



Oversight and Governance

Chief Executive's Department
Plymouth City Council
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Plymouth PL1 3BJ

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CABINET

Tuesday 9 July 2019
2.00pm
Council House, Plymouth

Members:

Councillor Evans OBE, Chair

Councillor Pete Smith, Vice Chair

Councillors Haydon, Coker, Dann, Lowry, Penberthy, Jon Taylor, Laing and Kate Taylor.

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 Warspite Room, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with authority's published policy.

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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.

3. Minutes (Pages 1 - 6)

To sign and confirm as a correct record the minutes of the meeting held on 11 June 2019.

4. Questions from the Public

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

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

5. Chair's Urgent Business

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

6. Leader's Announcements

7. Monthly Activity Round Up

8. Pledge Update (Pages 7 - 14)

9. Early Help and Targeted Support Initial Business Case (Pages 15 - 80)

10. OFSTED Report and Action plan (Pages 81 - 112)

11. City Centre Conservation Area (to follow)

Cabinet**Tuesday 11 June 2019****PRESENT:**

Councillor Evans OBE, in the Chair.

Councillor Pete Smith, Vice Chair.

Councillors Haydon, Coker, Dann, Lowry, Penberthy, Jon Taylor, Laing and Kate Taylor.

Apologies for absence: None

The meeting started at 2pm and finished at 4.00pm.

Note: The full discussion can be viewed on the webcast of the Cabinet meeting at www.plymouth.gov.uk. At a future meeting, Cabinet 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 previous meeting held on 05 March 2019 were agreed.

3. Leader's Announcements

Cabinet members gave an update on work they had undertaken since the previous meeting.

Councillor Penberthy (Cabinet Member for Housing and Cooperative Development) provided updates on:

- The award of the Silver Jubilee Cup for Crowdfund Plymouth – Plymouth City Council is the only Council to have won this more than once. Special thanks were extended to the Service Director for Strategic Planning and Infrastructure and the team for their efforts;
- The waiting list and affordable housing - active management of the waiting list has continued and there has been a substantial drop in numbers on the list compared to a year ago. Thanks were extended to the People and Place directorates for their efforts.

Councillor Dann (Cabinet Member for Environment and Street Scene) provided updates on:

- The successful bid of £622,000 for Future Parks Accelerator and the importance of managing our parks sustainably and collaboratively given their important role in improving the health and wellbeing of our communities;

- The Great British Spring Clean campaign which saw 591 volunteers remove over 1079 bags of litter from our communities over the course of a month;
- The recognition of Plymouth as a Plastic Free City – over 180 schools and community groups have signed up to be plastic free ambassadors. CATERed who provide school meals for 67 of Plymouth's secondary schools have removed 8,000 plastic straws, removed disposable plastic packaging and moved over to biodegradable.

Councillor Taylor (Cabinet Member for Education, Transformation and Skills) provided updates on:

- The investment in schools project which has just completed to expand to Yealmpton Farm Primary, expanding the number of pupil spaces;
- Science, Technology, Engineering and Maths and continuing work to encourage more children and women into STEM. A summer programme of activities will take place in the city for 7-18 years olds.

Councillor Haydon (Cabinet Member for Customer Focus and Community Safety) provided updates on:

- The Purple Flag status awarded to Plymouth, recognising it as a safe and welcoming city and the shortlisting for three further awards alongside this.

Councillor Smith (Deputy Leader) provided an update on:

- The commemorative event to mark the 75th anniversary of the D-Day Landings which took place on June 06 2019. Councillor Smith thanked the servicemen and women for their service to their country and extended thanks to council officers for the successful event.

Councillor Evans OBE (Leader) provided an update on:

- The publication of the 100 Innovations by Labour in Power by the Local Government Association Labour Group. This compendium of innovative projects includes seven from Plymouth, including the Ethical Care Charter, Wellbeing Hubs, Modern Slavery and Holiday Hunger and Food Poverty. The Leader highlighted the opportunities offered by the LGA for member development.
- Barden Corporation- this has been saved from threat of closure avoiding many job losses in the city. Particular thanks was expressed to the new owners of Barden for their commitment to growth in Plymouth, and to the Senior Director for Economic Development and the inward investment team in helping to secure this.
- Drake Circus Leisure – there has been positive news from British land, including news that the Cosy Club will open a premises.
- The current planning application and aspirations around Old Town Street. This is an exciting development and more detail will be available soon.
- The conversion of Intercity House – this will be converted to the new home for the University of Plymouth Medical and Dental School.

4. **Questions from the Public**

There were no questions from the public.

5. **Chair's Urgent Business**

There was no urgent business from the Chair.

6. **Completed Pledges Report**

Cabinet noted the completion of a further seven pledges since last meeting in March. This takes the total completed to 47 out of 100.

Councillor Lowry (Cabinet Member for Finance) and the Councillor Evans OBE (Leader) gave an update on the pledge in relation to the footbridge at Sutton Harbour. Replacement parts were received and fitted and in good working order but there are now issues with other parts of the bridge that are not within the Council's span of control. This cannot continue and Sutton Harbour were due to respond with a full report later that day.

Councillor Laing (Cabinet Member for Children and Young People) gave an update on the pledge to improve oral health and dental hygiene. This has been included in the Child Poverty Action plan and discussions are taking place to establish a new dental practice in the city centre, staffed by 5th year dental students from the University of Plymouth. Funding has also been obtained from NHS England to tackle dental hygiene in the under 2's and supervised teeth brushing clubs are to be set up in the City.

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care) gave updates on:

- Pledge 51, highlighting that there are now an additional 75 staff across the city in dementia awareness;
- Pledge 55 and the approval of the loneliness action plan;
- Pledge 57 and the relaunch of the place of safety initiative;
- Pledge 58 and the improvement to discharge times from hospitals.

Cabinet noted the pledge update and extended thanks to all Officers involved across the Local Authority for their input

7. **Corporate Performance and Finance Outturn Report**

Councillor Lowry (Cabinet Member for Finance) introduced the Corporate Performance and Finance Outturn Report.

Key points noted were:

- There are now 47 performance indicators monitored for greater transparency;
- Inward investment has increased to £266m this year, £100m more than the previous year;
- Carbon emissions per person have reduced from 4.9 tonnes to 3.6 tonnes with a commitment to be carbon neutral by 2030;

- The number of people fit for discharge who are remaining in hospital has greatly reduced;
- The number of families in bed and breakfasts has reduced further and continues to improve;
- That the requirement to make savings of £11.46m was met with an overspend of £1.1m. This is in comparison to an overspend of £2.41m last year. The pressure is primarily in the Children, Young Peoples and Families Directorate due to the volume of children in care and the cost of care. This is a national issue due to the gap in funding.
- A fresh look review of all departments is underway to look at service delivery and areas of potential improvement;
- The 99% collection rate for business rates and council tax;
- The record year for capital spend to invest in the city;
- The need to continue to push for Plymouth to receive its fair share of funding available.

Following a short debate and consideration of the report, Cabinet agreed to accept the recommendations as set out in the report.

8. **Working Together to Safeguard Children**

Councillor Laing (Cabinet Member for Children and Young People) introduced the report on new multi-agency safeguarding arrangements.

The report set out the proposed approach to comply with the Working Together guidance through revised multi-agency strategic safeguarding arrangements.

Following a short debate and having considered the information in the reports, Cabinet agreed to:

Approve and adopt the proposal for the new multi-agency strategic safeguarding arrangements set out at section 3 of the report, including:

- Replacement of the existing Local Safeguarding Children Boards with one Plymouth and Torbay Joint Strategic Safeguarding Partnership;
- The current Independent Chair role will be replaced with a single Independent Quality Assurance role that has oversight for reviewing and improving safeguarding practice;
- The Plymouth and Torbay Joint Strategic Safeguarding Partnership (PTJSSP) will co-ordinate safeguarding services; act as a strategic leadership group in supporting and engaging others and shall implement local and national learning from serious child safeguarding incidents.
- The PTJSSP will establish one method of working for delivering quality assurance, performance management, multi-agency workforce development, serious child safeguarding reviews and monitoring and review the Peninsula Child Death Overview Process (CDOP) across both Plymouth and Torbay.

9. **Plymouth as a Trauma-informed City**

Councillor Haydon (Cabinet member for Customer Focus and Community Safety) introduced the report on Plymouth as a Trauma-informed City.

The report sets out:

The commitment of the trauma informed support for the city;
The complexity of the problem, which is often hidden, and how recognising and responding to this compassionately is important;
How to foster the right environment to make a difference and support people to prevent them being victimised throughout their whole lives due to childhood trauma;
That Plymouth is an early adopter and at the forefront of this ground breaking approach

After a short discussion and consideration of the report Cabinet agreed to support all recommendations as set out in the report.

10. **Child Poverty Action Plan**

Councillor Penberthy (Cabinet Member for Housing and Cooperative Development) introduced the report.

The report set out the proposed revision to the Child Poverty Action Plan which sets out four key themes (Education and Transitions, Health, Income and Employment and Partnerships). The themes were derived from the Child Poverty Needs Assessment and to complement this, a Plan on a Page sets out the priorities for each theme with the activities needed to deliver impact.

Following a short debate, Cabinet agreed to approve the proposed Child Poverty Action Plan for 2019-22 and the actions therein.

11. **Plympton St Mary Neighbourhood Plan**

Councillor Coker (Cabinet Member for Strategic Planning and Infrastructure) introduced a report on the making of the Plympton St Mary Neighbourhood plan, following the referendum result of May 7 2019 where residents voted in favour of the neighbourhood plan for Plympton St Mary.

Following a short debate, Cabinet agreed to:

Approve 'making' of the Plympton St Mary Neighbourhood Plan as part of the development plan for Plymouth to be used in determining planning applications, pursuant to section 38A(4) of the Planning and Compulsory Purchase Act 2004.

12. **Cabinet Appointments 2019/20**

Councillor Evans OBE (Leader) introduced the paper setting out the Cabinet appointments to Outside Bodies for 2019/20.

Cabinet agreed the appointments as listed.

COMPLETED PLEDGES REPORT: JULY 2019

Cabinet



Date: 09 July 2019
Title of Report: Completed Pledges Report
Lead Member: Councillor Mark Lowry (Cabinet Member for Finance)
Lead Strategic Director: Giles Perritt (Assistant Chief Executive)
Author: Andrew Loton (Senior Performance Advisor)
Contact Email: Andrew.loton@Plymouth.gov.uk
Your Reference: P2018/19JUL
Key Decision: No
Confidentiality: Part I - Official

Purpose of Report

The Labour Group was elected as the administration for Plymouth City Council at the local elections on 3 May 2018 and renewed that democratic mandate on 2 May 2019.

The administration continues with its four year programme to deliver against the 100 pledges from their 2018 manifesto for a better, greener and fairer Plymouth. Following the completion of the three pledges in June, the total number of pledges completed is 50 of the 100.

The following pledges have recently been completed and a “pledge on a page” overview prepared:

- **Pledge 61:** “We will examine how the Council can best support South West Mutual, a new regional savings and loan bank for small and medium sized businesses, community groups and people of ordinary means.”
- **Pledge 78:** “Plymouth has been a welcoming city throughout our history. Our city will continue to provide shelter and support for those fleeing terror, conflict and famine.”
- **Pledge 81:** “People tell us we should encourage more housing for everyone in the city centre, not just for students. We will encourage more development of homes in the city centre to help improve the vibrancy of the heart of our city.”

Recommendations and Reasons

1. Cabinet are invited to note the completion of three pledges in June (61, 78, 81), bringing the total for completed pledges to 50.
2. Cabinet are asked to confirm that the 100 Pledges, which have informed development of the Corporate Plan, continue to be recognised as adopted by the Council as part of delivery of the Corporate Plan.

Alternative options considered and rejected

N/A

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Relevance to the Corporate Plan and/or the Plymouth Plan

The 100 Pledges and manifesto priorities continue to inform development and delivery of the Corporate Plan and therefore have been adopted by the Council as part of delivery of the Corporate Plan.

Implications for the Medium Term Financial Plan and Resource Implications:

All resource implications have been considered and incorporated within the MTFS and Service Business Plans.

Carbon Footprint (Environmental) Implications:

Pledge completions complement the Council's existing policy framework with respect to the above. However, where potential environmental implications are identified from the implementation of any new activities arising from pledge delivery, assessments will be undertaken in line with the Council's policies. The carbon reduction implications of new housing referenced in Pledge 81 complies with Policy GR07 "Reducing carbon emissions and adapting to climate change." In the Plymouth Plan.

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

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

Where potential implications are identified from the implementation of any new activities arising from pledge delivery, assessments will be undertaken in line with the Council's policies.

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Completed Pledges: June 2019 update							

Background papers:

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable)						
	<i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

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Originating Senior Leadership Team member: Giles Perritt											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 27/06/2019											
Cabinet Member signature of approval: [electronic signature (or typed name and statement of 'approved by email') on Cabinet member approval only]											
Councillor Mark Lowry 'Approved in person'											
Date: 26/06/2019											

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FOR FIGHTING POVERTY

Pledge 61 – Examine how the Council can best support South West Mutual

What we said we would do: We will examine how the Council can best support South West Mutual, a new regional savings and loan bank for small and medium sized businesses, community groups and people of ordinary means.

What we wanted to achieve: To support the development of a new, local, member-owned bank.

What we have done: Plymouth City Council has pledged support for the development of a new, local bank with an investment of £60,000 making it the largest investor in the first phase of development. The council has joined the co-operative as a Founder Member and invested in founder shares along with over 60 individuals, organisations and other local authorities in the area. The bank, known for now as South West Mutual, will be the first ever member-owned, high street bank dedicated to the residents and small businesses of Cornwall, Devon, Somerset and Dorset.

The mutual bank will be dedicated to the sustainable prosperity of the South West and will make a vital contribution to levelling the economic playing field for the region's people and businesses.

What's next: The investment of £60,000 from the Council's Co-operative and Mutuals Development Fund, purchased shares that can be traded with other members once the bank becomes profitable. The bank has a 3 year development plan that starts with gaining its licences and securing a second round of funding. When opened, it will provide a full range of services to rival high street banks including local branches, digital channels and current accounts.

Find out more!

Here is a news story about our work to deliver the pledge:

<http://plymouthnewsroom.co.uk/council-backs-new-bank/>



FOR A SAFER, WELCOMING CITY

Pledge 78 – Provide shelter and support for those fleeing terror, conflict and famine

What we said we would do: Plymouth has been a welcoming city throughout our history. Our city will continue to provide shelter and support for those fleeing terror, conflict and famine.

What we wanted to achieve: Plymouth has a proud history of providing a safe haven for those escaping war and natural disaster and we want to ensure that this is continued through becoming a City of Sanctuary.

What we have done: Asylum seekers and refugees came together, supported by Plymouth City Council and its partners, to develop the proposals and programme that led to us being a city of Sanctuary. Partners in Plymouth came together in June 2019 to mark the national Refugee Week as the city prepared to launch a pledge to be a 'City of Sanctuary', and to celebrate the contribution of displaced people to British society. The year's events were organised by: Plymouth Hope, Calstock Outreach Group, Open Doors International Language School, Give Back, University of Plymouth, British Red Cross, Plymouth City of Sanctuary Group, Devon and Cornwall Refugee Support (DCRS), and Students and Refugees Together (START), under the umbrella of Plymouth Refugees Communities Forum.

The 'City of Sanctuary' pledge was signed by Councillor Chris Penberthy, Plymouth City Council's Cabinet Member for Housing and Cooperative Development. This reinforces the city's commitment to recognise the contribution of refugees and asylum seekers, build relationships with them and include them in activities. Local organisations will also be invited to sign the pledge.

Becoming a City of Sanctuary does not mean that Plymouth has all of the answers; however we continue to strive to improve all the city has to offer, including the experience for sanctuary seekers. We recognise that these changes will build upon the amazing work already being done across the city by incredible local organisations that deliver services for refugees and asylum seekers. Improving the experience for those most in need will only change when we collaborate closely with each other, involving asylum seekers in shaping the solutions.

What's next: Plymouth has always been, and continues to grow its reputation as, a welcoming city. As part of the City of Sanctuary, we will:

- display the City of Sanctuary logo in public Plymouth City Council buildings to help sanctuary seekers to feel welcome;
- work with agencies in the city and nationally to ensure that sanctuary seekers in Plymouth can access legal advice for asylum claims in the city;
- help agencies and organisations to actively support vulnerable asylum seekers using a person-centred approach focussing on the individual;
- identify ways in which Plymouth can offer individuals a short-term sanctuary and, more importantly, a long-term home where their contributions to the life and wellbeing of the city are openly embraced.

Find out more!

Here are some news stories about our work to deliver the pledge:

<http://plymouthnewsroom.co.uk/landlords-needed-help-rehome-syrian-refugees-plymouth/>

<http://plymouthnewsroom.co.uk/plymouth-supports-refugee-week-2018/>

<http://plymouthnewsroom.co.uk/plymouth-city-sanctuary-comes-together-refugee-week/>



FOR THE CITY CENTRE

Pledge 8I – Encourage more development of homes in the city centre.

What we said we would do: People tell us we should encourage more housing for everyone in the city centre, not just for students. We will encourage more development of homes in the city centre to help improve the vibrancy of the heart of our city.

What we wanted to achieve: To identify opportunities for new homes in the city centre and to work with developers to bring these forward. This should include a mix of small and larger scale opportunities and targeted interventions to help unlock these sites.

What we have done:

- Used the Council's Financial Assistance Scheme to provide loans/grants to enable conversion of empty space above Warren James Jewellers to create three new flats in October 2018.
- Allocated sites within the city centre for new homes (as part of mixed use developments) in the Joint Local Plan (JLP), which was adopted in March 2019.
- Submitted an Expression of Interest to the government's Future High Streets Fund in March 2019.
- Worked with developer Urban Splash to help bring forward a scheme including 144 new residential apartments at the former Civic Centre – planning application submitted March 2019.

What's next:

- Plymouth City Council will establish new governance arrangements and a new city centre team to oversee and drive forward the regeneration agenda for the city centre, including the promotion of sites and opportunities for new homes by July 2019.
- If successful in our Expression of Interest to the Future High Streets Fund, Plymouth City Council will prepare detailed bids for up to £25m funding by December 2019, which could help to support the delivery of new homes.
- Establish delivery strategies for all city centre sites in the JLP by December 2019.

Find out more!

Here are some news stories about our work to deliver the pledge:

<http://plymouthnewsroom.co.uk/gem-empty-space-plymouth-jewellers-converted-homes/>

<http://plymouthnewsroom.co.uk/former-hostel-converted-flats-part-empty-homes-scheme/>

<http://plymouthnewsroom.co.uk/council-bids-much-needed-high-street-fund/>



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EARLY HELP & TARGETED SUPPORT INITIAL BUSINESS CASE

Cabinet



Date: 09 July 2019

Title of Report: **Early Help and Targeted Support Initial Business Case**

Lead Member: Councillor Jemima Laing (Cabinet Member for Children and Young People)

Lead Strategic Director: Craig McArdle (Interim Strategic Director of People)

Author: Karlina Hall, Commissioning Officer and Emma Crowther, Strategic Commissioning Manager

Contact Email: Karlina.hall@plymouth.gov.uk, emma.crowther@plymouth.gov.uk

Your Reference: EHTS IBC

Key Decision: Yes

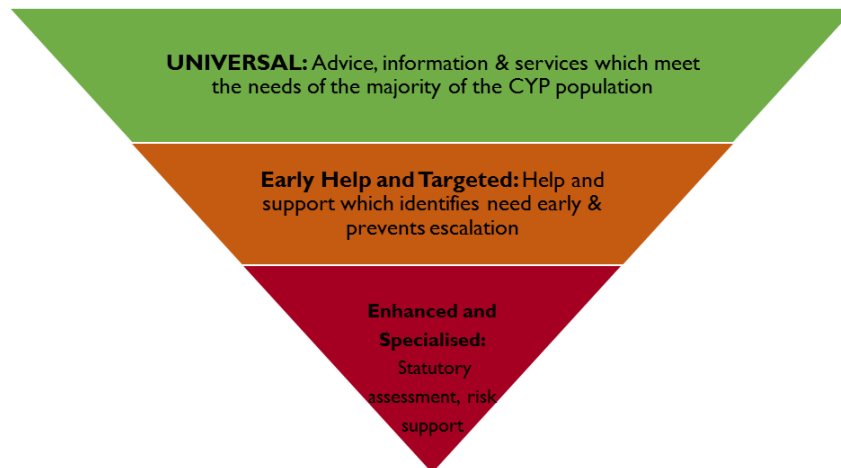
Confidentiality: Part I - Official

Purpose of Report

“Early Help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own.”
(Early Help in Plymouth, as defined by the city's Early Help Champions)

This initial business case sets out the ambition to transform how Early Help and Targeted Support for children, young people and families is delivered in Plymouth, through the creation of a neighbourhood network of 0-19 Family Hubs (provisionally branded “Plymouth Family”) and Targeted Support citywide teams. This business case has been directly informed by consultation carried out with families and professionals during autumn 2018.

The provision of Early Help and Targeted Support can be seen in the context of the diagram below which sets out the range of need in children and young people in the city. Early Help and Targeted Support reaches down into universal provision to identify families with emerging needs and aims to prevent escalation into enhanced and specialist statutory services, such as Children's Social Care. Targeted Support also reaches up into enhanced and specialist services to enable children and young people to step down from statutory offers.



