



### **Oversight and Governance**

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Published 03 July 2019

## **HEALTH AND WELLBEING BOARD**

Thursday 11 July 2019  
10.00 am  
Warspite Room, Council House

### **Members:**

Councillor McDonald, Chair  
Councillors Mrs Bowyer, Laing and Kate Taylor.

**Statutory Co-opted Members:** Interim Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

**Non-Statutory Members:** Plymouth Community Homes, Livewell SW, University Hospitals Plymouth NHS Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner and the Voluntary and Community Sector.

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

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### **Tracey Lee**

Chief Executive

## **Health and Wellbeing Board**

**1. To note the Appointment of the Chair and to Appoint the Vice-Chair**

The Committee will be asked to note the appointment of the Chair for the municipal year 2019/20 and appoint a Vice-Chair.

**2. Apologies**

To receive apologies for non-attendance by Health and Wellbeing Board Members.

**3. Declarations of Interest**

The Board will be asked to make any declarations of interest in respect of items on this agenda.

**4. Chairs urgent business**

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

**5. Minutes (Pages 1 - 8)**

To confirm the minutes of the meeting held on 7 March 2019.

**6. Questions from the public**

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

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

**7. Long Term Plan (LTP) for Devon (Pages 9 - 18)**

**8. Plymouth Report 2018/19 (Pages 19 - 124)**

**9. Plymouth as a Trauma Informed City (Pages 125 - 150)**

**10. Work Programme (Pages 151 - 152)**

## Health and Wellbeing Board

**Thursday 7 March 2019**

### **PRESENT:**

Councillor Tuffin, in the Chair.  
Dr Shelagh McCormick, Vice Chair.  
Councillors Mrs Bowyer and McDonald.

Craig McArdle (Interim Strategic Director for People), Anna Coles (Director for Integrated Commissioning), Cath Farrin (Devon and Cornwall Police for Tamasine Matthews), David McAuley (Livewell SW for Dr Adam Morris), Professor Bridie Kent (University of Plymouth), David Bearman (Devon Local Pharmaceutical Committee), Nick Pennell (Healthwatch), John Clark (Plymouth Community Homes), Ann James and Dr Ian Higginson (University Hospital Plymouth NHS Trust) and Ruth Harrell (Director of Public Health).

Apologies for absence: Tamasine Matthews (Devon and Cornwall Police), Dr Adam Morris (Livewell SW) and Alison Botham (Director of Children's Services).

Also in attendance: Rachel Silcock (Strategic Commissioning Manager), Paul O'Sullivan (NEW Devon CCG), Sarah Ogilvie (Consultant in Public Health), Paul Elliot (Low Carbon City Officer) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 11.42 am.

*Note: At a future meeting, the committee 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.*

73. **Appointment of Vice Chair**

Agreed to appoint Dr Shelagh McCormick as Vice-Chair.

74. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

75. **Chairs urgent business**

There were no items of the Chair's urgent business.

76. **Minutes**

Agreed that the minutes of 10 January 2019 were confirmed.

77. **Questions from the public**

There were no questions from members of the public.

78. **Chairs Report - Verbal Update**

The Chair (Councillor Tuffin) provided a verbal update to the Board and highlighted the following –

Health and Social Care Committee – Sexual Health Inquiry visit 11 February 2019

The Health and Social Care Select Committee's (HSCSC) role is to scrutinise policy, administration and expenditure of the Department of Health and Social Care and its associated bodies. This visit was part of an inquiry into sexual health and provides the Committee with an opportunity to hear first-hand experience from those working in the field.

In acknowledgement of the risks of service fragmentation the partnership of University Hospital Plymouth NHS Trust, Livewell SW, Eddystone Trust and the Zone worked with NEW Devon Clinical Commissioning Group, NHS England and public health commissioning leads from neighbouring areas to overcome geographical and commissioning boundaries and promote clear pathways and improved access.

The Committee praised our approach to the joined up Commissioning and Delivery of services but acknowledged that recent cuts to Public Health grant created challenges.

Local System Reviews

Local progress and action plan had been subject to a Monitoring visit, the findings were on the agenda but the good progress made as a system had been noted.

Wellbeing Hubs

The next Hub at Cumberland would be opening on 22 March 2019. In order to support the Hubs the new Advice and Information on line directory would be launched in June 2019. This would enable people to access the right accurate information about services across the City and would replace the existing Plymouth Online Directory (POD). They have hosted a number of visits to the Hubs and these facilities were continuing to provide support to people out in the local communities.

Developments in patient services

In February 2019 waiting times for patients needing cardiology diagnosis and treatment started to be addressed with the opening of a third specialist lab in the grounds of Derriford Hospital. Currently there are two cardiac catheterisation (cath) labs for cardiology patients at the hospital, which does not give sufficient space to see and treat all the patients needing planned procedures as well as those patients coming in as emergencies. Some patients had been waiting for 40 weeks for

angiogram tests and up to 52 weeks for artery-widening treatment, called angioplasty.

In a bid to secure extra capacity to treat patients in a timely way, [Regent's Park Healthcare](#) RPH), a private provider of cardiology services, was building a specialist centre at the back of the hospital, just behind the South West Cardiothoracic Centre's Terence Lewis building. In a partnership arrangement, the new centre would offer services for NHS patients three days per week initially.

This week major building works were taking place within the Resus area at Accident and Emergency enabling further improvements to the local emergency department facility.

79. **Loneliness Action Plan**

Rachel Silcock (Strategic Commissioning Manager) was present for this item and referred to the report in the agenda. It was highlighted that extreme loneliness could have an impact on health and wellbeing and the following were key in providing support -

- five ways to wellbeing;
- generational volunteering;
- the Elder Tree;
- social prescribing;
- Wellbeing Hubs.

The Board supported the Loneliness Action Plan which highlights the good work taking place and the support provided by The Elder Tree across the city.

The Board agreed to adopt the Loneliness Action Plan and to receive further progress updates.

(This item was moved to facilitate good meeting management.)

80. **Care Quality Commission Action Plan**

Craig McArdle (Interim Strategic Director for People) was present for the item and reported that this now concludes the local area review for Plymouth. Significant progress had been made around the system flows and pathways.

The following comments were made in response to the report -

- (a) relating back to the loneliness agenda and picking up people in hospital much earlier;
- (b) linking to the skills of the growth board around a new model of care and workforce.

The Board noted the report and update and agreed to set up a sub working group to discuss workforce development.

81. **Integrated Commissioning Next Steps**

Anna Coles (Director of Integrated Commissioning) was present for this item and reported that this paper builds on the ambition of this board. It was reported that over the last two years the local authority had worked closely with NHS partners to provide the strategic direction and develop the long term plan with local planning around the local population. It was further added that there would be a greater focus on health and wellbeing putting prevention at the heart of the Sustainability and Transformation Partnership.

The Board noted the progress and supported the Integrated Commissioning Next Steps for Health and Wellbeing as being in line with the original ambition set by Health and Wellbeing Board in 2013. Further updates will be provided to the Health and Wellbeing Board on progress.

82. **NHS Long Term Plan**

Paul O'Sullivan (NEW Devon CCG) was present for this item and provided a presentation to the Board and invites the Board to assist with the development of the local response to the long-term plan.

The following comments were made -

- (a) the need to continue to focus on prevention and mental health. In Plymouth are doing a lot of things right and really important to get the right outcomes for Plymouth and for this plan not to take us off course;
- (b) welcome the broader engagement and how this would feed down to the grass roots and communities. The three Healthwatch's across Devon whilst operating individually also work together in a strategic alliance to address the Devon wide issues;
- (c) taking health and care at it broadest level gives us a real opportunity to think significant growth and emphasis in all areas that determine health and wellbeing. There are two opportunities around supporting people and to look at economic growth in jobs that are sustainable. Locally making sure our population can access services locally that they currently have to travel away for and as well as careful attention to the language we use locally;
- (d) that locally too many adults and children were waiting to see a dentist which has an impact on future health;

- (e) the Integrated Care System (ICS) model within the long term plan talks about primary care network being a fundamental building block of that system and this was to be welcomed;
- (f) be more innovative around the health students and looking at other opportunities on how we provide care;
- (g) the need to put children at the centre of this plan was fundamental. It was highlighted that there was additional funding at the STP for prevention. This Board needs to have visibility of this funding and how it's used to meet local priorities.

The Board approved the local plans in respect of the NHS Long Term Plan.

83. **Tackling Physical inactivity in Plymouth - update**

Sarah Ogilvie (Consultant in Public Health) provided a report and it was highlighted that 23.3 percent of the population of Plymouth undertake less than 30 minutes of physical activity per week and around 36% of children and young and people undertake less than 30 minutes of exercise a day. Those living in the more deprived areas were more inactive and most Plymouth residents do want to be more active. Plymouth was in a good place to undertake a whole system approach to physical inactivity and they were working closely with Sport England, Active Devon and the community and voluntary sector to promote physical activity in the city.

The following comments were made in response to the report -

- (a) that there was an opportunity for this board to get behind the park runs held within the city and to actively promote this;
- (b) to have a bigger presence within GP surgeries on the importance of being physically active and for the primary care networks to start having this conversation.

The Board to note the report.

84. **Impacts of Poor Quality Housing on Health**

Sarah Ogilvie (Consultant in Public Health) and Paul Elliot (Low Carbon City Officer) were present for this item and referred to the report in the agenda. The report provides a brief review on the current housing stock in Plymouth and how this can lead to poor health outcomes for residents in the city. Councillor Tuffin and Councillor Penberthy called a meeting to discuss the impact of poor quality housing on health and wellbeing.

The following comments were made in response to the report -

- (a) that there were issues with social housing with not enough homes and overcrowding. There were a significant number of people that live in fuel poverty and do not use heating or fans

which attracts damp and welcome the focus on this for the city and for all partners to come to together to get the right outcomes and improving the quality of homes;

- (b) to promote more widely the Buy with Confidence Scheme to homeowners that have issues with their home and to be able to source a reliable company;
- (c) the Plan for Homes 3 was signed off this week by Cabinet and a suggestion put forward to the Board to champion this plan.

The Chair thanked Sarah Ogilvie for her contribution to the Board and wished her well for the future.

The Board –

1. Further acknowledged the importance of housing as a major determinant of health across all representation of the Health and Wellbeing Board.
2. The establishment of an officer group of relevant stakeholders across the city to look at:
  - Scale and mapping of the challenge – building on or existing understanding of local hazards, risks and assets
  - Production of an action plan based on the Sustainable Transformation Partnership (STP) housing challenge paper
  - More innovative commissioning of services which includes preventative measures.

85. **Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils 2017-2018**

Sarah Ogilvie (Consultant in Public Health) was present for the item and referred to the report in the agenda. It was reported that there was a requirement that the report annual report is presented to each of the Health and Wellbeing Boards for information and consideration and covers –

- communicable disease control and environmental hazards;
- immunisation and screening;
- health care associated infections and anti-microbial resistance

NHS England and Public Health England have the lead responsibility for the commissioning and performance of the screening and immunisation programme as well the management of outbreaks. The Local authority has an assurance role specific responsibility for working with Public Health England on the uptake of the immunisation programme as well as a role in emergency situations.

The Board noted the report and that a more detailed presentation on the Health Protection 2018/19 report to be provided the Board at a future meeting.



86. **Work Programme**

Board members were invited to forward items to populate the work programme. It was agreed to add the following items –

- I. Learning disabilities.

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# A LONG-TERM PLAN FOR DEVON

Health and Wellbeing Board



Date: 11 July 2019  
 Title of Report: A Long-Term Plan (LTP) for Devon  
 Contact Email: ross.jago@nhs.net  
 Your Reference: LTP2 PHWB  
 Key Decision: No  
 Confidentiality: Part I - Official

## Purpose of Report

At the meeting in March 2019, the Health and Well Being Board discussed the approach to developing a wider Devon system plan in response to the NHS long-term plan.

As previously discussed, Health and Well Being Boards and the individual partners have a key role in shaping and delivering Devon's system plan. The broadened scope of this NHS Long Term Plan (LTP), particularly in seeking to strengthen action on prevention and inequalities, provides a clear opportunity for contributing and working in collaboration to address challenges at both local and system level.

National planning guidance has now been published and the purpose of this paper is to both:

- Provide an update on the process and timescale for developing the Devon system response to the LTP including the process for engagement.
- Provide an update on population need and shared priorities for well-being that will inform the plan.

This in turn can ensure a clear and credible plan that Members feel not only takes account of the needs of the communities they represent, but also how they can contribute to improving population health and well-being and the delivery of health and care services in Devon. In doing this the plan is to engage not only with county Members, but also District Councils, the public and the voluntary sector. This has been built into the process described in this paper.

## Recommendations and Reasons

That the Committee agrees to-

1. note the progress to date and the proposed process, timescales, materials and levels of engagement for the development of Devon's Long-Term Plan and endorses the robustness of the process;
2. develop a joint working arrangement with Devon and Torbay HWB to agree a common set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate

## Alternative options considered and rejected

None.

Preparation of a local response to the long-term plan is a requirement upon the NHS.

### Relevance to the Corporate Plan and/or the Plymouth Plan

By working with the health and care system to maintain oversight of the development and implementation of the Long Term Plan the committee is supporting the Democratic and Co-operative values of the Plymouth City Council, alongside objectives in the “Healthy City” Chapter of the Plymouth Plan.

### Implications for the Medium Term Financial Plan and Resource Implications:

This update does not give notice of any required decision which may require expenditure or resource allocation.

### Carbon Footprint (Environmental) Implications:

None arising from this report.

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

None arising from this report.

### 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	Briefing report (mandatory)							

### 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:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Penny Harris, Director of Strategy (NHS Devon)											

## 1. A description of the overall process and timescale

1.1. As a reminder The NHS Long Term Plan, published in January 2019 sets out how the NHS will:


- Move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting
- Strengthen its contribution to prevention and health inequalities
- Improve care quality and outcomes
- Tackle current workforce pressures and support staff
- Upgrade technology and introduce digitally enabled care across the NHS
- Put the NHS back onto a sustainable financial path
- Support every system to become an Integrated Care System by April 2021

1.2. Each system (current Sustainability and Transformation Partnership area) is expected to develop its plan by autumn 2019. The process as outlined below is designed to ensure that our local system plan is developed through:

- Involving local communities and delivery partners in its development
- Using evidence of population need to inform priorities and targeted action
- Building upon the existing agreed system plans and strategies
- Defining how outcomes will be delivered and how local and national good practice initiatives will be adopted consistently across the system
- Outlining how financial stability and sustainability will be achieved.

