidance level. Criteria need to be agreed for NHS commitment. Mainly arises from blast injuries of which 22/90 patients will be discharged into NHS remit; 10 of whom have complex mental health problems.

Chronic fatigue syndrome: an emerging need.

5.13 The main aim for Hasler Company is to achieve the best possible rehabilitation; then, once a plateau is reached, the medical discharge process is initiated and transition from Defence Medical Service into NHS undertaken.

Mental Health of Veterans

5.14 Research suggests that most people "do not suffer with mental health difficulties even after serving in highly challenging environments" (Fossey 2010, Page 2). However, some veterans face serious mental health issues. The most common problems experienced by veterans (and by the general population) are:

- depression
- anxiety
- alcohol abuse (13%)

- 5.15 Probable Post Traumatic Stress Disorder (PTSD) affects about 4% of veterans. Each year, about 0.1% of all Regular service leavers have been discharged for mental health reasons (Fear et al 2010).
- 5.16 Certain groups of veterans have been identified as being at higher risk of mental health illness. Risks may be linked to:
- Characteristics of people joining the Armed Forces: traditionally from areas of economic and social deprivation, and particularly during periods of economic decline. The Army's educational threshold is low with numeracy and literacy standards being those expected for seven year olds. It is important Forces' personnel develop life and social skills as part of their training, including responsible alcohol consumption.
 - Experiences during an individual's period of service with the Armed Forces: there is a link for all service personnel between exposure to combat and the risk of developing mental health problems. This may explain why young, male members of Infantry appear to be particularly at risk (Murrison 2010).
 - Transition period from military to civilian life which, for some, can be extremely challenging. People who have been medically discharged receive a comprehensive range of special services to assist with the transition back to civilian life. People discharged for psychiatric reasons are followed up by the Defence Mental Health Social Work Service for up to a year to ensure smooth handover to NHS care.
 - Personnel who have served more than 16 years receive the most wide-ranging level of employment, training and housing support and graduated resettlement time. Far less support is offered to early service leavers: leaving the services within four years is associated with a higher incidence of mental health problems.
 - Risk of suicide in ex-Army males aged under 24 years is approximately two to three times higher than the risk for the same age groups in the general and serving populations. Pre-existing mental health problems and social experiences may be causal factors for this group. Suicide rates amongst the veteran population are comparable with those in the general population.
 - Of service personnel who leave the Forces after serving a sentence in the Military Correctional Training Centre, 50% were in debt with no settled housing six months after discharge. Just over half had a mental health problem, the most common being alcohol dependency (Fossey 2010).
 - Members of the Reserve forces who had been deployed to Iraq and Afghanistan had higher rates of PTSD compared to those who did not experience conflict, and compared to members of Regular forces. Reserve forces may experience differences in comradeship and support, with Regular personnel more likely to remain with fellow service personnel for longer periods following deployment which may offer a stronger degree of support (Kings Centre for Mental Health 2010).

- Use of alcohol: alcohol is frequently used and is readily accessible to serving personnel with evidence that rates of 'hazardous drinking' (Page 30) are higher than amongst the general population (Fear et al 2009). Younger males from the lower service ranks are associated with the heaviest use.

Table 14: 2011/12 Incidence of Mental Health Problems in the Armed Forces

ICD-10 Grouping	2011/12		
	Number	Rate ¹	95% CI
All	5 404	27.7	(27.0 - 28.5)
Cases of Mental Health Disorder	3,970	20.4	(19.7 - 21.0)
Psychoactive substance use	287	1.5	(1.3 - 1.6)
<i>of which due to alcohol</i>	278	1.4	(1.3 - 1.6)
Mood disorders	962	4.9	(4.6 - 5.2)
<i>of which depressive episode</i>	870	4.5	(4.2 - 4.8)
Neurotic disorders	2,442	12.5	(12.0 - 13.0)
<i>of which PTSD</i>	273	1.4	(1.2 - 1.6)
<i>of which adjustment disorder</i>	1,561	8	(7.6 - 8.4)
Other mental disorders	279	1.4	(1.3 - 1.6)
No Mental Disorder	1,434	7.4	(6.9 - 7.7)

Source: DASA (Health Information)

Issues for Commissioners

- 5.17 Mental health services for veterans need to ensure services cover the range of common and more specific mental health problems.
- 5.18 Young male veterans are associated with other risk factors, such as leaving services early and excess alcohol use. Identifying young male veterans is key to ensuring potential alcohol-related disorders are highlighted and addressed early. This may mitigate adverse associations between alcohol and crime or homelessness.
- 5.19 Young males aged under 24 years are at increased risk of suicide. They may be particularly reluctant to seek help (and some may not even identify themselves as veterans). Ensuring that data systems identify veterans locally, as well as promoting registration with GPs and help-seeking behaviours, is key to mitigating any increased risk within the local cohort of veterans.
- 5.20 In addition to appreciating the specific mental health conditions experienced by veterans, recognition of the stigma associated with such disorders in this population group also needs to be highlighted. Although stigma surrounding mental health disorders is by no means unique to this population, the culture associated with the Armed Forces may be associated with a greater degree of shame in seeking help for such conditions. In particular, some individuals may view it as 'weak' to seek help and others may be concerned about the impact on any future career options, military or otherwise. Mental health services should ensure they recognise the detrimental effect such stigma may have on veterans' willingness and ability to seek help for mental health conditions (Murrison 2010).

- 5.21 Primary care and mental health care staff should recognise and understand the challenges posed by the Armed Forces' culture as it is thought to be key to removing some of the barriers veterans perceive in accessing health care, particularly for mental health services. The joint RCGP, RBL and Combat Stress publication aims to promote better understanding of the specific needs of veterans amongst primary care staff and should be promoted amongst all local health providers. (Royal College of General Practitioners et al 2010)

National Developments for Veterans' Mental Health Care

- 5.22 Following the successful pilots of specialist mental health services for military veterans from 2008 to 2010, came a report by Dr Andrew Murrison, MP called 'Fighting Fit: a mental health plan for servicemen and veterans' (Gov.uk 2010) to uphold the promises of the Armed Forces Covenant. Recommendations from that report included an uplift in specialist mental health clinicians to work with military veterans; an e-learning package for GPs and the Big White Wall, an online mental wellbeing website.

