#plymcabinet

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Cabinet

Tuesday 13 March 2018
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. Minutes **(Pages 1 - 6)**

To sign and confirm as a correct record the minutes of the meeting held on 13 February 2018.

3. Declarations of Interest **(Pages 7 - 8)**

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.

4. Chair's Urgent Business

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

5. 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.

6. Corporate Performance Monitoring Q3 2017/18: **(Pages 9 - 60)**

7. Plan for Plastic (to follow)

8. Care Quality Commission Report **(Pages 61 - 110)**

9. Integrated Commissioning Intentions and Sustainability and Transformation Plan: **(Pages 111 - 152)**

10. Homelessness Delivery Plan (to follow)

11. Regional Adoption Agency (to follow

12. Bathroom Adaptation Framework **(Pages 153 - 182)**

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Cabinet

Tuesday 13 February 2018

PRESENT:

Councillor Bowyer, in the Chair.
Councillor Nicholson, Vice Chair.
Councillors Mrs Beer, Mrs Bowyer, Jordan, Michael Leaves and Ricketts.

Apologies for absence: Councillors Darcy, Downie and Riley

The meeting started at 4.00 pm and finished at 5.44 pm.

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

74. **Declarations of Interest**

The following declarations of interest were made in accordance with the Code of Conduct -

Name	Minute No	Reason	Interest
Councillor Mike Leaves	Minute no - 85	Son is a Hackney Carriage Driver	Personal

75. **Minutes**

The minutes of 16 January 2018 were agreed.

76. **Questions from the Public**

There were no questions from members of the public.

77. **Chair's Urgent Business**

There were two items of Chair's Urgent business.

The Leader provided an update following a discussion at Full Council regarding the impact of the collapse of Carillion. The full statement has been published with the minutes.

The Leader also reported that following Full Council debate on a Plastic Free Plymouth, the Leader undertook to appoint an elected Green Champion and was pleased to announce that Councillor Nick Kelly had accepted to take up the post. Councillor Kelly would be leading a Council led Plastic Free Plymouth Taskforce working with local businesses and for this taskforce to be in place by June 2018. Also a plan would be published to demonstrate how the Council would be reducing the use of single use plastics across the wider city by 2020.

78. **Delivering a Balanced Budget - Budget 2018/19**

The Leader welcomed Councillor Mrs Aspinall, Chair of the Budget Scrutiny Select Committee to the meeting. Councillor Mrs Aspinall thanked Councillor Darcy and Officers for engaging with scrutiny over the last year and reported that the committee would be pleased that most of the recommendations had been agreed by the Cabinet. It was highlighted that the first time for many years that the committee had not made recommendations specific to social care and as discussed at length at the last council meeting, the crisis within the Health and Social Care sector cannot be solved in isolation.

With regard to the recommendation rejected by Cabinet in relation to the use of bailiffs for the collection of Council Tax, would ask that you consider carefully how bailiffs were used and the temptation to turn quickly to bailiff action would risk pushing people into problem debt.

The use of Section 106 funding to support the revenue budget was subject of debate amongst members of the committee but we came to a cross party agreement. Some members of the committee were concerned that the use of this money would result in additional borrowing costs and if being used to support discretionary services, which in the long term were unsustainable, this should be reconsidered.

Councillor Mrs Aspinall highlighted that the information provided to the committee was consistent and provided an indication of the challenges that were faced across the departments and looked forward from April to be able to scrutinise the Business Plans of individual Service Directors. This would enable Councillors to have a clear view of the services and would help us to provide recommendations to future administrations as a critical friend.

The Leader thanked the Chair and the Committee involved in the scrutiny of the budget.

The Leader introduced the Delivering a Balanced Budget 2018/19 report and asked Andrew Hardingham, Interim Joint Strategic Director for Transformation and Change to provide a response to the Budget Scrutiny Select Committee over the misunderstanding of the proposal to use Section 106 money and the perception that this was being used to support the revenue budget. Andrew Hardingham gave a comprehensive response which included that the local authority does not have any power in other words it is 'ultra vires' to borrow to fund revenue services. Those services were essentially funded through council tax, revenue support grant, other grants and the raising of fees and charges of services provided by the local authority. This council was not proposing to borrow to fund the services we provide to citizens within the city.

The Leader noted that proposals for use of the Neighbourhood Initiative Fund in 2018/19 would be brought forward later in the year, following a full evaluation of the current Winter Works pilot initiative which made use of the fund during 2017/18.

Following questions and a debate, it was agreed that –

1. Cabinet recommends the 2018/19 Budget to Council.

2. Cabinet recommends the 2018/19 Flexible Use of Capital Receipts Strategy to Council.

3. Cabinet recommends the Capital Budget of £674.640m to Council.

79. **Revenue and Capital Finance Monitoring Report Q 3**

The Leader introduced the report and following a short debate and questions from Cabinet, it was agreed that –

1. Cabinet note the current monitoring position.

2. Cabinet approve the non-delegated virements which have occurred since 1 October 2017.

3. Cabinet recommends Council approve that the Capital Budget 2017 – 2022 is revised to £674.7m (as shown in Table 6).

80. **Tamar Bridge and Torpoint Ferry - Budget**

Councillor Nicholson, Deputy Leader and Cabinet Member for Strategic Transport, Housing and Planning introduced the report. It was agreed that Cabinet recommends the TBTFJC's 2018/19 Revenue Estimates and Capital Programme to Full Council for approval.

81. **Controlled Parking Zone Policy**

Councillor Ricketts, Cabinet Member for Transport and Housing Delivery introduced the report. Following questions from Cabinet it was agreed to –

1. Approve changes to the Councils Controlled Parking Zone Policy.

2. Approve changes to Essential Visitor Permits.

The Cabinet also agreed a further two recommendations -

3. To thank the Place and Corporate Overview and Scrutiny Committee for their input into this process.

4. That all Members are briefed on the content and the rationale of the Controlled Parking Zone Policy.

82. **Shared Services - Payroll and Pension**

The Leader welcomed Peter Honeywell, Transformation Architecture Manager and Andrew Hardingham, Interim Joint Director for Transformation and Change to the meeting and asked them to introduce the report.

Following a presentation and questions from Cabinet, the Leader made a slight amendment to recommendation two and it was therefore agreed that -

1. Approve the Business Case for the migration of Payroll and Pension Services to Delt.

2. Delegate authority to the Programme Manager for the Future of Shared Services, in consultation with the Cabinet Member for Finance and IT, to negotiate and agree the detailed terms of the contract with Delt.

3. Delegate approval of the Business Case to migrate Systems Support teams within the Service Centre and Print and Document Services (PADS) to Delt to the Programme Manager for the Future of Shared Services in consultation with the Cabinet Member for Finance and IT.

83. **Strategic Options for FM Services**

The Leader welcomed Caroline Cozens, Strategic Commercial Manager and Andrew Hardingham, Interim Joint Strategic Director for Transformation and Change to the meeting and asked them to introduce the report.

Following a short debate and questions from Cabinet, it was agreed –

1. To endorse the options appraisal for Facilities Management and its conclusions.

2. To authorise the procurement of a Framework Agreement for the provision of repairs, maintenance and statutory compliance in accordance with contract standing orders. Indicative total value of the framework estimated to be £11 million over 4 years.

3. To delegate authority for the award of call-off contracts under the Framework Agreement to the Strategic Director for Customer and Corporate.

84. **Fraud Services - Commercialisation Project**

The Leader welcomed Jonney Steven, Head of Commercial Enterprise and Andrew Hardingham, Interim Joint Strategic Director for Transformation and Change and asked them to introduce the report. It was agreed to –

1. Approve the transfer of the seven members of the PCC Corporate Fraud Team (CFT) to Devon Audit Partnership, with a contract put in place for DAP to continue to deliver these services.

   The reasons for this recommendation are that this transfer will:

   - Enable the ongoing work at the same service level of the CFT to investigate and prosecute fraud against PCC
   - Enable the generation of income which will result in an annual saving to the PCC budget
   - Increase the resilience of the CFT
   - Strengthen a shared-services partnership of which PCC are a key partner also increasing PCC's share of the partnership from 38% to almost 50%)

2. Delegate the negotiation and signing of the aforementioned contract to the Joint Interim Strategic Director for Transformation and Change in consultation with the Cabinet Member for Finance and IT.

85. **Taxi Licensing Policy**

The Leader introduced and highlighted that this report had gone before the Place and Corporate Overview and Scrutiny Committee. The Committee made two recommendations which included the prohibition of e-cigarettes and training on the lifting and securing of wheelchairs for drivers.

Following a debate and questions, it was recommended that the use of e-cigarettes would be prohibited whilst driving with a fare paying passenger and to propose that safeguarding refresher training would be required to be undertaken every 5 years.

It was therefore agreed that Cabinet -

1. Adopt the new Hackney Carriage and Private Hire Licensing Policy, including the amendment to prohibit the use of e-cigarettes or similar devices whilst fare paying passengers are on board and include refresher training for safeguarding every five years.

2. Adopt the conditions and guidance documents as attached at Appendix B, including the amendment to the penalty point scheme guidance document required in respect of use of e-cigarettes or similar devices.

3. Delegate to the Taxi Licensing Committee the authority to review and where necessary amend the said conditions and guidance documents.

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DECLARING INTERESTS – QUESTIONS TO ASK YOURSELF

What matters are being discussed?

DPI

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

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

No

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

Private Interest

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

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

Yes

No → You can speak and vote

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

Yes

No → Declare the interest and speak and vote

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

Cabinet

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

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

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PLYMOUTH CITY COUNCIL

Subject:	Corporate Plan 2016-19
Committee:	Cabinet
Date:	13 March 2018
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. The performance analysis report highlights performance against the Corporate Plan performance indicators also reflecting the four current corporate priorities of elections, customer services, street services and CQC Review. Reporting is by exception and informed by the strategic risk register. (Please note that there are some action post CMT that are still to be incorporated).

2. The activity report presents updates against each of the priority activities originally identified for the Corporate Plan and the four current corporate priorities of elections, customer services, street services and CQC Review.

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 Q3 monitoring reports.

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	djn1718.219	Leg	lt/62225/040318	Mon Off	lt/62225/040318	HR		Assets		IT		Strat Proc	
Originating SMT Member: Giles Perritt													
Has the Cabinet Member(s) agreed the content of the report? Yes													

CORPORATE PLAN ACTIVITY UPDATES

Quarter Three – 2017/18

CONTENTS

1. INTRODUCTION

1.1. The Corporate Plan

The Corporate Plan 2016-19 sets out our vision to be 'One team serving our city'.

The Corporate Plan is supported by activity that is coordinated through strategic and operational plans to deliver specific outcomes.

The purpose of this report is to provide an update on the activities in quarter three (October – December 2017). Updates are presented within the vision headings:

- Pioneering
- Growing
- Caring
- Confident.

2. SUMMARY

In addition to providing updates on activities this report also highlights the four organisational priorities relating to:

- Customer service – Customer standards are being developed with service areas as part of broader work on Customer Service Strategy including a new set of standards for all staff in responding to enquiries from Councillors (casework). More information on activity supporting this priority can be found in section 3.1. (PIA1 and PIA2), 5.1 (CAA4) and 6.1 (CA08)

- Care Quality Commission review – In December 2017, Plymouth was the subject of a review of our local health and social care system from the Care Quality Commission (CQC). The review focussed on issues within/across the health and care systems including performance indicators like Delayed Transfers of Care and Weekend Discharges from hospital. More information on activity supporting this priority can be found in section 5.1. (CAA4)

- Elections – we are working to improve our elections service with a focus on capability, resilience and robustness. In doing so, we are implementing the recommendations from the independent investigation into the issues experienced during the June 2017 General Election. More information on activity supporting this priority can be found in section 3.1. (PIA2)

- Street services – A group to understand and improve interactions between Customer Services and Street Scene and Waste Services have been focusing on improving customer experiences including ensuring customers receive timely feedback and accurate information. This group involves Customer Services, Digital Services and Street Services and Waste teams to drive through sustainable improvements. More information on activity supporting this priority can be found in section 6.1. (COA7).

3. PIONEERING

3.1. Priority Activity Highlights

PIONEERING - Priority Activity		Status
Quality services focused on customers' needs		**On Track**
PIA1	Deliver improved customer standards	On Track
PIA2	Deliver a consistently high-quality service for voters and those standing for election	On Track
Note	Please note that there are two further activities that are particularly relevant at this time in terms of meeting customer need. These can be found in the following sections of the document: ▪ CAA4 - Care Quality Commission (CQC) Review of the Health and Social Care System. ▪ COA7 - Develop and deliver the Plan for the Modernisation of Waste and Street Services	
Balancing the books		**On Track**
PIA3	Deliver the Medium Term Financial Strategy	On Track
PIA4	Identify sustainable, alternative and increased sources of income	On Track
New ways of working		**On Track**
PIA5	Enhance our capability to make evidence based decisions	On Track
PIA6	Implement Innovative Transformation Programmes	On Track
Best use of Council assets		**On Track**
PIA7	Deliver the Asset Management Plan and maximise the community value of our assets	On Track
Working constructively with everyone		**On Track**
PIA8	Deliver the Cities of Service vision promoting volunteering, individual effort and personal responsibility	On Track
PIA9	Work collaboratively with the voluntary and community sector to deliver better outcomes for citizens	On Track
PIA10	Develop a partnership governance framework to ensure that partnerships make robust decisions, are accountable and compliant with regulations	On Track

3.1.1. Quality services focused on customers' needs

PIA1 – Deliver improved customer standards

Customer standards are being developed with service areas as part of our broader work on the Customer Service Strategy. In quarter three the following has been actioned:

- A performance indicator to manage Local Government Ombudsman complaints has now been built into all performance scorecards. How we record lessons learned from complaints and what changes we make as a result of this is being reviewed
- The two-stage complaints process is currently being consulted on to further improve the quality of complaints handling at the Council and the new process will go live on 1 April 2018. This will incorporate new Firmstep complaint classifications for members of the public
- Firmstep has been amended to reflect the new service standards within Street and Waste Services. A programme of developing and updating these across the Council is now underway
- A new set of response standards have been developed and published to all employees and Councillors in relation to Member Enquiries (casework). Firmstep member enquiries classifications

have been redeveloped and consulted upon and a successful pilot has now been completed. The roll out of the new approach is from January 2018

- Complaints that come into the Chief Executive, Directors and Assistant Directors, outside of the 'normal' processes, are now being overseen by the Customer Liaison Manager
- Creation of a new role, Strategic Director for Customer and Corporate Services, who will lead on developing and implementing the Council's approach to customer experience. A new role entitled Customer Liaison Manager has also been created and appointed to. This role will in part oversee the Council's arrangements for dealing effectively and efficiently with customer feedback. It will also provide a quality assurance role for contact with customers particularly in relation to complaint responses, MP Casework, Councillor Casework; and contact with the LGO.

PIA2 – Deliver a consistently high-quality service for voters and those standing for election

We completed our annual household enquiry electoral registration campaign on 1 December 2017. We have achieved an 83.5% return of the electoral forms up from 81.8% in 2016. The register on 1 December held 187,684 people registered to vote, a small increase from 2016. There are also more people registered to vote in wards where registration was lower and the number of people choosing a postal vote has stayed in line with the national average. Ongoing outcomes from the campaign saw the published register in January increasing to 189,308.

A key element of a successful election year is having enough capability and capacity in the electoral services team. We have appointed a new Head of Electoral Services who joined on 22 January 2018 and have appointed to all other new posts meaning the team is now at full compliment.

Also in January 2018, Dr Smith (the independent investigator) returned to review our progress on his recommendations made in September 2017. The findings from Dr Smith's follow up visit will be reviewed by the cross party Constitutional Review Group on 14 February 2018.

3.1.2. Balancing the Books

PIA3 – Deliver the Medium Term Financial Strategy (MTFS)

The Medium Term Financial Strategy (MTFS) was approved by Council on the 20 November 2017.

Following the announcement of the Local Government Finance Settlement the strategy has been updated to reflect the latest resource assumptions. The Council Tax Base was approved by Council in January 2018.

The Devon Business Rates Pool led by Plymouth has been successful in its application to become a pilot for 100% Business Rates Retention. This will enable additional revenue resources of approximately £1m to be retained within Devon and Plymouth.

All savings proposals have been verified and updated as appropriate to arrive at the latest budget position. The MTFS and latest financial position was reviewed by the Budget Scrutiny Select Committee on 18 and 19 of January 2018. The Committee recommendations will be built into the final version which is to be approved on 26 February 2018 when the budget for 2018/19 is agreed and Council Tax levels are recommended to Council.

PIA4 – Identify sustainable, alternative and increased sources of income

Opportunities for new income streams are reviewed regularly by all services. Additional income has been generated through the Asset Investment Fund and by generating new revenue rental streams. These have been built into the 2018/19 budget as a step up on the existing target.

The Commercial Enterprise Team have been busy working on various initiatives to bring new income into the organisation, ranging from a strategy to sell our Corporate Fraud Team's services to other local authorities to a new initiative to drive more revenue from roundabout sponsorships. They have been enabling the 'Commercial Enterprise Incubator' with workshops with various teams to equip service leads with the skills they need to drive commercial income from their service. The team have also been helping Mount Edgcumbe to increase their commercial revenues by way of holiday accommodation, rentals, micro-businesses and weddings/events.

To further increase income we continue to work with our trade partners enabling them to deliver services for us but also for other organisations which then returns dividends back to the Council. A current example of this collaboration is the recent cabinet approval to move some of our back office services to Delt, a trusted provider who currently deliver the Council's ICT services. The first services being transferred are Payroll, Pensions and HR Systems, it's expected they will be delivered by Delt from May this year.

3.1.3. New ways of working

PIA5 – Enhance our capability to make evidence based decisions

To support evidence based decisions, data is regularly being made available online. Progress this quarter includes;

The Data Plymouth website, led by the Policy and Intelligence team is now live. The site links with Plymouth Data Play and provides access to infographics and reports providing analysis and key city statistics corresponding to the Plymouth Plan themes. This site is regularly updated to ensure its content reflects users' needs; further improvements will be made to the site in early 2018.

The Plymouth Report, which had previously experienced slippage in timescales, was published in November 2017 and presented to the Health and Wellbeing Board as part of the requirement to produce a Joint Strategic Needs Assessment. It aims to provide an overview of the key needs and issues facing the city, with an accompanying narrative about the shared challenges and opportunities it faces. This will play a critical role in assuring that the Plymouth Plan is driving forward the strategic ambitions of the city while also responding to resident needs. The report will be socialised at other city partnerships in early 2018. Work for the next edition will also commence in early 2018 and will be much closer aligned with the Plymouth Plan performance framework.

The Plymouth City Survey, originally planned for autumn 2017 has now started with over 8,000 questionnaires sent out to Plymouth residents. The survey will build a picture of residents' perceptions and feelings about the city, their community and their life. The proposal is to undertake this survey over a minimum of 10 years to inform strategic planning as well as measure progress and trends against Plymouth Plan and Corporate Plan strategic outcomes.

PIA6 – Implement Innovative Transformation Programmes

The Integrated Health and Wellbeing Programme continues to build on the development of the integrated fund and four integrated commissioning strategies between Plymouth City Council and NEW Devon Clinical Commissioning Group. With the development at a Sustainable Transformation Programme (STP) level of the Strategic Commissioning function the team continues to work alongside the business to develop our place based approach for Plymouth and Western locality. Building on the creation of an integrated Health & Care provider work has continued to explore further integration between health and care services across the city. Recent examples of local collaboration include Livewell southwest and Plymouth Hospital's NHS Trust working together to deliver an Integrated Sexual Health Service, Minor Injuries Unit and in November 2017 the launch of the new Acute Assessment Unit. The progress that the Plymouth Integrated Health and Wellbeing system has made was acknowledged in the recent CQC Local System Review.

There remain a number of key challenges across our system. Through the local System Improvement Board we continue to focus on improvement and transformation of services across a range of areas. Over the last quarter there has been a focus on the launch of the first Health and Wellbeing Hub for the city as part of our programme to deliver advice, information and local provision of health and wellbeing services for our communities. Through the redesign and integration of children focussed services the programme continues to create a more efficient, needs-led service for the children, young people and families in the city. A service delivery model leading to a reduction in the number of children and young people becoming subject of child protection plan and subsequently being taken into long-term care, resulting in improved outcomes and a more sustainable offer.

The Transformation of the Corporate Centre (TCC) Programme has focused on delivery, closing and simplifying its projects over the past quarter with a particular emphasis on developing the business case for Shared Services.

'The Way We Work' project throughout this period has prioritised the development of business cases and delivery plans focused on:

- Technology
- Accommodation
- Information Management.

To deliver the vision for the Transformation and Change (T&C) Directorate to 'collaborate, enable and achieve' the TCC programme has continued its focus on 'growing shared services'. Progress has been made on the Shared Services business case and service specifications; with Payroll, Pensions and HR Systems in a position to have gone through scrutiny and executive functions in February 2018. Conversations have also continued with Regional Trade Union officials on the issue of Trade Union recognition.

The TCC Programme has continued to support service reviews within the T&C Directorate. Service reviews have seen the continuation of Finance Fit (e-budgeting) and the creation of an internal Transactional Service Centre in Ballard House (amalgamation of the Finance Transaction Centre, HR Business Services, Business Support Services and the Digital and Systems Support Teams). Both of these projects are anticipated to close in this financial year. The Legal Service review proposed previously has been put on hold and will not progress until 2018/19 financial year and is dependent on the changing needs of the directorate going forward.

The third project in TCC, 'New Ways of Connecting', has now completed, with all work-streams (Neighbourhood Problem Solving, Democratic and Community Engagement, Plan for Libraries, Digital Services and the Modernisation of the Registration Service) having been handed over to business as usual to embed and monitor.

3.1.4. Best use of Council Assets

PIA7 – Deliver the Asset Management Plan and maximise the community value of our assets

Progress has been made across the organisation in defining workforce accommodation requirements, identifying potential quick-win and long-term opportunities and in putting plans in place to deliver a strategy and delivery plan. This information will be co-ordinated by 'The Way We Work' project and incorporated into the overall business case due in quarter four.

The procurement processes for the next phases of work at Prince Rock which includes: the conference room; additional meeting space to be created; welfare block; and new garage roof are underway. The procurement process for the welfare facilities at Weston Mill is also underway. All works are scheduled to be completed by June 2018. The future of Outland Road Depot is interlinked with the expansion of the yard at Weston Mill to minimise any impact on the corporate landlord budget arising from on-going business rates liabilities. The scope of the Weston Mill works has been reduced for Phase 2 of the project because there are dependencies with the future use of the Outland Road Depot site.

3.1.5. Working constructively with everyone

PIA8 – Deliver the Cities of Service vision promoting volunteering, individual effort and personal responsibility and PIA9 – Work collaboratively with the voluntary and community sector to deliver better outcomes for citizens.

Grow Share Cook 4 now regularly supplies healthy food to 12 families in Efford, and 26 individuals referred from the Beacon Medical Group and Ernesettle Surgery who have recently been diagnosed with type 2 diabetes. Early indications are that 92% of recipients have reduced the number of times they are visiting a health professional as a result of their diet.

Volunteer Connections has seen a further 2% increase in people accessing volunteering when compared to the same quarter in 2016/17. A citywide strategic 'Plan for Volunteering' was agreed by CMT in January 2018 and launched at the Plymouth Volunteer Conference on 1 February 2018.

The Our Plymouth project will recruit a project manager in April 2018; this post is co-funded by sponsors of Our Plymouth and POP. The Our Plymouth website will be soft launched at the POP annual conference on March 15 2018.

4. GROWING

4.1. Priority Activity Highlights

GROWING - Priority Activity		Status
Quality jobs and valuable skills		**On Track**
GRA1	Work with the Growth Board to deliver the Local Economic Strategy creating jobs and investment	On Track
GRA2	Deliver new high value jobs by delivering the Oceansgate development programme as part of our City Deal	On Track
GRA3	Deliver the Box project (formally the History Centre) to support jobs and investment	On Track
GRA4	Deliver the Vision for Education Plan	On Track
GRA5	Work with the Employment and Skills Board to deliver the Plan for Employment and Skills	On Track
Broad range of homes		**On Track**
GRA6	Deliver the Plan for Homes	On Track
Increased levels of investment		**On Track**
GRA7	Take forward and deliver major development schemes	On Track
GRA8	Continue to develop a development pipeline using Council land and property assets and a strong programme of inward investment activity	On Track
Meeting future infrastructure needs		**On Track**
GRA9	Progress strategic transport projects	On Track
GRA10	Maximise resources available to the city	On Track
GRA11	Transform the gateways to the city	On Track
Green and pleasant city		**On Track**
GRA12	Support the growth of community owned energy solutions	On Track
GRA13	Deliver the Active Neighbourhoods Project	On Track
GRA14	Deliver new community park and farm at Derriford	On Track
GRA15	Deliver enhancements to Central Park informed by the masterplan	On Track

4.1.1. Quality jobs and valuable skills

GRA1 – Work with the Growth Board to deliver the Local Economic Strategy creating jobs and investment

Several European Regional Development Fund (ERDF) bids that we have developed with partners have now progressed to full application stage and we are working with partners to identify potential sources of funding and develop bids.

We are successfully delivering projects such as the European Maritime and Fisheries Fund (EMFF) funded Life Jacket project which has now been almost fully allocated. A new round of Social Enterprise funding is currently open and we expect a strong response.

Nationally and regionally, several important strategies are being developed which will determine where public money will be spent in future years. Led by the Shadow Joint Committee and Tracey Lee as (Senior Responsible Officer), we have worked together with the Programme Management Office and Heart of the Southwest Local Economic Partnership on developing the productivity strategy and will continue this work with the development of the delivery plan. We are monitoring the development of the Industrial Strategy and the Shared Prosperity Fund, having engaged with the Government and the Local Government Association where possible.

Construction continues across a number of locations throughout the city in a variety of phases; demolition has started on Colin Campbell Court and the Oceansgate construction phase 1 is nearing completion.

We have established a good working partnership with the Department for International Trade and are able to react to opportunities quickly. We continue with our Business Relationship Programme to engage with our local business community and through supporting local events such as 'Get up to Speed'. The next Marine Tech Expo will take place in June 2018.

The events team continues to successfully deliver numerous events in Plymouth, such as Flavour Fest, Lord Mayor's day and the Seafood Festival. Tickets for Plymouth's first Ocean City Sounds festival have gone on sale now. These events continue to strengthen Plymouth's reputation as a vibrant city.

GRA2 – Deliver new high value jobs by delivering the Oceansgate development programme as part of our City Deal

Work on Oceansgate Phase 1 to deliver 1,140m2 of office and 1,290m2 of industrial space is due to complete in February 2018 generating significant market interest to create an estimated 123 new jobs.

We have currently agreed leases with three businesses with strong interest from another eight. A funding bid for £2.4m of European Regional Development Fund (ERDF) money to create a Marine Business Technology Centre (MBTC) at site is going through the final stages of appraisal and it is anticipated that a formal announcement will be made during quarter four. The MBTC will promote innovation and collaboration between high-tech marine institutions and businesses. New infrastructure designs are at tender and construction works commenced during January 2018.

A financial tool has been developed that enables the Oceansgate team to model different investment scenarios. A preferred combination of options has been identified that will open the way for the construction of Oceansgate Phase 2 and the servicing of Phase 3 and at same time provide sufficient income to pay for ongoing security costs in Phase 3. Based on the results of the modelling we are in the process of securing funding for Phase 2. We have just received confirmation that an outline application for £2.6m of ERDF has been approved and we have been invited to submit a full application by 23 March 2018. The Council had previously approved a loan of £6.1m in November and together with existing funding makes up the £11.3m required for Phase 2.

GRA3 – Deliver The Box project (formally the History Centre) to support jobs and investment

Construction of this project has moved on considerably within the last period. Ground works have been completed and the ground floor slab for the extension is now 75% complete. The foundation stone ceremony will take place in March and there continues to be a positive reaction from both the public and the media. Hard Hat tours of the construction site are popular with the public and members of the Council alike; these will be continuing for the duration of the project. The team are surpassing the social values benchmark of the construction contract, amongst this they have shown 75% of the workforce hours are from a 40mile radius of the site and these numbers will continue to increase once the specialist works are complete. Responsibility for the staff and collections of South West Film and Television Archive and the South West Image Bank has now been transferred into The Box.

We continue to work on the designs of the gallery spaces and are due to hold another public consultation in April; details of how to get involved will be published on the website closer to the time.

GRA4 – Deliver the Vision for Education Plan

The Plan for Education was presented to Cabinet on the 16 January 2018 and sets out a vision of improvement and infrastructure will look like. The plan on a page, now shared with schools sets out our ambition through partnership to:

- Increase the proportion of pupils gaining a good GCSE in English and maths to be in line with or exceed national average
- Reduce the gaps in attainment between disadvantaged and non-disadvantaged pupils by 50 per cent at the end of KS4
- Raise the attainment of boys by the end of KS4
- Increase the achievement of pupils with special educational needs
- Create safe learning environments
- Deliver the STEM Strategy and Plan for Skills.

The first meeting of the Plymouth Challenge has taken place, a collaborative venture involving our secondary schools, primary and special school partners, the Local Authority and Regional School Commissioner' office. The aim of the Challenge is to support the ambitions of the Education Plan set out above.

GRA5 – Work with the Employment and Skills Board (ESB) to deliver the Plan for Employment and Skills

The Skills Analysis, which includes Higher Education data, will be available on the Plymouth City Council website by the end of January 2018.

Careers Education Information Advice and Guidance activity is ongoing; a presentation to approximately 200 teachers in schools and employers occurred in December 2017. Maths and English development work will be part of the plan for education.

The Science Technology Engineering and Maths (STEM) Co-coordinator role has commenced and been in position for three months. Key achievements include being shortlisted as the final venue to host the national tour of the Soyuz spacecraft used by European Space Agency Astronaut Tim Peake.

Other activities include a City Wide STEM event calendar, and understanding 'supply and demand' of the biggest companies in the city, this is also a key focus of the Employment and Skills Board.

Plymouth ESB has strengthened membership and is looking for additional representation around hospitality in line with servicing Mayflower.

We are expecting to increase visibility of the work of the ESB through the Skills Show South West which is to be hosted in Plymouth in March 2018.

4.1.2. Broad range of homes

GRA6 – Deliver the Plan for Homes

We remain on track in terms of delivering the Plan for Homes. We have seen site progress and scheme completions at the Southway Campus (67 homes) and Tamar Way (13 homes) in quarter three. We have completed pre-application planning and community consultation regarding land near Prince Maurice Road and are due to make a planning application for starter homes in quarter four.

We have accelerated a construction expression of interest to improve the overall delivery timescales and following Homes England's completion of due diligence on four sites, a positive outcome to enable us to proceed is expected in quarter four.

Also in quarter three we submitted a Land Release Fund bid to One Public Estate and received an indicative award of £3.9m across six projects.

In terms of our Empty Homes Financial Assistance Policy, we have allocated four loans totalling £142,057 and we have another 12 applications in the pipeline seeking £943,029 to create around 45 homes. In addition, we anticipate spending a further £126,000 on three properties by the end of quarter four.

Finally regarding our enforcement activity, the threat of enforcement action has resulted in a number of owners taking action to sell their empty homes. One owner refused to co-operate and we will apply to confirm the Compulsory Purchase Order by the end of quarter four. We are also pursuing an enforced sale and an Empty Dwelling Management Order on two other empty homes. The milestones will be determined by the actions of the owners.

4.1.3. Increased levels of investment

GRA7 – Take forward and deliver major development schemes

We continue to make strong progress across all of our development projects. Drake Circus leisure has almost completed all of its groundworks and will start on the steel structure in March 2018. The Box continues to make good progress with foundations and the ground floor of the new extension is almost complete. The redevelopment of Derry's has now started and is on programme, we are hopeful to announce during quarter four a preferred bidder for Colin Campbell Court and Bath Street. We are also on track to sign a development agreement to start the railway regeneration project and complete phase 1 of Oceansgate before the end of the financial year. See also GRA11.

GRA8 – Continue to develop a development pipeline using Council land and property assets and a strong programme of inward investment activity

Economic Development and Strategic Planning and Infrastructure remain focused on building a future development pipeline. The commercial development pipeline is now over £500m, architect development pipeline is £75m and our Asset Investment pipeline is £75m. Future schemes under development include Colin Campbell Court, Bath Street, Civic Centre, Melville building at the Royal William Yard, 1620, Millbay, Railway Station Regeneration Project, Range HQ building and Oceansgate Phase 2. There are a large number of new opportunities in the Plymouth Local Plan which will be actively explored once the plan has been adopted.

4.1.4. Meeting future infrastructure needs

GRA9 – Progress strategic transport projects

In addition to work to transform gateways to Plymouth, there has also been significant progress in relation to improving transport in the city. Updates include:

Northern Corridor Strategic Transport Schemes

Derriford Transport Scheme

Work continues on the Derriford scheme and remains on track to be completed by March 2018.

Northern Corridor Junction Improvement Schemes (2015/16 – 2020/21)

Phase 1 and 2 of Outland Road have now been completed and the public consultation on phases 3 – 5 focusing on the Mannamead Road junctions is complete meaning we are ahead of schedule to start construction during 2018.

Northern Corridor Strategic Cycle Network Improvements (2015/16 – 2019/20)

Phase 1 of Tavistock Road improvements are on track to be completed as part of the Derriford Transport Scheme by March 2018.

Forder Valley Link Road

Following the completion of the outline design, we are now in the process of undertaking an Environmental Impact Assessment for the Forder Valley Link Road. The Planning application for a link road is in preparation to be submitted by end of January 2018. The Persimmon Homes' planning application for the top High Street section has been approved and a funding contribution of £4.5m towards the scheme has been secured from Highways England's Growth and Housing Fund.

A business case submission to the Department for Transport (DfT) will inform our planning application in June 2018. Although there is slippage in the date for submitting the planning application from end of November 2017 to end of January 2018 and submission of DfT business case from May 2018 to June 2018, construction timetable remains on track to run from October 2018 to November 2020.

Forder Valley Interchange

We have completed the feasibility design and the outline design is underway. Funding contribution of £5m towards the scheme has been secured from the Department for Transport's National Productivity Investment Fund and we are on track to commence construction from October 2018 to November 2020 as part of the Forder Valley Link Road scheme.

Morlaix Drive

The Feasibility design is underway and a funding contribution of £3.3m towards the scheme has been secured from the Department for Transport's National Productivity Investment Fund. This project is currently on track to construct May 2019 to May 2020.

Manadon to Crownhill

Successfully delivering improvement works to this part of the A386 is not without its challenges due to the heavy use of the road. So far, work has concentrated on traffic modelling options development in liaison with Highways England.

Eastern Corridor Strategic Transport Schemes

Eastern Corridor Junction Improvement Schemes (2015/16 – 2020/21)

The Junction improvement programme includes the potential to improve seven junctions on Plymouth Road and three junctions in Plymstock. The Public consultation on Phase 1 Plymouth Road/Cot Hill preferred scheme completed and the outline design for Cot Hill is ongoing. Feasibility Design for Phase 2 of Plymouth Road and Phase 3 of Plymstock are also in progress. We are also investigating any enabling work or initial works for delivery in first quarter of 2018 with the main construction remaining on track for June 2018 to January 2019.

There are two challenges the first being achieving consent form the Environment Agency to widen into the Tory Brook and the second around our ability to improve all ten junctions within budget although it is believed that the scale of works can be adjusted to ensure this programme is kept within budget.

Eastern Corridor Strategic Cycle Network (2015/16 – 2020/21)

We have already undertaken resurfacing and new street lights installation in Rock Gardens during December 2017. We are on track to commence full construction work on this project in January 2018 following a public consultation being completed on the Barbican to Laira Rail Bridge section which enabled completion of a detailed design. We have also submitted a planning application for the next phase of this project.

GRA10 – Maximise resources available to the city

A Plan for Infrastructure and Investment has been submitted alongside the Joint Local Plan which confirms the availability of resources available for the delivery of key infrastructure. The Council has approved a list of priority investment projects and these are being progressed with the support of corporate borrowing where required. These include transport projects in the Northern Corridor, the improvement of Central Park, the development of a new park at Derriford and improvements to the public realm in the City Centre.

Funding bids to support key projects continue to be made. These include a bid to the Housing Infrastructure Fund for grant funding towards four infrastructure projects to support the delivery of housing in the city, at Woolwell, Forder Valley, North Prospect and Millbay. Improvements continue to be made in the way developer contributions (S106 and CIL) are applied to support the city's priority projects.

GRA11 – Transform the gateways to the city

There has been significant activity on the Northern and Eastern gateways to the City. For the Northern Corridor Scheme (Woolwell to the George) we are in the process of creating an outline design following consultation. Also, the bid to Highways England's Growth and Housing Fund for £5m is no longer on hold. This has now progressed to full assessment and will be the subject of a Value Management workshop. Topographical Surveys commenced in July 2017 and have now also been completed. Public consultation on options has completed and we are now progressing with the necessary pavement assessment and preliminary environmental survey. We are currently on track to start construction on this one year project which will be completed between July 2020 and July 2022. However the main challenge we will face will be the need to use Compulsory Purchase Order powers to assemble all necessary land when land requirements are finalised.

For the Eastern Corridor, the Charles Cross Improvement Scheme aims to improve traffic flow for all vehicles, including bus priority measures and improvements for pedestrians and cyclists. Following a successful public consultation, we are now in the process of reviewing a feasibility report from our contractor. Topographical surveys have been completed as has a Stage 1 Road Safety Audit and a meeting with taxi trade representatives on relocating an existing taxi rank on Charles Street. Specialist

surveys to find out the current condition of roads and pavements have been commissioned for February. The final business case for Local Transport Board approval is in progress as well as the detailed design and pre-construction phase.

Scheme delivery will be coordinated with the redevelopment of the former Bretonside Coach Station and the Box, due to open by Christmas 2019 and in spring 2020 respectively, to create a better gateway to the city centre. The scheme is scheduled to start construction this summer and expected to take around 12 months to complete. We are also on track to sign a development agreement to start the railway regeneration project.

4.1.5. Green and pleasant city

GRA12 – Support the growth of community owned energy solutions

During quarter three, investors in Plymouth Energy Community (PEC) Renewables received a 6% return. Our partnership with Plymouth Energy Community (PEC) has resulted in a marketing partnership being started for PEC / E.ON to bring £200k of investment to focus on improving energy efficiency of domestic properties during the next year. Following a six month delay, the contract to provide 1,000 homes with energy efficiency advice and improvements before March 2019 has been initiated. 50 homes have now been provided with energy saving advice with an estimated total saving of £7,000 per year.

Following the success at Mill Ford School and Ernesettle School who are forecasted to save over £2,000 per annum in power bills following installation of LED lighting at both locations, a further two schools are currently being reviewed for LED lighting installation that should take place in quarter four.