1.3. National planning guidance recently published sets out the framework and timescales for development and submission of local system plans. The overarching timescale for developing Devon's Long-Term Plan is set out in the table below.

Date	Activity
June 2019	Collating information and evidence to underpin the plan, including views from prior engagement
July 2019	Launch of 8-week period of focused engagement in Devon Long-Term Plan commencing 11 <sup>th</sup> July*
August 2019	Continuation of engagement and development of information for Devon Long-Term Plan
September 2019	Completion of focus engagement on 5 <sup>th</sup> Sept. Update plans and submit first draft to NHSE / I
October 2019	Revise and update plan in response to engagement, partner contribution and feedback from regulator. Mid Oct. start of period of organisational review and endorsement of Long-Term Plan

	November 2019	Mid Nov. endorsed Devon Long Term Plan finalised for publication by the end of November
	December 2019	National Long -Term Plan publication by the end of Dec. to inform detailed 2020/21 planning

1.4. The overall process will be undertaken in the following phases:

1.5. **Phase 1: Preparation and set up:** This has included establishing the team and governance arrangements for the Long-Term Plan as well as early briefings and engagement with organisations and key stakeholders.

1.6. **Phase 2: Developing the evidence base:** Building on information and work already done in Devon, actions are underway to ensure a strong evidence base for the Long-Term Plan including:

- Current and projected health needs of the population and the key health challenges
- A review of prior engagement and messages from the forthcoming engagement to ensure the voices of local people in the plan
- An assessment of health and care demand, how this may change within the life of the Long-Term Plan and key points for attention
- A baseline review to check the maturity of current strategies, plans and performance in the context of the new Long-Term Plan requirements
- An outline of best practice locally and in other areas and opportunities to be explored further for the Long-Term Plan
- A description of constraints and opportunities in relation to finance, workforce, digital and other key resources for a sustainable plan

1.7. **Phase 3: Engagement and co-creation:** With a clear purpose to engage in the key topics in the NHS Long Term Plan and to consider the challenges and opportunities to address the local priorities for health, wellbeing and care. The plan for this phase is described in more detail in the section below. As shown in the timeline, focused engagement for the Long-Term Plan will commence in July 2019, aligned in Devon with the Health and Wellbeing Strategy consultation.

1.8. **Phase 4: Developing the plan:** The plan development will take account of the national requirements, the evidence base and messages from local engagement as described above. The national Long-Term Plan planning framework sets out foundation requirements to be addressed in early phase of system plans.

1.9. **Phase 5: Testing, approvals and publication:** Approval for the draft system plan will be sought through the collective system groups, including system leaders and collaborative board and subject to statutory organisations individual governance arrangements as determined by respective partners. In addition, it will be tested for robustness and subject to a process of approval and external assurance through NHS England and Improvement prior to publication at the end of 2019.

## 2. A description of the plans for engagement at Locality, District, County and STP wide levels

2.1. The engagement plan sets out the scope, content and approach to engagement; the methods or channels to be used; the collation of views and feedback; and the audiences and groups for engagement.

2.2. It is important to note that there has already been a range of engagement relevant to the Long-Term Plan:

- NHS national Long-Term Plan engagement in 2018
- Healthwatch national survey on the Long-Term Plan
- Devon STP programme engagement e.g. mental health, maternity etc

2.3. Given the need to build on existing system plans, a review of the themes arising from this prior engagement is underway and will form part of the refreshed local evidence base.

2.4. In addition, Healthwatch is currently engaging people in Devon, Plymouth and Torbay including holding six focus groups on the following points:

- Making it easier for people to access support closer to home and via technology
- Doing more to help people stay well
- Providing better support for people with cancer, dementia, heart and lung disease

2.5. Responses on these topics will be formulated in a Healthwatch report which is due in early June 2019 to contribute to the Devon Long Term Plan.

2.6. The engagement is planned to take a two-Tier approach.

#### *Tier 1 – Strategic engagement (Devon-wide)*

2.7. Engagement in the Long-Term Plan will need to be system-wide on some of the key challenges it faces, for example developing digital capabilities and recruiting and sustaining a flexible workforce. The areas of focus system-wide, are;

- Understanding how technology can better support individuals to stay well
- Creating a sustainable workforce fit for the future
- What the NHS can do to help people stay well, live better

<i>Tier 1 – strategic engagement (Devon-wide)</i>	
Activity:	Engagement to be delivered by:
Devon Virtual Voices Panel – 1500 members (x 2 surveys during 8 weeks)	Devon CCG
Focus groups: Devon-wide recruitment: Digital Workforce Helping people to stay well and live better for longer <i>One focus group on each topic.</i>	Devon CCG
Generic survey (15 questions) – hosted on CCG website and supported by social media and marketing activity (drive quantitative feedback) – paid for advertising online, weekly theme.	Devon CCG

DRSS tele-survey – DRSS speak to 1500 per day, they will ask each caller 2 questions regarding planned outpatient appointments (to test their views on the use of digital to support planned care)	Devon CCG Devon Referral Support Service
MPs (Devon-wide) A session with Devon MPs will be set up to brief them on process and timeline	Devon CCG
Health and Wellbeing Boards (x3) H&WBB will work with the three public health teams in Devon, Plymouth and Torbay to address issues and challenges in chapter 2 of the LTP and provide recommendations and priorities back.	H&WBB Devon + Public Health Devon  H&WBB Plymouth + Public Health Plymouth  H&WBB Torbay + Public Health Torbay

## 2.8. Using our engagement channels Devon-wide (Devon CCG):

### *Devon Virtual Voices*

2.9. This is an online panel of people who have specifically signed up to being surveyed about health and social care. By the end of June our panel will be up to 1500 and membership is screened based on a representative sample of Devon. We expect to receive a response rate of 45/50% for each survey issued.

2.10. Individuals can self-select areas of interest or preference when they join, meaning we can target them with chapter specific surveys as well as the generic. We will issue two surveys to the panel:

- Week 1 (8 July) – welcome to the panel and short survey (theme: digital)
- Week 4 (29 Aug) – generic survey (no more than 10 questions)

### *Focus groups*

2.11. Recruitment to focus groups will be Devon-wide, but this will specifically target different representative groups to make the attendance mixed – geographic, demographic, psychographic etc. There would be no-more than 15 people in each focus group. Proposed focus groups include:

- Digital: how technology can better support individuals to stay well
- Workforce: how can the NHS create a sustainable workforce
- Wellness agenda: what can the NHS do to help people stay well, live better for longer

### *Using social media*

2.12. We will use social media in two ways. Firstly, we will run paid for advertising on social media to promote all surveys and drive people to complete them. This worked very well during our Better Births engagement. We will do themed weeks to ensure our communication is targeted and aligns to specific groups. This engagement plan will be supported by a full PR and communications plan.



2.13. The second element of social media will be to target specific groups and forums that already exist. This will enable online focus groups with online communities.

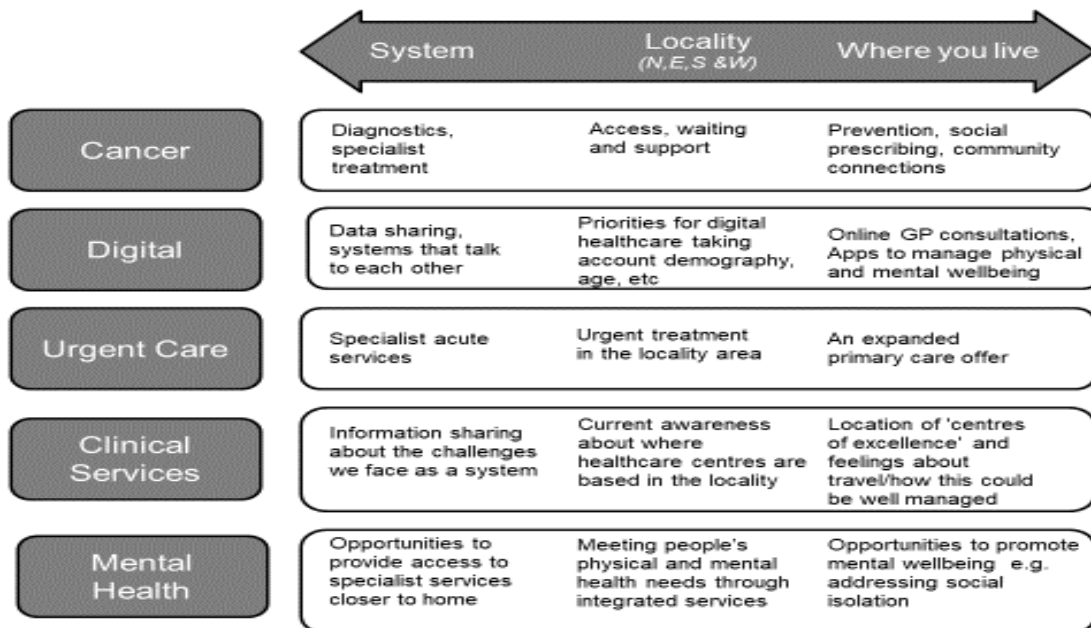
*Hard to reach groups*

2.14. Working with the Devon Joint Engagement forum there will be some targeted work with the members of the committee, linking in with similar forums in Torbay and Plymouth.

Tier 2 - Localities

2.15. Engagement will also be planned in the Northern, Eastern, Southern and Western Localities. Locality based engagement will provide the opportunity engage in the delivery of integrated care to better address the key challenges that are specific to that area. Each locality will agree how they will engage on priorities and topics from within the Long-Term Plan using the data and tools provided that illustrate the local challenges and opportunities. This will identify clear themes from the locality-based engagement to inform the Devon Long-Term Plan.

2.16. In determining which issues might best be considered at which levels it is also clear that different elements of the same issue may be considered at different levels on a continuum. While the detail of the content is still being developed, the diagram below illustrates the nature of the engagement and influencing opportunities that may take place system level to where they live.



**3. Planning guidance, population need and priorities**

3.1. In Devon, the Long-Term Plan development is being led through the Devon Sustainability and Transformation Partnership which is chaired by Dame Suzi Leather, with Phil Norrey in the role of interim Chief Executive. Each constituent NHS and Local Authority organisation<sup>1</sup> will be key partners in both the development and delivery of the Long-Term Plan.

<sup>1</sup> Constituent *organisations* in the Sustainability and Transformation Partnership are set out on [STP website](#)

3.2. Health and Wellbeing Boards, in their role of ensuring the delivery of improved health and wellbeing outcomes for the population, reducing inequalities, and promoting integration will play a key role in the development and delivery of the NHS Long Term Plan and will be engaged and invited to endorse that the final Long-Term Plan addresses the priority needs of the population.

3.3. The Long Term Plan implementation network was published at the end of June 2019. This framework identified the approach that our local system is expected to take in order to create our five year strategic plan. In Summary -

- All systems must deliver on foundational commitments for both service transformation and system development in line with nationally defined timetables or trajectories
- Systems will also have substantial freedoms to respond to local need, prioritise, and define their pace of delivery for the majority of commitments but will need to plan to meet the outcomes as expressed in the Long Term Plan.
- Plans should prioritise actions that will help improve the quality of, and access to, care for their local populations, with a focus on reducing local health inequalities and unwarranted variation. System plans must consider not just how to deliver health services but how to prevent ill health.
- Plans which will cover the four-year period April 2020 to March 2024 will also need to set out how systems will continue to maintain and improve performance for cancer treatment, mental health, A&E and elective care activity
- System plans should expect to be developed in conjunction with Local Authorities and with consideration of the need to integrate with relevant Local Authority services.
- Driving innovation: All system plans must consider how to harness innovation locally.

#### 4. Population Need

4.1. Public Health teams across the Devon developed a common need based assessment and priorities for health and well-being across the STP geography. This work will form the foundation of our Devon system plan and be used to inform planning process with regard to local priorities and phasing in accordance with planning guidance.

Common Challenges (JSNA)	Common Priorities (JHWS)
An ageing and growing population	Common vision to reducing health inequalities and addressing wider determinants of health
Access to services, including socio-economic & cultural barriers	Mental health across the life course
Complex patterns of urban and rural deprivation	A focus on communities, housing and the built environment
Housing issues (low incomes / high costs)	Giving children the best start in life
Earlier onset of health problems in more deprived areas (10-15 year gap)	A focus on living well, encouraging health lifestyles and prevention

Poor mental health and wellbeing, social isolation & loneliness	Maintaining independence and good health into older age
Poor health outcomes caused by modifiable behaviours	
Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty	
Shifting to a prevention focus	
Unpaid care and associated health outcomes	

## 5. Health and Wellbeing Board Joint Working

5.1. In relation to the Health and Wellbeing Board's in Devon, Plymouth and Torbay, it is proposed a joint working arrangement is developed to agree a common set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate.

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# Health and Wellbeing Board



Date of meeting:	11 July 2019
Title of Report:	<b>Plymouth Report 2018/19</b>
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Robert Nelder
Contact Email:	robert.nelder@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

## **Purpose of Report**

The Plymouth Report provides an overview of the needs and issues facing the city – with an accompanying narrative about the shared challenges and opportunities that we face. To understand the health of the city, it is essential to also understand the city's geography, its population and the environment within which its residents live and work. We also need to understand the economic context of the city such as jobs, wages, infrastructure and economic growth.

## **Recommendations and Reasons**

1. Note the content of the Plymouth Report
2. Use the Plymouth Report to inform business activities.
3. Acknowledge the key issues, questions and challenges facing the city highlighted in the report and commit to work in partnership to address them.

## **Alternative options considered and rejected**

Not applicable.

## **Relevance to the Corporate Plan and/or the Plymouth Plan**

The Plymouth Report plays a crucial part in the review cycle of the Plymouth Plan, the city's strategic plan, and aims to stimulate debate and discussion as to whether city plans and resources are aligned with meeting the needs of its residents and communities. Along with other key local documents such as the Corporate Plan monitoring reports, Director of Public Health Annual Report, JLP Annual Monitoring Report and the Plymouth Plan indicator set, the Plymouth Report provides a summary of evidence to inform the refresh of the Plymouth Plan.

**Implications for the Medium Term Financial Plan and Resource Implications:**

None.

**Carbon Footprint (Environmental) Implications:**

None.

**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 report is compiled using the best available evidence from a wide range of existing data sources and reports. As such, the Plymouth Report 2018/19 will be used to inform a number of these issues. The Plymouth Report also meets the locally defined requirement to produce a Joint Strategic Needs Assessment (JSNA).

