



**Oversight and Governance**

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## **CABINET**

Tuesday 10 July 2018  
2 pm  
Council House, Plymouth

**Members:**

Councillor Evans OBE, Chair

Councillor Smith, Vice Chair

Councillors Haydon, Coker, Dann, Lowry, McDonald, Penberthy, Jon Taylor and Tuffin.

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

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

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**Tracey Lee**

Chief Executive

# Cabinet

## Agenda

### Part I (Public Meeting)

#### 1. Apologies

To receive apologies for absence submitted by Cabinet Members.

#### 2. Declarations of Interest

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

#### 3. Minutes (Pages 1 - 4)

To sign and confirm as a correct record the minutes of the meeting held on 5 June 2018.

#### 4. Questions from the Public

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

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

#### 5. Chair's Urgent Business

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

#### 6. Plymouth Health and Wellbeing System Strategic Commissioning Intentions 2018-20 (Pages 5 - 36)

#### 7. Local Nature Reserve Designations (Pages 37 - 50)

#### 8. Tamar Bridge Suspension System Remedial Work - Proposed Budget Increase (Pages 51 - 54)

#### 9. Sub-National Transport Body for the South West Peninsula (Pages 55 - 76)

#### 10. Local Bus Service Contract Award (Pages 77 - 100)



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## Cabinet

Tuesday 5 June 2018

### PRESENT:

Councillor Evans OBE, in the Chair.

Councillor Smith, Vice Chair.

Councillors Bowie, Coker, Dann, Lowry, McDonald, Penberthy, Jon Taylor and Tuffin.

The meeting started at 2.00 pm and finished at 2.45 pm.

*Note: The full discussion can be viewed on the webcast of the City Council meeting at [www.plymouth.gov.uk](http://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.*

#### 1. **Declarations of Interest**

There were no declarations of interest.

#### 2. **Minutes**

The minutes of the meeting on the 13 March 2018 were agreed.

#### 3. **Questions from the Public**

There were no public questions.

#### 4. **Chair's Urgent Business**

The Leader highlighted that –

- a) The Britain's Ocean City Plan for Plastics would be launched on Friday.
- b) A fully costed internal Plan for Plastics was being developed that would complement the City-wide approach and drive change within the Council by September 2018.

Councillor Dann (Cabinet member for the Environment) commented that –

- c) Since the opening of Teats Hill on Friday the City had been busy raising the profile of the need to reduce single use plastics and taking direct action to ensure plastics do not get into our natural environment.

- d) With partners across the City a series of events were taking place so that everyone can do their bit to help tackle this issue.
- e) In addition to direct action and events we are asking everyone to make a pledge on how they will support this initiative going forward. The twitter feed #PlasticsPledgePlym was showing how people were really getting engaged and were supportive of helping the City tackle single use plastics.

Councillor Dann would oversee the Plymouth Plan for Plastics as well as the Council's internal Plan to ensure this is the start of a significant and positive change for the natural environment.

### **Information**

- Twitter Hashtag - #PlasticsPledgePlym
- Website - <https://www.plymouth.gov.uk/environmentandpollution/plastics>

### **5. Corporate Plan 2018 - 2022**

Councillor Evans OBE (Leader) introduced a report on the development of the Corporate Plan 2018 – 2022. Councillor Evans invited members to comment on the report. Members noted that –

The extensive manifesto would lead the development of the new plan. Members highlighted that children and young people, educational attainment, poverty, housing and car parking would be key areas of focus for the new administration in the future.

Cabinet agreed to note the report.

### **6. Corporate Finance Monitoring Report Q4 and Outturn**

Councillor Mark Lowry (Cabinet Member for Finance) introduced the Corporate Finance Monitoring Report, quarter 4 and outturn. Councillor Lowry highlighted that it was challenging times for all local authorities in the face of reducing central government grants. Councillor Lowry further highlighted that –

- there had been an overspend on the 2017/18 budget;
- there had been non-delivery of savings targets;
- there would be a root and branch review of the current budget position.

Cabinet agreed to –

- I. Note the provisional outturn position as at 31 March 2018

2. Note the use of capital receipts - £1.085m - to write down Minimum Revenue Provision (MRP).
3. Note the use of £1.326m section 106 agreements to ensure a balanced budget position is achieved in 2017/18.
4. Note the Capital Report including the Capital Financing Requirement of £98.963m.
5. Undertake a review of the section 106 obligations and review the use of capital receipts to balance the budget for 2017/18, how they may be used in the 2018/19 financial year and what other options may be available
6. Undertake full review of the council's finances to understand where financial pressures currently are.

### 7. **Corporate Performance Monitoring Q4**

Councillor Lowry (Cabinet members for Finance) introduced the report and highlighted-

The report would likely change significantly and would in the future reflect the administration's new approach and the pledges set out in the Labour Party manifesto; That in future the approach to performance would be customer satisfaction

In respect of the quarter four performance there were some good areas but also areas for improvement such as –

- Homelessness
- Children's Safeguarding
- Digital Services

Cabinet noted the level of improvement in Electoral Services.

Cabinet agreed to note the report.

### 8. **Cabinet Appointments to Outside Bodies**

Cabinet agreed the appointments as set out in the agenda papers.

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**PLYMOUTH CITY COUNCIL**

<b>Subject:</b>	Plymouth Health and Wellbeing System Strategic Commissioning Intentions 2018-20
<b>Committee:</b>	Cabinet
<b>Date:</b>	10 <sup>th</sup> July 2018
<b>Cabinet Member:</b>	Councillor Tuffin
<b>CMT Member:</b>	Carole Burgoyne (Strategic Director for People)
<b>Author:</b>	Craig McArdle (Director for Integrated Commissioning) Anna Coles (Programme Manager, Strategic Co-operative Commissioning)
<b>Contact details:</b>	Tel: 01752307530
<b>Ref:</b>	IHWB/IC
<b>Key Decision:</b>	<b>No</b>
<b>Part:</b>	I

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**Purpose of the report:**

The purpose of this report is to gain Cabinet's approval and agreement to the Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-2020.

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.

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 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;
- 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:

- Increasing Health & Wellbeing
- Delivering Safe and high-quality care
- Providing Cost effective care

Through these commissioning intentions, the local system will be integrated and configured to provide the “Best Start to Life” through to “Ageing Well”, by promoting independence, wellbeing and choice, with home first acting as the central philosophy and services integrated, local, accessible, seamless and responsive. Community and Acute Services will “Make Every Contact Count” and an enhanced system of Primary Care will underpin the integrated system, with a commitment to 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.

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; however they also recognise Plymouth’s role in the wider STP and in particular its place in relation to South Hams and West Devon and South East Cornwall.

It is recognised that these Commissioning Intentions are high-level direction setting and they are not intended to be a Commissioning Plan or detailed Road Map. In order to move to this next level the following actions will be undertaken

- Development of a two year Commissioning Plan, based around a Programme Management Approach
- Development of the Procurement and Contracting Approach for the Integrated Care Partnership
- Based on the System Performance Objectives, the development by Public Health of a revised System Scorecard, including establishing a baseline position and improvement trajectories.

In order to support the development of these intentions, consultation across the system commenced in February with a wide range of stakeholders this included presentation to both the Health and Wellbeing Board and Overview & Scrutiny in March. The feedback and comments received have been embedded in the latest iteration. Implementation of these Commissioning Intentions will be overseen by the Local Care Partnership reporting into the Plymouth Health and Wellbeing Board. Oversight, support and challenge will be through the Plymouth Overview and Scrutiny Panels, the timeline is detailed below:

<u>Date</u>	<u>Meeting</u>	<u>Items</u>	<u>Approach</u>
<b>10-Jul</b>	Cabinet	Commissioning Intentions + Commissioning Intentions Consultation Feedback	Paper
<b>12-Jul</b>	Health & Wellbeing Board	Commissioning Intentions + Commissioning Intentions Consultation Feedback	Paper

25-Jul	Overview & Scrutiny	Commissioning Intentions	Update
26-Jul	Governing Body	Commissioning Intentions	Paper

**What will people in Plymouth see as a result?**

- Easier and earlier access to services that promote wellbeing or that provide help in a crisis
- People empowered to take control of their own health and wellbeing
- Local communities in Plymouth are increasingly supported by strong links between GPs, schools, social workers and community organisations, which helps people like them to stay independent for longer.
- Older people who have come out of hospital are helped to stay at home.
- Families and carers will not have to chase professionals or ask them to talk to each other.
- Children with a learning disability and their families and carers are supported in managing their needs and can trust that when they turn 25 they will continue to receive the support they need
- Developing social capital that enhances the lives of people in Plymouth through providing local resources that support a greater emphasis on prevention and early intervention.
- Greater economic opportunities as more people get the support they need to work.

**Corporate Plan 2018-2022**

The propositions made align to the Plymouth City Council new Corporate Plan by working cooperatively to meet the objectives of creating a Caring and Growing Plymouth.

This project will support the Corporate Vision through:

- 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, , redesigning existing services which will in turn create new jobs, keeping children, young people and adults protected, improving health and educational outcomes by focusing on prevention and early intervention, and make the city a brilliant place to live, to work and create a future for all that reflects our guiding cooperative values.
- Raising aspirations, improving education, increasing economic growth and regeneration that benefits as many people as possible,. With citizens, visitors and investors identifying us as a “vibrant, confident, pioneering, brilliant place to live and work” with an outstanding quality of life.

The Integrated Commissioning Intentions will contribute to the Council’s 100 Pledges.

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

The Medium Term Financial Plan already includes all of the financial implications of this report insofar as they can be determined at this time. These intentions are directly linked to the Integrated Fund which was put in place in April 2015 by Plymouth City Council and NEW Devon CCG.

Transformation resources which are now embedded within Strategic Commissioning will continue to be required to support the development of detailed Commissioning Plans.

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

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

Risk Management and Mitigation will be managed as Commissioning Plans are developed using best practice.

No specific Health and Safety Issues have been identified.

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### **Equality and Diversity**

Has an Equality Impact Assessment been undertaken?

No, these will be completed by individual areas of work within the commissioning intentions as and when required.

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

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

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

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

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### **Recommendations and Reasons for recommended action:**

In order to meet the challenges facing the health and wellbeing system it is recommended that NEW Devon Clinical Commissioning Group and Plymouth City Council proceed towards Integrated Commissioning by;

1. Approve the direction set out in Plymouth's Health and Wellbeing Commissioning Intentions 2018-20
2. Agree that once developed, Cabinet and New Devon CCG Governing Body will review the two year commissioning plans which support these intentions

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### **Alternative options considered and rejected:**

A 'do nothing' option has been considered however this has been rejected due to the significant and time-critical budget pressures facing Plymouth City Council and NEW Devon CCG meaning that this option is not feasible. It would also not deliver the strategic ambition of Integration as set down by Plymouth Health and Wellbeing Board.

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### **Published work / information:**

**Corporate Plan 2018-2022** Report to City Council, 25th June 2018.

[http://web.plymouth.gov.uk/new\\_corporate\\_plan.pdf](http://web.plymouth.gov.uk/new_corporate_plan.pdf)

**Health and Wellbeing Strategy**, Published by Plymouth City Council, February 2014

<https://www.plymouth.gov.uk/sites/default/files/healthwellbeingstrategy.pdf>

**Integrated Commissioning Strategy**, Published by Plymouth City Council

<https://www.plymouth.gov.uk/sites/default/files/IntegratedCommissioningSystem.pdf>

**Integrated Commissioning Outline Business Case, July 2014**

<http://democracy.plymouth.gov.uk/documents/s56185/Integrated%20Commissioning%20Business%20Case.pdf>

**Integrated Commissioning Business Case – 'One System, One Budget', Nov 2014**

<http://democracy.plymouth.gov.uk/documents/s58960/Integrated%20Commissioning%20-%20Building%20One%20System%20One%20Budget.pdf>

**Devon Sustainability & Transformation Plan**

<http://www.devonstp.org.uk/about-the-stp/plan/>

**Integrated Commissioning – Section 75 Agreement, March 2015**

<http://democracy.plymouth.gov.uk/documents/s61568/Integrated%20Commissioning%20One%20System%20On%20Budget%20Section%2075%20Agreement.pdf>

**CQC Action Plan**

<http://web.plymouth.gov.uk/modgov?modgovlink=http%3A%2F%2Fdemocracy.plymouth.gov.uk%2FmgAi.aspx%3FID%3D84014>

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Plymouth Health & Wellbeing System's Strategic Commissioning Intentions 2018-20	X									

**Sign off:**

Fin	djn18.19.38	Leg	LT/6 2225	Mon Off	LT/ 622 25	HR		Assets		IT		Strat Proc	
Originating SMT Member: Craig McArdle, Director of Integrated Commissioning													
Has the Cabinet Member(s) agreed the contents of the report? Yes													



Northern, Eastern and Western Devon  
Clinical Commissioning Group



## **Plymouth's Health and Wellbeing System Strategic Commissioning Intentions 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.

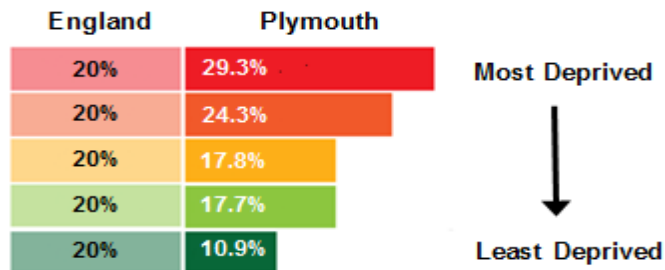
Since then there has been some significant progress and notable achievements towards achieving this aim. In 2015, commissioners established the Integrated Fund, developed four Integrated Commissioning Strategies and established an Integrated Commissioning function and governance arrangements. At the same time, Plymouth City Council (PCC) transferred 170 Adult Social Care staff to the Community Health Provider, Livewell Southwest (LWSW), who also took on the Community Health functions of South Hams and West Devon. More recently, LWSW and University Hospitals Plymouth NHS Trust (UHP) have collaborated to deliver an Integrated Sexual Health Service and Minor Injuries Units for the Western Locality whilst there has also 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, UHP, 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:

We will focus everything we do on:



Through these commissioning intentions, the local system will be integrated and configured to provide the “Best Start to Life” through to “Ageing Well”, by promoting independence, wellbeing and choice, with home first acting as the central philosophy and services integrated, local, accessible, seamless and responsive. Community and Acute Services will “Make Every Contact Count” and an enhanced system of Primary Care will underpin the integrated system, with a commitment to 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
  - ✦ A Caring City
  - ✦ 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
  - ✚ Support for people with Learning Disabilities and Autism
  - ✚ Enhanced Health in Care Homes
  - ✚ Enhanced and Enabling Home Care
  - ✚ Housing 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.