The redesign of Early Help and Targeted Support represents an opportunity to take decisive steps in investing in the development of an integrated system for children and young people in the city, to work in true partnership to improve the experience and life chances of families. This is also an opportunity to identify families earlier who need additional support, to prevent their situation deteriorating. The proposal is to enhance existing good practice, for example, building on the legacy of SureStart for families with children aged 0-5, and the innovative approaches taken in the creation of Access, for children and young people with additional needs. It also draws upon the learning and experience of transformation programmes and projects in health and wellbeing services for adults and children.

In November 2014 Cabinet approved a programme of work, aiming to “*develop and deliver new models of working with schools, health partners and other agencies who work with children and families in order to create cooperative, collaborative and effective services that are integrated and sustainable*”.

This paper describes *what* is being proposed to achieve this; the ambition for the creation of Family Hubs and Targeted Support Teams, and the scope of the resource available to support this.

If Cabinet approve the initial business case, following a period of consultation and service design, a final business case in autumn will describe *how* this will be achieved; including a proposal for any procurement, contract and partnership arrangements.

Recommendations and Reasons

It is recommended that Cabinet approve the initial Early Help and Targeted Support Business Case and in particular the following actions:

1: **Engagement** to be carried out with children, young people and families and professionals (including schools), to cover the following aspects:

- Co-design the Family Hubs model to expand the use of Children's Centre's from a 0-5 year old offer to 0-19 year old Family Hubs, whilst retaining the specialism in Early Years and working with partners to deliver the 5-19 offer seamlessly to families. The partners will include currently commissioned services and the following in-house Plymouth City Council provision:
 - REACH function (missing children and those at risk of exploitation), prevention function of Youth Offending Team (YOT), Family Intensive Intervention Project (FIIP), Family & Community Solutions, Families With A Future (FWAF), Adolescent Support Team, Early Help Advice and Support, Community Youth Services and Crisis Intervention
- The name and branding of the proposed Family Hubs (during consultation in Autumn 2018, 74% of respondents liked the name Family Hubs, but this needs further testing):
- The location of future services and the neighbourhood coverage of these buildings (a map will be created to assist as a visual aid with the consultation,) including the completion of building surveys as part of the estates strategy:
- The location of the proposed Targeted Support teams and possible delivery sites including the completion of building surveys as part of the estates strategy:
- The interface with other built community assets such as Health and Wellbeing Hubs to maximise opportunities for the creative use of buildings.

2: **Hold co-design workshops** to begin to develop the service specification, outcomes framework and workforce development plan. This in turn will inform how effectively system partners are able to work collaboratively, which will determine any procurement options or other proposals for partnership arrangements. The workshops together with the consultation will be used to promote the idea that Family Hubs are a component part of the wider Early Help system for Plymouth. These workshops will also be delivered utilising the learning from research and local place based approaches such as the Together for Childhood pilot in Ernesettle.

3: Using the process and feedback from engagement as part of a statutory **consultation** (required by the Department for Education) where possible changes to the delivery of children's centres are being considered, including changes to the range and nature of services provided. Any consultation is required to explain how the local authority will continue to meet the needs of families with children under five as part of any reorganisation of services.

4: **Return to Cabinet** in Autumn 2019 with a detailed final business case to describe the outcome of the consultation and co-design activity, and recommendations for options for procurement and organisational models.

A number of commissioned contracts linked to Early Help and Targeted Support are expiring. These include the Children's Centres, young carers and Affected Others (which support young people with parents who have substance misuse issues). This represents an opportunity to reconsider how these services are provided, in a social and economic landscape which has changed significantly since they were first commissioned in July 2014. In addition, work is ongoing with the city's schools to review

what is offered through Early Help currently and what is required for the future. There is an opportunity to align this (and other approaches) to deliver a joined up approach for Plymouth.

There is a recognition that Early Help is within the gift of every organisation working with children, young people and families, and therefore this project provides an opportunity to better understand and develop the wider Early Help offer. The Early Help Champions have recommended the development of a toolkit for assessing the volume and quantity of Early Help that is being delivered by organisations across the city. The suggested Early Help self-assessment framework will also help develop an information set which can help develop the Early Help system and subsequent strategy, by identifying good practice and gaps in the system. This will be an iterative process and would give partners the opportunity to self-assess on a regular basis, as well as informing the detailed business case for the development of the Family Hubs.

Work with partners to integrate services in Plymouth is already proving to be transformative and successful in delivering improved outcomes. It is therefore critical to consider these services as part of an ongoing system-wide approach to meeting the needs of children, young people and families, rather than in isolation.

Alternative options considered and rejected

Do nothing – leaving existing services operating in relative silos would not further progress integration of the system for children, young people and families. Early Help and Targeted Support, if delivered effectively, should grow individual and community resilience, improve outcomes and reduce the need for more complex, intrusive and costly interventions.

Reduce the offer to families in Plymouth to achieve greater budget savings - In other areas of the country, significant cuts have been made to Early Help services, including the closure of a large number of Children's Centres. While these approaches have achieved savings in the short term, the mid to longer term impact in terms of unmet need is yet to be realised. Feedback from families tells us there are opportunities to improve how we deliver services in a sustainable way, to enable families to be supported while reasonable efficiencies can be made. Our system partners, including schools, tell us clearly that the provision of meaningful and well-co-ordinated Early Help is key to children's health, wellbeing, development and attainment. The LGA have recently published a research report¹ that supports the recommendation that a joined up approach is more effective at meeting needs.

Relevance to the Corporate Plan and/or the Plymouth Plan

The initial business case helps to meet the priorities under Caring Plymouth:

Our Priorities	Delivery of the priorities through this project
A Caring Council	<p>Keep children, young people and adults protected - this proposal aligns with the work of the PSCB and findings of Serious Case Reviews in considering how to improve understanding of contextual safeguarding for children and young people; knowing their communities and local needs, and supporting professionals in their competence and resilience.</p> <p>Improved schools where pupils achieve better outcomes - the</p>

¹ Key enablers in developing an effective partnership-based early help offer: final research report (LGA, March 2019)

Family Hubs approach will wrap around all those working with a child and their family, with schools and educational settings as a fundamental part of this system. The aim is for schools to feel more supported in working with children and young people where their needs are emerging or more complex; in turn this will enable children to focus on their academic attainment.

Focus on prevention and early intervention - the development of Family Hubs and an integrated Targeted Support offer will enable families needing help to be identified earlier and offered the right help at the right time.

Best Start to Life - by identifying need earlier and intervening more effectively to build family resilience, we will support children to have a better start to life, including being better prepared to start their Early Years and school provision.

People feel safe in Plymouth - the provision of Family Hubs will ensure that a network of “safe” buildings for families remains in the city, building on the legacy of Children’s Centres. These will be non-judgemental, friendly and welcoming places where families can seek help. The Family Hubs will work with locally registered “Safe Place” locations.

Reduce health inequalities - the needs analysis identifies clearly the needs as well as assets across the city. This will help us to determine where resources need to be focused in order to address health inequalities.

A welcoming city - Family Hubs will be communicated as available for all families with children and young people aged 0-19. We will ensure that any branding associated with the Family Hubs encourages families to feel welcome, whether they are experiencing difficulties or not.

Implications for the Medium Term Financial Plan and Resource Implications:

The current budget for all the services in direct scope of this initial business case is £7,414,783; this takes into account planned budget reductions for the 2019/20 financial year.

£7,414,783 includes the budget for a range of services providing Early Help and Targeted Support such as Children’s Centres (see Table 1). There is a need to ensure that the future budget for the service is sustainable and attractive to potential delivery partners, while enabling efficiencies through co-location of staff, shared assessment, planning and review tools, more efficient use of staff to prevent duplication of support to families (offering the right person at the right time). Any providers would also be required to actively seek other sources of income, working collaboratively to make joint bids (where appropriate) and accessing support of local VCS infrastructure organising where needed, to reduce levels of reliance on local authority funding.

It is proposed to achieve system savings in the first year of the new model in 2021 of 5%. The savings from Year 2 of delivery (2022/2023) onwards will begin at 4%, tapering by 1% per year for the next 3 years. This represents £1,050,840 of savings over a five year period. However, this does not include any savings which may be achieved in 2019/20 and 20/21 on existing services, prior to the new model beginning.

For illustration purposes the table below shows the indicative budget for delivery of the first 5 years of the new model. The final proposed budget and length of any contract will be determined in the final business case, following further consultation. There will need to be further consideration of the Targeted Family Support budget and which proportion of services will need to remain as part of the statutory social care offer.

Table 1 Proposed spend and savings table for the Family Hubs

Spend Area	2021/22 (Year 1) 5% savings	2022/23 (Year 2) 4% Savings	2023/24 (Year 3) 3% Savings	2024/25 (Year 4) 2% Savings	2025/26 (Year 5) 1% Savings	Total
Initial budget Family Hubs including Targeted Support*	£7,414,783	£7,044,044	£6,762,282	£6,559,414	£6,428,225	34,208,748
Savings	£370,739	£281,762	£202,868	£131,188	£64,282	£1,050,840
Revised budget	£7,044,044	£6,762,282	£6,559,414	£6,428,225	£6,363,943	£33,157,908

Note: *Includes budgets for commissioned services (Children's Centres, Young Carers, Affected Others, Young Person Substance Misuse) and in-house services including Targeted Family Support (Family and Community Solutions, YOT and REACH) and Parenting Programmes.

Department for Education (DfE) Clawback Costs

44% of the current designated Children's Centre sites (fifteen buildings) and outreach/satellite buildings (three buildings) will have received a DfE grant to build or renovate premises from where they are currently operating. A change of use of the Children's Centre buildings (specifically no longer being used for early years support) could have implications to pay back this grant. Finance teams are currently validating the clawback figures which will be included in the final business case and considered as part of the future use of the buildings.

Carbon Footprint (Environmental) Implications:

At present there are no environmental implications, but this will be monitored on an ongoing basis.

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

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

The proposal links to Child Poverty by ensuring that health and economic inequalities, needs and assets are recognised across Plymouth neighbourhoods. The network of Family Hubs will ensure a community based resource is in place for families to access, supported by a multi-agency team of professionals.

As part of the development of the Family Hubs, links will be encouraged with community police officers to share information about any emerging community safety issues and ensure an appropriate response is in place to address this.

The changes to the delivery of Early Help and Targeted Support aim to have positive implications on the rest of the system in Plymouth. The interfaces and interdependencies have been summarised in figures 1 and 2, such as the Wellbeing Hubs and the 0-19 CHWB & SEND Support Service.

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Early Help and Targeted Support Initial Business Case							
B	Equalities Impact Assessment (mandatory)							
C	Data Protection Impact Assessment							

Background papers:

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

This initial business case drew upon the following published papers:

- Family Hubs: The Future of Children’s Centres. Strengthening family relationships to improve the Life Chances of everyone. APPG on Children’s Centres (July 2016).
- Key enablers in developing an effective partnership-based early help offer: final research report (LGA, March 2019)
- Children and Young People Integrated Commissioning Strategy
- Early Help Strategy (currently being developed)
- Business Case for Wellbeing Hubs
- Other policy and literature from the CHWB&SEND procurement and business case

This initial business case included reviewing relevant practice and research to inform the strategic direction of travel. This process will be iterative and will inform the final business case.

Sign off:

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Originating Senior Leadership Team member: Anna Coles, Interim Director of Integrated Commissioning											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 28/03/2019											
Cabinet Member signature of approval: Jemima Laing Date: 21/06/2019											

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APPENDIX I

EARLY HELP AND TARGETED SUPPORT INITIAL BUSINESS CASE

I. BACKGROUND

There is rising demand for Children's Services nationally and locally, with increasingly complex presentations of need which are emerging in younger children, as well as adolescents. Social and economic strains on families mean we need to be innovative in how we engage and work with them. In Plymouth the expiry of a number of key commissioned contracts allows an opportunity to think differently about how services are provided and their effectiveness. In addition, budget pressures mean we need to maximise the effectiveness of every pound of public money in delivering good quality services, and increase the focus on prevention, designed to reduce need, intervene early and deliver both better outcomes and reduce demand for specialist services.

Plymouth has a range of services in place which already work well with families; these are embedded in communities, trusted by families and have an in depth understanding of local needs. These include the city-wide network of Children's Centres, which deliver a range of provision from drop in groups to more intensive support for families with children aged 0-5.

Plymouth also has a strong history in recent years of working collaboratively with partners to think creatively and overcome organisational boundaries to try new approaches. Recent successes include the development of Access, a multi-partner approach (Plymouth City Council, Livewell Southwest, University Hospitals Plymouth) to supporting families with children and young people with additional needs. This work has developed a shared "front door", and multi-disciplinary team approach to considering who is most appropriate to work with the child or young person.

In 2018, a contract was awarded to Livewell Southwest to deliver community health, wellbeing and SEND support services across Plymouth. This procurement aimed to build upon the existing integration work to improve system working. It provided a mechanism for services to be developed with a focus on the offer for prevention, supporting resilience and providing the right support at the right time, moving the system towards prevention and early help.

Other partnership working in relation to Early Help and Targeted Support has included the Vulnerable Children and Young People System Optimisation Group (VCYP SOG), Maternity and Early Years SOG (MEY SOG) and SEND Strategy Steering Group, all reporting to the Children and Young People System Design Group (CYP SDG). These are groups of system partners who meet regularly to discuss system issues as they arise for children and their families and the configuration of services to best meet need; these are the key group of partner stakeholders in relation to this initial business case and relationships are well established. This partnership working has attracted other projects that are of national significance such as the NSPCC's Together for Childhood and Barnardo's Care Journeys Partnership.

2. THE CASE FOR CHANGE

There are challenges to fully effective partnership working in Plymouth; families tell us the current Early Help and Targeted Support offer is fragmented and confusing, delivered by different providers in different buildings, using a range of approaches. The offer for families with children aged 0-5 is distinct from those for families of older children and young people,

which is not helpful when families have children with a range of ages and needs. The delivery of support is not always sequenced or coordinated effectively, so families may feel they are receiving services in a way that is overwhelming, risking duplication, or conversely feel they are left unsupported or passed between services.

Professionals working with families describe not always knowing where to go for advice and discussions about sharing and managing risk, and navigating multiple referral pathways, referral forms or thresholds to access services. Schools are often unclear about what support is available to enable them to manage needs in a community setting. The consultation process recommended by this business case will help to inform a communication plan around the new offer to ensure everyone knows what the Early Help and Targeted Support offer is and where to access it including the online offer through Plymouth Online Directory (POD).

Currently we are not consistently intervening early enough to be able to prevent escalation of need; indicators include the numbers of children and young people entering the care system, the rate of exclusions from schools, first time entrants to the criminal justice system and a cohort of children and young people escalating into crisis, at significant emotional and financial cost. As a result, the resource available is at risk of being diverted away from Early Help into managing more costly crisis responses, further compounding the challenges of identifying and reducing need early.

Other areas of the country are finding new ways to work with their families which is having an impact; for example North Yorkshire's "No Wrong Door" flexible and child-focused offer of support has been effective in reducing emerging crisis and has been recognised by Ofsted as a positive approach. The local authority has subsequently seen a 15% reduction in the numbers of children and young people entering the care system. Locally, ACCESS is working towards this developing these processes in Plymouth with partners such as PCC, UHP and Livewell Southwest. Going forward we would seek to align the Plymouth Excellence Cluster (PEC) intake meeting for the Multi-Agency Support Team (MAST) with ACCESS. In terms of Alternative Complimentary Education (ACE), these alignments will be developed through closer partnership working.

Another challenge locally is in relation to the geographical configuration of services; currently the Children's Centres are organised over six "clusters", but these do not align to the health localities in Plymouth. This can act as a barrier to integrated working and we also know that people in some isolated parts of the city won't travel to a resource so we need to develop a more flexible delivery model to reach as many people as possible.

There is an opportunity to do something transformative to improve the experience and outcomes of children and young people by taking a whole family approach to Early Help and Targeted Support and supporting professionals to work together, raise the aspiration for all Plymouth children and young people to have the Best Start to Life, access the support in the right place and the right time and manage risk in a sustainable way. There is a need to create friendly, bustling, safe spaces where families feel comfortable to engage, whether they have a toddler or a teen. Our system partners are keen to join us on this journey and work together to enable change.

3. EXISTING SERVICES

Early Help and Targeted Support are currently delivered through a mix of in-house, externally commissioned services and non-commissioned offers. The offer to families with

children aged 0-5 is well coordinated through Children's Centres, however the offer for older children and young people is more scattered across different services and agencies. There is also a lack of coordination of services around families who have children who range between 0-19 yrs. The current service provision is shown in Figure 1 below.

Figure 1 Current Early Help and Targeted Support Offer, Interfaces & Interdependencies

<p style="text-align: center;">INTERFACES</p> <p>Education, Participation & Skills incl. SEND; Transition Pathway; ACCESS; EH in Schools; EP; Inclusion, attendance & Welfare; SAL; CME & EHE^α</p> <p>Community Health Wellbeing & SEND Support Service incl. HVs, School nurses & CAMHS*</p> <p>Primary & Secondary Care incl. CHC</p> <p>Maternity & Midwifery*</p> <p>CDC incl. Circle of Security</p> <p>Wellbeing Hubs incl. IAG, social action & capacity building, social prescribing*</p> <p>The Box / Libraries^α</p> <p>Community Connections incl. Community Centres, Youth Service & Housing^α</p> <p>Nurseries & Early Years settings incl. Excellence Centres*</p> <p>Schools / Colleges / Universities / PEC / ACE</p> <p>Adult Education incl. Careers SW & On Course SW*</p> <p>DWP / Job Centre Plus EHWB in Schools incl. HR*</p> <p>Gateway^α / OOHs^α / CSC incl. ARC Panel^α / ASC*</p> <p>Criminal Justice incl. CARA/VISTS, Probation, Child Centred Policing, Community Champions, Citizens in Policing, Victim Care & Pathfinding Team</p> <p>DA Services incl. PDAS & SARC*</p> <p>Sexual Health & CSE incl. TfC, BASE, First Light & Barnardo's CE Pilot</p> <p>Integrated Care Partnership incl. Perinatal MH, Adult MH & IAPT*</p> <p>Complex Lives Alliance*</p> <p>Military Support Services</p> <p>STP Family Unit*</p> <p>VCSE incl. MH services*, Mentoring & Counselling Advocacy for LD parents & YP*</p> <p>PAUSE Programme*</p>	<p style="text-align: center;">EARLY HELP & TARGETED SUPPORT OFFER</p> <p>Children's Centres*</p> <p>Parenting Programmes^α</p> <p>Reducing Parental Conflict (one-off DWP grant funding £25,100)^α</p> <p>Youth Offending Services^α</p> <p>Family Support^α</p> <p>FIIP^α</p> <p>Family Group Conferencing & Mediation^α</p> <p>REACH^α</p> <p>Time4U incl. Young carers*, Affected Others* & community youth service</p> <p>YP substance misuse service incl. Hidden Harm training*</p> <p>FWAF Programme^α</p> <p>Targeted Youth Services^α</p> <p>Creative Solutions^α</p>	<p style="text-align: center;">INTERDEPENDENCIES</p> <p style="text-align: center;">CYP WFD</p> <p>EH Champions / Strategy</p> <p>PCSB / HSB Champions</p> <p>Crisis Care Summit / Complex Families Pilot Evaluation</p> <p>Changes to Ofsted school inspection framework</p> <p>PSCB incl. Transition, UCAS applications, NEET, EfC, White pin map & carers passports</p> <p>Funding & Research e.g. SUSTAIN and Family Vision</p> <p>Legal Aid changes</p> <p>Together for Childhood incl. Empower Plymouth (Healthy Relationships)</p> <p>Adult Education incl. ESOL</p> <p>Plymouth Trauma Network</p> <p>VCS incl. POP+, PNCN, Social Clubs, Leisure Facilities & Foodbanks</p> <p>Young Person's Patient Council</p> <p>Intergenerational projects e.g. nurseries twinned with care homes</p> <p>Healthwatch</p> <p>Safer Plymouth / OPCC / DA System Leadership Work</p> <p>CYP Delivery Plan incl. EH Strategy, CSC Transformation & TS Restructure</p> <p>Child Poverty Action Plan</p> <p>Participation Strategy</p> <p>Prevention Concordat</p> <p>Substance Misuse Working Group</p> <p>Trusted Assessor</p> <p>IT incl. POD, Our Plymouth, The Way We Work, CYP dashboard</p> <p>STP Programmes incl. CYP; ante-natal & b/feeding support; Prevention & IT</p> <p>16-17 yr. old Joint Housing Protocol</p> <p>Care Leavers Partnership</p> <p>Children's Centre Leases & Buildings T&F Group</p> <p>Loneliness Action Plan</p> <p>Places of Safety / Social Mobility</p>
<p style="text-align: center;">ASSESSMENTS & TOOLS</p> <p>EHAT, EHC Plan, SDQ, CE Screening (Police use Children's Society CE Tool, Barnardo's Boys Too toolkit), pre-birth, FMSA, FIIP assessment, FGC Family Plan, Single Assessment, Risk & Vulnerability Matrix, DUST, PACE, 0-19 mandatory checks and associated tools</p>		
<p style="text-align: center;">KEY</p> <p>* Commissioned Services either by PCC or CCG or jointly</p> <p>^α Internal PCC Services</p> <p>NOTE: this list of interfaces and interdependencies is not exhaustive but demonstrates the complexity of the system</p>		

Table 2 shows the budgets for the services currently delivering Early Help and Targeted Support and the associated numbers of staff.