**Appendices**

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		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.						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

**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)						
	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.						
	1	2	3	4	5	6	7

**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 21/06/2019											

## Overview

The Plymouth Report provides an overview of the needs and issues facing the city – with an accompanying narrative about the shared challenges and opportunities that we face. To understand the health of the city, it is essential to also understand the city’s geography, its population and the environment within which its residents live and work. We also need to understand the economic context of the city such as jobs, wages, infrastructure and economic growth.

The report is compiled using the best available evidence from a wide range of existing data sources and reports. The Plymouth Report also meets the locally defined requirement to produce a Joint Strategic Needs Assessment (JSNA).

The initial version of the new style Plymouth Report was published in October 2017. It was based as far as possible around the structure of the Plymouth Plan and was intended to provide an annual summary of facts and figures about Plymouth and its residents.

## Changes for 2018/19

To enable consistency and comparison, the Plymouth Report 2018/19 retains much of the same content structure as the initial Plymouth Report with the three main chapters of Living, Healthy and Growing. In order to further align with the Plymouth Plan structure, two additional sections have been added. The infrastructure section pulls all issues around housing and transport together into one section to provide a clearer picture. The new international section gives more focus to international issues and the role of Plymouth on the world stage.

This year there are also two ‘Focus on’ sections covering inclusive growth and leaving the EU. The ‘Focus On’ sections provide more of a deep dive into particularly relevant topics and going forward, it is intended that each iteration of the Plymouth Report will feature different deep dive topics.

The structure of this year’s report is as follows:

<b>Section 1: Introduction / Executive Summary</b>	Plymouth overview, strategic context, summary of each section
<b>Section 2: Living Plymouth</b>	Population, neighbourhoods, resident insight, deprivation and poverty, community safety, education and environment.
<b>Section 3: Healthy Plymouth</b>	Life expectancy, health inequalities, maternal and child health, mental health, lifestyle behaviours, chronic diseases, vulnerable groups
<b>Section 4: Growing Plymouth</b>	Local economy, employment and jobs, wages, productivity, post-16 education and skills
<b>Section 5: Infrastructure</b>	Housing current profile, demand, affordability and provision, digital connectivity, transport and strategic connectivity,
<b>Section 6: International</b>	Universities and research, international exports, tourism and visitors, culture
<b>Section 7: Challenges and Opportunities</b>	Key issues, questions and challenges facing the city

The design of the Plymouth Report 2018/19 has also been refreshed to further align with the look of the Plymouth Plan and also the Data Plymouth website to highlight the relationship between them.

### Summary of key challenges

This year the Plymouth Report has highlighted the following challenges facing the city:

- Housing – future need and affordability
- Raising productivity and improving strategic connectivity
- Inclusive Growth – growing the local economy whilst reducing inequality
- Unhealthy lives – improving healthy life expectancy

### Plymouth Plan context

The Plymouth Report plays a crucial part in the review cycle of the Plymouth Plan, the city's strategic plan, and aims to stimulate debate and discussion as to whether city plans and resources are aligned with meeting the needs of its residents and communities.

The Plymouth Plan, being the key city policy document, sits at the head of a dynamic system. The system also includes the capability to monitor performance, and to provide insight and intelligence for decision makers on the findings of that monitoring. This enables reviews and refreshes to take place, ensuring the Plan remains relevant to current challenges. It follows a classic plan/monitor/manage approach and comprises the following three key elements:

- **The Plymouth Plan:** Plymouth's single, integrated and holistic strategic plan.
- **Data Plymouth:** an evidence bank for the Plymouth Plan, it offers a range of open data, live statistics from national and local data sources, needs assessments and other useful reports.
- **The Plymouth Report:** an overview of the needs and issues facing the city – the state of the city – informed by more detailed documents and data sets such as the JSNA, most of which are held on the Data Plymouth website. Updated regularly, this report feeds directly into the Plymouth Plan performance and review cycle.

Along with other key local documents such as the Corporate Plan monitoring reports, Director of Public Health Annual Report, JLP Annual Monitoring Report and the Plymouth Plan indicator set, the Plymouth Report provides a summary of evidence to inform the refresh of the Plymouth Plan.





As well as being used to inform the Plymouth Plan, the Plymouth Report provides the narrative JSNA for the city. It also has a number of other uses throughout the year. Some recent examples include:

- To inform a Health and Social Care Select Committee who visited Plymouth in February 2019 as part of a national enquiry into sexual health services. In March 2019 similar information was also drawn from the Plymouth Report to inform a sexual health commissioning case study submitted to the Local Government Association to demonstrate innovative approaches to local government/public health commissioning.
- Regularly provides figures and context for articles featured in the weekly policy brief.
- Provides Plymouth overview and context for other reports e.g. MTFS, Safer Plymouth and Peninsula Community Safety Strategic Assessments.
- Used to support a Controlling Migration Fund Bid.

### **Next steps and future iterations**

Once content has been agreed, it is intended that the Plymouth Report 2018/19 is published on the JSNA pages of the corporate website alongside the previous Plymouth Report as well as being published on Data Plymouth. Copies will also be sent to relevant partnerships and partners.

Due to the resource required to produce the Plymouth Report, it is intended that a full report is published every two years rather than annually, to fit with the Plymouth Plan cycle as outlined above. This would not impact on the [Joint Strategic Needs Assessment](#) as there is no statutory requirement to produce a single annual update. Plymouth City Council's JSNA website contains far more JSNA-related information (in the form of area profile and detailed reports) than could ever be included in a single summary narrative document.

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

# PLYMOUTH

# REPORT

I wonder what Plymouth's current population is?

How many jobs are there in Plymouth?

How many new homes were built in Plymouth last year?

How fast is the broadband speed in Plymouth?



**DATA  
Plymouth**



How many students are there in Plymouth?



How many veterans live in Plymouth?



How many Plymouth children are living in poverty?

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## I. INTRODUCTION

The Plymouth Report provides an overview of the key needs and issues facing the city, with an accompanying narrative about the shared challenges and opportunities it faces in its aspiration to become one of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone.

The Plymouth Report plays a crucial part in the review cycle of the [Plymouth Plan](#), the city's strategic plan, and aims to stimulate debate and discussion as to whether city plans and resources are aligned with meeting the needs of its residents and communities. The report is compiled using the best available evidence from a wide range of existing data sources and reports, most of which can be found on the [Data Plymouth](#) website.

The Plymouth Report also meets the locally defined requirement to produce a Joint Strategic Needs Assessment (JSNA).

The report is presented across six sections, as follows:

### **Living**

This section introduces the city's geography and population, and highlights some of the key issues across the city such as community cohesion, the environment, crime, deprivation, and education.

### **Healthy**

This section covers issues including life expectancy, mortality, chronic diseases, mental health, child health, lifestyle behaviours, vulnerable groups and health care.

### **Growing**

This section covers employment and jobs, wages, productivity, innovation, labour demand, and skills and education.

### **Infrastructure**

This section covers housing demand and provision, local and strategic transport connectivity, and place based investment.

### **International**

This section covers exports, culture, and the visitor economy.

### **Challenges and concerns**

In the context of the city's aspirations, this section presents the main areas of concern that have emerged from the preceding sections, aiming to provide policy makers with some further food for thought.

## Executive summary

### Living

Plymouth has a current population of 263,070 and this is estimated to grow to around 274,300 by 2034, a projected increase of 4.3 per cent. Due to approximately 26,000 students residing in the city, the percentage of 18-24 year olds (12.2 per cent) is higher than found in England as a whole (8.7 per cent).

There will be a major shift in the population structure of Plymouth over the next 20 years as the proportion of the population aged 65 and over increases and the population aged 0-4 years decreases. ONS projects a rise in the percentage of the 65+ population locally in this age group, from 17.9 per cent in 2016 to 22.7 per cent by 2034. An ageing population suggests an increasing need for care and support services and also an increasing burden placed on the working age population.

Residents appear to be enjoying a lifestyle above that of the average England resident. Plymothians are, on average, happier (37 per cent scoring very high for happiness, compared to the national average of 34.8 per cent); feel their life is more worthwhile (38.2 per cent scoring highly compared to 35.2 per cent national average); and are more satisfied with life (30.9 per cent scoring highly compared to 20.8 per cent national average). Young people (aged 16 to 24) and people with disabilities are less likely to be satisfied with the city as a place to live.

The quality and quantity of social relationships can affect people's mental and physical health with evidence linking both social disconnectedness and loneliness to early mortality. The most recent statistics available for community cohesion come from the Plymouth City Survey 2018 and show that 58 per cent agreed that they feel they belong to their local area. 59 per cent of residents agreed that they have pride in their local area and 42 per cent agreed they were aware of community groups / activities. However, only 19 per cent agreed they took part in these groups or activities. There is an opportunity with the upcoming Mayflower 400 activities to involve more local people with community initiatives which should help to foster a sense of belonging and a greater feeling of inclusivity.

Whilst Plymouth has a lower rate of child poverty than some of its comparators, the extent is still significant. 18.6 per cent of Plymouth children live in poverty (9,990 children), and the vast majority (76.9 per cent) are living in workless households. The proportion of children in poverty living in working households is rising and there are still some suggestions that data underestimates the volumes of 'in work' poverty.

Overall recorded crime in Plymouth has increased by 8 per cent ( 1,821 more crimes) over the last twelve months, mirroring a national trend. Despite this rise, Plymouth has a comparatively low crime rate for a city of its type (88.6 crimes per 1,000 resident population compared to 104.4 per 1,000 in similar areas).

Plymouth has made good progress in recent years in education, skills, and opportunities for young people, with improvements in school performance and better educational outcomes and



attainment for our children. However, by the end of Key Stage 4 (age 14 – 16), results remain below the national average in terms of attainment and progress. The percentage of pupils achieving ‘the basics’<sup>1</sup> in Plymouth is 58.8 per cent which is slightly below the national average of 59.4 per cent and statistical neighbour average of 61.5 per cent.

Overall, Plymouth pupils with special educational needs and disabilities (SEND) out-performed pupils with SEND nationally, regionally and from within our statistical neighbour authorities. Additionally, the gap between the attainment of disadvantaged children and all other pupils in Plymouth is smaller than the gap nationally, regionally, and amongst our statistical neighbours.

Plymouth offers a high quality of life, enclosed by both Plymouth Sound and Dartmoor and, as such, the city’s natural capital assets are unparalleled. Plymouth is fortunate to have green and blue assets that are unrivalled amongst major UK cities. Over 40 per cent of Plymouth is designated as greenspace, and three Areas of Outstanding Natural Beauty, a European Marine Site, a Marine Conservation Zone and Dartmoor National Park surround the city. The 60 kilometres of Plymouth’s waterfront, consisting of the land and the adjacent waters, is arguably the city’s most valuable asset and is central to its identity as Britain’s Ocean City and vision to become ‘one of Europe’s most vibrant waterfront cities’.

## Healthy

Life expectancy in Plymouth has improved for both males and females in recent years however, has remained below the England average. Healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health) is significantly lower than the England average for both males and females.

In terms of inequalities, the life expectancy gap between those living in the most deprived areas and those in the least deprived areas remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth (at 78 years and 2 months) is 4 years and 9 months lower than the least deprived group of neighbourhoods.

Valuing mental health to the same degree as physical health enables NHS and local authority health and social care services to provide a holistic, ‘whole-person’ response to each individual in need of care and support. In 2017 there were over 26,500 people (aged 18-64) in Plymouth estimated to be suffering from common mental health problems including depression, anxiety, and obsessive compulsive disorder. Over 11,900 Plymouth residents aged 18-64 years in 2017 were estimated to have more than one mental health problem; a figure that is projected to remain fairly static over the next 10-15 years.

---

<sup>1</sup> Achieving a standard pass of 9-4 in English and Maths

There has been an increase in the number of referrals to the Child and Adolescent Mental Health Services (CAMHS) in Plymouth and service providers report an increase in the number of referrals as well as an increase in the complexity of children and young people's needs and issues requiring attention. Hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth are higher than the England average (706 per 100,000 population as opposed to 421 per 100,000 population).

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use, and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth.

Alcohol and drug (illegal and prescribed) dependence are significant issues for Plymouth. These dependencies are commonly associated with mental health problems, homelessness, and offending, and have negative impacts on families and children. Plymouth has a lower rate of alcohol related hospital admissions than nationally. However the rate of admissions for alcohol specific conditions in under 18s stands at 47.3 per 100,000 population aged under 18 in Plymouth; a rate higher than the England average (32.9 per 100,000 population).

## **Growing**

Plymouth is one of the largest cities on the south coast and the 15th largest city in England with a population of approximately 263,070, an economic output of £4.99 billion, providing 109,000 jobs.

Plymouth is the most significant economic centre in the southwest peninsula and the largest urban area in the Heart of the South West (HotSW) Local Enterprise Partnership (LEP).

Plymouth currently has a marginally higher employment rate than nationally (76.8 per cent compared to 75.1 per cent) and an economic activity rate also slightly higher than the national average (9.6 per cent compared to 78.5 per cent). However it is around productivity and its drivers where the city struggles. The city has traditionally struggled to raise its competitiveness and productivity (Plymouth's GVA per hour worked stands at 83 per cent of the UK average). This is, in part, due to a low business density and start-up rate, for which the city ranks 61<sup>st</sup> and 62<sup>nd</sup> respectively amongst the UK's 63 Cities; poor connectivity with the rest of the region and country a potential deterrent for inward investment and the migration of skilled workers.

Between 2016 and 2017, HotSW's productivity had grown by 2.9 per cent, compared with 2.5 per cent nationally. . In absolute terms, GVA per hour in 2017 was 83.7 per cent of the UK average in Plymouth (a 2.7 per cent growth on the previous year).

The city has a lower business start up rate than average (12.3 per 100 businesses compared to 13.2 nationally). In Plymouth initial survival rates compare well but there is a sharp drop in business survival after year three.

The city's distinctive industry strengths are in advanced engineering, marine technology, and defence-related nuclear expertise as well as an emerging specialism in the health and life sciences sector. Plymouth is recognised for its strength across these industries with global companies and world-leading research institutions already based in the city.

The city is a global centre of excellence for marine science and technology with one of the largest clusters of expertise in Europe. The Marine Business Technology Centre with Smart Sound test range has recently been launched and is based in the UK's first marine Enterprise Zone at Oceansgate connecting marine related and supply chain businesses with the research knowledge base across the Heart of the South West. Plymouth alone accounts for 9.2 per cent of England's entire marine industry. And marine manufacturing in Plymouth generates £408.6m in GVA.