- The Royal College of GPs website now offers the e-Learning package Veterans' Health in General Practice, which is free to all primary healthcare professionals and can be accessed on the RCGP website: www.rcgp.org.uk
- The Big White Wall has won a number of innovation awards and remains a very accessible option for mental health information and support on the internet. It offers the first month free for all military personnel and veterans: www.bigwhitewall.com
- The National Veterans Mental Health Network was established and constitutes 10 regional services across England, as well as services covering Wales and Scotland, which provide specialist assessment and treatment for veterans. These are minimally funded hence the small teams will also link in with local services, supporting their delivery of treatment by offering training, consultation and clinical supervision. They also form vital links between the NHS, service charities and the MoD to enable a more joint working approach in dealing with the mental health of military veterans. The local service for the South West Peninsula is the South West Veterans Mental Health Service. This service accepts referrals from veterans, families, healthcare workers, MoD or service charities: www.swveterans.org.uk

Local NHS Services Including Improving Access to Psychological Therapies (IAPT) Services

- 5.23 The IAPT programme is a national programme rolling out the provision of psychological therapies for all adults with common mental health problems (depression and anxiety). In 2009, the scheme highlighted the need to consider the veteran population in the provision of such services in their guide 'Veterans - Positive Practice Guide'. They stress the importance of identifying the local veteran population and recognising their specific mental health needs when commissioning local services.

Combat Stress

- 5.24 Combat Stress is ‘the UK’s leading military charity specialising in the care of veterans’ mental health’. The charity provides community-based outreach care, as well as residential treatment, for UK veterans suffering with service-related mental health conditions, including PTSD as well as depression, anxiety and other common mental health disorders. Services targeting detoxification for addictions to alcohol or other substances are not currently available via the Charity’s services, so alternative sources for such needs are sought. The Charity reports a substantial increase in the number of veterans making contact over the past five years but that a key aim is still to promote earlier help-seeking, with the current average remaining at ‘thirteen years from Service discharge’.
- 5.25 It is common for veterans to seek help and to suffer PTSD; for their condition to be complex and be related to exposure to multiple traumas during their time in the Armed Forces. In addition, an individual’s mental health needs are frequently compounded with additional needs (eg relationship, welfare and financial issues). It is important, therefore, to ensure that veterans are able to access the full range of support services for their needs in order to adequately address their mental health problems.

Musculo-Skeletal Disorders

- 5.26 Along with mental health conditions, musculo-skeletal disorders are a key issue for the health of veterans, which is perhaps not surprising given the physical nature of their work in the Armed Forces, along with the potential risk of injury. As highlighted earlier, veterans aged between 16 and 44 years report higher rates of musculo-skeletal conditions than their counterparts in the general population. A study of United States veterans found they are more likely to report ‘doctor-diagnosed arthritis’ than members of the general population. (Fear et al 2009)
- 5.27 Musculo-skeletal disorders affect an individual’s health but also impacts on other areas (eg employment). At an individual level, any detrimental effect on the ability to work is also likely to impact on mental health, potentially compounding any existing problems.
- 5.28 Perhaps more commonly focused on is the risk of serious injury, particularly limb injuries, associated with time spent in the Services. For wounded or injured serving personnel, the DMS and MoD provide an extensive range of services covering treatment and rehabilitation.
- 5.29 The provision of healthcare passes on discharge from the DMS to NHS providers. For those veterans who have received prosthetic limbs from the DMS for injuries related to their time in service, the Government has confirmed that the NHS will provide replacement prostheses that are at least an equivalent standard to those issued by the DMS. This is likely to have a substantial impact on local NHS providers, particularly as the number of veterans returning from active conflicts continues to increase. At present, no data systems exist to enable an assessment to be made of the current number of veterans receiving NHS prosthetic services in the Peninsula.

Help For Heroes (H4H)

- 5.30 The Naval Service Recovery Centre, Plymouth, is one of four Help for Heroes (H4H) Recovery Centres in the UK. The others are: Tedworth House, Wiltshire; Chavasse VC House, Colchester, and Phoenix House, Catterick. H4H offer opportunities to take part in sporting; leisure; therapeutic activities; education courses; life skills courses and access to welfare advice and support.
- 5.31 H4H's Charitable Objective states that, "we look after wounded injured and sick (WIS) serving personnel and their dependants, and also WIS veterans and their dependants". The term 'veterans', in this instance, refers to any Service men or women who have become wounded, injured or sick (WIS) during or as a consequence of their service.
- 5.32 The Plymouth resources are contained in two buildings: Parker VC and Endeavour. Parker VC contains a fully DDA compliant accommodation unit comprising 60 single cabins plus six family rooms. It also houses a multi-purpose briefing/conference/teaching room and has interview rooms and breakout areas. Endeavour houses a 25 metre, temperature controlled swimming pool; a large rehabilitation gymnasium with physiotherapy stations; strength and conditioning equipment; a climbing wall; space for wheel chair basketball or adaptive volleyball. (Height from ceiling to floor is 8.3 metres). There is also:
- a 12 metre by 12 metre hydrotherapy pool
 - eight fully equipped physiotherapy/complementary and alternative therapy/consulting rooms
 - a large barista style cafeteria
 - support hub, office space (use available to partner charities, support organisations)
 - two interview rooms

How Do Veterans and Their Dependants Access the Facilities?