It is also acknowledged that these Commissioning Intentions need to be set within and comply with all relevant legislation. This includes, but is not limited to, Health and Social Care Act 2012, Equalities Act 2010, Public Service (Social Value) Act 2013, The Public Contracts Regulations 2015 and National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013.

The establishment of the Local Care Partnership will oversee the move towards the next level of integration. Such an approach will provide for joint 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 collective focus on improving key system performance and shared ownership of system risk.

**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**

Integrated Children and Young People Services  
 Thrive Plymouth  
 A Caring City  
 Development of Wellbeing Hubs  
 Making Every Adult Matter

**The Care and Quality Gap**

Integrated Care Organisation  
 Local, Integrated and Responsive Mental Health Services  
 Transformed and Sustainable Primary Care  
 Enhanced Care and Support

**The Funding and Efficiency Gap**

Integrated Commissioning Review  
 One Public Estate and One Public Infrastructure

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**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
2. To improve performance around key constitutional targets
3. To deliver the required financial improvement.

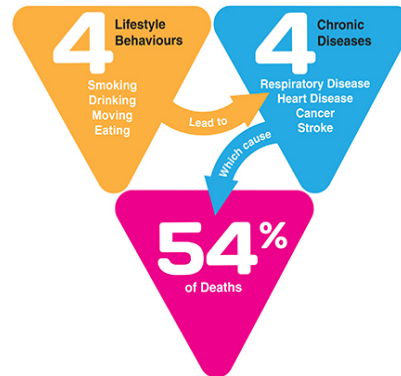
The Board will also oversee and drive transformation programmes with three initial immediate priority areas being identified as-

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 UHP

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)

Running alongside Thrive is a commitment to make Plymouth a truly **“Caring City”**. Working as a system we will mobilise energy, commitment and resources to roll out a number of initiatives to support this strategic ambition. We will continue with our programme of work to make Plymouth a Dementia Friendly City, by training Dementia Friends and making places and people dementia aware and dementia accessible. We will also make Plymouth a “Compassionate City” by forming an End of Life Compassionate Network, working to the aims of the Compassionate End of Life City Charter.

Carers are vital partners in the health and care system and supporting their wellbeing and valuing their contribution is essential for the sustainability of the system. We will work with partners to ensure the seven principles contained in the NHS England “An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing Memorandum of Understanding” are adopted and embedded. In addition we will roll out the Triangle of Care and implement the local Carers Action Plan including launching Carers Passports.

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, UHP, 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:

<b><u>Phase 1 (to be complete by March 2019)</u></b>	<b><u>Phase 2 (to be complete by March 2020)</u></b>
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 ICP 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** during 2018. Going forward, and following appropriate engagement the ambition is to move to **Delegated Commissioning**.

**Integrated Children, Young People and Families Services**

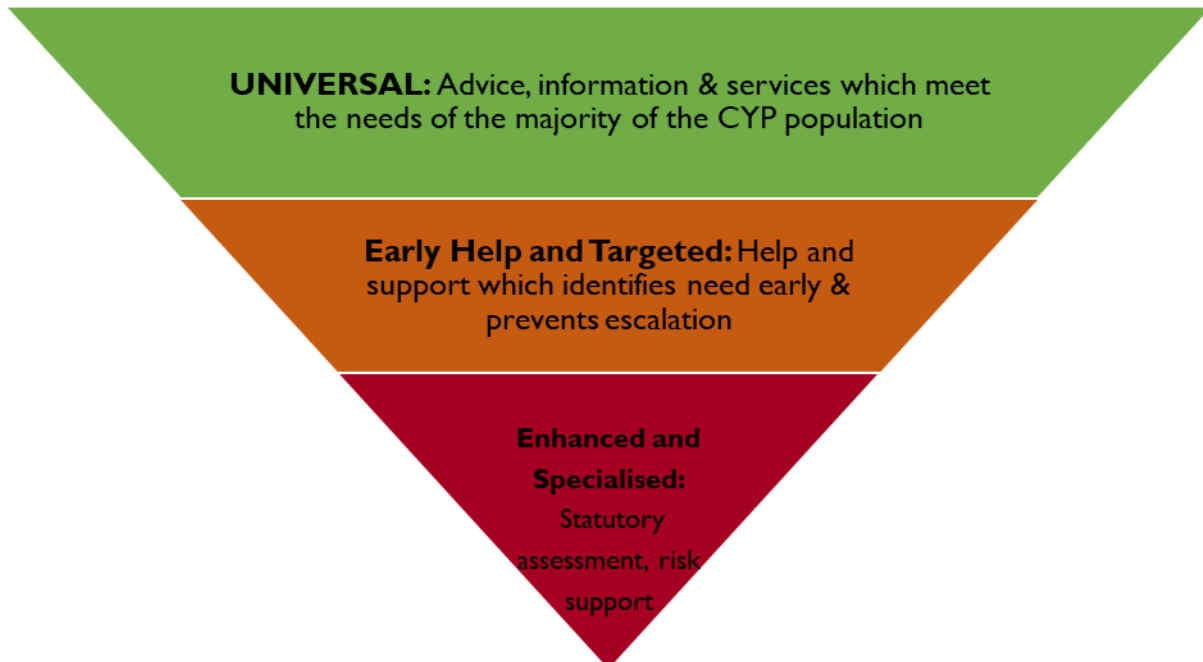
In order to truly give every Child the “Best Start to Life, the Plymouth ambition is to commission place based Integrated Children, Young People and Families services covering wellbeing, physical and mental health, social care and education. Children, young people and families will be supported to stay 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 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 ensure there are opportunities for professionals to work together more collaboratively, to share best practice and problem solve.

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, CYP SDG, 2017)*

The ambition is for three system offers:



These system offers will be embedded through the following enablers:

- Rationalisation of the “front doors” to the CYP system, to ensure consistency of information and approach;
- Maximising the use of shared assessment tools, to prevent families telling their stories multiple times
- Shared system outcomes and priorities, which are tracked to enable an integrated view of progress and issues;
- Joint workforce development wherever possible across children’s and those working with adults with complex needs, to increase the understanding and resilience of professionals;
- A system approach to strategic participation, to ensure the voices of children and young people are heard and demonstrably embedded into system improvement.

System Element	A system which...	Key work streams 2018/20
<b>Universal – meeting the needs of the majority of CYP</b>	Offers “core support” to schools through the provision of statutory functions and other traded services	<ul style="list-style-type: none"> <li>• Development of schools partnership offer</li> </ul>
	Raises awareness of and reduces incidence of Child Sexual Abuse	<ul style="list-style-type: none"> <li>• Implementation of the NSPCC “Together for Childhood” 10 year programme</li> </ul>
	Ensures children have the Best Start to Life, and are ready to start school	<ul style="list-style-type: none"> <li>• Implement perinatal &amp; maternal mental health services &amp; pathways.</li> <li>• Improve Maternity Services through the delivery of Better Birth’s Initiative &amp; Saving Babies Lives.</li> <li>• Development of School Readiness project</li> </ul>
<b>Early Help and Targeted – identifying need early and preventing escalation</b>	Has a Single Point of Access for CYP and their families with additional needs	Community Health, Wellbeing and SEND support services integration: <ul style="list-style-type: none"> <li>• Shared governance and performance monitoring</li> <li>• Implementation of “Access”, trusted triage and single view of need</li> <li>• Delivery of integrated children’s services tender, implementation of contract and new ways of working</li> </ul>
	Offers Early Help through a locality based, multi-agency system of Family Hubs, delivering of multi-agency support to manage need and prevent escalation	<ul style="list-style-type: none"> <li>• Redesign of children’s centre estate creating a network of Family Hubs around 4 localities</li> <li>• Redesign of Targeted Support to provide an integrated city-wide offer</li> <li>• Maximising opportunities to co-locate with Wellbeing Hubs, and other partners</li> </ul>
	Delivers effective emotional health and wellbeing provision, including an offer to schools, which enables CYP to engage and attain	<ul style="list-style-type: none"> <li>• Implementation of CAMHS Transformation Plan</li> <li>• School PHSE offer as part of Schools Partnership development</li> <li>• Securing future funding for EHWPB in schools services</li> </ul>
<b>Enhanced and Specialised – managing risk and enabling step-down</b>	Offers intensive support to mothers at risk of repeated removals of children which maximises their ability to parent, or make informed decisions about future pregnancies	<ul style="list-style-type: none"> <li>• Tender and implementation of PAUSE Social Impact Bond</li> <li>• Increased capacity in young parents supported accommodation to reduce the number of families placed out of area</li> </ul>
	Delivers effective crisis response, for those edging towards care, on the edge of care and in care, when needs and risk escalate	<ul style="list-style-type: none"> <li>• Development of a flexible, multi-disciplinary response to escalation, through a range of support to prevent entry to care and placement breakdown</li> <li>• Development of crisis/assessment provision in the Peninsula and locally</li> <li>• Complex Families/Adolescents work streams</li> </ul>
	Has sufficient good quality local	<ul style="list-style-type: none"> <li>• Implementation of residential block contract</li> </ul>

	<p>accommodation to prevent children and young people in care from needing to be placed out of area and at distance</p>	<ul style="list-style-type: none"> <li>• Implementation of Peninsula fostering contract</li> <li>• Scoping of future special school requirements</li> <li>• Scoping of future complex needs 16+ requirements (Peninsula/local)</li> <li>• Explore a new delivery model for in-house fostering</li> </ul>
	<p>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</p>	<ul style="list-style-type: none"> <li>✚ Implementation of the Regional Adoption Agency (RAA) with Devon as lead</li> </ul>

## 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 to deliver the Integrated Care Model (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 all existing legislation and will involve early and close discussions with regulators and legal advisors.

Although Commissioners wish to see the ICP in operation from 1<sup>st</sup> 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.

It is acknowledged that both University Hospital Plymouth and Livewell Southwest provide a wide range of specialist commissioning services across a much wider catchment area. This includes neurosurgery, cardiothoracic surgery, plastic surgery, upper gastro-intestinal surgery as well as CAMHs and complex rehabilitation. Within the context of bringing expertise and resources together into an Integrated Care Partnership there is an opportunity to build on the provision of specialist services to the people of Plymouth and the wider peninsula.

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 the integrated care model. Priorities include:

- ✚ Commission an End of Life Coordination Services through a Lead Provider arrangement. The aim of the service is 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.
- ✦ Underpinning these initiatives the ICP and Commissioners will develop a Pooled Budget and Risk Share for Intermediate Care spend, to assist planning and facilitate flexible deployment of resources.
- ✦ 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
- ✦ Reducing the number of people with Autism and Learning Disability placed out of area by working in partnership to develop a new model of care that provides them with a choice of local housing, care and support, individually designed services funded through personal budgets and high-quality, short-term care and support when it is needed.
- ✦ Helping people with multiple and long term conditions to manage their own health and to manage their independence, through the promotion of self-care tools such as digital applications and patient activation measures.
- ✦ Link with social prescribing and health and wellbeing hubs to offer different models of self-care and support for people with LTC's
- ✦ Redesign of specific disease pathways such as diabetes and respiratory care to enable more community based care to be provided with specialists working alongside primary care colleagues closer to home.
- ✦ Review care of people in care homes by benchmarking ourselves against the enhanced health in care homes (EHC) best practice models of care and developing a local priority plan for improvements.

## 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

<b>Acute Services</b>	<p>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.</p>
<b>Integrated Care Model</b>	<p><b><u>Integrated Urgent and Emergency Care</u></b>                  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 (111 and OOH)                  Home First Philosophy with Simplified and Streamlined Discharge Pathways and an embedded Trusted Assessor Model</p> <p><b><u>Localised and Personalised Community Services</u></b>                  Coordinated service model with primary care, voluntary and community sector services as well as community based 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</p>

## 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)
- ✚ 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 place based 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

At the moment, there are too many people with learning disabilities and/or autism in inpatient care, placed away from where they live and often outside of Plymouth and Devon. People are forced to fit into services rather than services being built around them and too many people are placed in long-term residential care.

The STP vision is to create a place where children and adults with a learning disability and/or autism live in the community of their choice, with the people they want and with the right support. We want people who use our services to be happy, healthy and safe. We are ambitious for people with disabilities in Plymouth and wider Devon. We want people with disabilities to have the same opportunities as everyone else and lead meaningful lives within their communities. What matters to people and how they can achieve their potential will drive all we do. We want to improve support for people with learning disabilities and/or Autism across wider Devon so that care that promotes independence, utilises short term, community based support and is cost effective.

As such we will develop a new model of care for people with learning disabilities and/or autism that provides them with a choice of local housing, care and support, individually designed services funded through personal budgets and high-quality, short-term care and support when it is needed. To support delivery of this ambition Commissioners and Providers will take forward the STP work programme priorities:

1. Addressing health inequalities
2. Promoting citizenship and maximising independence
3. Providing people with complex needs and whose behaviour challenges services to receive support that enables them to live in their local communities
4. Create a robust mechanism to manage the developing work streams related to people with autism across Devon.
5. Develop a workforce that has the skills, knowledge and competence to support and deliver the priorities

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 Vanguard, 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 ICP and Primary Care we will develop the following best practice model:

<i>Care element</i>	<i>Sub-element</i>
<b>1. Enhanced primary care support</b>	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
<b>2. MDT in-reach support</b>	Expert advice and care for those with the most complex needs
	Helping professionals, carers and individuals with needs navigate the health and care system
<b>3. Re-ablement and rehabilitation to support independence</b>	Reablement / rehabilitation services
	Developing community assets to support resilience and independence
<b>4. High quality end of life care and dementia care</b>	End-of-life care
	Dementia care
<b>5. Joined up commissioning and collaboration between health and social care</b>	Co-production with providers and networked care homes
	Shared contractual mechanisms to promote integration (including continuing healthcare)
	Access to appropriate housing options
<b>6. Workforce development</b>	Training and development for social care provider staff
	Joint workforce planning across all sectors
<b>7. Harnessing data and technology</b>	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 Home Care, 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.

Recognising the centrality of housing to healthy lives and vibrant communities, commissioners will work with planners, developers and care providers to develop accommodation and support options to promote independent living. This will include developing new Older Persons Housing Options, including Bungalows, Extra Care and specialist Nursing Provision and Supported Living for working age adults including Learning Disabilities and Adults with multiple needs. Both approaches will also run alongside maximising the use of Disabled Facilities to ensure people are able to continue living at home for as long as possible.

### 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.

Supporting staff development and training will be essential to staff recruitment and retention as well as developing new workforce models able to provide 21<sup>st</sup> Century health and care services. Building on established links with the Universities and City College the promotion and prioritisation of education, training and research to drive population level improvement, innovation and sustainability will be a core part of the System Wide Workforce strategy and taken forward by the Workforce Development Strategy Steering Group.