Services within Scope	Budget 2019/20	No. of Staff*
Targeted Support (FIIP, Adolescent Support Team, Crisis Intervention)	£2,430,506	70.39 FTE
YOT (part of Targeted Support offer)**	£351,138	16.3 FTE
Family & Community Solutions (part of the Targeted Support Offer)	£375,486	9.03 FTE
REACH	£192,858	4.3 FTE
Community Youth Service	£547,157	14.38 FTE
Parenting Programmes (PIAS)	£254,023	7.49 FTE
Barnardo's Youth Carers	£99,950	3
Affected Others	£38,069	1
YP substance misuse including Hidden Harm Training	£243,122	5
Children's Centres	£3,540,378	138

Note: * PCC staff numbers to be confirmed with HR following the Targeted Support Review and commissioned services estimated staff numbers. **The YOT budget is funded by partner contributions, including the contribution from the LA. The LA contribution has been included in the above calculations.

4. PROPOSAL – EARLY HELP

It is proposed to deliver an effective integrated Early Help offer by making the best use of the current children's centre estate (currently 15 Children's Centre and 3 satellite sites) to create a network of community-based Family Hubs¹, offering support to children and young people aged 0-19, their families and carers. The Family Hubs are a logical progression for Children's Centres to maximise existing, trusted community resources.

Citywide network of Family Hubs, offering:

- Health and Development
- Employment Support and Childcare
- Relationship support for family stability
- Supporting families with complex needs

The development of Family Hubs is based on the following system principles:

¹ Family Hubs: The Future of Children's Centres. Strengthening family relationships to improve the Life Chances of everyone. APPG on Children's Centres (July 2016).

1. **Prevention is a fundamental aspect of provision** - prioritising early identification of children and young people's needs and risks to health and wellbeing to help avoid illness or harm.
2. **Early help should be embedded across the system** – children, young people & families offered help and information early in their life and in the development of specific health, care and/or educational needs.
3. **Innovation & evidence based provision** - we will continuously strive to improve the lives of children and young people through innovation and ensuring the best practice and current evidence of what works is used by existing practice and systems.
4. **Sustainability is key** - Using early help to help drive sustainability of the system and also ensure efficiency and effectiveness through technology and good workforce management.
5. **Systems should be responsive & accessible** - responding to the changing population needs, designed with children, young people & families and delivered at the right time and place.
6. **Services should be personalised & use a strengths based approach** - developing choice and control for children, young people & families using information to personalise the response.
7. **Build upon the strength and resilience of individuals, families & communities** - value and enable the role of families and communities in developing and sustaining happiness, wellness, health, and safety. Empower children, young people & families to help themselves, build resilience and safely manage risks.
8. **Systems & services should be integrated** - a common focus on delivering outcomes for children, young people & families within a coordinated experience and manage risks. There is 'no wrong door' and professionals are able to work across the system to deliver the best possible service including sharing information to develop and deliver effective practice.
9. **Trauma Informed Models of Working** - A trauma-informed workforce will deliver an integrated response to trauma recovery, using a whole family approach. This will incorporate relationship based working, Adverse Childhood Experiences (ACEs) and other vulnerabilities as part of the ethos.

The four key areas for the Family Hubs model are further described below:

Health & Development - Building on Children's Centres' current role in early intervention, particularly early years where support has the biggest impact on long-term outcomes. Supporting the health and development of children aged 0-5 will be integral to the offer, with services ideally provided on a universal basis where this is feasible.

Employment Support & Childcare - Building parents' confidence is a crucial element of effective employment support. Family hubs will deliver learning opportunities and support, as they represent a friendly, non-threatening environment. This aspirational culture can encompass broader provision to benefit children's outcomes, linking with local employers, Jobcentre Plus and provision of early education and childcare.

Relationship Support for Family Stability - The quality of the parental relationship can have a significant impact on children's development. Family hubs are well placed to deliver relationship support such as couple relationship counselling and courses and parenting support. The relationships approach should also be embedded across Family hub staff and partners including appropriate training to have the right kinds of conversations with parents. Voluntary sector organisations with a proven track record of best practice could be co-located or signposted to from family hubs.

Supporting Families with Complex Needs - The family hub model would offer valuable benefits, bringing together professionals and helping to embed shared approaches, particularly those on the edge of needing specialist support. Lessons will be learned from the FVAF programme, to support families before crisis point.

The Family Hub model is a 'one-stop-shop' for families with children of all ages, offering support and signposting. Therefore, adoption of this approach would satisfy the statutory duties subscribed within the Sure Start Children's Centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus April 2013 and enhance the provision by widening their scope to include older children. The model will follow the i-Thrive Framework².

The locations of Family Hubs would need to align with local need and the most effective children's centre buildings, whilst recognising the interfaces with the Wellbeing Hubs and other community services to improve outcomes. The relative location of the city's schools is also important in building a visible network of support for children, young people and families and professionals. The future Saltram Meadows housing development is being considered as part of the estates strategy.

Co-location of staff will be central to the success of multi-agency working within the Family Hubs; this may be on a permanent or "hot-desking" basis. Family Hubs would need to function collaboratively with the proposed network of Wellbeing Hubs and other community assets such as schools, to ensure a "no wrong front door" approach to the system. There will also be opportunities to develop reciprocal arrangements for inter-generational working by engaging with grandparents or retired volunteers to work with practitioners and parents/carers to support families to realise their full potential. This will be part of the drive to reduce loneliness as part of the city's Loneliness Action Plan.

The Family Hub model would be underpinned by the use of the Early Help Assessment Tool (EHAT) to assess, share information and request involvement from early help services. The Single Assessment will continue to be utilised for families where concerns have escalated to statutory level, drawing on the information already gathered in the EHAT. An Early Help outcomes-based plan and review process would be the method of monitoring progress for children and young people, with a system outcomes framework for partners, to ensure that visibility of need and the impact of interventions is known. The Lead Professional role will be central to completion of the EHAT and the subsequent development and monitoring of the outcomes plan and stepdown.

² <http://www.implementingthrive.org/about-us/the-thrive-framework/>

Family Hubs would enable universal service provision to reach up, and targeted support provision to reach down, to provide wrap-around support for children, young people & families. This would not require all interventions to be delivered on site, but would enable the Family Hubs to be used as a base for professional networking, co-location and working creatively as one “team”. The aim is for Family Hubs to feel welcoming and supportive; places where families know they can go for help without feeling judged or stigmatised. The Family Hubs should also be seen as places that empower and support the communities to promote positive outcomes as well as address need e.g. peer support and Information Advice and Guidance (IAG).

Children, Young People and Families could access Family Hubs by simply walking into any building, or by being signposted from their child’s school or via a professional or member of their community, but receive support wherever is most comfortable and appropriate for them. The contact information would be available to families online if they wanted to make contact using other methods e.g. email or telephone. This flexibility of delivery will help to ensure maximum engagement with services by families from isolated communities and encourage outreach delivery into the community.

There would be opportunities for health partners, VCS organisations, services supporting schools and other interested partners to deliver activities and interventions from the buildings for children, young people & families, via staff or volunteers including peer supporters. We would expect Family Hubs and other related staff to be appropriately skilled and knowledgeable in order to support families and have a trauma informed approach to their interactions from the first point of contact. In addition to the four key areas for the Family Hubs above, the multi-agency approach will assist with planning of key childhood transition points from pregnancy onwards through all education phases, improve school readiness and work with schools to improve attendance and attainment of pupils.

5. PROPOSAL – TARGETED SUPPORT

Targeted support offers a more intensive level of support for children, young people & families with complex needs, either over a short or longer term period of time. These services aim to reduce the need for statutory intervention, improve better outcomes and reduce trauma for children and young people, but also to identify those families where change and improvement are more difficult to achieve and sustain.

It is proposed to create a small number of Targeted Support Teams; located so that they work across a city-wide footprint. These would be an opportunity for co-location of practitioners working with more complex families in order to work creatively together, including shared assessments of need and risk, to ensure that any service offer is collectively managed and sequenced by a multi-disciplinary approach.

Families could be referred to the Targeted Support teams via Access, the Gateway/Hub, or via the Family Hubs. All requests for support would be triaged using a multi-disciplinary team approach to consider who would be most skilled to work with the child or family.

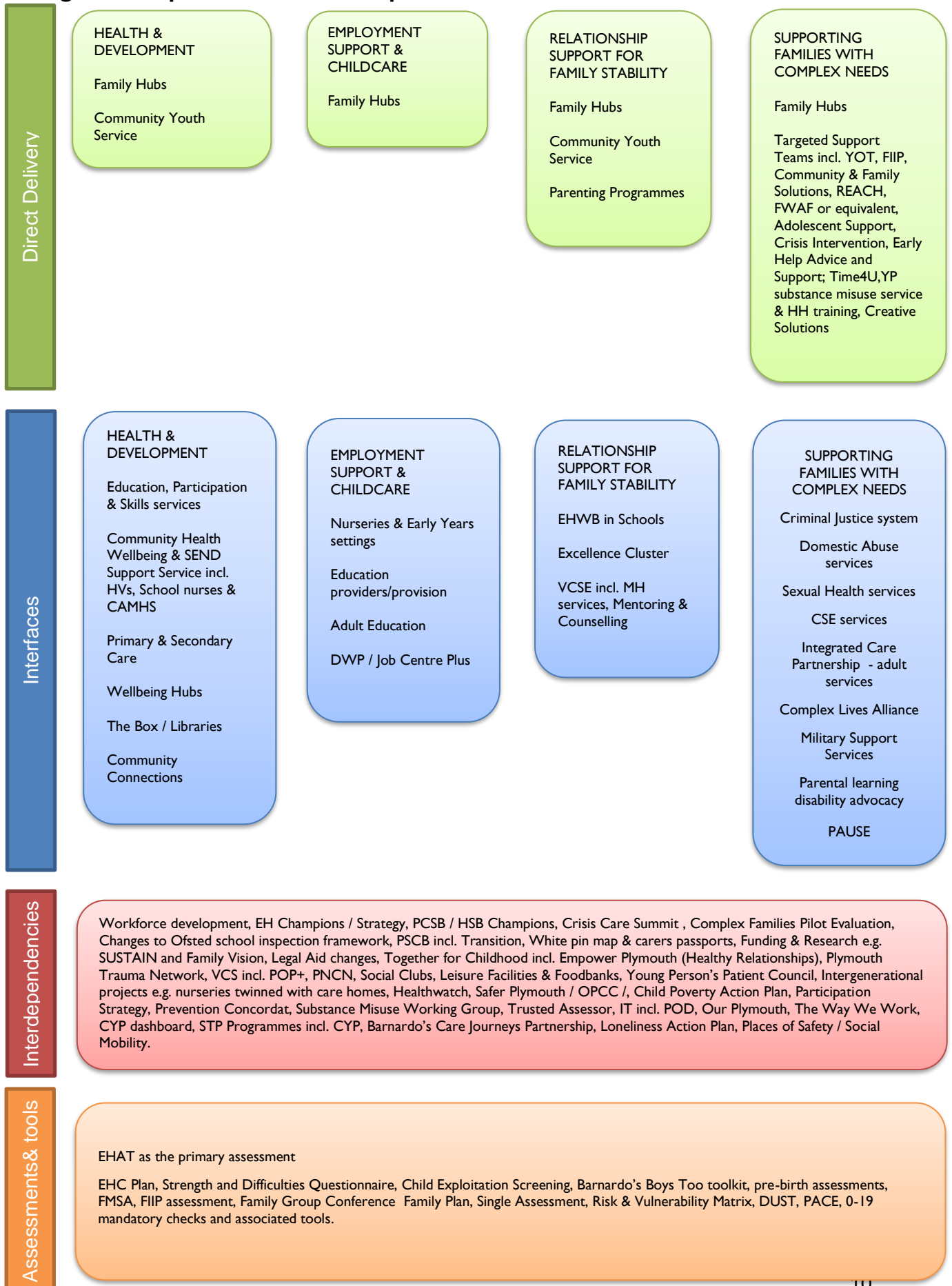
Professionals will be deployed from the Targeted Support Teams on the basis of need to support Family Hubs staff and deliver interventions to families in the community, including in family homes, Family Hubs or other community sites such as schools. Services would not be delivered where the Targeted Support Teams are located to avoid possible stigmatisation of families accessing the associated buildings. The Targeted Support Teams would offer

services such as crisis response to prevent escalation, either for individuals or communities, as well as an interface with related services such as the Complex Lives Alliance.

The learning from the development of the Wellbeing Hubs, 0-19 CHWB&SEND Support Service mobilisation, Together for Childhood pilot, Supported Living Positive Behaviour Support pilot and the Complex Lives Alliance will be utilised to inform how we work with our partners and communities. The Early Help and Targeted Support offer will allow for any future national Early Help programmes to align with our model such as the next phase of FWAF programme.

The figure 2 below shows the services in scope of the new model of delivery.

Figure 2 Proposed Services in Scope



6. ESTATES STRATEGY

Currently there are fifteen Department for Education “designated” Children’s Centre sites and three satellite sites used to support service delivery of sixteen Children’s Centres; initial building surveys have been carried out on these sites. More in depth surveys will be carried out as part of the development of the final business case.

Early indications from the estates strategy has told us that twelve of the current children’s centre sites could continue to operate and be developed into 0-19 Family Hubs. We would also consider the use of a number of satellite sites to support local service delivery.

We are considering the relocation of the Children’s Centre “designation” on two sites and whether these could be transferred to other existing Children’s Centre sites; this would apply to two Children’s Centre’s because the current buildings are not fit for purpose as Family Hubs due to being relatively small and unsuitable. It is permissible under DfE guidance to combine more than one Children’s Centre designation onto one site; an example of this was the bringing together of Lark and Popin Children’s Centres in North Prospect – although based in one building the Children’s Centres have different geographical footprints for delivering services to families.

One other Children’s Centre building could be used to accommodate a Targeted Support Team as it is better suited to office accommodation than a Family Hub. Other buildings have yet to be identified as possible Targeted Support and Family Hub locations. There may be opportunities for efficiencies by co-locating staff from other sites into fewer buildings where we are currently paying rent and other charges.

The position is summarised below:

Current position	Possible future position (to be confirmed in final business case)
12 current Children’s Centre buildings	Develop into 0-19 Family Hubs
1 current Children’s Centre building	Develop into a Targeted Support team building
2 current Children’s Centre buildings	Transfer the Children’s Centre designation to other Family Hub sites and release the buildings
3 satellite sites	Consider whether these are fit for purpose and what else is needed
	Identify an additional Targeted Support team building
	Identify other buildings where teams are currently located which may not be needed as teams integrate and co-locate

As part of the proposed consultation, Facilities Management will further consider more in-depth building surveys, the cost of running the buildings, and any maintenance work needed to bring them up to date. The evaluation criteria and space requirements (see Appendix 2) will be used in these surveys which were developed using feedback from the consultation in

autumn 2018 (see Appendix 1) and knowledge of the services required. This will help to determine which sites would operate most effectively as Family Hubs and which could house the Targeted Support Teams. However, other delivery sites may be considered as part of the consultation.

The Estates Strategy will also develop an understanding of the physical community assets available alongside the existing buildings. The community asset maps include schools, Wellbeing Hubs, nurseries, libraries and Children's Centres and will be shared as part of the consultation. There will be an emphasis on the expansion of the utilisation of other community assets as part of the development of Family Hubs. This will support the flexibility of delivery of services to our more isolated communities.

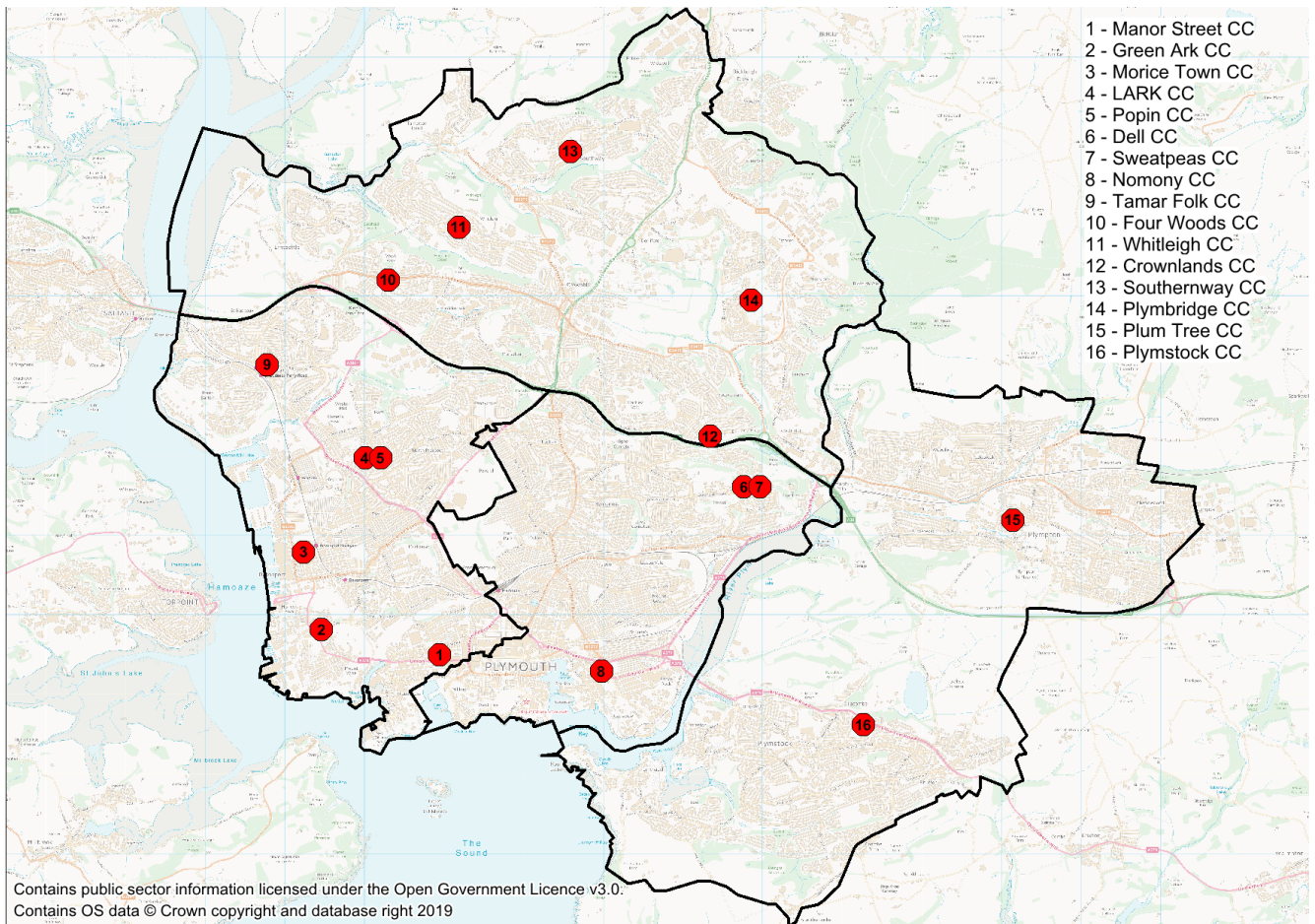
The overall efficiencies from the estate strategy will be included in the final business case when the consultation and building surveys have been concluded. The DfE clawback for capital funding may have implications on the change of use of some of the Children's Centre buildings so this will need to be considered as part of the estates strategy.

7. EVIDENCE FOR CHANGE – NEEDS ANALYSIS

A needs analysis has been carried out, using profiles for each neighbourhood and grouped by locality. This covered a range of indicators including measures to represent the locality demographic and the four key areas of health and development; employment, support and childcare; relationship support for family stability and supporting families with complex needs. The summary headlines from each locality is summarised below, whilst the needs analysis will be published as a supporting paper to this initial business case (see Appendix 3).

Health Locality Map

Figure 3 Map showing the current Children's Centres against the Health Locality boundaries.



Note: The West Locality has recently been "divided" into two community health teams with the southern boundary of the Wolseley Road; 'Beacon North' includes Barne Barton, St. Budeaux, North Prospect, King's Tamerton and Beacon Park and; 'Beacon South' includes, Keyham, Ford, Morice Town, Devonport, Stonehouse and Stoke.

East locality

The locality has a lower deprivation score compared to Plymouth. Overall, the measures for this locality show more favourable results when compared to the Plymouth average. In the locality there tends to be better educational and healthy lifestyles outcomes, however the locality shows a mixed picture (similar to the city) for self-esteem, resilience, young carers and using substances & alcohol.

North locality

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. In the locality there is a mixed picture around healthy lifestyles and safety, with a higher proportion of pupils reporting being a victim of violence or aggression in the area they live, but a lower proportion of violence in the home. In the locality there tends to be a higher proportion of adults with no qualifications.

South locality

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. Across the locality there are better healthy lifestyles outcomes with a higher proportion of children with a healthy weight in reception and year 6 and a lower proportion of pupils reporting use of substances, alcohol and cigarettes. This locality also has a lower proportion of adults with no qualifications, however it should be noted that University of Plymouth is situated within the locality. The locality has a higher under 18 conception rate and proportion of families with young children that have separated or divorced in the last year. A number of neighbourhoods experience a lower life expectancy.