- 5.33 Initially by referral; either self-referral or through support organisations or charities, the Help For Heroes website or email to: plymouth.supporthub@helpforheroes.org.uk. A 'Request for Support' form will be sent out and a keyworker will contact the individual to ascertain their needs. The service user will be asked to take part in a wellbeing psychological assessment which is normally conducted by telephone. In addition, if appropriate, their GP or other medical practitioner may be contacted to ascertain their medical issue and confirm that it is due to, or as a result of, service reasons. Additionally, military details (service number; unit; length of service; medical discharge date, if appropriate) will be taken and verified with the Veterans' Agency. Once completed, the individual will be invited into the Naval Base or visited elsewhere to discuss what support, if any, can be offered.
- 5.34 There is a weekly programme of events held each Friday specifically focusing on veterans and their dependants. Further details can be obtained from the email address above or on the following link: <http://www.helpforheroes.org.uk/how-we-help/recovery-centres/plymouth-devon/>

Key Issues Relating to the Provision of Health Services for Veterans

- 5.35 Although a minority of veterans may experience specific needs related to mental or physical health, a key feature is ensuring all veterans are able to access NHS services adequately. For commissioners, a key part of this is in recognising that the local veteran population does present some specific challenges, particularly in terms of help-seeking behaviours.
- 5.36 Additionally, the responsibilities of all NHS services to meet the commitments set out by the Government, including priority access to NHS treatment for conditions related to a veteran's time in the Services, must be realised at a local level. Central to this is ensuring all local healthcare providers are aware of these commitments and responsibilities. A publication by the RCGP, RBL and Combat Stress offers a guide for General Practitioners. Ensuring such documents are promoted throughout primary care services is vital to enable GPs to offer appropriate advice and treatment to veterans.
- 5.37 An additional issue related to the provision of primary care services is the recording of veteran status in an individual veteran's medical records. The current NHS Family Doctor Services registration form (GMS1) requests those returning from the Armed Forces to complete their previous contact details. This offers an opportunity to identify new registrants as veterans. Recording the appropriate Read code relating to veteran status to the medical notes at this stage would enable all clinicians involved in the delivery of primary care for that individual to be aware of their military history, so that can and should be considered when assessing any future medical conditions, promoting effective referrals to appropriate services. Encouraging accurate coding of veteran status throughout primary care would also allow a more reliable assessment of the registered veteran population to be made; crucial for future commissioning of services.
- 5.38 It should be highlighted that veterans themselves may face real or perceived barriers to registering with an NHS GP on discharge from the Armed Forces. It is recognised that some veterans suffer 'social exclusion', making them less likely to make contact and register with NHS services. It is often these veterans who are in greatest need of support, particularly in relation to mental health needs. Additionally, the perception on the part of veterans that civilian clinicians lack understanding of the needs and culture of the veteran community can serve as a barrier to registration for some. Anecdotal information from stakeholders suggests that the process of self-registration itself may pose a significant problem for some. This relates to Service personnel being 'used to' following orders and processes, whilst on discharge, the responsibility for organising medical care, housing etc falls to the individual and this may be particularly challenging for those who have served for a considerable period of time.
- 5.39 To overcome these issues, it is vital that local service providers are provided with opportunities to increase their understanding of veterans' issues. It is equally crucial to promote access to healthcare services to veterans themselves, providing up-to-date information and encouragement.
- 5.40 As part of the Needs Assessment carried out by the Peninsula group to assess the number of veterans currently referred to NHS services via the priority access route, the possibility of 'tracing' veterans via the Secondary Uses Service (SUS) was explored.

- 5.41 Although veteran status may be recorded in the individual's referral, there is currently no system of identifying veteran status via the SUS system. The RBL has also highlighted this fact, at a national level, stressing that, without the means to audit the number of priority referrals, the demands on the NHS cannot be assessed. An audit tool to allow such an assessment to be made will require introduction at a national level.
- 5.42 Finally, current information systems do not allow the automatic transfer of veterans' medical records from the DMS to NHS on discharge. GPs are able to request a veteran's complete record from the DMS but this, again, relies on awareness that an individual patient is a veteran. Where this is possible, GPs should be encouraged to request the whole record to enable a complete picture of a veteran's medical history can be developed.

6. Reservists

- 6.1 The Future Reserves 2020 White Paper (Ministry of Defence 2011) sets out the Government's intentions to increase the Reserve Force alongside the reduction in full time serving personnel.
- 6.2 The experience of existing reserve units is that relatively small numbers have physical health needs. In terms of mental health, there are cases of reservists who, post deployment, can take up to two years to return back to their baseline mental and emotional state. The stigma associated with mental health can make it difficult for an individual to put their hand up and self-refer to an agency they can trust.
- 6.3 The de-mobilisation phase will become an increasingly important time for reservists who, within the space of a few days, move from active service back to civilian/family life. Adequate support to address both physical and mental issues that may arise needs to be offered. The isolated reservist who is not in contact with their peers is potentially more vulnerable to health problems. At the same time, help and support needs to be available to families during both periods of mobilisation and demobilisation. Other factors that need to be considered and addressed are:
- education for employers, schools, health professionals and police about the potential health and wellbeing impacts on reservists
 - developing peer networks to offer advice, guidance and advocacy in accessing support services.

7. Governance

- 7.1 The nature of the health and wellbeing issues facing some veterans provide a rationale for inclusion in the Joint Health and Wellbeing Strategy and therefore aligning governance arrangements to the Health and Wellbeing Board.

8. Conclusions and Observations

Conclusions

- 8.1 The veteran population is an important sub-group of the wider community. The wider community recognises the importance of the sacrifices they make during their time in the services. Although overall numbers may be projected to decrease, they remain a group with specific health and health-related needs which should be considered by local commissioners during service development. In addition, increasing awareness of the mental health problems experienced by veterans may lead to increases in the number of veterans seeking help, impacting on the demand for NHS mental health services.
- 8.2 The majority of available information does relate to the mental health issues of veterans, although physical health is also noted to be important. National commitments to ensuring adequate provision of services within the healthcare setting exist and offer some guidance for local provision. However, although local needs assessments are able to highlight some of the key issues facing the veteran population, they are severely limited in their ability to identify specifics relating to the veteran community due to a lack of reliable data.
- 8.3 Observations are set out below.