Building on the work already commenced through the One Public Estate 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., as well as looking at opportunities for all Public Bodies to share estate and co-locate staff.

In order to support peoples experience and quality of care as well as maximizing organizational and inter-organisational productivity, commissioners will work with providers to develop an Information Management and Technology Programme Mandate that will be taken through the Local Care Partnership. The scope of the Programme will meet the STP aims of achieving Paperless at the “Point of Care” by 2020, Patient Access to Care Records” between March 2018 and 2020 but also utilising remote, mobile and assistive technologies to help provide care.

### Taking Forward the Commissioning Intentions

It is recognized that these Commissioning Intentions are high level direction setting and they are not intended to be a Commissioning Plan or detailed Road Map. In order to move to this next level the following actions will be undertaken

- ✚ Development of a two year Commissioning Plan, based around a Programme Management Approach
- ✚ Development of the Procurement and Contracting Approach for the Integrated Care Partnership
- ✚ Based on the System Performance Objectives, the development by Public Health of a revised System Scorecard, including establishing a baseline position and improvement trajectories.

Implementation of these Commissioning Intention will be overseen by the Local Care Partnership reporting into the Plymouth Health and Wellbeing Board. Oversight, support and challenge will be through the Plymouth Overview and Scrutiny Panels.

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**PLYMOUTH CITY COUNCIL**

<b>Subject:</b>	Local Nature Reserves Designations
<b>Committee:</b>	Cabinet
<b>Date:</b>	10 <sup>th</sup> July 2018
<b>Cabinet Member:</b>	Cllr Sue Dann
<b>CMT Member:</b>	Anthony Payne (Director for Place)
<b>Author:</b>	Kat Deeney (Natural Infrastructure Manager)
<b>Contact details</b>	Tel: 01752 304351 email: kathryn.deeney@plymouth.gov.uk
<b>Ref:</b>	180619 LNR Designation Cabinet Report
<b>Key Decision:</b>	No
<b>Part:</b>	I

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**Purpose of the report:**

In Plymouth there are currently 10 formally designated Local Nature Reserves protecting 255ha of land for the benefit of communities and wildlife. The report sets out a recommendation to designate 48ha of new LNR to provide new areas of protected land. This will be delivered through the designation of three new sites – Kings Tamerton Woods, Newnham Meadows and Seaton and Lower Bircham Valley (part of Derriford Community Park). It also recommended that small areas of two existing LNRs are permanently de-designated, a total of 0.8ha, to enable the delivery of strategic transport schemes. Overall this would deliver a net increase of 47ha of LNR within Plymouth.

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**Corporate Plan****Pioneering Plymouth**

The delivery of 47ha of new LNR will further protect and highlight sites that are valued as environmental, social and educational asset and resources for the people of the surrounding neighbourhoods, Plymouth and further afield.

**Growing Plymouth**

The significant extension of the LNR estate demonstrates Plymouth's commitment to sustainable growth. The small areas of de-designation to enable strategic transport projects to progress will be fully mitigated and a net gain for biodiversity delivered through the provision of 47ha of new LNR designation. This approach demonstrates the City's ability to grow in a manner, which protects, enhances and values the natural environment.

**Caring Plymouth**

The designation of the new sites will include the enhanced management of the sites for access, wildlife and interpretation of the sites. This will provide communities new opportunities to explore support activities that will increase health and wellbeing and enable a greater understanding of and engagement with the local environment.

### **Joint Local Plan**

These designations will support the Council to achieve the ambitions within SPT11 - Setting a strategic approach to the natural environment and DEV28 - Protecting and enhancing biodiversity and geological conservation.

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

Capital - To enable the new areas to be designated formally as LNRs the sites must achieve a certain standard of community access and wildlife value. To achieve this some capital investment is required. The total investment for the three sites is £83k and this will be or has been (a lot of the work has already been completed) funded through S106/development contributions and utilisation of existing greenspace budgets. No new capital money is required to enable the formal designations to progress.

Revenue – Once designated the LNRs must be managed to a good standard in line with the agreed management plans. This has a revenue implication of £8500 per year. This revenue requirement will be met through S106/development contributions and reconfiguration of existing greenspace budgets.

No new capital spending is required to enable the designation of the sites and the revenue implications have been acknowledged and funding streams identified which do not place additional pressure on Council budgets.

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

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#### **Equality and Diversity**

Has an Equality Impact Assessment been undertaken? No.

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#### **Recommendations and Reasons for recommended action:**

1. Approve:
  - The designation of three new LNR sites - Kings Tamerton Woods, Newnham Meadows and Seaton and Lower Bircham Valley;
  - The de-designation of small areas of two existing LNRs – Bircham Valley and Forder Valley.
2. Instruct officer to commence the legal process to enable the statutory designation/de-designation of the sites utilising the Local Authorities powers under Section 19(3) – "Establishment of **nature reserves** by **local** authorities" – of the National Parks and Access to the Countryside Act 1949

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#### **Alternative options considered and rejected:**

1. Do not progress the de-designation of small areas of the existing LNR estate. This would prevent the progress of 2 strategic transport projects.
2. Progress the de-designations without designating new LNR sites. This would result in a net reduction of the LNR estate which would not enable the delivery of sustainable growth.

**Published work / information:**

**Background papers:**

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Local Nature Reserve Designation – Briefing Paper.	Yes									

**Sign off:**

Fin	<b>p118.19.33</b>	Leg	LS/3 0715 /JP/ une1 8	Mon Off	NA	HR	NA	Assets	NA	IT	NA	Strat Proc	NA
Originating SMT Member: Cllr Sue Dann													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

## 1. Local Nature Reserve Designation

- 1.1. Local Nature Reserves (LNR) can be statutorily designated by Plymouth City Council utilising powers under Section 19(3) – "Establishment of **nature reserves** by **local** authorities" – of the National Parks and Access to the Countryside Act 1949. Currently there are 10 LNRs designated within the City protecting 255ha of land for communities and wildlife as part of a wider network of green spaces.
- 1.2. This paper sets out recommendations to designate three new LNRs utilising these powers to protect a further 48ha of land, supporting the protection and enhancement of the natural environment as a fundamental principle of sustainable growth.
- 1.3. The three sites recommended for designation are Kings Tamerton Woods, Newnham Meadows and Seaton and Lower Bircham Valley. These sites contain a mix of habitats including woodland, grassland, wetland and stream and will be accessible to the public, providing opportunities for communities to access, and engage with areas of high wildlife value. LNRs are also a great educational resource.
- 1.4. Our existing LNRs are managed by the Council but with the support of many 'Friends of' groups. Each of the proposed new LNRs has an emerging Friends of group.
- 1.5. If these three new sites are approved for designation, Plymouth will have a total of 13 Local Nature Reserves and the area protected will increase to 302.7 hectares. This takes Plymouth above the threshold of 1ha per 1,000 inhabitants, which is Natural England's [Accessible Natural Greenspace Standard](#) for the UK.
- 1.6. The designation of the new LNRs will also support the Council to deliver the Plymouth and South West Devon Joint Local Plan and sustainable growth for the City. The LNR designations will achieve the ambitions of SPT11 - Setting a strategic approach to the natural environment and DEV28 - Protecting and enhancing biodiversity and geological conservation in the Joint Local Plan area. Since 2007 the Council has designated 123.4ha of new LNR, far exceeding previous targets and these new designations continue this momentum of valuing natural spaces within the city.

## 2. Local Nature Reserve De-Designation

- 2.1 There are three highways improvement schemes coming forward in the year ahead that are adjacent to and need to deliver works within existing LNR's. These works require small areas to be permanently de-designated. Council officers have worked hard to ensure the any LNR losses are minimised through the design process and only considered when other options are not feasible.
- 2.2 Each of the schemes will provide environmental mitigation, which will be used to enhance the habitat condition, access points and interpretation in the reserves, this includes areas that will be temporarily disturbed through the construction phase (3 Ha). The three schemes resulting in de-designation of LNR area are:
  - Forder Valley Link Road (affecting Forder Valley LNR)
  - Forder Valley Interchange (affecting Forder Valley LNR)
  - Morlaix Drive and Brest Road improvement scheme (affecting Bircham Valley LNR)
- 2.3 The total LNR de-designation required to deliver these schemes is 0.81ha.

**3. Summary**

- 3.1** The recommendations set out in this report will deliver a net gain of 47 hectares of Local Nature Reserve (LNR) area whilst allowing small areas of existing LNR's to be de-designated to allow for three highway improvement scheme designs to be developed.
- 3.2** The new designations will provide protection for key areas of green space, safeguarding them for future generations. It will ensure that Plymouth's growth continues to be sustainable and that valuable green lungs are maintained for the community's enjoyment and for the benefit of the city's wildlife.

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# LOCAL NATURE RESERVE DESIGNATION

Briefing note



## BACKGROUND

The Natural Infrastructure (NI) team have been working with colleagues in strategic transport, Street Services and corporate property to develop a package of proposals to achieve a net gain of 47 hectares in Local Nature Reserve (LNR) area whilst allowing small areas of existing LNR's to be de-designated to allow for three highway improvement scheme designs to be developed. The new designations will provide legal protection for key areas of green space, safeguarding them for future generations. It will ensure that Plymouth's growth continues to be sustainable and that valuable green lungs are maintained for the community's enjoyment and for the benefit of the city's wildlife.

Once these three new sites are approved, Plymouth will have a total of 13 Local Nature Reserves and the area protected will increase to 302.7 hectares. This takes Plymouth above the threshold of 1ha per 1,000 inhabitants, which is Natural England's [Accessible Natural Greenspace Standard](#) for the UK.

These designations will also support the Council to achieve the ambitions SPT11 - Setting a strategic approach to the natural environment and DEV28 - Protecting and enhancing biodiversity and geological conservation in the Joint Local Plan area. Since 2007 the Council has designated 123.4ha of new LNR, far exceeding previous targets and these new designations continue this momentum of valuing natural spaces within the city.

## Community Involvement

'Friends' Groups across the City already work with the NI Team and Street Services and are adding great value to our green spaces. Their efforts are greatly appreciated and valued. Each of the proposed new LNR sites has an emerging Friends Groups and will be involved in planning and carrying out their future management as well as helping to run events for the local community and schools.

The three new proposed LNR sites are:

- Kings Tamerton Woods
- Newnham Meadows
- Seaton and Lower Bircham Valley (part of Derriford Community Park)

Management plans and boundary maps (see Appendix 1) have been produced for each of these sites and we have funding committed to ensure that the improvements required will be delivered to achieve the required LNR standard for wildlife and public access and education. Further funding and partnership agreements are also in the pipeline to enhance the biodiversity value of the Lower Bircham and Seaton Valley site through species re-introduction programmes - beavers and water voles - which will enhance the city's claim be delivering sustainable growth and providing a high profile wildlife tourism site. Approval of this new designation and associated management plan will allow the Council Officers and partners to embark on the next step of this project which will see extensive stakeholder and public consultation on the plans, ensuring that the necessary licence

applications are in place from Natural England and securing the funding to ensure that the project delivers and evaluates the maximum biodiversity and community engagement impact. The proposals aim for the infrastructure to be in place for reintroduction programmes to begin in spring 2019.

There are three highways improvement schemes coming forward in the year ahead that are adjacent to LNR's and require small areas to be de-designated. The NI team have and continue to work closely with the Strategic Transport team to ensure that any LNR losses are minimised through the design process and only considered when other options are not feasible. Each of the schemes will provide environmental mitigation payments which will be used to enhance the habitat condition, access points and interpretation in the reserves. The three schemes resulting in de-designation of LNR area are:

1. Forder Valley Link Road (affecting Forder Valley LNR)
2. Forder Valley Interchange (affecting Forder Valley LNR)
3. Morlaix Drive and Brest Road improvement scheme (affecting Bircham Valley LNR)

Appendix 1 below includes boundary maps showing the proposed new boundaries to Forder and Bircham Valley LNR's. The management plans for these two reserves are currently in the process of being reviewed and rewritten and summaries will be submitted for review once completed.

These plans have been shared with Natural England (NE), who are a statutory consultee on LNR matters and following formal Cabinet approval of the new designations we will be required to formally consult and gain NE approval for this package of designation and de-designation of LNR area.

Table 1 summarises the gain/ loss of LNR area in relation to all of these proposals combined.

<b>LNR Designations</b>					
<b>Site</b>	<b>Area (Ha)</b>	<b>Establishment cost</b>	<b>5 year establishment cost (annual)</b>	<b>Total 5 year cost</b>	<b>Funded through ...</b>
<b>Kings Tamerton Woods</b>	7.7	£43,545.00	£2,000.00	£53,545.00	Section 106 payments - approved
<b>Lower Bircham and Seaton Valleys</b>	34.16	£24,500.00	£4,250.00	£45,750.00	Forder Valley Link Road scheme mitigation
<b>Newnham Meadows</b>	6.13	£15,050.00	£2,250.00	£26,300.00	Readjusting existing greenspace budgets and investigating future funding from developments
<b>LNR De-designations</b>					



<b>Bircham Valley de-designation</b>	-0.08	TBC between NI team and Strategic Transport team as detailed design for scheme develops			Morlaix Drive/ Brest Road improvement Scheme - secured through capital programme
<b>Forder Valley de-designation</b>	-0.73	TBC as part of capital contract issued for scheme delivery			Forder Valley Link Road and Forder Valley Interchange Scheme
<b>Total</b>	<b>47.18</b>	<b>£83,095.00</b>	<b>£8,500.00</b>	<b>£125,595.00</b>	