West locality

The locality has a higher deprivation score compared to Plymouth. Overall the majority of indicators across all four key areas show an unfavourable picture when compared to the Plymouth average. However there tends to be a higher proportion of children registered with a children centre and a lower proportion of pupils reporting drinking alcohol. There is a mixed picture around safety due to the locality having a number of neighbourhoods with high or low proportion of pupils being a victim of violence or aggression in the area, and the same pattern exists for violence at home. In the locality there tends to be a worse outcome for healthy lifestyles and a higher proportion of the families are vulnerable.

8. EVIDENCE FOR CHANGE - OVERVIEW OF PROVISION IN OTHER LOCAL AUTHORITIES

As part of the development of the initial business case there has been a review of other local authority practice relating to Family Hubs, Children's Centres and Early Help offers, particularly for families with 0-19 year olds. The LGA EH research report also refers to models in several local authorities³. Some examples of these are shown below:

- Essex County Council – Child and Family Wellbeing Service for children from 0 to 19 (or 25 for young people with SEND) is commissioned jointly with health. The service is delivered through a combination of Family Hub and delivery sites.
- Leicestershire County Council - Early years support for children under 5 and targeted whole family support for children aged 0-19 through integrated service delivery.
- Isle of Wight Council – Barnardo's deliver locality based Family Centre's for families from conception to teenage years. There is support on site, short and long term family support available.
- North Yorkshire County Council - CSC Service has become the first in the country to be rated "outstanding" in all areas by Ofsted, after achieving a 15% reduction in the number of young people taken into care and savings of about £5m. This achievement has been credited to preventing families from reaching crisis point

³ Key enablers in developing an effective partnership-based early help offer: final research report (LGA, March 2019).

rather than waiting for a family to be in crisis. The Minister for Children and Families, Nadhim Zahawi, said the successes at North Yorkshire should be replicated at councils around the country.

- Reading Borough Council – Children’s Centre’s have recently been commissioned into four clusters and families can access a wide range of services including speech and language, SEND support, parenting support, school readiness opportunities and benefits checks etc.
- Kent County Council – combination of Children’s Centre’s and Youth Hubs in each district to deliver the universal and EH offer and the intensive family support to offer more targeted support. A focus on the development of partners’ distinctive role of Early Help.

9. EVIDENCE FOR CHANGE – FEEDBACK FROM FAMILIES AND PROFESSIONALS

In autumn 2018 a consultation was carried out with families and professionals to test whether the model of Family Hubs and Targeted Support Teams was an appropriate way of delivering Early Help and Targeted Support.

The consultation comprised an online survey, visits to seventeen Children’s Centre’s or Satellite Sites across the six clusters and visits to relevant strategic meetings (e.g. SOGs, PSCB MACSE, CSPB, Young Carers conference etc.) to discuss the consultation and participation in the survey.

The Early Help and Targeted Support public consultation opened on the PCC consultation portal on September 5th and closed on 31st October 2018. There were over 244 responses received; 129 responses from families and 95 responses from professionals. Commissioning and Early Years completed the family survey with 57 families. Some families chose to complete the survey themselves and send responses direct through the Children’s Centre’s.

Both professionals and families broadly agreed with the direction of travel towards the Family Hubs (see Appendix I for more detail):

- Both families and professionals agree that services should be delivered in a variety of settings. The setting will be dependent upon the service and the individual circumstances of the family.
- Friendly, non-judgemental and welcoming environments with staff that families were familiar with were vital to them feeling safe and happy seeking help. Therefore, the retention of the universal offer will be important to continue to build this trust so that help can be accessed at the earliest point, if required.
- There is a need for better access to information about the offer and how to access it locally.
- Partnership working between Family Hubs and other local community provision can be maximised by having good communication, clear pathways and opportunities to joint work cases / share skills.
- The offer could work with schools by inviting them to be part of local multi-agency stakeholder meetings, good communication, allowing direct referrals and having a link with the local Family Hubs.

- There were concerns raised which related to needing more clarity on the proposed model (for professionals), communication about changes and ensuring adequate resourcing for the offer.

10. HIGH LEVEL PLAN

Activity	Date
Cabinet	TBC (June)
Plan and deliver consultation on final delivery model (including buildings)	July - September 2019
Cabinet for approval of final business case	November 2019
Co-design specification with partners	September - November 2019
Prepare for procurement	December 2019- January 2020
Launch procurement	February 2020
Procurement close	May 2020
Evaluation	May-June 2020
Contract(s) awarded (Cabinet)	September 2020
Contract(s) mobilisation	September 2020 - February 2021
Contract(s) start	March 2021*

Note: *There will need to be negotiation with incumbent providers to ensure there is no gap in provision.

This may involve seeking exemptions to extend existing contracts.

11. RISKS & IMPACT

Description	Mitigation of Risk
Financial savings required prior to implementation of the new model may compromise the delivery of the future Early Help and Targeted Support offer	<p>Risk assess proposed efficiencies to ensure future delivery is not undermined</p> <p>Co-design the specification for the new service to ensure partners are engaged in and understand future requirements</p>
IT has a 3 month lead in time and secure links are required by some partners to work effectively	<p>Ensure that the transition period to the new model of delivery is at least 3 months to account for the lead in time with IT infrastructure.</p> <p>Include IT requirements in the estate strategy evaluation criteria to see if the buildings have the capability for IT including tele meeting / teleconferencing facilities.</p>
Partner capacity and interest in the opportunity to bid for or be involved in the new model may be limited	<p>Ensure that partners are engaged with in a meaningful way to support the design of the new model and the service specification.</p> <p>It is also proposed (subject to Cabinet approval in autumn 2019), to begin trialling some new ways of working during 2020, to begin the process of moving to the new model. This will support staff to engage effectively.</p>

12. CONSULTATION FINDINGS

Family survey quotes:

1. *“Family hub sounds great, love the idea of wellbeing for the family in a one stop shop.”*
2. *“I love the idea of consolidating groups / support together. However if it means closing down Children's Centres / Groups I feel it will limit many parents. I have already had to move the Chatterbox from Chaddlewood which was walking distance to having to catch the bus. to the Ridgeway which some weeks I am unable to attend due to finances. I have noticed some weeks the groups busy and others it's not. So I think limiting groups would restrict parents.”*
3. *“Only concern is mixing age groups - not only for baby, could be intimidating if teenagers hanging around outside centre”*
4. *“There are potential issues around the portrayal of the family hub as somewhere to seek support while Children's Centres are for the social element and for education and fun. People may only think the service is to be accessed if you have a problem while the benefits are currently universal. It is a great place to socialise for children and parents to play and bond and become aware of other services via the centre”*
5. *“Like idea of Family Hub - Probably invite more people to come around. Perspective of current Children's Centre maybe focuses more on mums as opposed to dads”*

Professional survey quotes:

1. *“It looks like a comprehensive and well thought through integrated service model and I like that the emphasis is on the wellbeing of the children and young people. Furthermore having the Targeted Team located separately from the Family Hubs to avoid stigmatisation is a good idea.”*
2. *“Priority should depend on need but pragmatically might depend on suitable premises.”*
3. *“Develop shared understanding of different teams' ways of working, time to formulate and understand the issues presented as opposed to being directed to complete a targeted piece of work.”*
4. *“When asked about their main concern a person who did not agree with the approach commented “Not having the staff, expertise or resources to manage the increased workload.”*
5. *“Whilst I am unable to support the offer at this stage as it is unclear in the Consultation Document of the overall impact. Management must at least know the planned logistics, more detail needed.”*

The key findings from the family surveys were as follows:

1. There were responses from families with children and young people in all age groups 0-19, however, the largest number of responses were from families with pre-school children.
2. 74% of respondents liked the name Family Hubs.
3. 82% of respondents either strongly agree or agree with the direction of the Early Help and Targeted Support offer described in the consultation.
4. The most popular preferred place to receive services was Children's Centres; followed by home; a community setting or another place such as libraries and community centres, although many responded that venue would be dependent on the service being delivered.
5. Responses as to what would make the Early Help and Targeted Support offer attractive to families so that they felt safe and happy to seek help included a welcoming non-judgmental environment with spaces to talk privately; friendly, familiar and knowledgeable staff; online/accessible information available about services; services that are available outside office hours and close to home.

6. Responses of how to improve the Early Help and Targeted Support offer included offering more local group sessions including specific needs/universal/age groups/ all groups; opportunities for parents to network; effectively communicating offer; and working with existing providers.

The key findings from the organisation surveys were as follows:

1. Responses were from local authority services, private providers, Voluntary and Community Sector providers, Health providers, primary, secondary or special schools, Early Years providers, Youth Services provider and other organisations.
2. 76% of respondents either strongly agree or agree with the direction of the Early Help and Targeted Support offer described in the consultation.
3. Respondents were able to identify gaps in the proposals which have been broadly categorized under themes which included: Employment for families, Housing, Early Years, Workforce, Family Hub Locations, Youth Services, implementation of model, interfaces with other service provision, Complex Needs, IT, Education and EHAT.
4. Comments relating to how we can maximise partnership working between the family hubs and other community based provision included improved communication, co-location, partnership working, engagement with stakeholders, sharing good practice, adequate resources and maximizing IT.
5. Suggested priority areas for the progression from Children's Centres to Family Hubs included: focus on targeting vulnerable families, maintaining an early help focus, Maternity & Early Years; mental health; engagement with partners and families and transition.
6. The majority of respondents thought that services should be delivered within the family home; followed by Children's Centres; within a community setting; or another place.
7. Responses on how the Early Help and Targeted Support offer could work with schools included suggestions such as schools being part of a stakeholder group meetings, improved communication, a linked worker/hub from Early Help and Targeted Support for each school, direct referrals from schools, school based interventions and clarity on processes.
8. Main concerns raised included clarity on processes, suitability of premises, communication and resourcing.

13. ESTATE STRATEGY

Evaluation Criteria:

1. Space
2. Accessibility
3. Financial sustainability - services
4. Opportunity costs (value that could be released - revenue or capital - if not used)
5. Delivery of statutory requirements
6. Long term sustainability
7. Transport Links
8. Other services already in the building which would enhance the hubs offer
9. Levels of use by the public
10. Proximity to other well used public or commercial services, such as shops
11. Lack of alternatives in the vicinity
12. Acceptability to the community
13. Versatility of the space
14. IT accessibility/connectivity
15. Video conferencing/teleconferencing facilities
16. Suitability for Targeted Support Teams (no public access required)

17. Suitability for Family Hub

<p>Space Requirements:</p> <ol style="list-style-type: none"> 1. Office Accommodation <ol style="list-style-type: none"> a. Reception Room b. Interview Rooms c. Hot desk space d. Office Desk Space e. Secure space for confidential information f. Space for Safe for birth registrations g. Server Space h. General Store i. Lone working ability j. Meeting Room (potential video conferencing / teleconference facility) 2. Clinical Space <ol style="list-style-type: none"> a. Clinical Room for HVs and Midwives etc. b. Refuse and Clinical Waste 3. Staff Accommodation <ol style="list-style-type: none"> a. Staff Room and Kitchen b. Staff WC c. Staff Accessible WC 	<ol style="list-style-type: none"> 4. Patient/Public/General Access <ol style="list-style-type: none"> a. Waiting Area b. Indoor Children's Play Area c. Outdoor Children's Play Area d. Pushchair spaces e. Wheelchair/mobility scooter spaces f. Nappy changing room g. Public WC's h. Public Unisex Accessible WC i. Car Parking Spaces j. Disabled Car Parking Spaces 5. Miscellaneous 6. Communal Change/Lockers 7. Shower 8. Cleaners Cupboard 9. Community Use 10. Studio/multi-purpose space for groups 11. Public Accessible Kitchen 12. Nursery 13. Crèche 14. IT Suite/ Public Wi-Fi 15. Café 16. Gym 17. Garden 18. Library
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14. NEEDS ANALYSIS

Early Help and Targeted Support Needs Assessment



Author: Office of the Director of Public Health, Plymouth City Council

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This document is produced as part of Plymouth's Joint Strategic Needs Assessment.

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Population forecast

It is estimated that Plymouth's population will increase by over 17,500 by 2030. The largest increase will be seen in 90+ year olds (a 76.3% increase), whilst it is estimated there will be a 2.5% reduction in the 30-64 year old population. The under 18 population is projected to rise by 6.6% equating to an increase of approximately 3,500 under 18s in that time.

Sub-national population projections by age group, 2012 to 2030 (2014-based)

Age group	2014	2016	2020	2025	2030	% change
Under 18	51,709	52,124	53,853	55,488	55,146	6.6
18-29	52,665	53,872	53,362	52,674	55,808	6.0
30-64	111,570	111,614	111,853	110,819	108,727	-2.5
65-74	24,764	25,570	25,854	25,973	28,603	15.5
75+	20,838	21,278	23,597	28,181	30,788	47.7
90+	2,218	2,243	2,485	3,059	3,911	76.3
All ages	261,546	264,457	268,519	273,134	279,073	6.7

Source: Office for National Statistics

MOSAIC

Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 'Groups' and 66 detailed 'Types'. Using postcode data from the 2015 GP registration database, the top three Mosaic groups in Plymouth are:

1. M Family Basics (families with limited resources who have to budget to make ends meet) 12.7% of postcodes
2. J Rental Hubs (educated young people privately renting in urban neighbourhoods) - 12.1% of postcodes
3. L Transient Renters (single people privately renting low cost homes for the short term) - 12.0% of postcodes

Life expectancy

Overall life expectancy in the city (for males and females combined) continues to rise. It has risen by 3 years and 5 months since 1997-99. Overall life expectancy in Plymouth in 2014-16 was 80 years and 11 months. This was an increase of 1 month from 2013-15.

In comparison with England, male life expectancy has consistently been below the national average. The latest 2014-16 data reveals male life expectancy in Plymouth is 78 years and 11 months which is 7 months lower than the England average. This gap between male life expectancy in Plymouth and England has widened from 6 months in 2001-03.

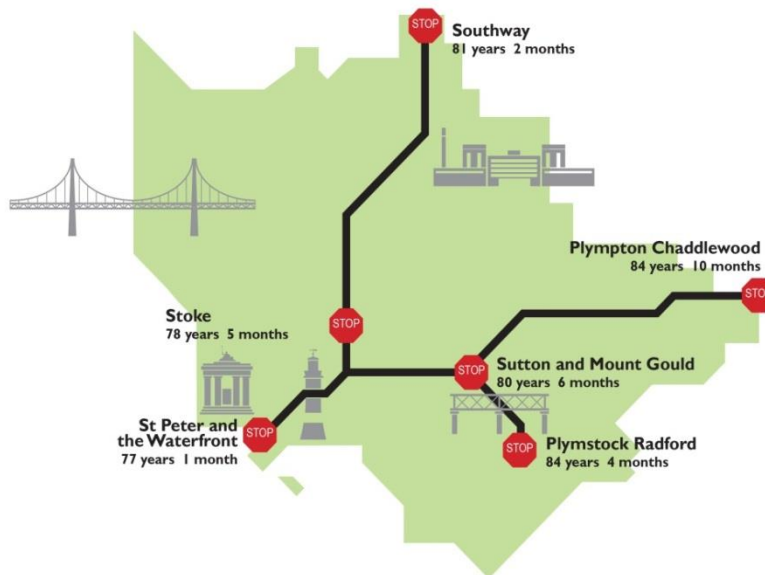
The latest 2014-16 data reveals female life expectancy has increased to 82 years and 8 months and the gap between Plymouth and the England average has widened to 6 months.

Healthy life expectancy for males in Plymouth is 2 years and 7 months lower than the England average in 2014-16. For females it is 6 years and 1 month lower. The proportion of life spent in 'good' health and in 'disability free' health is also significantly below the England average for both genders.

There is a strong relationship between neighbourhood deprivation group and life expectancy. In other words, the more deprived the neighbourhood group, the lower the life expectancy and vice versa. The least deprived group of the Plymouth neighbourhoods had the highest overall life expectancy in 2014-16 (82 years and 11 months). The most deprived group of neighbourhoods had the lowest life expectancy (78 years and 2 months) in the same period. The gap between the deprivation groups with the highest and lowest values in 2014-16 was 4 years and 8 months.

Plymouth's life expectancy bus route 2014 - 16

Wards just a few miles apart can have life expectancy values varying by years. Travelling the seven miles south from the Southway ward, each mile closer to the St Peter and the Waterfront ward represents 7 months of life expectancy lost. Travelling west to the same location from Plympton Chaddlewood, each mile represents over one year of life expectancy lost.



Child health profile

Looking at the [2019 child health profile](#) produced by Public Health England the following narrative has been produced.

- **Child mortality rate**

The child mortality rate is lower than England but isn't significant due to the small numbers involved which is around 3-6 deaths a year. Over the last 6 years in Plymouth the rate has been static.

- **Vaccination coverage 2 year olds**

For the last 8 years the vaccination coverage for 2 year olds in Plymouth has been above England and for the last 4 years it has been above the World Health Organisation (WHO) vaccination

target of 95%. Plymouth compare favourably with our CIPFA nearest neighbours around vaccination coverage in 2 year olds.

- **Children achieving a good level of development at the end of reception**

For the last 5 years the proportion of children achieving a good level of development at the end of reception in Plymouth has been below England's proportion. In Plymouth the proportion has increased over the last 6 years. Compared to our CIPFA nearest neighbours Plymouth sits towards the bottom of the group.

- **Children in low income families (under 16 years)**

For the last 10 year the proportion of children (under 16 years) living in low income families in Plymouth has been higher than England's proportion. But the proportion of children living in low income families in Plymouth has decreased over this period. Compared to our CIPFA nearest neighbours Plymouth sits towards the bottom of the group.⁴

- **Family homelessness**

For the last 4 years the rate of households with children or pregnant women accepted as unintentionally homeless has been lower than England's rate. The most recent rate for Plymouth was 1.3 per 1,000 households which works out to 151 households that were accepted as being unintentionally homeless. Compared to our CIPFA nearest neighbours Plymouth sits towards the top of the group.

- **Children in care**

For the last 8 years the rate of children in care has been higher than England's rate. The most recent rate for Plymouth was 80 per 10,000 children aged 0-17 years old which works to around 415 children. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- **Children killed or seriously injured on England's road**

The latest rate shows Plymouth has a similar rate of children killed or seriously injured on roads compared to England's rate. The most recent rate was 12.1 per 100,000 children aged 0-15 years old which works out to around 17 incidents over the last 3 years. Compared to our CIPFA nearest neighbours Plymouth has the second lowest rate.

- **Low birth weight of term babies**

The latest proportion shows Plymouth has a similar proportion of term babies being born with a low birthweight compared to England's rate. The most recent proportion was 3.2% which works out to 83 babies. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- **Obese children (4-5 years)**

⁴ This measure is based on the % of children aged 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, in order that comparisons could be made across areas (formerly National Indicator 116).

The latest proportion of obesity in reception aged children is similar to England's proportion. The most recent proportion is 9.7% which works out to 264 children. Compared to our CIPFA nearest neighbours Plymouth has the 3rd lowest proportion.

- ***Obese children (10-11 years)***

The latest proportion of obesity in year 6 aged children is similar to England's proportion. The most recent proportion is 18.6% which works out to 464 children. Compared to our CIPFA nearest neighbours Plymouth has the lowest proportion of obesity in year 6 children.

- ***Admission episodes for alcohol-specific conditions under 18***

For the last 10 years Plymouth has had a higher rate of admissions for alcohol-specific conditions in under 18s compared to England. The most recent rate was 47.3 per 100,000 population aged under 18 which works out as 74 admissions over a three year period (25 admissions a year). Over the last 10 years Plymouth rate has decreased and has closed the gap between Plymouth and England. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- ***Hospital admissions due to substance misuse***

For the last 7 years Plymouth has had a similar rate of admissions due to substance misuse in 15-25 year olds compared to England. The most recent rate was 103.8 per 100,000 population aged 15-24 years old which works out as 124 admissions over a three year period (41 admissions a year). Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- ***Breastfeeding at 6-8 weeks***

For the last 3 years since the new reporting method was introduced Plymouth has had a lower proportion compared to England. The most recent proportion for Plymouth was 40% of mother's breastfeeding at the 6-8 weeks check. Compared to our CIPFA nearest neighbours that have met the data quality tests Plymouth sits towards the top of the group.⁵

- ***A&E attendances 0-4 year***

For the last 7 years Plymouth has had a lower rate compared to England. The most recent rate was 493 per 1,000 population aged under 5 for Plymouth which works out as 7,549 attendances. Compared to our CIPFA nearest neighbours Plymouth has 3rd lowest attendances rate in under 5s.

- ***Hospital admission cause by injuries in children 0-14 years***

For the last 8 years Plymouth has had a higher rate compared to England, over this period the rate has decreased for Plymouth. Compared to our CIPFA nearest neighbours Plymouth has a high rate of admissions caused by unintentional and deliberate injuries in children aged under 15 years old.

⁵ In 2015/16, the method for recording this indicator changed and so it is not possible to accurately understand the trend for 6-8 weeks breastfeeding at this point.