1. To ensure that information about, and access to, services for veterans, reservists and their families is readily available.

Observation 1.1 - Improve data collection by:

a) Encouraging all GP practices to use the same Read codes relating to veteran status when registering new patients.

There is no national agreement on which Read code to use but Xa8Da is advocated by the Department of Health and cited in RCGP guidance. However, practices use different primary care clinical record systems and this particular code will not be appropriate for all Peninsula practices.

b) Encouraging the recording of veteran status for all referrals to secondary care for conditions relating to military service.

Although veteran status may be recorded in the individual's referral, there is currently no system of identifying veteran status in the Secondary Users System (the commissioners' anonymised view of the hospital and community patient systems).

c) Encouraging the recording of veteran status on registers of partner organisations, such as local authority registers of homelessness acceptances.

Identifying veteran status on homeless acceptance registers would enable better estimation of the number of homeless veterans in the Peninsula thereby enabling an appreciation of the burden of need on housing services and related health services.

d) Dis-aggregating local-level data on the veteran community from nationally held sources, such as DASA (Defence Analytical Services Agency).

The recent provision of data by resettlement town for service leavers (outflow data) provides a more detailed estimate of the size of the local veteran community than has been available previously. However, there are data gaps and more data about the service leavers is needed to allow a more accurate estimate of the number of injured or wounded veterans resident in the South West Peninsula.

Observation 1.2 - Communication of need and numbers well in advance of transition from Defence Medical Service to NHS will be important to inform commissioning intentions, particularly for the following conditions:

- complex case (mainly neurological) management 24/7/365
- mental health issues, with alcohol a compounding factor
- primary care support whilst in service for certain cases
- prosthetics
- continuing support for cognitive injuries (learning disabilities)

Observation 1.3 - Promote information about NHS services, including GP registration, as well as other sources of support amongst the veteran community by: a) When registering for NHS services, veterans and reservists should be encouraged to identify their status.

b) Encouraging veterans and reservists to register with an NHS GP and identify their veteran's status.

c) Promoting other sources of support available in the Peninsula.

Observation 1.4 - Provide support to reservists and their families by:

a) Encouraging veterans and reservists to identify their status when registering children at school.

b) Delivering education inputs, as appropriate, in key settings, eg schools and workplaces on the potential impact on reservists and their families.

c) Providing access to operational stress management records and programmes, where appropriate, and peer networks for reservists and veterans.

Observation 1.5 - Enhance local support networks to address the needs of pupils, parents and staff in schools in relation to Armed Forces pupils and produce a Devon Passport for armed forces, veterans and reservist children.

Observation 1.6 - Improve data collection processes for veterans to ensure early identification and direction to appropriate support in line with the Jobcentre Plus covenant objectives.
Observation 1.7 - Identify personnel leaving the service who indicate they had a permanent home contact address in the South West Peninsula and the service leavers who indicated they were settling in the local authority areas of the South West Peninsula.
Observation 1.8 - Ensure local directories have up-to-date information on local mental health, substance misuse and domestic violence and sexual abuse support services.
2. To ensure that the needs of veterans, reservists and their families are specified in contracts so identification and support is mainstreamed.
Observation 2.1 - Promote the education and training of GPs and other healthcare providers.
Observation 2.2 - Promote the uptake of the Royal College of General Practitioners 'on line' training package by GPs.
Observation 2.3 - Specifically include 'Have you ever served in the Armed Forces?' as a question on the registration of new patients with GP practices and subsequently request veterans' complete medical records.
Observation 2.4 - In order to comprehensively address the issues of veterans in the Criminal Justice System and utilise the NHS mental health and police diversionary schemes, develop a veterans' support programme as an alternative to custodial sentencing so as to meet the challenges of the Transforming Rehabilitation agenda and to further promote enhanced partnership working. <i>(The Veterans Change Partnership is seen as a suitable model for such provision. This proposal aims to provide an intensive and comprehensive joined up programme of rehabilitation, linking to all associated agencies and funding streams).</i>
Observation 2.5 - Promote the Veterans in Custody Support (VICS) scheme in prisons in the Peninsula.
Observation 2.6 - Raise awareness of veterans' mental health needs with health and social care staff in primary and community care settings and ensure local directories have up-to-date information on local mental health support services.
Observation 2.7 - Implement the agreed procedures with local authority housing teams to ensure veterans are made aware of sources of local and national support at an early stage in their transition to civilian life.
Observation 2.8 - Promote veterans' employment and housing advice peer support networks, eg the Exeter and Plymouth hubs and Veterans 2 Veterans groups, and establish links to local services, ie benefits
Observation 2.9 - Identify the prosthetic requirement for the Clinical Commissioning Groups in the South West Peninsula.
Observation 2.10 - Explore with partner or sister charities, NHS and local authorities, amongst others, how to utilise the Help for Heroes resources to provide non-clinical rehabilitation support for wounded, injured and sick veterans in Plymouth.
Observation 2.11 - Promote access to the armed forces, veterans and reservists hubs in Exeter and Plymouth.
Observation 2.12 - Commissioning organisations to ensure the collection and recording of armed forces status is a specific requirement of contractual arrangements with providers.
4. To ensure the case is made for service commissioners to recognise needs early and provide support before problems become embedded.
Observation 3.1 - Develop a Peninsula-wide Veterans Action Plan.
Observation 3.2 - Establish appropriate governance arrangements to measure the impact of an action plan.
Observation 3.3 - Include veterans in other NHS Peninsula needs assessments and audits, eg mental health and suicide.
Observation 3.4 - Promoting the registration of veterans and reservists with primary care and community services.
Observation 3.5 - Promote partnership working across all agencies to produce a co-ordinated response to the health, housing, employment, education, welfare and criminal justice (H2E2WCJ) challenge.