Table 1 – Summary of LNR designation and de-designation proposals

**CHRIS AVENT & KAT DEENEY  
NATURAL INFRASTRUCTURE TEAM**

APPENDIX I – BOUNDARY MAPS OF PROPOSED NEW AND REVISED LNR'S

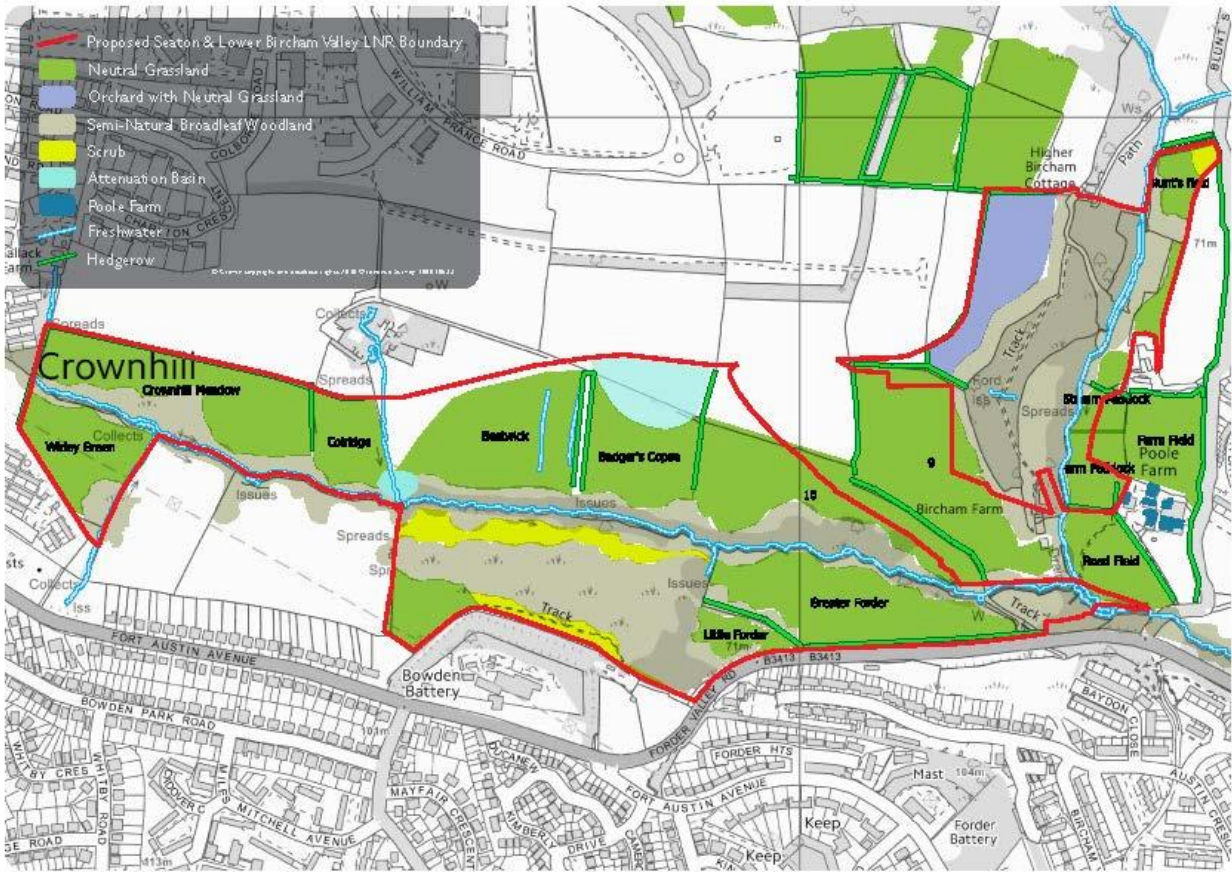


Map 1 – Location of proposed new LNR at Newnham Meadows, Plympton

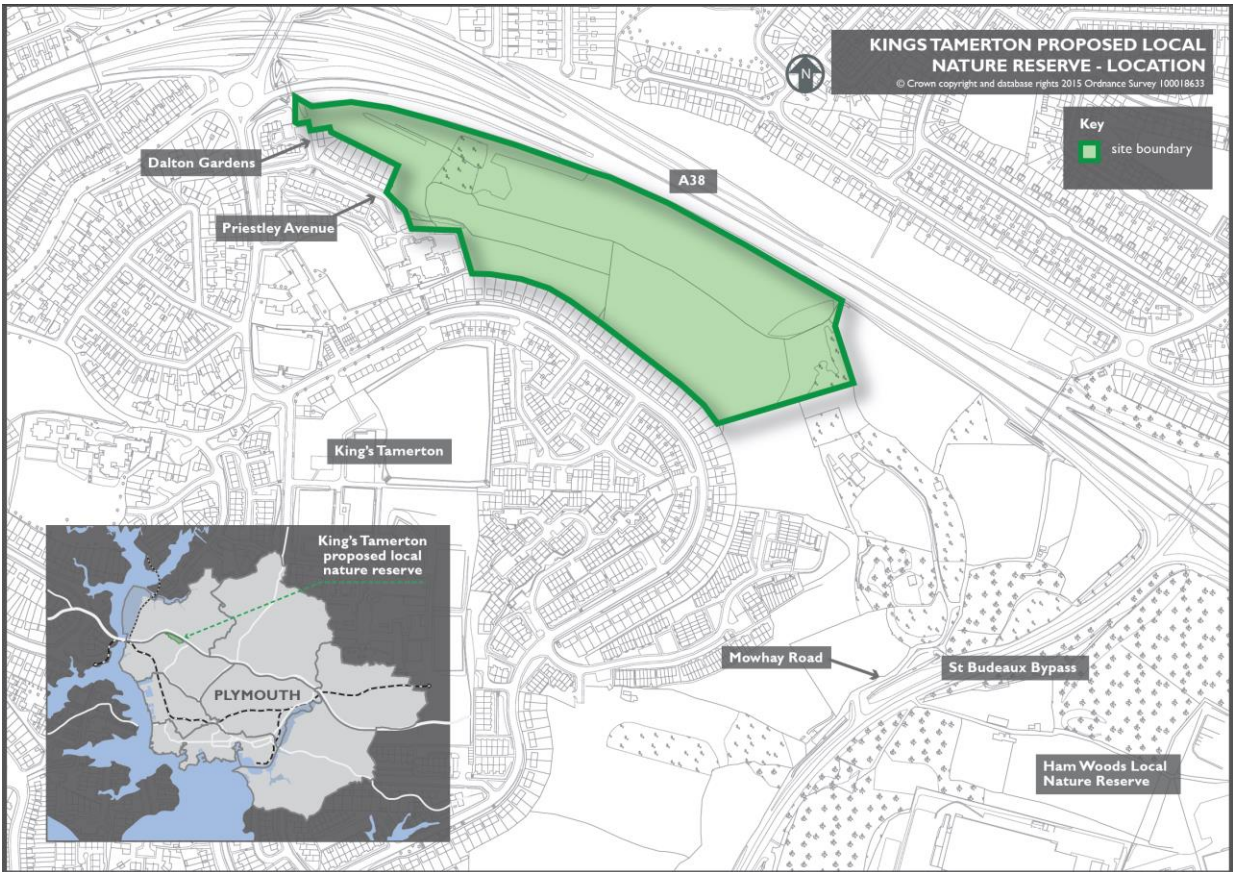


Map 2 – Location and footpath routes of proposed Lower Bircham and Seaton Valley LNR



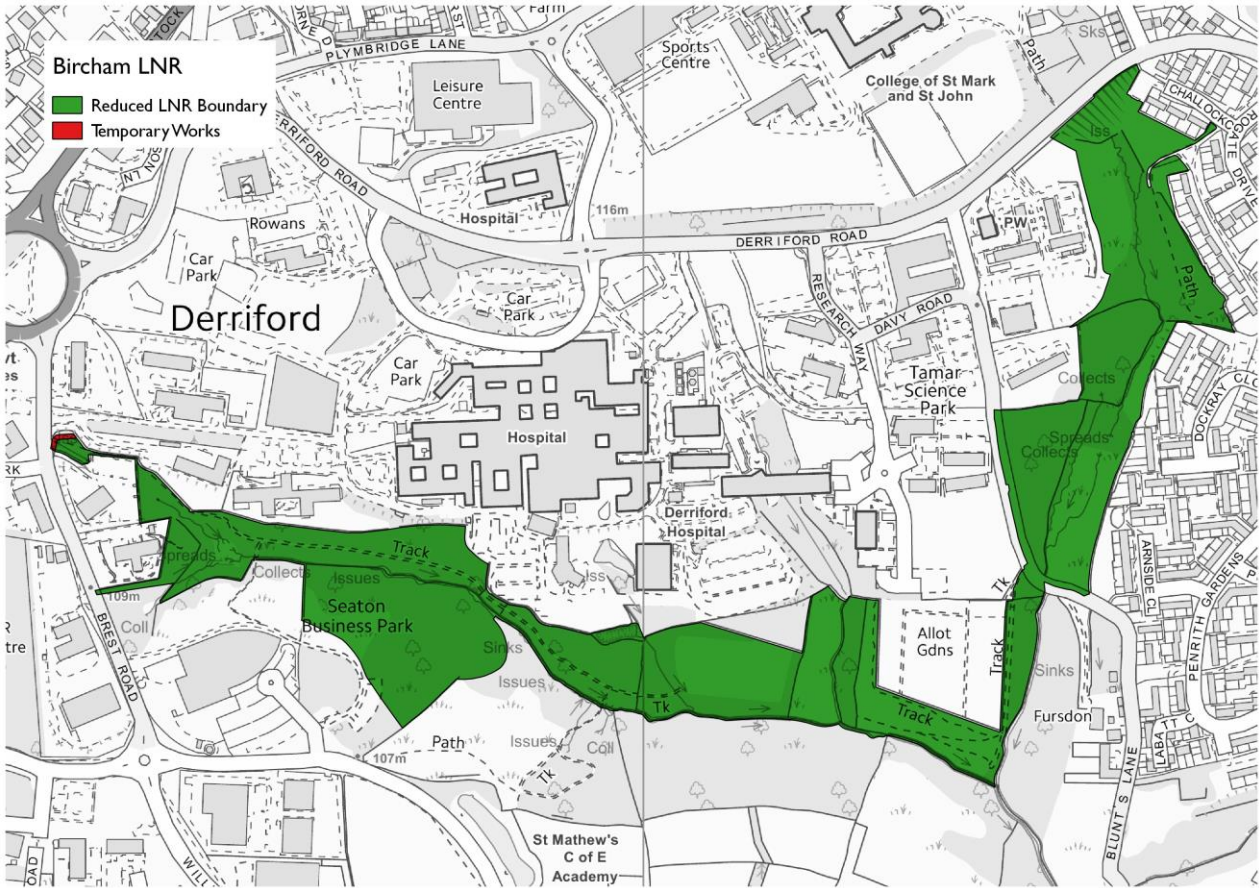


Map 3 – Location and boundary of proposed Lower Bircham and Seaton Valley LNR



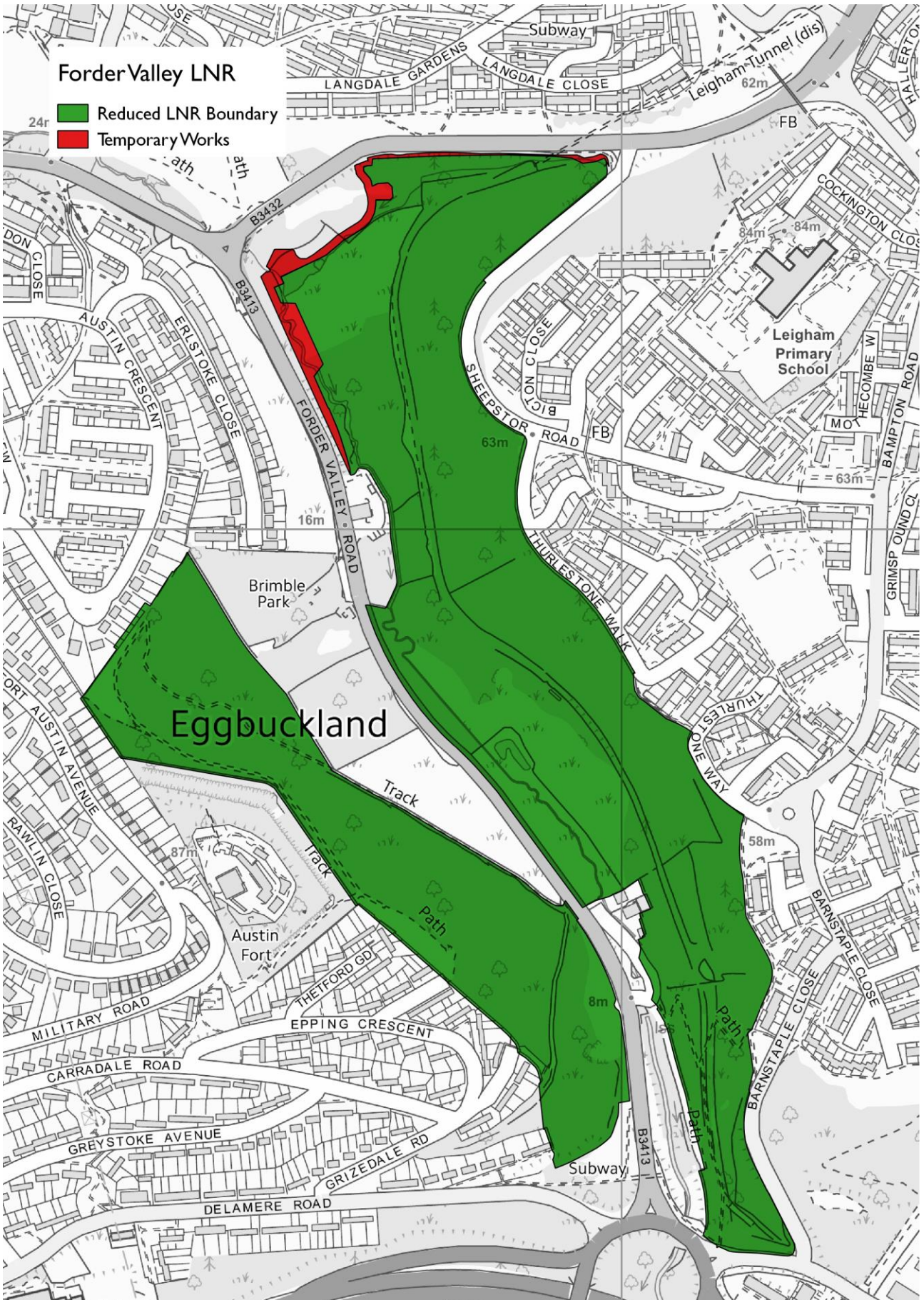
Map 4 – Location and boundary of proposed Kings Tamerton Woods LNR





Map 5 – Revised boundary and temporary works area for Bircham Valley LNR





Map 6 – Revised boundary and temporary works area for Forder Valley LNR

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**PLYMOUTH CITY COUNCIL**

<b>Subject:</b>	Tamar Bridge Suspension System Remedial Work – Proposed Budget Increase
<b>Committee:</b>	Cabinet
<b>Date:</b>	10 July 2018
<b>Cabinet Member:</b>	Councillor Mark Coker
<b>CMT Member:</b>	Anthony Payne (Strategic Director for Place)
<b>Author:</b>	David List, General Manager Tamar Bridge and Torpoint Ferry
<b>Contact details</b>	Tel: 01752 812233 email: david.list@tamarcrossings.org.uk
<b>Ref:</b>	
<b>Key Decision:</b>	No
<b>Part:</b>	I

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**Purpose of the report:**

Tamar Bridge and Torpoint Ferry Joint Committee (TBTFJC) Terms of Reference require that any proposed increases to approved TBTFJC budgets must be recommended by the Cabinets of the Joint Authorities to their respective Full Councils, and this report covers such an increase to the budget for an ongoing capital programme item.