By working with other partners through the EU funded FINERPOL program we have developed regional pipeline of energy efficiency projects worth £160m, with the objective of using the pipeline for large scale investment and technical development. Work is also underway on further bids to be made to the European Union for assistance funding in the early part of 2018. In November, Plymouth hosted a regional community energy jamboree and engagement event supported by Western Power Distribution, Big Lottery and Regen.

GRA13 – Deliver the Active Neighbourhoods Project

We are reaching out to citizens of Plymouth both through activities and via social media. We have engaged 49,282 people through our Facebook site, reached over 1m people and are currently followed by 717 people. At the end of quarter three and following a successful summer events programme we have engaged 1,112 people in five Plymouth neighbourhoods (719 children and 395 adults).

In quarter three we ran 20 volunteer events and 11 family learning events as well as delivering 18 training sessions and two citizen science days. Participants in these events walked 501km in total (1,307,939 steps) and burnt 23,309 calories. Schools engagement has been a key focus and we have engaged 53 teachers and 420 children. The pupils walked 1,600km (1,290,491 steps) burning 34,000 calories. At Ernesettle Creek, Efford Marsh and Budshead Woods the access and biodiversity improvements have continued. Ernesettle Creek and Teat's Hill improvements started after receiving coverage from the Plymouth Herald.

GRA14 – Deliver new community park and farm at Derriford

This objective is part of the Joint Local Plan (PLY 41) to deliver 'Derriford Community Park (which) will become a highly valued environmental, social and educational asset, a resource for the people of Plymouth and a regional destination for environmental learning.'

We have now recruited a new City Farm Manager who started in October 2017. They are working on the ongoing delivery of biodiversity improvements to the park involving volunteers and community groups/partners. The design review for delivery of access networks was completed by external landscape architects and a public consultation on plans is running in January which is available on our Consultation Portal. We are also keenly focused on contributing to the development of the planning application for the Forder Valley Link Road project.

GRA15 – Deliver enhancements to Central Park informed by the masterplan

There have been ongoing general improvements to the park this quarter as we get ready for spring. We have also delivered seven volunteering sessions within the park providing 292 volunteer hours from 36 children/young people and 31 adults.

A key focus has also been on tendering and contracting suppliers to deliver skate extension and play area improvements for which we also submitted and received approval on planning amendments for skate park extension designs.

Also in quarter three we completed designs and submitted planning permission for new café as part of wider improvements. We also completed a stakeholder consultation regarding design of Community Sports Hub (existing Bowling Pavilion). Unfortunately we were notified that our bid to the Mayflower Cultural Fund for a sculpture project in the park was not successful.

5. CARING

5.1. Priority Activity Highlights

CARING - Priority Activity		Status
Focus on prevention and early intervention		**On Track**
CAA1	Deliver the Integrated Commissioning strategies	On Track
CAA2	Children and young people's plan	On Track
CAA3	Deliver the Plan for Sport	On Track
Keeping people protected		**On Track**
CAA4	Care Quality Commission (CQC) Review of the Health and Social Care System	On Track
CAA5	Deliver the Safeguarding Improvement Plan for Adults and Children	On Track
CAA6	Deliver the Community Safety Plan	On Track
Inclusive communities		**On Track**
CAA7	Deliver the Welcoming City Action Plan	On Track
Reduce health inequalities		**On Track**
CAA8	Deliver the Child Poverty Action Plan	On Track
CAA9	Deliver Thrive Plymouth	On Track

5.1.1. Focus on prevention and early intervention

CAA1 – Deliver the Integrated Commissioning Strategies

During quarter three we have utilised part of the iBCF (Improved Better Care Fund) to undertake service development under the **Community strategy**, this has included extension of the Community Equipment Service, from the end of October, and purchasing specific equipment for care homes to support hospital discharges. A mental health plan for Plymouth and Western Devon has been developed based on local, STP (Sustainability and Transformation Plan) and national strategic priorities. A longer term, wider STP strategy is currently under development. The 2017 Mental Health plan has been reviewed in full and four of the 12 work streams carried over into 2018. These priorities include Primary Care, Crisis, Recovery and supporting people with multiple and complex needs (Making Every Adult Matter –MEAM). Investment has been made into Improving Access to Psychological Therapies in order to build ongoing increased capacity Primary Care to work with individuals with long term conditions. We have also implemented a pilot to work with individuals with Medically Unexplained Symptoms. Further plans are being developed in regard to investment into Psychiatric Liaison services, Child and Adolescent Mental Health services and the wider availability of psychological therapies.

Enhanced and Specialist commissioning activity is underway to explore and identify any gaps in nursing bed provision. A nurse's forum is also being developed to support a networking and sharing best practice approach as nursing staff is still an area of concern due to the shortfall across health and social care. Between January and June 2018 we will run a pilot of a General Practitioner (GP) / Pharmacist and Care home visiting scheme; commissioners will be working with the care home sector and GP practices to develop a specification for visiting GP's which will be implemented locally in July 2018. We continue to support our network of Wellbeing Champions and have provided training on flu, respiratory, falls and

urinary tract infections, the next program of training will cover hydration and nutrition, diabetes and tissue viability.

The **Wellbeing** strategy continues to deliver an array of interventions across a number of work streams. These include Long Term conditions, the Health and Wellbeing Hubs, Primary Care, Planned Care, Prescribing, Carers and Dementia. The Wellbeing Hubs Strategic Commissioning Framework went to Cabinet in January with recommendations to roll-out a series of targeted hubs buildings. Work is ongoing with providers to develop new models of service that will help us to deliver our hubs vision. A number of interventions are underway to try and ease the pressure on Primary Care. We are implementing a social prescribing scheme targeting those GP practices with longer waiting times to relieve pressure on GP's. We have also implemented a Primary Care improvement plan which will cover workforce, workload and sustainability challenges and have launched the Primary Care Partnership.

Progress has continued to be made against the **Children and Young People's commissioning plan** in quarter three and the plan remains on track. Options for delivery of changes to Early Help and Targeted Support services have been drawn together by the Council and key partners. Work is ongoing to identify a suitable investor to support our Social Impact Bond work with vulnerable Plymouth women who have had multiple children removed through care proceedings. We are preparing with NEW Devon Clinical Commissioning Group the tender of our community health and wellbeing services (including Child and Adolescent Mental Health services) as part of the progression of an integrated service offer for children with additional needs. A priority for quarter four is to ensure that future commissioning intentions for children and young people remain fit for purpose in a challenging financial envelope and deliver the outcomes and system change required as efficiently as possible.

CAA2 – Children and young people's plan

Following the children's social care leadership away day in December much progress has been made in relation to the way that the leadership team are enabling the service to manage the quantity and quality of practice.
In January 2018 we introduced a performance methodology founded and built upon the good practice of Essex children's service that enabled them to maintain a Good Inspection rating, with an outstanding grading for leadership. The approach to Quality and Practice Review Meeting (QPRM) operates on a monthly performance clinic chaired by the Assistant Director and based up all of the internal workings within the service. Each operational manager now has daily briefings with their teams where the relentless focus is on how and what we are achieving for children. The dally use of performance information and planning ahead is demonstrating a stronger management grip on practice and a specific increase in the meeting of key performance indicators. The QPRM approach is one component of a wider refresh of the Quality Assurance (QA) Framework that is currently with the leadership team for consultation, once adopted this refreshed QA Framework brings in line a QA framework that cuts across all of children's services. Through the adoption of the practice standards the service is better placed to measure outcomes and impact of practice on the daily lived experience of children and families. Alongside the implementation of QPRM to drive up performance there are three specific pieces of work underway:

- A review of the care leaver's service, this is to establish how effective we are in meeting the needs of these young people
- A refresh of the Chairing and Reviewing Service, so as to understand how this service can significantly contribute to the required improvements around the number of children in care and children subject to Child Protection plans for a second time
- The review of practice within Plymouth Referral and Assessment Services continues to stride forward as we see a tighter management grip at the front door.

CAA3 – Deliver the Plan for Sport

The Plan for Sport has been adopted and the final plan shared wider with the Plymouth Sports Board and the Plymouth Community Sports Network. There is a Plymouth City Council delivery plan in place that identifies and tracks progress against our own contribution to delivering against the plan's aims and outcomes. These are all linked to the Plymouth Plan and ownership is filtered across many Council departments.

The Thrive Plymouth year three focus on Mental Health and the National 'One You' campaign fully supports, promotes and drives **the Participation theme** outcomes around improving people's health and wellbeing through physical activity. The sports development unit continues to increase opportunity to participate in sport and physical activity for all; but particularly in those areas or targeting those vulnerable people most in need.

Within the **Place theme** the Council continues to promote and improve the spaces where people can participate by delivering the recommendations within the Sport and Leisure Facilities Plan and the Plan for Playing Pitches. Under the **Pride theme -** the Mayflower 400 sporting programme has started with Plymouth Argyle Community Trust delivering a three year programme.

5.1.2. Keeping people protected

CAA4 – Care Quality Commission (CQC) Review of the Health and Social Care System

In December our Health and Social Care System was the subject of a review by the Care Quality Commission (CQC). Initial feedback at the end of the review week was positive describing the city as welcoming, open and honest. During their week onsite the review team visited more than 200 people. They were impressed by joined-up leadership both politically and across the system in Plymouth and some of the areas the review team felt stood out were:

- Integrated Commissioning enabled them to see positive engagement with providers and good interfaces with the public; they were impressed with the join up across Plymouth City Council and NEW Devon CCG
- Integrated Finance arrangements were seen to be significantly advanced in comparison to other areas
- The integration of adult social care with community health services in Livewell Southwest was viewed as a positive step
- Appointment of a Director of Urgent Care across Plymouth Hospitals NHS Trust and Livewell Southwest.

They also highlighted a number of areas where they saw examples of good working including, Multi-Disciplinary Teams, Acute GP Service, Cumberland Centre (MIU), SWAST, Community Crisis Response Team, Integrated Hospital Discharge Team and Reablement services.

Ahead of the review we knew there were areas we needed to improve and the review team noted that we need to build on:

- A single and coherent workforce plan
- Refresh of market position statement – understanding where we are currently and what we need for the future
- Earlier planning of discharge dates
- The adoption of a shared focus on discharge across the whole system
- Closer integration across the providers.

The final report and press release has now been published and we hosted a local summit on 2 February 2018.

CAA5 – Deliver the Safeguarding Improvement Plan for Adults and Children

Adult Safeguarding

National benchmarking information from NHS Digital for adult safeguarding has now been published. We recognise that reporting authorities interpret the data requirements differently and are confident that our data is representative of our system in Plymouth. We have recorded a continuing increase in the number of concerns raised to us, which we attribute to increased awareness and high training levels. As a result we are planning work with providers, particularly in an attempt to embed the criteria for low level concerns. In addition we are now using the Devon and Torbay-wide Yellow Card scheme, managed by the CCG, through which providers can report quality and inter-agency issues; this is expected to reduce the numbers of low level safeguarding concerns we process for which we previously had no alternative route.

The Making Safeguarding Personal agenda is central to our focus, and we are in the process of endorsing, in conjunction with the Plymouth Safeguarding Adults Board, recent guidance published by the Association for the Directors of Adult Social Services (ADASS) and the Local Government Association. This work will concentrate on supporting the target groups with implementation and promoting ownership of the agenda within and across all organisations.

Children's Safeguarding

The Plymouth Safeguarding Children Board (PSCB) has successfully embedded a post Wood Review constitution. It benefits from a slimmer board membership which engages top decision makers and enables them to commit their organisations to the PSCB and provide robust compliance with both the Children Act 2004 and Working Together to Safeguard Children 2015. The PSCB evidences continued commitment to Board priorities. It is planning for, and identified, key actions to implement a vision of local safeguarding arrangements which are no longer reliant upon a formal PSCB arrangement (Children and Social Work Act 2017). Regular monitoring and evaluation of multi-agency frontline practice to safeguard children is identifying where improvement is required in the quality of practice and services that children, young people and families receive. Work is ongoing to improve effective evaluation, the monitoring of early help, and to better secure the experiences of our children, parents and front line staff.

5.1.3. Inclusive communities

CAA6 – Deliver the Community Safety Plan

The Safer Plymouth Plan is made up of the individual Delivery Plans of each of the sub groups of Safer Plymouth. Each sub group now has a completed Delivery Plan which is reported against and monitored at partnership meetings. Quarter three has seen the number of intelligence submissions relating to Modern Slavery continue to increase as a result of awareness campaigns aimed at all staff. The city also saw the first individual charged with Modern Slavery offences following successful multi-agency work.

A service has been commissioned to deliver Healthy Relationships work in schools and delivery will commence during quarter four. This supports the priorities and delivery plans of the Child Sexual Exploitation and Domestic Abuse and Sexual Violence sub groups. Quarter three has also seen a Public Spaces Protection Order put in place in Stonehouse to deter anti-social behaviour associated with street drinking. Safer Plymouth continues to contribute to peninsula efforts to better understand and tackle Cybercrime and Fraud, and hosted an awareness raising conference during quarter three.

CAA7 – Deliver the Welcoming City Action Plan

Jointly led by Plymouth City Council and Devon and Cornwall Police, five workstreams are underway as part of the Welcoming City portfolio, which now reports directly to Safer Plymouth as well as receiving strategic direction from the One Plymouth leadership network.

1. Schools Based Empathy Pilot – As part of the Safer Plymouth commissioning plan, Hope in the Heart, a local organisation were successful in tendering to deliver a pilot project reinforcing British values, local community awareness and emotional literacy. Schools are now being approached and activities are expected to start in term two
2. Residents Survey – The Plymouth City Survey will be conducted by Marketing Means in early 2018. The data collected is essential to understand the direction of travel around community cohesion
3. Addressing Hate Crime – funding has been secured to expand the training available to set up more soft reporting centres for hate crime/incidents across the city. This work is being undertaken in partnership with Diverse Communities Team in Devon and Cornwall Police
4. Organisational self-assessment – building on the self-assessment undertaken by the larger public sector organisations, this work stream seeks to further build understanding and a common way forward for strengthening social cohesion across the city, and the role of public sector organisations in this. Work on this has stalled temporarily due to additional pressures in other areas of work
5. Integrated Welcoming City marketing / branding – key messaging has been developed with a view to being incorporated within city branding activities including Mayflower 400 and Britain's Ocean City. Work on this has stalled temporarily due to additional pressures in other areas of work.

5.1.4. Reduce health inequalities

CAA8 – Deliver the Child Poverty Action Plan

The cross party working group in October 2017 asked for further work to be done to bring the metrics down to a total of eight (two for each theme). This is being done with colleagues from Policy and Intelligence and Performance teams and will be presented to the cross party working group for their agreement/sign off in February 2018.

Narrowing the Attainment Gap and Support for Parents – very little progress is happening on these themes and as a result, we have developed new metrics against which we are able to measure.

We have been working with Price Waterhouse Cooper on delivering a Child Poverty Conference in late March 2018 asking businesses to get involved in the four themes. At the moment, 80 organisations are attending and each of the four theme leads will deliver a short presentation advising businesses how they can contribute.

CAA9 – Deliver Thrive Plymouth

Thrive Plymouth Year Four (TPY4) was launched on 10 October 2017 at an event held at Plymouth University. The focus of TPY4 is mental wellbeing with the launch event attended by 150 delegates from a number of partner agencies across the city. As well as formal presentations, the event included a market place and a number of breakout sessions through which delegates were introduced to the five ways to wellbeing and the C.L.A.N.G. acronym (Connect, Learn, be Active, Notice, Give).

As well as the general focus on the five ways to wellbeing there will be a specific focus on the mental wellbeing of young people aged 16-24. As well as the launch event, a number of Thrive Plymouth Network events are planned for the year, each one focussing on a different way to wellbeing. The 'connecting' event was held in December and was attended by 29 people. The Thrive Plymouth Network currently has 127 individual members from 64 organisations across the city.

6. CONFIDENT

6.1. Priority Activity Highlights

CONFIDENT - Priority Activity		Status
Council decisions driven by citizen need		**On Track**
COA1	Residents help to inform Council priorities	On Track
Plymouth as a destination		**On Track**
COA2	Deliver the Mayflower National Trail and International Events Programme	On Track
COA3	Support Destination Plymouth to deliver the Visitor Plan	On Track
COA4	Support the Culture Board to deliver the Vital Spark Cultural Strategy	On Track
Improved street scene environment		**On Track**
COA5	Ensure that the city is kept moving	On Track
COA6	Deliver the pavements Improvement Programme	On Track
COA7	Develop and deliver the Plan for the Modernisation of Waste and Street Services	On Track
COA8	Introduce an initiative to tackle littering and fly-tipping	On Track
Setting the direction for the South West		**On Track**
COA9	Strengthen Plymouth's role in the region through the delivery of priority actions identified in the Plymouth Plan	On Track
COA10	Continue to fight to secure better alternative rail and improved road links	On Track
COA11	Take a lead role in establishing the new governance arrangements for the Heart of the South West and producing a Productivity Plan	On Track
Motivated, skilled and engaged workforce		**On Track**
COA12	Deliver the People Strategy	On Track

6.1.1. Council decisions driven by citizen need.

COA1 – Residents help to inform Council priorities.

Invitations to undertake the Plymouth City Survey were sent to three local companies at the end of November 2017. Co-funded by Plymouth City Council and the Police and Crime Commissioner, a sample of the population will be surveyed in a consistent way (with regular application) in order to build a picture of residents' perceptions and feelings about their city, their community and their life. Fieldwork for the survey commenced in February 2018.

A Plymouth City Council satisfaction survey, using a similar methodology, is also under development, and is expected to be delivered in the autumn. This will also encompass the traditional budget engagement data collection. Both surveys are expected to collect data that will enable monitoring of key performance indicators in both the Corporate Plan and Plymouth Plan.

Residents are also informing local priorities within their wards through the 'Winter Works' scheme which is a pilot for 2017/18. Members ask their residents for ideas for priority ground works within their wards. This is then negotiated with, and delivered by, a dedicated team of three operatives. One week has been set aside for each ward between October 2017 and March 2018.

6.1.2. Plymouth as a destination

COA2 – Deliver the Mayflower National Trail and International Events programme.

There has been a number of developments in quarter three regarding funding of the Mayflower. The Founders Club has pledged approximately £200k income and an additional £80k was secured via funding bids to Visit England. A Sponsorship agency has now been procured and a first analysis undertaken which is due to go to market in March 2018.

Funding applications to Pilgrim Trust (£30k) and Heritage England (£50k) submitted for Elizabethan House. Delegates from Plymouth also attended the national partnership meeting held in Worcester in October 18/19 as well as conducting a number of meetings with high profile stakeholders such as the new US Ambassador, Netherlands Embassy officials, Conrad Bird (Great campaign). The Navy Board also agreed to support the Mayflower 400.

In terms of new or existing projects we completed an options appraisal on Merchants House. Heritage architects commenced on site at Elizabethan House as well as work to complete a Stage one Funding application which will be submitted in March for Elizabethan House to Heritage Lottery Fund (£750k).

We will also be taking our capital project to our own capital investment board to ensure funding is committed to the programme. The Mayflower 400 Cultural fund received over 106 applications, shortlisted applicants have been approved and are due to be finalised in March 2018. We are also looking to launch a Community Fund in March 2018.

COA3 – Support Destination Plymouth to deliver the Visitor Plan

Following our successful application to Discover England Fund (DEF) for £500K, we have now appointed a project manager and trade manager for the DEF project. There is also planning underway to submit a bid in March 2018 for a further £250k funding.

We have completed our cruise marketing plan and secured a further £80k specifically for cruise activity. In order to improve our understanding of how to maximise the opportunities in Plymouth we are attending the Sea Trade Cruise Global event, Explore GB in March and the UK Inbound convention also in March. We also have some training to be delivered by Visit England in Plymouth.

In January, we participated in a forum with Visit England to discuss our post Brexit tourism strategy and industrial strategy.

COA4 – Support the Culture Board to deliver the Vital Spark Cultural Strategy

The Mayflower Cultural Fund was launched in September 2017 with invitations for expressions of interest from cultural organisations in Plymouth for outline proposals in response to Mayflower400. In quarter three, over 100 expressions of interest were submitted to the £500K fund with just over 25 very strong proposals taken forward to the next stage. The next steps are the assessment of the detailed proposals at the end of February 2018.

Following a competitive process, UP Projections were appointed in September 2017 to manage the development of the Mayflower Public Art commission through to the end of the first phase of the agreed programme. They are a charity that commissions and curates contemporary art for public places, and have now started to develop a stakeholder panel and draw up a long list of artists by March 2018.

All National Portfolio Organisation (NPO) business plans were submitted on time by end December – awaiting decisions on funding agreements.

Real Ideas Organisation (RIO) has taken the first step towards the creation of a creative industries plan for Plymouth by inviting a number of key stakeholders and individuals to engage in a city-wide discussion. A date is in the calendar and will be facilitated by an external consultancy.

Plans are also in place to launch the Mayflower Community Fund in at the end of the final quarter of 2017/18.

For more information please visit http://plymouthculture.co.uk/our-projects/

COA5 – Ensure that the city is kept moving

We have successfully completed the following projects to keep the city moving:

- Notte Street/Athenaeum Street – traffic signal removal in order to improve traffic flow along Notte Street – completed October 2017
- A379 Elburton Road – conversion of single carriageway road to dual carriageway to improve traffic flow and journey times on the A379 – completed December 2017
- Albert Road – amendments to road widths to reduce congestion at the Albert Gate access to HM Dockyard – completed December 2017.

COA6 – Deliver the pavements Improvement Programme

The asset management ethos of delivering the right treatment at the right time has remained constant during the delivery of the pavement improvement programme. Footways are prioritised based on condition, usage, maintenance category and whether it forms part of the resilient network.

To date, some 2km of footway has been reconstructed and 16km of footway has received a slurry treatment. Slurry treatment is weather sensitive so the works programme has been temporarily placed on hold albeit some pre-patching works have been undertaken ahead of the main works. A further thirteen footways across ten wards will be treated as part of the Living Streets improvement programme. We are currently in the final design stage of delivering an additional city wide programme of footway works which will be completed by the end of the financial year.

6.1.3. Improved street scene environment

COA7 – Develop and deliver the Plan for the Modernisation of Waste and Street Services

The service received 40% less calls regarding waste services in quarter three 2017/18 compared to quarter two 2017/18 and the total number of calls received throughout quarter three is 14% less than experienced in quarter three of the previous year. The number of missed bin incidents in quarter three has reduced by 34% and is at a similar rate to that experienced in quarter three in 2016. This all indicates that the implementation of the Modernisation of Waste and Street Services over quarter three is going well. Community and resident group engagement continues to strengthen with more interest in what can be recycled more and how to maximise what is being recycled. We are now able to evidence through our Key Performance Indicators that there has been an increase in recycling. Work continues with the customer services team to drive improvements in dealing with customer feedback and ensure cases raised are being dealt with properly as well as the implementation of 'in Cab' technology to enable crews to record and report waste issues more consistently and efficiently.

COA8 – Introduce an initiative to tackle littering and fly-tipping

There will shortly be a focus on making our city cleaner by taking an even tougher approach to people who litter, fly-tip or don't clean up after their dogs; we will have additional Enforcement Officers out on our streets issuing Fixed Penalty Notices to those committing these offences.

Public Protection Officers and frontline waste crews work closely together to identify, collect evidence and enforce against offences around disposal of waste (litter, fly tipping, or side waste), and we are looking at improving processes and systems to support them in this. This will also improve our understanding of these issues, through enhanced data collection, enabling us to identify hotspots and take more proactive action.

6.1.4. Setting the direction for the South West

COA9 – Strengthen Plymouth's role in the region through the delivery of priority actions identified in the Plymouth Plan

The policies for strengthening the city's strategic role (five in total) are set out in Section 4a of the Joint Local Plan (JLP):

- Policy PLY1 seeks to enhance Plymouth's role as a centre and hub for regional services, culture and the visitor economy, with particular focus on the City Centre, Waterfront and the Derriford area
- Policy PLY2 identifies the spatial framework of three 'growth areas' – the City Centre and Waterfront; Derriford and the Northern Corridor and the Eastern Corridor – for delivering a regionally significant scale of growth in new jobs and homes
- Policy PLY3 identifies a commitment to wide ranging partnership working at a city and regional level to strengthen higher value industries and utilise the city's regional economic assets
- Policy PLY4 seeks to protect and strengthen Devonport Naval Base and the Dockyard's strategic economic and defence role, whilst also set out key principles relating to the release of surplus defence land
- Policy PLY5 addressed the strategic minerals role of the city, meeting both regional and national objectives.

These strategic policies set a framework for the Plymouth-specific planning policies of the Joint Local Plan and also provide the strategic framework for a suite of initiatives lead by Council departments in collaboration with external partners. These initiatives are aimed at major investment in transport infrastructure, natural infrastructure and public realm led by Strategic Planning and Infrastructure Department, and major development and regeneration projects being led by Economic Development Department.

These policies will be tested through an independent public examination that commenced at the end of January 2018. Once formally adopted, the JLP will carry significant weight in local decisions whilst also providing a strong voice for Plymouth in wider strategic arenas.

The immediate challenge is to successfully navigate the independent public examination; however, the ultimate challenge will be in delivering the plan's aspirations. This will be kept under close review through the Plymouth Plan and JLP monitoring regime.

COA10 – Continue to fight to secure better alternative rail and improved road links

Better Alternative Rail

The Peninsula Rail Task Force (PRTF), following its Board meeting in January and subsequent endorsement by the PRTF Stakeholder Advisory Group, has agreed to change its approach to engagement with the Department for Transport (DfT) and Government by applying pressure on the peninsula's elected MPs to push for investment outlined in the 20 Year Plan, starting at the South West Rail All Party Parliamentary Group (APPG). This approach is to ask the DfT how their plans for rail help achieve a fit for purpose railway for the south west and has so far prompted the Secretary of State for Transport, to write to the PRTF to confirm that the DfT will set out its strategy, following the PRTF's 20 Year Plan report, by the end of February 2018. In response to questions on the 'Speed to the West' study on the assessment of the potential for journey time improvements, the Secretary of State is reviewing the costs and business case for enhancing the track between Totnes and Plymouth as part of Network Rail's planned track renewals programme.

Plymouth City Council has drafted its own response to the consultation on the next Great Western Franchise which is anticipated to be another Direct Award to Great Western Railway (GWR) for the period April 2020 to March 2022. The DfT is anticipating that the consultation on the next Cross Country franchise to commence in May 2018 with a planned start of a new franchise in December 2019.

A feasibility study has been commissioned to consider the feasibility of operating two trains per hour between Plymouth and London (Paddington) with the assistance of GWR and Network Rail on planning the timetable options.

A feasibility study has also been completed into options for a station in the Plympton area. The conclusions are that a significantly enhanced regional rail service of two trains per hour with calls at both Ivybridge and Plympton would bring considerable wider economic benefits but that additional services are likely to require subsidy as the uplift in fares revenue would not cover the additional operating costs. The conclusions have been included in the Great Western franchise consultation response and in the Joint Local Plan proposals. It will be necessary to gain support for its inclusion in Devon County Council's Devon Metro strategy. The next steps will be to undertake a timetable study on options for including a Plympton stop in the local train schedules.

Improved Roads

In December the Department for Transport announced their consulting on the Road Investment Strategy 2 (RIS2) (https://www.gov.uk/government/collections/road-investment-strategy-post-2020). This is an incredibly important consultation as it shapes all strategic road network funding decisions for 2020 to 2025. In the first Road Investment Strategy the A38 received no funding, something that we feel needs to be addressed as a priority for RIS2. We are currently correlating our response to the consultation which ends on 7 February 2018.

We have agreed Plymouth's five RIS2 priorities which we want the Government's sustained assistance on to deliver our significant growth agenda. These are:

- Widening the A38 between the A386 Manadon Junction and the B3413 at Forder Valley, providing additional capacity on a key link where current peak hour delays are frequent
- Widening the A38 on the approaches to Weston Mill Junction, providing additional capacity on the main access to the Naval Base
- Improvements to Deep Lane Junction including the provision of a Park & Ride site, supporting sustainable growth and new development along the city's Eastern Corridor
- Capacity and safety enhancements to the A38 Manadon Roundabout, improving Plymouth's worst performing junction with the A38 and A386 at Manadon Roundabout

- A route based study of the A38 from Exeter to Bodmin, to review existing / future performance of the route and inform investment decisions for RIS3.

We have briefed our MPs and written to local businesses, promoting our ask and seeking their support. They will do this by replying to the RIS consultation.

We continue to work well with our neighbours in Cornwall who share our vision for an improved A38. At our last meeting on 19 January 2018 we agreed that a wider A38 study was needed (wider than Bodmin to Plymouth). We are in the process of commissioning an economic study that captures the current problems of poor connectivity and the wider economic benefits forgone as a result of long and unreliable journey times on A38 between Bodmin and Exeter. This study will help support the case for investment in the A38.

COA11 – Take a lead role in establishing the new governance arrangements for the Heart of the South West (HotSW) and producing a Productivity Plan

By the middle of January 2018, all partners had taken decisions through their Councils to set up a Joint Committee. The first meeting of the Joint Committee is scheduled for early March.

Despite still having no clear framework from Government on Devolution, discussions have been initiated with civil servants on a series of 'Asks' which could ultimately lead to a Deal.

The partnership consulted on the Productivity Strategy during the autumn of 2017 and this will be finalised and adopted at the first meeting of the Joint Committee in March. Work has commenced on the development of the Delivery Plan to accompany the Strategy.

Plymouth will be leading the partnership on the development of the Delivery Plan for the Strategy however it will be crucial to ensure that all Councils feel some ownership of the Strategy and Delivery Plan. Plymouth will play a key role in ensuring that negotiations with Government continue at the right pace, and that good quality information is pulled together to support this.

6.1.5. Motivated, skilled and engaged workforce

COA12 – Deliver the People Strategy

The People Strategy was endorsed by Cabinet on 30 May 2017 incorporating recommendations made at Scrutiny in March. This has been published on our web pages and communicated to our workforce through a range of channels.

For our Talent theme, Annual Performance Reviews were completed by the end of August and all eligible employees received a pay increment in October. A new simple online self-service tool was made available for managers to input the data. A two year pay offer has been made for NJC employees. A response from the trade union is expected in March. The offer is circa 2%. The Council continues to adopt the principles of the Foundation Living Wage and our lowest paid employees will be topped up to £8.75 per hour from 1 April 2018.

Despite a national shortage of appropriately qualified and experienced people, we have had a significant success in our strategic resourcing and have appointed to the Head of Electoral Services. This is an important appointment to enable the successful delivery of local elections in May 2018 and beyond.

Opportunities for apprenticeships continue to grow as new courses and workforce plans are developed. We are also recruiting three post graduates to undertake professional CIPFA training under the new Levy scheme and we will seek to roll out more professional development opportunities as more become available.

To further embed strategic workforce planning, during the last quarter of 2017/18 we will work with each directorate in the context of their business planning, to ensure strategic workforce plans align to business critical areas, together with the identification of business critical roles, succession plans and moving forward with the talent management work.

Under the Leadership theme our Senior Leadership Team received senior management development during 2017 and this will be followed up by targeted coaching. Middle managers attend Management Fundamentals and our third cohort started in January 2018. All managers who attend this programme will form part of our Talent Pool. We are also devising a Management Fundamentals cohort for aspiring managers.

All managers and aspiring managers have access to our new Manager's Driving Licence which was launched on 15 January 2018. This is a new interactive, online development and reference tool, designed to support new, existing and aspiring managers to achieve our business objectives.

The 2017 Staff Survey results show satisfaction with Senior Leaders has met the 40% target with an outcome of 42%. This compares against a benchmark of 47% and our target next financial year of 45%. Progress is slower than we would like but is improving. Employee Satisfaction with Managers remained static at 68%; one activity to increase this area is to target manager development via the Manager's Driving Licence. Managers are requested to complete this online programme by the end of March 2018.

For the Culture theme, the 2017 Staff Survey shows that Staff Engagement is improving with an overall score of 67% (a three percentage point increase on 2016). We also saw an increase in the number of people completing the survey with a response rate of 60.5% (or 1,608 employees). Overall the results show improved results for all grouped categories except 'My Team' which had a slight reduction (although it remained as one of our highest scoring areas). January and February will focus on service areas discussing their Staff Survey results and Directors and Assistant Directors will lead on areas within the categories where improvements are required.

The Staff Survey also shows that 78% of the workforce are advocates of the Council and 89% want to help the Council achieve its goals. Our overall employee engagement index increased to 67%.

During 2018 we will tell more 'culture' stories and use engaging formats to drive a customer service culture across the whole Council placing the customer at the heart of every decision to ensure great service delivery and exceptional customer experience.

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CORPORATE PLAN PERFORMANCE ANALYSIS REPORT

Quarter Three – 2017/18

CONTENTS

1. INTRODUCTION

1.1. The Corporate Plan

The Corporate Plan 2016-19 sets out our vision to be 'One team serving our city'.

The Corporate Plan is supported by activity that is coordinated through strategic and operational plans to deliver specific outcomes. Performance indicators measure progress towards those outcomes.

The purpose of this report is to provide an analysis of risk-informed performance against the indicators (where data is available) in headings:

- Pioneering
- Growing
- Caring
- Confident.

1.2. Structure of this Report

PERFORMANCE ANALYSIS BY EXCEPTION

Exception reporting will be made where performance shows significant change or differs from the target by a notable margin or where the level of risk indicates a potential issue. This will help to ensure consideration of performance is focused on those areas where action / intervention are most likely to be required.

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 two latest periods for which information is available e.g. quarter two 2017/18 compared to quarter one 2017/18, or for annual indicators 2017/18 compared to 2016/17.

- Indicators highlighted **green** show where the latest value has improved by more than 2.5% on the previous value or is on an expected trend
- 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 the latest value has declined by more than 2.5% on the previous value
- Indicators not highlighted have stayed the same, have no trend, or the most recent value is not comparable with previous values (for example, a change in methodology).

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.

CHANGES TO HISTORICAL PERFORMANCE.

- Please be aware that often data is extracted from live systems and as such some historical data may be adjusted in quarter following additional data input and system updates. Performance in this document represents the most current and accurate figures available, however in a minority of cases it may differ from previous reports.

2. SUMMARY

This report provides exception based performance analysis against the Corporate Plan indicators. Performance indicators also support improvement within our four organisational priorities relating to:

- Customer service – Customer standards are being developed with service areas as part of broader work on Customer Service Strategy including a new set of standards for all staff in responding to enquiries from Councillors (casework). More information on indicators informing this area can be found in section 3.1 (PO1)

- Care Quality Commission review – In December, Plymouth was the subject of a review of our local health and social care system from the Care Quality Commission (CQC). The review focussed on issues within/across the health and care systems including performance indicators like Delayed Transfers of Care and Weekend Discharges from hospital. More information on indicators informing this area can be found in section 5.1 (CR5 and CR6)

- Elections – we are working to improve our elections service with a focus on capability, resilience and robustness. In doing so, we are implementing the recommendations from the independent investigation into the issues experienced during the June 2017 General Election. More information on indicators informing this area can be found in section 6.1 (CO1)

Street services – A group to understand and improve interactions between Customer Services and Street Scene and Waste Services have been focusing on improving customer experiences including ensuring customers receive timely feedback and accurate information. This group involves Customer Services, Digital Services and Street Services and Waste teams to drive through sustainable improvements. More information on indicators informing this area can be found in section 6.1 (CO3, CO7 and C08).

3. PIONEERING PLYMOUTH – QUARTER THREE PERFORMANCE, 2017/18

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

Ind.ID	Indicator	City or Corp Indicator	2014/15	2015/16	2016/17	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Quarterly Performance Improving/ Declining?	Target (RAG)
Quarterly Indicators - Financial Year															
PO1	Increase the uptake of digital services by our customers	Corporate			17%					17%	31%	38%	29%	Declining	44%
PO2	Maintain a high percentage of customers satisfied with our digital services.	Corporate								Not comparable with previous data.			74%	New data	95%
PO3	Maintain a high percentage of complaints responded to within timeframe	Corporate	77%	96%	99%	Improving				99%	94%	98%	98%	Same	95%
PO4	£ Variance to budget (forecast outturn)	Corporate	-£0.119m	-£0.032m	£0.000m	Slight Decline				£0.000m	£4.259m	£3.277m	£1.494m	Improving	£0.000m
PO5	% Variance to budget (forecast outturn)	Corporate	-0.06%	-0.02%	0.00%	Declining				0.00%	2.32%	1.78%	0.81%	Improving	+/- 2%
PO6	Average borrowing rate	Corporate		3.94%	2.61%	Improving				2.61%	2.55%	2.37%	2.35%	Slight Improvement	3.50%
PO7	Average investment return	Corporate	0.80%	1.33%	1.69%	Improving				1.69%	1.72%	1.47%	1.62%	Improving	1.30%
PO10	The % of (adults) residents who volunteer at least once per month	Corporate	21%	22%	21%	Declining	24%			21%	21%	22%	22%	Same	23%

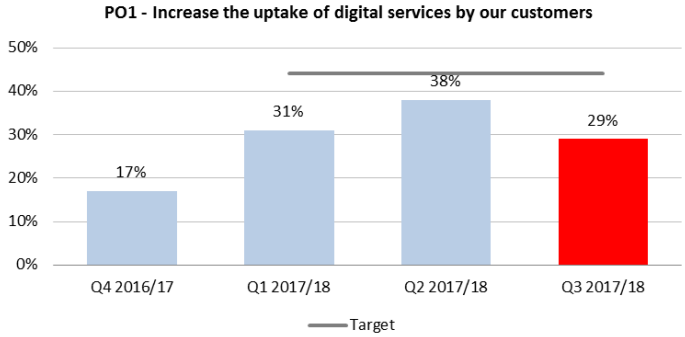
Performance data will also be provided on the following annual indicators when the data becomes available:

- PO8 – % Information Access complaints referred to the ICO (Information Commissioners Office) which are upheld (next data delivery: quarter four 2017/18)
- PO9 – % Data Breach complaints referred to ICO which are upheld (next data delivery: quarter four 2017/18)
- PO11 – Maintain a high percentage of customers satisfied with our services (next data delivery: quarter one 2018/19)
- PO12 – Increase in the (£m) value of income from commercial services (next data delivery: quarter four 2017/18)
- PO13 – Maximise ROI (net yield) on each commercial estate investment (next data delivery: quarter two 2018/19)
- PO14 – Increase the "Total Occupancy Rate" of all commercial properties owned by PCC (next data delivery: quarter two 2018/19).

3.1. Performance Analysis

PO1 - Increase the uptake of digital services by our customers

There has been a decline in digital transactions and the percentage of channel shift to self-service when compared to quarter two. However, this indicates that the increases in quarter two related to the increased and repeated use of the Self-Service channel by our customers, following the introduction of alternative weekly collections (AWC). Quarter three sees a return to similar usage levels as pre AWC / quarter one.