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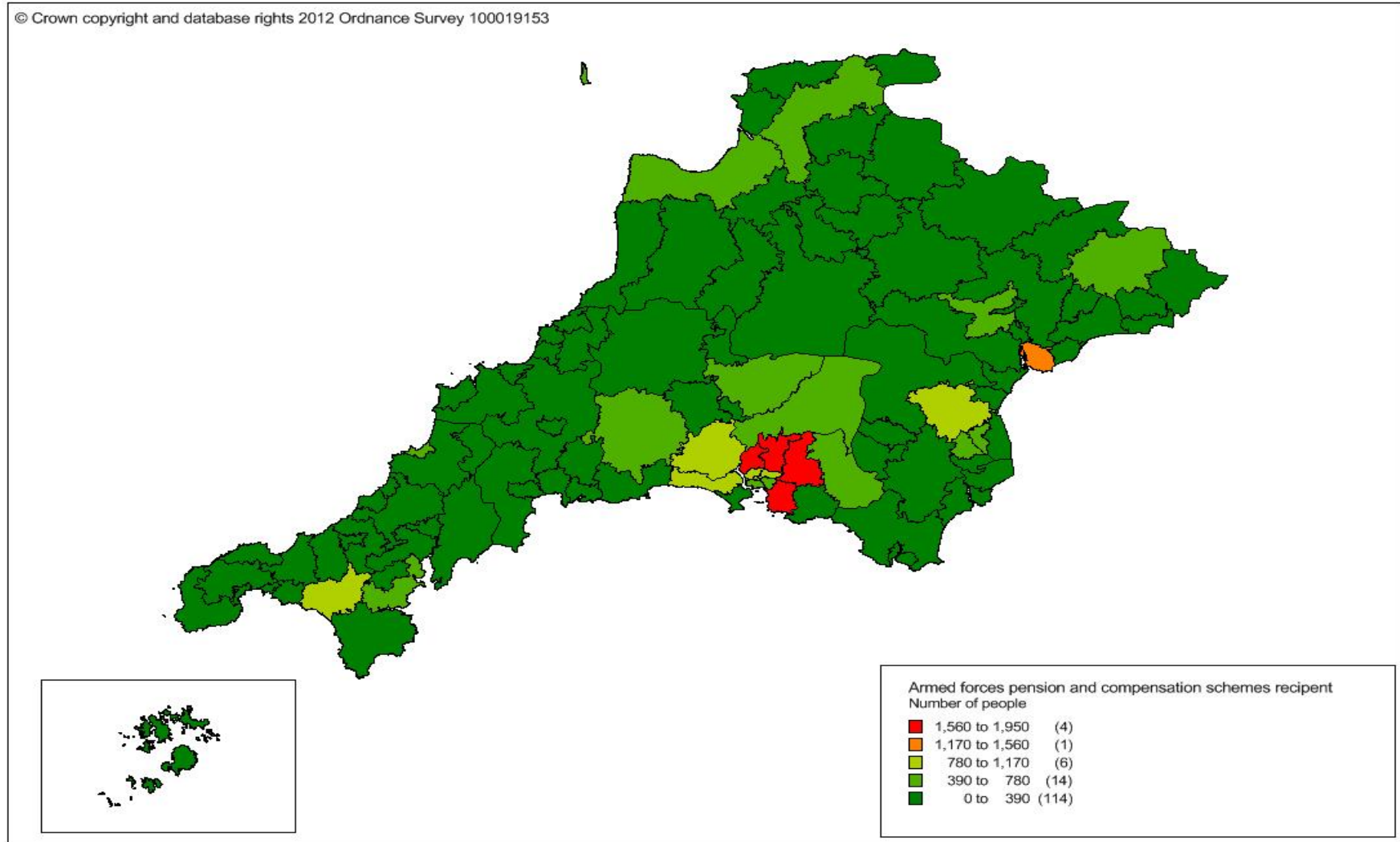
Numbers on All Armed Forces Pension Scheme; All War Pensions Scheme and All Armed Forces Compensation Scheme by Postcode Area

Postcode district	All AFPS	All WPS	Disablement Pension	War Widower	All AFCS
TR1	175	90	65	25	~
TR10	100	40	35	5	0
TR11	390	145	125	20	~
TR12	195	50	45	10	45
TR13	745	165	145	15	5
TR14	255	105	85	20	~
TR15	195	90	80	10	~
TR16	140	45	40	5	0
TR17	20	10	10	~	~
TR18	180	105	85	20	~
TR19	60	30	25	5	0
TR2	95	40	30	10	~
TR20	110	35	25	5	0
TR21	10	10	10	0	0
TR22	~	0	0	0	0
TR23	~	0	0	0	0
TR24	~	0	0	0	0
TR26	80	50	35	10	0
TR27	150	60	50	10	0
TR3	195	55	50	10	~
TR4	105	45	40	~	0
TR5	45	20	15	5	0
TR6	40	15	10	~	0
TR7	375	115	100	15	0
TR8	135	50	35	15	5
TR9	135	35	25	5	~
PL1	420	170	145	20	65
PL10	110	30	20	10	0
PL11	640	175	155	15	20
PL12	760	210	185	25	~
PL13	135	65	55	10	0
PL14	455	125	110	10	~
PL15	195	80	70	10	0
PL16	25	5	5	~	~
PL17	260	75	65	10	0
PL18	135	45	45	~	0
PL19	380	120	105	15	0
PL2	825	265	235	30	75
PL20	350	100	85	15	0