- **Hospital admission for mental health conditions**

The latest rate of admissions for mental health conditions in under 18s is similar to England. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

- **Hospital admissions as a result of self-harm**

For the last 4 years Plymouth had a higher rate of admissions as a result of self-harm in 10-24 years old. Over the last 4 years Plymouth has seen a steady increase in the number of 10-24 year olds admitted to hospital as a result of self-harm. Compared to our CIPFA nearest neighbours Plymouth has the 2nd highest rate of admission as a result of self-harm in 10-24 year olds.

Ages and Stages Questionnaire (ASQ) data

ASQ provides a measure of development in early years and is routinely undertaken as part of the 2-2½ year mandated check. Domains of development tested include communication, gross motor, fine motor, problem solving and personal-social skills.

In 2018/19 Plymouth has a similar proportion to England and the South West of children who were at or above the expected level in all five areas of development. Across the five areas of development in Plymouth communication has a lower proportion of children at the expected level, which follows national data.

Children or young people with an Education, Health and Care (EHC) assessment or plan

In Plymouth there are 2,130 children or young people (0-25 years old) with an EHC needs assessment or plan (as of the 29th Mar 2019). The North and West localities have a higher rate of children or young people with an EHC assessment or plan, while the South locality had a lower rate.

Homelessness (temporary accommodation)

Using a local snapshot of the temporary accommodation data on the 22nd Feb 2019, there were 62 families in temporary accommodation within these families there were 124 children. Over half of the families living in temporary accommodation are in the West locality and a third of the families are in the South locality.

Children being removed

Over the last 3 years 444 women were identified as having 902 children removed in Plymouth, the analysis below has only been produced using the 122 women who fit the Pause criteria.⁶

The majority of these women live in the South and West locality (approx. 80%) with most of the remaining women living in the North locality.

⁶ Pause works with women who have experienced – or are at risk of – repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives, breaking a destructive cycle that causes both them and their children deep trauma. 322 women were excluded from the cohort for the following reasons: They had only had one child removed; They were deceased; They were 40+ and hadn't had a child within the last three years; They were no longer living in Plymouth; They were currently living with, and caring for, one or more children.

Absence and exclusions

Plymouth schools have a lower proportion of pupils permanently excluded compared to England, however both Plymouth and England have shown increases in numbers over time.

Plymouth schools have a higher overall absence rate when compared to England, the trend show the rate has been fairly static over the last 5 years. Plymouth schools have a higher persistence absence rate when compared to England.

Young carers

Currently based on 65 mainstream schools (4 secondary and 20 primary schools are still to provide data) and one special school in Plymouth, 745 young carers have been identified.

Youth Offending

The rate of first time entrants to the youth justice system in 2017 was 350 per 100,000 10-17 year olds in Plymouth which works out to 74 10-17 year olds. The rate of first time entrants to the youth justice system is similar to England.

In 2018 there were 60 young people who have had a youth offending team intervention. In the North, South and West localities there was a similar number and rates of young people who had an intervention, while in the East locality there was a lower number and rate of young people who had an intervention.

Adverse childhood experiences

Adverse Childhood Experiences (ACEs), such as being a victim of violence or neglect, or living with a household member who abuses substances or is involved in criminal activity, are associated with negative adult outcomes such as health harming behaviours, chronic conditions, and increased health care utilisation and costs. There is also significant evidence linking childhood maltreatment with poor educational outcomes.⁷

ACEs and health-harming behaviours are both associated with deprivation, the more deprived communities have a higher prevalence of adults experiencing 4 and more ACEs in childhood compared to the affluent communities.⁸

The below table shows the prevalence of ACEs in adults, from four studies that have been carried out in the UK. Across the studies just under 50% of the adult population have experienced at least one ACE while around 10% of adults have experienced 4 or more ACEs.

⁷ Addressing Adversity (2018), Young minds

⁸ Bellis et al (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England

1.1 Number of ACEs	1.2 Northamptonshire, Hertfordshire and Luton⁹	1.3 Blackburn with Darwen¹⁰	1.4 English National Study⁴	1.5 Welsh National Study¹¹
1.6 0	1.7 56	1.8 53	1.9 54	1.10 53
1.11 1	1.12 18	1.13 19	1.14 23	1.15 20
1.16 2-3	1.17 17	1.18 16	1.19 15	1.20 13
1.21 4+	1.22 9	1.23 12	1.24 8	1.25 14

Pupil's resilience and self esteem

When results from the local school survey are compared to other areas that have carried out a school survey it shows the following:

A low proportion of pupils in Plymouth have a high self-esteem and resilience score when compared to 6 LA in Plymouths CIPFA (Chartered Institute of Public Finance and Accountancy) group, And a higher proportion of pupils having a low self-esteem and resilience score

Method for the locality summaries

To produce the following information for the localities we created 39 neighbourhood profiles (that make up the four localities) which were populated by a number of indicators which were grouped into four areas (see appendix for a full list of indicators used in the profiles). For each indicator the best and worse 10 neighbourhoods were summed up for each locality to help produce the below statements.

East locality

Summary

The locality has a lower deprivation score compared to Plymouth. Overall, the measures for this locality show more favourable results when compared to the Plymouth average. In the locality there tends to be better educational and healthy lifestyles outcomes, however the locality shows a mixed picture (similar to the city) for self-esteem, resilience, young carers and using substances & alcohol.

Population

In the East locality there are a slightly lower proportion of the population aged under 5 years old and working age adults (15-64), although the East locality has a higher proportion of the population aged over 65 compared to Plymouth.

Deprivation

The East locality generally has a lower deprivation score compared to the rest of Plymouth, with 6 of the 8 neighbourhoods in the East locality being in the top 10 least deprived neighbourhoods in Plymouth.

Car ownership

⁹ Ford et al. (2016) Adverse Childhood Experiences (ACEs) in Hertfordshire, Luton and Northamptonshire

¹⁰ <https://www.blackburn.gov.uk/Pages/aces.aspx>

¹¹ Bellis et al (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population

In the East locality a lower proportion (15%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

Mosaic

The top three mosaic groups in the East locality are

- E Suburban Stability - 27.0% (mature suburban owners living settled lives in mid-range housing)
- F Senior Security – 23.5% (elderly people with assets who are enjoying a comfortable retirement)
- H Aspiring Homemakers - 16.7% (younger households settling down in housing priced within their means)

Needs profile

The next section is comparing the East locality with the rest of Plymouth.

1. Health & Development

More favourable:

A lower proportion of babies being born with a low birthweight.

A lower rate of children (under 16) having their teeth being removed under general anaesthetic

A lower proportion of pupils (year 8 and year 10) stated that were the victim of violence of aggression (in the area where they live in the last year)..

A higher proportion of pupils in year 6 were recorded as having a healthy weight.

A higher proportion of pupils (year 8 and year 10) stated that they ate 5 portions of fruit and veg yesterday.

A higher proportion of pupils (year 8 and year 10) stated that on more than 3 days in the last 7 days they exercised enough to cause breathing to be harder and faster.

Less favourable:

A higher proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last 7 days.

2. Employment Support & Childcare

More favourable:

A lower proportion of the working age (16-64) population are claiming out of work benefits (jobseeker's allowances plus those who claim universal credit who are out of work).

A lower proportion of dependent children (under 20) are in low income families.

A lower proportion of pupils are eligible for free school meals.

A higher proportion of children are achieving a good level of development at the ends of reception.

A higher proportion of 17-19 years are in education, employment or training.

A higher proportion of children are achieving the expected level in reading, writing and maths for key stage 2, but the locality has one neighbourhood with a lower proportion (one of the lowest 10 neighbourhoods).

Pupils in the locality have a higher average attainment 8 score.

Less favourable:

A lower rate of coverage in registrations for children centres.

3. Relationship Support for Family Stability

More favourable:

Across the locality there is variation in pupils reporting their self-esteem levels as some areas have higher proportion with high levels of self-esteem, but there are areas within the locality with a higher proportion of low self-esteem.

A higher proportion of pupils (year 8 and year 10) have reported that they have high levels of resilience.

A higher proportion of pupils (year 8 and year 10) stated that they have 3 or more adults that they can trust.

A lower rate of under 18 conceptions.

A lower proportion of families (with children under 5) have experienced separation and/or divorce in the last year.

Less favourable:

A higher proportion of pupils (year 8 and year 10) stated that there has been violence (e.g. hitting, punching, slapping) at home in the last month.

4. Supporting Families with Complex Needs

More favourable:

A lower proportion of families (with children under 5) are classed as a vulnerable, as reported by the health visitor case load survey.

A lower rate of identified families classed as troubled families.

A lower rate of young person who have had a Youth Offending Team intervention.

A lower rate of children reported missing in the locality.

A lower rate of children with a child protection plan.

A lower rate of children living in care in the locality.

North locality

Summary

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. In the locality there is a mixed picture around healthy lifestyles and safety, with a higher proportion of pupils reporting being a victim of violence or aggression in the area they live, but a lower proportion of violence in the home. In the locality there tends to be a higher proportion of adults with no qualifications.

Population

In the North locality there is a slightly lower proportion of the population that are working age (16-64), the North locality has a higher proportion of the population aged over 65 and under 5 compared to Plymouth.

Deprivation

The North locality generally on average has a similar deprivation score compared to Plymouth, but there is variation across the locality with 3 of the 11 neighbourhoods in the 10 most deprived neighbourhoods and one neighbourhood in the 10 least deprived neighbourhoods.

Car ownership

In the North locality a slightly lower proportion (24%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

Mosaic

The top three mosaic groups in the North locality are

- K Modest Traditions - 18.7% (mature homeowners of value homes enjoying stable lifestyles)
- M Family Basics – 17.4%
- H Aspiring Homemakers - 13.5%

Needs profile

The next section is comparing the North locality with the rest of Plymouth.

1. Health & Development

More favourable:

Some of the areas (4 of the lowest 10 neighbourhoods) of the locality have a lower proportion of babies being born with a low birthweight, but there are some areas (2 of the highest 10 neighbourhoods) of the locality with a higher proportion of babies being born with a low birthweight.

Less favourable:

A lower proportion (5 of the lowest 10 neighbourhoods) of pupils (year 8 and year 10) stated that they ate 5 portions of fruit and veg yesterday.

A higher proportion (5 of the highest 10 neighbourhoods) of pupils (year 8 and year 10) stated that they have had at least one cigarette in the last 7 days, but there some areas (3 of the lowest 10 neighbourhoods) within the locality that had a lower proportion.

In the some parts of the locality there was a higher proportion of pupils (4 of the highest 10 neighbourhoods) stated that they have had an alcoholic drink in the last 7 days, but there are areas (2 of the lowest 10 neighbourhoods) within the locality that had a lower proportion.

2. Employment Support & Childcare

Less favourable:

A higher proportion (5 of the highest 10 neighbourhoods) of adults have no qualifications and a lower proportion of adults have a level 4 qualifications in the locality.

Some of the areas (2 of highest 10 neighbourhoods)) of the locality have a higher proportion of dependent children (under 20 years old) living in in low income families.

On average the locality has a similar proportion of 17-19 years are in education, employment or training compared to Plymouth, there are some areas of the locality with a higher proportion (3 of the highest 10 neighbourhoods) and some with a lower proportion (2 of the highest 10 neighbourhoods).

Some areas within the locality pupils have a lower average attainment 8 score (2 of the lowest 10 neighbourhoods).

3. Relationship Support for Family Stability

More favourable:

A lower proportion of pupils (year 8 and year 10) stated that there has been violence (e.g. hitting,

punching, slapping) at home in the last month.

Less favourable:

A few areas in the locality have a lower proportion (3 of the lowest 10 neighbourhoods) of pupils (year 8 and year 10) that reported they have high levels of resilience, but there are areas within the locality (2 of the highest 10 neighbourhoods) with a higher proportion.

4. Supporting Families with Complex Needs

Less favourable:

A higher proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last year.

A higher rate of children (4 of the highest 10 neighbourhoods) have a child protection plan, but there are 2 of the lowest 10 neighbourhoods around children with a protection plan.

South locality

Summary

The locality has a similar deprivation score compared to Plymouth, but there is marked variation between its constituent neighbourhoods. Overall, the majority of the measures for this locality show similar results compared to Plymouth. However this obscures a wider variation of more and less favourable results when viewed across the neighbourhoods. Across the locality there are better healthy lifestyles outcomes with a higher proportion of children with a healthy weight in reception and year 6 and a lower proportion of pupils reporting use of substances, alcohol and cigarettes. This locality also has a lower proportion of adults with no qualifications, however it should be noted that University of Plymouth is situated within the locality. The locality has a higher under 18 conception rate and proportion of families with young children that have separated or divorced in the last year. A number of neighbourhoods experience a lower life expectancy.

Population

In the South locality there is a slightly lower proportion of the population aged under 5 and over 65, the South locality has a higher proportion of the population who are working age adults (16-64).

Deprivation

The South locality overall has a similar deprivation score compared to Plymouth, but there is variation across the locality with 2 of the 9 neighbourhoods in the 10 most deprived neighbourhoods and 2 neighbourhoods in the 10 least deprived neighbourhoods.

Car ownership

In the South locality a slightly higher proportion (33%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

Mosaic

The top three mosaic groups in the South locality are

- J Rental Hubs - 33.6%
- L Transient Renters - 12.7%
- H Aspiring Homemakers - 11.3%

Needs profile

The next section is comparing the South locality with the rest of Plymouth.

1. Health & Development

More favourable:

A higher proportion of children in reception and year 6 are recorded as having a healthy weight.

A lower proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last 7 days.

A lower proportion of pupils (year 8 and year 10) stated that they have had at least one cigarette in the last 7 days.

Less favourable:

There is some variation in the locality when looking at children having teeth removed under general anaesthetic as some areas of the locality have a higher rate (3 of the highest 10 neighbourhoods), but some areas have a lower rate (4 of the lowest 10 neighbourhoods).

2. Employment Support & Childcare

More favourable:

Five of the 9 South locality neighbourhoods for ASQ scores are in the top 10 neighbourhoods.

A lower proportion (6 of the lowest 10 neighbourhoods) of adults have no qualifications and a higher proportion of adults have a level 4 qualifications in the locality (5 of the highest 10 neighbourhoods). This distribution may be influenced by the presence of Plymouth University main campus within the South locality.

Less favourable:

A few areas within the locality have a higher proportion of 17-19 years olds not in education, employment or training (NEET) (3 of the highest 10 neighbourhoods), but there are some areas with a lower proportion (3 of the lowest 10 neighbourhoods).

3. Relationship Support for Family Stability

Less favourable:

A higher proportion of pupils (year 8 and year 10) stated that they have low self-esteem (4 of the highest 10 neighbourhoods).

A lower proportion of pupils (year 8 and year 10) stated that they have high self-esteem (4 of the lowest 10 neighbourhoods)

A lower proportion of pupils (year 8 and year 10) stated that there are 3 or more adults they can trust (4 of the lowest 10 neighbourhoods)

A higher rate of under 18 conceptions. (4 of the highest 10 neighbourhoods).

A higher proportion of separation and/or divorce in the last year, for families with children under 5 (4 of the highest 10 neighbourhoods).

4. Supporting Families with Complex Needs

More favourable:

A lower proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last

year (6 of the lowest 10 neighbourhoods), but there are a few areas of the locality with a higher proportion (3 of the highest 10 neighbourhoods).

In the locality there is a lower rate of children in care (3 of the lowest 10 neighbourhoods), but there are a few areas of the locality with a higher rate (2 of the highest 10 neighbourhoods).

Less favourable:

A higher rate of children (under 18) reported missing in this locality.

West locality

Summary

The locality has a higher deprivation score compared to Plymouth. The majority of indicators across all four key areas show an unfavourable picture when compared to the Plymouth average, there tends to be a higher proportion of children registered with a children centre and a lower proportion of pupils reporting drinking alcohol. There is a mixed picture around safety due to the locality having a number of neighbourhoods with high or low proportion of pupils being a victim of violence or aggression in the area, and the same pattern exists for violence at home. In the locality there tends to be a worse outcome for healthy lifestyles and a higher proportion of the families are vulnerable.

Population

In the West locality there is a slightly lower proportion of the population aged over 65, the South locality has a higher proportion of the population as working age adults (16-64) and under 5s.

Deprivation

The West locality on average has a higher deprivation score compared to Plymouth, with 5 of the 11 neighbourhoods in the 10 most deprived neighbourhoods.

Car ownership

In the West locality a slightly higher proportion (37%) of households have no cars/vans compared to the Plymouth average (28%) from the 2011 census.

Mosaic

The top three mosaic groups in the West locality are

- L Transient Renters - 21.6%
- M Family Basics - 19.8%
- Municipal Challenge - 11.0% (urban renters of social housing facing an array of challenges)

Needs profile

The next section is comparing the West locality with the rest of Plymouth.

1. Health & Development

More favourable:

A lower proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last 7 days.

Less favourable:

A lower proportion of pupils (year 8 and year 10) stated that they ate 5 portions of fruit and veg yesterday (4 of the lowest 10 neighbourhoods), but in the locality there are areas with a higher proportion (3 of the highest 10 neighbourhoods).

A lower proportion of children in reception and year 6 are recorded as having a healthy weight.

A higher rate of children had their teeth removed under general anaesthetic.

2. Employment Support & Childcare

More favourable:

A higher rate of coverage in registrations for children centres.

Less favourable:

A higher proportion of the working age adult (16-64) population are claiming out of work benefits (jobseeker's allowances plus those who claim universal credit who are out of work).

A higher proportion of dependent children (under 20) in low income families.

A higher proportion of children eligible for free school meals.

A lower proportion of children are achieving a good level of development at the ends of reception.

Pupils in the locality have a lower average attainment 8 score.

3. Relationship Support for Family Stability

Less favourable:

A lower proportion of pupils (year 8 and year 10) have reported that they have high levels of resilience.

A higher rate of under 18 conceptions.

A higher proportion of families (with children under 5) have experienced separation and/or divorce in the last year.

4. Supporting Families with Complex Needs

Less favourable:

A higher proportion of families (with children under 5) are classed as a vulnerable, as reported by the health visitor case load survey.

A higher proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last year.

A higher rate of identified families classed as troubled families.

A higher rate of children (under 18) reported missing in this locality.

A higher rate of children with a child protection plan.

A higher rate of children living in care in the locality.

Appendix

Indicators used in the neighbourhood profiles

Population/demographics

Deprivation score – IMD 2015 deprivation score

Population density – number of people per hectare based on the 2011 census

Proportion of the population under 5 year olds – Proportion of total population aged under 5 using the 2016 mid-year population estimates.

Proportion of the population aged 5-11 year olds – Proportion of total population aged 5-11 year olds using the 2016 mid-year population estimates.

Proportion of the population aged 12-16 year olds – Proportion of total population aged 12-16 year olds using the 2016 mid-year population estimates.

Proportion of the population aged 17-19 year olds – Proportion of total population aged 17-19 year olds using the 2016 mid-year population estimates.

Fertility rate – the number of births per 1,000 females aged 15-44 year old

Neighbourhood safety during the day – proportion of pupils (year 8 and year 10) rated their safety good or very good when going out during the day, from the 2018 school survey

Health & Development

Life expectancy- the life expectancy at birth based on 2014-16 data

Low birthweight – the proportion of live babies being born with a birthweight under 2,500g

Children who were at or above the expected level in all 5 areas of Ages and stages questionnaire – Proportion of children who received a 2-2½ year review who were at or above the expected level in all five Ages and stages questionnaire domains.

Healthy weight children in reception – the proportion of children in reception who have a BMI classified as healthy weight.

Healthy weight children in year 6 - the proportion of children in year 6 who have a BMI classified as healthy weight.

One or more teeth removed under GA – Rate of children (0-16) having teeth removed under general anaesthetic.

Pupils stating that they have eaten 5 or more fruit & veg yesterday - proportion of pupils (year 8 and year 10) stating that they had 5 portions of fruit and veg yesterday, from the 2018 school survey.

Pupils stating that on more than 3 days in the last 7 days where they have exercised causing breathing to be harder and faster - proportion of pupils (year 8 and year 10) stating that they had exercised enough for breathing to be harder and faster on 3 days out of the last 7 days, from the 2018 school survey.

Pupils stating they had any alcoholic drink in the last 7 days - proportion of pupils (year 8 and year 10) stating that they had any alcoholic drink in the last 7 days, from the 2018 school survey.

Pupils stating they have not had any alcoholic drink in the last 7 days - proportion of pupils (year 8 and year 10) stating that they haven't had any alcoholic drink in the last 7 days, from the 2018 school survey.

Pupils stating that they smoked at least one cigarette in the last 7 days - proportion of pupils (year 8 and year 10) stating that they have smoked at least one cigarette in the last 7 days, from the 2018 school survey.

Victim of violence or aggression in the area where they live in the last year - proportion of pupils (year 8 and year 10) stating that they have been a victim of violence or aggression in the area where they live in the last 12 months, from the 2018 school survey.

Employment Support & Childcare

Claimants rate – the rate of people claiming Jobseeker’s allowance plus those who claim universal credit who are out of work.

No qualifications – Proportion of adults (16+) with no qualification from the 2011 census

Level 4 qualifications and above - Proportion of adults (16+) with level 4 or above qualifications (Degree, Higher degree, NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Professional qualifications) from the 2011 census.

Children in low income families – Proportion of all dependent children aged under 20 in relative poverty (living in households where income is less than 60 percent of median household income before housing costs).