To encourage an increase in the take up of digital services, the Digital and System Services team are:

- Continuing to work with Street Scene and Waste Services, Public Protection Services and Highways to digitise their processes that are not currently available digitally
- Working with the Customer Services department to ensure that customers are aware that they can now complete some of their requests digitally. Guiding the customer to use the online forms via the Contact Centre, First Stop Shop and all Plymouth Libraries
- Promoting online portals via correspondence, for example Council Tax payers and Business Rate payers.

PO2 - Maintain a high percentage of customers satisfied with our digital services

The Plymouth City Council website pages provide the customer with the ability to rate their digital interaction. This measure aims to provide a view of the percentage of our customers that are satisfied with our digital interfaces. The Councils performance for Quarter three was 74%

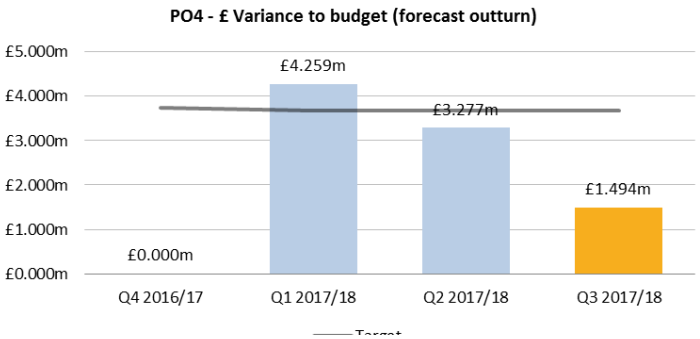
There has been a change to the way we have asked this question from October 2017. There was evidence to suggest that it was not always clear to the webpage visitor that the purpose of the rate our page question was to understand solely the users satisfaction with the website pages. To help with this the Service Improvement Team (within Customer Services) made some changes to the way we capture our digital feedback. Customers now have more options to choose from to better explain their experience.

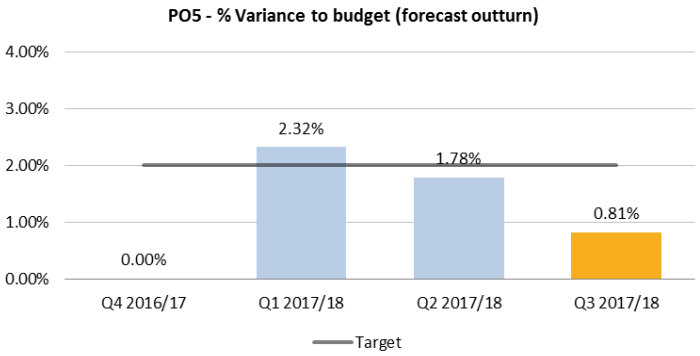
The individual responses to those answers are collated, which provides a more accurate figure as there are now fifteen feedback variations for the three questions the customer answers rather than one of the three faces they had to choose from previously.

As the changes were applied in October 2017 we are unable to report comparable information prior to quarter three. There will be a continued review of feedback and a focus on improvements to our web pages.

PO4 and PO5 - £ and % variance to budget (forecast outturn)

The latest position has seen a reduction in the projected forecast overspend as at the end of quarter three to £1.494m. This compares to a £1.272m forecast overspend at the end of quarter three of 2016/17. This shows that the Council remains within the tolerance of +/- 2% but is currently outside of its target to balance the budget by year-end.





Further options to mitigate the forecast overspend are continuing to be explored in the final quarter of the year. Strategic Risk SF3 (being able to deliver Council services within the envelope of resources provided in 2017/18), changed rating from amber to red to reflect the greater risk of not delivering a balanced budget at year-end. Despite robust budget management by Cabinet and Officers the scale of challenge the council faces indicate that the risk of declaring a year-end overspend has increased. If a balanced budget cannot be achieved at year end, any overspend will be funded from reserves i.e. the working balances.

The 2017/18 position is within the context of the broader Medium Term Financial Strategy (MTFS) to 2017-20. Risk rated red (Strategic Risk SF2 – Medium Term Financial Strategy), the MTFS was presented to Council in November 2017. It has been updated as at the end of quarter three to reflect the latest budget position and the impact of the Provisional Local Government Settlement. The MTFS is updated each year and work has commenced to roll it forward to 2021-22.

4. GROWING PLYMOUTH – QUARTER THREE PERFORMANCE, 2017/18

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.

Ind. ID	Indicator	City or Corp Indicator	2014/15	2015/16	2016/17	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Quarterly Performance Improving/ Declining?	Target (RAG)
Quarterly Indicators- Financial Year															
GR1	Increase proportion of young people in academic years 12-14 who are in Education, Employment or Training (EET)	Corporate	Data not available due to definition change				89.7%	89.0%		91%	89%	90%	90%	Same	90.0%
GR2	Number Employed (Previous 12 months) (Quarter in Arrears)	City		125,200	127,100	Slight Improvement				127,100	128,500	127,100	Available quarter four	Slight Decline	To Increase
GR3	% Employment rate (16 - 64 population) (Quarter in Arrears)	City	71.1	74.6	74.8	Slight Improvement	74.4	75.3 (HOTSW)	3rd	74.8	75.6	74.8	Available quarter four	Slight Decline	75.9 (2nd Quartile)

Ind. ID	Indicator	City or Corp Indicator	2014/15	2015/16	2016/17	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Target (RAG)
Annual Indicators - Financial Year										
GR6	Net Additional Homes (Plymouth City Admin Area) - to deliver 13,200 Homes 2014 to 2034 (660 annualised). (New)	Corporate	635	1,712 (1,077 in year)	2,297 (585 in year)	On Trend				1,980
GR9	Increase the percentage of KS4 pupils Achieving a standard 9-4 pass in English and Maths*	City	New	58.0%	58.9%	Not comparable with previous years data	64.2%	61.6%		58.0%

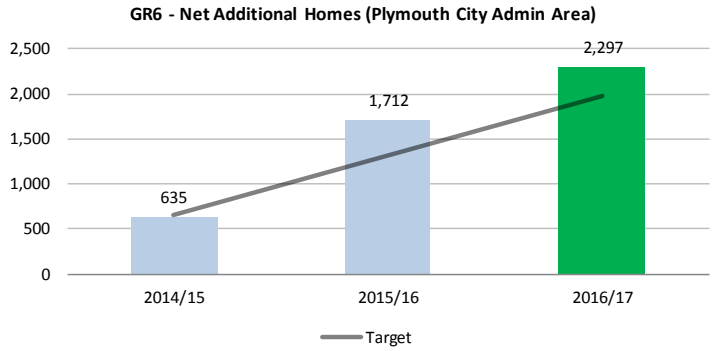
Performance data will also be provided on the following annual indicators when the data becomes available:

- GR4 – Increase the number of jobs in Plymouth (next data delivery: October 2018)
- GR5 – Increase the number of higher level apprenticeship starts (next data delivery: quarter two 2018/19)
- GR7 – Reduce carbon emissions (next data delivery: quarter two 2018/19)
- GR8 – Increase the value of the City's GVA (Gross value added per Hour - indices) (next data delivery: December 2018).

4.1. Performance Analysis

GR6 Net additional homes (Plymouth City Admin Area) - to deliver 13,200 homes 2014 to 2034 (660 annualised). (New).

Following submission of the Joint Local Plan (JLP) for examination, we have now updated the original indicator for delivery of homes with a newly defined indicator. The term net additional homes relates to the annualnet change in the dwelling stock. .



The new indicator includes:

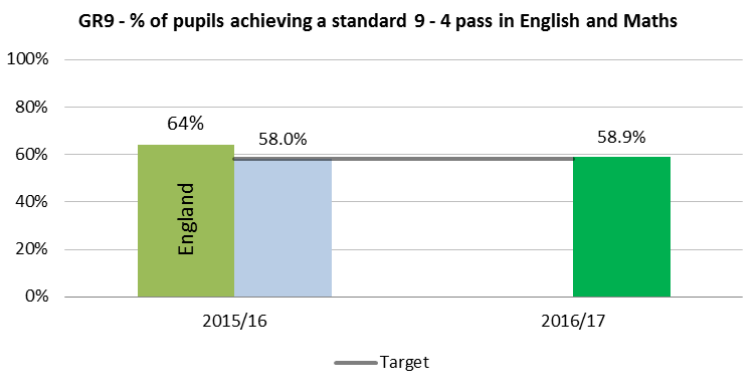
- New house building completions
- Gains or losses through conversions (for example of a house into flats)
- Changes of use (for example a shop into a house)
- Demolitions
- Other changes to the dwelling stock if applicable (caravans, houseboats etc.)
- Effective home release of student houses of multiple occupancy (HMO) to open market accommodation as a result of the provision of purpose built student accommodation (PBSA)

This will ensure that the corporate plan is now aligned with the submitted JLP Plymouth admin area monitoring target of 13,200 dwellings over the period 2014-34 (currently being examined) and the emerging governance framework. The JLP is based on up to date housing needs evidence and supersedes the Core Strategy/Plan for Homes targets which were not based on up to date housing needs evidence compliant with the Government's Objectively Assessed Housing Needs methodology. The JLP submission plan has had full council approval thereby superseding the plan for homes target (which was a gross figure). The target does not change the city's growth agenda, they are soundly based on housing needs evidence and continue to aim towards a population of 300,000 plus in the Plymouth Policy Area.

Current performance shows that Plymouth City Council is on target to deliver 13,200 new homes by 2034. Delivery of homes from year to year can fluctuate due to the nature of building timetables. Whilst 585 homes were delivered in 2016/17, which is slightly below the annual target of 660, overall the performance is above target with forecasts for delivery of homes in 2017/18 to be approximately1,100.

GR9 - Increase the percentage of KS4 pupils achieving a standard 9-4 pass in English and Maths.

N.B. The Department for Education Statistical reporting have refined the language around the new Attainment Scores which have replaced the GCSE grading's. This indicator was previously titled 'Increase the percentage of pupils achieving the 'Basics' at Keys Stage 4 (A - C) GCSE in English and Maths.*



Final Key Stage 4 data was published on 25 January 2018, and shows that 58.9% of pupils in Plymouth achieved a standard 9 – 4 pass in English and Maths. This is 5.3 percentage points (pp) below the national average (64.2%), 5.2 pp below the region and 2.7pp below our statistical neighbour comparator group. There remains concern regarding the overall levels of attainment across Plymouth. To address these challenges the Plymouth Education Board has reviewed the full suite of education data in early February in order to set strategic direction and identify actions to be taken by schools and their accountable bodies. One of the key interventions is the development of a 'Plymouth Challenge', externally facilitated and involving all Plymouth secondary schools. The Local Authority and Department for Education are driving this as a system wide programme of improvement. For further detail on intervention please see activities GRA4 and GRA5 within the quarter three Corporate Plan Activity report.

5. CARING PLYMOUTH – QUARTER THREE PERFORMANCE, 2017/18

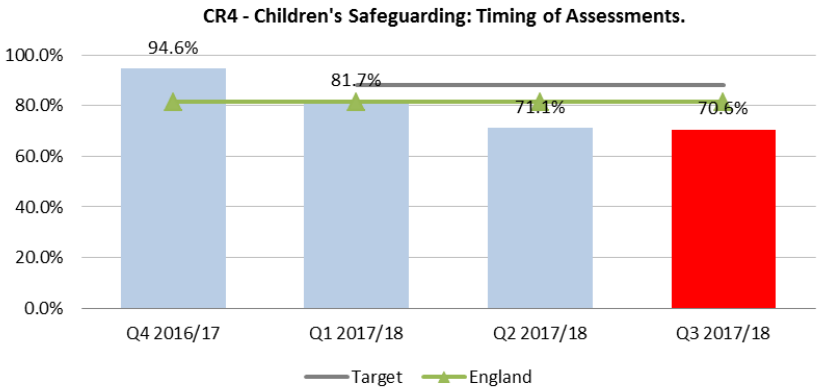
CARING PLYMOUTH - We will work with our residents to have happy, healthy and connected communities where people lead safe and fulfilled lives.																
Ind.ID	Indicator	City or Corp Indicator	2014/15	2015/16	2016/17	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Quarterly Performance Improving/ Declining?	Target (RAG)
Quarterly Indicators - Financial Year															
CR1	Improve safeguarding through increased success in achieving the "Families with a future" Outcome Framework (cumulative)	Corporate		54	271	Improving				271	287	294	303	Improving	383
CR2	Increase the percentage of eligible two year olds taking up free early education places	City	80%	89%	92%	Improving	68.0%	69.1%	1st	89.5%	87.5%	91.0%	93.0%	Slight Improvement	90.0%
CR3	% of young people with Special Educational Needs and Disabilities (SEND) in education, employment and training	City	73.9%	87.0%	91.0%	Improving	89.7%	89.0%	1st		86.0%	89.2%	87.3%	Slight Decline	87.0%
CR4	Children's Safeguarding timing of Assessments.	Corporate	88.7%	91.4%	94.6%	Improving	81.5%	77.6%	2nd	94.6%	81.7%	71.1%	70.6%	Slight Decline	88.0%
CR5	Delayed transfers of care from hospital per 100,000 population, whole system (rate based on average of delayed days per day)	City	16.1	15.7	21.5	Declining	12.9		4th	30.5	29.2	26.0	22.7	Improving	14.0
CR6	Delayed transfers of care from hospital per 100,000 population, whole attributable to ASC (rate based on average of delayed days per day)	City	6.6	9.3	9.5	Declining	4.6		4th	10.4	10.4	11.9	10.5	Improving	3.7
CR7	% of completed safeguarding enquiries where risk has been identified and reduced or removed	City		71%	86%	Improving				87%	88%	90%	87%	Declining	75%
CR8	Average number of households in Bed & Breakfast	Corporate		25	41	Declining				41	59	53	57	Declining	33
CR9	Number of households prevented from becoming homeless	Corporate	1242	1030	948	Declining				237	198	263	175	Declining	237
CR10	People helped to live in their own homes through the provision of a major adaptation (cumulative)	Corporate	369	286	248	Declining				248	49	98	175	Improving	195

Performance data will also be provided on the following annual indicators when the data becomes available:

- CR11 – The proportion of people who use services who say that those services make them feel safe and secure (next data delivery: June 2018)
- CR12 – Overall satisfaction of people who use services with their care and support (next data delivery: June 2018)
- CR13 – Close the gap in life expectancy between the most and least deprived areas (next data delivery: quarter two 2018/19).

5.1. Performance Analysis

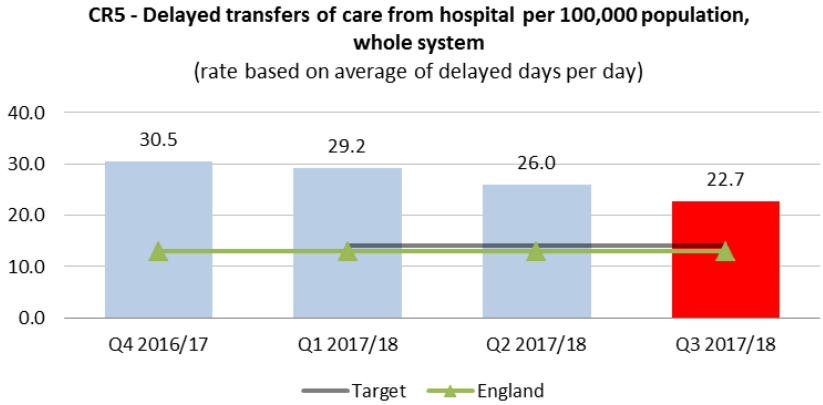
CR4 – Children's Safeguarding timing of Assessments.



Performance against timeliness for Single Assessment has proved challenging in 2017/18. Timeliness has decreased slightly in quarter three and stands at 70.6% against a target of 88% which is below both the comparator (77.6%) and national (81.5%) averages. This has been due to a number of factors including; implementation of new practice standards focusing on quality of assessment, and a change in Head of Service and Service Manager Personnel. Strategic Risk SCYPF1 (risk to vulnerable children, young people and families by not delivering early intervention and prevention) is rated amber and the mitigations include those described below.

In quarter three, whilst timeliness for new assessments improved significantly, it was necessary to address a backlog of assessments that had exceeded the 45 day target. The backlog has now been cleared but this has had a negative impact on performance overall in quarter three. The service is now well placed to deliver improved timeliness going forward. The situation is being closely monitored and by quarter four the performance will show an improvement (January performance was reported at 87% for the month). The Service Manager continues to support workers to enhance working practices and this will ultimately deliver an improvement in both timeliness and quality of assessment.

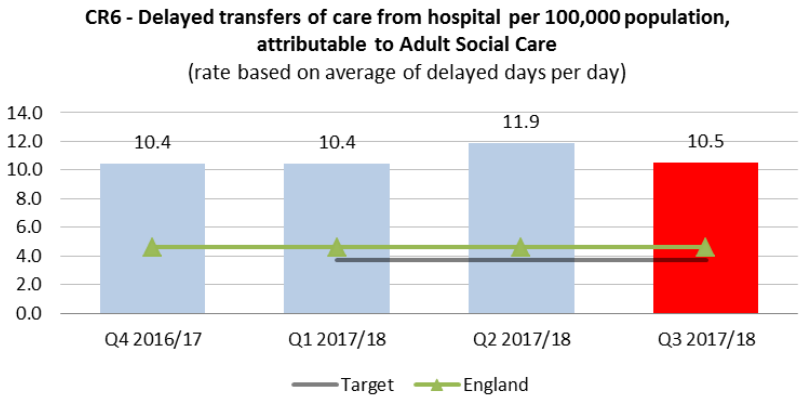
CR5 and CR6 – Delayed Transfers of Care (Health and Social Care System performance)

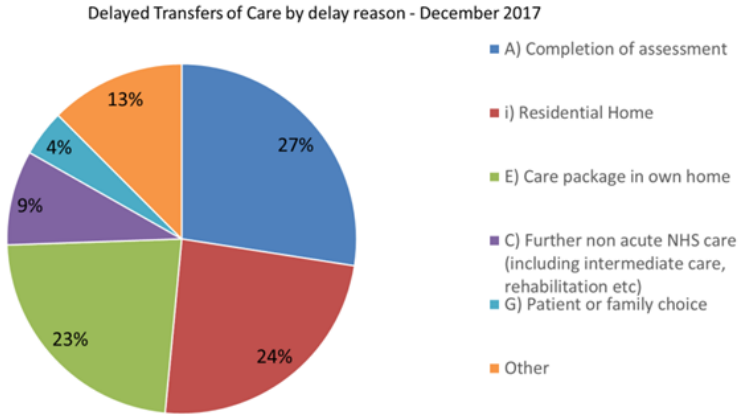


During quarter three the average number of delayed days per month was 1,473, this compares to 1,691 in quarter two, therefore the reducing trajectory remains positive despite a decline in December due to winter pressures. Numbers equate to a daily rate per 100,000 of 22.7 for the whole system.

This reduction is largely down to reductions in the rate of delays attributable to the NHS, reductions have not been as big in delays attributable to Adult Social Care and work is ongoing to address this (see chart CR6). In December, 67% of delays were in an acute setting (Derriford Hospital) with the remainder in community hospitals (i.e. Mount Gould).

Waiting for an assessment, awaiting further NHS care and awaiting a residential home placement continue to be the most common reasons for a delay. The chart below illustrates the reason split for both acute and non-acute delays.



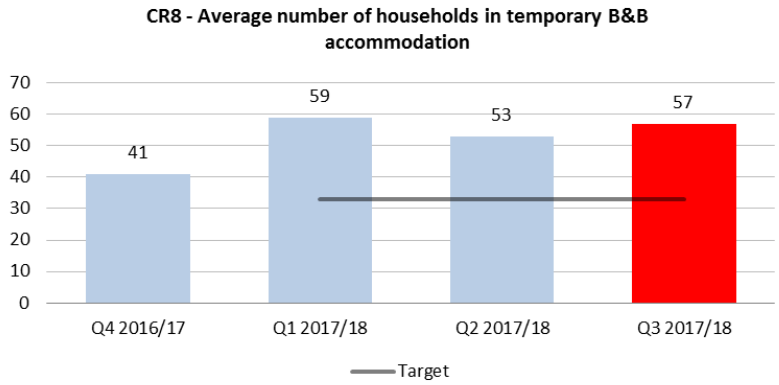


Performance highlights the challenge the whole Plymouth Health and Care system is facing due to increasing demand and acuity of need associated with an ageing population. Workforce challenges in a number of key areas from Primary Care to Domiciliary adds to system pressure. Through the establishment of the System Improvement Board, all system partners remain committed to focussing on improving performance and an improvement plan is in place which includes the appointment of the Interim Director of Integrated Urgent Care, the development of the Acute Assessment Unit to assist in preventing unnecessary admissions to hospital and the rolling out of a home first approach. Other interventions include the procurement of new domiciliary care capacity with a focus on seven day working, the recruitment of additional dedicated social workers and the implementation of a bed bureau to secure better access to care home beds.

CR8 – Average numbers of households in Bed and Breakfast (B&B)

We are working to provide more units of alternative accommodation so that we can reduce the number of households that have to be placed in B&B.

The average number of B&B stays for the whole of quarter three was 57, an increase from 53 for quarter two. However, in December alone the monthly average fell to 50 which is positive.



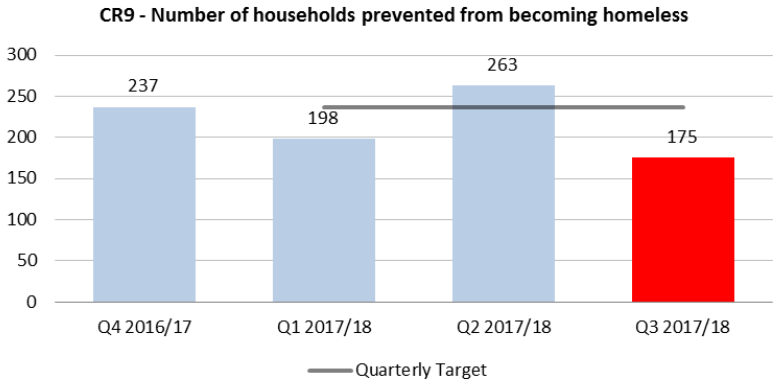
We are continuing to work with the provider of Houselet to ensure we have access to more properties, better turnaround and flexibility to help us accommodate more families. We are looking for the new provider to offer an additional ten properties within the first six months of the contract.

We are working to commission another 12 beds of supported temporary accommodation with the provider procuring four new four bedroom houses to use as shared accommodation for single people. This will reduce our need for bed and breakfast for single people and will contribute to the increase in the number of supported temporary units from the current number of 42 to 58 over the next four months. Other interventions to tackle homelessness include;

- We are working with Partners to reduce the number of households in B&B and to see how they can support reductions through efficiencies and prevention
- We have refocused some Community Connections staff to proactive robust move on from Bed and Breakfast accommodation
- We have set up a Multi-Disciplinary Team with partners to troubleshoot and provide move on from B&B
- We are working with partners to look at training and an evictions policy across the homelessness pathway to ensure that partners are supporting us with B&B avoidance
- Use of a Creative Solution Forum, multi-agency approach to problem solving to look at some cases and find solutions
- Set up two half day problem solving days with partners to look in detail at Rough Sleeping and Homelessness to ensure we are doing all we can
- Working with a small provider to purchase two family homes to use as move on from temporary accommodation.

CR9 – Number of households prevented from becoming homeless

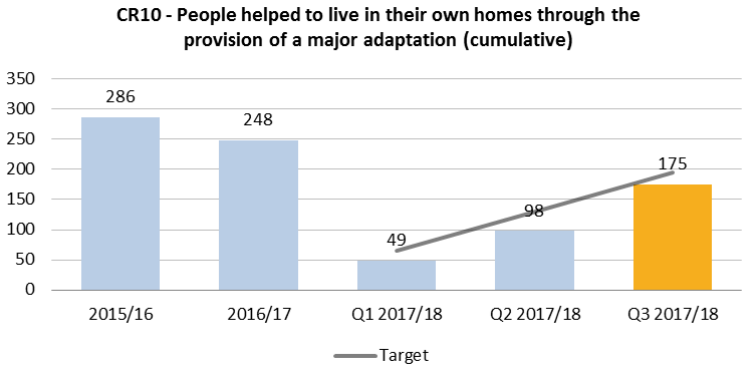
Prevention of homelessness decreased in quarter three with 175 households prevented from becoming homeless; down from 263 in quarter two. Work has been undertaken with the Housing Access team to ensure that we are maximising prevention and working with people to where possible keep them in their current homes whilst helping them solve their impending homelessness. The success of this indicator impacts on the average number of households in B&B that has been previously reported on in this section.



The increasing demand in people presenting to the local authority as being at risk of homelessness is reflected by one of the Council's strategic risks (amber Risk 84) with regards a risk of increased poverty and hardship as a result of the impact of Welfare Reform and reduced funding for discretionary welfare funds. Activity underway to try and mitigate this risk include; the Welfare Reform Framework having been adopted and the implementation of plans and strategies in place to create jobs. Support also continues to Credit Unions and other financial inclusion initiatives.

CR10 – People helped to live at home through provision of a major adaptation

By providing major adaptations through a DFG (Disabled Facilities Grant) we are helping people with disabilities to live at home. Interventions including a pilot to install stair lifts at the request of Occupational Therapists have helped increase the number of home adaptations provided during quarter three, thus increasing the number of people helped to live at home. The gap between actual performance and target has closed meaning progress against target is now amber rather than red, and we are now on a trajectory to provide a similar number of DFGs to that provided in 2016/17 and considerably more than in 2014/15 and 2015/16. Additional funding via the autumn budget which has to be spent by the end of 2017/18 will allow us to provide approximately 30 additional high priority adaptations in quarter four and to reduce waiting times.



6. CONFIDENT PLYMOUTH – QUARTER THREE PERFORMANCE, 2017/18

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

Ind. ID	Indicator	City or Corp Indicator	2014/15	2015/16	2016/17	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Quarterly Performance Improving/ Declining?	Target (RAG)
Quarterly Indicators - Financial Year															
CO1	Increase the volume of residents registered to vote	Corporate	177,442	180,325	184,624	Improving				186,988	196,019	194,541	189,308	On Trend	On Trend
CO2	Staff sickness in days (average number of days sickness per FTE in a rolling 12 months)	Corporate	8.56	6.87	7.65	Declining	10.4	9.7		7.65	6.73	7.05	7.15	Slight Decline	7.40
CO3	Improved recycling rates (Household Reused/Recycled/Composted)	Corporate	35.3%	32.6%	34.1%	Improving	45%			31.2%	38.8%	39.2%	Available quarter four	Slight Improvement	38%

Ind. ID	Indicator	City or Corp Indicator	2014/15	2015/16	2016/17	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Target (RAG)
Annual Indicators - Financial Year										
CO4	Increase the value of local community projects benefitting from non Council funding	Corporate	£807,145	£2,711,542	£3,921,462	Improving				£2,800,000
CO7	Reduce the percentage of waste going to landfill*	Corporate	62.25%	6.81%	1.88%	Improving	24%		1st	2%
CO8	Reduce the incidents of fly-tipping**	Corporate	13,503	19,804	19,598	Slight Improvement				To Reduce

*Please note that the significant change in performance shown in CO7 between 2014/15 and 2015/16 represents the opening of the Energy from Waste Plant.

** Please note that the performance indicator 'CO8 Reduce the incidents of fly-tipping' currently does not have a 2018/19 target, this is under review with the service.

Ind. ID	Indicator	City or Corp Indicator	2015	2016	2017	Annual Performance Improving/ Declining?	England	Comp. Group	England Quartile Ranking	Target (RAG)
Annual Indicators - Calendar Year										
CO11	An increase in Visitor Numbers	City	4,965,000	5,116,000	Available 2019	Improving				4,638,733
CO12	An increase in Visitor Spend	City	£316,553m	£321,767m	Available 2019	Slight Improvement				£319.353m
CO13	Residents satisfaction with reduction in City congestion levels.	City	43.0%	43.1%	40.0%	Declining	53.0%			44%
CO14	Residents are satisfied with the condition of roads and pavements in the city	Corporate	50%*	52%*	52%	Same	55%			59%
CO15	Highly engaged Council staff promote the city and Council	Corporate	64%	64%	67%	Improving	64%			64%

Performance data will also be provided on the following annual indicators when the data becomes available:

- CO5 – Percentage of residents who are satisfied with Plymouth as a place to live. (next data delivery: quarter one 2018/19)
- CO6 – Percentage of people who feel they can influence decisions (in their locality) (next data delivery: quarter one 2018/19)
- CO9 – Reduced rail journey times between Plymouth/London (minutes) (January 2019)
- CO10 – An increase in the city's population (next data delivery: June 2018).

6.1. Performance Analysis

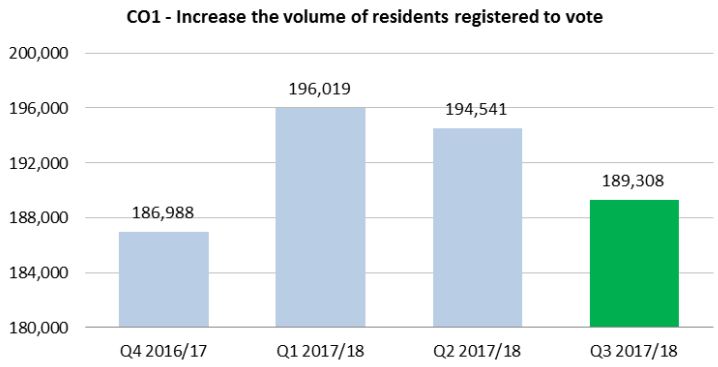
CO1 - Increase the volume of residents registered to vote

The Council has a current strategic risk regarding electoral services which is rated amber (Strategic Risk SCE02), which references potential failure to deliver effective electoral services functions due to inadequate resourcing and processes and lack of appropriately qualified staff. A key element of delivery is a duty to maintain an accurate register of the electorate. Canvas activity is a key mechanism by which Councils assure themselves that the register is up to date.

Following the 2017 canvass;

- 83.5% of household enquiry forms were returned, up from 81.8% in 2016
- Four of the six wards where engagement was targeted saw marked increases in their response rates, and
- All but three wards saw increases within their electorate, with confidence in the accuracy for those seeing a decrease remaining high.

The register published on 1 December 2017, showed an electorate of 187,684. This was a decrease of 6,857 on the end of quarter two position but aligned with expected decreases seen within the electoral registration cycle.



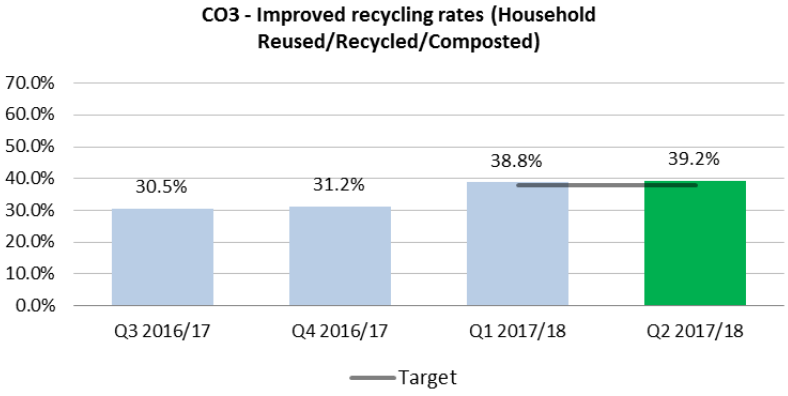
Following an electoral registration canvass and the resulting 'cleansing' activities (removing non-responders) the electorate decreases ahead of the publication of the register on the 1 December each year.

In early January 2018 the published register showed that just over 1,600 additional people have been registered (this will predominantly be attributable to residual returns of Household Enquiry Forms and Invitations to Register following canvass). The figure reported for quarter three is 189,308 and is higher than the same quarter in 2016/17. The proportion of those registered to vote by post remained at a consistent 19.2%.

CO3 – Improved recycling rates (Household Reuse / Recycled / composted)

N.B. please note that waste tonnages will always be a quarter behind in performance reporting due to independent verification of data.

There has been a slight increase (0.4%) on the overall recycling rates from quarter one to quarter two and is a 4.6% increase on the same quarter in the previous year. This includes waste that is reused, recycled and composted. Domestic reuse tonnages have increased in quarter two from quarter one by 0.2% and are 0.45% higher than in the same month in the previous year.



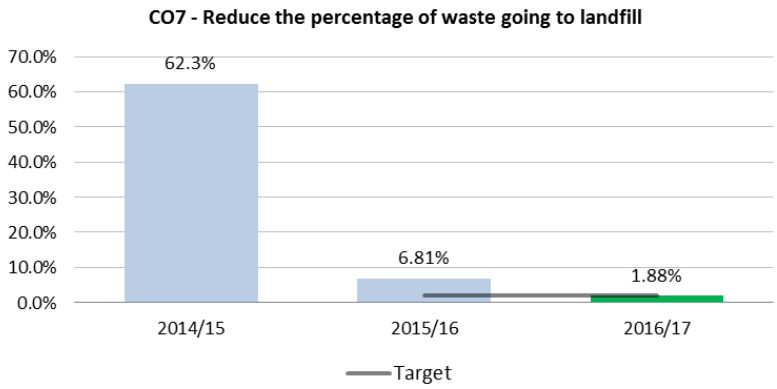
Domestic recycling has increased its tonnages in quarter two by 0.5% and is 1% more than in the same quarter in the previous year.

Domestic composting tonnages have increased in quarter two by 1.3% but is 0.25% below the tonnages collected for the same quarter in the previous year. There is an expectation that tonnages for quarter three will further reduce as composting collections ceased in October a month earlier than the previous year.

In relation to this indicator, Strategic Risk SSS1 is amber rated (risk of non-delivery of a plan for waste that delivers increased recycling levels in Plymouth and ensures it meets the PFI targets agreed in the SW Devon Waste Partnership). This risk is mitigated through the modernisation of the Street Scene and Waste Department and implementation of alternate weekly collection has taken place.

CO7 – Less Waste going to Landfill

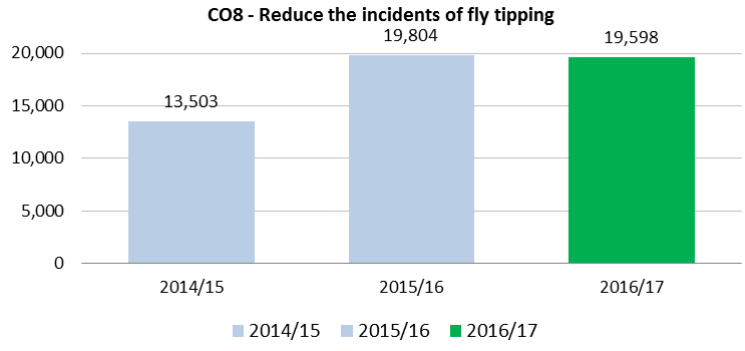
In 2016/17 the amount of waste going to landfill was 1.88% which is less than the 2% target. The waste that remains following incineration is known as 'Bottom Ash' and 'Fly Ash'. Bottom Ash is reused in construction. It is Fly Ash which makes up the 1.88% of remaining waste going to landfill.



There has been a significant change in the amount of waste going to landfill since the opening of the Energy from Waste Plant in 2014/15 year prior to which 62.3% of Plymouth's waste went to Landfill. In 2015/16 6.8% was sent to landfill which exceeded the 2% target. The Energy from Waste Plant did not go live until three weeks into the 2015/16 financial year and therefore in the first three weeks of April a higher proportion of waste went to landfill (6.81% for the year).

CO8 – Reduce the incidents of fly tipping

The incidents of fly tipping have reduced by 1.04% this year. Analysis of fly tipping data has been undertaken to understand the incidents that are occurring. This has led to identify recording processes and paperwork currently being used being are not fit for purpose. As a result the recording paperwork for frontline crews is currently being amended to reflect the distinctions between side waste, litter and fly tipping; this is in accordance with the Environmental Agency statutory reporting requirements. These changes will be reflected in the data from March 2018. In the meantime continued efforts are being made to administer enforcement penalties for those who illegally dump waste, with Public Protection Officers and frontline waste crews working together to obtain the best evidence. Following a review with the service it has been decided that there will be a review of performance targets relating to this area, new targets will be set for 2018/19.



CO15 - Highly engaged Council staff promote the city and Council

60% (1,608 people) of the Councils workforce participated in the 2017 Staff Survey. The results show an improved picture overall to the 2016 survey, and that engagement score has increased to 67% (up from 64%). This is the highest employee engagement score since the survey was launched in 2010 and is considered a good result, especially as 2017 was a challenging year of change for many of the Council's workforce.

Over the coming weeks and months Senior Managers will lead conversations with their teams to talk about the results. They will want to find out about what works well and what we should keep doing, and also how we can do things better to improve our working culture.

PLYMOUTH CITY COUNCIL

Subject:	**CQC Local Area Review Report**
Committee:	Cabinet
Date:	13 March 2018
Cabinet Member:	Councillor Lynda Bowyer
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Craig McArdle (Director for Integrated Commissioning)
Contact details	Tel: 01752 307530 email: craig.mcardle@plymouth.gov.uk
Ref:	CB/CMcA
Key Decision:	Yes
Part:	I

Purpose of the report:

Plymouth Health and Wellbeing system was selected following a request from the Secretaries of State for Health and for Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of the review was to understand how people move through the health and social care system with a focus on the interfaces between services.

The local system review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on older people aged over 65. It also focussed on the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

The review was conducted over a 6 week period with a week-long site visit from the 4-8th December 2017. The accompanying document presents CQC final Local System Review Report of the Plymouth System.

The CQC press release (6th February 2018) that accompanied the report noted the following regarding the Plymouth System:

"The review found strength and commitment amongst system leaders to deliver a fully integrated system in order to meet the needs of the residents of Plymouth. This process had already begun with integration between the CCG and local authority, with innovative risk sharing agreements and a significant shared budget.

However, the city faced significant pressures in relation to finance and flow of people through the system. In order for this to succeed moving forward key challenges need to be addressed including, primary care capacity, continuing healthcare and organisational budgets.

At the time of the review, people's experiences of health and social care services in Plymouth were varied. More people were attending A&E, being admitted and staying longer than necessary. Recent work undertaken by the system had led to some improvements, However, Derriford Hospital remained under pressure.

While there was a compelling strategic vision for the future, system leaders need to ensure that the key challenges including primary care capacity continuing healthcare and patient flow were addressed

Professor Steve Field, Chief Inspector of Primary Care Services, said:

"The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in.

"I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership."

CQC presented their findings to the Plymouth System at a Local Summit on the 2nd February 2018. In response to the findings and recommendations the Plymouth System is now developing a comprehensive action plan based around Commissioning and Market Management, Workforce and Organisational Development and System Improvement. The Action Plan is designed to be owned by the Plymouth Health and Wellbeing Board and will be subject to monitoring by the Wellbeing Overview and Scrutiny Panel.

The Corporate Plan 2016 - 19:

The CQC Report and Recommendations align to the Plymouth City Council Corporate Plan by working with partners to meet the objectives of creating a Caring Pioneering Plymouth and also aligns to the Health and Wellbeing Board's vision of delivering an Integrated System of Health and Wellbeing.