Postcode district	All AFPS	All WPS	Disablement Pension	War Widower	All AFCS
PL21	465	150	125	20	~
PL22	30	25	20	5	0
PL23	55	15	15	0	0
PL24	85	40	30	10	0
PL25	245	85	60	25	~
PL26	220	85	75	10	5
PL27	140	45	35	10	~
PL28	75	20	15	~	0
PL29	5	5	5	~	0
PL3	830	280	235	40	10
PL30	110	40	35	5	0
PL31	150	60	45	10	~
PL32	30	15	15	0	0
PL33	10	10	10	~	0
PL34	10	5	~	~	0
PL35	5	~	~	0	0
PL4	485	180	160	20	~
PL5	1,280	460	395	60	5
PL6	1,385	505	450	50	60
PL7	1,200	385	345	45	10
PL8	175	40	30	5	0
PL9	1,210	365	315	45	20
EX1	125	75	55	20	0
EX10	200	125	105	25	~
EX11	70	40	35	~	0
EX12	95	60	45	15	~
EX13	125	60	50	10	0
EX14	290	120	100	20	0
EX15	210	90	75	15	0
EX16	260	110	85	25	~
EX17	170	55	50	5	0
EX18	35	10	5	~	0
EX19	40	15	15	~	0
EX2	330	190	160	25	10
EX20	180	70	55	15	0
EX21	30	20	15	~	~
EX22	75	40	30	5	~
EX23	130	65	50	15	~
EX24	40	20	15	5	0
EX3	75	30	25	5	0
EX31	315	110	90	20	60
EX32	245	80	60	20	~
EX33	255	75	55	20	~

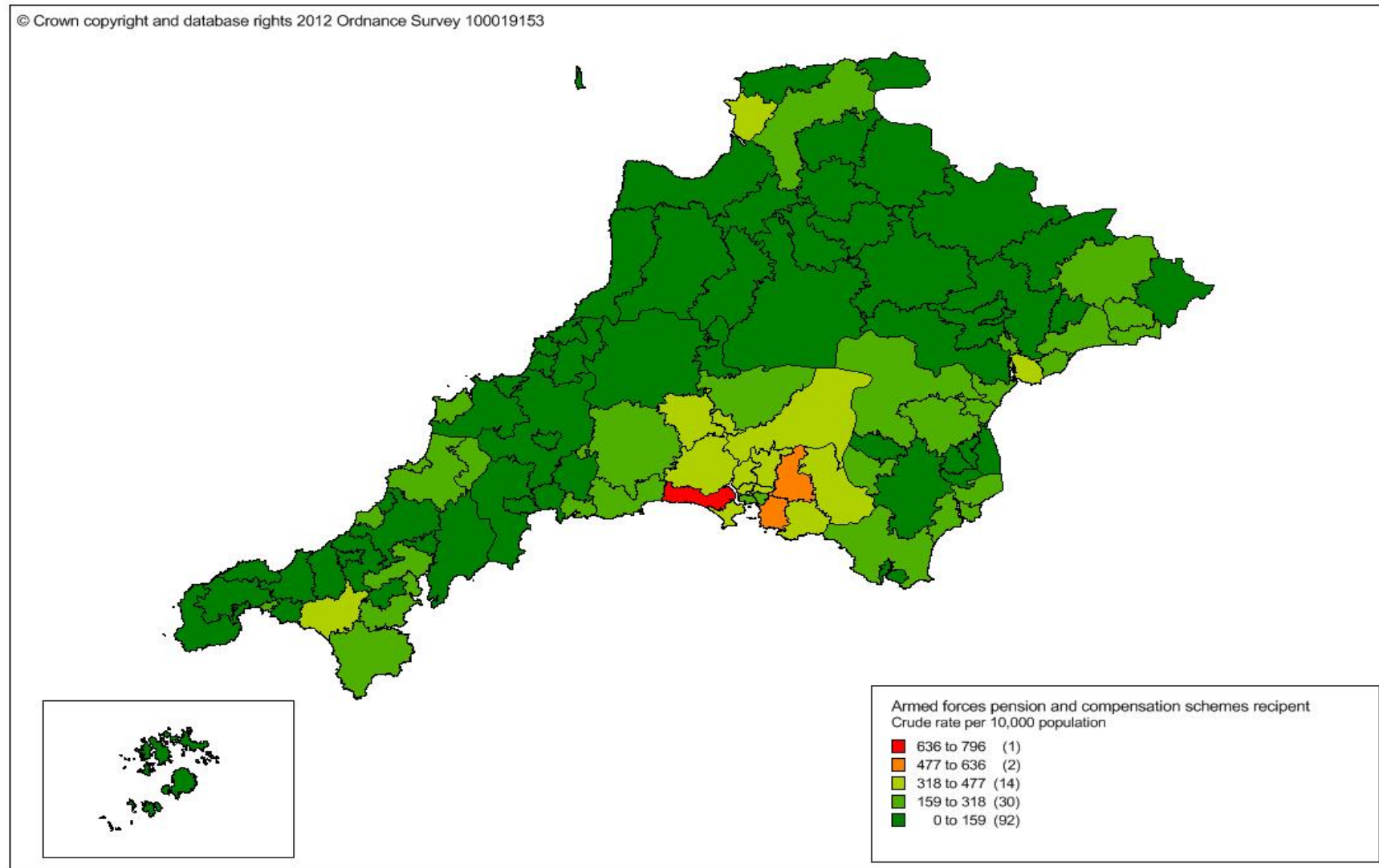
Postcode district	All AFPS	All WPS	Disablement Pension	War Widower	All AFCS
EX34	115	50	40	10	~
EX35	10	5	~	5	0
EX36	60	30	25	5	0
EX37	35	15	10	~	0
EX38	65	25	25	~	~
EX39	345	150	120	30	~
EX4	280	185	160	30	~
EX5	190	100	90	15	0
EX6	135	65	55	15	0
EX7	135	75	60	15	0
EX8	895	475	420	55	125
EX9	120	70	55	15	0
TQ1	240	140	110	25	~
TQ10	75	20	15	5	0
TQ11	45	15	15	~	0
TQ12	575	270	225	45	~
TQ13	265	120	100	20	~
TQ14	205	115	85	30	~
TQ2	280	140	115	25	~
TQ3	270	150	115	35	~
TQ33	~	0	0	0	0
TQ4	165	100	80	20	0
TQ5	215	115	85	30	~
TQ6	170	40	40	~	10
TQ7	220	70	60	10	~
TQ8	20	5	~	~	0
TQ9	145	55	45	10	0