17-19 year olds not in education, employment or training (NEET) – Proportion of 17-19 year olds that are NEET from the Careers SW (July 2018).

Coverage of children centre registrations – The number of children registered with a children centre as a proportion of children aged under 5 (ONS 2016 mid-year estimate).

Rate of Me2 funding – number of children with 2 year funding (summer 2018) as a proportion of the number of live births in 2016.

Percentage of uptake of free school meals –Proportion of pupils flagged eligible for free school meals in the May 2018 census.

Percentage of children achieving a good level of development at the end of reception - Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children

Percentage achieving the expected standard in RWM combined (KS2) - Pupils who achieved at least the expected standard in their Reading and Maths Tests and their Writing Teacher Assessment

Average attainment 8 score – average attainment 8 scores of pupils at the end of key stage 4

Relationship Support for Family Stability

Low self-esteem – Proportion of pupils (year 8 and year 10) reporting their composite self-esteem score as being low, from the 2018 school survey.

High self-esteem - Proportion of pupils (year 8 and year 10) reporting their composite self-esteem as being high, from the 2018 school survey.

Low resilience - Proportion of pupils (year 8 and year 10) reporting their composite resilience score as being low, from the 2018 school survey.

High resilience - Proportion of pupils (year 8 and year 10) reporting their composite resilience score as being high, from the 2018 school survey.

Young carers - Proportion of pupils (year 8 and year 10) responding that they are a young carer, from the 2018 school survey.

Being a young carer for more than 1 hour each day - Proportion of pupils (year 8 and year 10) responding that they are a young carer which takes up more than one hour each day, from the 2018 school survey.

Three or more adults they can really trust - Proportion of pupils (year 8 and year 10) reporting that there at least three adults that they can really trust , from the 2018 school survey.

Violence (e.g. hitting, punching, slapping) at home in the last month - Proportion of pupils (year 8 and year 10) responding that there has been violence (e.g. hitting, punching, slapping) at home in the last month, from the 2018 school survey.

Under 18 conceptions – Rate of conceptions (defined as births, terminations and miscarriages) in under 18s.

Separation and/or divorce in the last year for families with children under 5 – Proportion of families with children under 5 that have separated, from the health visitor caseload survey

Supporting Families with Complex Needs

Vulnerable families with children under 5 - Proportion of families with children under 5 that have been classified as vulnerable. To be vulnerable the family have are experiencing four or more of the 26 health factors in the survey, from the health visitor caseload survey

Taken illegal drugs during the last year - Proportion of pupils (year 8 and year 10) responding that they have taken illegal drugs during the last year, from the 2018 school survey.

Rate of troubled families – Rate of families that have been identified as a troubled family

Percentage of troubled families where domestic abuse is a headline issue – Proportion of troubled families where domestic abuse is the headline issue

Percentage of troubled families where children in need is a headline issue - Proportion of troubled families where children in need is the headline issue

Percentage of troubled families where crime/ASB is a headline issue - Proportion of troubled families where crime/anti-social behaviour is the headline issue

Children with a protection plan – rate of children with a protection plan in Feb 2019

Children living in care – rate of children living in care based on their presenting address in Feb 2019

Missing persons (under 18) – rate of reported missing persons based on where the report has originated from

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EQUALITY IMPACT ASSESSMENT – COMMUNITY

Early Help & Targeted Support

STAGE I: What is being assessed and by whom?	
What is being assessed - including a brief description of aims and objectives?	<p>When considering this EIA it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010</p> <p>Early Help - In order to deliver an effective integrated Early Help offer we will create a network of community-based Family Hubs, offering support to CYP aged 0-19, their families and carers. The Family Hub model is a 'one-stop-shop' for families with children of all ages, offering support and signposting. The locations of Family Hubs would need to align with local need and the most effective children's centre buildings, whilst recognising the interdependencies with the aims of the wellbeing hubs.</p> <p>Targeted Support - The project will create a small number of Targeted Support Teams; located so that they work across the PCC city-wide footprint. Co-location of practitioners working with more complex families would allow professionals to work creatively together, including shared assessments of need and risk, to ensure that any service offer is collectively managed and sequenced by a multi-disciplinary approach. Professionals will be deployed from the Targeted Support Teams to support Family Hubs staff and deliver interventions to families in the community, including the homes of CYP & families and from the family hubs themselves. The Targeted Support Teams would offer services such as crisis response to prevent escalation, as well as an interface with related services such as the parent and child offer and complex lives alliance.</p> <p>The EH&TS project has adopted a system approach to strategic participation, to ensure the voices of children, young people & families (CYP&F) are captured and embedded into system improvements.</p>
Responsible Officer	Anna Coles – Director of Integrated Commissioning
Department and Service	People, Strategic Cooperative Commissioning
Date of Assessment	9 th May 2019
Author	Mark Mortimer MBE

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	There 60,200 CYP aged 0-19 in the city (22.9% 2015). Of the 16 SW authorities we have the fifth highest percentage of children and young people (under 18). CYP under 18 account for 19.8 per cent of our population, within this 88.8 per cent are under 16.	No. Intentions confirm the ambition to truly give every Child the “Best Start to Life”, by commissioning a 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. This proposal takes into account the health and well-being of children, young people and their family’s levels of disposable income and poverty and aims to minimise the impact on outcomes of children and young people by delivering a partnership approach to address need.	Identify areas of greater efficiency and potential savings whilst exploring better ways to deliver our statutory obligations by increasing our commissioning approach and reducing our direct provision of services. Where services are shared with partners we will ensure that efficiencies are maximised to deliver cost effective and sustainable offers.	July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles
Disability	There are 3,142 children with disability. Plymouth schools report that of every 1,000 children 17.5 have a	No adverse disability related impact has been identified as a consequence of the project or its	The project and its workstreams aim to improve the collaboration between teams and	July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond).

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>learning difficulty. Young people felt that disability can lead to things like social isolation and bad behaviour. Schools should be made more aware of individuals' circumstances as many disabilities are hidden. Young carers should have more understanding from teachers about the difficulties they face.</p> <p>There has to be an expectation when people leave school that they can access further education, get a job, get a home, have a relationship etc.</p>	<p>related workstreams.</p> <p>Scoping for the appropriate buildings for the establishment of community-based Family Hubs will include assessment of accessibility.</p>	<p>agencies that support Children & Young People (CYP), especially those with Special Education Need and/or a Disability (SEND).</p> <p>The project will develop a workforce, to ensure that Education Health & Care Plans (EHCP), Continuing Healthcare Checklists (CHC) and related processes are considered where appropriate.</p>	<p>Anna Coles</p>

<p>Faith, Religion or Belief</p>	<p>There is no specific CYP data for this category. However, data shows 32.9% of the Plymouth population stated they had no religion. Those with a Hindi, Buddhist, Jewish or Sikh religion combined totalled less than 1%. 58.1% of those who responded declared themselves to be Christian. 0.8% declared that they were of Islam, 0.3% Buddhist; 0.2% Hindu; 0.1% Jewish; 0.1% Sikh. 0.5% of the population had a current religion that was not Christian, Islam, Buddhism, Hinduism, Judaism, or Sikh such as Paganism or Spiritualism.</p>	<p>This project and its workstreams will not discriminate against faith, religion or belief as those affected will have social equality proactively enhanced. The in-scope services and functions affected will work with all CYP & partners requiring EH&TS services, irrespective of faith, religion or belief.</p> <p>As part of PCC tender/commissioning process providers are asked to demonstrate their understanding of Equality & Diversity and demonstrate policies, procedures, process are in place.</p>	<p>A periodic, comprehensive census is required to capture relevant data related to CYP, within the confines of data protection legislation and requirements.</p> <p>The Authority will ensure service accessibility via on-going commissioning management</p>	<p>Ongoing. Policy and Intelligence Team</p>
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<p>Gender - including marriage, pregnancy and maternity</p>	<p>Analysis from the Office for National Statistics shows that one in five women (compared to 4% of men) have experienced some type of sexual assault since the age of 16. The Women and Equalities Select Committee are currently holding full inquiries on sexual harassment of women and girls in public places following the emergence of widespread allegations of sexual assault and harassment across the UK. A previous inquiry into sexual harassment and sexual violence in schools found that the sexual harassment and abuse of girls is accepted as part of daily life. Although there is a lack of data on this issue, survey results have shown that 59% of girls aged 13-21 have faced some form of sexual harassment at school or college in the past year and almost a third (29%) of 16-18 year old girls have experienced unwanted sexual touching at school. In 2014, approximately 30 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is higher than</p>	<p>The project and its workstreams will not discriminate against gender, as those affected will have social equality proactively enhanced. The services affected by the requirements of the project and its workstreams will work with all CYP, irrespective of gender.</p> <p>As part of PCC tender/commissioning process providers are asked to demonstrate their understanding of Equality & Diversity and demonstrate policies, procedures, process are in place.</p> <p>The project will consider victims/potential victims of gender based violence and/or abuse. Commissioning will consider the extent to which the workforce needs to be able to identify this, and the services that may need to consider how to adapt support to keep those affected safe.</p>	<p>A periodic, comprehensive census is required to capture relevant data related to CYP, within the confines of data protection and child protection legislation and requirements</p> <p>The Authority will ensure service accessibility via on-going commissioning management</p>	<p>Ongoing. Policy and Intelligence Team/Public Health England Child Health Profiles</p>
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	the regional average (approximately 19 per 1,000). The area has a higher teenage conception rate compared with the England average (approximately 23 per 1,000), although there is a downward trend in under 18 conceptions in Plymouth.			
Gender Reassignment	There is no specific CYP data for this category, but given the average age for presentation for reassignment of male-to-females is 40-49. For female-to-male the age group is 20-29, it is anticipated the number of CYP affected in the city is small.	No gender reassignment related impact has been identified. The services affected by the project and its workstreams will work with all CYP, regardless of gender reassignment. As part of PCC tender/commissioning process providers are asked to demonstrate their understanding of Equality & Diversity and demonstrate policies, procedures, process are in place.	PCC will ensure service accessibility via on-going commissioning management.	July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles
Race	White British boys are less likely to do well than most Black and Minority Ethnic Communities (BAME) pupils. Pupils from Indian and Chinese communities outperform White British pupils whilst children from Black Afro Caribbean, Pakistani, and Bangladeshi communities do less well.	PCC is acutely aware of the 151 hate incidents reported in 2016 (of which 64% were race incidents) and 392 hate crimes reported in the past year. The in-scope services and functions affected will work with all CYP, irrespective race.	PCC will ensure service accessibility via on-going commissioning management. Appropriate measures need to be put in place to ensure that language barriers do not adversely affect person centred assessments.	July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles

	<p>Roma and Irish Traveller children do least well. Overall schools with high ethnic mix tend to do better than those that are more monoculture. Locally at the current time immigration is not significantly adding to the pressure on school places as migrant children tend to attend schools that would otherwise have unwanted places. Some areas of the city are more diverse than others: the area around the university, the city centre, Stonehouse and the East End are among the most diverse. Plymouth's headline community cohesion rate (77 per cent) is significantly lower than the national average. Whilst rates are poor across the City they are not especially so amongst (BAME). The Plymouth Wellbeing Survey 2014 found that 52.7 per cent of Plymouth residents felt that people from different backgrounds get on well together in their local area. Non-white British residents were more likely to agree that people from different backgrounds get on well together (68 per cent)</p>	<p>Recent anecdotal evidence in some areas suggests that comprehensive, person centred assessments may be adversely effected by language and cultural barriers.</p>		
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	<p>compared with white British residents (51 per cent). There is a strong correlation between areas with high levels of deprivation and low levels of community cohesion.</p>			
Sexual Orientation -including Civil Partnership	<p>There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) CYP in Plymouth. If such data were held, specifics would not be published owing to the sensitivity of the information, especially within this most vulnerable group.</p>	<p>No adverse impact has been identified in services affected by the project or its workstreams.</p>	<p>PCC will ensure service accessibility via on-going commissioning management.</p>	<p>July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles</p>

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
<p>Reduce the inequality gap, particularly in health between communities.</p>	<p>The actions identified above will positively impact on CYP & their families. The statutory requirements and proposals highlighted in briefing papers will reduce the inequality gap. This proposal takes into account the health and well-being of CYP & their family's levels of disposable income and poverty and aims to minimise the impact on outcomes of children and young people by delivering a partnership approach to address need.</p> <p>CYP & families will experience improved EH&TS services which will support them. We and our partners are committed to being an effective, caring, and ambitious in our delivery of EH&TS and other CYP related services.</p>	<p>July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles</p>

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
	We care both about and for the CYP & families in our community and seek to give them the quality of life to thrive and to fulfil their ambitions. Commissioning strategies, action plans and workforce development will improve cooperation between all the services that support CYP & their families.	
Good relations between different communities (community cohesion).	No adverse impact on community cohesion has been identified, as support from statutory requirements will enable CYP & their families to access good quality support and services whatever their circumstances.	July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles
Human Rights	It is important that all CYP are treated fairly, their views are taken into account and that their human rights have been respected. No adverse impact on human rights has been identified.	July 2019 – April 2021 (with benefit realisation throughout 2019 and beyond). Anna Coles

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.	Anna Coles	Date	14 th May 2019

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DATA PROTECTION IMPACT ASSESSMENT (DPIA)



OVERVIEW

This procedure provides the guidance and documentation for the completion of a Data Protection Impact Assessment (DPIA) for any programme or project being undertaken within Plymouth City Council.

The procedure consists of two parts, the first part being a set of screening questions that will determine if the next part, the system assessment has to be completed.

All projects must undertake the screening questions and return the answers to the Information Governance Manager (IGM) so that due process can be shown to have been completed.

DATA PROTECTION IMPACT ASSESSMENT

Service overview	
Service Name	EARLY HELP & TARGETED SUPPORT PROJECT
Purpose of service	
To provide an Early Help & Targeted Support offer to families with CYP aged 0-19 aligned to the health localities. This will be delivered through co-location of multi-disciplinary staff to prevent escalation to specialist services and achieve positive outcomes for families.	
Overview of how the service operates	
<p>Early Help - In order to deliver an effective integrated Early Help offer we will create a network of community-based Family Hubs, offering support to CYP aged 0-19, their families and carers. The Family Hub model is a 'one-stop-shop' for families with children of all ages, offering support and signposting. The locations of Family Hubs would need to align with local need and the most effective children's centre buildings, whilst recognising the interdependencies with the aims of the wellbeing hubs.</p> <p>Targeted Support - The project will create a small number of Targeted Support Teams; located so that they work across the PCC city-wide footprint. Co-location of practitioners working with more complex families would allow professionals to work creatively together, including shared assessments of need and risk, to ensure that any service offer is collectively managed and sequenced by a multi-disciplinary approach. Professionals will be deployed from the Targeted Support Teams to support Family Hubs staff and deliver interventions to families in the community, including the homes of CYP & families and from the family hubs themselves. The Targeted Support Teams would offer services such as crisis response to prevent escalation, as well as an interface with related services such as the parent and child offer and complex lives alliance.</p> <p>The EH&TS project has adopted a system approach to strategic participation, to ensure the voices of children, young people & families (CYP&F) are captured and embedded into system improvements.</p>	

Information assessment	YES/NO
Does the service process information about individuals?	Y
Will the project compel individuals to provide information about themselves?	Y

Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Y
Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	Y
Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics, facial recognition or location tracking.	N
Is the information to be used about individuals' health and/or social wellbeing?	Y
Does the information contain any financial details? Including individuals or businesses	Y
Will the project result in personal information being aggregated?	Y

Information flows	
The collection, use and deletion of personal data should be described here and it may also be useful to refer to a flow diagram or another way of explaining data flows.	
Type of personal data being used :	As required by Early Help Assessment Tool.
Data origin	Clients: Family members; other agencies (signatories to ISA); existing systems (e.g. Capita ONE; CareFirst; SystemOne etc.)
Data is shared with?	PCC staff; Police; Private Sector (dependant of provider); Third Sector; Health professionals
Brief Description of the flow of data/information	Consensual information and data will be gathered from individuals, their families & professionals as required to achieve outcomes. Information & Data will be shared & stored in accordance with Information Sharing Agreement
Legal Requirements	
Are there any legal enablers or legislation, of which you are aware, that aid in the use of personal information for the purposes you have specified in this questionnaire? If so, please specify in Further Information (below).	
Further information – Please provide any further information that will help in determining the Data Protection impact.	
<ul style="list-style-type: none"> ▪ Data Protection Act 2018 http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted ▪ Information Sharing Agreements with partners ▪ All employees and agents of the Council who processes Personal Data about living individuals must comply with the eight Data Protection Principles <ul style="list-style-type: none"> ▪ When considering this DPIA it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010 ▪ Commissioning contracts may contain additional data protection requirements in the T&Cs- 	

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DPIA outcome	
Does the system require further assessment for compliance?	
System assessment needed:	Yes

Risks (Privacy / Availability / Integrity)			
List any identified risks to privacy and personal information of which the project is currently aware. Risks to be populated in the Risk Register.			
Risk Description (to individuals, to the Authority or to wider compliance)	Proposed Risk solution (Mitigation)	Is the risk reduced, transferred, or accepted? Please specify / justify.	
1	Unauthorised person accesses Council data via system	<ul style="list-style-type: none"> Access to data is restricted by Council active directory groups. Only authorised staff are placed in the groups. Auditing of access, view and input can be monitored using current activity/auditing procedure The system is regularly PEN tested when any updates and new functionality are released. The Capita ONE system is fully supported by DELT. System is monitored for security breaches and unusual activity by the provider and appropriate action escalated through DELT as required. 	Reduced
2	Inappropriate handling or use of client data	<ul style="list-style-type: none"> Established legislation, regulation, policy & procedures, together with Staff training and Information Sharing Agreements between partners Procurement QA and contractual T&Cs relating data transfer between providers 	Reduced
3	Individual staff data (pay & grading) may be released to other staff/management	<ul style="list-style-type: none"> S: Drive storage locked down to authorised persons only. Sanitise structural data. Remove individual names for positions within staffing structure diagrams, before inclusion in consultation documents and briefings 	Reduced


		<ul style="list-style-type: none"> Stakeholders involved in the procurement will sign declaration of interest and confidentiality agreements 	
4	Data transferred to system is intercepted, accessed and / or changed by unauthorised people	<ul style="list-style-type: none"> The File Uploader function of the Capita ONE Professional Portal has been upgraded by the provider to give additional validation checks. This includes invoking a virus checker to verify the contents of the file being uploaded and to detect potentially malicious / disruptive content. 	Reduced
5	Authorised people retain Council data accessed / transferred via system longer than necessary	<ul style="list-style-type: none"> Deletion in accordance with retention schedule. Information is created as an information asset for any ongoing assessment and identification of need, in order to provide the necessary support. 	Reduced
6	Client data is retained by system supplier longer than necessary	<ul style="list-style-type: none"> System suppliers do not have access to the data 	Accepted
7	System data is merged with data from other organisations	<ul style="list-style-type: none"> Data is merged with data from other organisations, as this is the purpose of the programme Procurement QA and contractual T&Cs relating data transfer between providers 	Accepted
8	System data is stored in a location that is not compatible with the data protection Act	<ul style="list-style-type: none"> Data is stored in the UK 	Accepted
9	Council data is copied and archived by unauthorised third parties	<ul style="list-style-type: none"> Third parties do not have access to the data in order to archive 	Accepted
10	System is used by employees for purposes other than the stated purpose	<ul style="list-style-type: none"> The Capita ONE Professional Portal operates on a secure web portal with two-factor authentication for users. The Gateway Administration team verify and authorise users, which controls the data and information they are able to see. The File Uploader function of the Capita ONE Professional Portal has been upgraded by the provider to give additional validation checks. 	Reduced
11	Data subject access rights cannot be enforced by system	<ul style="list-style-type: none"> Data and information collected will be subject to the requirements of the DPA 2018 and PCC information protocols, policy & procedures. We 	Accepted

		have an information and communications technology strategy and an information management strategy that provides a framework for making best use of our information so that decision making, reporting and communications are based on accurate, available and trusted knowledge resources.	
12	Data subject deletion rights cannot be enforced by system	<ul style="list-style-type: none"> The Capita system has the ability to delete individual records via the Archive and Delete function. This is strictly controlled by business system administrators. 	Reduced
13	Data subject correction rights cannot be enforced by system	<ul style="list-style-type: none"> Business System Administrators have the ability to correct data at database level where appropriate. 	Reduced
14	System is taken offline maliciously, resulting in service not being delivered to clients.	<ul style="list-style-type: none"> System is hosted internally and monitored by a security specialist company Business continuity process exit for the service 	Accepted
15	Malicious person registers on system to access data	<ul style="list-style-type: none"> System access is controlled internally, with a formal approval process. 	Accepted
16	System is compromised and used to deliver malicious software to Council infrastructure	<ul style="list-style-type: none"> A full ITHC is conducted annually to ensure no vulnerabilities can be exploited. 	Accepted
17	Components of system installed on Council infrastructure used to compromise the infrastructure	<ul style="list-style-type: none"> No Components are installed 	Accepted
18	System allows malicious software to be transferred from 3rd party network to Council infrastructure	<ul style="list-style-type: none"> All communication with third parties is scanned and verified by the Council's perimeter security 	Accepted

Final assessment

Please refer to separate assessment documentation.