Plymouth's average full time weekly earnings currently stand at £525.10 compared to £537.60 in the South West and £571.10 nationally. The gender pay gap in the city also persists with men earning on average £561.80 weekly gross pay compared to women at £477.10 in 2018. Lack of opportunity for wage growth and a lack of income resulting in poverty both lead to a city that is unfair for some. Inclusive growth was highlighted as a challenge facing cities such as Plymouth in the last Plymouth Report and still remains a priority.

The percentage of pupils in education, training, or employment is 89.5 per cent. The rate of care leavers who are participating in education, employment, or training is 57.5 per cent, which is slightly higher than the England average of 51 per cent.

Improving skills and addressing current and future skills gaps, particularly in Science, Technology, Engineering, and Mathematics (STEM) subjects, to grow, keep and attract a skilled workforce now and in the future is a critical challenge. This needs to be coupled with greater freedoms in developing the right skills within our workforce, including better careers advice and a more flexible skills offer that is informed by closer working with local businesses.

## **Infrastructure**

The delivery of housing is central to the city's growth agenda. Building the right type of homes in the right place at the right price, while creating quality environments, is necessary for Plymouth's citizens to thrive. A profile of Plymouth's housing stock shows that Plymouth has less detached houses than regionally or nationally and more terraced houses and flats. In comparison with the UK and much of the South West, Plymouth has relatively low levels of owner occupation.

The Joint Local Plan (JLP) for Plymouth and South West Devon seeks to deliver 26,700 new homes, of which 6,600 should be affordable, by 2034 across the two policy areas of Plymouth and the Thriving Towns and Villages of South West Devon. 71 per cent of the new homes (19,000) are to be built in the Plymouth policy area.

The Plan for Homes (2014-2019) had an aspiration of creating 5,000 new homes in five years. The figures suggest that the city is on track to exceed this ambition having supported the delivery of 4,462 new homes (gross) in the first four years of which 1,108 were affordable (24.8 per cent). This figure coupled with the number of homes under construction as at April 2018 of over 1,400 suggests the city will achieve the 5,000 homes in five years (by March 2019). The recently launched Plan for Homes 3 has re-stated the ambition to deliver at least 1,000 new homes each year over the next five years.

Plymouth has a strong track record of delivering affordable homes however house prices in Plymouth have risen by 20% since 2011 and, despite being 40% less than the national average, affordability remains a local issue with a mean house price to income ratio of 7.9 (above the usual mortgage lending ratio of 3.5 times gross income).

Recent welfare reforms have impacted on the affordability of both social and private rented tenancies, with levels of benefit reduced for some tenants. Data suggests that there are significant inequalities in the quality of housing, particularly for certain groups (such as those on a low income, vulnerable families and migrant workers) who are increasingly being reported as living in poor conditions. Around 13,500 households are believed to be in fuel poverty.

Plymouth's superfast broadband coverage (>24Mbps) at 99.2 per cent is greater than across the UK as a whole (95.7 per cent). However, in order for local businesses to keep pace in today's markets, the city will need a significant expansion in the availability of full fibre as Plymouth has only 0.71 per cent coverage compared to the national average of 6.53 per cent, and lags behind compared to our regional partners.

Plymouth is located 230 miles from London with the average train journey time of three hours and fifteen minutes and a route that is subject to low levels of reliability and resilience. Also, despite being a designated port on the Trans-European Network with commercial links to Spain and France, Plymouth is the largest city in England with no direct road or rail connections on the network of Strategic National Corridors (which stops at Exeter). One of the city's highest priorities is connectivity and redressing historic underinvestment in transport infrastructure leading to issues around capacity and resilience. This will require major strategic investment to upgrade the rail links that serve the South West as well as upgrading the strategic road network.

## **International**

One of Plymouth's core objectives is to secure its place as an 'international city'; one that is renowned as Britain's Ocean City and is the UK's premier marine city, famous for its waterfront.. By capitalising on its natural assets and rich heritage, Plymouth aims to raise its prosperity and wellbeing through increased investment, tourism, and cultural experience.

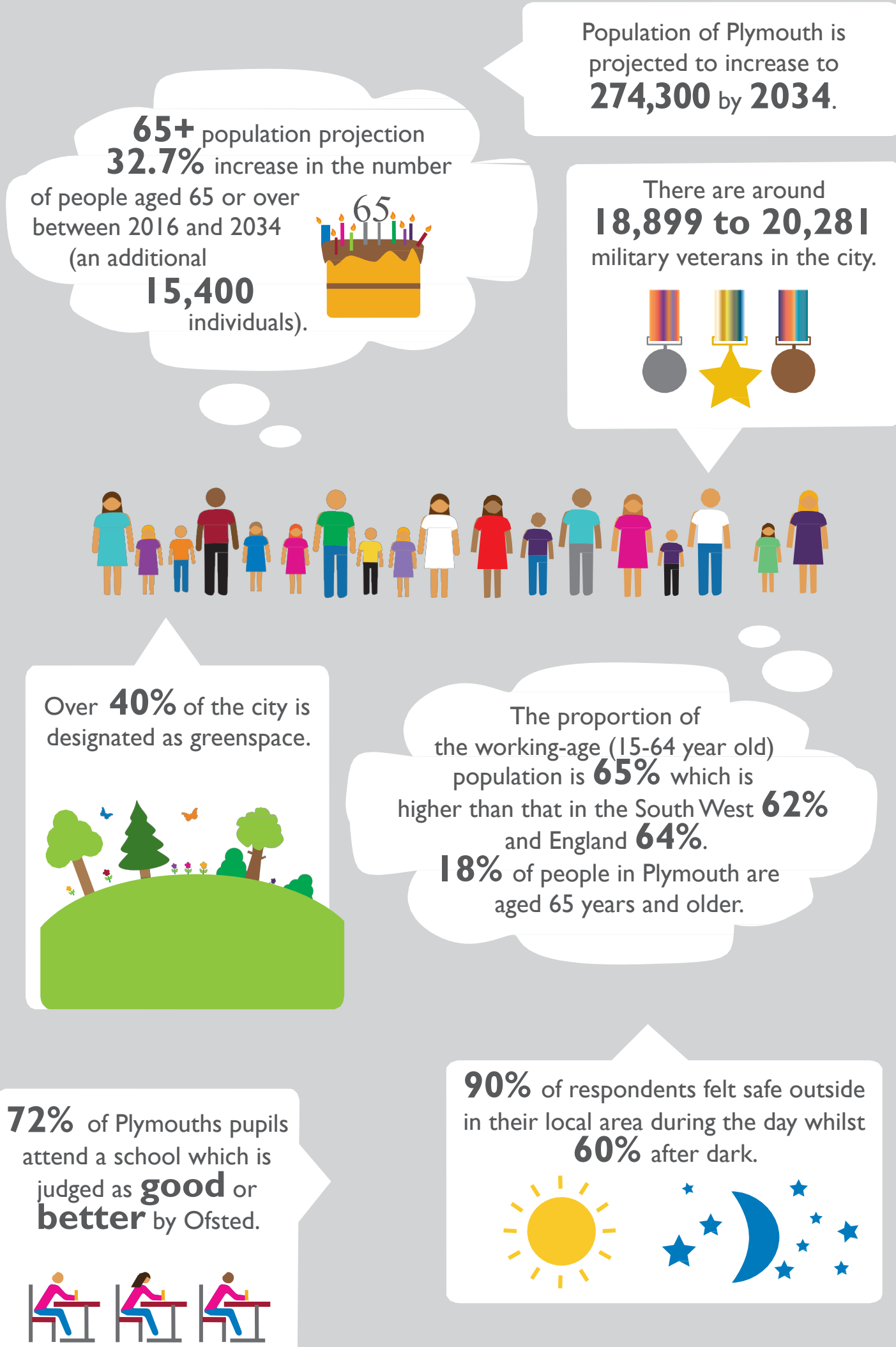
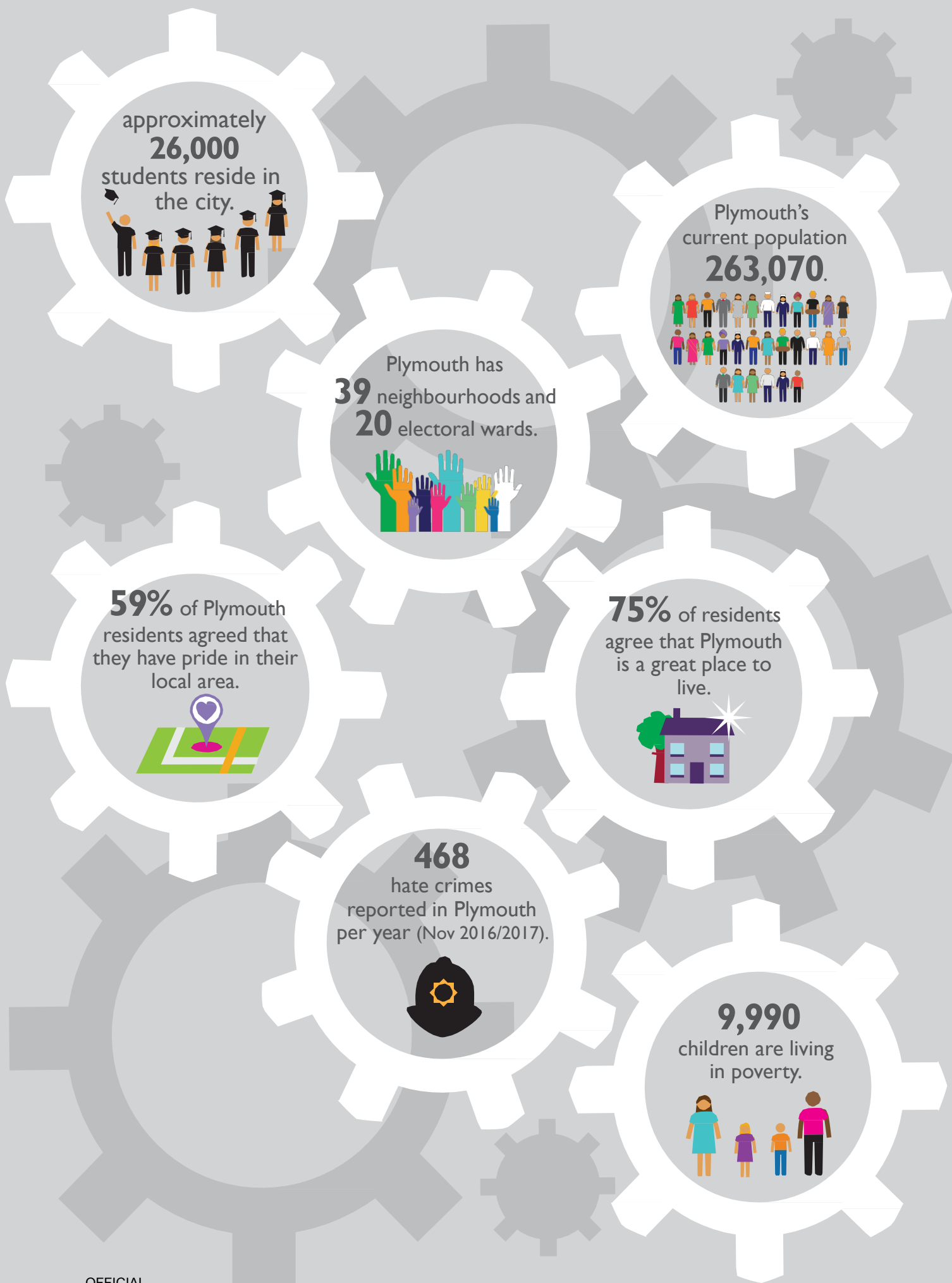
The city is home to three universities and two specialist marine research institutions, attracting nearly 2,6000 students to the city. The University of Plymouth is now the UK's 15<sup>th</sup> largest university, with more than 20,000 students, 2,000 of which are international students from the EU and further afield helping to raise its profile, and that of the city, on an international stage.

Plymouth had 482 businesses exporting £329 million to the EU, and 466 businesses exporting £430 million outside the EU. In terms of international exports, Plymouth's most valuable sectors for international exports are manufacturing, marine, and advanced manufacturing and engineering. The value of Plymouth's international exports is mostly driven by large employers, and is potentially under threat in light of the UK's exit from the EU, given that 43 per cent of these exports are to EU markets.

Plymouth's creative industries generate an estimated turnover in excess of £250 million per year. The sector is worth £51.5 million GVA, supports 3,800 jobs, and accounts for more than five million day visitors a year. Plymouth is also home to a dynamic and diverse digital sector which generates £108.8 million in GVA for Plymouth.

Tourism is a major contributor to the city's economy. Plymouth has 5,116,000 visitors a year, spending £322 million a year. Plymouth's Mayflower 400 celebrations in 2020 (of which Plymouth has been designated lead city), and the development of 'The Box', the new £38 million gallery and museum redevelopment, seek to increase the number of visitors to the city and offers a real opportunity for Plymouth to raise its profile internationally.

**LIVING CITY** - fulfilling the role as a regional city and a major economic driver for the Heart of the South West, building on rich cultural, natural and built assets.