This report covers the unexpected discovery of asbestos containing material (ACM) during the ongoing suspension system remedial works at the Tamar Bridge, and its impact on the project.

It is recommended that Cabinet recommends to Full Council that the capital budget for Tamar Bridge suspension system remedial works is increased from £6m to £7.5m to cover the estimated additional cost of the associated variations.

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**Corporate Plan**

The Tamar Bridge & Torpoint Ferry links are key gateways to the City and provide opportunities for investment, jobs and growth particularly in the wider context of Plymouth as the regional economic centre.

Providing a safe well-maintained road network contributes to the economic well-being of the City, supporting the Council's Growth priority.

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

**Finance** - BTFJC is borrowing over a 25-year period to fund this capital project. TBTFJC's borrowing requirements are provided through Cornwall Council. The proposed budget increase, if fully utilised, would result in additional expenditure of £128,700 in the first year, and subsequently reducing as capital is repaid. Funding this additional borrowing is incorporated in TBTFJC's financial model and forecasting and will not affect Plymouth City Council budgets.

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

**Risk Management** – The works need to be completed to eliminate an unacceptable risk to the bridge structure, and consequently service delivery

**Health and Safety** – The works need to be completed in a safe manner recognizing the hazard presented by asbestos containing material.

There are no child poverty or community safety implications.

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**Equality and Diversity**

Has an Equality Impact Assessment been undertaken? Not applicable.

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**Recommendations and Reasons for recommended action:**

It is recommended that Cabinet recommends to Full Council that the capital budget for Tamar Bridge suspension system remedial works is increased from £6m to £7.5m to cover the estimated additional cost of the associated variations.

This increase is necessary for completion of essential works.

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**Alternative options considered and rejected:**

Do nothing is not an option as the works are critical to the integrity of the structure and safe service delivery.

The continuation of the works using proven methods acceptable to the Health and Safety Executive is the only viable option.

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**Published work / information:**

None

**Background papers:**

**TBTFJC Report - Suspension System Remedial Works 15 June 2018**

<https://democracy.cornwall.gov.uk/documents/g8310/Public%20reports%20pack%2015th-Jun-2018%2010.00%20Tamar%20Bridge%20and%20Torpoint%20Ferry%20Joint%20Committee.pdf?T=10>

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**Sign off:**

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Originating SMT Member													



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

## Introduction

- 1.1 The Tamar Bridge and Torpoint Ferry (TBTF) are operated, maintained and improved jointly by Cornwall Council and Plymouth City Council on a 'user pays' principle, being funded by toll income using powers derived from the Tamar Bridge Act. The finances of the joint undertaking are effectively ring-fenced by the Act, and it is operated as a self-financing business. The Tamar Bridge and Torpoint Ferry Joint Committee (TBTFJC) Terms of Reference require the Cabinets of the Joint Authorities to recommend the annual TBTF budget to their respective Full Councils. Any proposed increases to approved budgets also need to be recommended by the Cabinets of the Joint Authorities to their respective Full Councils, and this report covers such an increase.

## Background

- 1.2 The proposed budget increase has resulted from the discovery of asbestos containing material (ACM) during the ongoing suspension system remedial works at the Tamar Bridge, and its impact on the project. Details of the issue are provided within the TBTFJC Report at <https://democracy.cornwall.gov.uk/documents/g8310/Public%20reports%20pack%2015th-Jun-2018%2010.00%20Tamar%20Bridge%20and%20Torpoint%20Ferry%20Joint%20Committee.pdf?T=10>
- 1.3 At its meeting on 15 June 2018 TBTFJC agreed to request the Joint Authorities' Cabinets to recommend the increase to their respective Full Councils.
- 1.4 The report seeks Cabinet's recommendation to Full Council of an increase in the budget for a capital project in progress at the Tamar Bridge.

**PLYMOUTH CITY COUNCIL****Subject: Sub-National Transport Body for the South West Peninsula**

**Committee:** Cabinet  
**Date:** 10<sup>th</sup> July 2018  
**Cabinet Member:** Councillor Tudor Evans OBE, Leader  
**CMT Member:** Anthony Payne (Strategic Director for Place)  
**Author:** Richard Banner, Transport Planning Officer  
**Contact details:** Tel: 01752304836  
Email: [Richard.Banner@Plymouth.Gov.UK](mailto:Richard.Banner@Plymouth.Gov.UK)  
**Ref:** STB001  
**Key Decision:** Yes  
**Part:** I

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**Purpose of the report:**

This decision seeks the approval of Cabinet to form a shadow Sub-National Transport Body (STB) by entering into an informal partnership with other authorities in the South West and key agencies responsible for infrastructure investment. The shadow STB will be the principal mechanism for dialogue with Government regarding strategic transport investment in the area.

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**Corporate Plan:**

The Body will play an important role in helping to grow the city into one of Europe's most vibrant waterfronts, where an outstanding quality of life is enjoyed by everyone. Our voice on regional and national infrastructure matters will be strongest by joining the shadow Sub-National Transport Body for the south west peninsula.

---

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

It is likely that additional financial resources will be required to set up and administer the new Body. Technical work is also likely to be commissioned to develop the required evidence base and transport strategy setting out the strategic transport investment needs of the area. Government's intention is for the required evidence base to be proportionate and it is anticipated that much of the required information can be brought together from existing studies and expertise already within the partner authorities.

Nonetheless it is prudent to assume that some additional technical work will be required. The local transport authorities of the shadow STB must make a contribution in respect of any reasonably incurred costs if they agree on the need for a contribution and the amount required.

Funding contributions will be sought, subject to agreement, between the six local authorities forming the partnership, with a preference that contributions are split proportionately per head of population. The intention is to submit a business case to Government for additional funding to enable the body to become a sustainable entity.

On the basis that the likely total partnership budget required will be between £250,000 and £400,000, Plymouth City Council's individual contribution will be of the order of £25k - £40k is likely to be required from Plymouth City Council to fund the initial activity of the Body and lever-in further Government funded financial support. This is a new duty being placed upon the Council and as such creates a new pressure that will be funded from within the existing Strategic Planning and Infrastructure budget. By way of comparison, Transport for the South East has an initial partnership budget of £500k. The financial implications will be kept under close review and the affordability of the Body will be reviewed in due course once the likelihood of Government support and the potential benefits from new infrastructure investment are clearly established.

### **Legal Implications:**

There is no statutory requirement for a STB, but Government has made it clear that it's strong preference is for strategic transport infrastructure priorities to be established through such a body rather than dealing with individual local authorities. The following quotes below have been taken from the Major Road Network (MRN) consultation paper<sup>1</sup>.

*"The creation of the Major Road Network (MRN) should support long-term strategic consideration of investment needs in order to make best use of the targeted funding that will be made available from the National Roads Fund and deliver the best possible result for the user".*

*"The important national and regional role played by roads included in the MRN means that individual Local Authorities cannot plan investment in isolation, nor can decisions be completely centralised at either a regional or national level".*

... Continued

*"STBs, where they exist, are best placed to carry out this important strategic role for the MRN. They are bodies designed to enable regions to speak with one voice on strategic transport planning and the skills and expertise that they are developing will be vital in delivering our objectives for the MRN. Where STBs have yet to be formed, such as in the East and South West of England we propose that local authorities and Local Enterprise Partnerships should, in consultation with the Department, form agreed regional groups to manage this work, ideally using existing mechanisms".*

The terms of reference for the Body propose that a shadow STB is created as an informal partnership, whilst a more detailed business case for a statutory body with new powers is considered.

A statutory body would be constituted under the Cities and Local Government Devolution Act 2016 which enables the Secretary of State to establish such a body. The Body would then be required, amongst other tasks, to publish a transport strategy for the area which the Secretary of State must have regard to in setting and implementing national transport policy as it relates to the STB area.

Members of the STB Board will retain their existing accountabilities and responsibilities for transport. During the Board's shadow operating phase they will also be responsible for ensuring that necessary approvals for STB Board decisions are obtained within their organisation.

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<sup>1</sup> *Proposal for the Creation of a Major Road Network, Consultation, Moving Britain Ahead, December 2017, page 28.*  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/670527/major-road-network-consultation.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/670527/major-road-network-consultation.pdf)

It is not proposed to establish standalone scrutiny arrangements for the STB during the shadow phase of operation, but as formal proposals for a statutory body are developed for submission to Government, consideration shall be given in consultation with the Department for Transport (DfT), as to what formal scrutiny requirements will be required once the STB is fully operational. During the shadow phase it will be for each of the constituent authorities to scrutinise the activities of the Board through their own scrutiny arrangements.

During the shadow phase the STB as no statutory standing, cannot enter contracts and cannot employ staff. Therefore, for the shadow phase of operation, the STB will need to appoint a Lead Authority responsible for coordinating and administering the project, including matters such as managing any available budget, keeping appropriate accounting and operational records and overseeing the preparation of the proposal to the Secretary of State to transition to a statutory Body.

The full detail of the Lead Authority role will be set out in an Inter-Authority Agreement to be agreed by all constituent organisations.

### **HR Implications:**

There are no HR implications at this stage in setting up a shadow STB as an informal partnership. In due course the Lead Authority may need to employ dedicated staff to administer the shadow Body and this will be a matter for further decisions once the Lead Authority is identified.

### **Risk Implications:**

The key risk is a loss of potential strategic infrastructure investment should the Council choose not to enter into a partnership to form a Sub-National Transport Body.

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

### **Equalities Implications**

The STB will identify strategic transport infrastructure investment priorities which are intended to lead to funding allocations for new strategic transport schemes in the area, including within Plymouth.

### **Access**

The STB may increase transport investment in strategic road, rail, air and ports transport infrastructure, which may include improved provisions for pedestrians and cyclists as well as wheelchair users and people with mobility issues.

### **Equality and Diversity**

Impacts on people with protected characteristics have been considered and the following issues identified: Any transport improvements will provide an appropriate environment for people with disabilities and for younger and older people to move around the area and use the transport system safely. The detailed designs of any schemes will be compliant with access requirements for people with disabilities. Contracts will cover requirements for the conduct of the staff on the ground.

### **Human Rights**

Human rights issues have been considered and none have been identified.

**Community Safety Implications**

Community safety issues have been considered and the STB may increase investment in strategic transport projects which have community safety benefits.

**Sustainability Implications**

Community safety issues have been considered and the STB may increase investment in strategic transport projects which improve access for all users and makes improved provision for pedestrians, cyclists and public transport users which will promote travel by these sustainable forms of transport.

**Health and Safety Implications**

The contractor constructing any schemes will be required to comply with stringent health and safety requirements.

**Privacy Implications**

Privacy issues have been considered and none have been identified.

**Health and Wellbeing Implications**

Community safety issues have been considered and the STB may increase investment in strategic transport projects which encourage health and wellbeing via the sustainable travel benefits set out above in respect of enabling walking and cycling.

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**Equality and Diversity:**

Has an Equality Impact Assessment been undertaken?

Yes

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**Recommendations and Reasons for recommended action:**

That cabinet:

1. Agrees to join an informal partnership with Cornwall Council, Torbay Council, Devon County Council, Dorset County Council and Somerset County Council; which will be known as a shadow Sub-National Transport Body for the South West Peninsula, subject to Government agreeing with that proposal and subject to formal agreement of a final terms of reference once the partnership has formally convened.

Reasoning: Local Authorities across the South West Region are embracing the need to put into place sub-national transport bodies (STBs) which provides them with the ability to speak with one clear voice on the challenges and investment needs for the region. In return, STBs would receive a unique opportunity for unprecedented access to Government and will gain a greater role in advising strategic investment decisions across the south west.

2. Agrees that the draft Terms of Reference and Heads of Terms attached as Appendix A provides an appropriate basis in principle upon which to create a partnership.

Reasoning: Provides the basis for the creation of the partnership and the ways in which the partnership will work.

3. Delegates authority to the Strategic Director for Place in consultation with the Cabinet Member for Strategic Planning and Infrastructure to agree the final Terms of Reference for the shadow sub-national transport body subject to the terms being generally in accordance with the draft terms attached as Appendix A.

Reasoning: Delegates authority to the appropriate Cabinet Member and Senior Officer to agree the final Terms of Reference, subject to the terms being generally in accordance with the draft in Appendix A.

4. Delegates authority to the Strategic Director for Place in consultation with the Cabinet Member for Strategic Planning and Infrastructure to develop and agree a constitution for the South West Peninsula Sub-National Transport Body with the partner authorities.

Reasoning: To set out an Inter-Authority Agreement to enable the informal partnership to operate.

5. Appoints the Cabinet Member for Strategic Planning and Infrastructure to represent the Council on the shadow Sub-National Transport Body.

Reasoning: To ensure that Plymouth is represented by the appropriate member at a regional level.

6. Delegates authority to the Strategic Director for Place and the Cabinet Member for Strategic Planning and Infrastructure to agree a prospectus for the proposed Body for communication purposes.

Reasoning: To demonstrate the benefits of the STB to a wide audience – in line with the approaches taken by other STB's i.e. Transport for the North.

7. Approves an initial partnership funding contribution of up to £40,000.

Reasoning: To facilitate the development and operation of the partnership, and to lever in match-funding from Government; with the actual value of the contribution to be agreed.

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### **Alternative options considered and rejected:**

Sub-National Transport Bodies (STBs) were identified, with accompanying legislation, within the Cities and Local Government Devolution Act 2016. By formulating a statutory body, local authorities will have the ability to have direct influence over decisions that are currently within the control of Government and its agencies. This Act allows existing individual authorities to join formally in a partnership with another authority or authorities, to formulate and potentially deliver a transport strategy for the wider area.

The South West Region remains the only part of England not covered by an STB or shadow STB, and Government has highlighted that it expects such a body to be put in place to enable discussions and agreement upon strategic transport infrastructure investment priorities.

The South West Region risks losing out on essential infrastructure investment without such a body in place.

In recent years two distinct sub-national groupings have emerged in relation to particular economic challenges and functional geographies, and already have a clear understanding of the strategic investment needs in their area.

Local Authorities across the South West Region have embraced the need to put in place two Sub-National Transport Bodies (STBs) to provide the ability to speak with one voice about the challenges and investment needs in each area. This is set out in a joint letter sent to Government (see Appendix B). Forming two bodies, initially as informal partnerships; would be the most effective way to swiftly put in place a clear mechanism for Government to engage formally with us on strategic transport investment matters, including use of the National Roads Fund to improve highways included in the emerging new Major Road Network.