System assessment reference:**PEOP-000010****System addresses identified risks:****Yes****System is DPA compliant:****Yes****System is fit for purpose:****Yes****Sign off name****Sign off role****Date****Signature**

John Finch	PCC IGM	9 th May 2019	
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Ofsted Improvement Plan Progress Report
CABINET



Date of meeting: 09 July 2019
 Title of Report: **Ofsted Improvement Plan Progress Report**
 Lead Member: Councillor Jemima Laing (Cabinet Member for Children and Young People)
 Lead Strategic Director: Alison Botham (Director for Childrens Services)
 Author: Sandy Magee (Head of Service, Children, Young People and Families Service).
 Contact Email: Sandy.Magee@Plymouth.Gov.uk
 Your Reference: CYPF26/06/19
 Key Decision: No
 Confidentiality: Part I - Official

Purpose of Report

The purpose of this report is to provide an update on the Ofsted Improvement Plan & Progress as requested.

The Improvement Plan was developed following an Ofsted inspection undertaken in October and November 2018, under the Inspection of Local Authority Children's Services framework (ILACS). The report was published January 2019. The overall judgement from this inspection is that Plymouth Children, Young People and Families Service (CYPFS) requires improvements to be good.

The plan is work in progress and each area has more detailed plans that are being implemented and monitored by the monthly Improvement Board in the Children Young People and Families' Service, and chaired by the CYPFS Service Director.

Progress is reported to and monitored by the quarterly Safeguarding Assurance Meeting chaired by the Leader of the Council, as well as overseen by the Overview and Scrutiny Committee.

Recommendations and Reasons

1. Cabinet to note the contents of the Improvement Plan.
2. Cabinet to endorse the proposed monitoring of progress through the Improvement Board and Safeguarding Assurance Meetings.

Alternative options considered and rejected

This is an update report

Relevance to the Corporate Plan and/or the Plymouth Plan

We remain ambitious and determined to achieve the best outcomes for children and young people in Plymouth. We will build on the sustained improvements already achieved and recognised, so that all services are good or outstanding.

Implications for the Medium Term Financial Plan and Resource Implications:

All resource implications have been considered and incorporated within the MTFP and Children, Young People and Families Service Business Plan.

Carbon Footprint (Environmental) Implications:

All implications have been considered and incorporated within the Children, Young People and Families Service Business Plan

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

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

All implications have been considered and incorporated within the Children, Young People and Families Service Business Plan

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Plymouth Ofsted Progress Report							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

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Originating Senior Leadership Team member: Neelam Bhardwaja

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 27/06/2019

Cabinet Member approval: *[electronic signature (or typed name and statement of 'approved by email/verbally')]*

Date approved: 27/06/2019

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SAFEGUARDING IMPROVEMENT PLAN AND PROGRESS REPORT, MAY 2019

Children, Young People and Families Service, Plymouth City Council



Children, Young People and Families Service Improvement Plan

INTRODUCTION

We remain ambitious and determined to achieve the best outcomes for children and young people in Plymouth. We will build on the sustained improvements already achieved and recognised, so that all services are good or outstanding.

This Improvement Plan was developed following an Ofsted inspection undertaken in October and November 2018, under the Inspection of Local Authority Children's Services framework (ILACS). The report was published January 2019. The overall judgement from this inspection is that Plymouth Children, Young People and Families Service (CYPFS) requires improvements to be good.

The plan is work in progress and each area has more detailed plans that are being implemented and monitored by the monthly Improvement Board in the Children, Young People and Families Service, and chaired by the CYPFS Service Director. The activity set out in this over-arching plan forms the core of the corporate safeguarding improvement plan for children and young people. Progress will be reported to and monitored by the quarterly Safeguarding Assurance Meeting chaired by the Leader of the Council, as well as overseen by the Overview and Scrutiny Committee.

BUILDING ON PROGRESS AND EVALUATING THE QUALITY OF PRACTICE

We will continue to build on progress and improvement achieved since the ILACS in the key areas of concern highlighted during the inspection. Key progress to date includes:

- **A reduction in the % of children subject to multiple CP Plans**

The percentage of children on multiple plans has reduced from 26.8% in Mar 18, to 22.7% in Mar 19 below our target, and just below our Statistical Neighbour Group (SN) published figure of 23.9%.

- **Improved Short-term Placement Stability**

Over the last six months short-term placement stability has been a key area of improvement down from 12% in Mar 18 to 10.7% in Mar 19 and below our SN published figure of 13.5%.

- **Increased Long-term Placement Stability**

This has improved from 63% in Mar 18 to 66.1% in Mar 19 and is now just above our SN published figure of 65.9%.

▪ **Care Leavers Education, Employment or Training (EET) and Accommodation**

The proportion of Care Leavers that are in Education, Employment or Training as at the end of March 2019 was 56.6%, this is a 12.6 percentage point increase on the March 2018 position. The proportion of those in suitable accommodation also saw a substantial increase from 86.0% in March 2018 to 94.3% in March 2019. In addition 'staying put' increased from 2.6 percentage points to 16.7%.

A key focus will be maintained on improving all outcomes and those that relate to this plan will be monitored through a specific data set. This will be reported and reviewed in the Improvement Board and Safeguarding Assurance Meetings.

Reports and evidence will also be considered in relation to improving the quality of practice through audit and quality assurance activity. This will include evidence of embedding learning, and the impact of audit activity on improving outcomes.

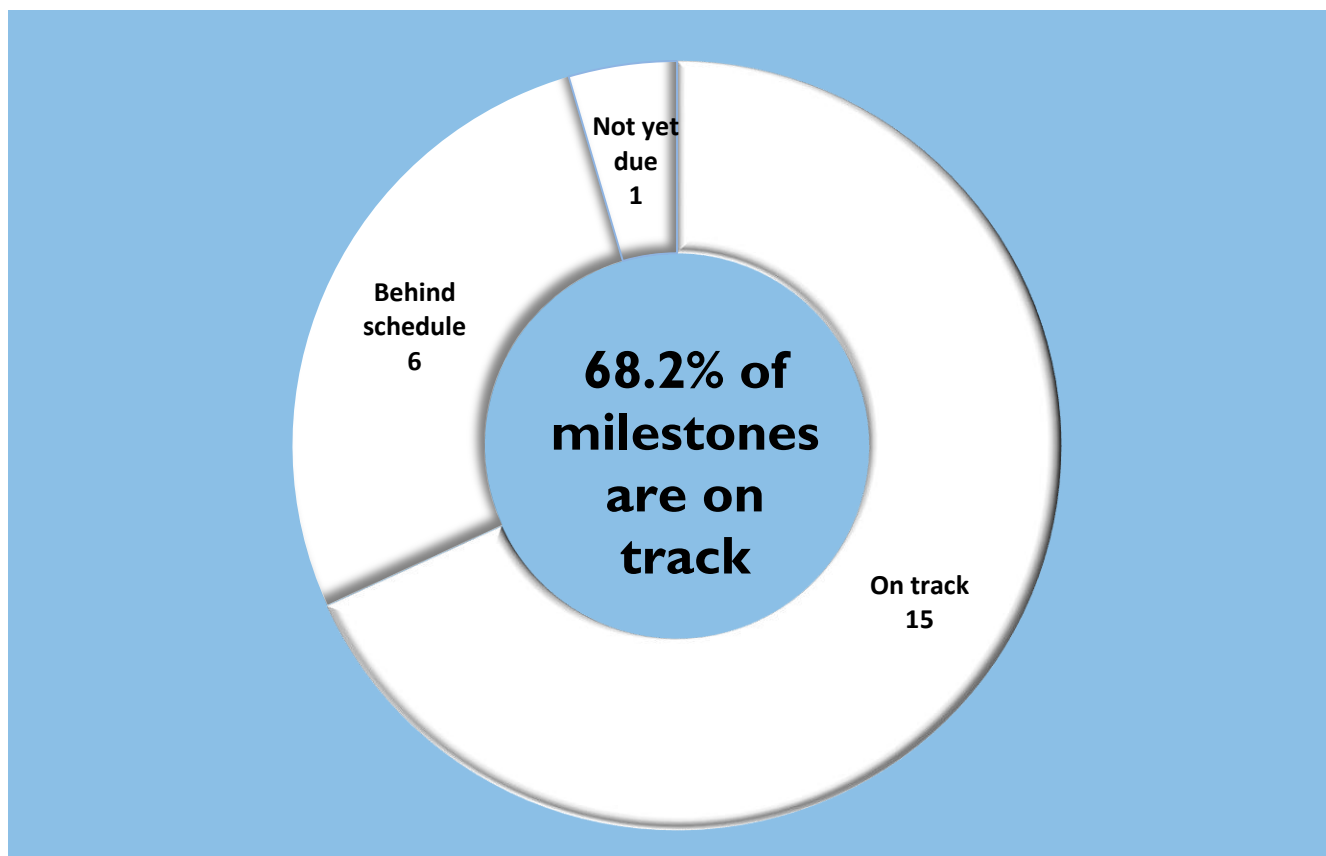


Alison Botham
Director of Children's Services

Summary of progress against milestones

There are 22 individual milestones across the six ILACS priorities. As shown in the figure below, we are currently on track with progress against 15 of the priorities (68.2%). One of our milestones is not yet scheduled to begin relating to: 1.4 “Ongoing rolling programme of multi-agency auditing will be undertaken by the operational steering group. Learning from audit work will be reviewed bi-monthly by the strategic steering group.” This work is due to commence in July 2019.

More information about progress against milestones is found within the sections of the report based on the Quality Performance Review Meeting (QPRM) methodology adopted by the Children, Young People and Families Service, which assesses progress based on three key questions: “What’s working well?” “What are we worried about?” and “What needs to happen?” behind.



ILACS Priority Action 1: Strategy discussions

We will improve the quality of strategy discussions, including records of decision-making and action plans so that families do not experience unnecessary intervention

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
I.1	Review of workflow and processes around Section 47 (s47) in the Plymouth Gateway Service has been completed.	KPIs indicate consistent conversion rates and timeliness. Safe decision making within statutory guidance. Records evidence appropriate decision making and management oversight in respect of all contacts and referrals and workflow tracker system implemented.	Monthly review in the CYPFS Improvement Board KPIs and in service audits. Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM	Commenced: January 2019 (Quarterly updates: Mar-19, June-19, Sep-19 and Dec-19) ON TRACK
I.2	We will increase management capacity within the Plymouth Children's Gateway Service by the appointment of a permanent Multi Agency Safeguarding Hub (MASH) Team Manager in order to provide consistency in threshold decision making when initiating strategy discussions, and by the siting of the s47 duty team manager in MASH each week to improve participation and communication.	Increased management capacity is in place, enabling and sustaining consistent threshold decision making and recording as evidenced by rate of rate of s47 KPI. Maintain monthly monitoring re rate of s47 KPI.		Commenced: January 2019 ON TRACK
I.3	Benchmark audit of s47 cases and strategy discussions has been undertaken by the Head of Service in December 2018 and repeated in January 2019 as part of the Plymouth Children's Gateway Review by multi-agency partners and learning discussed with team management group.	Improvement in threshold management for s47 decisions evidenced through audit.		Commenced: January 2019 (Quarterly updates: June-19, Sep-19 and Dec-19)

	Plymouth Children's Gateway Review will be repeated in June 2019.			ON TRACK
1.4	Ongoing rolling programme of multi-agency auditing will be undertaken by the operational steering group. Learning from audit work will be reviewed bi-monthly by the strategic steering group.	Sustained improvement in threshold management for s47 decisions evidenced through audit. Link to CYPFS Performance and KPI data Monthly monitoring activity.	Monthly CYPFS review of s47 rate KPI.	Commencing: July 2019 NOT YET DUE
1.5	Need for SMART recording of actions identified has been raised with Team Managers within a dedicated practice reflection seminar.	SMART actions recorded within minutes of strategy discussions and monitored and tracked by the responsible Team manager.		Commenced: December 2018 SLIGHT SLIPPAGE
1.6	Head of Service for Referral and Assessment Service has met with all Team Managers across the Children's Social Work and Permanence services individually to discuss improving strategy discussion recording.	Securing effective practice improvement evidenced by rate of s47 KPI and s47-ICPC timescales KPI.	Quarterly SAM s47 rate KPI. Quarterly audit reports.	Commenced: January 2019 SLIGHT SLIPPAGE
1.7	We will secure and monitor practice improvement by working with partners to improve workflows and threshold decisions the MASH. Improving and sustaining progress: rates of referrals; conversion rates of referrals to single assessments; s47 conversion rates; and workflow rates through the MASH.	Secured improvement against KPI performance data; % strategy discussions which led to s47 investigations % of S47 investigations leading to ICPC.		Commenced: January 2019 ON TRACK

ILACS Priority Action 1: Progress against milestones

What we want to achieve: A higher quality of strategy discussions, including records of decision-making and actions. This will prevent our families from experiencing unnecessary interventions.

How are we doing? There are seven progress milestones that, if achieved, will evidence improvements in our strategy discussions. We are currently on track with our progress towards four of these seven milestones, with the remaining milestone not due to come online until July 2019.

Supporting performance analysis: At the end of quarter four, 80.6% of Initial Child Protection Conferences were held within 15 working days of a strategy discussion, which is above the 75% target. In 2019/20 we will be looking to increase this percentage further.

	2017/18 Actual	Pre Ofsted Visit							Post Ofsted Visit					2018/19 Local Target
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
% Strategy discussions that lead to S47 <i>* This is a proxy measure</i>	69.4% (Local)	53.1%	50.5%	70.9%	66.2%	71.0%	74.8%	72.6%	62.9%	59.7%	45.1%	42.3%	57.3%	Monitor only
Section 47 enquiries per 10,000	357.3 (LAIT)	▼	▼	▲	▼	▲	▲	▼	▼	▼	▼	▲		
% S47 leading to ICPC <i>* This is a proxy measure</i>	22.5% (Local)	18.1%	19.2%	14.5%	21.4%	29.6%	9.3%	12.3%	17.3%	44.9%	48.3%	51.7%	23.5%	Monitor only
ICPCs per 10,000	87.8 (LAIT)	▼	▲	▼	▲	▲	▼	▲	▲	▲	▲	▲	▼	
% Initial Case Conference within 15 working days of Strategy Discussion YTD	91.3% (LAIT)	100.0%	90.2%	80.0%	76.6%	79.5%	81.5%	80.2%	77.5%	79.3%	78.4%	80.3%	80.6%	75%
% ICPC leading to CP Plans <i>* This is a proxy measure</i>	94.7% (Local)	82.6%	82.1%	79.3%	100.0%	81.0%	85.7%	100.0%	90.0%	90.0%	73.8%	83.9%	100.0%	Monitor only
		▼	▼	▼	▲	▼	▲	▲	▼	▼	▼	▲	▲	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

*Proxy measures: a proxy measure serves to give an indication of something that is not or can not be measured. For example, % Strategy discussions that lead to S47 is based on the number of S47s in the period divided by the number of strategy discussions in the period. The measure does not link the same children and therefore only gives an approximate view.

What's working well?

I.1: A review of workflow and processes around s47s in the Plymouth Gateway Service was completed in January 2019 and repeated in March 2019, addressing the vulnerability identified by Ofsted during the inspection and a detailed improvement plan implemented and monitored through the multi-agency steering group.

Headline work completed:

- Workflow timeliness triaging contacts and referrals through the Gateway into MASH, monitored by both the Advanced Practitioner Gateway and MASH Team manager, is now supported using the live tracker system function, which replaced the previous system of manual monitoring of workflow that was contributing to the delay in workflow. Clearly defined RAG-rated timescales of work going through from initial contact to referral response has been built into the live tracker so that 'at a glance' remedial action is taken to address delays in responding to safeguarding concerns or requests for support from families.

I.2: Appointment of the permanent MASH team manager has been achieved, increasing capacity within the Plymouth Children's Gateway service in order to provide consistency in threshold decision making when initiating strategy discussions, and by the siting of the s47 duty team manager in MASH each week to improve participation and communication.

I.3: Benchmark auditing of s47 cases and strategy discussions was completed in December 2018 and repeated in Jan 2019.

I.5: Initial action completed.

I.6: Initial action completed.

Headline findings:

- Thresholds were appropriate on the majority of cases audited. Follow up actions were identified for the cases where a threshold decision was questioned and actions have been completed so that those children and families have now received the correct service response.
- System of a monthly dip sampling audit by the service manager recommended on a small number of cases in order to measure consistency of decision making and actions.

What are we worried about?

- Pressure since January 2019 to date in Head of Service capacity has impacted on performance monitoring and focussed work in delivery of the Gateway improvement plan.
- At the last Quality Performance Review Meeting in May 2019 it was evident from performance discussions that further system changes are required to triage work into MASH, as highlighted by the Advanced Practitioner and MASH team manager who highlighted a potential issue in the Advanced Practitioner threshold decision making timeliness due to a duplication issue.
- QI data is not yet available to provide evidence of progress against KPI performance data, with available monthly data showing some variable performance.

- Whilst the initial actions have been completed in relation to 1.5 and 1.6, audit work by the Quality Assurance and Safeguarding Service and Principal Social Worker has identified variable compliance in standards.
- Activity to support learning from audit through a rolling programme by multi-agency partners within the operational steering group is not due to commence until July 2019.

What needs to happen?

- Head of Service will repeat Plymouth Children's Gateway Review by the end of June 2019 and recommendations will be implemented and monitored through the operational steering group.
- Duplicating decision making activity currently being undertaken by the Advanced Practitioner in Gateway and repeated in MASH to be resolved by Head of Service by the end of June 2019.
- Audit report will be published end of June 2019 and available for scrutiny, informed by QI performance data focussing on conversion rates of strategy discussions – s47s to ICPCs – as this will inform whether we are meeting our aim to ensure that families and children are not experiencing unnecessary interventions, repeat referrals and multiple child protection plans.
- Learning from audit activity undertaken by the Quality Assurance and Safeguarding Service and Principal Social Worker and addressed with individual Team managers will be monitored and repeated in line with ILACS priorities two and six.

ILACS Priority Action 2: Written plans

We will improve the quality of written plans

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
2.1	As part of the Transformation Agenda programme of work with Children, Young People and Families service and Education, Participation and Skills, an end to end review of the One Child One Plan electronic template and its data systems is being undertaken in order to improve: the linkage with the child's single assessment and the child's care plan; recording of clear timescales for required action points; and improved templates for core group meetings and child protection plans.	Improvement of social work practice evidenced by written plans which addresses risk, needs and timely action where children's circumstances are not improving. Link to: supporting reduction in % of children who experience multiple child protection plans and % of repeat referral rates.	Monthly review in the CYPFS Improvement Board KPIs and in service audits. Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.	Commenced: January 2019 SLIGHT SLIPPAGE
2.2	We will improve the quality of our practice in writing care plans so that it addresses the need to ensure that: contingency plans are clearly recorded as standard within each plan for the child or young person; plans are regularly reviewed and updated in response to changing assessed need and circumstances; and it is clearly recorded who will be responsible for completing what actions and the timescales required.	Improvement of social work practice evidenced by written plans which addresses risk, needs and timely action where children's circumstances are not improving. Link to: supporting reduction in % of children who experience multiple child protection plans and % of repeat referral rates.		Year long ON TRACK
2.3	The Professional Development Team will support the improvement of social work practice in care planning through its workforce development training programmes.	Evidencing and sustaining social work practice improvement.		Yearly rolling programme ON TRACK

<p>2.4</p>	<p>Quality assurance will be provided by the Child Protection Coordinators and IROs, both through the problem resolution process on an individual child basis and through participation in the Quality Assurance Framework auditing process.</p>	<p>Improvement of social work practice evidenced by written plans which addresses risk, needs and timely action where children’s circumstances are not improving.</p>		<p>Year long ON TRACK</p>
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ILACS Priority Action 2: Progress against milestones

What we want to achieve: Improvement in social work practice evidenced by written plans, which address risk, needs and timely action where children's circumstances are not improving.

How are we doing? There are four progress milestones that, if achieved, will evidence improvements in our written plans. We are currently on track with our progress towards three of these four milestones.

Supporting performance analysis: As at 31 March 2019, 22.7% of children were subject to multiple plans, which was a 1.2 percentage point improvement on 31 December. The number of children on a plan stayed reasonably stable, with a small reduction of four to 255 in the quarter (a rate of 48.7 per 10,000 children). The re-referral rate remains above target and above our statistical neighbours' performance (23.9% in March 2018). To date, improvements have been slight and slow. To drive the rate of re-referrals down, more needs to be done. The failure to maintain appropriate Children's Social Care caseloads is an operational risk for the Council. We are now performing some analysis pertaining to the closure of CIN cases and the impact on re-referral rates. Re-referrals have decreased for the second quarter in a row to end 2018/19 on 32.4%, however the rate of improvement needs to be more significant (0.9 of a percentage point since September).

We need a continued focus and embedding of a consistent application of thresholds, and to support partners to hold appropriate levels of risk and provide families with early help. We will continue work in respect of the offer given when we step down or end our support (step out), with the aim of ensuring that the right sustainable (SMART) outcomes are reached in order to prevent children and families from representing for a statutory response. In addition, Plymouth Children's Gateway Review will be repeated in June 2019.