This project will support the Corporate Vision through:

- Being pioneering in developing and delivering quality, innovative services with our citizens and partners that make a real difference to the health and well- being of the residents of Plymouth through challenging economic times.
- **Growing** Plymouth through learning and community development creating opportunities for vulnerable people to develop, making us and them stronger and more confident as a result.
- Putting citizens at the heart of their communities and work with our partners to help us **care for Plymouth**. We will achieve this together by supporting communities, help them develop existing and new enterprises, redesign existing services which will in turn create new jobs, raise aspirations, improve health and educational outcomes and make the city a place to live, to work and create a future for all.
- Raising aspirations, improving education, increasing economic growth and regeneration, people will have increased **confidence in Plymouth**. With citizens, visitors and investors identifying us as a "vibrant, confident, pioneering, place to live and work" with an outstanding quality of life.

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

All resourcing implications are already built into the Medium Terms Financial Strategy

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

Delivery of the CQC recommendations will contribute to improved health and wellbeing.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No.

Recommendations and Reasons for recommended action:
The recommendation is for the Cabinet to:

- Formally accept the CQC Plymouth Local System Review Report
- Support the development of an action plan
- Agree that the Health and Wellbeing Board will take ownership of the plan and Wellbeing Overview and Scrutiny will monitor progress and delivery.

Alternative options considered and rejected:

The Plymouth System could reject the findings of the report. However the contents and recommendations are fully accepted by the Plymouth System and the development of an action plan will improve services and service delivery for the people of Plymouth.

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
CQC Plymouth Local Area Review Report	X								

Sign off:

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Originating SMT Member Craig McArdle Director for Integrated Commissioning													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

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Plymouth

Local system review report
Health and Wellbeing Board

Date of review:
4-8 December 2017

Background and scope of the local system review

This review has been carried out following a request from the Secretaries of State for Health and for Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of this review is to understand how people move through the health and social care system with a focus on the interfaces between services.

This review has been carried out under Section 48 of the Health and Social Care Act 2008. This gives the Care Quality Commission (CQC) the ability to explore issues that are wider than the regulations that underpin our regular inspection activity. By exploring local area commissioning arrangements and how organisations are working together to develop person-centred, coordinated care for people who use services, their families and carers, we are able to understand people's experience of care across the local area, and how improvements can be made.

This report is one of 20 local area reports produced as part of the local system reviews programme and will be followed by a national report for government that brings together key findings from across the 20 local system reviews.

The review team

Our review team was led by:

- Delivery lead: Ann Ford, CQC
- Lead reviewer: Rebecca Gale, CQC

The team included:

- Two CQC reviewers,
- One CQC strategy lead,
- One CQC deputy chief inspector (adult social care)

- One CQC head of legal services
- Two CQC analysts,
- One CQC manager for integrated care
- One CQC inspection manager (adult social care)
- One CQC inspector (pharmacist)
- One CQC Expert by Experience and;
- Five specialist advisors (two current directors of adult social services, one former director of social services, one clinical commissioning group board member and one GP).

How we carried out the review

The local system review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on **older people aged over 65**.

We also focussed on the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

Using specially developed key lines of enquiry, we reviewed how the local system was functioning within and across three key areas:

1. Maintaining the wellbeing of a person in their usual place of residence
2. Crisis management
3. Step down, return to usual place of residence and/ or admission to a new place of residence

Across these three areas, detailed in the report, we have asked the questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?

We have then looked across the system to ask:

- Is it well led?

Prior to visiting Plymouth we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We asked the local area to provide an overview of their health and social care system in a bespoke System Overview Information Request (SOIR) and asked a range of other local stakeholder organisations for information.

We also developed two online feedback tools; a relational audit to gather views on how

relationships across the system were working, and an information flow tool to gather feedback on the flow of information when older people are discharged from secondary care services into adult social care.

During our visit to the local area we sought feedback from a range of people involved in shaping and leading the system, those responsible for directly delivering care as well as people who use services, their families and carers. The people we spoke with included:

- System leaders from Plymouth City Council (the local authority), the NEW Devon Clinical Commissioning Group (the CCG), Plymouth Hospitals NHS Foundation Trust, Livewell Southwest Community Interest Company (a social enterprise), the Health and Wellbeing Board (the HWB), the Overview and Scrutiny Committee and elected leaders.
- Health and social care professionals including social workers, GPs, discharge teams, therapists, nurses and commissioners
- Healthwatch Plymouth and voluntary, community and social enterprise sector (VCSE) services
- Independent care providers
- People using services, their families and carers at Improving Lives and the Elder Tree befriending service. We also spoke with people in A&E, hospital wards and at residential and intermediate care facilitates.

We reviewed 19 care and treatment records and visited 11 services in the local area including acute hospitals, community hospitals, intermediate care facilities, care homes, GP practices and domiciliary care providers.

The Plymouth Context

Demographics

- 16% of the population is aged 65 and over
- 96% of the population identifies as white
- Plymouth is in the top 20-40% most deprived local authorities in England

Adult social care

- 78 active residential care homes:
  - Two rated outstanding
  - 62 rated good
  - 9 rated requires improvement
  - Two rated inadequate
  - Three currently unrated
- 22 active nursing care homes:
  - One rated outstanding
  - 11 rated good
  - Seven rated requires improvement
  - 2 rated inadequate
  - 1 currently unrated
- 18 active domiciliary care agencies:
  - 2 rated outstanding
  - 7 rated good
  - 3 rated requires improvement
  - 6 currently unrated

Acute and community Healthcare

Hospital admissions (elective and non-elective) of people of all ages living in Plymouth were almost entirely to Plymouth Hospitals NHS Trust

- Received 97% of non-specialist admissions of people living in Plymouth
- Admissions from Plymouth made up 53% of the trust's total admission activity
- Rated requires improvement overall

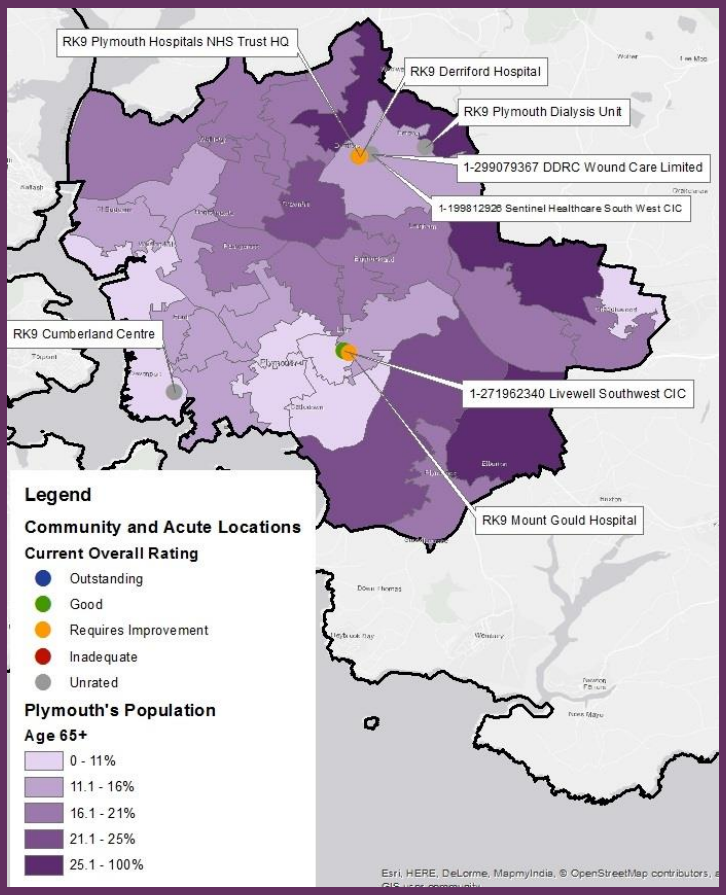
Community services are provided by Livewell Southwest

- Rated good overall

GP Practices

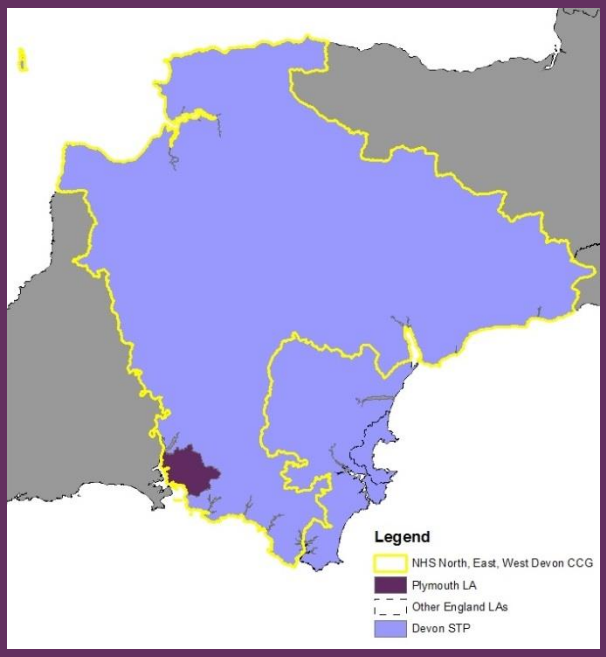
- 32 active locations
  - 30 rated good
  - 2 unrated

All location ratings as at 01/12/2017. Admissions percentages from 2016/17 Hospital Episode Statistics.



Map 1: Population of Plymouth shaded by proportion aged 65+.

Also, location and current rating of acute and community NHS healthcare organisations serving Plymouth.



Map 2: Location of Plymouth LA within Devon STP.

NHS North, East .West Devon CCG is also highlighted.

Summary of findings

Is there a clear shared and agreed purpose, vision and strategy for health and social care?

- Plymouth is on a journey to integration. There was a compelling vision for integration within Plymouth, developed in collaboration with system partners and local people and linked to the Devon-wide Sustainability and Transformation Plan (STP). The strength and commitment of Plymouth's leadership meant this strategic vision had the potential to be realised, but only if it was translated at ground level and if the wider current challenges facing the system are addressed.

- Plymouth was part of the north, east and west NEW Devon Success Regime, one of three in the country, owing to the area's significant financial pressures. These pressures continued to be felt at the time of our review. It was reported that Plymouth Hospitals NHS Trust (PHNT) had one of the largest Cost Improvement Plans in the country at £40 million for 2017/18. There were significant capacity issues within primary care and continuing healthcare performance was poor. People's experiences of the care system were variable and these challenges meant there was a risk improvements could not be sustained.

- The ambitions of the Devon-wide STP had been translated into the local *Plymouth Plan* and there were clear lines of communication and accountability between the two. Both officers and political leaders within the system had strived hard to ensure the voice of Plymouth was heard within the STP structures. Plymouth had been recognised by the STP for their approach to integrated commissioning, the way they had involved the public in developing their strategic vision and commissioning plans and the effectiveness of their Health and Wellbeing Board (HWB). This meant there was a clear framework to secure improvements for people who use services.

- There was a shared ambition among system leaders to progress with vertical integration of service delivery to include primary care, community, acute and social care. The challenges will be to ensure staff are engaged in the process and can articulate the strategic vision, and to ensure that positive approaches and ways of working that have been established within the current system are not lost in the change process.

Is there a clear framework for interagency collaboration?

- There was a clear framework for interagency collaboration. Relationships amongst system leaders were positive and there were examples of effective partnership working. However, it was widely recognised that some cultural and organisational barriers remained and that

significant organisational development work was required to overcome these if full integration of service provision was to become a reality.

- Since 2015, the local authority and the Western Locality of Northern Eastern and Western (NEW) Devon CCG had a pooled budget of £462 million to deliver integrated health and wellbeing services. There were four corresponding integrated commissioning strategies, which system partners were all signed up to. While they were reviewed every six months, they had remained consistent to provide clarity and stability.

- There was evidence of risk sharing at an STP and a local level. The Devon-wide STP was working to a system-wide control total which meant if PHNT's Cost Improvement Programme was not addressed, the entire STP was at risk. The risk share arrangement outlined in the Section 75 agreement between the local authority and NEW Devon CCG had been nationally recognised as innovative.

- System leaders were aware of the shared challenge to reduce the causes of delayed transfers of care. They had committed to resolving these issues through the establishment of the System Improvement Board (SIB) in October 2017, which provided a system-level view of performance. This fed into the Devon-wide System Performance and Delivery Group (SPDG) had been established to provide a shared view of performance and high-level scrutiny to drive improvement.

How are interagency processes delivered?

- There were strong governance arrangements in place with clear lines of accountability and communication between system partners within Plymouth and with the Devon-wide STP. However, some governance arrangements had been recently implemented and their impact had not yet been realised in terms of improvements in performance.

- In 2015 the local authority had transferred their adult social care staff to Livewell Southwest (LWSW), a social enterprise, to create an integrated health and social care community provider with the aim of providing a whole-person response to community support. Multidisciplinary teams were now based in four localities across Plymouth working in an integrated way to deliver positive outcomes for people.

- Plymouth's journey to integration had been underpinned by extensive public engagement and co-production. Health and social care providers and voluntary sector organisations described their relationships with commissioners as positive and collaborative.

- The challenge for this system was to continue to drive forward the strategic ambition while remaining focused on delivering improvements against current performance pressures. The

prevention and early intervention commissioning intentions for hospital admission avoidance remained underdeveloped due to a reactive response to external reviews and sub-optimal performance in parts of the system

- There were some missed opportunities to learn and improve as a system. For example, Plymouth was consistently in a state of escalation and this had become normalised. There was a lack of evaluation at a system level to identify what actions by services or individual staff led to the level of escalation being reduced.

What are the experiences of frontline staff?

- System leaders and senior managerial staff were visible and engaged. Staff were aware of how to escalate concerns within their organisations and across organisations.

- Frontline staff were committed to providing high-quality and person-centred care. There were some particularly innovative and energised staff working within the system who were leading and contributing to system improvements. However, there was a dependence on specific, critical individuals. Leaders should ensure plans are in place for succession and to mitigate any risk of these individuals leaving and that changes and improvements are embedded and sustained.

- While we found examples of staff working in an integrated way to deliver positive outcomes for people, the system remained fragmented in parts and organisational structures were a barrier. Staff did not always know which services were available and there was a lack of trust or understanding in the capability of those services newly established or those outside of their respective organisations. This was supported by the findings of our relational audit.

- While frontline staff were aware of the system's performance in relation to delayed transfers of care, there was not a shared level of responsibility to reduce them, but an acceptance they were the symptom of a pressurised system. This was particularly apparent in the acute hospital. The system needs to ensure that staff are not normalising sub-optimal performance.

- Most frontline staff across the health and social care sector we spoke with were positive about their relationships with commissioners. They described them as collaborative and supportive.

What are the experiences of people receiving services?

- The experience of people receiving health and social care services in Plymouth was varied. We received mixed feedback from people using services and from carers we spoke with. They were complimentary about individual staff, but told us they had had negative

experiences of discharge from hospital.

- If people received reablement services they were more likely to remain independent and remain at home, additionally if they were under the care of a LWSW locality-based team they were likely to only have to tell their story once.

- There were significant pressures within primary care, and GP provision in terms of numbers was poor in parts of the city. This meant people could not always access a GP when they needed one which placed an additional burden on other services within the system.

- There were services commissioned to prevent unnecessary admissions to hospital, however, some were working below capacity and could be better utilised. This meant some people were admitted to hospital unnecessarily.

- There were also missed opportunities to better utilise the services and contribution of the voluntary and community sector in terms of maintaining people at home and avoiding hospital admission.

- If a person went into crisis, they were more likely to be admitted to hospital and experience longer lengths of stay due to delays in the assessment processes for both health and social care.

- People were receiving direct payments and personal health budgets, but we were told it was difficult for people to access information about services available, particularly if funding their own care.

- Performance in relation to continuing healthcare (CHC) was poor. Large numbers of people were waiting for assessments for considerably longer than the expected 28 days. Furthermore, the conversion rate was low, meaning a large number of people referred for an assessment did not receive funding because they did not meet the eligibility criteria. System leaders told us that a high number of inappropriate referrals impacted on the CHC team's ability to respond to the backlog.

Are services in Plymouth well led?

Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?

As part of this review we looked at the strategic approach to delivery of care across the interface of health and social care. This included strategic alignment across the system, joint working, interagency and multidisciplinary working and the involvement of people who use services, their families and carers.

Plymouth was well on its journey to integration and some positive progress had been made to date.

We found there was strong system leadership with a clear strategic vision for the future, which was aligned to the wider Devon STP. There was a real commitment among both officers and political leaders to deliver together, and the challenges and pressures faced by the system were well understood by all. Relationships at a system level were positive and there was evidence of effective partnership working. However, some cultural and organisational barriers existed and were impacting on service delivery in parts of the system. It was widely recognised that some organisational development work was required to engage staff at all levels and ensure they were able to articulate the strategic vision and work together to achieve it. Should the wider system challenges be addressed with a clear focus on the here and now as well as transformational change, there was the potential for the strategic vision to be realised.

There had been extensive public engagement in the development of the city's strategic vision and service design. Wider system partners, including health and social care providers as well as voluntary sector organisations felt they had collaborative relationships with commissioners and there was a commitment for the system to learn and improve together.

Strategy, vision and partnership working

- There was strength in the leadership and a shared, system-wide commitment to serve the people of Plymouth well. While there was recognition that some relationships had been challenging and organisational structures had created barriers to integrated working, there was a commitment to overcome these. Findings from 160 respondents to our relational audit showed some issues still existed around organisational cultural issues, trust, and understanding about what services could offer. System leaders need to ensure staff at all levels across health and social care are included in the vision and understand their role in delivering it.

- The system was on its journey to integration. In 2013 the HWB set the ambition to develop

an integrated system of population-based health and wellbeing to tackle inequalities and improve outcomes for residents across the city. The HWB continued to take a leadership role, setting ambitions and agreeing strategic approaches. This strategic vision for an integrated health and social care system within Plymouth pre-dated the development of the STP and system leaders had worked hard to ensure local priorities and challenges were well understood at an STP level from a political, commissioner and provider perspective. There was representation from Plymouth across the STP structures.

- Leadership was strong among officers and political leaders; positive relationships were leading to effective partnership working. Political leaders and shadow leaders were united in their support of the strategic vision and priorities for the city and the NEW Devon footprint, despite political and financial pressures, which was encouraging to see. This meant there was a shared commitment to ensuring people received better quality care.

- The Devon STP, encompassing the local authority areas of Plymouth, Torbay and the rest of Devon, set out ambitious plans to improve health and care services to ensure they are clinically and financially sustainable in the future. It also provided the framework for an Accountable Care System with a single strategic commissioner and four Local Care Partnerships (LCPs) based on a place-based model of care and a network of acute hospitals by 2020/21. One of these LCPs would cover the Western Locality of NEW Devon CCG, including Plymouth.

- The strategic vision and priorities of the Devon STP had been translated into a local strategic framework. The '*Healthy City'* chapter within, '*The Plymouth Plan'* set out the objectives for health and social care, focusing on prevention and early intervention as well as considering the wider determinants of health such as, housing, transport and the environment. This strategic framework was underpinned by four integrated commissioning strategies. The focus was very much on prevention and living well. There had been significant investment across the city to develop 309 extra care housing units for older people, with a further 80 due to complete by February 2019. However, there was an absence of end of life care within the strategic plans at both an STP and local level. This was highlighted by some voluntary sector organisations we spoke with during our review.

- Although system leaders embraced the STP and were committed to delivering the strategic objectives of the STP and *Plymouth Plan,* some system partners felt the STP had hindered progress in some areas. The STP had been slow to develop a primary care strategy and this had impacted on Plymouth's ability to respond to what was an immediate risk within the system due to commissioning arrangements being the responsibility of NHS England.

- Partners had not only succeeded in having a joint plan for the Better Care Fund (BCF)

signed off and approved by NHS England without any conditions, they had also submitted a bid to be part of round one BCF graduation. Plymouth was not one of the seven areas selected for the first tranche, but intended to apply again should the opportunity arise. The Improved Better Care Fund (iBCF) submission for Plymouth outlined a long list of schemes, which all met with the three national conditions imposed on related monies.

- System leaders were aware of the shared challenge to reduce the causes of delayed transfers of care. They had committed to resolving these issues through the establishment of the SIB and the joint appointment of an 'Interim Director of Integrated Urgent Care' by LWSW and Plymouth Hospitals NHS Trust (PHNT). Unverified data showed recent improvements had been made, but delays remained higher than average and wider system pressures, including primary care capacity and workforce put the sustainability of these recent improvements at risk.

- A system level plan for winter had been produced and staff and providers throughout the system were able to articulate how they had been asked to contribute. For example, care providers and voluntary, community and social enterprise sector (VCSE) organisations had been asked to provide information on their capacity.

- The system worked collaboratively with providers, housing partners and VCSE organisations. The feedback we received from these organisations supported this view. They were positive about how commissioners engaged them in developing the vision and strategy and they felt like system partners. There were a variety of fora they could attend, including system design groups at both a local and STP level. However, some VCSE organisations also reported they felt underutilised and that commissioners could be more proactive in their approach. System leaders should ensure VCSE organisations are included in strategic plans to increase future capacity.

Involvement of people who use services, families and carers in the development of strategy and services

- Plymouth's journey to integration had been underpinned by extensive public engagement and co-production. Providers had systems in place within their individual organisations to engage with people and obtain feedback, including a partnership committee at LWSW and a patient council at PHNT. The system's approach to involving people in service design and delivery was positively commented on by many people who use services and staff we spoke with during our review and it had also been recognised at the STP level. For example, the 'Plymouth Sofa' visited different parts of the city to facilitate conversations about what was important to people and a series of 'I' statements were also developed.

- For each of the four integrated commissioning strategies, a system design group (SDG)

had been established. These created opportunities for all stakeholders (including providers, people who use services and carers) to collaborate, review, design and implement structures and pathways. Annual surveys and quality reviews across service provision were undertaken as part of the contract management process, which involved site visits and speaking with people who used services. The feedback from these surveys and reviews helped inform future commissioning plans and identify areas for improvement.

- Healthwatch Plymouth had been commissioned by the local authority to lead a public consultation for the development of ten health and wellbeing hubs across the city where people could access information, signposting and self-management advice and activities. These hubs were at the planning rather than delivery stage and people were being consulted in their design from the outset. The consultation had concluded and Healthwatch had produced a comprehensive outcome report for commissioners prior to our review (published November 2017).

- We received positive feedback from VCSE organisations about their relationship with commissioners and involvement in strategic development to support local people. Not all were represented on Plymouth's HWB, but they described their involvement in SDGs at a local and STP level. However, some felt underutilised in the delivery of services. The system had commissioned a number of VCSE organisations to deliver services on their behalf. For example, Improving Lives ran the city's carers' hub and were commissioned to carry out carers assessments in collaboration with LWSW.

- Work was also being undertaken to develop and build upon community assets. The Plymouth Octopus Project (POP) had received investment from the local authority to go out into communities and help connect like-minded people, projects and organisations to create networks and increase social capital in local areas.

Promoting a culture of inter-agency and multidisciplinary working

- There was a shared ambition and commitment to move to a model of vertical integration which would see integration of statutory community and acute healthcare service provision as well as commissioning. The system had begun to lay the foundations for this and the integrated commissioning arrangements which saw a pooled budget of £462 million since 2015 between the local authority and Western Locality of NEW Devon CCG, meant they were further ahead than other areas of the country (and the Devon STP) in terms of the transformation agenda. This pooled budget extended beyond health and social care to include the wider determinants of health and wellbeing, such as public health, housing, leisure and community safety budgets.

- In 2015 the local authority transferred their adult social care staff to LWSW to create an

integrated health and social care community provider with the aim of providing a whole-person response to community support. Multidisciplinary teams were now based in four localities across Plymouth working in an integrated way.

- While there had been some ambitious steps made to encourage a culture of inter-agency and multidisciplinary working, some of these were relatively new and needed to be further embedded as relationships were fragmented in parts. This was supported by the findings of our relational audit where two of the lowest scores were on the statements: “Poor communication creates misunderstanding and ill-formed decisions” and “Opportunities are missed and problems caused as a result of limited knowledge about other organisations”.

- The Acute Assessment Unit at Derriford Hospital had been opened the week before our review. This saw LWSW and PHNT staff co-located and working together to prevent unnecessary admissions to hospital through primary care streaming, the Acute GP service and the frailty unit. The Acute GP service had been in operation for some time, but was generally working at 60% capacity despite attempts to engage staff in the Emergency Department at Derriford Hospital to encourage referrals directly from A&E. Some organisational development work needs to be undertaken to break down organisational barriers, strengthen relationships and ensure there is a shared understanding about staff roles and responsibilities and how they fit into the wider system. Should work progress to form a fully integrated service delivery model, the system needs to ensure staff are fully engaged, from the outset and led by a collaborative leadership.

- There was a shared commitment among system leaders to tackle the challenges faced jointly. PHNT and LWSW had recently made a joint appointment of an ‘Interim Director of Integrated Urgent Care’ to objectively review the system’s capacity and to remove barriers to facilitate more effective working.

- More work was required to ensure all providers felt like system partners. While care providers were positive about their relationships with commissioners, they were less so in relation to secondary care providers, who they felt did not understand the limitations of what their services were able to provide.

Learning and improvement across the system

- Although there was evidence of learning and improvement within individual parts of system, there was not a single, co-ordinated approach to ensure that lessons and key messages were shared widely across among system partners, but rather a fragmented approach. This meant there were some missed opportunities to evaluate and learn as a system to prevent incidents from reoccurring.

- The system had been the subject of several external reviews in the past year, including the Emergency Care Improvement Programme. This is a clinically led programme provided by NHS Improvement to provide practical advice and support to improve patient care and flow. Plymouth had produced comprehensive action plans in response to these reviews, which were ratified and monitored by the SIB. However, system leaders acknowledged these had often looked at pressure points within the system in isolation, which had led to a fragmented, reactive response.

- Due to the pressures in relation to flow, the system was regularly in escalation and this had become normalised among staff at all levels. System leaders recognised there was good communication in relation to escalation, but less so about when they were de-escalating. There should be more evaluation of the contributing factors that lead to de-escalation, whether that the actions of particular teams or wider system partners. This should be communicated widely to encourage learning and improvement. In addition, the system should proactively look to other areas within the STP where performance is better to understand this.

- At the time of our review, a “yellow card” system had recently been implemented within primary care. It enabled GPs to easily flag an issue of concern, such as outpatient departments asking GPs to do unnecessary investigations in the community. These were then escalated to the CCG who monitored for themes and action as necessary. Staff who had used the system reported they had received limited feedback to issues they had reported, but commissioners told us plans were being developed for cascading information. The yellow card system was not routinely being used to flag near misses, such as medication errors on discharge, nor was it accessible to social care providers. Therefore, opportunities were missed to identify common themes across the health and social care interface.

What impact is governance of the health and social care interface having on quality of care across the system?

We looked at the governance arrangements within the system, focusing on collaborative governance, information governance and effective risk sharing.

There were robust governance arrangements across the health and social care interface to assess, monitor and mitigate risks. There were clear vertical and horizontal lines of reporting between organisations and up to system level arrangements and the STP. The SIB had been established shortly before our review, but was effective at providing a shared view of performance across the system and driving improvement. However, data used to monitor flow was based on traditional performance indicators rather than universal outcome measures.

Risk sharing agreements and information governance agreements were in place. However, a lack of integrated records systems was a barrier to providing fully integrated care across the system

Overarching governance arrangements

- There were robust governance arrangements in place to support the planning and delivery of integrated care, particularly since the establishment of the SIB. The STP set out the strategic vision, delivery plans and provided an oversight of performance via the Devon-wide A&E Delivery Board, the STP's System Performance and Delivery Group (SPDG) and the Western SIB in Plymouth. There were clear lines of accountability and communication from the local level through to the STP board with horizontal and vertical reporting structures to ensure the correct groups were sighted on performance and quality issues.

- While each organisation within Plymouth had its own reporting structures and boards, two partnership groups had been established to encourage inter-agency working; the SIB to focus on the "here and now" in relation to system flow performance, national targets and financial improvements and the Taking Change Forward group to deliver on the transformation agenda.

- The SIB was established in October 2017 and had taken on the responsibilities of the Local A&E Delivery Board. The SIB included commissioners, providers and regulators, who met fortnightly to direct activity and seek assurance activities were having an impact and leading to improvements. A snapshot view of performance was provided by the System Flow Performance Framework, which included system flow indicators from the community and acute providers, NHS constitution targets and the escalation status of the system. The SIB provided performance updates to the Health and Wellbeing Board.

- Plymouth's HWB had been nationally recognised in a study commissioned by the Local Government Association in 2016 as a good example for being effective, having clarity of purpose and committed leaders. It was the driving force behind the vision and strategy and saw itself as the lead in terms of governance. While the HWB and system leaders recognised it had become "distracted" by the STP, work was ongoing to refocus its role. Both the HWB and the Overview and Scrutiny Committee provided a high level of challenge around specific pressures within the system, such as the system response to the fragility of primary care. They were reassured recent changes within the system would lead to performance improvements, but they did not have evidence of impact yet.

- There was a transparent approach to sharing of management information across the health and social care interface, facilitated by the SIB where some agreed performance metrics

were presented. However, some services were unable to evaluate their activity performance and how it impacted on the wider system. For example, intermediate care and reablement teams told us they did not know how many people currently in hospital were waiting for an intermediate care bed, only those who were referred to them so they could not predict demand. This meant some people in hospital may have been waiting longer than necessary if there were delays in their referral being submitted.

Risk sharing across partners

- There was a shared view of operational and financial risks across the system. However, while there was a shared strategic risk register, operational risks were often contained within organisational-level risk registers. We were advised plans were in place to develop a risk register between LWSW, PHNT and the CCG. However, the system needs to go further to include care providers for it to be truly system-wide.

- The Devon-wide STP was working to a system-wide control total which meant if PHNT's Cost Improvement Programme was not achieved it would impact on the STP income, which in turn would impact on the overall STP system control total.

- Locally, there was a risk-share arrangement outlined in the Section 75 agreement between the local authority and NEW Devon CCG. This had received national recognition as being an innovative approach. Commissioners and financial officers felt this had had a positive impact on relationships and their ability to respond to system pressures collectively. We observed a high level of trust between the two organisations.

- Feedback from external reviews carried out in early 2017 identified that a lack of risk-sharing between the acute and community sectors was affecting Plymouth's ability to respond to a consistently escalated system. System leaders were open and transparent about these findings during our review and were taking strategic steps to resolve them. A joint bid between LWSW and PHNT resulted in a £1 million grant to support the development of the Acute Assessment Unit (AAU) at Derriford Hospital, which opened the week before our review. It had also recently been agreed for the management of the Minor Injury Units to be transferred from LWSW to PHNT to provide greater connectivity and improve performance against the four-hour A&E target. It was hoped these changes would lead to demonstrable improvements in coming months.

- The recent establishment of the SIB provided a single point of escalation for system risks. It was responsible for resolving any issues in the best interests of the people of Plymouth, not individual organisations. All risks were considered shared risks and while leaders were able to articulate how the system had responded to specific issues or pressure points, this approach was reactive.

Information governance arrangements across the system

- There was a joint information sharing agreement in place between all partners in the STP (including Plymouth City Council, NEW Devon CCG, LWSW and PHNT) to support people who moved through the health and social care system. Plymouth was meeting the national conditions around better data sharing between health and social care and had NHS numbers recorded against more than 95% of adult social care records.

- Staff throughout the system reported information sharing across the health and social care interface needed to improve and it was regularly described as a barrier to integrated working and ensuring people experienced seamless care. Integrated multidisciplinary teams working within Plymouth's four localities could all access the same system, as could other LWSW services, such as the Community Crisis Response Team (CCRT). However, GPs and secondary care could not access these community health and social care records and vice versa. We were told this could lead to risk-averse decision making and unnecessary hospital admissions.

- While there was positive intent amongst system partners to share information, current operating systems differed between organisations and prevented frontline staff from sharing accurate, up to date information in a timely way. This meant people often had to tell their story more than once and experienced unnecessary delays.

To what extent is the system working together to develop its health and social care workforce to meet the needs of its population?

We looked at how the system is working together to develop its health and social care workforce, including the strategic direction and efficient use of the workforce resource.

We found there were strategic plans at organisational levels and STP level which aligned the workforce to future demand. It was clear what needed to be done and by whom, with a focus on developing teams rather than just individual professional groups. However, there was not a single, coherent workforce plan for Plymouth. Workforce was one of the most significant risks faced by the system with recruitment and retention challenges across every sector. The situation within primary care was felt most acutely and due to commissioning arrangements, this was being progressed at the STP level, which created its own challenges.

There were some examples of innovative approaches to responding to workforce capacity, looking at new roles and models of care. The system needs to ensure it works together as one, sharing good practice while preventing the burden from being felt elsewhere.

System level workforce planning

- Workforce capacity was a significant challenge for the system. There were a range of workforce strategies across the system at organisational level (Plymouth City Council, PHNT, LWSW) which outlined what needed to be done and by whom. However, there was no overall, coherent strategy for Plymouth. System leaders should work with partners to pull together existing plans, making sure priorities are aligned to address system-wide challenges and that strategic plans are supported by data and timescales for delivery.

- Although the system faced significant workforce challenges across every sector, the situation within primary care was at a tipping point. There was a shortage of 25 whole time equivalent GPs across 32 practices, equating to a 15.3% vacancy rate, and several practices had handed back their contracts or were at risk of doing so (some owing to difficulties with recruitment). Furthermore, it had been estimated that between 25% and 35% of GPs and practice nurses would be retiring within the next five years. The majority of the practices across NEW Devon CCG deemed vulnerable were in Plymouth (11 in total). Some workforce planning and action was taking place at an STP level due to national funding flows and recruitment initiatives to attract staff to the western peninsula. NHS England (NHSE) was the commissioner for primary care across the whole of NEW Devon CCG. NHSE had and is continuing to develop a range of initiatives to improve recruitment to Devon and Cornwall and recognised that there were particular pressures in some locations including Plymouth.

- System leaders within Plymouth acknowledged that the STP had been slow to develop a primary care strategy. The system needs to work closely with NHS England as the commissioner of primary care to take this forward at a pace, considering the fragile situation in the city.

- Plymouth had recently been successful in securing approximately £120k in funding from Health Education England, specifically for training and education in relation to new models and roles within primary care. However, it had taken some time for these monies to be released to the system, which was a source of frustration for commissioners and providers in primary care. This delay had impacted on the system's ability to plan and respond to what was a critical situation.

Developing a skilled and sustainable workforce

- Health Education England South West had provided the Devon STP with £861k to spend on workforce transformational activities, which had been prioritised by the STP as essential to the health and social care system. System leaders were working to develop and future

proof the workforce through initiatives at a local and regional level as well as with education institutions. We found examples of innovative approaches to growing a workforce and developing new roles and new models of care. For example, healthcare providers, including LWSW and PHNT, worked closely with a local medical and healthcare college recently set up for pre-GCSE students keen to a pursue a career in healthcare.

- Plymouth was facing significant recruitment and retention pressures in relation to staff across health and social care. However, while vacancy rates of adult social care staff across Plymouth stood at 8.7%, LWSW currently had a vacancy rate of less than one per cent. LWSW had developed a variety of programmes to help grow, support and retain their workforce. For example, scholarships to support staff to obtain degrees, the development of the nursing associate role and protected time for training additional to regulated training. System partners should work together to share initiatives and good practice to support wider improvements.

- Plymouth's substantive GPs cared for 2,364 patients per whole time equivalent GP on average compared with 1,950 on average for the whole of NEW Devon CCG. To reduce workloads and increase capacity, the CCG and GP federations were exploring non-GP scenarios, such as the roles of allied health professionals (pharmacists, advanced practitioners, nurse practitioners and medical associate professionals). In some parts of the city primary medical and community pharmacy models and workforce had been brought together, but recruitment and retention pressures also existed with pharmacists. Plans were in place to ensure every practice had some social prescribing support by early 2018. We saw an example of one GP federation that had employed a multidisciplinary team, including advanced paramedic practitioners to respond to demand for urgent appointments. Although innovative, this had wider implications for the system. South West Ambulance Service NHS Trust (SWAST) reported it had lost 14% of its advanced paramedic practitioners to primary care, but it should be noted this figure covers a much larger area than just Plymouth.

- Skills for Care workforce estimates for 2016/17 showed that the staff turnover rate for social care in Plymouth was 35%, which was higher than the comparator and England averages (24% and 28% respectively). Seventy two per cent of new appointments were made to people who were already working in the social care sector in Plymouth, which meant the system was retaining skills and experience, however a high turnover meant people did not receive continuity of care.

- Vacancy rates in social care were higher than average at 8.7%, compared to a regional average of 6.9% and an England average of 6.6%. Plymouth was part of the 'Proud to Care South West' campaign consisting of 16 local authorities promoting a career in the care sector. The local authority also supported providers with recruitment, for example by

hosting recruitment fairs and providing links with City College Plymouth's social care faculty.

- The local authority supported care providers to develop their workforce. Examples of training provided by or commissioned by the local authority included, leadership training, medicines management workshops, safeguarding and the development of health and wellbeing champions. Providers we spoke with were positive about these initiatives.

Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population? How do leaders ensure effective partnership and joint working across the system to plan and deliver services?

We looked at the strategic approach to commissioning and how commissioners are providing a diverse and sustainable market in commissioning of health and social care services.

Commissioning strategies, underpinned by needs assessments, focused on prevention and were aligned to the wider Devon STP. The system had developed an integrated commissioning function with a pooled budget. Services were commissioned across the health and social care interface, but commissioning practices remained predominantly reactive to pressure points within the system. There was awareness among commissioners at all levels where improvements were required and work was in train to make these. Plymouth did not face the same social care market issues felt elsewhere in the country or compared to the rest of the Devon STP area, but the system needs to ensure there is sufficient capacity and resilience to cope with an increase in demand.

Strategic approach to commissioning

- The HWB set the strategic ambition of system integration, including integrated commissioning. New Devon CCG and the local authority formed this integrated commissioning function as part of the pooling of budgets in April 2015. The local authority and the CCG commissioners were co-located to commission jointly across health and social care and this was well-regarded by local system partners, as well as those at STP level. Commissioning teams themselves described how it was much easier to "get things done" working in an integrated way.

- Commissioning plans were focused on prevention, place-based models of care designed to keep people well at home working to the principle of "the best bed is your own bed". There were four integrated health and social care commissioning strategies, underpinned by Joint Strategic Needs Assessments as well as advice from clinicians and public health specialists. These aimed to reduce inequalities, improve people's outcomes and experience of care and ensure the sustainability of the health and wellbeing system. However, due to current pressures within the system commissioning activity in relation to

hospital admission prevention had been reactive.

- SDGs, involving commissioners, providers and the public, had been established to convert the four commissioning strategies into project plans and deliverable outcomes. Some staff and stakeholders (providers and VCSE organisations) commented that the absence of a specific focus for older people and end of life care within the strategies made it difficult to articulate joint goals.