**Published work / information:**

Cities and Local Government Devolution Act 2016  
<http://www.legislation.gov.uk/ukpga/2016/1/contents/enacted>

**Background papers:**

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

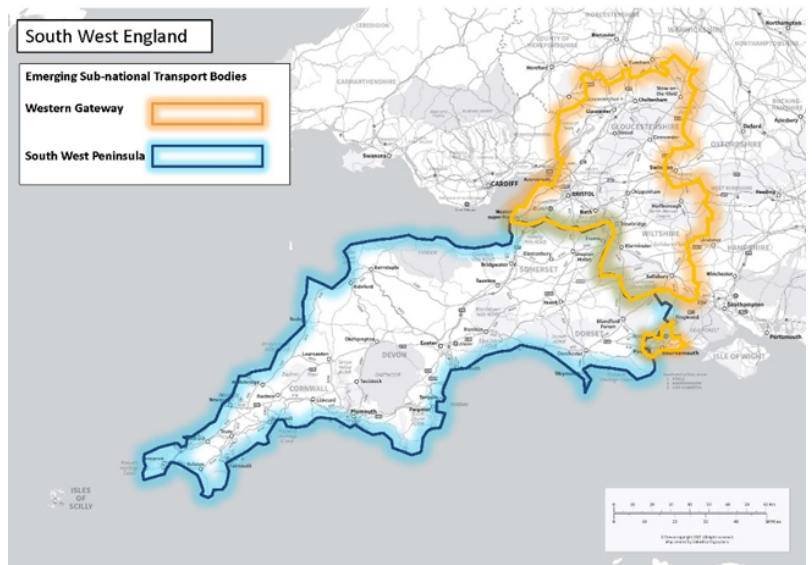
**Sign off:**

Fin	pl18 .19. 36	Leg	LS/ 307 67/J P/Ju ne1 8	Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member: Anthony Payne													
Has the Cabinet Member(s) agreed the content of the report? Yes / No													



## I. Background

- I.1. Local Authorities across England are responding to Government's request for more strategic thinking about transport investment with the aim of improving regional productivity and sustainable economic growth by joining up to become Sub-National Transport Bodies (STB) using legislation, within the Cities and Local Government Devolution Act 2016.
- I.2. Nationally three STBs have been formed and are working towards becoming statutory authorities. They include: Transport for the North, Midlands Connect and England's Economic Heartland. In addition, a shadow STB has been created for South East England and work has begun on creating a STB for East Anglia. The South West remains the only part of England not covered.
- I.3. A recent consultation document on defining a new tier in the Major Road Network (MRN) for England, has highlighted Government's intention to work with STBs to agree investment priorities. Authorities in the South West have identified that a failure to put STBs in place would present a considerable risk in missing out on investment opportunities and that such bodies will provide a unique opportunity for gaining unprecedented access to Government and a key role in advising on the use of the new National Roads Fund and other infrastructure investment processes.
- I.4. The Authorities are now well progressed in setting up two STBs, Western Gateway and South West Peninsula, to cover the South West Region; and are on-track to establish shadow bodies as informal partnerships by September 2018 whilst longer-term discussions about statutory body status take place. The SW authorities wrote to the Department for Regions, Cities and Devolution in June 2018 (attached as Appendix B) setting out the intention to set up two bodies and explaining the benefits and opportunities that this would create.
- I.5. A draft Terms of Reference and some Heads of Terms (for those subjects not yet drafted in any detail) for the shadow South West Peninsula STB has been drafted and is attached as Appendix A.
- I.6. Work is now underway to establish the detailed resourcing requirements and activity required to develop the evidence base and transport strategy which will be the key initial output from the Body to inform imminent discussions with Government about strategic transport investment needs.
- I.7. Corridor alliances such as those formed around the A303 corridor and the Bristol South West Economic Link are a strong feature of joint working in the area and will remain a key mechanism for joint working between the two Bodies.



- 1.8. The draft terms of reference for both Bodies refer to the opportunity for local authorities to become 'associate members' of bodies where they are not part of the core STB area but have important strategic connectivity issues and investment needs related to a neighbouring STB. It would be beneficial for Somerset County Council to become an associate member of the Western Gateway STB given the investment needs and connectivity issues on the road and rail corridors that would be shared priorities with the Western Gateway area (e.g. M5, A38, A303, rail links to Bristol etc).
- 1.9. Similarly the West of England Combined Authority has recently been created to facilitate strategic planning for the West of England area and there may be opportunities and benefits with forming a more formal association with that body.
- 1.10. The sub-national transport body model being followed is similar to the recently established for 'Transport for the South East' which has an informal partnership in place utilising a £0.5m budget formed of contributions from its constituent authorities. The budget has been used to set up governance arrangements, a programme management office and technical workstreams which include preparing an initial evidence base and 'connectivity review' which has now been published. The body has recently been awarded £1m by the DfT to develop its transport strategy and activity needed to become a statutory body by 2020.

## 2. Options considered and reasons for rejecting them

- 2.1. Several detailed options for setting up Sub-National Transport Bodies have been discussed with the South West local authorities, and the proposal for the two bodies set out in paragraph 1.4. has emerged as the consensus view.
- 2.2. The alternative options considered are as follows:
  - Seek to establish a statutory body from the outset. This is not recommended due to the need to swiftly put in place a body for Government to deal with; statutory body status will take several years to progress.
  - Seek to establish one body for the whole South West Region. This is not recommended for the reasons set out in Appendix B.
  - Not to form a partnership with other authorities and seek to negotiate future strategic transport investment with Government as an individual authority. This is not recommended as Government has expressed a strong preference for such bodies. An authority seeking an individual relationship with DfT on these matters would be unlikely to attract any significant new investment.

## 3. Background Papers

- 3.1. None
-

## South West Peninsula Emerging Sub-National Transport Body

### Terms of Reference [DRAFT]

#### 1. Context

- 1.1. The South West Peninsula is an important economy with a population of around 2.5m, contributing over £51bn of GVA to the national economy. The peninsula has significant opportunities for sustained growth, with some of the country's most successful businesses, leading universities, the biggest naval base in Western Europe, the UK's largest infrastructure project at Hinkley Point C, world leading science research and innovation and a host of cutting edge companies.
- 1.2. Despite the enormous potential in its businesses, its people and its places, the South West faces a wider challenge of proximity and poor connectivity with the rest of the country. The economy is not as strong as it could be, with GVA per head in the South West Peninsula of £19,117 compared to £26,621 nationally. This falls to as low as £13,386 in some areas of this geography. Two of the South West Peninsula LEP areas are ranked in the bottom four for lowest labour productivity in 2016, although there is wide variation across the area with cities like Exeter and Plymouth demonstrating stronger rates of productivity growth after the recession and comparable levels to the UK average.
- 1.3. Investment in the South West is therefore vital to address the national rebalancing issue and ensuring the region can continue to keep pace with the rest of the UK. The South West Peninsula authorities will prioritise future strategic, transformational and large-scale transport investment in the South West so that it can fulfil its economic and housing growth potential. The grouping reflects the close, historic ties, and a commitment to work collectively to address the wider challenges of proximity and connectivity with the rest of the country.
- 1.4. The South West Peninsula authorities are committed to working together to prioritise future investment and benefit the economic performance of the South West Peninsula region with the key aims of:
  - Driving economic growth by delivering a substantial place-based programme
  - Addressing the productivity gap in the South West Peninsula
  - Reducing the rural peripherality of the region
- 1.5. The South West Peninsula is the partner authorities' response to the need for a Sub-National Transport Body in order to ensure one collective voice represents the strategic transport issues in the region.
- 1.6. As such, the South West Peninsula STB provides a single point of contact for Government, its agencies, infrastructure and service providers on strategic transport issues.
- 1.7. The proposed area allows for genuine strategic consideration and planning of transport infrastructure, with those included in the STB boundary demonstrating a willingness to be involved. The South West Peninsula authorities will retain a co-operative narrative focussing on shared strategic travel corridors.
- 1.8. Several of the local authorities have previous experience working together to present a united voice on strategic transport matters, with the Peninsula Rail Task Force having produced a 20-year plan in 2016 aimed at making the case for a sequenced programme of investment towards improving rail resilience, connectivity and comfort for rail services to and from the region.

1.9. Whilst currently there are six Peninsula Local Highway Authorities forming the proposed STB grouping, it remains open to other authorities joining should there be benefits in doing so.

## 2. Statement of Purpose

1.10. The South West Peninsula STB will:

- Provide the opportunity to share technical expertise and resources across the partners to assist with the development, assessment and implementation of proposals
- Enable a more effective and meaningful engagement with the Department for Transport, infrastructure agencies (such as Highways England and Network Rail), service providers (such as bus and train operating companies) and Homes England
- Provide the focus for a single conversation on strategic transport and infrastructure related activities
- Agree objectives for the region for Network Rail and Highways England to ensure that their priorities clearly reflect the needs of the South West Peninsula
- Agree the needs of the South West in future specifications for Cross Country and Great Western rail franchises
- Develop an evidence base for the South West Peninsula SRN and MRN to identify and prioritise schemes for consideration by the Department for Transport

1.11. In this way the partners will be able to:

- Identify and maintain a single overview of strategic transport priorities in liaison with stakeholders as appropriate
- Manage the resources available to establish project teams as a means of providing the leadership required to develop strategic proposals, including engagement with business and the wider community
- Establish joint teams to undertake and commission work (including the development of business cases) to secure investment funding to enable the delivery of strategic proposals
- Work with Government and its agencies to co-design nationally delivered transport investment programmes
- Utilise the joint view of investment priorities for the South West Peninsula to influence funding processes including Network Rail's Control Periods; Highways England's Road Investment Strategy and in respect of the Major Road Network, the Department for Transport's National Roads Fund
- Explore the rationalisation of existing groups associated with transport investment prioritisation across the geographic area

1.12. The South West Peninsula STB will enable the partners to realise:

- Greater added value through the sharing of knowledge, skills and resources
- More efficient operation of the strategic and major road networks
- Improved resilience and reliability of the transport system, particularly during periods of disruption (both planned and unplanned)
- More efficient and effective delivery of infrastructure, with schemes delivered faster and at less cost

- More effective engagement with, and influence over, decision making at the national level
- Enhanced job opportunities and housing delivery, better access to education, improved local public services and better supported tourism and recreation through an improved transport system
- Improved national and international connection in to, out of and across the region, supporting commerce
- Improved links across the South West Peninsula, including to our ports and airports to enable freight and goods to move more efficiently

2.4 In addition and whilst in shadow form a key task of the STB Board will be to prepare a submission to Government in relation to the creation of a statutory STB for the South West Peninsula.

**3. Membership of the STB Board**

1.13. The STB board brings together representatives of Local Transport Authorities and Local Enterprise Partnerships with representatives from Government, infrastructure agencies and transport service providers in a collaborative partnership that enables a single co-ordinated conversation.

1.14. The members of the STB board are set out below:

<b>Local Transport Authorities</b>	Cornwall Council
	Devon County Council
	Dorset County Council
	Plymouth City Council
	Somerset County Council
	Torbay Council
<b>Local Enterprise Partnerships</b>	Cornwall and the Isles of Scilly
	Heart of the South West
	Dorset
<b>Government and Agencies</b>	Department for Transport
	Highways England
	Network Rail
	Homes England
<b>Other Organisations</b>	Stakeholder Group Chair

1.15. It is for each Partner to nominate their representative on the STB board. The expectation is that Local Transport Authorities will be represented by the relevant portfolio holder and Local Enterprise Partnerships by a member of their governing Board.

1.16. A stakeholder group will be formed, including public transport operators that provide services within the STB geography and representatives of local community groups. A chair of this group will represent their views at STB board meetings.

1.17. Substitutes may attend meetings of the STB board if the nominated representative is unable to attend. They should have an equivalent level of authority to the nominated member.

- 1.18. Individual members of the STB board will be responsible for ensuring their organisation is kept briefed on the work of the STB.
- 1.19. The Chair of the STB board will be a representative from a Local Transport Authority, who will serve in the role for one year. A Vice-Chair will also be appointed from the STB board Local Transport Authority members.
- 1.20. The Chair and Vice-Chair will rotate annually amongst its elected membership. The rotation will be defined alphabetically by Local Authority with no single organisation holding the chair for successive years.
- 1.21. In the absence of the Chair, the Vice-Chair will Chair the meeting.
- 1.22. Additional organisations may be invited to join at any time where their membership and participation is seen as adding value to the STB board.
- 1.23. Membership of the STB board will be reviewed on a regular basis.
- 1.24. Members of the STB board retain their existing accountabilities and responsibilities for transport. During the Board's shadow operating phase they will also be responsible for ensuring that necessary approvals for STB Board decisions are obtained within their organisation.
  
- 1.25. Membership of the STB board:
  - Does not oblige partners to be involved in all activities, projects or proposals
  - Does not preclude any member from working cross-boundary with other Local Transport Authorities or strategic transport organisations

#### **4. Ways of Working**

- 1.26. Meetings of the STB board will be held quarterly. The date and time of the meetings will be fixed by the secretariat in consultation with constituent organisations. All papers and meetings will be in public, with all interested parties able to attend meetings.
- 1.27. Written notice of meetings, along with the agenda and associated papers will be sent to members at least five working days in advance of any meeting. Late items will be distributed or tabled only in exceptional circumstances with the agreement of the Chair.
- 1.28. Where required, extraordinary meetings can be held with the agreement of the Chair.
- 1.29. The quorum for the meetings will be at least three members. A minimum of two elected members should be present.
- 1.30. In principle, decisions and recommendations will be reached by consensus. Where decisions cannot be reached by a consensus, voting will take place and decisions will be agreed by a simple majority of all members (councillors and co-opted members) present.
- 1.31. Where there are equal votes, the Chair of the meeting will have the casting vote.
- 1.32. Third parties may be invited to participate in meetings of the STB board and invited to be members of project teams established by the STB.
- 1.33. Third parties may request to address the STB board on a specific issue or proposal. The Chairman of the STB board will determine whether to grant the request.
- 1.34. The STB board may decide to establish sub-groups where this is appropriate in order to address specific issues: sub-groups may be either time-limited in their duration or standing sub-groups where the issue is on-going.

- 1.35. The secretariat for meetings of the STB board will be provided by the Local Transport Authority that provides the Chairman of the STB board, supported by the programme team.
- 1.36. The work of the STB board will be supported by an Officers Group. This Group will provide technical and professional advice drawn from the Local Transport Authorities and Local Enterprise Partnerships. The officer support group will be required to attend meetings of the PRTF as necessary.
- 1.37. The Officers Group will maintain an overview of the activities taken forward as part of the STB and ensure that the work programme adopted by the STB is delivered.
- 1.38. It is not proposed to establish stand alone scrutiny arrangements for the STB during the shadow phase of operation but as formal proposal for a statutory body is developed for submission to Government, consideration shall be given in consultation with the DfT, as to what formal scrutiny requirements will be required once the STB is fully operational. During the shadow phase it will be for each of the Constituent Authorities to scrutinise the activities of the Board through their own scrutiny arrangements.