## 2. LIVING

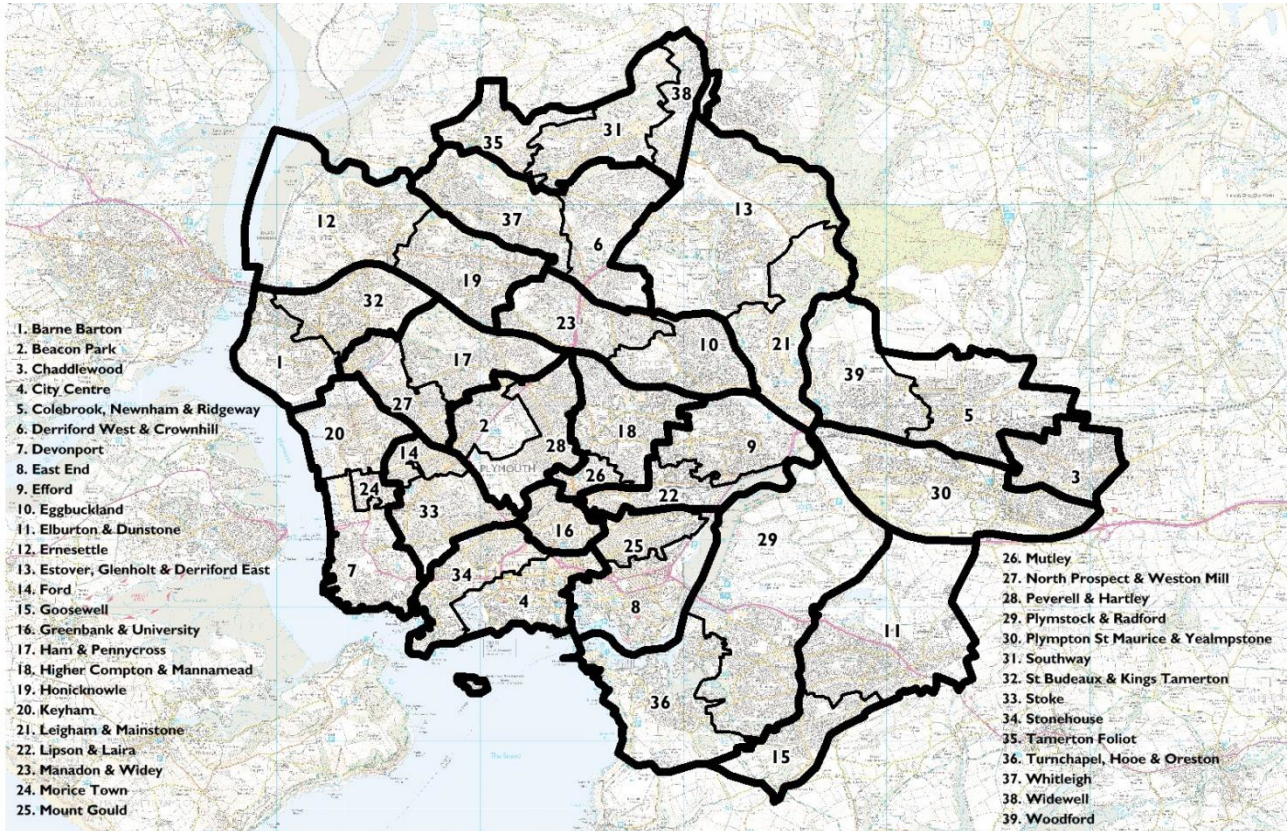
This section introduces the city’s geography and population, and highlights some of the key issues affecting neighbourhoods across the city such as community cohesion, the environment, crime, deprivation, and education.

### 2.1 Plymouth geographies

Plymouth is divided into 39 neighbourhoods. These neighbourhoods are aggregations of the city’s 161 Lower Super Output Areas (LSOAs).<sup>2</sup> As well as existing in their own right, the neighbourhoods can be grouped together to form 20 electoral wards, five neighbourhood deprivation groups, and a variety of other local geographies.

Plymouth's neighbourhood and electoral ward boundaries are shown in Figure 1.

Figure 1: Plymouth by neighbourhood and electoral ward



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The 20 electoral wards are outlined in bold.

The neighbourhoods that make up each of the 20 electoral wards are shown in [Appendix A](#).

<sup>2</sup> LSOAs are part of a geographical framework developed for the collection and publication of small-area statistics. They are not often subject to boundary changes and are of a specified minimum population making them suitable for comparison over time.

[Local profiles](#) are available that contain a variety of information at sub-city levels (including neighbourhood and electoral ward) in comparison to Plymouth as a whole. The area profiles provide a summary of key health and social care indicators whilst the Census profiles provide some of the main findings from the 2011 Census.

## 2.2 Population

### 2.2.1 Current population<sup>3</sup>

Understanding the size and structure of Plymouth's population is fundamental if the Council and its partners are to have the ability to prioritise and deliver services efficiently. In light of the current national economic situation, this statement carries considerably greater weight than it has done for many years.

Plymouth, at mid-year 2017, had an estimated population of 263,070; females accounting for 50.2 per cent and males 49.8 per cent (reflecting the England split of 50.7 per cent and 49.3 per cent).<sup>4</sup>

Comparisons between Plymouth, the South West, and England by key age-groups are shown in Table 1. In 2017, children and young people under 18 accounted for 20 per cent of the population. Due to approximately 27,000 students residing in the city, the percentage of 18-24 year olds (12.2 per cent) is higher than that found in England as a whole (8.7 per cent).

The proportion of the working-age (15-64 year old) population (65 per cent) is higher than that in the South West (62 per cent) and England (64 per cent). 18 per cent of people in Plymouth are aged 65 and older which is comparable with the England average (18 per cent) but higher than the South West overall (22 per cent).

Table 1: Numbers and percentages by age group in Plymouth, the South West, and England, 2017

Age group	Plymouth		South West		England	
	Numbers	Percent	Numbers	Percent	Numbers	Percent
Under 5	15,308	5.8	300,770	5.4	3,384,925	6.1
Under 16	47,120	17.9	977,522	17.6	10,637,971	19.1
Under 18	52,296	19.9	1,096,477	19.7	11,869,346	21.3
18-24	32,180	12.2	471,357	8.5	4,828,279	8.7
15-64	170,672	64.9	3,427,027	61.6	35,542,943	63.9
65 and over	47,686	18.1	1,210,974	21.8	10,030,511	18.0
75 and over	21,620	8.2	551,000	9.9	4,535,330	8.1
85 and over	6,376	2.4	170,607	3.1	1,352,056	2.4

ONS mid-year population estimates, 2017

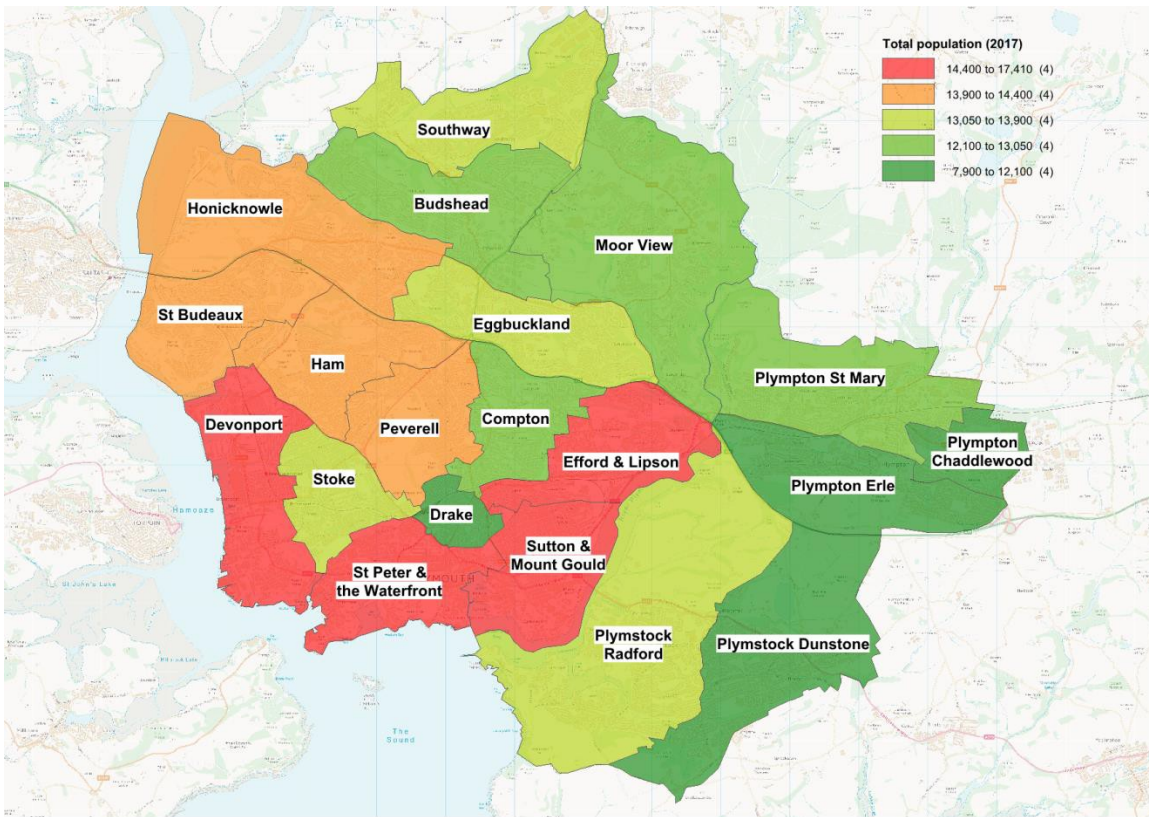
<sup>3</sup> This section uses ONS mid-year population estimates and figures may vary to those used in Plymouth Report 2017. This is reflective of a change in ONS methodology in 2018.

<sup>4</sup> ONS 2017 mid-year population estimates, 2018



### 2.2.2 Ward population

Figure 2: Total population (numbers) by Plymouth electoral ward, 2017

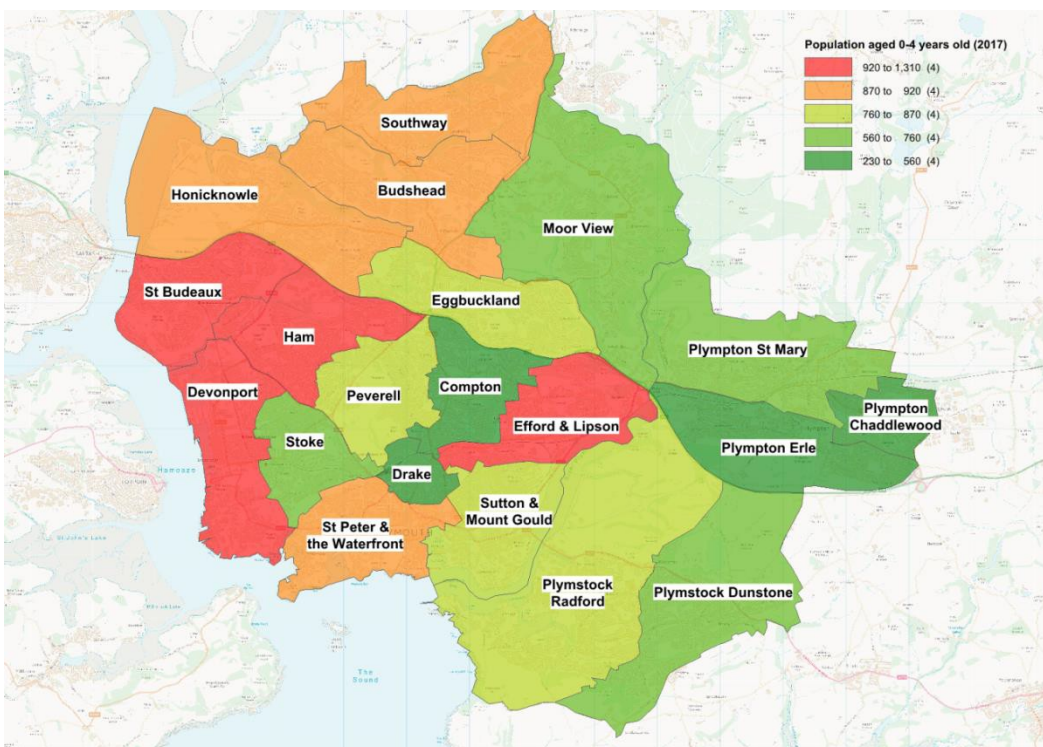


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Plymouth’s population is not evenly split across the city. There are higher numbers of people living in the wards to the west and southwest of the city (Figure 2). The ward with the biggest population is St Peter and the Waterfront (17,400) whilst Plympton Chaddlewood has the smallest population (7,900).

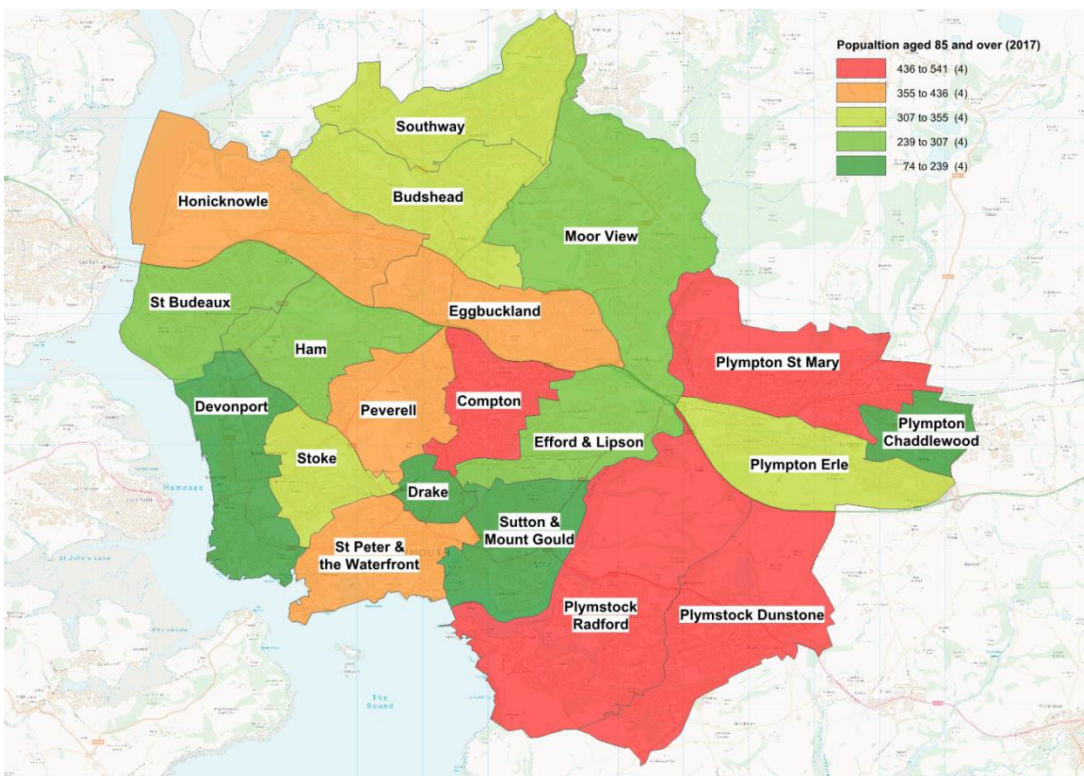
The wards to the west, in addition to Efford & Lipson, have the highest numbers of 0-4 year olds in the city (Figure 3). In contrast, wards in the east, in addition to Compton, have the highest numbers of those aged 85 and over (Figure 4).

Figure 3: Population aged 0-4 years (numbers) by Plymouth electoral ward, 2017



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Figure 4: Population aged 85 and over (numbers) by Plymouth electoral ward, 2017



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### 2.2.3 Population change and migration

Plymouth's population has increased by nearly 12,000 (4.7 per cent) over the last ten years, yet this is below the growth rate in both the South West (7.1 per cent) and England (8.2 per cent).<sup>5,6</sup>

Migration data<sup>6</sup> shows that Plymouth experienced a 10 per cent drop in the number of births across the city and a 2.6 per cent rise in the number of deaths. Combined with the highest number of internal migrants leaving, (despite the highest number arriving), and the number of international migrants coming into the city, although reducing, exceeding the number leaving, the overall effect is an estimated population increase of 0.4 per cent (969) people (Table 2).