- The Devon-wide STP outlined ambitious proposals to form one strategic commissioner with four Local Care Partnerships. While system leaders within Plymouth were supportive of this direction of travel, the system was further ahead than its counterparts in relation to integrated commissioning and it was not clear what a strategic commissioner would mean in practice.

Market shaping

- The response to the System Overview and Information Request (SOIR) stated the commissioning strategies set the direction of travel so providers could use them to plan and deliver the services required. However, there was no externally-facing Market Position Statement which signalled to current and future providers what future requirements would be and to encourage innovative approaches. This should be developed as a matter of priority to ensure there is capacity in the market otherwise improvements made to increase flow elsewhere in the system will not be sustained.

- Plymouth did not have social care market capacity challenges seen elsewhere in the country, but there were some quality issues in nursing care and capacity issues with some specialist care. Sixty-eight per cent of care home beds and 67% of domiciliary care packages were partially or fully funded by the local authority or NHS. As of December 2017, 79% of residential homes in Plymouth were rated as good and 12% were rated as requires improvement which was better than comparator areas and the England average (18% and 15%, respectively). However, 9% of Plymouth's nursing homes were rated as inadequate, which was higher than an average of 2% in comparator areas and the England average of 3%. The percentage of domiciliary care providers rated as good or outstanding was higher than average and none were rated as inadequate.

- The system needed to assure itself there was capacity and resilience in the market should performance improvements lead to an increase in demand. Traditional contractual arrangements meant domiciliary care providers were not paid a retainer to keep packages of care open should a person be admitted to hospital. This arrangement may impact on continuity of care for the person and the capacity of providers to recruit and retain staff. Furthermore, should flow improve elsewhere in the system, this may lead to further delayed

transfers of care if packages were not available.

- Plymouth's iBCF submission statement had identified stabilising the social care market as a priority and as a result reported it had increased the rate of pay for domiciliary care. The current hourly framework rate for home care was £14.87, an increase from £14.76 the previous year. According to the response to the SOIR, a Care Home Business Improvement Partner, employed by the Integrated Commissioning team, offered support and a collaborative approach to the care sector regarding fees in a bid to secure a sustainable and viable market. Although care providers we spoke with understood the financial constraints of the local authority, they did not feel the current rate of pay was sufficient to attract and retain the right quality of staff and ensure business viability. The Association of Directors of Adult Social Services (ADASS) 2016/17 budget survey report highlighted there was national variation in the price paid for care and that councils overall had been unable to meet the desired 2016/17 UK Homecare Association (UKHA) benchmark of £16.70.

Commissioning the right support services to improve the interface between health and social care

- The integrated commissioning team commissioned a variety of support services to improve the interface between health and social care. There was a joined-up approach to commissioning preventative initiatives, bringing together public health and iBCF budgets to expand social prescribing and establishing health and wellbeing hubs to reshape existing services rather than procuring new ones. The public health prevention budget was small, but low-level services, such as befriending, had been retained.

- However, there remained a targeted, reactive approach to wider system pressures, which meant hospital admission prevention commissioning was underdeveloped. There was good uptake of personal budgets for health and social care, but there needed to be better use of voluntary sector organisations. The British Red Cross were in discussion with commissioners to increase their offer to support people with the discharge process.

- There were a variety of services commissioned from health and social care providers to prevent admissions to hospital and to facilitate timely discharges, but their effectiveness was hindered by workforce challenges, complex pathways and assessment delays. Emergency admissions for over 65s in Plymouth had been persistently higher than national averages since 2014, and there were a high number of delayed transfers of care. However, the system was aware of where the challenges were and the improvements required, including how it commissioned services.

- There was wide recognition that the discharge to assess pathway had not achieved the expected outcomes for people. Commissioners were working with providers to remodel the

service and ensure the right wrap around support from therapists and GPs was commissioned. Contracts had also been drawn up to commission the out of hours GP service to provide an enhanced visiting service to care homes by Christmas 2017.

- Published data in relation to continuing healthcare (CHC) showed that NEW Devon CCG's performance in quarter one for 2017/18 was poor. High numbers of people were waiting in a community setting for longer than 28 days for an assessment and conversion rates were low. System leaders reported that a lack of understanding amongst staff about the appropriate use CHC funding, the framework and eligibility criteria led to a high number of inappropriate referrals; 91.2% did not meet the criteria and this impacted on the CHC team's ability to respond to the backlog. There needs to be a system wide response to ensure there is a shared understanding and agreement of how the CHC framework should be applied so only appropriate referrals are made, people are not left waiting too long for an assessment and the backlog is resolved.

Contract oversight

- There were comprehensive systems in place to monitor the performance of commissioned services, but there was sometimes a varied response to quality issues. Commissioners were able to provide examples of how they evaluated the quality of service provision and performance dashboards were in use across the health and social care sector. These were being used to improve activity and hold providers to account, for example ensuring timely reviews of people receiving reablement services.

- The Quality Assurance and Improvement Team (QAIT), supported care homes to improve quality and practice, arranging training where required. Although the system was able to demonstrate some positive outcomes, 20% of adult social care services in Plymouth were found to have deteriorated following a CQC re-inspection compared to 15% in similar areas and 12% nationally. Furthermore, only 19% were found to have improved, which was lower than a comparator and England average of 37%.

- The local authority was described by CQC inspectors as more reactive than proactive in managing struggling services; only focusing on those rated as inadequate by CQC rather than those rated requires improvement. Feedback from the relational audit also included comments about commissioners not responding quickly enough to those providers who were financially challenged to prevent them from failing financially.

How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting people's independence?

We looked at resource governance and how systems assure themselves that resources are being used to achieve sustainable high quality care and promote people's independence.

We found there were robust controls and governance arrangements in place to provide assurance that available resources were being used in the most effective manner. Plymouth's financial situation was challenging with both the acute trust and CCG running large deficits, coupled with a funding gap of approximately 10% compared to the rest of Devon. The pooled budget arrangements facilitated open and transparent lines of communication between organisations and clear reporting structures meant system leaders were able to provide assurance they were aware of how resources were being used.

- There were robust governance arrangements in place to provide assurance around how resources were being used across the system. The system faced some significant financial challenges; it was reported that PHNT had one of the largest Cost Improvement Programmes nationally at £40 million and the CCG was running a planned deficit of £57.2m for 2017/18. Plymouth also faced an inequity challenge whereby funding per head of population was approximately 10% less in western Devon compared to eastern and northern Devon. There was also inequity in the public health budget compared to similar areas. System leaders were realistic about how and when this may be resolved and, in the meantime, ensured there were sufficient controls to effectively manage the current resource.

- Governance structures were designed to provide assurance. Since the pooling of budgets between the local authority and the CCG in 2015, the fund has been hosted by the CCG, with the fund manager being employed by the CCG and the deputy employed by the local authority. The pooled budget of £462 million was managed through an Integrated Commissioning Board. Financial officers worked closely with commissioners to measure the effectiveness of investments. There were a series of dashboards that tracked both budget and activity on a daily basis providing real time financial information.

- There were clear lines of reporting between the two organisations and up to their respective boards as well as the SIB. The Overview and Scrutiny Committee also fulfilled its function to provide challenge around the system's financial status.

- The iBCF funding was included within the pooled budget in its entirety and was being used to drive forward next phase of the 'One System, One Aim' programme of activity. The system was meeting requirements of the iBCF funding by providing quarterly update reports to the Department for Communities and Local Government.

- Our analysis showed that there were more residential beds per population aged 65+ in Plymouth compared to comparator areas and the England average with a 2% increase in the number between April 2015 and April 2017. There were a similar number of nursing beds per population aged 65+ in Plymouth compared to comparator areas and the England average. The number of nursing beds had reduced by 8% between April 2015 and April 2017. Rates of admission to residential and nursing care homes to provide long term support for older people had declined in 2016/17 to 461 per 100,000 from 513 per 100,000 the previous year and were below the England average and that of similar areas. Avoiding permanent admissions is a good measure of delaying dependencies.

Do services work together to keep people well and maintain them in their usual place of residence?

Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across the key area: maintaining the wellbeing of a person in usual place of residence

Are services in Plymouth safe?

There was a demonstrated commitment at all levels across the system to proactively maintain people in their usual place of residence; prevention and early intervention were the focus of the strategic vision. However, it was widely acknowledged by system leaders, frontline staff and stakeholders that the focus had been on acute, bed-based care due to pressures within the system and the prevention agenda relating to hospital admission prevention was underdeveloped. Current systems and practices were working well for the majority of people, but more needed to be done to ensure there was a shared view of who in Plymouth was at risk of hospital admission and that recently implemented initiatives were embedded. This will help mitigate the risk posed by the current capacity issues within primary care.

- There were a variety of systems and practices in place to support people to stay safe at home, but some were in their infancy and needed embedding. An Admission Avoidance Project Board had been established and was responsible for monitoring the progress of project delivery plans. It was widely recognised Plymouth's hospital admission prevention agenda was underdeveloped, but work was in progress to shift the focus from acute, bed-based care to the community.

- The Adult Safeguarding Health Needs Assessment provided an in-depth analysis in relation to the people in Plymouth who were in need of care and support and may be unable to protect themselves from harm. There was a multi-agency response to people deemed to be vulnerable through risk management meetings which included partners from health to housing. Frontline staff across the system were able to describe the process for reporting safeguarding concerns and other incidents. We were told the recent introduction of a

webform to report safeguarding concerns provided greater assurance, but both staff and stakeholders commented they often had to follow-up on referrals. They felt that there was limited feedback on any themes or lessons learned which could be cascaded widely across health and social care for future improvement.

- There was not a system wide risk stratification tool to provide a single view of those who were at most risk of a hospital admission. Individual teams or professionals had separate tools. A risk stratification tool had been agreed at STP level, but was yet to be rolled out in Plymouth at the time of our review. Five weeks before our review, LWSW had established locality multidisciplinary team (MDT) meetings attended by GPs, social workers and the LWSW MDT team for the area to discuss those people deemed to be at risk. The GPs we spoke with during our review were positive about these meetings and commented how LTC Matrons were effective at identifying and responding to deterioration in a person's condition.

- Most older people living in care homes in Plymouth were supported to remain safe and well in their usual place of residence and were less likely to attend A&E or be admitted to hospital with conditions which could be treated in the community. Our analysis of Hospital Episode Statistics (HES) data showed that between October 2015 and September 2016, admissions from care homes in Plymouth as a result of decubitus ulcers was higher than similar areas at 220 per 100,000 aged 65+, compared to 165 per 100,000 aged 65+ across comparators, and the England average of 161 per 100,000 aged 65+. However, the system has conducted its own analysis using information from Dr Foster and the NHS safety thermometer which showed Plymouth's observed rate of admission due to ulcers compared to the expected rate was below the national average. In the 12 months preceding our review, performance had improved and the data showed Plymouth's rate of admissions due to ulcers was in the lowest quintile nationally. A wellbeing clinic for leg ulcers had been piloted by LWSW and a bid had been submitted to commissioners. The pilot had demonstrated some positive outcomes. For example, one person had suffered from an ulcer for over two years and healed within eight weeks following input from the LWSW team. The bid outlined proposals to work with and provide training to practice nurses and care homes to support them in leg ulcer management.

- Our analysis of HES data in the first quarter of 2017 showed the rate of A&E attendances for people aged 65+ was 9,129 per 100,000; lower compared to similar areas with a rate of 12, 532 per 100,000 and the England average of 10,534 per 100,000. Data collected by the system showed the number attending A&E daily had remained fairly consistent between April 2017 and October 2017, with an average rate of between 271 and 292 people daily. However, these figures had increased since the previous year where the average daily attendance figures ranged from 256 to 276 during the same period.

- There were concerns throughout the system that capacity issues within primary care would see this number rise further. For example, performance figures for a GP practice with a patient list size of 21,000 people and a critical shortage of GPs had led to 14.8% increase in A&E attendances between April and August 2017 compared with the same period the previous year for those patients. This meant more people were accessing acute care, placing an increased burden on PHNT.
- The Minor Injuries Unit (MIU) at The Cumberland Centre was well utilised, seeing approximately 120 people a day. Staff reported they had seen an increase in attendees as a result of the lack of primary care capacity. There was an expectation for the MIU to continue to reduce the burden on Derriford Hospital's A&E department. Therefore, the system should assure itself it has the resource and capability to respond to deteriorating individuals appropriately. During our visit, staff told us they did not have the necessary medications to respond to a cardiac event and, as they were deemed a 'safe space' by the ambulance service, calls to 999 were not categorised as high priority. This placed people at risk of harm if the service was unable to respond appropriately to medical emergencies.

Are services in Plymouth effective?

There was a system wide commitment from staff at all levels to proactively maintain people in their usual place of residence. There had been some innovative work undertaken to design a service model which aimed to improve flow and prevent unnecessary hospital attendances or admissions. We found some positive examples of staff working in an integrated way to achieve good outcomes for people. However, parts of the system remained fragmented and work was required to bring staff from different organisations together to share information, increase their understanding of services available and ensure they were accessible to all. While staff were well supported and had the right skills. a lack of shared IT systems across organisations was a barrier to providing truly integrated, seamless care.

- We received positive feedback from people who use services and their carers about the support they received from VCSE organisations, including the Elder Tree befriending service and Improving Lives. However, if multiple organisations were providing support, it was not clear who was co-ordinating it. We also heard it was not always easy to access information and advice about services available. The Plymouth Online Directory (POD) provided a comprehensive list, but this was only accessible via the internet. Arrangements were in place to provide information to people in the format they required, including printing documents for people in libraries. The Plymouth Contact Centre provided information over the telephone and staff signposted people. Adult Social Care Outcomes Framework (ASCOF) data for 2016/17 showed 77% people over 65 in Plymouth found it easy to find information about support, which was in line with the average for similar areas and England at 75%.

- VCSE organisations felt they could be better utilised to support people to stay at home, especially if like-minded organisations worked together to come up with a combined offer. We were given powerful examples of where organisations had come together to respond to specific cases, such as supporting a homeless person at end of life to die in their preferred place of care. The System Design Groups (SDGs) provided a forum to collaboratively plan future service delivery, but it was felt there needed to be a more structured approach to responding collaboratively to individual cases.

- Although frontline staff in health and social care services had the right skills and were provided with regular training and development, they described a lack of understanding of services available as a barrier to support the effective transition of people. We found knowledge amongst staff varied and with the recent implementation of new initiatives, there needed to be some proactive and joined-up communication from system leaders.

- There had been a considerable about of work undertaken in recent years to remodel the system, reduce duplication and encourage holistic assessments of individuals. In 2015 local authority adult social care staff were transferred to LWSW, which led to integrated, multidisciplinary teams working together within four localities across the city. People who were under the care of these teams had a crisis prevention plan in place which could be accessed by all LWSW staff. However, when a person moved between organisations this information did not go with them.

- Services designed to improve flow through the system and to keep people at home were evidence based. There was a single telephone number for all community health and social care professionals, as well as paramedics, which they could access for advice and a response to a person at risk of going into crisis. All frontline staff we spoke with were aware of this single contact point and we were given multiple examples of how it had successfully prevented hospital attendances and admissions. Teams accessible via this number were provided by LWSW and included:
    - Community Crisis Response Team (CCRT) - a MDT which responded within two hours and could provide packages of care up to six weeks.
    - Acute GP Service (based at Derriford Hospital providing advice to GPs on clinical options)
    - Acute Care at Home Team (a nurse-led service which could provide intravenous antibiotics in the community)

- Data collected by the system showed the Acute GP Service received 766 referrals in October 2017 and 47% resulted in an admission avoidance. This was a similar figure to the previous year's performance. However, the service was currently working at 60% capacity, which meant it was not being fully utilised.

- There was no single point of access for care providers. If they identified a person may need additional support to stay safe and well at home, they had to go via a health professional or the local authority's contact centre for low-level equipment. This was a missed opportunity which may also be placing an additional burden on some parts of the system and should be reviewed as a priority.

- Our review of case files showed some positive examples of integrated working by staff delivering community services. However, the lack of digital interoperability impacted on the ability of staff to share information effectively, especially between organisations. This often led to duplicated assessments and could contribute to delays.

Are services in Plymouth caring?

Staff at all levels demonstrated a clear will and commitment to provide person-centred care and there were some innovative initiatives in place. Personalisation was high on the agenda and articulated within strategic plans and delivery plans. It was hoped that the development of 10 health and wellbeing hubs in early 2018 would improve the accessibility of information to people including professionals, as well as encouraging a more co-ordinated response to people's needs. Carers assessments had increased, but we received some mixed feedback about the support available, particularly in relation to respite care.

- ASCOF outcome data for 2016/17 showed the average quality of life score for people receiving social care in Plymouth (68) was higher than the national average, and the fourth highest when compared to its 15 comparator local authority areas where scores ranged from 54 to 71. Our review of case files showed some positive examples of person-centred care, supporting people to achieve their goal to remain independent at home.

- Plymouth's voluntary sector was dynamic, providing a range of services designed to maintain and improve people's health, wellbeing and independence. While organisations felt they could be better utilised in relation to the prevention agenda, they reported positive engagement with commissioners and the development of the 10 health and wellbeing hubs across the city in 2018 was hoped to lead increased activity.

- There were some examples of innovative practice, demonstrating a commitment to people being at the centre of service delivery. Plymouth was awarded the Dementia Friendly City of the Year in 2017, encouraging businesses and staff from across the city to receive dementia training and increase awareness. Community Connectors had been in operation for a year, connecting housing services to community teams to take a holistic approach to problem solving. These initiatives were linked to 'creative solution forums' where people who were vulnerable and resisted support from services were considered in terms of

alternative approaches. However, services were not imposed on people and our review of case notes showed examples of where a person's decision to no longer receive community care was respected.

- The local authority continued to commission low-level services, such as a befriending service, recognising the role this played in preventing social isolation and loneliness. Some people we spoke with during our review had been using this service for over 15 years and stressed the important role it played in maintaining their health and wellbeing. Plans were in place to extend the provision of social prescribing such that all GP practices would have this support from early 2018. Some VCSE organisations felt they were almost acting as social workers for some people, so the system needs to ensure these hubs do not blur the lines of accountability.

- As part of our review, we spoke with a carers group, supported by Improving Lives. They described challenges in accessing respite care, particularly in an emergency due to a lack of available placements in the community. Commissioners acknowledged it could be challenging if a person had complex needs. Our review of case files showed mixed experiences for carers. In one there was evidence of respite care being arranged, but in another there was no evidence of a carers assessment being completed despite it being identified that they felt in need of support. The response to the System Overview and Information Request (SOIR) reported that a collaborative approach between LWSW and Improving Lives to improve services for carers had seen the number of carers assessments increase from 549 in 2015/16 to 909 the following year and, correspondingly, the number of personal budgets for carers increase from 210 in 2015/16 to 704 in 2016/17.

- Data provided by the system showed the proportion of people in receipt of funded care in the form of a direct payment in Plymouth was slightly lower than the national average at 23% (575 people) compared to 28%. NEW Devon CCG was on track to achieve a target to have 1,740 personal health budgets (PHB) in place by March 2018. At the time of our review, 7.13 people per 50,000 were in receipt of a PHB compared to an England average of 5.82 per 50,000. However, it should be noted these figures apply to the whole of the CCG area, not just Plymouth.

Are services in Plymouth responsive?

We found some positive examples of staff working in an integrated way to achieve good outcomes for people. However, the capacity issues within primary care were placing an additional burden on the wider system. There was a risk of people not being seen at the right time, in the right place and by the right person.

- GP Patient Survey data for 2016/17 showed 64% people in Plymouth felt supported to

manage their long-term condition. This had improved from 62% the previous year, but was still below comparator and England averages. Our review of case files showed evidence of responsive, coordinated assessments. In one case file, the CCRT had been carrying out regular reviews on a person and appropriately escalated a skin integrity concern to their GP and the district nurses.

- The system faced significant capacity issues within primary care, which meant people could not always access a GP when they needed one; GPs we spoke with told us it was not uncommon for the waiting time for a routine appointment to be four weeks. There had been several closures and practices handing back their contracts to NHS England over recent months, affecting approximately 32,000 patients. While we were provided with assurance these practices were being staffed by regular locums, some people with long-term conditions were changing practices for consistency of care. The impact of these closures was felt by other practices stretched beyond their limits.

- A March 2017 national data set on provision of extended access to GPs outside of core contractual hours showed that none of the 29 GP practices in Plymouth surveyed (there are 32 in total) offered full provision of extended access over the weekends and on weekday mornings or evenings compared to the England average of 22.5% and the average across Plymouth's comparators of 23.2%. However, NHS England, the commissioner for primary care told us no funding was available for full provision until April 2018, so this was the reason for the low score. Our data showed 76% of GP practices provided partial extended hours provision outside of core hours and 24.1% provided no extended provision at all. NHS England told us 10 practices had opted out providing any extended provision outside of core hours, a total of 31%. This was considerably higher than comparator averages and the England average at 11.5% and 12.3%, respectively. NHS England, the commissioner for primary care, confirmed out of hours provision was available and this was provided by Devon Doctors.

- GPs' reported workloads had increased dramatically in recent years as had the complexity of the people's conditions. There were high levels of deprivation in parts of the city and a high number of refugees and asylum seekers saw some GPs using translation services every session, which was time consuming and resource intensive. We were provided with a copy of a letter written by a group of GP appraisers to the Lead Appraisal Team outlining their concerns about GPs' increasing workloads and the risks this posed.

- There were some systems in place to support people to remain at home following a change in circumstance. Domiciliary care providers were able to increase packages of care for a limited time without having to obtain approval from the brokerage team and the CCRT could also arrange emergency packages of care from the reablement service to prevent a

hospital admission. However, while these teams could provide a rapid response to prevent a crisis, staff reported discharging them could be problematic due to long waits for routine community therapy input. There was a falls team, but people could only be referred by a GP or consultant for an undiagnosed medical reason. For slips, trips and falls people were referred to the community therapy team after a second incident and could experience waits of several weeks. A review was underway, driven by staff, to respond to some of these issues and how community and acute teams worked together.

- However, the system's ability to respond out of hours was impacted by the availability of some services. The system's BCF submission demonstrated a commitment to implementing the high impact change model, including the provision of seven day services. Whilst the CCRT operated seven days a week, it was not open 24 hours a day and referrals were not accepted after 3pm at weekends. There were plans for the recently opened Acute Assessment Unit to be open at weekends, but recruitment challenges meant it was uncertain when this would be achieved. Therefore, at the time of our review, people were not always being seen in the right place at the right time.

Do services work together to manage people effectively at a time of crisis?

Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across the key area: crisis management

Are services in Plymouth safe?

There was a shared view of risks to service delivery which may impact on the system's ability to respond to people in crisis and keep them safe. While A&E attendances were lower than in similar areas, emergency admissions were higher than national averages and on an upward trajectory. Some people experienced delays if they were transferred by ambulance and people over 65 experienced longer lengths of stay, both of which put them at greater risk of harm.

- Once a person was in crisis and transferred to hospital, systems, processes and practices did not always safeguard people from unnecessary admissions and long lengths of stay which put them at risk of avoidable harm. In one case file we reviewed a person was admitted in July 2017 due to a series of falls (this was their fourth admission). They were transferred to Mount Gould for rehabilitation, but a further fall resulted in a fractured hip and head injury. The person was readmitted back to Derriford Hospital. From a review of this person's records we found that there had been missed opportunities to maintain them at home and delays in their transfer of care had placed them at risk of deterioration.

- The number of ambulance handovers at Derriford Hospital's A&E taking more than 30 minutes had steadily increased since April 2015, peaking at 406 (11%) in November 2017. A total of 334 hours, approximately 10 hours per day, were lost by South Western Ambulance Service NHS Trust (SWAST) to Derriford delays lasting more than 15 minutes in November 2017. This was considerably higher than other hospitals accessed by SWAST. This put the people waiting to be admitted to A&E and also those who may need assistance in the community at risk of harm should they be waiting for long periods.

- Fewer people attended A&E in Plymouth compared to other areas, and while they were less likely to be admitted compared to similar areas, admission rates were higher than national averages and had increased. Our analysis of HES data in the first quarter of 2017 showed the rate of A&E attendances for people aged 65+ was 9,129 per 100,000 compared to similar areas with a rate of 12,532 per 100,000 and the England average of 10,534 per 100,000. The emergency admission rate for people aged 65+ in Plymouth was 6,434 per 100,000 compared to a rate in similar areas of 7,343 per 100,000 and the England average of 6,391 per 100,000. Unverified data provided by the system showed there had been a 10.8% increase in the number emergency admissions for people aged 65+ across the western locality in 2017/18 due to an increase in acuity and pressures in primary care.

- Our analysis of HES data showed that in the first quarter of 2017, 37% of people aged over 65 had a hospital stay lasting longer than seven days, which was higher than similar areas with an average 33% and the England average of 32%. The length of stay had remained consistently higher than average since 2014. If people were admitted to hospital from a care home, they were likely to have significantly longer lengths of stays at 49% staying longer than seven days compared to the England average of 36%. Longer lengths of stay put people at avoidable risk of harm.

- There was a system-level escalation procedure to manage risks to service delivery; the Operational Pressure Escalation Levels (OPEL) framework. Between April 2017 and October 2017 PHNT was consistently at OPEL 3 or 4 status (the highest of escalation) and this had become normalised amongst staff. We were told it was not uncommon for there to be several escalation calls a day involving system partners.

- The locally developed, 'Shackleton Plan' was an innovative approach adopted by domiciliary care providers to support people to stay safe at home during times of increased demand or staff shortages. This had been triggered five times within two years and saw providers working together, with the support of commissioners, to deliver packages of care during challenging periods, including winter.

- There was a shared view of risks to delivery of services to people in crisis and these were monitored closely. Dashboards regarding flow, safeguarding and incidents were provided daily to system leaders. Derriford Hospital historically had a higher than expected number of falls with harm and work had been ongoing to investigate this. Data provided by the system following our review showed the number of falls with harm at Derriford Hospital was in the lowest 25% nationally; in November 2017, it was 0.9%.

Are services in Plymouth effective?

During a crisis, frontline staff demonstrated an awareness of assessing a person holistically, but a lack of digital interoperability impacted on how effectively they could share information with colleagues. There were multiple pathways available once a person was in crisis and work was required to increase staff understanding and confidence in the capabilities of different services to ensure the whole system was working effectively considering the pressurised state of the system.

- Our review of case files showed holistic assessments of people's needs and multidisciplinary input. The CCRT staff had been upskilled to enable them to assess the whole person, so that they were able to respond appropriately to any identified issues or risks. The aim of this was to prevent the person from having to tell their story more than once. However, the extent to which people we spoke with felt involved and aware of their plan of care varied.

- Services designed to improve flow through the health and social care system were evidence based. However, there were multiple pathways, provided by different staff groups and a lack of trust or knowledge by staff meant they were not always being used effectively. People in crisis could be routed to the Community Crisis Response Team (CCRT), the Acute Assessment Unit (AAU) where they could be seen by a GP or Advanced Nurse Practitioner, or the frailty service in an attempt to prevent their admission. If admission was deemed necessary, there continued to be multiple pathways; the medical assessment unit (MAU), the clinical decision unit (CDU), the short-stay ward or hospital wards.

- It was widely recognised some organisational development work was required to increase staff's trust in the capability of services available. Staff we spoke with described a "risk averse" culture of decision making and we were given examples of where people who needed best interests decision meetings or Deprivation of Liberty Safeguards assessment had been admitted rather than undertaking these in the community despite the people being medically fit. Findings from our relational audit showed one of the lowest scores was on the statement: "People take organisational risks where it had the potential to serve wider system goals without fear of criticism or failure". Data collected by the system showed

during times of escalation some community services were working under expected capacity. Work needs to happen at pace to improve understanding and communication between staff.

- Due to pressures within the acute care system, Plymouth had a significant number of outpatient appointment cancellations. Data collected by the system showed that in September 2017, 82% of people received treatment within 18 weeks of referral, but there were 163 operations cancelled on the day of admission or after for non-clinical reasons. This meant people experienced delays in treatments, placing them at an increased risk of crisis as a result of missed early interventions.

- There was limited interoperability between records systems to allow staff to share accurate, real time information. While there were plans in place to address this and staff reported it was better than it had been, it remained disjointed. In one case file we reviewed, a person had been referred to A&E by the out of hours GP due to raised potassium levels. As staff were unable to access the person's record at their registered GP to see what was deemed to be a 'normal' range, the person was transferred to the AAU and then admitted for treatment. Staff were not clear if the Acute Care at Home team could provide the necessary treatment and this option, which may have prevented an admission, had not been explored.

Are services in Plymouth caring?

Frontline staff understood the importance of involving people and their families in decisions about their care. Some case files we viewed clearly documented the discussions had with people, but we were told by some people and their carers during our review that they were not always aware of what the plan of care was or that they had been involved in the decision making process.

- Our review of case files showed assessments of care were centred on the needs of the person and took into account social factors, as well as health. Some people we spoke with at Derriford Hospital were complimentary about the care they had received and knew the plan for their care. However, others told us they were not aware what was happening.

- Since February 2017 the Plymouth Carer's Hub run by Improving Lives has had a presence within Derriford Hospital to provide advice, support and signposting to carers of patients in the hospital about local services and help available to them.

- Staff we spoke with demonstrated an awareness of dementia care and it had been recognised some parts of the hospital (A&E and the AAU) were not as dementia friendly as they could be, but there were processes in place to manage this. Providers, VCSE organisations and carers raised some concerns about support for people with dementia

when they went into crisis, including the environment on hospital wards and staff skills.

Are services in Plymouth responsive?

People living in Plymouth did not always receive the services needed at the right time during times of crisis, particularly out of hours. There were some responsive community-based services, but if people arrived at A&E they were increasingly likely to be admitted to hospital and stay in hospital for too long. It was hoped that the newly opened AAU would reduce some of the pressures on the hospital, but it was too soon to measure its impact.

- People were often seen in multiple places and experienced a disjointed pathway. We looked at eight people's records during our visit to Derriford Hospital and all were moved within the hospital several times after admission. All but one person went from A&E to the MAU before going onto a ward; some stayed on three different wards.

- There were some examples of proactive and rapid responses to people in a crisis. Plymouth Community Homes had installed emergency telecare alarms in 1,400 properties; the CCRT provided advice to paramedics attending falls; and people attending majors within A&E received a Front Loaded Initial Care (FLIC) assessment by a clinician in an attempt to identify the most appropriate pathway as quickly as possible. On 5 December 2017 the AAU had seen 28 people and only admitted two.

- In July 2017 South West Ambulance Service (SWAS) treated 49% of 999 calls without transferring the person to hospital and 14% of calls were resolved with telephone advice; both these figures were higher than the England average. However, some care providers we spoke with gave us examples of where they had had to wait for several hours for an ambulance to attend after a fall or other incident.

- Between 2014/15 and 2016/17 PHNT failed to meet the national four hour A&E target of 95%, falling from 91% to 84%. Unverified data, collated by the system showed performance had improved in August 2017 when 90% of people were seen within four hours. However, this was not sustained and in November 2017 in the week commencing 18 November performance decreased to 65% on two days. On the Monday, Tuesday and Wednesday of that week A&E attendances were similar (280, 298 and 307, respectively). However, the number of four hour breaches increased from 49 on the Monday, to 79 on the Tuesday and 106 on the Wednesday. PHNT needs to scrutinise this data to determine what is causing these downturns in activity.

- During the same week in November when A&E performance dipped, corresponding performance data for the hospital avoidance schemes such as Acute Care at Home, the CCRT and Acute GP service showed they did not start meeting their expected activity targets until the Wednesday. This meant seven day services were not fully operational and

those designed to prevent hospital admissions were not being utilised effectively during periods of increased demand.

- Older people in Plymouth were more likely to end up being admitted to hospital than national averages and to stay in hospital longer. Between 2016 and 2017, bed occupancy at PHNT was consistently above the optimal target of 85%, peaking at 89%. Some hospital staff reported they cared for people who should not have been admitted. Examples given included failed packages of care, a fall with no injury and some low-level antibiotic treatment.

Do services work together to effectively return people to their usual place of residence, or a new place that meets their needs?

Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across the key area: step down, return to usual place of residence and/or admission to a new place of residence

Are services in Plymouth safe?

The number of people over 65 in Plymouth who were readmitted to hospital following discharge was consistently below average, including those who were discharged to care homes. Providers reported they received comprehensive discharge summaries most of the time and our review of records supported that. However, the level to which providers trusted the information was poor and we were given examples of when people had experienced unsafe discharges.

- VCSE organisations, providers and carers of people who use services told us about their experiences of discharges, some of which they felt were poorly managed and organised with risks not always fully mitigated. For example, a person being discharged and left on their doorstep with no key; another was discharged to a care home at 2am and left in the car park; and others where people with considerable care needs were discharged with no, or insufficient, packages of care.

- Medicines management was not optimised across the system to support timely and safe discharges. While work had been undertaken to facilitate more effective information sharing between hospital and community pharmacists, processes within the acute setting needed improving. Medicines were not being requested early enough in the discharge process and approximately 100 people's medicines per month were being sent to them via courier after discharge; a costly response. There had been no analysis to determine which wards were generating this activity in order to encourage learning and improvement. This put people at risk of avoidable harm due to delays in receiving their medication and medication errors.

- The number of older people in Plymouth requiring emergency readmission once discharged from hospital was consistently below comparator and England averages. Our analysis

showed that throughout 2016/17, Plymouth's emergency readmission rates occurring within 30 days of discharge for people aged 65+ ranged from 15% to 17%, compared to the England average of 19%. This indicated people were only discharged from hospital when they were medically fit and were less likely to be readmitted due to inappropriate discharges.

- The same applied to people from care homes. Our analysis of HES data showed that in the first quarter of 2017 emergency readmission rates occurring within 30 days of discharge for people aged 65+ from care homes in Plymouth was lower (at 15%) than similar areas and the England average (21% and 20% respectively). Performance had fluctuated, but had been consistently better than average since 2014.

- Fourteen out of the 20 Registered Managers of care providers who responded to our survey reported they received discharge summaries at least 75% of the time, mostly in paper format or via secure email. However, six respondents received discharge summaries less than 75% of the time. Fifteen respondents reported receiving discharge summaries within 24 hours, but two responses relating to domiciliary care providers stated they never received summaries within 24 hours. Not receiving timely discharge summaries puts people at risk of unsafe and inappropriate care, which may lead to readmission.

Are services in Plymouth effective?

There had been a considerable amount of effort at a system level to address the issues in performance in relation to delayed transfers of care, both in the acute and community setting. A number of external reviews had made a series of recommendations and these were being acted upon. The appointment of an Interim Director of Integrated Urgent Care and recent changes to the system model were having a positive impact. Reablement services were achieving good outcomes for people, but the number of delayed transfers of care remained high.

- Readmission rates were consistently below average and people in Plymouth were more likely to receive a reablement service than in other areas. Analysis of ASCOF data for 2016/17 showed 4.1% of older people received a reablement service compared to similar areas and the England average (3.6% and 2.7%, respectively). Where people did receive reablement, it had good outcomes; 85% of people over 65 were at home 91 days after discharge from hospital to a reablement service.

- The number of delayed transfers of care was consistently, and significantly, higher than average. There had been a sudden increase in December 2016 and while there had been a decline between April 2017 and September 2017 from 32.1 days to 27 days per 100,000 population (aged 18 and over), this was more than double the comparator average of 11.9 and England average of 13 days. Data collected by the system showed performance had

improved and was on the right trajectory, but it was still off the national target of 3.5% (5.6% in October 2017).

- The high impact change model for managing transfers of care identifies a series of changes that can support the reduction of delays and the system was in the process of implementing some of these. For example, a multidisciplinary, integrated discharge team comprising LWSW and PHNT staff had recently been established at Derriford Hospital and community teams were being encouraged to do more in-reach to facilitate the discharge of people on their caseloads. At the time of our review there was one Trusted Assessor working between Derriford Hospital and providers commissioned to provide discharge to assess beds, but plans were in place to recruit more.

- Facilitating timely discharges and reducing length of stay should be considered a shared responsibility, not a delegated one. The Tactical Control Centre (TCC) at Derriford Hospital provided an oversight of capacity within the community to facilitate complex discharges and there were daily meetings to discuss transfers of care where ongoing support was required. However, staff across all levels of the system felt the absence of some senior clinical and operational staff at these meetings meant they were not as effective as they could be. The integrated discharge team and Discharge Case Managers (DCMs) were seen as a positive, but this had also encouraged a lack of clinical ownership in relation to discharges. Our review of case files showed estimated discharge dates were not being discussed early enough and there was a lack of urgency among clinical staff; delays were an accepted part of the system.

- Some care providers told us they had to proactively contact the hospital to find out when an existing client may be ready for discharge. Both families and care providers gave examples of when the first contact they had was to be told the person was being discharged that day. Registered Managers of care providers who responded to our survey commonly felt that the discharge summaries supplied were sufficient for their service to make a decision on whether they could support the placement; however 15 out of 20 respondents were less positive about whether they trusted them. Where the Trusted Assessor had strong links with care providers, we were told they were beginning to trust their assessment for package of care re-starts. However, it was recognised there was more work to be done.

Are services in Plymouth caring?

It was acknowledged by staff across the system that people, their families and carers or advocates were not involved early enough in the discharge process. Our conversations with people, their families and carers supported this view as experiences varied. People, especially those funding their own care, found information difficult to access and while some voluntary sector organisations were effectively supporting people to be discharged home, more could be done.

- Our review of case files showed a person-centred approach was adopted and people's preferences were documented. However, some records showed conversations with people, their families and carers were not being started early enough. People told us it was difficult to access information, particularly if they were arranging the care themselves. There was a choice policy in place, but it had not been ratified and not all staff could refer to it.

- Staff were committed to providing compassionate and high-quality care. However, some carers and providers gave examples of where people had experienced very poor discharges which had been undignified and unsafe.

- The British Red Cross had been commissioned to provide support with the discharge process by ensuring people returned to safe, warm homes with the essentials supplied. The organisation was in talks with commissioners to see how this service could be expanded. There was recognition among voluntary organisations and system leaders, that they could do more.

- According to the response to the SOIR, 52.8% of people died in their usual place of residence in 2015, which was slightly higher than the national average of 46%. Data in relation to standard continuing healthcare (CHC) was poor with a low referral to service provision conversion rate. As at November 2017, the number of outstanding disputes was 152 across NHS NEW Devon CCG. People were not only waiting a long time for an initial assessment, but were also waiting too long for their appeal to be heard. Data provided by the system following our review, showed there had been a considerable improvement. As of 17 January 2018, there were 27 outstanding appeals across NEW Devon CCG, 11 of which related to Plymouth. We were assured all people were receiving care while waiting for the outcome of their appeal.

Are services in Plymouth responsive?