## **5. Finance**

- 1.39. The Local Transport Authorities of the STB must make a contribution in respect of any reasonably incurred costs of the South West Peninsula if they all agree on the need for a contribution and the amount required.
- 1.40. The amount of any contribution is to be apportioned between the constituent authorities in proportion to the total resident population of the area of each authority at the relevant date as estimated by the Statistics Board.
- 1.41. Each constituent authority may contribute to the costs of the South West Peninsula individually if it chooses to do so.
- 1.42. The STB will seek funding from the Department for Transport to accelerate the development and delivery of its transportation plans.
- 1.43. The STB budget will be held and administered by the lead authority – see 6 below.

## **2. Lead Authority**

6.1 During the shadow phase the STB has no statutory standing, cannot enter contracts and cannot employ staff. Therefore, for the shadow phase of operation, the STB will need to appoint a Lead Authority to:

- co-ordinate and administer the project and meetings of the Board
- manage the budget for, and the sound financial management of, the Project. The budget will be allocated in accordance with the decisions of the Board as authorised by the Constituent Authorities
- claim, draw down and account for all funds due from the Constituent Authorities and any other body
- provides procurement services to all contracts let on behalf of the STB
- keep appropriate accounting and operational records; and
- procure on behalf of the Constituent Authorities such external support, advice or consultancy services that are considered necessary by the Shadow Partnership Board or the Senior Officer Group
- oversee the preparation of the proposal to the Secretary of State to transition to a statutory Sub-National Transport Board
- prepare a communications and marketing strategy for the project for the approval of the Board and then to implement the strategy.

6.2 The full detail of the Lead Authority role will be set out in an Inter-Authority Agreement to be agreed by all Constituent Organisations.

**Notes – also need to include provisions in respect of dispute resolution and withdrawal/termination arrangements.**

DRAFT



Mr Chris Olsen  
Head of STB Policy & Legislation,  
Region, Cities and Devolution  
2/19, Great Minster House  
33 Horseferry Road  
London  
W1P 4DR

Paula Hewitt: Director Somerset County Council  
Nigel Riglar: Director Gloucestershire County Council

**On behalf of South West Local Authorities.**

19 June 2018

Dear Chris

## **Sub-National Transport Bodies for the South West**

Local Authorities across the South West Region are embracing the need to put in place sub-national transport bodies (STBs) to provide the ability to speak with one voice about the challenges and investment needs of our area. We believe such bodies will provide a unique opportunity for unprecedented access to Government and a key role in advising on use of the new national roads fund and other infrastructure investment processes.

The Authorities are now well progressed in setting up two STBs, Western Gateway and South West Peninsula, to cover the South West Region; and are on-track to establish shadow bodies as informal partnerships by September 2018 whilst longer-term discussions about statutory body status take place.

We believe this will swiftly put in place a clear mechanism for Government to engage formally with us on strategic transport investment matters.

Our rationale for following this approach, including our broad assessment of the benefits and opportunities that two sub-national bodies will offer is attached to this letter.

Individual letters will be coming to you shortly from each of the two shadow bodies, setting out the growth challenges and the governance being put in place to enable sub-national transport working arrangements.

We look forward to discussing these matters with you in more detail in due course.

Yours Sincerely

**Paula Hewitt:** Lead Director Economic and Community Infrastructure, Somerset County Council

On behalf of: SW Peninsula STB: Somerset County Council, Cornwall Council, Plymouth City Council, Torbay Council, Devon County Council and Dorset County Council.

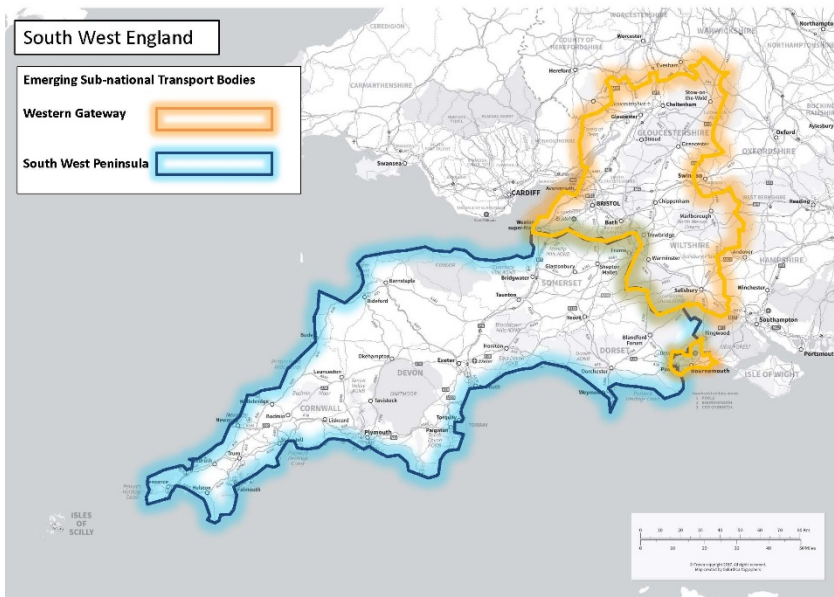
**Nigel Riglar:** Commissioning Director Communities and Infrastructure, Gloucestershire County Council

On behalf of: Western Gateway STB: Gloucestershire County Council, Bath & North East Somerset Council, Borough of Poole Council, Bournemouth Borough Council, Bristol City Council, North Somerset Council, South Gloucestershire Council, Wiltshire Council and West of England Combined Authority

**Rationale for South West Sub National Transport Bodies.**

Government is clear that future strategic transport investment priorities will be established in discussion with sub-national transport bodies; groupings of local authorities and relevant partners covering a broad geography who will be able to speak with one voice about the challenges and strategic investment needs of their area.

The English Regions are the highest tier of sub-national division in England, but Government is open to sub-national transport bodies forming across more functional economic geographies rather than being constrained by historic administrative boundaries.



There is firm consensus across the South West Region that given its huge geographic scope and diversity the formulation of two sub-national bodies is the most effective way of delivering infrastructure at a pace that meets expectations for improved productivity, housing and economic growth.

In recent years two distinct sub-national groupings have emerged in relation to

particular economic challenges and functional geographies, and already have a clear understanding of the strategic investment needs in their area:

- The Western Gateway has the well established West of England (WOE) city region at its core and is already jointly planned on a statutory basis. The Shadow Authority for Bournemouth, Christchurch and Poole has recently been formed with the exciting prospect of a new and strategic authority being formed from April 2019. The Western Gateway STB shall benefit from this further devolution being in a stronger position to deliver strategic links between the WOE and Bournemouth, Christchurch and Poole regions and southwards into Europe via Bournemouth Airport and the Port of Poole.
- The South West Peninsula has well-established joint planning arrangements for strategic rail investment in the form of the Peninsula Rail Task Force.
- Corridor alliances such as those formed around the A303 corridor and the Bristol South West Economic Link are a strong feature of joint working and will remain a key mechanism for joint working between the sub-national bodies.
- The collaborative development and management of STBs will continue to be monitored and managed by Senior Officers attending the South West ADEPT Board.

We believe that the benefits of developing two sub-national bodies are broadly as follows:

- Well-established governance arrangements which are already being built-on for this purpose.
- Existing collaborative working which has already enabled effective dialogue with Government on important strategic transport investment matters in the two areas.
- Groupings of authorities who already work efficiently and effectively together and who can make swift and timely recommendations on investment priorities.
- Existing corridor alliances which deal with strategic connectivity between the two areas.
- Groupings of authorities who understand the distinct economic challenges in their area and who can clearly set out priority investment needs and the nature & sequencing of investment needed to overcome those challenges.
- Focused and effective dialogue with Government.

The distinct economic challenges within the sub-national areas can be broadly described as follows:

- Western Gateway is on the axis of a number of routes into the Bristol city region area and the Bournemouth/Poole city region area. Investment needs are expected to focus on metropolitan transit solutions and strengthening core routes to manage growth of the two city-regions.
- The Peninsula challenge is to exploit opportunities to enable peripheral areas to become more productive and reduce journey times on key strategic routes connecting with other economic hubs. There is a dispersed set of place based growth challenges including city growth, rural communities, extensive coastline and the regions natural assets

Risks of seeking to form one body:

- Pace of progress likely to slow significantly to form the necessary governance arrangements.
- Lack of natural consensus on priorities and sequencing of investment.
- Risk of extended dialogue seeking to prioritise between investment needs which are not inter-related and cannot be logically sequenced (i.e. seeking to prioritise a rapid transit route into a city region against a major road improvement in a rural County such as Cornwall).
- A greater sense of 'competing for investment' within a larger pool of authorities with greatly different priorities rather than jointly working on a long-term programme.
- Risk of spreading the available investment too thinly to gain agreement to a programme and a risk of debating more localised priorities rather than the core strategic investment needs.

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# EQUALITY IMPACT ASSESSMENT

Sub-National Transport Body for the South West Peninsula



## STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

<b>What is being assessed - including a brief description of aims and objectives?</b>	Setting up a sub-national transport body for the south west peninsula, initially as an informal partnership to discuss and agree strategic transport investment priorities for the area (e.g. road, rail, air, ports investment etc).		
<b>Author</b>	Richard Banner		
<b>Department and service</b>	Strategic Planning and Infrastructure		
<b>Date of assessment</b>	27/06/2018		

## STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
<b>Age</b>	<p>The average age in Plymouth is 39 years, this is similar to the rest of England (39.3 years) but less than the rest of the South West (41.6 years).</p> <p>Children and Young People (CYP) under 18 account for 19.8% of Plymouth's population, within this 17.5% are aged under 16.</p> <p>34.1% of Plymouth's population are aged over 50 years and 7.6% over 75 years old. The number of people aged over 75 is predicted to increase from 19716 in 2011 to 24,731 in</p>	<p>The sub-national transport body for the south west peninsula is not anticipated to have any adverse impact on specific age groups.</p>	N/A	N/A

	<p>2021.</p> <p>A total of 31,164 people (28.5% of households) have declared themselves as disabled, 10% of Plymouth's population have their day to day activities limited by a disability or long term health problem.</p> <p>In March 2014 there were 143,400 people recorded as blind and 147,700 people were registered as partially sighted.</p>	<p>The sub-national transport body for the south west peninsula is not anticipated to have any adverse impact on people with disabilities or long term health issues. With improved crossings there will be a slight benefit</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Faith/religion or belief</b></p>	<p>84,326 (32.9%) of Plymouth's population state they have no religion.</p> <p>Christianity accounts for 148917 people (58.1%)</p> <p>Islam accounts for 2078 people (0.8%)</p> <p>Buddhism accounts for 881 people (0.3%)</p> <p>Hinduism accounts for 567 people (0.2%)</p> <p>Judaism accounts for 168 people (0.1%)</p> <p>Sikhism accounts for 89 people (&lt;0.1%)</p> <p>0.5% of the population of Plymouth have a religion that is not Christianity, Islam, Buddhism, Hinduism, Judaism or Sikhism such as Paganism or</p>	<p>The sub-national transport body for the south west peninsula is not anticipated have any adverse impact on specific faiths, religions or believes.</p>	<p>N/A</p>	<p>N/A</p>

<p><b>Gender - including marriage, pregnancy and maternity</b></p>	<p>Spiritualism.</p> <p>50.6% of Plymouth's population are women and 49.4% are men. Of those aged over 16, 42.9% of people (90765) are married and 5190 (2.5%) are separated but still legally married or legally in a same-sex civil partnership.</p> <p>There were 3280 births in Plymouth in 2011, which was an increase since 2001 but after 2010 this number has stabilised.</p>	<p>The sub-national transport body for the south west peninsula is not anticipated to have any adverse impact on gender.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Gender reassignment</b></p>	<p>It is estimated that there are 10000 transgender people in the UK.</p> <p>In 2013/2014 there were 26 referrals from Plymouth to the Newton Abbot clinic (the nearest clinic).</p> <p>23 transgender people belong to Pride in Plymouth</p>	<p>The sub-national transport body for the south west peninsula is not anticipated to have any adverse impact on gender reassignment.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Race</b></p>	<p>92.9% of Plymouth's population identify as White British.</p> <p>7.1% identify as Black and Minority Ethnic (BME) with white other (2.7%) Chinese (0.5%) and Other Asian (0.5%) the most common ethnic groups.</p> <p>There are 43 main languages in the city with Polish, Chinese and Kurdish as the top three.</p>	<p>The sub-national transport body for the south west peninsula is not anticipated to have any adverse impact on race.</p>	<p>N/A</p>	<p>N/A</p>



<p><b>Sexual orientation - including civil partnership</b></p>	<p>There is no precise data on the numbers LGBT people in Plymouth; however national government estimates suggest that this number may be approximately 12500 to 17500 people.</p>	<p>The scheme is not anticipated to have any adverse impact on sexual orientations.</p>	<p>N/A</p>	<p>N/A</p>
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**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
<p><b>Reduce the gap in average hourly pay between men and women by 2020.</b></p>	<p>It is not anticipated that there will be any implications involving the gap in hourly rate between men and women by 2020 as a result of this scheme.</p>	<p>N/A</p>
<p><b>Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disabled, homophobic, transphobic and faith, religion and belief incidents by 2020.</b></p>	<p>It is not anticipated that there will be any implications involving hate crimes as a result of this scheme.</p>	<p>N/A</p>
<p><b>Good relations between different communities (community cohesion)</b></p>	<p>It is not anticipated that there will be any implications involving the relations between communities as a result of this scheme.</p>	<p>N/A</p>
<p><b>Human rights</b> <i>Please refer to guidance</i></p>	<p>It is not anticipated that there will be any implications involving human rights as a result of this scheme.</p>	<p>N/A</p>

**STAGE 4: PUBLICATION**



Responsible Officer: Philip Heseltine

Date: 27/06/2018

Head of Transport, Infrastructure and Investment



**PLYMOUTH CITY COUNCIL**

<b>Subject:</b>	Local Bus Service Contract Award
<b>Committee:</b>	Cabinet
<b>Date:</b>	10 July 2018
<b>Cabinet Member:</b>	Councillor Coker
<b>CMT Member:</b>	Anthony Payne (Strategic Director for Place)
<b>Author:</b>	Debbie Newcombe, Interim Public Transport Manager
<b>Contact details</b>	Tel: 01752 30 7868 email: Debbie.newcombe@plymouth.gov.uk
<b>Ref:</b>	2018 Tendered Bus Services Review
<b>Key Decision:</b>	Yes
<b>Part:</b>	I

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**Purpose of the report:**

The report summarises the recent tender process for the commissioning of the following local bus services across the city:

- Retendering of bus services 7D, 13, 14, 18, 19, 31, 39, 52 and 223. The current contracts expire in November 2018.
- Provision of a new bus service into Sherford
- Replacement services for two areas of the city where the current operator proposes their commercial de-registration

There is a separate private report detailing the outcome of the tenders and recommendations for the contract award.