Map Showing All Armed Forces Pension Scheme; All War Pensions Scheme and All Armed Forces Compensation Scheme by Postcode Area



Source: DASA

Map Showing All Armed Forces Pension Scheme; All War Pensions Scheme and All Armed Forces Compensation Scheme as a Crude Rate by Postcode Area



Source: DASA and ONS 2011 Census population by postcode

EQUALITY IMPACT ASSESSMENT

Strategic Co-Operative Commissioning



STAGE I: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?	<p>The Veterans Strategic Commissioning Framework sets out Plymouth City Council's and NEW Devon Clinical Commissioning Group's commissioning intentions for support services for Veterans and their families. It aims to ensure that services to be seamless, with services joined up to ensure the smooth transition from a military career into the civilian community.</p> <p>Data indicates we have around 18,899-20,281 Veterans in Plymouth and we are aware that there is likely to be a greater proportion of mental health and offending support needs within this population.</p> <p>The framework identifies gaps in the effectiveness of current provision. Historically there has been a lack of quantitative data regarding the Veteran population including statistics around the protective characteristics set out in the The Equality Act 2010. The council has commissioned a new Veterans Care Navigation Service which will launch to the public in June 2017. The new service will aim to build up a comprehensive picture of the needs of Veterans in Plymouth. The commissioning plan aims to reduce discrimination encountered by Veterans by linking services in a way that ensures all Veterans have access to the services that they need.</p>
Author	Katy Shorten
Department and service	Strategic Co-Operative Commissioning
Date of assessment	15/05/2017

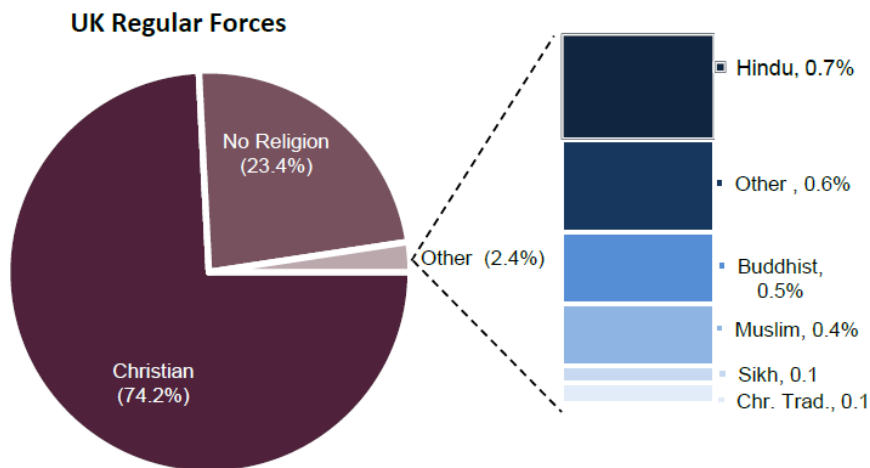
STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)					Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	Royal British Legion		Office for National Statistics			No adverse impacts anticipated. Veterans of all ages will be supported to access services.	Collate and review data from Commissioned services to identify any variation to the expected prevalence	Commissioning at annual review by April 2018
	Age Group	Estimated	Estimated	Estimated	Estimated			
	Years	Prevalence %	Number	Prevalence %	Number			
	16-24	0.84	331	1.58	619			
	25-34	3.28	1,124	3.14	1,075			
	35-44	4.44	1,475	5.11	1,699			
	45-54	5.45	1,850	5.81	1,971			
	55-64	10.54	3,066	6.87	2,000			
	65-74	28.54	6,278	23.05	5,070			
	75-84	36.55	5,152	0.00	0			
	85+	17.88	1,005	0.00	0			
	(ONS 75+)	0.00	-	32.79	6,465			
	Total		20,281		18,899			
<p>Table 1: Population for Plymouth adapted from the South West Veterans Needs Assessment</p> <p>It is estimated that 94% of the Veterans population in Plymouth are aged 55 or over</p>								

Disability	<p>Nationally, about 22,000 Armed Forces personnel leave service and return to civilian life every year. During 20012/13, 23,520 personnel left UK Regular Armed Forces, out of these 430 (1.8% of service leavers) were discharged for medical reasons. Out of the medical discharges, there were 256 (1.1% of service leavers) for musculo-skeletal disorders and 45 (0.2% of service leavers) for mental and behavioural disorders (Defence Analytical Services and Advice 2010a). The MoD is now making available data on service leavers at a local level.</p> <p>40.1% of working age veterans report at least one long term health condition</p>	<p>No adverse impacts anticipated.</p> <p>The service is expected to be available to all veterans irrespective of ability or disability</p>	<p>Identify the current 'pathway' for Veterans and smooth transitions to prepare people for civilian life, providing support</p>	<p>The Veterans operational group by April 2019</p>

	<p>50.5% of veterans aged 65+ report at least one long term health condition Source: MOD, Annual Population Survey UK Armed Forces Veterans residing in Great Britain, 2015, 2016</p> <p>Further information from the Royal British Legion, A UK Household Survey of the ex-Service population 2014, 2015:</p> <ul style="list-style-type: none"> • 35% of veterans in the UK report a long term illness that limits their activities • 24% of working age veterans in the UK report a long term illness that limits their activities • 42% of veterans in the UK aged 65+ report a long term illness that limits their activities 		<p>through into the community.</p> <p>Develop the workforce to 'up skill' staff within mainstream support services and build relationships with specialist services and raise awareness so that Veterans know how and where to access support services.</p> <p>Build up a comprehensive picture of the needs of Veterans in Plymouth and analyse to highlight any specific issues that can be addressed.</p>	<p>The VCNS by April 2019</p> <p>VCNS/ Commissioners / Veterans Strategic Stakeholder group by April 2019</p>
<p>Faith/religion or belief</p>	<p>Specific local or national data relating to Veterans is yet to be published.</p>	<p>No adverse impacts anticipated.</p>	<p>Collate and review data</p>	<p>Commissioning at annual</p>