There were multiple pathways to facilitate discharges from the acute setting and support people to remain as independent as possible. However, delays in assessments across the system meant people's support needs were not regularly reviewed, leading to longer lengths of stay in inappropriate settings. Recent performance data collected by the system showed performance had improved, but it was unclear if there was capacity within the market to cope with an increase in demand. People referred for continuing healthcare (CHC) were experiencing significant delays and this needs to be acted on as a matter of urgency.

- The process for reviewing people's support needs was not always timely and was contributing to delays in the acute and community settings. Published data in relation to delayed transfers of care between February and April 2017 showed the majority of delays

were attributable to the NHS with 'awaiting completion of assessment' and 'awaiting further non-acute NHS care' reported as the main reasons for delay in Plymouth. 'Awaiting completion of assessment' accounted for an average daily rate of 13.8 days per 100,000 population, compared to an average of 2.2 days in similar areas and 2.5 days nationally. 'Awaiting further non-acute NHS' accounted for an average daily rate of 8.1 days per 100,000 population, compared to an average of 1.8 days in similar areas and 2.6 nationally.

- Unverified data provided by the system showed there had been an improvement in performance. In November 2017, the total number of delayed days had decreased from 27 per 100,000 in September 2017 to 18.3 per 100,000. Delays in assessment were the biggest contributing factor in an acute setting, and awaiting package of care in a person's own home was the main cause of delay in community settings.

- There were multiple pathways available to support people to return home and remain as independent as possible; reablement, intermediate care, discharge to assess one (home-based), discharge to assess two (bed-based) and discharge to assess three (complex, bed-based care). Reablement services were achieving good outcomes for people, but delays in reviews and assessments across each of these pathways meant some people were not being rehabilitated or discharged within expected timeframes. In one case file we reviewed, the person was receiving a reablement service but it was not clear when it started, when it was due to end or what the person's goals were.

- Consistent themes had been identified by external reviews, one of which was the fact too many people were spending too long in intermediate care. Data collected by the system supported this. As of 13/10/2017 there were 126 people who had been in spot-purchased, discharge to assess beds for more than the target of six weeks; 49 for more than 20 weeks. Those in spot-purchased beds did not have the dedicated MDT input of those in block-purchased beds which led to delays in assessment and rehabilitative input. The system had recognised the current discharge to assess pathways were not working as effectively as they could be. A thorough analysis had been carried out to diagnose the issues and plans were underway to remodel the pathways, shifting the focus to Home First and reducing a cultural reliance on bed-based care.

- The delays in assessments were widely understood by system leaders and recent efforts had shown these had gradually come down. However, the system needs to assure itself that it has the capacity within community based services and the social care market to cope with increased demand and activity should flow continue to improve elsewhere in the system.

- Significant improvements were required in relation to standard continuing healthcare (CHC)

to ensure staff understood the eligibility criteria and made appropriate referrals so there was a timely use of the framework and people's rights to care were being met. While it was positive the system had achieved their commitment not to conduct any CHC assessments in an acute setting, published data showed a high number of people waited a long time for an assessment. It should be noted that this data does not just describe the situation in Plymouth, but relates to the whole NHS NEW Devon CCG area. In quarter one of 2017/18 the number of people waiting longer than 28 days for their assessment was 54.3 per 50,000 compared to the England average of 10.2 per 50, 000. Furthermore, the conversion rate for standard CHC was 13% compared to an England average of 25% meaning fewer people who were referred for CHC funding were deemed to meet the eligibility criteria. We were told the CHC team received a high number of inappropriate referrals and educating staff and improving their understanding was cited as a priority. The system were aware of their performance and data collected as part of the SIB's ongoing monitoring of performance showed in October 2017 there was a backlog of 253 people waiting in Plymouth for an assessment, with an average waiting time of 227 days. A high number of inappropriate referrals was impacting on the CHC team's ability to meet expected assessment targets.

- The Department of Health's analysis of activity showed between October 2015 and September 2016 the proportion of older people discharged over the weekend in Plymouth was similar to comparator areas at 18%. Performance data collected by the system showed this had increased to 20.7% in October 2017. However, social care providers were less likely to accept discharges over the weekend and the lack of seven day services across the system meant this figure was unlikely to increase significantly.

Maturity of the system

What is the maturity of the system to secure improvement for the people of Plymouth?

- Our review showed Plymouth is striving to make improvements in the way that people move through the health and social care interface. The positive intent was clear amongst the system leadership, but in reality people's experiences varied. If the system continues on the current trajectory with the further development of the western locality, the improvements in flow from secondary care to the community and the potential vertical integration of service provision, people should enjoy a responsive, effective, caring and safe journey through the system. However, the lack of primary care provision, poor prevention and inadequate CHC arrangements may compromise these improvements.

- The system had a clearly articulated, long-established vision of integration, translated into local commissioning strategies. Leaders were consistent in their description and commitment to the vision with whole system buy-in. Plymouth needs to drive this forward to ensure there is a community, home-based focus.

- Governance arrangements in Plymouth were strong across health and social care and closely linked to the Devon STP. System leaders were well represented at STP level to ensure the voice of Plymouth was heard. The System Improvement Board (SIB) was effective, and had begun to think about developing a set of integrated performance metrics shared across the system. This work should continue at pace even if the role of the SIB changes in the future.

- Relationships at a system level were positive and there was strong political consensus. However, some cultural challenges existed between organisations and these need to be overcome if the vision for vertical integration in service delivery is achieved. The system had a good track record of public engagement and they need to ensure this continues as they move forward with the integration agenda.

- There was evidence of engagement with the current local provider market, but there is an opportunity to develop a more strategic approach to include the anticipated future need and attract potential providers. This applies to health and social care providers.

- There was a shared understanding of resources. The system had an integrated budget in place, but future funding flows were fragile. The current financial position was vulnerable at both a local and STP level due to shared risk agreements.

- There was an STP level workforce strategy, but not a single, coherent strategy for Plymouth.

- There was a lack of system-wide digital interoperability, but integrated teams within the community had joint records and there was a shared use of NHS numbers.

- There was a shared commitment to the prevention agenda and investments had been protected. However, the implementation and effectiveness of the agenda was underdeveloped and budgets were vulnerable considering the current financial position.

Areas for improvement

We suggest the following areas of focus for the system to secure improvement

- System leaders need to drive forward the strategic ambition while remaining focused on delivering improvements against current performance pressures. Attention should be given to commissioning for prevention and early intervention as performance is sub optimal in these areas.
- As the system moves towards further integration, work needs to be undertaken to ensure that staff are fully engaged, on board from the outset and led by a collaborative leadership.
- Organisational development work needs to be undertaken to break down any organisational barriers, strengthen relationships, improve communication and ensure there is a shared understanding among staff of their role in achieving the strategic vision at an operational level.
- Due to the fragile primary care situation, the system needs to work with NHS England at pace to avoid the sustainability of the wider system improvement being put at risk.
- System leaders should develop a coherent workforce strategy for Plymouth.
- Continuing healthcare (CHC) performance needs to be addressed as a matter of urgency to ensure people are assessed and given an outcome in a timely way.
- The system needs to undertake more evaluation of the actions taken by teams and individuals during times of escalation and this should be shared with system partners to encourage learning and improvement.
- The local authority needs to ensure it continues to fulfil its statutory obligation under the Care Act 2014 and provide assurance there is capacity of good quality services within the domiciliary care market to cope with an increase in demand.
- Commissioners need to consider how the practicalities of not paying a retainer to domiciliary care providers and how the current rate of pay may impact on continuity of care for the person and the capacity of providers to recruit and retain staff.
- The activity data for services designed to prevent admissions should be reviewed to ensure they are being used effectively, particularly during times of escalation.

- The system should assure itself that the Minor Injuries Unit has the resources and capability to respond to deteriorating individuals appropriately.

- The system should consider expanding the single access point currently available to community health and social care staff to independent care providers.

- There should be a review of how the “yellow card” reporting system is used and who it is accessible to, to ensure common themes across the health and social care interface are identified.

- The system should continue to review performance data in relation to pressure ulcers to assure themselves there are no gaps in commissioning.

- The system should progress with the review into the number of falls in hospital with harm to determine the root causes.

PLYMOUTH CITY COUNCIL

Subject:	Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20
Committee:	Cabinet
Date:	13 March 2018
Cabinet Member:	Councillor Lynda Bowyer
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Craig McArdle (Director for Integrated Commissioning)
Contact details	Tel: 01752 307530 email: craig.mcardle@plymouth.gov.uk
Ref:	CB/CMcA
Key Decision:	Yes
Part:	I

Purpose of the report:

The purpose of this report is to provide a position statement on the shared ambition to develop Integrated Health and Wellbeing both within Plymouth and the wider Devon STP footprint. The report considers progress to date, key challenges, national context and future direction. A number of key documents will be brought forward to deliver on the next phase of our integration journey, these include:

- Plymouth System Strategic Commissioning Intentions
- Plymouth and Western Local Care Partnership Mandate
- Revised Sustainability and Transformation Plan
- Strategic Commissioner Options
- An Integrated Care System for Devon

The report links to a previous report on this Cabinet agenda regarding the recent CQC Local Area Review and the recommendations contained in that report. Following the review the progress that the Plymouth System has made towards system integration was acknowledged by **Professor Steve Field, Chief Inspector of Primary Care Services, who stated :**

"The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in.

"I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership."

Plymouth City Council Cabinet and NEW Devon CCG are now asked to consider one of those documents mentioned above and agree to commence stakeholder consultation on the content of the draft Strategic Commissioning Intentions for the Plymouth Health and Well Being System 2018-2020.

The Corporate Plan 2016 - 19:

The Strategic Commissioning Intentions align to the Plymouth City Council Corporate Plan by working with partners to meet the objectives of creating a Caring and Pioneering Plymouth. It also aligns to the Health and Wellbeing Board's vision of delivering Integrated commissioning, Integrated Care and Support and an Integrated system of Health and Wellbeing.

This project will support the Corporate Vision through:

- Being **pioneering** in developing and delivering quality, innovative services with our citizens and partners that make a real difference to the health and well- being of the residents of Plymouth through challenging economic times.
- **Growing** Plymouth through learning and community development creating opportunities for vulnerable people to develop, making us and them stronger and more confident as a result.
- Putting citizens at the heart of their communities and work with our partners to help us **care for Plymouth**. We will achieve this together by supporting communities, help them develop existing and new enterprises, redesign existing services which will in turn create new jobs, raise aspirations, improve health and educational outcomes and make the city a place to live, to work and create a future for all.
- Raising aspirations, improving education, increasing economic growth and regeneration, people will have increased **confidence in Plymouth**. With citizens, visitors and investors identifying us as a "vibrant, confident, pioneering, place to live and work" with an outstanding quality of life.

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

The Commissioning Intentions are supported by the Integrated Fund which underpinned by a Section 75 Agreement between NEW Devon CCG and Plymouth City Council. The Integrated Fund is a cradle to grave fund, circa £480million covering wellbeing children and young persons, leisure, acute, adult social care and community health. The activities flowing from the Commissioning Intentions will be built into both organisations financial planning arrangements.

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

Implementation of the Strategic Commissioning Intentions aim to reduce inequalities and meet the aim of Thrive Plymouth and contribute to addressing address Child Poverty and Community Safety

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No, will be completed following consultation and on individual areas of work within commissioning intentions as and when required.

Recommendations and Reasons for recommended action:

Cabinet agree that:

1. The Strategic Commissioning Intentions for Health and Well Being are subject to a 6 week period of consultation with stakeholders.
2. Well Being Overview and Scrutiny Panel are asked to consider the Strategic Commissioning Intentions as part of the consultation.
3. NEW Devon CCG consider the document on 22 March 2018 and when both governing bodies agree the consultation period commences.

Alternative options considered and rejected:

The Strategic Commissioning Intentions are not developed and consultated on with stakeholders. This has been rejected as delivering the Health and Wellbeing Board vision of Integrated Health and Wellbeing would not be achieved and we would not be able to meet the recommendations set out in the CQC Local Area Review of Plymouth.

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Integrated Health and Wellbeing Position Statement and Next Steps	X								
Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20	X								

Sign off:

Fin	**Djn1 718.2 18**	Leg		Mon Off	30 04 3/0 20 31 8	HR		Assets		IT		Strat Proc	
Originating SMT Member Craig McArdle Director for Integrated Commissioning													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

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Integrated Health and Wellbeing
Position Statement and Next Steps
March 2018

Introduction

1. The purpose of this report is to provide leaders and stakeholders with a position statement on the shared ambition to develop Integrated Health and Wellbeing both within Plymouth and the wider Devon Sustainability and Transformation Partnership (STP) footprint. The report considers progress to date, key challenges, national context and future direction. In doing so it recognises that over the next few months a number of key documents will be brought forward to deliver on the next phase of our integration journey:

- Plymouth System Strategic Commissioning Intentions
- Plymouth and Western Local Care Partnership Mandate
- Revised Sustainability and Transformation Plan
- Strategic Commissioner Options
- An Integrated Care System for Devon

Plymouth's Integration Journey

2. Plymouth has a long and established record of cooperation and collaboration with a formal commitment to Integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.

2.1. Since then there has been some significant progress and notable achievements towards achieving this aim. NEW Devon CCG and Plymouth City Council (PCC) formed an integrated commissioning function in April 2015 as part of their single commissioning approach. An integrated fund is in place with risk and benefit sharing agreements. Integrated planning and governance arrangements between the two organisations are in place. Commissioners, informed and supported by clinicians and public health experts, have collectively developed an integrated commissioning approach through the development of four Integrated Commissioning Strategies, which direct all commissioning activity and deliver the Healthy City element of the Plymouth and South West Devon Joint Local Plan. This means our commissioners work across health and social care system. They are now co-located to enable closer working and delivery.

2.2. As part of this forming an integrated commissioning function in April 2015, the commissioning budgets from the Western footprint of NEW Devon CCG were aligned with the People Directorate and Public Health budgets from the Local

Authority to develop an integrated fund of £462m. This was facilitated through a Section 75 agreement and included housing, leisure, Public Health commissioned spend, children's services including education, and Adult Social Care spend. The fund is hosted by the CCG, with the fund manager being employed by the CCG and the deputy employed by PCC. Partners share financial risk through an innovative risk-share agreement that has received national recognition.

2.3. In April 2015, the Local Authority also transferred 173 Adult Social Care staff to Livewell Southwest (LWSW) to develop an integrated community health and care provider with a single point of access, locality-based services and improved discharge pathways from secondary care. Livewell now provides the majority of Adult Social Care services for and on behalf of the Local Authority. The Local Authority has retained statutory responsibility for safeguarding and has a retained client function. The integrated service has achieved some notable outcomes including helping balance the Adult Social Care budget for two years in a row whilst at the same time achieving good outcome ratings:

- Above average satisfaction among people in receipt of long-term care (69% extremely or very satisfied);
- Of people who use services, 93% say that those services have made them feel safe and secure.

2.4. More recently, LWSW and Plymouth Hospitals Trusts (PHNT) have collaborated to deliver an Integrated Sexual Health Service, Minor Injury Units for the Western Locality and there has been further co-operation and colocation of staff and services to deliver the Acute Assessment Hub. In response to urgent care pressures, the two providers have also appointed a Joint Director of Urgent Care driving changes required around Discharge to Assess Two and Intermediate Care.

2.5. The progress that the Plymouth System has made towards system integration was acknowledged in the recent Care Quality Commission (CQC) Local System Review with **Professor Steve Field, Chief Inspector of Primary Care Services, noting:**

"The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in."

"I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership."

Plymouth and the Wider Devon Sustainability and Transformation Plan

3. In 2015, NEW Devon CCG became part of the Success Regime in part due to the financial challenge it was facing. NEW Devon was 1 of 3 CCG's who were placed in the Success Regime by Simon Stevens, National Health Service England (NHSE) Chief Executive. The size of the financial challenge was then acknowledged again in the Devon-wide STP, which outlined that, if nothing changed, then by 2020/21, there would be a funding gap across health and care of £557m.

   STP's were introduced in December 2015 as a way of planning and commissioning for services on a wider footprint and were introduced to bring together all health partners, Commissioners and providers and Local Authorities. There were 44 footprints across the country and the Devon footprint includes Devon, Torbay and Plymouth.

   Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population. The Wider Devon Sustainability and Transformation Partnership has been in place since then.

3.1. The Wider Devon Sustainability and Transformation Partnership (STP) spans the whole of Devon and includes NEW Devon CCG, South Devon and Torbay CCG and three Local Authorities including Plymouth City Council. The following map shows the boundaries of each NEW Devon CCG Locality and Local Authority boundaries. To the west is Cornwall, a key partner with significant patient flows into the Plymouth system.

3.2. Plymouth is an active partner of the Wider Devon STP and a key stakeholder in developing the strategic thinking. The Wider Devon STP sets out ambitious plans to improve health and care services for people across Devon in a way that is clinically and financially sustainable, and provides the framework within which detailed proposals and local delivery solutions will be developed across Devon between now and 2020/21.

The seven key STP Priorities are:

1. Prevention and Early Intervention
2. Integrated Care
3. Primary Care
4. Mental Health
5. Acute hospital and specialised services
6. Productivity
7. Children, young people and families

3.3. Sitting within this wider framework Plymouth has set out its local vision and has set this down in four Integrated Commissioning Strategies. This relates the ambition to develop an Integrated System for Population Health and Wellbeing to deliver *the right care, in the right place, at the right time,* through developing Integrated Commissioning, Integrating Health and Care Services and developing an Integrated System of Health and Wellbeing. The strategy has four aims:

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

3.4. There is a STP delivery plan in place for 2017/18: a Strategy Refresh for 2018/19 is currently underway to ensure all NHS Planning Guidance is considered prior to the development and sign off of the 2018/19 delivery plan.

This work is then incorporated into the local system delivery plans, integrated commissioning plans, and is signed off by Health and Well Being Board, Western Locality Board and PCC Cabinet. This ensures that the Joint Strategic Needs Assessment (JSNA) for Plymouth is considered and the needs of local residents are taken account of alongside the direction of travel of the STP.

Developing the STP Partnership

4. Alongside the work to develop the strategy and plans, there has also been considerable work across all partners about how the constituent bodies should work together towards the overall aim and direction. This has been done through a Programme structure with work under an Organisational Design group, which our Chief Executive is a member of, and a Strategic Commissioning group, which the

Strategic Director for People attends. There are also groups working an acute services and mental health and how these should all link to each other.

4.1. Following a great deal of work across partners it was recommended to The Collaborative Board, made up of Local Authority Members and Chairs of the NHS bodies that we should organise ourselves as follows to enable the delivery of the plans. It has always been very clear that these steps do not take away the decision-making responsibilities or governance arrangements in any of the constituent bodies.

The proposal was to have:

- A strategic commissioner consisting of the 3 health commissioners (the 2 CCGs and NHSE) and the 3 Local Authorities (DCC, PCC and TC) including plans for taking on primary care and specialised commissioning, and
- Four local care partnerships (LCPs) who will work within capitated budgets and look at how outcomes are met, services and resources are planned and used for specific local populations across Devon. Western, including Plymouth, Torbay and South Devon, East Devon and North Devon.
- Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and all providers will be working in a more joined up way with each other through a mental health care partnership and with the place based local care partnerships.

4.2. As an initial starting point, the two CCG's (NEW Devon CCG and Torbay and South Devon CCG) made a decision to work more closely together to begin the journey of planning health services for the wider patch. To date the two CCGs have aligned with boards in common and a joint executive structure, as the first step towards this. Due to a number of changes across the two CCG's interim arrangements have been in place to lead the two CCG's. However, the interim Accountable Officer is leaving at the end of March 2018 and arrangements are in place to recruit an interim AO pending the recruitment of a permanent AO who will also be the STP lead for Wider Devon.

Dame Angela Pedder had led the STP until September 2017 when she retired and an interim arrangement has been in place with two Chief Executive's from two of the acute trusts sharing the responsibility since then. It has been agreed that this needs to be resolved during the recruitment process.

4.3. The Collaborative Board has agreed that the Wider Devon Integrated Care System (ICS) (previously called Accountable Care System but under new Planning Guidance this has changed) will be led by a single Chief Executive whose role will incorporate both the Accountable Officer for the CCGs (and the strategic commissioner) and the STP lead. Recruitment to this role on a substantive basis has not concluded yet.

4.4. The current Accountable Officer for both CCGs will be leaving at the end of March 2018. Recruitment to an interim is underway with interviews scheduled for the end of February. The Interim STP leadership role will be shared by existing system CEOs until the substantive ICS CEO is appointed. There continues to be a dedicated STP programme team, which will additionally be supported more formally by the single executive team of the two CCGs. The programme of work for delivery of the 2018/19 plan will be led by a wider pool of executive teams, with support and guidance from CEOs to fully utilise the system leadership capacity and talent.

Key Achievements of the STP

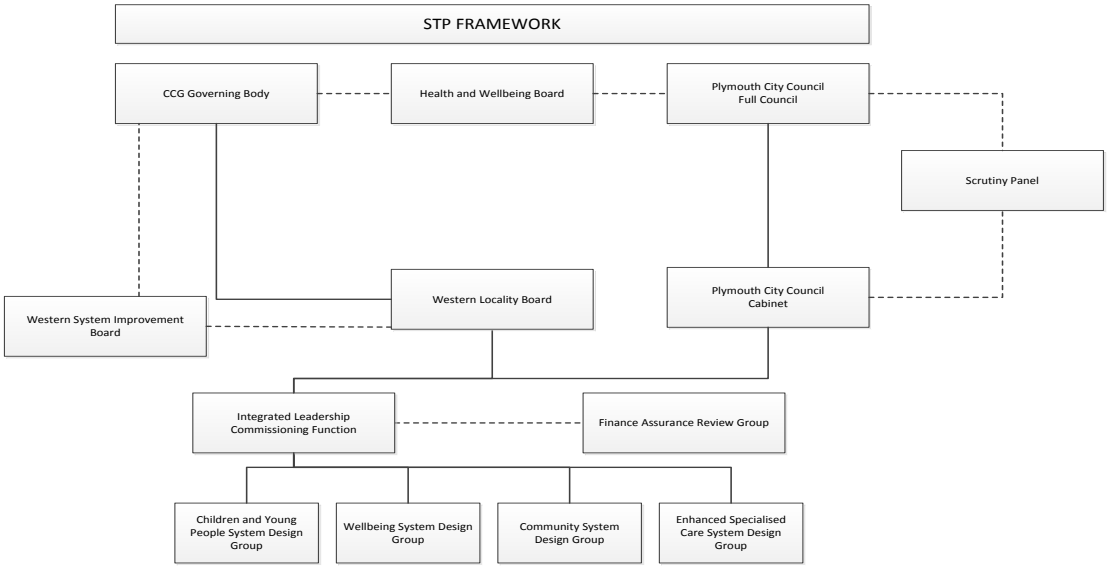
5. There has been demonstrable progress that partnership working has brought as part of the Devon STP – which has seen a number of benefits in the past year:

- Significant progress in addressing historic financial issues. Over £100 million was saved last year by doing things much more efficiently and we are expecting to save a further £155m this financial year.
- Developing new ways of meeting the needs of our population – treating people at home, rather than in hospital and promoting independence, with good outcomes. Community inpatient beds in Eastern and South Devon and Torbay by over 170 beds in the last year, supporting more people at home, with high satisfaction rates, and sustained acute performance. This demonstrates the system's ability to work with public, stakeholders, MPs and other political leaders to take tough decisions to achieve better outcomes, in particular regarding changes in services that people are passionate about.
- Stronger clinical networks and joint working across Devon's four main hospitals, which has led to stronger performance, novel ways of recruiting and retaining professionals and more sustainable services. There has been a significant reduction in the use of agency staff across the system.
- Development of a mutual support agreement across all of our providers and service delivery networks across Devon to address vulnerability and sustainability in key acute specialties.
- Both CCG's have moved from an "inadequate" rating to the "requires improvement" and the STP is deemed as "making progress" when previously the NEW Devon element was one of the three success regime, all within 18 months of working differently as a system.
- System wide improvement in the urgent care system and Accident and Emergency performance as well as referrals for elective care - the urgent care system is benchmarking well against the national picture and our new models of care have performed well throughout the winter period. The Western Devon urgent care system remains challenged, with pressures in primary care prominent, but the collective response through our System Improvement Board is addressing the underlying causes and has been able to demonstrate improvements in recent months (e.g. significant reductions in Delayed Transfers of Care-DTOCs).
- Not only is primary care a key priority and partner of the Devon system, we benefit from high quality provision (all practices have CQC ratings of outstanding

or good), we are making demonstrable progress in implementing the General Practice Five Year Forward View. It is evidenced that where primary care is under pressure (e.g. in Plymouth) there is a marked impact on the urgent care system, which partners are addressing through the local System Improvement Board.

- There is a clear commitment across the system to parity of esteem and delivery of the Mental Health Five Year Forward View. We have strong delivery on national targets, and several nationally leading services. We have redesigned the acute pathway which has seen a reduction in DTOC and improvements in 12 hour waits for mental health in A&E. There has been investment in crisis support, which has seen a reduction in conveyance to police cells and the investments made in liaison psychiatry in our acute hospitals. We continue to reduce out of area placements and build for a new Psychiatric Intensive Care Unit in Exeter has begun (due to open in 2019) to ensure more people are supported closer to home. The Devon system attracted national funding for community and inpatient perinatal mental health services last year as part of the first wave. Continued work on addressing physical health care for patients with mental illness remains a key priority for 2018/19.

Overview of Governance Architecture



6. The Plymouth Health and Wellbeing Board takes a system leadership role in our local system, setting the ambition, shaping our local priorities and signing off key strategic documents including the JSNA and Commissioning Strategies. There is an active and engaged Wellbeing Overview and Scrutiny Panel that examines system finance and performance and scrutinises priority areas. It was indeed the Plymouth H&WBB that set the vision and ambition for the city, setting out the foundations of a whole systems approach, to improve well-being, reduce health inequalities, give children the best start in life and care better for our most vulnerable and elderly.

6.1. The Wellbeing Overview and Scrutiny Panel provides oversight of the system by monitoring finance and performance and reviewing key areas, making recommendations to commissioners, providers, Cabinet and Governing Body as appropriate.

6.2. The Western Locality Board provides strategic system leadership and clinical oversight to the integrated commissioning arrangements. It provides focus and direction for integrated commissioning, ensuring collaborative planning and performance monitoring. It also provides assurance to the governance bodies of both the NEW Devon CCG and Plymouth City Council. In order to ensure whole system collaboration, the Board also has representation from the Office of the Police and Crime Commissioner and Devon and Cornwall Police.

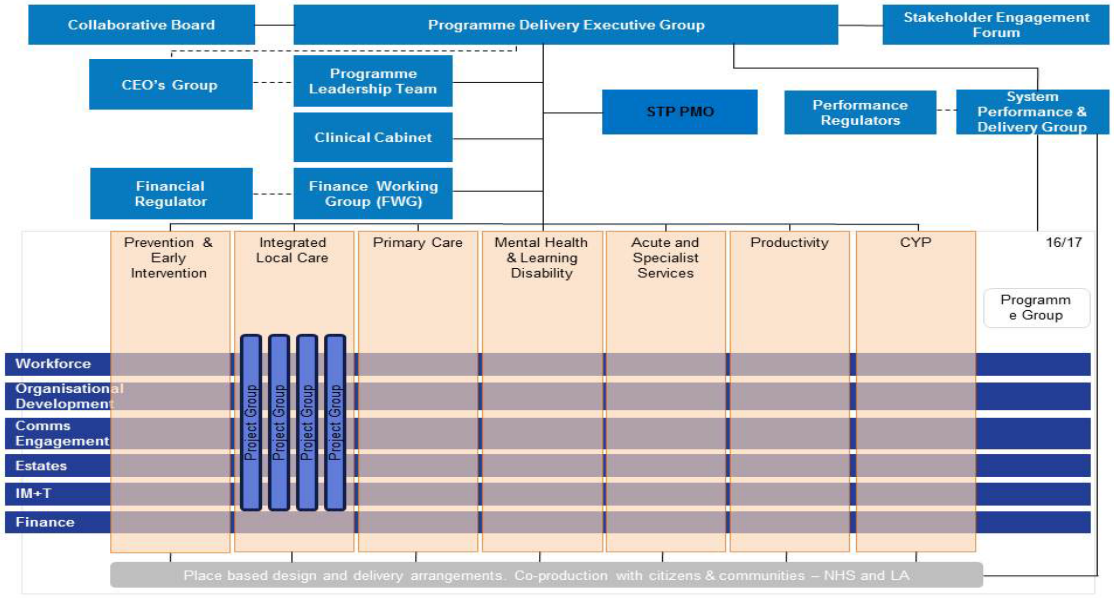
6.3. To support partnership working, System Design Groups (SDGs) have also been formed for each of the four Commissioning Strategies. The purpose of the SDGs is to create an opportunity for all stakeholders (i.e. providers across the spectrum of care, partner organisations, service users and carers) to collaborate, review, design and implement structures and pathways which deliver the aspirations of the integrated population health and wellbeing system. Each SDG takes a whole-system approach, working proactively and ensuring that the aims of each of the Integrated Commissioning Strategies are achieved.

6.4. Recently we have established the Western System Improvement Board chaired by the CCG Chief Operating Officer. The Board is made up of commissioners, providers and regulators and the central focus is to:

- Reduce risks around patient safety and quality across the system predominantly related to patient flow;
- Improve performance around key constitutional targets; and
- Deliver the required financial improvement

Working below this structure are a number of partnership boards and programme groups. For example, we have an A/E Delivery Board which allows us to adopt a programme approach to the management of the Urgent Care Systems Plan and its three component parts Admissions Avoidance, In Hospital and Discharge. This ensures robust delivery oversight, dependency challenges and risk mitigation. Each improvement area has an agreed lead across the partner organisations who is responsible for system-wide project delivery.

Programme architecture to design and develop system wide activity



The case for further System Integration

7. Despite this progress the current system configuration is still not deriving optimum benefits and a number of key challenges remains, including performance against key NHS Constitutional Targets. There remains an over reliance on bed based care rather than a home first philosophy and System Flow remains a significant issue resulting in too many delayed transfers of care in all parts of the urgent care system.

7.1. Primary Care, particularly in Plymouth is vulnerable facing workforce shortages and sustainability challenges. The Western System is experiencing a significant increase in A&E attendance including an increase in Ambulance conveyances. Across the whole system, there are workforce challenges with recruitment and retention being an issue in a number of areas. These issues are set against a backdrop of financial sustainability and despite a track record of delivering efficiencies the system remains financially challenged and inequity of funding across wider Devon remains an issue.

Developing an Integrated Care System for Devon

8. There has been a programme in place for STP areas to apply to be Accountable Care Systems, in the recent guidance this has changed to Integrated Care Systems. The first eight areas announced in June 2017 were:
   - Frimley Health including Slough, Surrey Heath and Aldershot
   - South Yorkshire & Bassetlaw, covering Barnsley, Bassetlew, Doncaster, Rotherham, and Sheffield
   - Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe

- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- Berkshire West, covering Reading, Newbury and Wokingham
- Buckinghamshire

8.1. Devon has now been invited to consider applying to be in the next wave of Integrated Care Systems. Discussions have commenced on this as it is considered a way to support the most effective delivery of health and care and achieve the outcomes of improving quality, lowering costs and enriching user experience through stronger care integration. Partners in Devon want to plan and further develop partnership working across health and care through the establishment of an Integrated Care System (ICS). ICS are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.

8.2. An ICS reflects recent NHS planning guidance and is intended to clarify that promoting partnership approach and that collaboration is a key feature behind the ICS. The ICS is not an Accountable Care Organisation (ACO), which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services and the local authority will remain responsible for all its existing statutory obligations.

The approach has strong benefits:

- It will greatly enhance how health and social care services are delivered to those living in our communities.
- For those receiving primary, secondary or social care, the move will result in services that are far more joined up, less confusing and better coordinated.
- It will help oversee the use of the annual healthcare budget (£1.5 billion) and social care budget (add) across Devon.
- It will also reduce the administration involved in managing these services.

8.3. The development of an Integrated Care System in Devon mirrors the approach being taken nationally.

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- Supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- Delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and

- Allowing systems to take collective responsibility for financial and operational performance and health outcomes.

8.4. The planning guidance is also clear that public engagement is essential and as systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners. By working collaboratively with a range of organisations, Integrated Care Systems aim to improve health of populations by helping people to stay healthy, tackling the causes of illness and wider factors that affect health such as education and housing.

ICSs bring together aspects of health and social care, enabling organisations to share services, budgets, staff and resources where appropriate to best meet the needs of the populations they serve.

8.5. The NHS Constitution and Local Authority Constitutions remains central, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Social care will continue to operate as it does now but integration will mean services are increasingly organised around the needs of individuals and not organisational boundaries.

Working in partnership across a wide range of services, people will be helped to stay healthy, receive more support and treatment at home rather than having to go into hospital and see their GP more quickly. If people do need to be admitted to hospital, they will be supported to get home more quickly with the support they need.

8.6. An ICS is not the creation of a new organisation, but the next stage of partnership working. Integrated care will mean health and care organisations working more closely together than ever before to the benefit of our population.

8.7. Partners have been working on several important components of the ICS for Devon, Torbay and Plymouth that will allow delivery of the Integration at pace.

These include:

(i) A single integrated strategic commissioner

Devon's ambition is to have a single strategic commissioner for health and social care, primary care and specialised commissioning and the three health commissioners (two CCGs and NHSE) and three local authorities (Devon County Council, Plymouth City Council and Torbay Council) are developing plans for this.

The first step of this will see the county's two Clinical Commissioning Groups – NEW Devon CCG, and South Devon and Torbay CCG – working together to:

- Manage the overall annual NHS budget of £1.5 billion.

- Set strategic direction for the healthcare services
- Co-commission services
- Develop plans for the future – including possible moves to take on more specialised commissioning services and primary care services from NHS England.
- Work more jointly with Local Authority Partners – with joint roles and pooled budgets where this is beneficial and in the best interests of population health and well-being. Council agreed in January to share the post of Strategic Director for People with the CCG and we already have the post of Director of Integrated Commissioning in place.

(ii) A number of local care partnerships and integrated mental health

Local care partnerships will look at how budgets, services and resources are planned and used for specific local populations across Devon.

Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and providers for mental health will be working in a more joined up way with each other and with the place based local care partnerships.

(iii) Shared corporate services across Devon for the NHS

This will see key corporate services (such as IT, finance and HR) in all NHS organisations moved into a shared service across Devon so that there is greater cooperation, less duplication and greater efficiencies. These moves could save up to £12 million annually. Plymouth has key staff working in this area to consider how shared services can benefit Plymouth as well.

8.8. Locally the ambition is that we commence this enhanced model of partnership working from April 2018 where possible in Shadow form. This mirrors national direction, which sees integration of the role of the Secretary of State for health and social care. Recent national planning guidance for 2018/19 provides clear direction on this.

8.9. To support the development of integrated commissioning at strategic commissioner level, it is proposed that there is a senior leadership team, which includes joint appointments between local authorities and the NHS. This includes the agreement that the Strategic Director for People from Plymouth becomes a joint post with the CCG, this builds on the Director of Integrated Commissioning post that is already in place.

8.10. As outlined, there is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these new integrated arrangements will need to be explored. Similarly, the role

of scrutiny committees will remain a key function so it is important that Scrutiny members are involved in the planning for these integrated arrangements. Cabinets may wish to consider inviting Health and Care Scrutiny committees to consider this issue to inform future decision-making. For the avoidance of doubt, there will be no change to existing arrangements of governance from 1 April 2018.

Developing A Local Care Partnership for Plymouth and Western Devon

9. Within the Western Locality, we formed a development group, 9 months ago called Taking Change Forward (TCF), chaired by Chief Executive of Plymouth City Council. It consists of senior officers and clinicians from NEW Devon CCG, PCC, PHNT, LWSW, with a view to establishing the next steps for integration. Initially Carnall Farrar facilitated the meetings but more recently, the group has been meeting without external support. We have invited representatives from Devon County Council Devon Partnership Trust and Cornwall CCG and Cornwall Council to join the group due to the system flow particularly to PHNT.

   The TCF group found that often the development meetings were being monopolised by the immediate pressures in the system particularly around the urgent care flow in PHNT and out in to the community with a focus on the high numbers of delayed transfers of care. This has eased with the establishment of the System Improvement Board which has a focus on these areas.

9.1. It was agreed in the October 2017 meeting that the group would not meet for 2 months to enable the commissioners from PCC and NEW Devon CCG to prepare the Strategic Integrated Commissioning Intentions for Plymouth 2018 to 2020, which would define the systems desired outcomes for the next steps of integration across the health and care system. It was intended that this would build on existing work and would be cradle to grave, prevention to acute and would include mental health. The draft Strategic Integrated Commissioning Intentions were discussed at the January 2018 meeting and are attached to this report.

9.2. As noted earlier, the direction in the Wider STP to create four Local Care Partnerships, one of which is for Western Locality including Plymouth. This reflects the maturity of the relationships already in place across the system. It is therefore proposed that Taking Change Forward becomes the shadow Local Care Partnership Board.

   In order to support the establishment of the shadow LCP, an initial focus will be on creating the appropriate governance architecture. This would include Terms of Reference, Chair/Lead Arrangements/Partners to the arrangements and accountability arrangements. It is anticipated that the shadow LCP will report progress for integration in Plymouth to the Health and Well Being Board. Work is underway to address the boundaries with Devon and Cornwall and the formal governance that will be required for those areas of the system. It would also work with the other LCP's on any boundaries and also with the Mental Health system. All development work would be co-ordinated through the Organisational

Design Group across the Wider STP to ensure that lessons learnt in one area can be shared with another.

Developing Strategic Commissioning Intentions for the Plymouth System

10. Recognising the challenges we face commissioners will set out a number of high impact changes that will drive commissioning activity and service design for the next two years. The intentions will set down a *direction of travel* with detailed programmes of work being developed to take forward each area.

    They should not be seen as a departure from the existing policy direction of achieving whole system population based integration rather a scaling up and acceleration based on learning to date. In this context they represent a key part of delivering the last two years of our five year commissioning plans of Wellbeing, Children and Young People, Community and Enhanced and Specialised Care.

10.1. In order to deliver the next stage of Integration within Plymouth a small number of Strategic Commissioning Priorities will be taken forward at pace:

- Developing Integrated Commissioning as a System Enabler
- Commissioning for Wellbeing and Prevention
    - Thrive Plymouth
    - Wellbeing Hubs
    - Making Every Adult Matter
- Transformed and Sustainable Primary Care
- Integrated Children's Young People and Families Services,
- Commissioning an Integrated Care Partnership
- Local, Integrated and Responsive Mental Health Services,
- Enhanced Care and Support

10.2. The Strategic Commissioning Intentions 2018 to 2020 for the Plymouth System will drive the pace and timescales to implement the next changes. All decisions will go through normal governance arrangements including Cabinet and NEW Devon CCG Governing Body and for the Providers their constituted Boards.

10.3. The Strategic Commissioning Intentions 2018-2020 are attached for Cabinet and NEW Devon CCG to agree to move forward to commence a six-week period of stakeholder consultation.