Table 2: Plymouth population change breakdown

	mid-2011	mid-2012	mid-2013	mid-2014	mid-2015	mid-2016
Births	3,354	3,271	3,107	3,108	3,106	2,815
Deaths	2,310	2,420	2,209	2,394	2,438	2,502
Natural change	1,044	851	898	714	668	313
Internal: in	13,589	12,321	13,305	12,951	13,031	14,647
Internal: out	13,700	12,760	13,479	13,808	13,421	15,116
Internal: net	-111	-439	-174	-857	-390	-469
International: in	1,806	1,674	2,093	2,066	1,953	1,835
International: out	961	1,044	1,304	1,128	1,317	1,159
International: net	845	630	789	938	636	676
Special	-631	-196	415	77	37	204
Other	8	2	-8	2	18	-9

### 2.2.4 Population projections

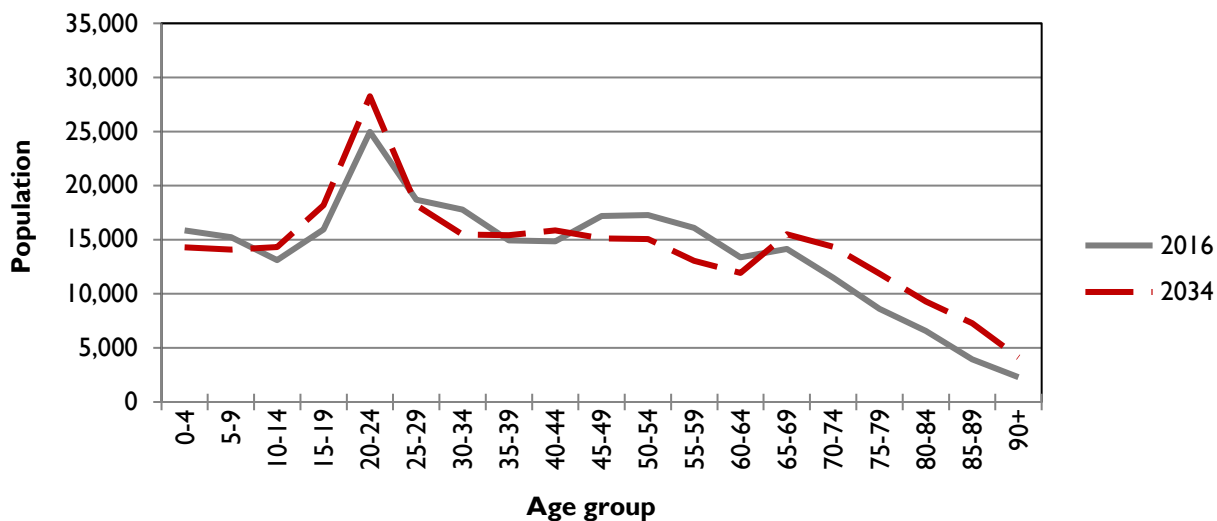
Plymouth's population will continue to grow. The Office for National Statistics (ONS) estimates that the city's population will be around 274,300 by 2034, a projected increase of 4.3 per cent.<sup>7</sup>

Figure 5: Plymouth's change in population by 2034

<sup>5</sup> ONS 2007 and 2017 mid-year population estimates

<sup>6</sup> ONS population projections 2016

<sup>7</sup> ONS Subnational population projections (2016 based)



As seen in Figure 5, there will be a shift in the population structure of Plymouth over the next twenty years as the proportion of the population aged 65 and over increases. The ONS projects a rise in the percentage of the national population in this age group, from 18 per cent in 2016 to 23.2 per cent by 2034.<sup>8</sup> This is reflected in the Plymouth population with over 65s constituting 17.9 per cent of the local population in 2016 increasing to 22.7 per cent in 2034. There is a projected 32.7 per cent increase in the number of people aged 65 or over between 2016 and 2034 (an additional 15,400 individuals) in Plymouth compared to a 40.0 per cent increase in Great Britain.

Over the same time period, those aged 85 and over will have a percentage increase of 83 per cent (an additional 5,180 individuals in the city and a total in the age-group of around 11,408).

At the other end of the age spectrum Plymouth will see a decrease in the percentage of the population aged 0-4 years. This age group is projected to drop 9.8 per cent between 2016 and 2034 (reducing from 15,847 to 14,288 individuals).<sup>9</sup> This is higher than in Great Britain as a whole which is projected to see a 4.8 per cent decrease.

An ageing population suggests an increasing need for care and support services and also an increasing burden placed on the working age population. Health and wellbeing needs increase with age, with a higher burden of chronic disease, susceptibility to the negative impacts of social isolation, and an associated raised need for health and social care services and carers. This is, to a large extent, a national issue in terms of education, health service, and pension provision. However, care and support is often provided by spouses, partners, family members, friends, and neighbours so the impact is felt locally.

<sup>8</sup> ONS Population Projections 2016

<sup>9</sup> ONS sub-national population projections 2016

A growing, and overall ageing, population raises a number of challenges for consideration. These include additional demands on the provision of homes, education, and health and social care services. An estimated 1.0 per cent decrease in the number of people of working age in Plymouth over the next twenty years means there will be further implications in terms of balancing income and pensions. This issue was examined in the 2017 Plymouth Report and further refreshes of the Plymouth Plan, the strategic plan for the city to 2034, will consider how to plan for an ageing population, including impact on housing need and demand for jobs as well as the demand for health and social care services.

Plymouth has ambitious plans to grow its population to 300,000 by 2034. This growth ambition was set out in the Vision for Plymouth, and will deliver a step change in Plymouth's economy and reputation, helping the city to become one of Europe's finest waterfront cities.

The City Council is collaborating with South Hams District Council and West Devon Borough Council to produce the Plymouth and South West Devon Joint Local Plan (JLP). This ground-breaking strategic plan establishes an overarching strategic framework for sustainable growth and a shared direction of travel up to 2034. It enables the growth of Plymouth to be seen in the context of the surrounding areas which rely upon the city for facilities and services, and which also provide the high quality landscape and environment setting of the city.

The JLP will deliver 26,700 new homes across the plan area between 2014 and 2034, 19,000 of which will be built in the Plymouth Policy Area. The Policy Area is larger than the city's administrative area, including urban areas that are within South Hams, and the city's urban fringe. It therefore includes Woolwell and the proposed Woolwell urban extension, and the new community being created at Sherford. It is projected that this level of growth will deliver a population of 300,000 people in the Plymouth Policy Area by 2034.

## **2.2.5 Population subgroups**

### ***Military population***

The Armed Forces are an integral part of the history and heritage of Plymouth. As at October 2016 there were 7,530 UK Armed Forces personnel with a Defence Medical Services Registration (primary healthcare services provided by the MOD rather than the NHS) registered to Plymouth.<sup>10</sup>

Alongside the military bases situated in the city, there are many veterans who have chosen to retire here; it is estimated in the 2017 Veterans Strategic Commissioning Framework that there are around 18,899 to 20,281 veterans in the city.

As would be expected, schools in the vicinity of military bases have a higher percentage of children from service families, often giving rise to a mix of nationalities and an increase in younger parents with less family stability. Identifying the children of veterans is more difficult as there is currently no mechanism for collecting this data.

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<sup>10</sup> Defence personnel NHS commissioning quarterly statistics: financial year 2018/19

### 2.2.6 Population diversity

Plymouth is becoming more diverse. Whilst the proportion of the population that are White British remains higher than the UK average, this is decreasing. At the time of the 2001 census, 97 per cent of Plymouth's population were White British, whilst by 2011 this had decreased to 93 per cent. Some areas of the city are more diverse than others, in particular the areas around the university, the city centre, Stonehouse, and the East End.

Children and young people from minority ethnic groups account for just under 7 per cent of all children living in the area, compared with 25 per cent in the country as a whole.<sup>11</sup> Plymouth's black and minority ethnic (BME) communities are very diverse. The Polish, Chinese and Kurdish communities are amongst the largest. The census records that there are at least 43 main languages spoken in the city and nearly 100 different languages are spoken in Plymouth schools.

The proportion of children and young people with English as an additional language in primary schools is 8 per cent (compared to 21 per cent nationally). In secondary schools it is 6 per cent (compared to 16.6 per cent nationally).

The 2011 Census recorded that Christians (148,917 people, 58 per cent) were still the largest faith community although their numbers had declined significantly since the previous census in 2001. Whilst the majority of people still identify with some religion, our society is becoming more secular: more people than ever before identify with no religion (84,326 or 33 per cent). Some faith communities (Islam and Hinduism) grew rapidly between 2001 and 2011, principally because of migration.

There is no precise local data on sexual orientation in Plymouth, but based on ONS Annual Population Survey 2017 estimates, approximately 1.7 per cent of the UK population is lesbian, gay or bi-sexual (LGB). This would mean that in Plymouth there are approximately 3,649 LGB people in the city.

More detailed information can be found in Plymouth City Council's [Summary Equality Profile](#).

## 2.3 Resident insight

The most recent information available comes from the Plymouth City Survey 2018<sup>12</sup> which has provided rich insight into the feelings of residents about Plymouth as a place to live.

Residents appear to be enjoying a lifestyle above that of the average England resident. Plymothians are, on average, happier (37 per cent scoring very high for happiness, compared to the national average of 34.8 per cent); feel their life is more worthwhile (38.2 per cent scoring highly compared to 35.2 per cent national average); and are more satisfied with life (30.9 per cent scoring highly compared to 20.8 per cent national average).

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<sup>11</sup> DfE school census statistics January 2018

<sup>12</sup> The Plymouth City Survey is a resident postal survey, sent to a random sample of Plymouth residents in 2018. Just under 2,300 responses were received with the final respondent profile 'weighted' by ward, age and gender to reflect Plymouth's population as a whole.

Residents were asked to describe the city in one word and generally have very good things to say about the city. The positive words mostly focused around the 'feel' of the city and the emotional attachment residents have to it, such as 'homely' and 'lovely'. Conversely, the negative words mostly focused on the physical appearance of the city such as 'dilapidated', 'rundown' and 'filthy'. This gives an idea of what areas the residents of Plymouth view as the most important to be addressed.

This positive view of the city is strengthened by 75 per cent of people agreeing with the statement 'Plymouth is a great place to live'. However, there are disparities between different wards across the city with 64 per cent agreeing with the statement in Devonport compared with 85 per cent in St Peter and The Waterfront. The high level of satisfaction with Plymouth as a place to live for residents in St Peter and the Waterfront correlates with a high community cohesion score (see below), suggesting they are happy with Plymouth as a place to live as they feel their local community gets on well together. They were also much more likely to see positive changes happening in Plymouth than some other wards.

Disparities were found between different age groups in the city, with young people on average having a less favourable view. Young people (aged 16 to 24) are less likely to agree that 'Plymouth is a great place to live'. Although their most common words to describe the city were positive, it was followed closely by negative words such as 'sad' and 'bleak'. Respondents in this age group were also significantly less likely to agree that they saw their future in Plymouth at only 35 per cent, compared to 74 per cent at aged 35-44.

Plymouth is ranked 164<sup>th</sup> out of 324 for social mobility<sup>13</sup> and, as discussed later in this chapter, the city has lower than average educational outcomes. These factors are likely to impact on young people's view of the city and their hopes for the future. Research undertaken by the Youth Participation Team in 2016 found that local young people have a sense of isolation from the rest of the country, find public transport expensive and find it difficult to access suitable information on services available for young people. There is also a perceived lack of jobs.

The city's young people need to see Plymouth as a place where they want to live, prosper and thrive. These findings are of particular relevance when considering the city's high growth agenda, with the ambitious vision for the future of Plymouth being in stark contrast to the findings from young people who were least likely to say that they saw their future here. It is therefore vital for the city to look at how young people could be better engaged, and believe that there are opportunities available to them.

The City Survey also revealed that people with disabilities are less satisfied with the city as a place to live. People who were limited a lot by a health problem were significantly more likely to disagree with the positive statements about Plymouth than those who were limited only a little or not at all. They were more likely to disagree that Plymouth was a great place to live (16 per cent compared to 9 per cent); that Plymouth had a lot to offer (29 per cent compared to 19 per cent and 20 per cent); and that they could see positive changes happening (only 45 per cent agreed with this compared to 55 per cent of residents not limited by health problems).

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<sup>13</sup> [Social Mobility Index 2017](#), Social Mobility Commission, November 2017

This report has clearly identified an area which is likely to have a significant impact on Plymouth residents, and further research into why this is and what the city is lacking for disabled people could have a large positive effect on the direction of the city's development.

### 2.3.1 Community cohesion

The most recent statistics available for community cohesion also come from the Plymouth City Survey 2018<sup>14</sup>. Residents were asked to what extent they felt they belonged to their local area. The overall result showed that 58 per cent agreed that they feel they belong to their local area, while 15 per cent disagreed.

A similar question has been asked in previous surveys and, although direct comparisons can't be made to previous results, given that the same methodology has been used it can still provide an indication of how residents feel. Table 3 below presents the findings from previous years and shows that the level has remained relatively stable over the past six years.

Previous question	2012 Listening Plymouth	2014 Wellbeing Survey	Plymouth City Survey question 2018	2018 Plymouth City Survey
% who feel they belong to their local area (strength of feeling)	58	54	% who agree they belong to their local area (level of agreement)	58

Table 3: Percentage of respondents who feel they belong to their local area

People aged 75+ were significantly more likely to feel they belonged (78 per cent) compared to young people aged 16-24 (35 per cent). There was also significant variation between wards, ranging from 39 per cent in Drake ward to 80 per cent in Plympton St Mary. Two wards in particular – Drake, and Efford and Lipson, featured highly in residents not feeling they belong in their local area.

Residents were also asked whether they had pride in their local area and whether they were aware of community activities or groups in their local area. Overall, 59 per cent agreed that they have pride in their local area and 42 per cent agreed they were aware of community groups / activities. However, only 19 per cent agreed they took part in these groups or activities. Again, there was some significant variation between wards, ranging from 62 per cent in Plympton St Mary to just 20 per cent in Efford and Lipson. Wards where less people were aware of or took part in groups or activities were also less likely to feel they belonged to their local area which suggests people are more likely to feel they belong if they are at least aware of local community activities.