Religion of the UK Regular Forces as at 1 October 2016:



Source: [UK Armed Forces Biannual Diversity Statistics 1 October 2016](#)

Plymouth population data:

- 84,326 (32.9%) of the Plymouth population stated they had no religion.
- Those with a Hindu, Buddhist, Jewish or Sikh religion combined totalled less than 1 per cent.
- Christianity: 148,917 people (58.1%), decreased from 73.6 per cent since 2001.
- Islam: 2,078 people (0.8%), doubled from 0.4 per cent since 2001.
- Buddhism: 881 people (0.3%), increased from 0.2 per cent since 2001.
- Hinduism: 567 people (0.2%) described their religion as Hindu, increased from 0.1 per cent since 2001.
- Judaism: 168 people (0.1%), decreased from 181 people since 2001.
- Sikhism: 89 people (less than 0.1%), increased from 56 people since 2001.
- Other: 0.5% had a current religion that was not Christianity, Islam, Buddhism, Hinduism, Judaism or Sikh, such as Paganism or Spiritualism.

Source: PCC Summary Equality Profile, 28/01/2017

The service is expected to be available to all veterans irrespective of faith/religion or belief

from Commissioned services to identify any variation to the expected prevalence

Ethnic monitoring data will be collected by the VCNS.

review by April 2018

Gender - including marriage, pregnancy and maternity	<p>At 1 October 2016 10.2% of the UK Regular Forces were female (15,280 personnel).</p> <p>Source: UK Armed Forces Biannual Diversity Statistics 1 October 2016</p> <p>Veterans in Great Britain:</p> <ul style="list-style-type: none"> • Male- 89.5% • Female- 10.5% • Single, never married - 10.1% • Married, civil partner - 61.5% • Married, Civil partner (separated) - 2.3% • Divorced/ Former Civil Partner, legally dissolved - 9.8% • Widowed/ Surviving Civil Partner, partner died - 16.3% <p>Source: MOD, Annual Population Survey UK Armed Forces Veterans residing in Great Britain, 2015, 2016</p>	<p>No adverse impacts anticipated.</p> <p>The service is expected to be available to all veterans irrespective of gender</p>	<p>Collate and review data from Commissioned services to identify any variation to the expected prevalence</p>	<p>Commissioning at annual review by April 2018</p>
Gender reassignment	<p>There is currently no consistent local or national data available for Veterans.</p> <ul style="list-style-type: none"> • Recent surveys have put the prevalence of transgender people between 0.5 and 1% of population (some very recent reports have upped this to 2%). • Over the last 8 years the prevalence of transgendered people in the UK has been increasing at an average rate of 20%+ per annum in adults and 50% for children. • In 2015 there was a 100% increase in referrals to the Gender Identity Development Service at the Tavistock & Portman Institute. • The average age for presentation for reassignment of male-to-females is 40-49, for female-to-male the age group is 20-29. • Twenty three transgender people belong to Pride in Plymouth. <p>Source: PCC Summary Equality Profile, 28/01/2017</p>	<p>No adverse impacts anticipated.</p> <p>The service is expected to be available to all veterans</p>	<p>Collate and review data from Commissioned services to identify any variation to the expected prevalence</p>	<p>Commissioning at annual review by April 2018</p>
Race	<p>Black, Asian and Minority Ethnic (BAME) personnel accounted for 7.0 per cent of the UK Regular Forces (10,470 personnel), at 1 October 2016.</p> <p>At 1 October 2016, 95.6 per cent of the UK Regular Forces had a UK Nationality.</p> <p>BAME personnel represented 5.3 per cent of outflow from the UK Regular</p>	<p>No adverse impacts anticipated.</p> <p>The service is expected to be available to all veterans</p>	<p>Collate and review data from Commissioned services to identify any</p>	<p>Commissioning at annual review by April 2018</p>

	Forces in the 12 months to 30 September 2016, a decrease from 6.3 per cent in the 12 months ending 30 September 2015 Source: UK Armed Forces Biannual Diversity Statistics October 2016	irrespective of race	variation to the expected prevalence	
Sexual orientation - including civil partnership	There is currently no consistent local or national data available for Veterans. There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth, but nationally the government have estimated this to be between 5 - 7 per cent and Stonewall agree with this estimation given in 2005. This would mean that for Plymouth the figure is approximately 12,500 to 17,500 people aged over 16 in Plymouth are LGB.	No adverse impacts anticipated. The service is expected to be available to all veterans irrespective of sexual orientation	Collate and review data from Commissioned services to identify any variation to the expected prevalence	Commissioning at annual review by April 2018

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 gap in average hourly pay between men and women by 2020.	The Veterans Strategic Commissioning Framework seeks to improve the access to appropriate education and employment opportunities for all Veterans requiring support. No adverse impact has been identified.	
Reduce the inequality gap, particularly in health between communities.	The introduction of a strategic framework will support the reduction of (health) inequality experienced by Veterans by ensuring improved access to health & wellbeing services, especially to mental health services. No adverse impact has been identified.	
Good relations between different communities (community cohesion)	The Veterans Strategic Commissioning Framework seeks to ensure the smooth transition from a military career into the civilian community. No adverse impact has been identified.	
Human rights Please refer to guidance	Plymouth City Council recognises Article 14 of the Human Rights Act – The right to receive Equal Treatment and prohibits discrimination including sex, race, religion and economic and social status in conjunction with the Equalities Act which includes age and disability. All staff and service users will be treated fairly and their human rights will be respected. No adverse impact on human rights has been identified.	

STAGE 4: PUBLICATION

Responsible Officer **Craig McArdle**

Date **16 May 2017**

Director, Assistant Director or Head of Service