Northern, Eastern and Western Devon
Clinical Commissioning Group

PLYMOUTH
CITY COUNCIL

Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20

Context and Case for Change

Plymouth and the wider Western Locality has a long and established record of cooperation and collaboration with a formal commitment to Integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.

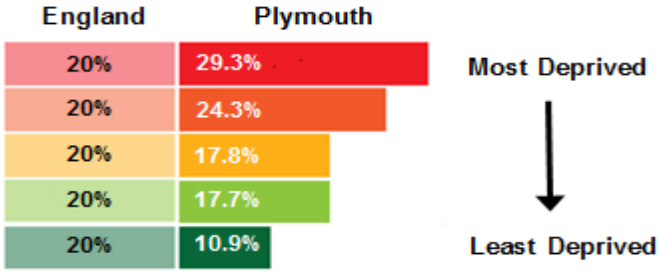
Since then there has been some significant progress and notable achievements towards achieving this aim. In 2015, commissioners established the Integrated Fund, developed four Integrated Commissioning Strategies and established an Integrated Commissioning function and governance arrangements. At the same time, Plymouth City Council (PCC) transferred 170 Adult Social Care staff to the Community Health Provider (Livewell Southwest) who also took on the Community Health functions of South Hams and West Devon. More recently, Livewell Southwest (LWSW) and Plymouth Hospital NHS Trust (PHNT) have collaborated to deliver an Integrated Sexual Health Service, MIUs for the Western Locality and there has been further co-operation and colocation of staff and services to deliver the Acute Assessment Unit. In response to urgent care pressures, the two providers have also appointed a Joint Director of Urgent Care driving changes required around D2A2 and Intermediate Care. More widely, PHNT, LWSW and PCC have collaborated to develop an Integrated Community Health, Wellbeing and SEND Support Service.

Despite this progress, the current system configuration is still not deriving optimum benefits and a number of significant challenges remain:

Health Inequalities, Changing Demographics and Rising Demand

As illustrated in the diagram below, the 2015 Index of Multiple Deprivation indicates that 29.3% of the population of Plymouth (75,624 people) live in the most deprived 20% of England.

Percentage of Plymouth's population living in each national deprivation quintile area



In comparison to the England average, health and wellbeing across the Plymouth population is mixed. Of the 30 indicators presented in the 2017 Public Health England Health Profile, Plymouth has 10 that are significantly worse ('red') compared to England, which is an improvement on the 2016 position and demonstrates a positive shift in adult smoking prevalence, under-18 conceptions and life expectancy in women. The impact of child poverty is also visible in outcomes for children, with educational attainment below national averages in most indicators. This in turn influences health and well-being statistics.

As well as poor health outcomes and health inequalities, the system is also facing rising demand for services in part bought about by demographic changes. The number of people aged over 65 is forecast to grow from

17.5% (45,500) of the population to 18.4% by 2020, 21.3% by 2030 and 22.5% by 2035 As a result, demand for over-65s care home places, extra care, community domiciliary care, reablement and hospital discharge services continues to increase. There has also been an increase in the number of people who need urgent and emergency treatment. The complexity of those presentations means we are seeing an increase in those who then have to be admitted, which places increased pressures in other areas of the hospital. In general, patients occupy one third of the hospital beds in Plymouth over the age of 80 and two thirds of patients staying more than 10 days in hospital are over the age of 70. The pressure on the urgent care system in turn means that there is less available capacity for elective care – national comparisons show that Plymouth Hospital has among the lowest rate of available beds for the elective care system. In addition, the system is seeing higher numbers of people becoming homeless and the numbers of Children in Care remains high with too many young people ending up in Residential provision. This is also evident in the education system with rising demand for SEMH support.

Financial Sustainability and Equity

In 2015, NEW Devon CCG became part of the Success Regime in part due to the financial challenge it was facing. The size of the financial challenge was acknowledged in the Devon-wide STP, which outlined that, if nothing changed, and then by 2020/21 there would be a funding gap across health and care of £557m. In an effort to return the system to financial balance, local health and social care organisations are facing significant Cost Improvement Programmes, with the Acute Trust facing a CIP of 8% (£40m) for 2017/18. The changing demographic profile and the increased cost of providing care means that in a "do nothing" scenario we are forecasting an increase pressure on the Adult and Children's Social Care budget. The same is true of the SEND (Special Needs and Disability) system, with significant budget pressures forecast which has required remediation to reduce an overspend in the High Needs Block of the Dedicated Schools Grant.

As well as facing a significant financial challenge, Plymouth and West Devon are also facing an Equity challenge. Work as part of the STP Case for Change has highlighted that 10% less is spent on health care for each person in western Devon in comparison to northern and eastern Devon. This is in the context of Plymouth having very significant health need alongside evidence that this need is not being adequately met, as evidenced by inequalities in outcomes such as life expectancy. The majority of patients in Devon waiting in excess of 18 weeks for a planned intervention are on a Plymouth waiting list.

Whilst NHS funding should reflect additional costs associated with elderly, rural and deprived populations through the Market Forces Factor (MFF), estimates have shown that acute hospitals in Devon receive less funding for the MFF in comparison to similar hospitals in other areas.

System Flow

Multiple system reviews have been undertaken, including ECIP, Home to Hospital, the STP ICM professional peer review team and a 5-week NHSI/E support programme where consistent themes have been identified. These broadly relate to interface issues that inhibit patient flow in different parts of the system. These issues have led to high numbers of Delayed Transfers of Care and people spending too long in intermediate care. In addition, access to services 7 days per week is inconsistent and this impacts on the number of discharges achieved over the weekend.

Primary Care

General practice sustainability and capacity in Plymouth is currently particularly challenged. Several GP Practices have recently closed and a procurement by NHS England to secure longer-term provision for 34,000 patients was not successful (a temporary contract is in place). All practices are rated by CQC as good or outstanding and practices are increasingly working at scale. There are a number of vacancies for GPs and other members of the increasingly varied multi-disciplinary team in primary care and, albeit with some innovative recruitment and retention packages being offered, recruiting GPs is proving a stubborn challenge, reflecting the national picture. Whilst there is no evidence of cause and effect across the system, there is some association between the most challenged primary care and patients presenting for care from MIU and ED.

Planned Care

The Referral to Treatment time (RTT) in Plymouth has significantly worsened during the year. The March 2017 figure was 85.7% RTT achievement and at January 2018 this had reduced to 81.6% (4580 patients waiting in excess of 18 weeks). The forecast outturn for year-end is in the region of 81%.

Workforce and Market Sufficiency

There are a number of workforce issues across the system and the hospital faces significant challenges in medical staffing and, specifically, there are difficulties in recruiting to some medical staff grades and filling junior doctor rotas. Similarly, recruitment of pharmacists, particularly in the hospital is proving difficult. Whilst generally we have had a good supply of personal care services during periods of escalation, the sufficiency of dementia care home beds (both nursing and non-nursing) and placements of individuals with more complex behavioral needs can be more difficult. This winter we have also seen home care capacity become stretched and struggling to meet the level of discharge flow.

Recognising the challenges, commissioners are setting out a number of high impact changes that will drive commissioning activity and service design for the next two years. These intentions are high level to set down a *direction of travel* with detailed programmes of work being developed to take forward each area. They should not be seen as a departure from the existing policy direction of achieving whole system population based integration rather a scaling up and acceleration based on learning to date. In this context, they represent a key part of delivering the last two years of our five-year commissioning plans of Wellbeing, Children and Young People, Community and Enhanced and Specialised Care.

They also sit within the STP Framework and should be seen as the local response to delivering the seven priorities: Prevention and Early Intervention, Integrated Care, Primary Care, Mental Health, Acute Hospital and Specialised Services, Productivity and Children, Young People and Families.

Overview of Commissioning Outcomes and Priorities

The Plymouth Health and Wellbeing Board set down in 2013 the strategic ambition to create a fully integrated system of population based health and wellbeing where people start well, live well and age well. In doing so, the aim is to:

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

These commissioning intentions represent a further stage in the delivery of this ambition. At the heart remains a focus on meeting the needs of the whole person and ensuring they receive "the right care, at the right time, in the right place" To deliver this vision of care we will need to continue to ensure we meet the triple aims of the five-year forward view:

Through these commissioning intentions, the local system will be integrated and configured to provide the best start to life, promote independence, wellbeing and choice, with home first acting as the central philosophy and services integrated, local, accessible, seamless and responsive. An enhanced system of Primary Care will underpin the integrated system and there will be No Health without Mental Health. In order to make a sustainable system these commissioning intentions will make best use of the public estate and achieve cash releasing efficiencies.

In order to drive the changes a small number of Strategic Commissioning Priorities will be taken forward at pace:

- Developing Integrated Commissioning as a System Enabler
- Commissioning for Wellbeing and Prevention
  - Thrive Plymouth
  - Wellbeing Hubs
  - Making Every Adult Matter
- Transformed and Sustainable Primary Care
- Integrated Children's Young People and Families Services,
- Commissioning an Integrated Care Partnership
- Local, Integrated and Responsive Mental Health Services,
- Enhanced Care and Support

Following on from the recent CQC Local Area Review, the footprint of these Commissioning Intentions are initially based on the Plymouth Health and Wellbeing Board boundary, as the system requires both an urgent and bespoke response. However, recognising Plymouth's role in the wider STP and in particularly its place in relation to South Hams and West Devon and South East Cornwall commissioners will begin discussions with other commissioners, partners, stakeholders and providers about system alignment and join up where it

makes sense to do so. Where these commissioning intentions stretch beyond the boundary of Plymouth, they are referenced.

The establishment of the Local Care Partnership will oversee the move towards the next level of integration. Such an approach will provide for jjoint system ownership of problems and issues and the development of collective system solutions, with key agencies engaged as full and equal system partners. This will provide for, faster decision making and allocation of resources to system priorities, a ccollective focus on improving key system performance faster and shared ownership of system risk. An enhanced Taking Change Forward Group will become the LCP Board with a priority to expand membership, develop terms of reference and a system wide MOU.

PLYMOUTH HEALTH AND WELLBEING SYSTEM- COMMISSIONING OUTCOMES AND PRIORITIES

Local System Outcomes

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

Commissioning Priorities

The Health and Wellbeing Gap	The Care and Quality Gap	The Funding and Efficiency Gap
Integrated Children and Young People Services Development of Wellbeing Hubs Making Every Adult Matter	Integrated Care Organisation Local, Integrated and Responsive Mental Health Services Transformed and Sustainable Primary Care Enhanced Care and Support	Integrated Commissioning Review One Public Estate and One Public Infrastructure

Key System Performance Objectives

- Reduced Hospital Admissions
- Reduction in Smoking Prevalence
- Reduced Delayed Transfers of Care
- Less Admissions to Long Term Care
- Improved A/E 4 Hour Performance
- Increased Physical Activity
- Reducing Demand and delivering Financial Efficiencies
- Improved access to Primary Care
- Reduced levels of homelessness and Rough sleeping
- Reduction in the number of looked after children
- Improved IAPT Access and Recovery Rates
- Improved Reablement Performance
- Increased numbers of carers receiving an assessment
- Improved RTT Performance
- Reducing packages of care
- Less Bed Based Care
- Improved Educational Attainment Levels

Commissioning as a System Enabler

In line with the wider Organisational Design workstream of the STP, we will undertake a review of our existing integrated commissioning governance arrangements in order that they are flexible and an enabler to achieving change and system transformation. In doing so we will seek to simplify, streamline and collaborate to achieve reduced operating costs. The Integrated Commissioning Review will focus on the following key areas:

Governance- A review of Integrated Commissioning Governance arrangements to determine overall effectiveness and to make recommendations to eliminate duplication and streamline decision-making.

Finance- To review the effectiveness of the Integrated Fund and to make recommendations as to future direction and scope including hosting arrangements, management and potential to extend.

Staffing- To review the current staffing arrangements and evaluate whether there are further opportunities to integrate in order to remove duplication and ensure there are the right capabilities and capacity to deliver change.

Strategic Commissioning and Placed Based Commissioning- To work with the emerging Strategic Commissioning Function to develop an operating model that supports a Devon Wide Strategic Commissioning Function and Local Care Partnerships.

A key role of our Commissioning approach is to provide System Leadership, Oversight and Assurance and to relentlessly drive system improvement. In order to fulfil these functions NEW Devon CCG has established a System Improvement Board made up of Commissioners, Providers and Regulators. The central focus of the Board will continue to be:

1. To reduce patient safety and quality risks across the system predominantly related to Patient Flow
2. To improve performance around key constitutional targets
3. To deliver the required financial improvement.

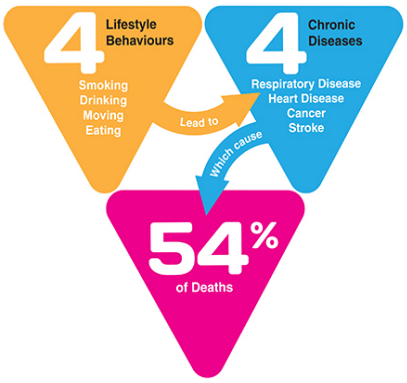
The Board will also oversee and drive transformation programmes with three initial immediate priority areas being identified as-

1. Transforming intermediate care activity to prioritise home based non-bedded care including improving Out of Hospital responsiveness to prevent admissions and avoid delays in discharge home.
2. To deliver the Primary Care Improvement Plan
3. To deliver the revised Ambulatory/Frailty and GP Streaming function at PHNT

As these commissioning intentions move towards implementation, the Board will oversee and drive delivery of these priority programmes.

Wellbeing and Prevention

Thrive Plymouth is the city's ten year programme to get everyone working together to improve health and wellbeing in Plymouth and narrow the gap in health status between different people and different communities. The things that cause us the most ill health largely result from what we eat and drink, whether we smoke and how active we are. These four behaviors are more common in some communities than others and so therefore are the diseases that they cause. This means that some parts of our society experience greater levels of ill health in their lives and are more likely to die younger. We know that there are considerable differences in the life expectancy between different communities in Plymouth- neighborhoods just a few miles apart can have life expectancy values varying by years.



Thrive Plymouth's aim is to create collective action across the City focusing on enabling and encouraging positive choices for health- eating a healthier diet, being more physically active, drinking sensibly and not smoking. It follows three principles;

1. Population prevention: This is about the whole population taking whatever steps they can to make improvements in these behaviours. If individually we all make small positive changes, we can achieve significant benefits for our City and ourselves.
2. Common risk factor: Unhealthy behaviours tend to cluster both for the individual and in communities. Focussing on single behaviours may be less effective than taking a holistic approach and addressing underlying reasons or risk factors.
3. Changing context of choice: Most of us know what to do to improve our health and many of us want to do it. However, despite good intentions making changes can be hard. In the past, we have not always recognised the importance the world about us has in determining what we do. Whether we positive choices is influenced by how easy it is to do, what we think our peers and communities do, what the media and advertising tells us, and how our environment is designed.

Thrive Plymouth provides a mechanism for achieving the NHS Forward View aspiration of a radical upgrade in prevention and public health for the city. Thrive Plymouth principles are central to these commissioning intentions as we continue to build a system of health and wellbeing. As such, we will focus on:

- Working with our network of providers, and community and voluntary sector, to ensure that the purpose and principles of Thrive Plymouth are considered in all services

- Embedding "'Making every contact count' to address those behaviours that impact on health and wellbeing across all of our providers.
- Rolling out Wellbeing Champions across Residential and Domiciliary Care Provision
- Continuing to promote wellbeing in specific settings such as schools and workplaces to change the context of choice making the healthier choices the easier choices (remembering that the health and social care workforce are also embedded in our communities)

Over the next two years, our intention is to commission a network of Wellbeing Hubs that enable and support people in the local community to tackle the underlying social issues that they face, and make life choices that will improve their health and wellbeing. The hubs will be based on a tiered model of Universal, Targeted, Specialist support and will involve community and voluntary sector as well as statutory providers. The framework and principles are common across the STP area, with local delivery being based on the needs of the population and the availability of resources. For example, some Hubs will focus on Wellbeing with a strong virtual link with local Primary Care; others will include Primary Care within the premises. Some (the Specialist Hubs) will include clinical services.

THE HUBS OFFER
Universal Effective website, service directory & digital offer and high quality consistent and effective information and signposting across all universal services
Targeted Will support the local universal network and act as a focal point for services that respond holistically to people and communities Colocation of key services such as Community Connections, VCSE, Livewell SW, PHNT, Primary Care Example Intervention / Services - Community 'bridging' roles - Advice and information - Healthy lifestyles - Peer support / volunteering - Group work – self-care and management, healthy lifestyles, parenting, employment - Education, Employment, Training - One-one enabling support
Specialist Develop a new model of care where specialist clinical health and care services are delivered in a local community setting, driven by need and may include: Community Health Services/Social Care/Community beds/Rehabilitation and Reablement/Specialist Clinics/Complex diagnostic (e.g. imaging, pathology)/Therapy services (e.g. physiotherapy)/Children's health services/Follow up / outpatient appointments

The targeted and specialist hubs implementation roll out is as follows:

Phase 1 (to be complete by March 2019)	**Phase 2 (to be complete by March 2020)**
Jan Cutting Healthy Living Centre	Estover - tbc
Guild House (Mannamead Centre)	Southway - tbc
Four Greens Community Trust (CEDT)	Efford Youth and Community Centre
Ocean Health Centre (Stirling Road Surgery)	Plymstock - tbc
Cumberland Centre	Mount Gould LCC site
Rees Centre	City Centre

To support this implementation, we will ensure planned and developing commissioning activity around Advice & Information, Health Improvement, Wellbeing & Prevention, and Integrated Early Years is taken forward under the oversight of the Wellbeing Hubs Commissioning Framework.

Nationally a growing number of people are experiencing addiction, homelessness, offending and poor mental health because of changes in welfare reform, constrained budgets and increasing health inequalities. Locally, we have experienced an increase in the numbers of single homeless people with complex needs and are anticipating an increase in the number of people with mental health support needs and/or substance dependence over the coming years.

Recognising the specific challenges faced by people with multiple needs we will adopt the ***Making Every Adult Matter*** (MEAM) vision of ensuring that people experiencing multiple needs are supported by effective coordinated services and empowered to tackle their problems, reach their full potential and contribute to their communities. To achieve this we will commission an Integrated Substance Misuse, Homelessness and Offender System utilising an Alliance approach and aligning Mental Health services. Using an Alliance model, the focus will be on creating systemic change: changes to culture, funding structures, commissioning and policy that will support a new way of working. Together we will create a contractual environment where suppliers share responsibility for achieving outcomes and are mutually supportive, making decisions based on the best outcome for the service user.

The Alliance aims to improve the lives of people with complex needs by supporting the whole person to meet their aspirations, whilst also contributing towards national outcome targets in relation to statutory homelessness, children in care and care leavers, drug treatment, reoffending rates, preventing admissions to hospital and urgent care targets.

Transformed and Sustainable Primary Care

Primary care is required to be the foundation of our system both now and in the future system of integrated care. Yet our primary care workforce and resources are facing unprecedented demand at a time when the workforce is under capacity and our system needs robust and accessible primary care more than ever.

Our commissioning will encompass delivery of the **Strategy for General Practice 2017-2021** and **General Practice Forward View**. We will work collaboratively and led by the **Western Primary Care Partnership** we will systematically deliver a **Primary Care Improvement Plan** (owned and delivered across the system) to deliver such services as social prescribing, investing in primary care and extending access for the population through national and local determination.

As a key priority, we will collaborate with providers, commissioners and other stakeholders to design and implement a sustainable system based on the **Primary Care Home** model. Rolling out the principles of Primary Care Home, we will support and facilitate groups of primary care organisations working together and with others to serve populations of 30,000 to 50,000. Working with the ICO delivery will be based on an Enhanced Primary Care Team (EPCT) model which will pool the knowledge, care and resources of primary care, community and mental health services, social care, pharmacists and voluntary, community and social enterprise sector partners, to manage the population health of their community. Increasingly specialist services, delivered in hospital settings, will be delivered as part of the EPCT wherever there is a population benefit of doing so.

As a priority, we will work with partners and providers to develop an **integrated pharmacy service** for Western spanning the whole system through acute, community, care homes and primary care. This will ensure system prioritisation of workforce improving recruitment, retention and efficiency and effectiveness of the workforce.

Developing this model will involve engagement towards co-production; using data and communication so that population priorities and outcomes are understood by all stakeholders; developing service models such that care and information is integrated across providers delivering personalised care; developing the workforce to support the models of care; aligning strategic and financial drivers; and, using evidence and evaluation to ensure outcomes are right for people, populations, the workforce and the system.

Underpinning the primary care commissioning activity we will work with NHS England and Member practices to enable NEW Devon CCG to take on **Joint Commissioning** from May 2018. Going forward, and following appropriate engagement the ambition is to move to **Delegated Commissioning**.

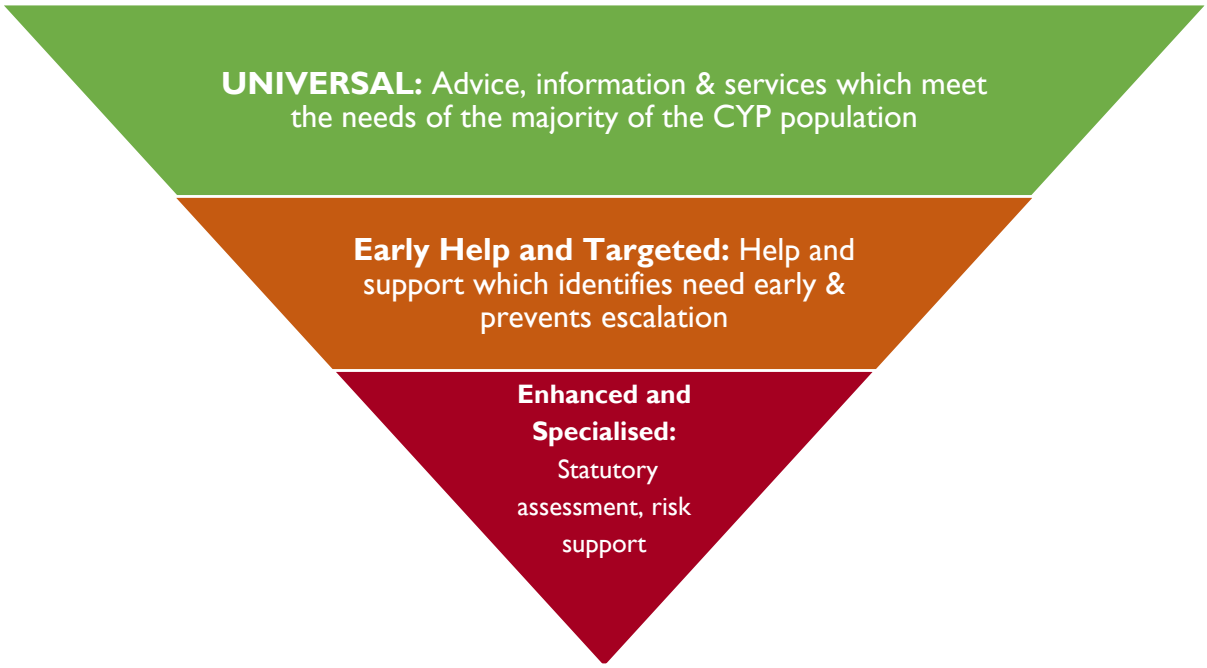
Integrated Children, Young People and Families Services

The Plymouth ambition is to commission Integrated Children, Young People and Families services that provide the best start to life. Children, young people and families will be supported to stay healthy, achieve and aspire. We will identify challenges that our families are experiencing as early as possible, so that they can be enabled and supported at the earliest opportunity. Our children, young people and families will be able to access what they need at the right time and in the right place, whether this is advice by phone or on the internet, an assessment or longer-term intervention or support.
We will:

- **listen**, and champion the voice of our children and young people in all that we do;
- **co-create** to support and enable partners and communities to work together to design the services they need;
- be **fair and equitable**, ensuring our children and young people feel included and can access opportunities that make a difference to them;
- have **high aspirations**, celebrating strength and success and being optimistic about the futures of all our children;
- Make sure that what we do is **sustainable**, having a real impact on the lives of children, young people and their families for this generation and those that follow.

(Taken from Plymouth – our shared narrative, CYPSDG, 2017)

The ambition is for three system offers:



System Element	A system which…	Key work streams 2018/20
Universal	Provides comprehensive, timely information, advice and sign posting	• Develop a single information, advice and access service enhancing the web based offer
	Offers "core support" to schools through the provision of statutory functions and other traded services	• Plan for Education
	Raises awareness of and reduces incidence of Child Sexual Abuse	• Implementation of the NSPCC "Together for Childhood" 10 year programme
	Ensures children have the Best Start to Life, from birth to being ready to start school	• Implement perinatal & maternal mental health services & pathways. • Improve Maternity Services through the delivery of Better Birth's Initiative & Saving Babies Lives. • Development of School Readiness project
Early Help and Targeted	Has a Single Point of Access for those with additional needs, where they and their families can access the right support at the right time	Community Health, Wellbeing and SEND integration: • Shared governance and performance monitoring • Implementation of "Access", trusted triage and single view of need • Delivery of tender and implementation of contract
	Has a locality based, multi-agency 0-19 offer (Family Hubs) which enables the delivery of a range of support to manage need and prevent escalation	• Redesign of children's centre creating a network of Family Hubs around 4 localities • Remodel of Early Help and Targeted Support offer to link with the Family Hubs
	Delivers effective emotional health and wellbeing provision, including offer to schools, which enables CYP to engage and attain	• Implementation of CAMHS Transformation Plan • Plan for Education • Securing future funding for EHWB in schools services
Enhanced and Specialised	Offers local support to parents, pre and post Proceedings, which maximises their ability to parent, or make informed and timely decisions about not becoming parents	• Tender and implementation of PAUSE Social Impact Bond • Remodel and co-locate Family Support Services to intervene early to meet the needs of parents who are at risk of entering Proceedings • Increased capacity in young parents supported accommodation to reduce the number of families placed out of area
	Delivers effective crisis response, for those edging towards care, on the edge of care and in care, when needs and risk escalate	• Development of a flexible, multi-disciplinary response to escalation, through a range of support to prevent entry to care and placement breakdown • Development of crisis/assessment provision in the Peninsula and locally • STP Risk Support work stream activity • Complex Families/Adolescents work streams
	Has sufficient good quality local accommodation to prevent children and young people in care from needing to be placed out of area and at distance	• Implementation of residential block contract • Implementation of Peninsula fostering contract • Scoping of future special school requirements • Scoping of future complex needs 16+ requirements (Peninsula/local) • Alignment with intentions for in-house fostering
	Enables children to be adopted in a timely way and for adopted children and their parents to be supported to maintain a stable home life	• Implementation of the Regional Adoption Agency (RAA) with Devon as lead

System Enablers	
A shared vision for workforce development across vulnerable CYP and complex adults, increasing system resilience, multi-agency learning and maximising efficiencies through shared training	Workforce development plan draft by end March 2018 (VCS leading)
A CYP system strategic engagement offer which enables the voice of CYPF to be meaningfully heard	Draft strategic engagement out for consultation spring 2018. Review of Children in Care participation service effectiveness with an aspiration to Commission a "Voice of the Child" service including participation and advocacy

Integrated Care

As noted previously despite some significant progress in Integrating Care for Adults and Older People our system remains challenged including performance against key NHS Constitutional Targets. There remains an over reliance on bed based care rather than a home first philosophy and System Flow remains a significant issue resulting in too many delayed transfers of care in all parts of the urgent care system. Primary Care, particularly in Plymouth is vulnerable facing workforce shortages and sustainability challenges. The Western System is experiencing a significant increase in A&E attendance including an increase in Ambulance conveyances. Across the whole system, there are workforce challenges with recruitment and retention being an issue in a number of areas. Our system also remains fragmented with several external reviews identifying that relationships within the Plymouth system could be improved and that organisational cultures, relationships, organisational boundaries and lack of shared risk particularly between the acute and community sectors were negatively affecting system flow. These issues are set against a backdrop of financial sustainability and despite a track record of delivering efficiencies the system remains financially challenged and inequity of funding across wider Devon remains an issue.

In response to this compelling case for change and in order to ensure joined up whole person care, we will commission an **Integrated Care Partnership (ICP)** for adults and older people. The ICP will bring together Core Community Health, Adult Social Care, Acute, Local Mental Health Services and potentially certain Primary Care Services (Table on Page 12 provides an overview of functions)

The drivers for this are transformational not transactional and the remodelled service will be designed to deliver benefits both for service users, carers and communities but also the wider health and social care system:

- Make local health and social care easier to navigate for people.
- Ensure people only have to tell their story once- through digital and interoperable care records
- Promote personalised care and self-care by working with users and carers as equal and valued partners
- Promote prevention, independence, wellbeing and health improvement by intervening earlier and shifting resources upstream
- Provide seamless care by removing hand-offs; reducing duplication of appointments and assessments through integrated service models and pathways.

- Deliver more care in communities and closer to home
- Transform service provision, with a focus on integrating pathways, supporting primary care and the wider integrated system.
- Sharing corporate and support services to reinvest as much money as possible into front-line service delivery.

The intention of commissioners is to commission an integrated care partnership through *one overarching contract* with a *single provider.* Due to the scale of the challenge and the system complexity, this has been identified as the preferred delivery model as there is a need to achieve greater structural, functional and financial integration than collaboration and partnership working alone can achieve.

Integrating care under a single model will bring together constrained resources under a single governance and management arrangement. Pooling resources, workforce and assets will provide sufficient scale, greater sustainability and be more cost effective. In addition, it will facilitate a more consistent seamless approach to care delivery by working as a single whole, facilitating better communication through single systems and operating to consistent standards.

Commissioners will not specify organisational form, which it is recognised could be a Single Organisation or Prime Provider Model. Commissioners will however be expecting the integrated provider function to have integrated governance arrangements, integrated executive and senior managements arrangements, and a single workforce plan. It is however acknowledged that the contracting approach will need to be set within the Context of EU procurement and competition law. Principally, The Public Contracts Regulations 2006 and National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 will apply and will be adhered too. This process will involve early and close discussions with regulators and legal advisors.

Although Commissioners wish to see the ICP in operation from the 1st April 2019 it is recognised integrating services, aligning systems and processes, creating one workforce and one culture takes time and it is acknowledged that the journey to develop a mature and high performing ICP will take a period of several years. Therefore, in order to form and crucially develop the ICP we will actively work with providers to develop a comprehensive implementation programme based around four high level stages:

- Mobilisation
- Detailed Planning
- Initial Integration of new functions
- Transformation

Underpinning this whole process will be extensive staff engagement, organisational development and clear communications.

The establishment of the ICP is a key element of the Plymouth's System response to the challenges that it is facing. However, it is recognised that the new ICP will operate within the context of the wider System of Health and Wellbeing and is one of a series of parallel commissioning work programmes that collectively will work to achieve a more integrated system. The ICP will therefore need to work with others as equal system partners but due to its size and system centrality it will enable, support and help transform other key system elements.

In addition to the overarching ambition to establish an Integrated Care Partnership there are also clear quality and performance areas that require an urgent focus if we are to meet constitutional standards and deliver integrated care. Priorities include:

- Commission an End of Life Coordination Services through a Lead Provider arrangement. The aim of the service are to coordinate end of life care for patients registered with GP's in the Western locality and ensure that care provided to people at the end of life at home or in care homes in the western locality is commensurate with their need and equitably distributed

- Embedding and accelerating the Home First Philosophy through the full implementation of Discharge to Assess Pathway 1 to deliver 'assessment' and 'rehab/reablement care plan' at home within 2 hours of discharge with same day access to reablement or domiciliary care 7 days per week

- Reducing the reliance on bed based intermediate care through implementing the Discharge to Assess Pathway 2 provision to deliver 'assessment' and 'rehab/reablement care plan' within 48 hours of admission to care home. Undertake professional reviews of goal achievement and optimise step down and length of stay for patients. This will lead to a reduction in DTA2 care home beds; Local Care Centre beds converted to DTA2 pathway beds and reduced average length of stay to 14 days.

Integrated Care Partnership- Overview of Functions	
Core Functions Single Accountability for Service Delivery and Outcomes Single Point of Access/Comprehensive Assessment Person Centred Care Planning/Promotion of Self Care Digital and Interoperable care records	
Acute Services	Treating people with complex care needs in Devon Making acute care resilient; 24 hours a day, 7 days a week. Consistent 7-day standards for emergency NHS care, in hospital and community settings. Ensuring safe and sustainable services and addressing gaps in service provision Achieving equity of access and national standards Recruiting and retaining workforce Flexible workforce operating to professional standards Minimise bed use by getting people home and eliminating unnecessary stays Safe level of staffing in hospitals to ensure effective acute services Increase the use of technology to optimise the available workforce Manage the networked approach for services which are not delivered locally Align specialist workforce with community/primary care services in community settings wherever possible to do so.
Integrated Care Model	**Integrated Urgent and Emergency Care** Urgent Treatment Centres/ Acute Assessment Hub/GP Streaming/ join up offer for same day primary care and minor injury care Optimised the use of urgent care services which support the local system – pharmacy, 999 and IUCS (111and OOH) Home First Philosophy with Simplified and Streamlined Discharge Pathways and an embedded Trusted Assessor Model **Localised and Personalised Community Services** Coordinated service model with primary care, voluntary and community sector services as well as community based health mental health and social care Independence model of care with less Bed Based Care Comprehensive and consistent risk stratification linked with alternative options for care and support Enhanced support for care home residents Continuity in care through MDT Core community service function remodelled to improve admission avoidance for the vulnerable GP practices and pull from the Acute site. Coordinated Long Term Condition management based on empowerment and self-care with a scaling up of IPC Coordinated, timely and compassionate End of Life Care

Local, Integrated and Responsive Mental Health Services

The Devon wide STP mandate for Mental Health services has set down a cross Devon plan for Mental Health which supports transformative new models of delivering care, promotes mental health and wellbeing and is ambitious in improving outcomes, addressing inequalities and achieving national standards. Central to this is the development of a Care Partnership for Mental Health services with local delivery.

Set within the context of the wider STP and the 5YFV for Mental Health, our local Commissioning Intentions for Mental Health are based on the principle of No Health Without Mental Health. As such, Local Mental Health Services will be commissioned to be an integral component of the Integrated Care Partnership, wrapped around Primary Care and supporting the MEAM Agenda so that individuals with complex needs; including homelessness, substance misuse and risk taking behaviours have access to appropriate mental health support. In doing so, it is the expectation that mental health services will work across pathways and organisational boundaries to provide seamless and integrated support and treatment.

We understand the impact that the wider determinants of health such as poor housing, employment and loneliness can have on an individual's wellbeing and long-term outcomes. We also recognise the role the Voluntary and Community Sector (VCSE) adds in terms of supporting people to appreciate, understand and improve their lives so that we ultimately reduce health inequalities through an integrated, whole system, whole life approach. We recognise the growing evidence base and added benefits of working in partnership with the VCSE can bring in terms of enabling peer support and helping people manage their own mental health generally, but also more specifically in times of crisis and so the intention is for them to become a delivery partner of Mental Health services.

In rolling out our approach, key initial commissioning priorities for development include:

- The expansion of services for children and young people. We will invest year on year to increase capacity and reduce waiting times in line with national targets
- Re-design of the Recovery Pathway. This work commenced at the end of 2017 and will deliver proposals by April 2018, supported by an implementation timescale stretching to 2020
- Extension of Psychiatric Liaison provision, working towards Core24. We will deliver a 24/7 assessment service into the Emergency Department by April 2018 and then expand over the next 3 years until we meet the CORE 24 standards
- Rapid Response Community Crisis Services. We will implement a local extended hours crisis assessment service, supporting Primary care by October 2018
- A remodelled and expanded Psychological Therapies offer. We will expand services from delivering 15% of predicted need within the population to 16.8% by April 2018 and then expand this further into 2018/19 and beyond. Our priority will be individuals with co-morbid Long Term Conditions (LTC's)
- We will improve the diagnosis rate and pathway for users and carers experiencing dementia, integrate services further where possible and eliminate inappropriate out of area placements. By November 2018, we will meet the standard of 66% of individuals receiving a diagnosis. We will also integrate the dementia navigation service into the Dementia pathway by November 2018

- Commissioning additional Recovery College capacity so that individuals have more control and understanding of their own mental health and how they can manage this better themselves and are able to access support to help with addressing issues such as employment, recreational activities and housing. To support this, we will deliver an additional 350 placements by April 2019
- Enhance the Social Prescribing offer and test out whether an integrated approach with IAPT services delivers better outcomes for people living in some of the more deprived areas. We will run a pilot starting in April 2018 and make recommendations for learning and implementation for 2019/20
- Opening a Crisis Café for those with mental health issues in crisis and as an alternative to the Emergency Department by April 2018

Running alongside the development of locally integrated mental health services, it is recognised that services must work within, and be connected to the wider Mental Health Care Partnership. There is a clear requirement to create a wider community of practice around Mental Health, in order to both maximise clinical expertise and ensure specialist mental health services operate at scale to be sustainable and able to deliver appropriate care and support for those with highly complex needs.

Enhanced Care and Support

Significant work has already been undertaken to improve the sufficiency and quality of the Residential and Domiciliary Care Markets. However as we move towards a home first philosophy, coupled with a recognition that the sector is having to meet increased levels of acuity then new models of care and support will need to be developed.

Building on the learning of the Vanguards, we will develop an **Enhanced Health in Care Homes** model. This will build on the work already undertaken including QAIT support, Quality Reviews, Dignity in Care Homes Forum, Dementia Quality Mark, Leadership Programme and the Health & Wellbeing Champion Programme, Red Bag Scheme and Skype facility to reduce 999 calls. Working with providers, the ICO and Primary Care we will develop the following best practice model:

Care element	*Sub-element*
1. Enhanced primary care support	Access to consistent, named GP and wider primary care service
	Medicine reviews
	Hydration and nutrition support
	Access to out-of-hours/urgent care when needed
2. MDT in-reach support	Expert advice and care for those with the most complex needs
	Helping professionals, carers and individuals with needs navigate the health and care system
3. Re-ablement and rehabilitation to support independence	Reablement / rehabilitation services
	Developing community assets to support resilience and independence
4. High quality end of life care and dementia care	End-of-life care
	Dementia care
5. Joined up commissioning and collaboration between health and social care	Co-production with providers and networked care homes
	Shared contractual mechanisms to promote integration (including continuing healthcare)
	Access to appropriate housing options
6. Workforce development	Training and development for social care provider staff
	Joint workforce planning across all sectors
7. Harnessing data and technology	Linked health and social care data sets
	Access to the care record and secure email
	Better use of technology in care homes

In terms of Domiciliary Care then we will work with the Market and the emerging ICP to develop a Single Accountable Provider (SAP). The SAP will be responsible for coordinating all home services including Reablement, timely hospital discharge, Community Domiciliary Care and Carer's Emergency Response Service, with the aim of developing/sustaining a person's capacity to live independently at home in the community. The SAP will provide the opportunity to develop a single workforce ensuring carers have the skills and knowledge to offer personalised services, to support people with a range of needs, be outcomes driven and where possible, aim to reduce the need for ongoing long-term support by improving individual's health and wellbeing.