<sup>14</sup> The Plymouth City Survey is a resident postal survey, sent to a random sample of Plymouth residents in 2018. Just under 2,300 responses were received with the final respondent profile 'weighted' by ward, age and gender to reflect Plymouth's population as a whole.



Plymouth City Survey 2018 results showed that 39 per cent of respondents agreed that their local area is a place where people from different backgrounds get on well together while 15 per cent disagreed. This is considerably lower than reported in the 2014 Plymouth Wellbeing Survey (49 per cent) and it is not known whether this is due to slight difference in methodology or a genuine change in perception. Issues such as leaving the EU and the reported rise in hate crime and violent crime may well have impacted upon people's perception of how well people from different backgrounds get on with each other.

There is variation between areas with Efford and Lipson (26 per cent), Ham (28 per cent) and St Budeaux (29 per cent) being amongst the lowest, and Peverell (59 per cent), St Peter and the Waterfront (54 per cent) and Plympton St Mary (50 per cent) being the highest.

There are large variations by age across the city, with younger people aged 16-34 years and those aged 45-64 less likely to agree that people from different backgrounds get on well together. Respondents from visible minorities also reported low scores for this question – however, these findings are based on a very small number of responses and should therefore be treated with caution. Results also show that citizens born outside the UK, especially those born in the EU (outside the UK) are more likely to agree that people get on well.

When comparing with the 2015 Index of Multiple Deprivation (IMD), there is a strong correlation between higher deprivation and a poor cohesion score. However, this is not universal. St Peter and the Waterfront ward has a relatively high score despite being one of the most deprived wards in the city whereas geographically adjacent Devonport has similar levels of deprivation and the lowest cohesion score in the city. St Peter and the Waterfront is the most ethnically diverse ward in the city which may have an impact on its cohesion level.

Using the national methodology for calculating community cohesion, Plymouth's community cohesion score is 71.7 per cent. This is considerably lower than the national figure of 82 per cent<sup>15</sup> Plymouth has a lower percentage of people who think those from different backgrounds get on well together than more ethnically diverse cities such as Newcastle<sup>16</sup> (71 per cent) and Birmingham<sup>17</sup> (79 per cent). These comparisons must be made with caution however as no standardised methodology is used and differences in question construction or survey methodology can produce different results.

There is an opportunity with the upcoming Mayflower 400 celebrations (outlined in the International chapter) and the related Mayflower community fund to involve more local people with community initiatives which should help to foster a sense of belonging and a greater feeling of inclusivity. Concentrating activity on some of the wards that score lower for community cohesion will help to maximise outcomes. Positive outcomes can also be anticipated with some resident's negative view of the city as dirty, run down and dilapidated.

Further information can be found in the Plymouth City Survey Report.

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<sup>15</sup> [Community Life Survey 2017 to 2018](#)

<sup>16</sup> [https://www.newcastle.gov.uk/sites/default/files/wwwfileroot/your-council-and-democracy/statistics-and-census-information/newcastle\\_resident\\_survey\\_full\\_report\\_2015\\_1.pdf](https://www.newcastle.gov.uk/sites/default/files/wwwfileroot/your-council-and-democracy/statistics-and-census-information/newcastle_resident_survey_full_report_2015_1.pdf)

<sup>17</sup> [http://wiki.birmingham.org.uk/index.php?title=Resident's\\_Perceptions#cite\\_note-4](http://wiki.birmingham.org.uk/index.php?title=Resident's_Perceptions#cite_note-4)

## 2.4 Deprivation, poverty, and hardship

There is a long standing awareness of the deprivation that exists in Plymouth.<sup>18</sup> Inequalities occur both geographically across the city, and within and across communities, with disadvantaged and marginalised populations most severely affected.

The Index of Multiple Deprivation (IMD) 2015 is the current official measure of relative deprivation in LSOAs in England. Analysis of the [IMD 2015 for Plymouth](#) reveals that deprivation in Plymouth remains higher than the England average. Figure 6 shows which national deprivation decile each of the 161 LSOAs in Plymouth fall within. Those falling within decile one have been further split to show the areas in the city that are most deprived nationally. One LSOA (found in the St Peter & the Waterfront ward) falls within the most deprived 1 per cent in England.

The proportion of residents in Plymouth experiencing deprivation due to low income has increased in recent years. The number of LSOAs in the most deprived 10 per cent (income domain of the IMD) has increased from 12 in 2010 to 19 in 2015.<sup>19</sup> These LSOAs have a combined population of 29,751 residents (11.5 per cent of the Plymouth population).

The 'Income Domain Affecting Children Index' (IDACI), a subset of the Indices of Multiple Deprivation 2015, highlights that, in Plymouth, 7,308 children under the age of 16 (15.9 per cent of the total in this age-group) are living in income-deprived households.<sup>20</sup> When looking at individual neighbourhoods, more than eight out of 10 children in Barne Barton and more than seven out of 10 in Devonport are affected by income deprivation. This is also the case with more than half of all children in the neighbourhoods of City Centre, Morice Town, and North Prospect & Weston Mill. The number of children in income deprived areas is of particular concern as a lack of income suggests they are likely to be experiencing child poverty based on traditional measures.<sup>21</sup>

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<sup>18</sup> A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are more likely to face challenges to such as ill health, lower educational attainment, unemployment, limited access to goods and services, and inferior housing.

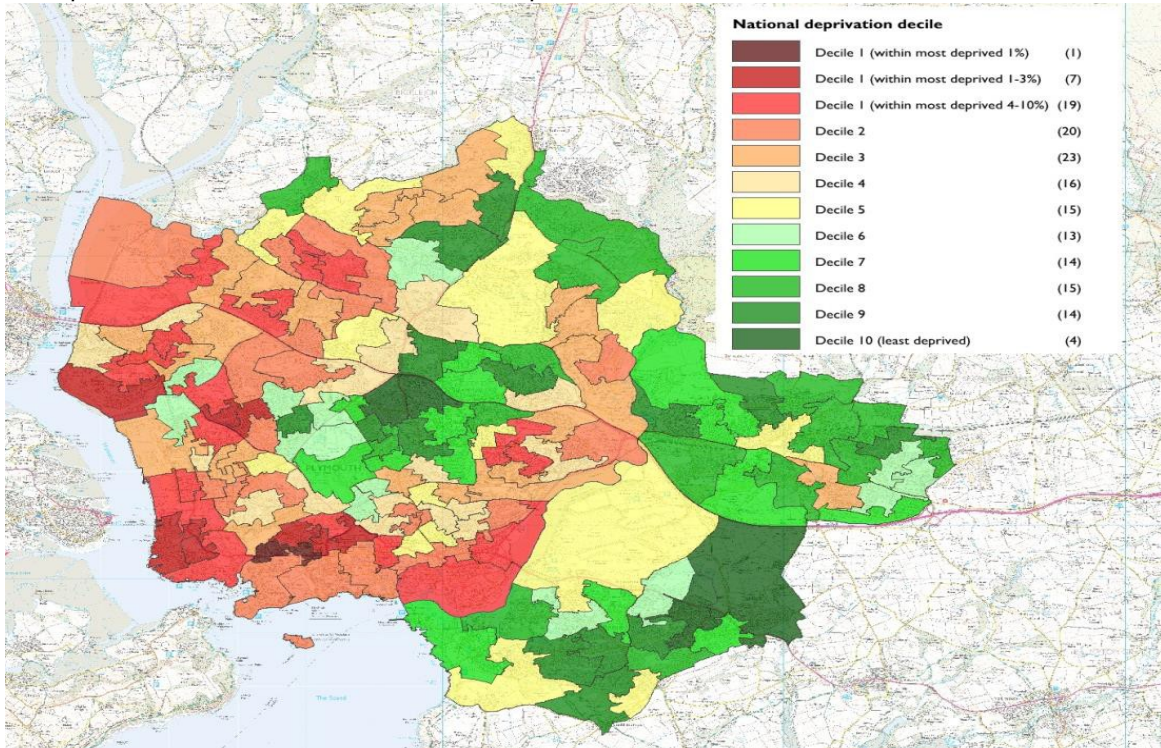
<sup>19</sup> [IMD 2015 Plymouth Summary Analysis](#)

<sup>20</sup> Plymouth City Council Child Poverty Needs Assessment Refresh, 2016

<sup>21</sup> 'The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income' (Child Poverty Act 2010)

Figure 6: Plymouth LSOAs by IMD 2015 national deprivation decile

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Data source: IMD 2015, Department of Communities and Local Government, 30 September 2015.

According to the most recent statistics<sup>22</sup>, Plymouth has a lower rate of child poverty by local authority (LA) area than some of its comparators, although the extent is still significant. 18.6 per cent of Plymouth children live in poverty (9,990 children), and the city is ranked 89th out of 152 Local Authorities across England. Of those living in poverty, the vast majority (76.9 per cent) are living in workless households, whereas 5.9 per cent are living in working households and 17.2 per cent are classed as other poor. The proportion of children in poverty living in working households is rising; however, there are still some suggestions that this data underestimates the volumes of 'in work' poverty. The Institute for Fiscal Studies (IFS) has also predicted that the number of children living in poverty will rise sharply by 2020, in part due to planned benefit reforms affecting families with children.

Recent research estimates that around one in six people in the UK are in relative low income before housing costs, rising to more than one in five once housing costs are accounted for and has remained steady over the past few years.<sup>23</sup> In Plymouth, this equates to just over 42,000 Plymouth residents living in poverty before housing costs are accounted for, and 58,000 residents after housing costs.

The proportion of the local population in relative low income is expected to increase from 58,000 to 63,400 by 2021/22.

<sup>22</sup> [HMRC/DWP August 2015](#)

<sup>23</sup> [Poverty in the UK: Statistics](#), House of Commons Briefing Paper Number 7096, August 2018

As discussed in the [growing chapter](#), the city remains a relatively low wage economy with a persistent pay gap between the city and the rest of the region and also the UK. Average weekly pay in Plymouth is £525 compared to £571 nationally. Also, Plymouth has an elevated number of people who are economically active due to long-term sickness (7.9 per cent of work age population compared to 6.1 per cent nationally).

Plymouth, at 17.8 per cent, has a higher level of indebtedness than nationally (16.1 per cent) and is the most indebted LA in the South West with more than 37,000 over indebted individuals, more than Bristol, Swindon and Gloucester.

The well documented extent of poverty, deprivation and inequality that exists in Plymouth is strongly linked to poor health outcomes across the city. As shown in [section 3.1](#), there is a substantial gap in life expectancy across Plymouth and lower than average healthy life expectancy. Health issues such as obesity and mental health problems are more prevalent in people from disadvantaged backgrounds.

The pockets of deprivation and poverty in Plymouth also relate to the city's economic growth and development in a reinforcing cycle. Mirroring a pattern seen nationally, the type and nature of jobs in the city mean that many working families are still struggling to afford to pay for basic essentials such as food and heating and to maintain a good quality home. As discussed in [section 5.4.1](#), around a third of Plymouth's private sector homes are considered to be of a poor standard, and areas of poor housing are clearly linked to areas of higher deprivation and poor health outcomes. In turn, the levels of poverty and inequality are hampering the city's ability to grow the local economy.

To overcome some of the issues outlined above, the city is focusing on delivering inclusive growth. Ensuring that future growth benefits all of the Plymouth population is essential.

The Council's Child Poverty Needs Assessment and Plan for Tackling Child Poverty are currently being refreshed.

### **2.4.1 Homelessness**

Homelessness is a significant challenge for Plymouth and homelessness approaches to the council have increased by approximately 25 per cent on 2017/18. Despite proactive homelessness prevention work, increasing demand and an increase in the complexity of cases means that numbers continue to grow. The biggest pressure is the number of households accessing Bed and Breakfast (B&B) temporary accommodation. In 2017/18 alone 55 households were accommodated in B&B each month. In the first nine months of 2018, there have been 171 individual stays in a B&B. Welfare reforms are believed to have impacted significantly, specifically benefit sanctions, cuts to housing benefit relating to non-dependants, and total benefit caps have resulted in more people approaching the Council for support.

Plymouth City Council prevented 900 households from becoming homeless in 2017/18.<sup>24</sup> Of these, 334 (37 per cent) were able to remain in their own home, whilst 566 (63 per cent) were helped to find accommodation, including B&B. The most common reasons that a household is eligible for housing assistance are the presence of dependent children (49 per cent of households) or that the applicant, or a member of the household are vulnerable as a result of mental illness or disability (27 per cent).<sup>25</sup>

It is estimated that there are 26 people sleeping rough in Plymouth. This is based on a single night street count carried out by Plymouth City Council between October and December 2017. 25 of these were male, and all but one were aged over 25 years. Plymouth's rate of rough sleeping is 0.23 per 1,000 households, comparable to 0.20 for England as a whole.

## 2.5 Crime and community safety

Overall recorded crime in Plymouth increased by 8 per cent (1,821 more crimes) in the 12 month period to September 2018 compared with the same period the previous year. This follows on from a 23% reported increase in the previous year and is similar to trends across Devon and Cornwall and other police forces nationally. Some of this can be explained by improvements in crime recording, driven largely by recommendations from the national 2016 crime data integrity inspection.

Despite the rise in crime, Plymouth has a comparatively low crime rate for a city of its type (88.6 crimes per 1,000 resident population compared to 104.4 per 1,000 in similar areas) and is placed third in its most similar family group of partnerships.<sup>26</sup>

Most types of crime have increased in the past twelve months in line with national trends. Sexual offences and violence with injury provide the only exceptions, where rates of reported offences have escalated more quickly (particularly for sexual offences) than the trends for the most similar family group. Plymouth's rates for these two types of crime are significantly higher than the family average.

Alcohol-related crime has been fairly static over the last twelve months, despite the adverse trends in violence against the person. This triangulates with a small reduction in Night Time Economy violence over the same time period. Alcohol has a significant impact on the health of the city's population, and rates of alcohol-related hospital admissions in Plymouth are significantly higher than the national average. The rising trend has stabilised in recent years, however, whereas for England it has continued to increase.

- 8,924 Anti-Social Behaviour incidents were recorded in the twelve month period to September 2018, of which 10% were related to Street Drinking. The volume of anti-social behaviour incidents reported reduced overall by 11% (1,155 fewer incidents).

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<sup>24</sup> Following implementation of the Homelessness Reduction Act 2017, data collection from local authorities on statutory homelessness changed from April 2018

<sup>25</sup> based on January to March 2018 homelessness submission by the local authority

<sup>26</sup> Safer Plymouth Community Safety Strategic Assessment 2018/19

The highest volume of crimes is seen in the City Centre neighbourhood followed by Stonehouse and Mutley.