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**Corporate Plan****Pioneering Plymouth**

The subsidised services network has demonstrated the Council's appetite to seek out new ways of working – the city was a pioneer in the use of Taxibuses which enabled services to penetrate new areas of city and which have now been incorporated within the network served by conventional buses. The adoption of Devon County Council's Dynamic Purchasing System for undertaking local bus service procurement means the Council's tenders can reach a wider range of potential operators and greater opportunities for innovative ideas to improve efficiency and value for money.

**Growing Plymouth**

A number of subsidised services support the city's commercial network by providing additional links to employment opportunities and medical facilities in the Northern Corridor Growth area as well as the city centre. Service 52 provides the only direct link between Plympton and employment opportunities in Estover Industrial Estate and the Northern Corridor Growth area and to medical facilities at the city's main Hospital at Derriford.

## **Caring Plymouth**

The subsidised services network provides valuable links to shops, healthcare, employment, education and leisure for those citizens who do not live near to or have access to a commercial bus service. Without these services these citizens would face an increased risk of isolation or the higher costs of using taxis or relying on the charity and goodwill of friends or family, thereby promoting their independence.

As the commercial network adjusts to meet changing circumstances the subsidised services network provides a safety net.

## **Confident Plymouth**

The subsidised services network meets the needs of Plymouth as the services reflect usage based on operator data submissions, comprehensive on-bus surveys as well as feedback from customers, operators and Members. The subsidised services network supplements the overall citywide bus network thus helping to reduce traffic levels and congestion and helping to improve air quality.

The successful delivery and operation of the city's subsidised services network demonstrates effective partnership working with the local bus operators.

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

The new Sherford bus service will be fully funded through Section 106 developer contributions. The level of funding will vary throughout the contract term as the requirement of the Section 106 Agreement changes with the number of homes occupied. There is a maximum amount available in Phase 1 (anticipated up to 3 years) of £150,000 per annum and in Phase 2 (anticipated up to 5 years) an amount of £350,000 per annum.

The remaining routes will be fully funded through the Council's non-commercial routes budget of which there is annual budget of £435,433 (from 2019-20) which will be topped up by the annual income of £85,008 from the Department for Transport's Bus Service Operators Grant giving a total annual budget of £520,441.

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

N/A

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## **Equality and Diversity**

Has an Equality Impact Assessment been undertaken? Yes

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### **Recommendations and Reasons for recommended action:**

Cabinet are recommended to note the report

**Alternative options considered and rejected:**

N/A

**Published work / information:**

[Tender Specification](#)

**Background papers:**

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

**Sign off:**

Fin	pl181 9.20	Leg	lt/30 703/ 1906	Mon Off	lt/3 07 03/ 19 06	HR		Assets		IT		Strat Proc	SA/ PSF /470 /CP/ 061 8
Originating SMT Member Paul Barnard													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

**1.0 Introduction**

- 1.1 Under the 1985 Transport Act the Council is required to consider the provision of local bus services where operators do not deem them commercially viable, but where the Council considers there to be a social need.
- 1.2 The Council currently provides financial support for eleven bus services across the city, with contracts for nine of these services due to expire in November 2018.
- 1.3 This report sets out the current situation regarding the re-tendering of these nine services, proposals for the delivery of a bus service into Sherford, and the replacement of two routes which the current operator has indicated will be de-registered as commercial operations at the end of the summer, and the procurement process that has been followed.

**2.0 Current Situation**

- 2.1 The Council currently subsidises ten bus routes which operate all year round and one seasonal route operating between May and September. These routes are predominantly funded through the Council’s non-commercial routes budget, with one route being fully funded and one partly funded through Section 106 contributions.
- 2.2 The contracts for all but the seasonal route and the route fully funded through Section 106 expire in November 2018 and have now been the subject of a re-procurement exercise. A list of these routes and their current costs can be found in Table I at the end of this section. The new contracts will need to be fully funded from within the Council’s non-commercial routes budget.
- 2.3 In addition to the routes already in operation a tender has been put out for the provision of a service into the new Sherford development which will be fully funded through a Section 106 contribution.
- 2.4 Viability of some existing commercial bus services is marginal. The Council has been approached by one local bus operator regarding the viability of two of their commercial services, advising that they intend to de-register particular sections of these routes later in the year. Early notification of the changes provided the opportunity to conduct on bus surveys and to include options for replacing them as part of the same tender process.
- 2.5 When determining the performance of subsidised bus services, the Council uses a benchmark of £2.00 as a cost per passenger based on total patronage on the route. Any figure above that would result in the service being considered for withdrawal, and anything significantly below is discussed with the bus operator to see if any commercial (zero subsidy) offering is on the table with or without amendments to the route and/or timetable. The cost per passenger for the nine services being re-tendered, based on current prices, is shown in Table I below.

**Table I:**

This table shows the services that have been retendered, together with their current prices and cost per passenger based on 2017-18 patronage data (full year)

<b>Service</b>	<b>Route</b>	<b>Current Annual Price</b>	<b>Current Operator</b>	<b>Cost Per Passenger</b>
7D	City Centre – Plymstock Broadway - Hooe	£46,318	Target Travel	£1.62

13	City Centre – Weston Mill – Saltash Passage	£55,440	Target Travel	£1.62
14	City Centre - Devonport – Keyham – Ham – Derriford Hospital	£77,900	Plymouth Citybus	£0.55
18	City Centre – Plymstock Broadway – Elburton	£49,455	Target Travel	£1.65
19	City Centre – Merafield – Plympton Ridgeway	£45,526	Target Travel	£1.70
31	City Centre – Beacon Park – Pennycross	£39,501	Target Travel	£1.54
39	City Centre – Hartley Vale – Crownhill	£32,904	Target Travel	£1.50
52	Plympton – Estover – Derriford Hospital	£41,930	Target Travel	£0.90
223	St Budeaux – Barne Barton – Kings Tamerton Local Service	£46,867	Target Travel	£3.16**

\*\* Service 223 – whilst the cost per passenger is high overall, during school holidays usage of the service is much lower compared to school term time. Based on 2017-18 patronage levels the cost per passenger during school terms was £2.63 but increased significantly during school holidays to £8.25. This service was originally operated as a Taxibus with a Hackney vehicle but following the last operators terminating their contract due to ill health an alternative Hackney provider has not been found. The use of a conventional bus has generated two significantly well loaded journeys between Barne Barton and Marine Academy which could not be accommodated in a Hackney vehicle.

### 3.0 Procurement Process

3.1 In 2017 approval was granted for local bus service contracts to be tendered through the Devon County Council Dynamic Purchasing System (DPS). This process was used for this procurement and allows us to issue local bus service contracts for up to 8 years in line with the DPS Terms and Conditions. The main benefits of using the DPS are:

- we do not need to undertake a full OJEU procurement and PQQ process as this has already been done by Devon County Council in setting up the DPS
- the tender opportunity is open to a wider network of bus operators
- the longer contract term encourages bus operators to invest in better buses
- the process has already been trialled for shorter and seasonal Plymouth contracts
- the cost to Plymouth City Council is minimal when compared with undertaking our own procurements
- our own approval processes at the point of contract award still apply

3.2 Prior to starting the procurement process detailed on-bus surveys were undertaken on the current subsidised service network and on the two services which the local bus operator had indicated to the Council were no longer commercially viable. The surveys covered every journey on every day for a full week of operation. Whilst the bus operators provide patronage and revenue data for all routes on a regular basis, the level of information provided does not enable us to identify specific journey origins and destinations and unique journeys (those which could not be made if the subsidised service did not exist). The data has been analysed and highlights any poorly used journeys, allowing us to identify areas where we can potentially make changes to existing schedules to improve efficiency and reduce costs.

- 3.3 When re-tendering the nine services currently supported the first option in each case asked operators to quote on a like for like basis in accordance with the current timetable. This was followed by a series of options taking account of the on-bus survey findings and knowledge developed throughout the current contract. Operators were also given the opportunity to submit their own innovative proposals.
- 3.4 With regard to the Sherford service operators were given a specification based on the requirement of the Section 106 agreement. However, this contract will need to be amended throughout the term as the requirement will change with the number of occupations at the development. This was taken into account in the tender specification.
- 3.5 Various options for replacing the two commercial services that will be de-registered at the end of the summer were tendered, again giving operators the opportunity to submit their own innovative proposals.
- 3.6 Tenders were dispatched on 27<sup>th</sup> March 2018 with a return date of 19<sup>th</sup> April 2018, and the evaluation was based purely on price, subject to a satisfactory response to 4 pass/fail questions to ensure the operator was still compliant with the terms and conditions of the DPS.

The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

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# EQUALITY IMPACT ASSESSMENT

Strategic Planning and Infrastructure



## STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

<b>What is being assessed - including a brief description of aims and objectives?</b>	<p>This assessment is for the contract to provide Subsidised Services Network across the Plymouth City Council area.</p> <p>The provision of the Subsidised Services Network under this contract will enable all residents to travel within the city by a sustainable mode of transport for the journeys they wish to make. The Subsidised Services Network will provide bus services to areas of the city which are not served by bus operators on their commercial network.</p> <p>Without the Subsidised Services Network residents who live in areas of the city which are not served by commercial bus services could be denied access to either their place of work, employment opportunities or to services that they wish to access. This would lead to an increase in the number of vehicles on the city's road network which in turn would see levels of carbon emissions rise along the main traffic corridors and to increased levels of congestion impacting on journey times for all road users.</p>
<b>Author</b>	Andrew Thomson
<b>Department and service</b>	Strategic Planning and Infrastructure, Public Transport
<b>Date of assessment</b>	25 May 2018

## STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact <small>See <a href="#">guidance</a> on how to make judgement</small>	Actions	Timescale and who is responsible
<b>Age</b>	<p><b>Background community data:</b></p> <ul style="list-style-type: none"> <li>The average age in Plymouth is 39.0 years which is about the same as the rest of England (39.3 years) but is less than the South West (41.6 years).</li> <li>The proportion of the working age population (16-64) of 66.1 per cent</li> </ul>	No potential impact has been identified	None	N/A

	<p>is higher than the rest of the South West (62.8 per cent) and nationally (64.7 per cent).</p> <ul style="list-style-type: none"> <li>Children and Young People under 18 years of age account for 19.8 per cent of the population of the city, with 88.8 per cent of this group being under 16.</li> </ul> <p><b>Public transport data:</b></p> <ul style="list-style-type: none"> <li>In Plymouth in 2017/18 16,854,764 bus trips were made, of which 5,552,000 (33%) were concessionary trips.</li> <li>52,048 concessionary bus passes are currently live in Plymouth. The passes are issued either to residents who are over state pension age or have a disability that entitles them to a pass. These groups are more likely to make use of the bus services that are being supported by this contract to access health or related services across the city.</li> </ul> <p>People are living longer and it is predicted that the number of people living in our community who are aged 65 years and over will be in excess of 59,000 by 2031, an increase of 28%. Currently one in three people in the city are aged 50 and over.</p> <p>In 2015, 4,029 people aged 65 and over were predicted to have a moderate or severe visual impairment. It is anticipated that the number of people with either moderate or severe visual impairment will increase to in excess of 5,400 over the next 15 years.</p> <p>The result of the increasing longevity of people’s lives is that there will be more people who are likely to be affected by mobility and other age related issues which could prevent them from accessing the services they need to use. These residents may live in parts of the city which do not have a commercial bus service and who may not drive any longer would therefore be unable to access the services they need without the provision of a bus route serving their local area.</p>			
<p><b>Disability</b></p>	<p><b>Background community data:</b></p> <ul style="list-style-type: none"> <li>Ten per cent of Plymouth’s population declared that they have their day to day activities limited to a greater degree by a long-term health problem or disability.</li> </ul>	<p>No potential impact has been identified</p>	<p>None</p>	<p>N/A</p>

	<ul style="list-style-type: none"> <li>• A total of 31,164 people declared themselves as having a long-term health problem or disability. This was from 28.5% of households which is slightly higher than the national figure of 25.7% of households.</li> <li>• In 2013/14 1,297 adults registered with a GP in the city have some form of learning disability</li> <li>• There are 17,397 residents of state pension age and 3,142 children who have a disability of some form.</li> </ul> <p><b>Public transport data:</b></p> <ul style="list-style-type: none"> <li>• In Plymouth in 2017/18 16,854,764 bus trips were made, of which 5,552,000 (33%) were concessionary trips.</li> <li>• 52,048 concessionary bus passes are currently live in Plymouth. The passes are issued either to residents who are over state pension age or have a disability that entitles them to a pass. These groups are more likely to make use of the bus services that are being supported by this contract to access health or related services across the city.</li> </ul> <p>There are more people living with a disability now as a result of the fact that we are living longer and medical advances enable people to manage long-term health problems.</p> <p>The Equality and Human Rights Commission predicts that the majority of people over 50 will be living with a long term health condition by 2020.</p> <p>This will include mobility related conditions which can result in people being unable to access their place of work, employment opportunities, health and related services or go shopping with further impacts on health as they become isolated in their homes.</p>			
<b>Faith/religion or belief</b>	The services covered by the contract are accessible to all regardless of their faith, religion or belief.	No potential impact has been identified	None	N/A
<b>Gender - including marriage, pregnancy and maternity</b>	All of the services provided are equally accessible to men and women.	No potential impact has been identified	None	N/A

<b>Gender reassignment</b>	All the services are available for men and women and therefore there should be no discrimination on the basis of gender reassignment.	No potential impact has been identified	None	N/A
<b>Race</b>	The services being provided are accessible to everyone regardless of race.	No potential impact has been identified	None	N/A
<b>Sexual orientation - including civil partnership</b>	The services covered by the contract are accessible to all regardless of their sexual orientation.	No potential impact has been identified	None	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
<b>Reduce the gap in average hourly pay between men and women by 2020.</b>	None	N/A
<b>Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.</b>	None	N/A
<b>Good relations between different communities (community cohesion)</b>	The provision of Subsidised Bus Services will promote good relations between all residents, regardless of gender, ethnic background, sexual orientation, faith or disability, by ensuring that these groups are able to access services and employment opportunities on an equal basis.	N/A
<b>Human rights</b> Please refer to <a href="#">guidance</a>	The decision is consistent with the Human Rights Act.	N/A

**STAGE 4: PUBLICATION**

Responsible Officer

Date

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Director, Assistant Director or Head of Service

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