Working as system enabler commissioners will work with planners, developers and care providers to develop new build care and support developments including Extra Care, Specialist Nursing Provision and Supported Living for working age adults including Learning Disabilities and adults with multiple needs.

System Enablers

Responding to the recent CQC System Review, we will facilitate system partners coming together to develop a fully resourced System Wide Workforce Development Plan. Key activities will be review of existing organisational plans, development of system wide work force profile and gap analysis, shared workforce principles, alignment of existing resources to priorities and active pursuit of additional revenue opportunities.

Building on the work already commenced through the OPE Programme we will facilitate a review of our health and care estate including developing a masterplan for the Mount Gould Site and the roll out of Wellbeing Hubs.

High Level Road Map								
	2018				2019-20			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3/Q4**	**Q1 (20)**
Integrated Commissioning	Commissioning Intentions Consultation	Publication of Commissioning Intentions						
Integrated Care Organisation	Development of contracting options Publication of Contracting Approach	Mobilisation		Detailed Planning Completed	Initial Integration of new functions completed		Transformation	
Transformed and Sustainable Primary Care		Joint Commissioning of Primary Care in place		Integrated Pharmacy Service Designed	Integrated Primary Care System Designed Integrated Pharmacy Service Signed Off		Integrated Primary Care System Signed Off	Integrated Pharmacy Service in place
Integrated Children and Young Person and Families Services	Launch of CHWB and SEND tender	Residential block contract implemented. Children's Centre statutory consultation Together for Childhood place based consultation. Peninsula	PAUSE implemented. Award of CHWB and SEND contract Implementation of Crisis Response provision (complex adolescent and	Schools funding sought for EHWB offer from Aug 19 onwards Children's Centers out to tender as part of EH and TS offer		CHWB and SEND contract begins	EH and TS offer implemented	

		fostering contract implemented Peninsula residential tender launched	step-down)					
Local Responsive Mental Health Services		Crisis Café Opened Recovery Pathway Work Commences 24/7 Assessments Launch Enhanced Social Prescribing Pilot commences		Dementia Diagnosis Improvement Achieved Integration of Dementia Pathway and Navigation service Rapid Response Community Crisis Service in place Enhanced Social Prescribing Pilot Ends	Recovery Pathway Proposals Developed	Plans Developed around Recovery Pathway Proposals		
Health and Wellbeing Hubs	1st phase of training commences 1st Hub Pilot Launches	First Targeted Hub Open First Universal Offer New website in place	WFD Phase 1 completed Wider Hubs Design completed		Full launch of IT Solution Phase 1 of Targeted Hub programme complete			Phase 2 of Targeted Hub programme complete

	Full WFD Framework Agreed	1st Hub Pilot ends	Development of IT solution completed					
MEAM	Development of Service Model Market Engagement Procurement Commences			Contract award Cabinet Implementation Period commences	Service Mobilization Implementation ends	Alliance Contract Goes Live	Implementation and Delivery	
Enhanced Care and Support	Baseline Assessment against EHCH Model	Mobilisation		Detailed Planning Completed	Initial Integration of new functions completed		Transformation	SAP for Dom Care in place
System Enablers			Phase 1 Planning Consent Approved for Efford H&WB Hub	Plymstock Health Hub Occupied Construction Contract let for Efford H&WB Hub			Implementation of Phase 1 works at LCC Deliver OPE Hub Implementation Plan	

PLYMOUTH CITY COUNCIL

Subject:	Dynamic Purchasing System - Adaptations
Committee:	Cabinet
Date:	13th March 2018
Cabinet Member:	Councillor Ricketts, Cabinet Member for Transport & Housing Delivery.
CMT Member:	Carole Burgoyne, Director for People
Author:	Malisa Collyer, Strategic Manager Community Connections
Contact details	Tel: 01752 307 081 email: malisa.collyer@plymouth.gov.uk
Ref:	DPS - Adaptations
Key Decision:	Yes
Part:	I

Purpose of the report:

This report seeks the support of cabinet to utilise a new method for procuring adaptations for elderly and disabled people in their own homes, via Disabled Facilities Grant (DFG).

The DFG allocation is specified via the Better Care Fund (BCF) and is for the provision of adaptations to disabled people's homes. For 2017/18, Plymouth's allocation was £2.126m in total, an increase from £1.954m in 2016/17. It is forecast that over £600k will be spend on Bathroom adaptations alone, at an average cost of £4400. Bathroom adaptations allow elderly and disabled people to access showering facilities that meet their everyday need and reduce risk to health and of injury. We would therefore anticipate to spend approximately £3m adapting bathrooms across the city over the next 5 years.

On 1st May 2014 Plymouth City Council launched the Devon and Cornwall Bathroom Adaptation Framework agreement, a standardised schedule of rates offering a reduction in average cost, due to framework including Devon & Cornwall, and a simplified method for procuring bathroom adaptations. The framework reduced timescales and offered quality control of all work produced. This framework was for 2 years with an option to extend for a further 2 years. This brings this framework to an end on 31st April 2018, and as such we have been working to find future solutions to procuring bathroom adaptations, and bring more innovation to this area of work.

The existing framework brought benefits to all who used it, however, it did not offer a sound operating model to each authority using it, bringing inconsistencies, and it did not allow new products to be introduced and had no mechanism for replacing or introducing suppliers or contractors. This meant that the framework was limiting when additional need or opportunity presented.

It is proposed that Plymouth City Council introduce a Dynamic Purchasing System for the procurement of adaptations and we have therefore been working with Independence Community Interest Company (In.CIC) for over a year to develop the Dynamic Purchasing System for Adaptations. We will be focusing on bathroom adaptations in the first instance, and will develop the system further to include all type of adaptations.

The Corporate Plan 2016 - 19:

The Dynamic Purchasing System, focuses on the customer need in a specific and bespoke way and offers a more efficient procurement method of the most vulnerable in our city. It offers an opportunity to reduce risk to those most in need and support the care arrangements for elderly and disabled people. This is the first Dynamic Purchasing System for this type of work, and offers full flexibility for both local authorities and those funding adaptations privately. Plymouth is therefore leading the way in procurement of adaptations, and has the opportunity to work with Local Authorities across the country, thus having the potential to take advantages of economies of scale.

The DPS is fully electronic and as such supported The Way We Work programme.

Provision of home adaptations supports prevention and early intervention by reducing the risk of injury and health complications to elderly and disabled citizens. The provision of DFG's contributes to 'Caring Plymouth' by promoting independence and reducing health and social inequality, helping people to take control of their lives and to be treated with dignity and respect. DFG funded major adaptations enable people to remain in their own homes, thereby helping to contain the potential for increases in costs to health and care services and minimising risks to disabled people, their family and carers. Wellbeing is a guiding principle throughout the Care Act 2014 which sets out the framework for the future provision of adult social care. Suitability of living accommodation is one of the matters local authorities must take into account as part of its duty to promote wellbeing. The provision of major adaptations is a preventative measure which can promote someone's wellbeing allowing them to live as independently as possible and for as long as possible.

The wider context of adaptations promotes independence and supporting elderly and disabled people to access the community and therefore education, employment and support the local economy.

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

In.CIC have been instructed to undertake the procurement of the DPS on behalf of Plymouth City Council. There is no cost implication for PCC at this stage. Once the DPS is operational a 1% management fee will be charged via each approved grant to use the DPS to procure each adaptation. It is hoped that with more authorities using the system this fee will reduce over the 5 year period.

If an efficient method of procurement is not found for adaptations 3 quotations will be required for each piece of work. This would be exceptionally resource intensive, and does not provide opportunity to reduce average cost of works.

In.CIC will be providing a web-based system to support the use of the DPS by officers, at no additional cost.

Disabled Facilities Grants are funded in the following way (17/18):

Capital:

Better Care Funding 2017/18:	£2,126,104
2016/17 Resources Carry Forward (previously approved)	£15,501
Total Project Funding	£2,141,605

All BCF Grant must be spent in accordance with the BCF spending plan, jointly agreed between the local authority and the relevant CCG's. Should this condition not be adhered to Plymouth City Council is liable to repay the funds received.

Revenue Implications:
The cost of appropriate staff time associated with the delivery of DFG works is currently partly funded within the above Capital allocation, and partly within Revenue allocation. The use of capital for staff time associated with the work directly impacts the overall capital budget for physical works, but is recognition of the true cost of delivering these improvements. In addition, this reduces pressure within the Council's revenue budget.

There is evidence to suggest that the provision of DFG's reduces revenue pressures within other services, including

- Adult Social Care Packages (where facilities reduce the support time required)
- Residential Care (where beneficiaries are able to remain independent or be supported by carers for longer)
- Children's Social Care (where Children are able to remain at home, avoiding the need for specialist placements)
- Reduced risk of Health Service use, through slips and falls etc.
- Reduced Hospital admissions / recovery times, where DFG provision enables patients to return home earlier.

Due to the ongoing pressures associated with the above services, it is likely that investment in DFG's will assist in containing costs within the existing budgets. It is also possible that it will generate some new "cashable" budgetary savings although these are not identified at this stage.

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

Public Health

- Many of DFG applicants suffer from the 4 chronic diseases, and as such are offered a method by which they can reduce the risk to their health in regard to their home environment.

- Adaptations to provide access to the community promotes activity in the context of the DFG applicant. All adaptations completed clearly promotes wellbeing, which may assist in addressing the 4 lifestyle behaviours, and combat the symptoms of depression which often lead to negative lifestyle behaviours.

Plymouth Plan

Strategic Objective SO4 Delivering a Healthy City.

- Helping ensure that children, young people and adults feel safe and confident in their communities, with all people treated with dignity and respect.
- Ensuring people get the right care from the right people at the right time to improve their health, wellbeing and social outcomes.

Policy 10 – Supporting Adults with Health and Social Care needs.

- Supporting people to manage their condition(s) to reduce their dependence on professional help.
- Supporting carers to carry out their caring role and have a full life outside of caring.
- Delivering high quality services that meet individual outcomes.

- Implementing a system of whole person care which delivers care and support in a way that makes sense to the person in the context of their whole life.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes

Recommendations and Reasons for recommended action:

To approve the use of the Dynamic Purchasing System from 1st May 2018 for the procurement of adaptations for disabled and elderly people via Disabled Facilities Grant.

Alternative options considered and rejected:

- Obtain 3 quotations for each piece of work
- Procure another framework agreement

Published work / information:

None

Background papers:

DPS Briefing v1 15.02.2018
DPS Business Case 21.08.2017

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

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

Fin		Leg	2998 7/NJ	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member Matt Garret, Head of Community Connections													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

COMMUNITY CONNECTIONS

Adaptations - Dynamic Purchasing System

Briefing

The Council has a statutory duty to approve mandatory Disabled Facilities Grants (DFG's) for major adaptations. This work helps people (including children) to live independently in their own homes, thereby helping to contain the potential increase in costs to Social Care Services, and maintain people living in their own homes.

The legislation governing DFGs is the 1996 Housing Grants, Construction and Regeneration Act. DFGs are mandatory and are available from local authorities in England and Wales, subject to a means test. The grants are to provide adaptations to the home environment to promote independence and keep people living in their own homes in safety and with dignity for longer.

The DFG allocation is specified via the Better Care Fund (BCF) and is for the provision of adaptations to disabled people's homes. Following the approach taken by the Department of Health in 2015-16, the DFG has again be included within the BCF for 2017/18, and is anticipated to remain for 18/19. This is to encourage areas to think strategically about the use of home aids/adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing. For 2017/18, Plymouth's allocation was £2.126m in total, an increase from £1.954m in 2016/17. It is forecast that over £600k will be spend on Bathroom adaptations alone, at an average cost of £4400. Bathroom adaptations allow elderly and disabled people to access showering facilities that meet their everyday need and reduce risk to health and of injury. We would therefore anticipate to spend approximately £3m adapting bathrooms across the city over the next 5 years.

Home adaptations can be a welcome intervention for many, enabling people to live independently and safely in their own homes. This work requires assessment from an Occupational Therapist to identify the changes required to the home environment to meet the needs of the individual, and each adaptation is bespoke to the situation. However, there are standard items that can be grouped together to provide a solution to each grant recipient offering a simplified method of procurement for each adaptation. On 1st May 2014 Plymouth City Council launched the Devon and Cornwall Bathroom Adaptation Framework agreement, a standardised schedule of rates offering a reduction in average cost, due to framework including Devon & Cornwall, and a simplified method for procuring bathroom adaptations. The framework reduced timescales and offered quality control of all work produced. This framework was for 2 years with an option to extend for a further 2 years. This brings this framework to an end on 31st April 2018, and as such we have been working to find further solutions to procuring bathroom adaptations, and bring more innovation to this area of work.

Following initial discussions with PCC Procurement, it was felt that an external specialist was necessary to support in the delivery of a new procurement method. The existing framework brought benefits to all who used it, however, it did not offer a sound operating model to each authority using it, bringing inconsistencies, and it did not allow new products to be introduced and had no mechanism for replacing or introducing suppliers or contractors. This meant that the framework was limiting when additional need or opportunity presented. We have been working with Independence Community Interest Company (In.CIC) for over a year to develop a Dynamic Purchasing System for Adaptations, and will be focusing on bathroom adaptations in the first instance. The Dynamic Purchasing System will be divided into 'lots' for each type of work that could be required and therefore tendered through the system as and when required by each participating authority, thus providing opportunity in the market and seeking solutions across the country. The 'lots' will include, for example, ramps, internal and external access equipment, hoisting systems and professional services, e.g. specialist design. In.CIC is a TrustMark scheme operator that offers full compliance for domestic consumers and support for authorities participating in the Dynamic Procurement System, for example ensuring Construction Design and Management Regulations 2017 compliance.

A Dynamic Purchasing System (DPS) is a completely electronic system of limited duration which is established to purchase commonly used Goods, Services and Works. A DPS remains open throughout its duration for the admission of suppliers and installers who satisfy the selection criteria specified by the Contracting Authority (PCC). This means we can be more responsive to changes in customer demand and funding. It will also be possible to introduce new products and thus not preclude our customers from innovative solutions as per the existing framework. We have set key performance indicators to ensure a robust monitoring system and a methodology for providing good service to our customers, whilst offering them consumer protection through the TrustMark accreditation.

We are currently working with Cornwall Council, and Devon District Councils locally to introduce the DPS. In addition to this the DPS will be using the existing 'Plymouth Model' and has potential to be utilised by other Local Authorities across the country, thus taking advantage of economies of scale. Discussion is underway with Local Authorities in the West Midlands, and London Boroughs. The 'Plymouth Model' was designed by the team in 2007 and was further developed to provide the framework in 2014. It links trade rates, acceptable task times, material costs and overheads and profit to provide a fully priced schedule of standardised items. Competition is undertaken at the initial stages thus reducing time delays during the working of the DPS.

Utilising the 'Plymouth Model' via the DPS will allow us (and other authorities) to procure adaptations swiftly, ensuring compliance and standardisation. As the DPS is fully electronic schedules can be produced on site in the customers home and works ordered and managed from a device, thus supporting The Way we Work project.

Engagement events have been conducted with Local Authorities and Providers to support them in this process.

COMMUNITY CONNECTIONS

Business Case for the Introduction of a Dynamic Purchasing System - *Evaluation of a Dynamic Purchasing System (DPS) for Adaptation Repair Maintenance and Improvement (ARMI)* - **Briefing**

PLYMOUTH CITY COUNCIL

1.0 Overview

Plymouth City Council (PCC) has successfully been running a disabled adaptation bathroom framework for the past 3 years which has also been available to other local contracting authorities and stakeholders with varied take up.

PCC are now in the process of reviewing and re-tendering the bathroom framework which is due to finish in April 2018. Overall, the framework has delivered significant savings in terms of time and money for PCC and its stakeholders. Although there have been significant benefits, there have also been some drawbacks using the framework. Consequently, PCC is now exploring the use of a Dynamic Purchasing System (DPS) for the re-tendering of the framework.

In preparation for developing a robust contractor list to support the adaptations service, and to ensure compliance with regulations PCC carried out a soft market test in 2016 through Due North**,** to test the market and locate a Trust Mark Scheme Operator that could provide added value services such as:

- Access to list of adaptation specialist contractors for both grant work and private work.
- Ensure compliance with relevant regulations, for example Construction Design and Management Regulations 2015 and the Consumer Act 2015.
- Insurance backed Warranties to be offered to our customers.

PCC received one response only, which was from INCIC. Since this time PCC and INCIC have been working together engaging with all stakeholders concerned.

PCC have been developing a working relationship with Independence Brokerage Service CIC (INCIC) over the past 3 years. INCIC are a TrustMark scheme operator and a community interest company, they are specialist in Adaptation Repair Maintenance and Improvement (ARMI). They provide pre-qualification, vetting and inspections and ongoing monitoring of suppliers with access to an electronic software platform to aid in contractor monitoring and ordering of works. INCIC also provide guidance and support to Contractor/Suppliers as well as local authorities, charities and housing associations with regards ongoing compliance.

In regard to the re-tendering of the bathroom framework agreement (expires April 2018), PCC has not got sufficient resources independently to carry out this process and is now working with INCIC to help carry out the retendering exercises. Terry Brewer, former Head of Procurement at the London Borough of Harrow and Procurement lead for London Boroughs, is also assisting INCIC in the proposed provision to PCC of the evaluation and procurement process on its behalf. The Council propose to enter into an agreement with INCIC under which INCIC will set up and

administer the DPS at its cost on PCC's behalf and subject to its direction. This arrangement supports the on-going maintenance of any procurement exercise and ensures regular updates are provided to all organisations procuring adaptations works via the new system. This on-going arrangement would not be subject it to any additional cost.

As stated earlier PCC procurement is considering the use of a DPS under these arrangements with INCIC. INCIC & PCC have conducted initial stake holder engagement in the use of a DPS and its costs, along with its additional flexibility and the cost savings that it could bring. This has been met with a positive outcome and a further willingness to engage and take this forward.

Part of the procurement process is to review the procurement systems and to evaluate traditional methods verses new alternative methods for procurement.

INCIC has carried out an evaluation and report on DPS and its advantages and disadvantages and has undertaken a comparison for a DPS vs a Framework agreement.

Please see attached Appendices which provides the following:

Appendix 1 - INCIC available services and benefits.

Appendix 2 - Report Framework V Dynamic Purchasing System (DPS)

Appendix 3 - Dynamic Purchasing System (DPS) Advantages and Disadvantages

Appendix 4 - Dynamic Purchasing System (DPS) time frames

Appendix 5 - Framework time frames

Appendix 6 - Potential costs

2.0 DPS as the Preferred Route

A DPS is the preferred option for PCCs Community Connections team as it provides an affordable yet flexible option to build upon and to continue to develop existing and additional services for our customer base and much wider in our communities.

PCC has extensive experience of running a bathroom adaptation framework, and whilst initial savings were found in terms of time and money, PCC has found the framework restrictive and challenging to ensure partner organisations are kept informed of changes and are utilising the framework to the best of its capabilities.

It has been found that a traditional framework locks out suppliers and local contractors that weren't able to demonstrate their capability or were unavailable at the time for the initial inclusion on the framework, thus restricting the use of new and innovative products or introducing new contractors. The use of a DPS allows greater flexibility to have an unrestricted compliant list and to include new entrants while allowing more time for entrants to comply, hence giving greater flexibility and support to suppliers/contractors and PCC. This in turn will benefit any other organisation wishing to utilise the DPS for their own customers (i.e. other Local Authorities). The DPS also provides additional cost effective benefits once set up for a wider use than a traditional framework, due to ordering and monitoring methods, potential adaptation design efficiencies and economies of scale.

3.0 DPS Duration and Terms

It is suggested that the DPS is set up for a 5 year period with an option to extend to 10 years. Once the initial DPS has been set up and is live there will be reviews annually from the live date with the ability for all parties to terminate the arrangement annually after the first year with one years' notice from termination date.

4.0 DPS Documentation, Criteria Customers and Suppliers

All documents, criteria, suppliers/contractors and customers to be used and approved in agreement with PCC prior to written agreements or publishing.

5.0 Potential costs, use and savings

Attached Appendix 6 includes projected/estimated costs for setting up the DPS and managing the DPS annually, along with projected income from those who have initially shown an interest. There is a broader interest in the use of the DPS by other customers (contracting authorities) to be explored.

Additional savings to PCC and potential income generation can be achieved by the broader use of the DPS by other customers, also through economies of scale and by the development and use of technologies allowing remote working.

Appendix I

Supplier standards and checks
Compliance to Procurement and Contracts Regulation 2015 (PCR 2015)
INCIC TrustMark
INHAS SSIP
Exertus Software
Web accessible software allows remote working
Application processes for suppliers to join scheme
Public search facility for traders including their skills
Mediated consumer feedback
Supplier monitoring portal
QESTRA Quotes, Estimates, Schedule of Rates, Tenders, Rotation, Audits
Workflow, collaboration and sharing
CDM Reports to help comply with Construction Design Management 2015 (CDM15)
Available supporting documentation
Standard compliant terms and conditions
Standard compliant contracts for contractor and consumer/residents
Standard three way contracts for design agent, contractor and consumer
Construction (Design & Management)* Under **CDM2015**, every construction project needs a construction phase plan
Template policies and sign posting for micro business (Health & Safety, Equal opportunities etc.)
Support services
Information and advice and guidance on changes to regulations
Complaints handling
Technically competent inspectors to mediate on complaints
Access to compliant third party mediation service Alternative Dispute Resolution **(ADR)**
Support on Health and Safety issues
Supporting recent compliance to legislation changes and on going
Equality Act 2010 (Accessibility)
Support requirements to comply to new social care legislation **The Care Act** 2014 Implementation (1st April 2015-2016)
Public Contracts Regulations (Feb 26th 2015) (**PCR15**)
Construction (Design and Management) Regulations 2015 (**CDM2015**)
Changes to Consumer Rights Act October 1st 2015
Alternative Dispute Resolution (**ADR**) 1ST October 2015
Additional benefits generally across scheme

Ongoing development of software providing additional savings and benefits
Help to ensuring that contractors meet building regulations requirements
Ongoing and dynamic monitoring insurance and accreditations
Trading Standards background checks if required
Experian and Credit Safe checks and continuous monitoring
Integration of schemes
On-site initial technical inspections upon entry
On-site technical inspections and support for complaints
Out sourced supplier qualification and monitoring
Support of the migration of existing suppliers
Income generation and cost recovery
Flexible use of standards
Supplier engagement and price monitoring for schedule of rates
Provision of Lloyds of London **Insurance Backed Warranty** for suppliers
Access to additional financial products as they become available

Appendix 2
INCIC Report on the use of Framework V Dynamic Purchasing System (DPC)

Background

Independence Brokerage Services CIC (INCIC) is a Community Interest Company and have been working with Plymouth City Council (PCC) for the past 3 years. INCIC works with many different governing bodies such as TrustMark, Trading Standards, Safety Schemes in Procurement along with local authorities, housing associations including home improvement agencies throughout the UK.

Objective

This report is to help PCC to evaluate the benefits and draw backs of using a DPS V framework. We understand that the existing framework has delivered significant savings in terms of time and money for PCC and its stakeholders but has not been without its limitations. PCC is now considering the additional benefits, flexibility and challenges that a DPS may bring.

INCIC works throughout the UK with many local authorities and home improvement agencies and their stakeholders and has significant knowledge and understanding and views of how adaptations are procured and managed differently throughout the UK.

INCIC is working with PCC to look at the best option for retendering their Bathroom Adaptations contracts and is working with PCC on stakeholder and economic operator's (Contractor/Suppliers) engagement.

INCIC is aware of the Local Government Association "A guide to Dynamic Purchasing Systems within the public sector" and associated guide notes. INCIC has also had discussion with other organisations who have set up and operate DPS in similar sectors and have also consulted with PCC procurement who have set up a DPS for passenger transport services for home to school travel.

What is a Dynamic Purchasing System and how does it work?

A Dynamic Purchasing System (DPS) is a completely electronic system. The rules relating to the usage and creation of a DPS are set out in PCR 2015 Regulation 34. DPS are used by Contracting Authorities (CA) to purchase commonly used goods, works or services. Unlike a traditional framework, suppliers can apply to join at any time. This makes a DPS a more accessible and open solution designed to provide CAs with access to a pool of pre-qualified suppliers. DPS arrangements are best suited when expenditure is high, i.e. over a £1.m either, individually or as a collaborative arrangement. The lead CA may take on the role as a central purchasing body (CPB) and make the DPS available through a managed service arrangement to other authorities and may well take a percentage for management. There is no limit to the number of suppliers on a DPS.

DPS is a two stage process

Stage one - suppliers have to complete and pass a standard Pre-Qualification Questionnaire (PQQ) to be admitted to DPS and if rejected must be provided with feedback in order to enable them to re-apply at a later date if they so wish to.

Stage two - once suppliers are admitted to DPS (approved), contracting authorities (buyers) invite all approved suppliers in the relevant category to further bid for contracts, suppliers are not obliged to bid.

DPS is divided in to categories

A DPS can be divided into categories of works, services or goods (referred to as Lots), these may include the size of a contract or the geographical area of contract delivery. Suppliers can apply to single or multiple lots within a DPS.

In Summary

The concept and use of DPSs is not a new one and has, with the recent changes to the Public Contract Regulations (2015) become a more considered and used option in public sector procurement.

There are some serious considerations and challenges to take in to account when considering implementing and running a DPS system but there are also some undoubted benefits.

Appendix 3

DPS - Advantages and Disadvantages

Advantages

Flexibility.

The ability to add new suppliers at any stage (subject to them satisfying qualification criteria).

If suppliers do not match the selection criteria they can reapply and are not locked out in the future.

(Unlike a closed framework arrangement.)

Makes it easier to do business with the public sector.

Potential to increase access for harder to reach suppliers including small medium enterprises (SMEs).

Allows SME's to develop as suppliers.

Works well where there is a vibrant, competitive market.

Cost saving and increased competition.

Opportunity to stimulate markets.

Reduces the risk of the volatility of losing suppliers. (Unlike a closed framework arrangement.)

Can cover multiple projects and can allow for variations in areas/locations.

The ability to offer rate cards and volumes.

Acceptance around implementing DPSs, and where top spend areas have been progressed, there is the option to roll this out to other smaller areas of spend.

Increased competition throughout the life of the arrangement.

Construction features heavily in its use.

Once set up projects can be tendered simply and quickly.

No longer need to maintain a supplier list and no need to manually choose suppliers.

Brings many process benefits.

Provides better contract information.

Auditing is clearer.

Increased compliance.

Disadvantages

Stakeholders and suppliers lack of understanding of what a DPS is.

Demands of managing supplier and stakeholder engagement.

Continued engagement with suppliers along the journey, ensuring they are adequately supported.

Can be administration heavy at front end of process.

Under-estimating the potential challenge around cultural change.

Needs to be properly resourced – both through implementing and during the delivery process.

Large number of applicants.

Resource intensive, 10 days for suppliers to be evaluated from submission.

Management of list can be resource intensive.

Can have a long list of tenders.

Lack of understanding by suppliers of the 2 stage process.

The above have been identified in discussion with NHS London Procurement Partnership, who have introduced and operate a Minor Building Works Dynamic Purchasing System.

Appendix 4

Draft indicative - requirements and proposed time frames to be confirmed

Adaptation Repair Maintenance and Improvement (ARMI) DPS initially to be set up for bathroom adaptations for Plymouth City Council PCC with an option to expand in scope and use as required to other contracting authorities and social housing providers as per OJEU rules 37 (3)

DPS Time Table to implement

Activity	Target Date
Market and stakeholder engagement + documents	**3 Months Prior** to OJEU issue notice and supporting documents prepared
Issue of OJEU Notice and supporting documentation	31st October 2017
Deadline for submission of DPS and PQQ questions	24th November 2017
Closing date for submission of completed DPS applications	1st December 2017
Evaluations of DPS applications and approval	11th December 2017
Acceptance of successful applications onto DPS and signing of DPS agreements by INCIC	21st December 2017
DPS go live	5th January 2018
New applications to be admitted on to DPS	Ongoing throughout the proposed term of the DPS. New Applications to be evaluated by LPP within 10 Working Days of Receipt of completed PQQ.
Dispatch of bathroom adaptation ITT	TBA
Return of ITT	TBA
Evaluation of ITT	TBA
Selection of successful tenderers	TBA
Standstill period (ends)	N/A
Contract award	TBA
Contract mobilisation	1st April 2018

Appendix 5

Draft indicative - requirements and proposed time frames to be confirmed

Framework to be set up for **Bathroom Adaptations** for Plymouth City Council PCC with potential users: contracting authorities and social housing providers to be identified when OJEU notice is published.

Framework Time Table to implement

Activity	**Date**
Market and shareholder engagement + documents	**2 months Prior** to OJEU issue notice and supporting documents prepared
OJEU Notice submitted for publication	18th September 2017
OJEU Notice published	22nd September 2017
Dispatch of ITT	8th November 2017
Deadline for ITT clarifications	14th December 2017
Deadline for responses to clarifications	19th December 2017
Return of ITT	24th December 2017
Evaluation of ITT	by 14th January 2018
Post tender clarifications	by 14th January 2018
Selection of successful tenderers	25th January 2018
Standstill period (ends)	8st February 2018
Contract award	15th February 2018
Contract mobilisation	1st April 2018

Appendix 6

Potential costs

Estimated budget cost to set up (DPS) INCIC	
Market engagement	£7,500.00
Business case **(Plymouth)**	£0.00
Allocation of procurement resource (Consultant)	£3,500.00
Document development	£6,750.00
OJEU/ Procurement process **(Plymouth)**	£0.00
Management of applicant Suppliers to (DPS)	£10,500.00
Invitation to tender (ITT)	£3,750.00
Tender evaluation	£4,500.00
Contract award process	£4,750.00
(Plymouth) Costs other	£0.00
Total cost to set up	**£41,250.00**
Estimated on going management cost (DPS) Pro rata additional value	
Admin cost to manage DPS	£19,500.00
Software to monitor, manage and host DPS 100 Contractors	£3,500.00
Disbursements	£1,000.00
Additional calls for competition	£0.00
Cost to run scheme per annum	**£24,000.00**

Estimated spend through DPS per annum	**Value**
Plymouth	£1,400,000.00
Cornwall	£3,500,000.00
Teignbridge	£738,000.00
Torridge	£414,000.00
South Hams	£429,000.00
Mid Devon	£392,000.00
Total	£6,873,000.00
Gross Value management 1% Per annum	**£68,730.00**

EQUALITY IMPACT ASSESSMENT

Disabled Facilities Grant

PLYMOUTH CITY COUNCIL

STAGE 1: What is being assessed and by whom?	
What is being assessed - including a brief description of aims and objectives?	The Council has a statutory duty to approve mandatory Disabled Facilities Grants (DFG's) for major adaptations. This work helps people to live independently in their own homes, thereby helping to contain the potential increase in costs to Social Care Services. The legislation governing DFGs is the 1996 Housing Grants, Construction and Regeneration Act. DFGs are mandatory and are available from local authorities in England and Wales, subject to a means test. The grants are to provide adaptations to the home environment to promote independence and keep people living in their own homes.
Responsible Officer	Malisa Collyer, Strategic Manager, Community Connections
Department and Service	Community Connections
Date of Assessment	1st June 2017

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
Age	The average age in Plymouth (39.0 years) is about the same as the rest	Older people and Younger People are recognised as potentially	Advice for those with a contribution to make to the cost of the works	MC ongoing.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	of England (39.3 years), but less than the SW (41.6yrs). The city has the third lowest percentage of older people, and the fifth highest percentage of children and young people (under 18) of the 16 SW county and unitary authorities. 75 % of DFG applicants are Older People, and as such the above statistics do not reflect the demand for this type of service. Younger people (18-24) are more likely to be unemployed, and thus may have an income making them ineligible for grant assistance. Disabled Facilities Grant;	vulnerable groups. Grant is means tested. Homes that cannot be adapted to meet the occupiers need. Owner Occupiers are encouraged and supported to move to more suitable home. Tenants are supported to find more suitable accommodation either via MAT or Devon Home Choice. Services offered in lieu of DFG - Private Adaptation and Home Improvement Works Technical Services is available to all owner occupiers in need of home adaptations to	given by Housing Renewals. Support to move home given on a 121 ad hoc basis. Discretionary re-location grants offered to owner occupiers. Advice regarding charge offered upfront before and service commences. Non-refundable deposit it taken.	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	Assistance is also available for Children, however, these are not means tested.	enable independent living of any age. Service is chargeable, thus only those able to pay for this service will be able to access.		
Disability	28.5% of households in Plymouth declare themselves as having a long term health problem or disability (nationally this is 25.7%). National evidence suggests: A substantially higher proportion of individuals who live in families with disabled members live in poverty, compared to individuals who live in families where no one is disabled. 19% of individuals in	Limitations of the approved budget potentially result in some disabled people waiting for their adaptations. If the disabled person is considered eligible (i.e. means testing) for grant funded adaptation works they will receive works to their home environment, however, they may have to wait. A prioritisation system has been employed to ensure those most in need receive their	Continued monitoring of prioritisation scheme to ensure fairness and compliance by officers. Notification to customers of the anticipated wait time.	MC ongoing.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	families with at least one disabled member live in relative income poverty, on a before housing costs basis, compared to 15% of individuals in families with no disabled member. 21% of children in families with at least one disabled member are in poverty, a significantly higher proportion than the 16% of children in families with no disabled member. Disabled Facilities Grant; Assistance is available to all people in need of home adaptations to enable independent living. These grants are targeted at those with disabilities, but not necessarily those registered disabled. Private Adaptation and	adaptation soonest (please see Independent Living Assistance Policy 2016).		

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	Home Improvement Works Technical Services is available to all owner occupiers in need of home adaptations to enable independent living of any ability.			
Faith, Religion or Belief	Data shows that 32.9% of the Plymouth population stated they had no religion. Hindu, Buddhist, Jewish and Sikh combined totalled less than 1%. 0.5% of the population had a current religion that was not Christian, Islam, Buddhism, Hinduism, Judaism, or Sikh such as Paganism or Spiritualism. Of those DFG completed in 13/14 56% identified as Christian; 1% Muslim;	No adverse Impact. Small number of applicants from minority religions identified.	Work with Social Inclusion Unit to promote services to Minority groups. Review application rates from BME communities. Monitor the impact of promotion to BME communities.	MC – 31/03/2018.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	40.5% No Religion; 2.5% other. The Council's Policy is to treat all those that apply for assistance fairly and on an equitable basis founded on case by case needs assessment regardless of 'protected characteristics'. The Council regularly monitors its application for assistance to ensure that policies and procedures comply with current equal opportunities legislation.			
Gender - including marriage, pregnancy and maternity	Citywide data shows that overall 50.6% of our population are women; this reflects the national figure of 50.8%. Of those in receipt of DFG 2014/15 60% were women.	No adverse impact anticipated -		

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	Given the age range of applicants for DFG, and the statistic that women live longer, the above % is as expected. The Council's Policy is to treat all those that apply for assistance fairly and on an equitable basis founded on case by case needs assessment regardless of 'protected characteristics'. The Council regularly monitors its application for assistance to ensure that policies and procedures comply with current equal opportunities legislation.			
Gender Reassignment	National figures (ONS 2013) indicate that up to 10,000 people have gone through this process, with 23 known cases in	No adverse impact anticipated		

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	Plymouth. No specific evidence to suggest trans people are any more or less likely to require adaptations to their home environment can be found. The Council's Policy is to treat all those that apply for assistance fairly and on an equitable basis founded on case by case needs assessment regardless of 'protected characteristics'. The Council regularly monitors its application for assistance to ensure that policies and procedures comply with current equal opportunities legislation.			
Race	92.9% of Plymouth's population is White British	No impact anticipated	Work with Social Inclusion Unit to promote services to	MC – 31/03/2018.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	7.1% are Black and Minority Ethnic (BME) with White Other (2.7%), Chinese (0.5%) and Other Asian (0.5%) the most common. We are a dispersal area for asylum seekers: up to 300 people will be accommodated in the City at any given time. Of those DFG completed in 13/14 85% identified as White British; 0.4% White Irish; 0.3% Chinese; 0.4% Other and 14% did not give information. The Council's Policy is to treat all those that apply for assistance fairly and on an equitable basis founded on case by case needs assessment regardless of 'protected characteristics'.	Customers for whom English is a second language may be disadvantaged as Application form and associated paperwork is to be published in English.	BME community. Review application rates from BME communities. Monitor the impact of promotion to BME communities. Policy and related documentation can be translated in to required language upon request via 'Translate Plymouth'. Publications for local information and marketing will be given to organisation using the most appropriate language. Organisations will be consulted on the most appropriate language and translation and other formats offered. Staff have been trained in Equality & Diversity	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	The Council regularly monitors its application for assistance to ensure that policies and procedures comply with current equal opportunities legislation.		and comply with the requirements.	
Sexual Orientation -including Civil Partnership	It is nationally estimated at between 5 to 7 % of the population are Lesbian, Gay and Bisexual (LGB). This would mean that approximately 12,500 people aged over 16 in Plymouth are LGB. Of those DFG completed in 13/14 1% identified as Bisexual; 0.5% as Gay; 0% as Lesbian; 85% as Heterosexual and 13.5% preferred not to say. The Council's Policy is to treat all those that apply for assistance fairly and on an equitable	No adverse impacts anticipated.	Work with Social Inclusion Unit to promote services to Minority community. Review application rates from Minority communities. Monitor the impact of promotion to Minority communities. Staff have been trained in Equality & Diversity and comply with the requirements.	MC – 31/03/2018.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Timescale and who is responsible?**
	basis founded on case by case needs assessment regardless of 'protected characteristics'. The Council regularly monitors its application for assistance to ensure that policies and procedures comply with current equal opportunities legislation.			

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	**Implications**	**Timescale and who is responsible?**
Reduce the inequality gap, particularly in health between communities.	Mandatory grant is available to those with specific living requirements due to disability in relation to the home environment. The grant is available city wide and is means tested, therefore is targeted towards those who are unable to fund adaptations via their own funds.	Allocation of funding is insufficient to meet demand and as such a percentage of those awaiting adaptations may have to wait longer than anticipated.
Good relations between different communities (community cohesion).	Disabled Facilities Grants are mandatory means tested grants, with no targeted intervention within communities. DFG is applicable to all tenures of housing.	n/a

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?**
Human Rights	Disabled Facilities Grant is aimed at improving health and safety within the home. This will help reduce hospital admissions and reduce the risk of admission to residential care. The Disabled Facilities Grant is contained within the Independent Living Assistance Policy 2016 which is written in line with the Equalities Act 2010. It therefore adheres to the UN Convention of the Human Rights as part of UK law. 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.	n/a

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.		Date	