	2017/18 Actual	Pre Ofsted Visit						Post Ofsted Visit					2018/19 Local Target	
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19		Mar-19
Re-referrals within 12 months (YTD)	28.0% (LAIT)	29.7%	30.9%	32.1%	32.7%	33.4%	33.3%	33.0%	33.1%	32.9%	33.0%	32.6%	32.4%	25%
% of children subject to multiple child protection plans	26.8% (LAIT)	36.8%	23.8%	24.6%	19.6%	24.6%	23.0%	24.7%	21.8%	23.9%	22.4%	24.8%	22.7%	23%
Number of children subject to multiple child protection	112/418 (LAIT)	7/19	10/42	16/65	19/97	28/114	29/126	36/146	36/165	48/201	52/232	64/258	64/282	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

What's working well?

2.2: In support of securing improvements in social work practice a comprehensive benchmark audit of written plans, specifically looking at 'Care Plans with No Responsible Person and No Target Date for Action', across all service areas has been undertaken by the Principal Social Worker. The audit was conducted through March to April 2019 and considered 1363 plans in total. The audit findings were published in May 2019 and shared with the senior management team and team managers, with actions specified to support improvement.

2.3: A series of monthly 'how to' drop in workshops, as part of the Professional Development team workforce training 2019 programme, began in May 2019 supporting workers to create high quality care plans. Workers attending these workshops have the opportunity to bring a 'live case' care plan and improve its quality, with the support of a Practice Educator who will track that quality and compliance of the care plan for that child is being maintained over a specified period of time.

2.4: Three-monthly dip sampling of 20 quality assurance audits commenced in March 2019, undertaken by the Quality Assurance and Safeguarding Service, looking at both compliance and quality aspects as part of the quality assurance framework audit timetable and in line with ILACS priority action six. In addition, the Independent reviewing officers (IROs) and Child Protection Coordinators (CPCs) are now routinely ensuring that they are compliant in any actions they recommend within child protection plans and child in care plans.

What are we worried about?

The audit of 'Care Plans with No Responsible Person and No Target Date for Action' is a significant piece of work as it provides the first service-wide baseline data of all children's care plans, which with some basic time and effort by the allocated worker can be improved to meet the recommendations Ofsted have made; this in turn will impact positively, not only on averting drift and delay for children but enabling parents and professionals to be clear on what they need to achieve, by when, and to be accountable for improving outcomes for the child.

Audit headlines:

Some or all actions do not have dates and *some or all* actions do not have parties responsible but *not all of them are missing* = **548**.

All actions are missing *all* dates and *all* responsible parties = **548**.

All actions have dates and parties responsible = **40**.

All actions have dates and *some* have parties responsible = **84**.

All actions have parties responsible and *some* have dates = **143**.

Audit headlines from Quality Assurance and Safeguarding dip sampling of cases identify the same variable performance as above and in particular that work to embed the practice of adding contingency actions to care plans also requires focus as it is not consistently evident from cases sampled. Learning from these cases has been shared with individual workers and is being tracked through escalation processes by the individual Independent reviewing officers (IROs) and Child Protection Coordinators (CPCs.)

2.1: Is slightly behind as it is contained within the scope of the End to End (E2E) review project, which has now combined with the Front Door review into one transformation project delivery plan. However, until this is achieved, focus will remain on getting the basics right in our written plans.

What needs to happen?

Progress against the baseline data and dip sample audit work by the Quality Assurance and Safeguarding Service will be tracked and monitored at the next and subsequent Ofsted Improvement Plan Governance board meetings with relevant service managers providing an evidence update of progress.

Specifically implement recommendations:

- **Every team manager** must ask **every affected practitioner** to version up their care plan at the next planned care plan review or Core Group meeting.
- The practitioner must ensure that **every** action corresponds with a person responsible and a date due by set. The plan should be forwarded to the team manager for approval and the team manager needs to check every plan action to see that it corresponds with a date due by and a person responsible.
- If there is **one uncompleted action**, the team manager must not authorise the plan and must ask the practitioner to put it right.
- Each Service Manager will undertake spot checks of care plans to see if this has occurred.
- Focus on supporting practitioners to add coherent contingency actions into each care plan.

2.1: We will receive confirmation, imminently, on when technical work will begin to create newer versions of One Child, One Plan, Core Group minutes and child protection plans from the Front Door/E2E project delivery plan.

ILACS Priority Action 3: Sufficiency of local placements

We will improve the sufficiency of local placements to meet the needs of older children

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
3.1	We will continue to progress long-standing sub-regional placement partnership arrangements with Devon, Torbay and Somerset to strategically commission and QA fostering and children's home placements.	Secure improvements in long term placement stability. Link to – KPI performance management target of supporting young people to experience greater stability in accommodation.	Monthly review in the CYPFS Improvement Board KPIs and in service audits.	Year long ON TRACK
3.2	We will continue to embed the Plymouth residential block contract "Caring in Partnership" by growing the number of local beds and ensuring multi-agency support is available to placement providers.		Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.	Year long ON TRACK
3.3	We will develop a local model of crisis accommodation for young people aged 16+ to support them in an emergency, but also offer space to allow existing placements to stabilise.		Progress monitored at Children's Programme Board.	March 2019 ON TRACK

ILACS Priority Action 3: Progress against milestones

What we want to achieve: An improved sufficiency of local placements to better meet the needs of older children. Secure improvements in long term placement stability and achieve KPI performance management target of supporting young people to experience greater stability in accommodation.

How are we doing? There are three progress milestones that, if achieved, will evidence improvements in our local placement sufficiency. We are currently on track with our progress towards all three of these milestones.

Supporting performance analysis: Long-term stability of placements has improved steadily over the seven months from September to March. Performance at the end of March 2019 was at 66.1% compared to 55.9% in September 2018. This is an encouraging indication that the process of risk assessment and approach to stability meetings is having a positive impact.

	2017/18 Actual	Pre Ofsted Visit							Post Ofsted Visit					2018/19 Local Target
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Short Term Placement Stability of Looked After Children (three placements within year)	12.0% (LAIT)	12.5%	13.7%	13.9%	13.3%	12.6%	13.2%	12.7%	10.7%	11.4%	12.1%	11.5%	10.7%	12%
Number of children who are not yet in a stable placement	52/417 (LAIT)	52/415	58/422	60/432	57/430	52/413	56/424	54/427	45/421	47/414	50/412	47/408	44/410	
Long Term Stability of Looked After Children continuously for at least 2.5 years	63.0% (LAIT)	61.1%	61.1%	59.8%	58.3%	56.9%	55.9%	59.1%	64.6%	65.2%	67.0%	67.6%	66.1%	70%
Number of children who are in a stable placement	69/109 (LAIT)	66/108	66/108	64/107	63/108	66/116	66/118	68/115	73/113	75/115	75/112	75/111	74/112	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

What's working well?

3.1: Joint Peninsula funding from commissioning budgets has been diverted from focussing on procurement to the creation of a Peninsula Commissioning Assistant role, to support the co-ordination of Quality Assurance (QA) activity in relation to placements. A virtual QA team with representatives from each Local Authority (LA) is in the process of being formed to ensure that information obtained from placement visits is shared. Independent Reviewing Officers and the Head of the Virtual School from Plymouth are included in this group. Provider meetings are ongoing to discuss the needs of each LA and to support providers to further expand their provision in the south west, to increase placement sufficiency.

3.2: As part of the Caring in Partnership block contract, a new solo children's home in Plymouth is currently being registered with Ofsted and is due to open in July. A new provider to the south west is planning to open a three bedded home in Plymouth during the autumn of 2019, which will help to increase the range of placements available locally. The multi-agency Caring in Partnership group, which supports the contract, is currently working to improve how new placements are made in the homes to ensure that the providers have all essential information prior to placements beginning, to support a positive start.

3.3: A provider market engagement event has been held with 16+ providers to describe the need for a new type of crisis response provision in Plymouth. The procurement of the new service is due to be launched in June, with the service beginning once staff have been recruited in late summer. This activity will secure up to four new supported accommodation beds by October 2019. We will also be working with the Complex Needs Alliance to ensure that the needs of young people aged 16+, in care and care leavers, are considered for the development of future provision. In addition, interim management capacity within the Permanency Service has been secured through an experienced manager from Adult Social Care temporarily seconded to Children, Young People and Families service for six months in order to support the tracking of young people and placement stability.

What are we worried about?

At present, all milestones remain on track. At times operational demands for placements can take priority over progressing the strategic work, which will lead to longer term transformational change. However additional commissioning capacity is being increased within the Commissioning team, which will address this.

What needs to happen?

- We will ensure that the 16+ crisis response service is commissioned as a priority, as this will reduce system pressures in supporting young people in crisis, and delivering improved outcomes by providing up to four new supported accommodation beds by October 2019.
- Secure additional capacity within the Children's Strategic Commissioning Team through permanent appointment. We have advertised for a new Commissioning Officer to focus specifically on placements, both in supporting immediate sourcing of provision but also ongoing development of the market. A candidate has been provisionally appointed and we are awaiting final employment checks and confirmation of a start date.

ILACS Priority Action 4: Supervision and management

We will improve the quality of recording of supervision and management oversight

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
4.1	Supervision recording templates have been refreshed to clearly record case key decision making points and improved management oversight.	Improvements in management oversight and decision making has already been secured as evidenced through audit work carried out by the Principal Social worker.	Monthly review in the CYPFS Improvement Board KPIs and in service audits.	January 2019 ON TRACK
4.2	Principal social worker will undertake an appreciative enquiry supervision audit with each service area, with an action plan produced which addresses the improvement areas required.	This activity has commenced and feedback has been provided to individual Team managers and their line managers and the Service Director	Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.	Commenced: December 2018 ON TRACK
4.3	Professional Development Team, alongside the Principal Social Worker, will undertake monthly audit activity across the team management staff group in order to quality assure compliance of supervision recording practice. Learning and feedback will be delivered to the relevant Head of Service and Service Manager for monitoring purposes.	Secure and maintain improvements in management oversight and decision making		Commenced: January 2019 ON TRACK

ILACS Priority Action 4: Progress against milestones

What we want to achieve: An improved quality of the recording of supervision and management oversight in which decision making is clear and transparent in addressing risk and achieving outcomes for children.

How are we doing? There are three progress milestones that, if achieved, will evidence improvements in our recording of supervision and management oversight. We are currently on track with our progress towards all three of these milestones.

What's working well?

4.1: Achieved and launched in February 2019 across Children, Young People and Families Service. The changes to the supervision template clearly addresses the points raised by Ofsted that manager and key decision making points are not clearly recorded on the child's case file.

4.2: From December 2018 to March 2019, Appreciative Enquiry sessions with team managers in each service area and individual mentoring support to new managers has been provided in order to improve supervision practice.

Two supervision audits have been undertaken by the Principal Social Worker and Professional Development team in March 2019 (covering the period December to February) and May 2019 (covering March to May). The first audit looked at compliance of recording onto children's case files and the second at quality against the new template evidencing key decision making. This has provided detailed analysis of current performance issues to be addressed within each service areas and performance of individual managers. The significant positive from the audit is that over the last three months, 1,373 supervision notes have been added as formal supervision observations across the service to the children's electronic records. This was a deficit during the last Ofsted inspection, with many managers recording supervision as a management observation or not at all so this represents a trajectory of improvement. Service managers and Heads of Service undertook a development activity in March 2019, agreeing actions for supporting their managers and their own role modelling of recording and supervision practice.

What are we worried about?

The first audit identified that supervision practice amongst managers within Plymouth Referral and Assessment service (PRAS) improved following the Appreciative Enquiry exercise initially but had not sustained by the second audit activity, whereas the Permanency Service is the least compliant. Conversely, the service considered most under pressure during this period, Children's Social Work service (CSW), has made the most improvement across a range of managers, some of whom are new to the service and received mentoring support early on in supporting their development. The capacity issues of Heads of Service were highlighted and given consideration in the second audit during that period.

Further headlines from these audit activities are that:

- Providing further training opportunities will not support the improvements that Ofsted have recommended we achieve in order to clearly evidence management oversight and decision making. Focus now needs to be performance related and the audit report provides baseline data on individual practice that can now be tracked and monitored by the senior management team.
- The supervision practice of Service managers (and Heads of Service) directly correlates on how well their team managers perform.

What needs to happen?

- Second audit baseline data will be shared with team managers in each service area and compliance monitored with individual team managers to track performance improvements.
- Service managers and Heads of Service will address their own practice and provide focus on leading cultural change.
- Quality Assurance and safeguarding audit timetable for 2019 will be amended to include specific supervision audit activity in the autumn 2019.
- Heads of Service will undertake a plan of spot checks of supervision practice within their areas of responsibility each month.

ILACS Priority Action 5: Care leavers

We will improve the quality of services to care leavers, including educational, employment and training opportunities

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
5.1	We will continue to promote the care leavers' pledge and finalise the care leavers' offer with the support of our Corporate Parenting Board, including: offer apprenticeship placements within the Mayflower Programme and within our Street Services division; through the work of the project group we are coordinating with our partners in Education, Participation and Skills, HR&OD and working in partnership with Plymouth Employment Network Group developing comprehensive opportunities for work experience and apprenticeship placements within the Council, in line with Pledge 48; waiving of council tax; maximising opportunities for sport/leisure access; and developing the care leaver's participation group, supporting the promotion of the care leavers' offer.	<p>Plymouth City Council has agreed to waive council tax for care leavers and comes into effective from the 1st April 2019.</p> <p>Increasing numbers of children in care and Care leavers in work experience and work.</p> <p>Impact measured by feedback from care leavers.</p>	<p>Monthly review in the CYPFS Improvement Board KPIs and in service audits.</p> <p>Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.</p>	<p>April 2019</p> <p>SLIGHT SLIPPAGE</p>
5.2	We will continue to work with our partners in addressing the accommodation needs of our most complex care leavers through the Complex Lives Alliance project, consisting of multi-agency partners and Strategic Commissioning.	This will be measured by the numbers of Care leavers in suitable accommodation, education and training.	Cabinet monitoring re delivery of Pledge 48.	<p>Launch date: April 2019</p> <p>ON TRACK</p>
5.3	We will work to maintain the caseloads for Personal Advisors at the defined level and ensure they benefit from relevant training opportunities for their role.	Caseloads maintained at optimum levels and training needs monitored through supervision meetings.		<p>Year long</p> <p>SLIGHT SLIPPAGE</p>

ILACS Priority Action 5: Progress against milestones

What we want to achieve: An improved quality of services to care leavers, including opportunities for education, employment and training.

How are we doing? There are three progress milestones that, if achieved, will evidence improvements in our quality of services to care leavers. We are currently on track with our progress towards one of these three milestones.

Supporting performance analysis: The percentage of care leavers in employment, education or training has improved significantly during the year, from 44% in March 2018 to 56.6% in March 2019. This puts Plymouth above both England (51%) and statistical neighbours (43.6%). Similar levels of improvement have been achieved in the percentage of care leavers in suitable accommodation, which has improved from 86% in March 2018 to 94.3% in March 2019 and is again above England (84%) and statistical neighbours (80.3%). These improvements have been due to care leavers being better integrated into the Permanency Teams, which has improved transitions and levels of engagement with young people in care.

	2017/18 Actual	Pre Ofsted Visit							Post Ofsted Visit					2018/19 Local Target
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
% of Care Leavers in EET	53.0% (LAIT)	52.0%	55.0%	54.8%	53.0%	54.5%	54.6%	55.1%	58.2%	56.9%	58.4%	57.5%	56.6%	65%
Number of Care Leavers in EET	121/227 (LAIT)	116/224	117/214	119/217	116/219	121/222	118/216	119/216	124/213	123/216	128/219	127/221	129/228	
% Care Leavers in Suitable Accommodation	86.0% (LAIT)	92.9%	93.5%	93.5%	90.9%	92.8%	91.7%	92.1%	94.8%	94.4%	95.9%	95.9%	94.3%	90%
Number of Care Leavers in Suitable Accommodation	172/200 (LAIT)	208/224	200/214	203/217	199/219	206/222	198/216	199/216	202/213	204/216	210/219	212/221	215/228	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

What's working well?

5.1: Waiving council tax for care leavers was implemented in April 2019 and work for improving the Corporate Parenting Board (CPB) structure and governance arrangements and functioning are progressing, with the development session for the new CPB taking place on 17 June. The development of the care leavers' participation group is also well underway, supporting the promotion of the care leavers Pledge and Offer. There has been a small increase in the number of care leavers in suitable employment, education and training and work to identify a care experienced apprentice to join the Professional Development Team, within the Children, Young People and Families service is also underway. The Complex Adults Alliance was launched in April 2019, and representatives from the Alliance have attended team/service meetings to promote collaboration.

The "Care Journey" work with Barnardos is well underway and Plymouth is only one of three LAs nationally to be benefitting from this seven year-long investment. The work is aimed at improving outcomes for care leavers.

A joint workshop with Plymouth Community Homes is taking place on 28 June to explore the comprehensive training that can be provided to care leavers before being granted a tenancy to minimise the possibility of the tenancy breaking down.

5.3: Two Personal Advisors have joined the Permanency Service, funded by the DfE Rough Sleepers Grant, increasing capacity. Accurate training logs for Personal Advisors have been completed and training needs are being monitored through regular supervision arrangements.

An interim Head of Service has now been appointed to the Permanency Service, to cover the long term absence of the permanent Head of Service, and started work on 3 June 2019.

What are we worried about?

Development and vision for the permanency service and of the Personal Advisor role functions have been slightly delayed due to the long term absence of the HOS. This work will now be prioritised. There has been some fluctuation in the caseloads of Personal Advisors due to staff changes over the last two months, however, capacity is now stabilising and caseloads are once more reducing. Improving the number of care leavers accessing education, employment or training requires continued focus not just within the Permanency Service.

What needs to happen?

Better focus on an improved care planning leading up to the 18th birthday and a renewed focus on care leavers who are not in employment, education and training.

ILACS Priority Action 6: Auditing of casework

We will improve the quality of and learning from auditing of casework

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
6.1	We will continue to develop the Quality Assurance framework audit process, specifically by: build the inclusion of service user feedback as standard within the Quality Assurance Framework audit process; re-establish the requirement that staff should complete the self-reflection tool as part of the audit process; senior leadership team participation in audit activity will be built into the audit activity process; and revise and refresh the audit tool template in order to capture quality assurance of both thematic and casework practice.	Securing improvements in child participation and customer feedback measured and reported through QPRM process.	<p>Monthly review in the CYPFS Improvement Board KPIs and in service audits.</p> <p>Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.</p>	<p>April 2019</p> <p>ON TRACK</p>
6.2	Improve the effectiveness of audit activity and its contribution to service improvements. We will close the learning loop by publishing findings from audit activity within a dedicated staff bulletin developed and published by the Quality Assurance and Safeguarding Service. Management oversight will be provided through team meetings, with the expectation that the published learning from audit activity should be a regular agenda item for team performance and practice discussion.	Outcomes from audit work feeding into lessons learnt and identifying actions which impact on service improvement.		<p>May 2019</p> <p>Year Long for management oversight</p> <p>SLIGHT SLIPPAGE</p>

ILACS Priority Action 6: Progress against milestones

What we want to achieve: An improved quality of and learning from the auditing of casework informed by child participation and customer feedback and which evidences its effective contribution to service improvement.

How are we doing? There are two progress milestones that, if achieved, will evidence improvements in our quality of and learning from casework audits. We are currently on track with our progress towards one of these two milestones and making good progress to achieve the second.

What's working well?

6.1: The Quality Assurance Framework Audit process and timetable for 2019 has been improved and launched with new templates, which included from April 2019 child participation and customer feedback. Since its launch, 12 families to date have provided feedback, which although small in number thus far we are confident will grow and will support service improvements and individual social work practice.

Audit activity undertaken since January 2019 includes thematic as well as specific monthly auditing including of written plans, supervision orders and repeated child protection plans. Headlines of how audit work is supporting service improvement include: identifying non-compliance with progressing child protection plans during April; progressing child in need plans and identifying drift, resulting in urgent remedial action swiftly put in place to ensure that children were appropriately safeguarded and securing practice improvement; and dip sample auditing of case plans in support of ILACS priority action two.

6.2: Closing the learning loop as recommended by Ofsted includes: findings from audit work undertaken between January and March have been cascaded down to managers and practitioners through the quarterly audit report and by providing learning to practitioners and their managers on an individual basis following case audit completion; and tracking of actions plans is being monitored by the service.

What are we worried about?

There is a slight purposeful delay in launching the dedicated staff bulletin due to changes at the design stage; however this will result in a better quality publication, making use of technology platforms currently available through Windows 10 (rather than a traditional document bulletin). This will also enable learning from Serious Case reviews and bite size social work practice 'tips' to be included into the platform. An audit report covering April to June will be published by the Safeguarding Service manager at the end of June 2019 and learning cascaded down to managers and individual practitioners until the new on line system is launched.

Following the performance findings from the supervision audits undertaken by the Principal Social Worker, dip sampling audit activity will now be added to the 2019/20 timetabled audit programme.

Inclusion of senior managers in the audit process has begun and more thought is being given to establishing a moderation panel.

What needs to happen?

- Continue development of Quality Assurance and Safeguarding Service Audit and Learning platform and launch by end of July 2019.
- Audit report to be published covering April to June 2019 activity and analysis of child participation and customer feedback so that emerging themes can be identified and learning and service improvement implemented.
- Continue to track learning from audit work through QPRM bi-monthly performance meetings and Ofsted Improvement Plan Governance board.

Further Information

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