### **2.5.1 Domestic abuse**

Plymouth has a relatively high prevalence of domestic abuse<sup>27</sup> and the numbers of reported incidents show an increasing trend over the past five years. Domestic abuse accounts for approximately 27 per cent of all violent crime in the city compared to a national figure of 16 per cent. A Home Office report published in 2010 estimated that the cost of domestic abuse to Plymouth was £49 million per annum.<sup>28</sup>

There were 6,403 domestic abuse crimes and incidents reported to the police in 2017/18, an increase of 21%. The vast majority of the rise in crime can be attributed to violence without injury.

### **2.5.2 Hate crime**

In 2017/18 there were 468 crimes recorded that were identified as a hate crime. This is an increase of 21 per cent on 2016/17, an increase of 82 crimes. Approximately 1.8 per cent of total crime is flagged as hate crime. This is higher than the rest of the Devon and Cornwall police force area (where approximately 1% of all crime is categorised as hate crime).

There has been an increase in the last twelve months in the number of disablist, homophobic, and racist crimes reported.

A previous analysis of hate crime offences and hate incidents reveals that around three-quarters (75 per cent) were categorised as racism and the majority involved abuse, threats and harassment, or violence.<sup>29</sup> The next most common type of hate crime recorded was homophobic (11 per cent), followed by religious or belief (9 per cent). Public order and violence makes up 94 per cent of all hate crime regardless of type. Half of all hate crimes occurred within the City Centre and Stonehouse neighbourhoods, suggesting a strong link between offending and the evening and night time economy.

Nationally, there was a 57 per cent rise in recorded hate crime offences between 2015/16 and 2016/17. This is likely to have been due to a mix of a genuine increase in hate crime, an increase in the reporting of hate crime, and improved recording of hate crime by police.<sup>30</sup>

Analysis shows that incidents of hate crime ‘spike’ after national events so it is speculated that there will be an increase in reported hate crime in 2019 as the UK formally leaves the European Union.

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<sup>27</sup> Commissioning Plan for the Plymouth Domestic Abuse Partnership 2012-2019, Plymouth City Council

<sup>28</sup> Ibid

<sup>29</sup> Plymouth Hate Crime Incidents and Crime Reporting Research Report, June 2016, Zebra Collective

<sup>30</sup> Understanding the difference: The initial police response to hate crime, HMICFRS, July 2018

### **2.5.3 Self-reported perception of safety**

Results from the Plymouth City Survey 2018 show that 90 per cent of respondents feel safe outside in their local area during the day; a figure that reduces to 60 per cent after dark. These figures are not significantly different to the results of the Plymouth Wellbeing Survey in 2014. The proportion of respondents feeling safe after dark was significantly lower in younger people (35 per cent for age 16-24) and in people over 75 (53 per cent). The proportion of males who felt safe after dark (64 per cent) was significantly higher than females (58 per cent).

Feelings of safety during the day are high across the city with no significant differences found between electoral wards. However, when looking at feelings of safety after dark, results range from 43 per cent in St Budeaux to 75 per cent in Peverell. In St Budeaux, the percentage of respondents feeling safe after dark has reduced over time between 2012 and 2018 (60 per cent to 43 per cent) whereas in Peverell, there has been an increase from 64 per cent to 75 per cent. Further research is needed to identify contributing factors.

## **2.6 Education 0-16yrs**

### **2.6.1 Education provision**

Plymouth has a diverse range of childcare settings, and high percentages of children take up their free entitlements. 82% of these settings are rated 'good' or 'outstanding' by Ofsted.

Plymouth currently has 98 primary and secondary schools – 26 Local Authority maintained schools, two non-maintained nursery schools, four free schools and 66 academies. The recently established Plymouth Education Board works across the whole education system at a strategic level to address school improvement with an aim of raising attainment and aspirations in all Plymouth schools.

In terms of the quality of provision, at the end of June 2018, 72 per cent of Plymouths pupils attended a school which was judged as 'good' or 'outstanding' by Ofsted. The number of schools with these ratings can be broken down to: 80 per cent of primary schools; 50 per cent of secondary schools; and 100 per cent of special schools. Whilst overall there is a desire to improve the quality of school provision, the issue for the Plymouth Education Board and the Plymouth Challenge (the LA working in partnership with local schools, the Regional Schools Commissioner and the Department for Education via a whole-city approach) is to raise standards in secondary schools.

### **2.6.2 Early years take up and attainment**

The percentage of children in Plymouth achieving a 'good level of development' in the Early Years Foundation Stage (EYFS) has increased over the last five years from 57.3 per cent in 2013 to 67 per cent in 2018. However, this still sits below the statistical neighbour and national averages (71 per cent and 72 per cent respectively).

The most recent published figures<sup>31</sup> show that 84 per cent of two year olds are taking up free early education places. This is significantly higher than the national (72 per cent) and statistical neighbour (70 per cent) averages.

### 2.6.3 Educational attainment

#### **Key Stages (KS) 1 and 2 (ages 5-11 years)**

Educational attainment standards over recent years in Plymouth have shown some variation. In general, attainment has been below average for pupils in KS1.

- The percentage of children meeting the expected standard in phonics decoding in Plymouth has increased from 80 per cent to 82 per cent and is on par with the national figure and with our statistical neighbours.
- Following national trends, the percentage of children meeting the expected standard in reading in Plymouth (72 per cent) has declined slightly from 73 per cent and remains below the national average (75 per cent).
- In line with national trends, the percentage of children meeting the expected standard in writing in Plymouth (67 per cent) has improved but remains below the national average (70 per cent).
- The percentage of children meeting the expected standard in maths in Plymouth (73 per cent) has increased slightly but is below the national average (76 per cent).

At KS2 63 per cent of Plymouth pupils reached the expected standard in reading, writing and maths (RWM) combined, results which are just below the 64 per cent nationally. Plymouth's figure is above the statistical neighbour averages (62 per cent).

The progress made by pupils from KS1 to KS2 in Plymouth is above that made by similar pupils regionally and within our statistical neighbours and this is the case for reading, writing, and maths. The progress made by disadvantaged pupils is below that of non-disadvantaged pupils at the end of KS2.

#### **Key Stage 4 (KS4) (ages 14-16 years)**

By the end of KS4, results remain below the national average in terms of attainment and progress. This year marks the first year of all pupils undertaking Attainment 8 measures. KS4 now reports on the percentage of pupils meeting Attainment 8<sup>32</sup>. Plymouth's average Attainment 8 score is 44.1. This is just below the national average (44.5). The rate of decline nationally is greater than the decline locally. The percentage of pupils achieving 'the basics'<sup>33</sup> in Plymouth is 58.8 per cent which is below the national average of 59.4 per cent and statistical neighbour average of 61.5 per cent.

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<sup>31</sup> Me2 funding figures provided by Department for Work and Pensions on a bi-monthly basis and published annually by the Department for Education. Latest data available is for 2017/18.

<sup>32</sup> Attainment 8 measures a student's average grade across eight subjects

<sup>33</sup> Achieving a standard pass of 9-4 in English and Maths



By the end of KS4, the progress made by pupils is below that made by similar pupils within the statistical neighbour group. The progress made by disadvantaged pupils (eligible for Free School Meals) is below that of non-disadvantaged pupils at the end of KS4.

#### **2.6.4 Children with a Statement or Education and Health Plan**

Pupils who have been identified as having special educational needs have a significantly higher rate of under-attainment at age 16 than other pupils.<sup>34</sup> Overall Plymouth's SEND<sup>35</sup> pupils outperformed pupils nationally, regionally, and from within the statistical neighbour authorities. SEND pupils in Plymouth achieved a higher Attainment 8 score (17.3 points) than SEND pupils nationally (13.5 points) and regionally (13.5 points). Plymouth has a 29.8 point Attainment 8 gap between SEND pupils and all other pupils in Plymouth. Whilst this gap is significant, it is much smaller than the regional (36.6 points), statistical neighbour (38.3 points) and the national gap (36.4 points).

#### **2.6.5 Disadvantaged children**

As evidenced by the Social Mobility Commission, a persistent and entrenched socioeconomic gap in attainment still exists at a national level. Local data highlights the fact that disadvantaged pupils attain less well than non-disadvantaged pupils and this is true for Early Years through to KS4. A recent report from the Education Policy Institute estimates that progress towards closing the gap is slowing and that it would take well over one hundred years to close the gap in GCSE English and Maths attainment, with similar outcomes between disadvantaged pupils and their more affluent peers not being reached until the year 2155. Plymouth is highlighted as having a large Early Years attainment gap (6.4 months). Attainment 8 data for 2016/17 shows a 17.3 point gap in attainment between local disadvantaged pupils compared to all pupils nationally (31.1 compared to 48.4 points). Locally, there is a 14.7 point gap between disadvantaged pupils and all other pupils in the local area (31.1 compared to 45.8 points).

#### **2.6.6 Looked after children**

Narrowing the gap in educational achievement between looked after children and the rest of the school population locally and nationally is a priority and there has been some progress on this in recent years. Attainment results for KS2 in 2017 show that Plymouth's looked after pupils' achieving the expected standards in reading, writing, and maths (31 per cent) is slightly below the national average (32 per cent) but better than the regional average (27 per cent).

### **2.7 The environment**

Plymouth is one of the most unique and diverse natural environments of any city in the country. Over 40 per cent of the city is designated as green space, and it is surrounded by three Areas of Outstanding Natural Beauty (AONB), a European Marine Site, a Marine Conservation Zone and Dartmoor National Park. This enviable setting is able offer natural solutions to climate change impacts including reducing flooding, improving water quality, and enabling wildlife to thrive.

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<sup>34</sup> Monitoring Poverty and Social Exclusion 2016, Joseph Rowntree Foundation

<sup>35</sup> pupils with a Statement or Education, Health and Care plan

Access to green space is a key part of a sustainable community and delivers significant health and wellbeing benefits. Currently within Plymouth there are nearly 1,440 hectares of accessible green space including parks and nature reserves, however provision is not spread evenly throughout the city's electoral ward. The city currently contains 123 children's play spaces and the aim is to have a play area within 400m of every home.

The city has 10 local nature reserves covering over 250 hectares, over 40 wildflower meadows covering 100 hectares, nine Special Sites of Scientific Interest, and 28 County Wildlife Sites. There are a great variety of species that can be spotted in and around Plymouth. On land, Plymouth is home to the critically endangered Horrid Ground Weaver spider (*Nothophantes horridus*) and the rare Plymouth Pear Tree. Fourteen bat species have been recorded in Plymouth as well as charismatic bird species such as the avocet, little egret, peregrine falcon, curlew, and nightjar. The marine environment (most of which is designated as a European Marine Site) is the most protected area in the city. Offshore, protected species include the pink sea fan, the common dolphin, two species of sea horse, and the basking shark.

Overall, Plymouth's greenspace is estimated to save £9.26 per person in healthcare costs by removing air pollutants from the atmosphere such as particulate matter (PM<sub>2.5</sub>) from vehicles.<sup>36</sup>

More information on the local environment can be found in the [Joint Local Plan Evidence Base](#).

### **2.7.1 Air quality**

Air pollution is associated with a number of adverse health impacts and is a recognised factor in the onset of heart disease and cancer. Air pollution can impact on the most vulnerable people in society such as children, older people, and those with heart and lung conditions. Areas of poor air quality often correlate with less affluent areas.

Air quality in Plymouth is mainly good and there were only two areas (located along Mutley Plain) where levels of nitrogen dioxide were above government objectives during 2016.<sup>37</sup> These concentrations are largely related to road traffic emissions. Plymouth has a single city-wide [Air Quality Management Area](#) (AQMA) as a result of these exceedances.

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<sup>36</sup> ONS, Centre for Ecology and Hydrology, July 2018

<sup>37</sup> Plymouth City Council Air Quality Annual Status Report, June 2017



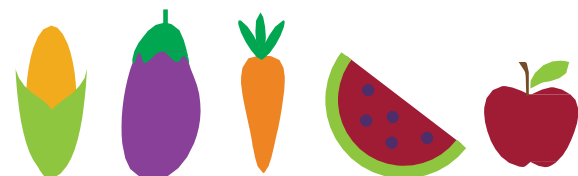
There were **27,247** carers in Plymouth at the time of the 2011 census.

In Plymouth **40%** of mothers are breastfeeding at the 6-8 weeks check in 2017/18.



**68%** of adults in Plymouth are estimated to be physically active in 2016/17.

**55%** of adults in Plymouth are estimated to eat the recommended "five-a-day" in 2016/17.



**18%** of adults in Plymouth are estimated to be smokers in 2017.



**1,523** safeguarding concerns reported in 2017/18.



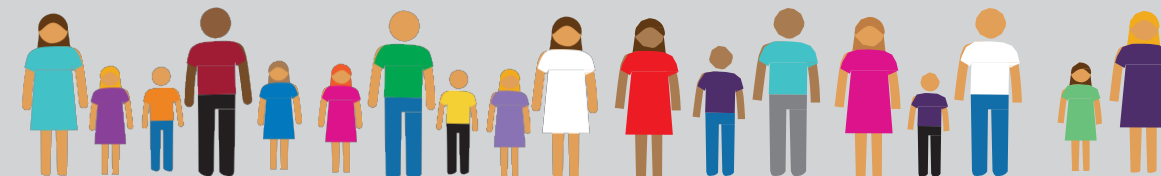
**24%** children starting primary school are either overweight or obese, rising to **33%** when they leave 2017/18.

**6.5%** of Plymouths population was diagnosed with diabetes in 2016/17.



Plymouth has a premature mortality rate (for persons under the age of 75) of **361 per 100,000** population in 2014-16.

**3.6%** of Plymouths population was diagnosed with coronary heart disease in 2016/17.



**13%** of the population registered (18+) with a GP are recorded as having depression in 2017/18.

Life expectancy for males is **78 years and 11 months**, healthy life expectancy is 60 years and 8 months. Life expectancy for females is **82 years and 8 months**, healthy life expectancy is 57 years and 10 months.

In 2017/18 **50%** of adult social care users reported that they have as much social contact as they would like.

**652** children aged 1 to 16 years living in Plymouth had teeth removed under general anaesthetic in 2017/18.



### 3. HEALTHY

Health and wellbeing is determined by complex interactions between an individual's personal fixed characteristics (age, gender and genetics), and factors such as their lifestyles choices, the social and physical settings in which they live, and the wider socio-economic, cultural, and environmental conditions. Together these factors are often known as the 'determinants of health'.

- *Socioeconomic status*: it is well established that health follows a social gradient, with worsening health occurring with decreasing socioeconomic position.<sup>38</sup>
- *Education*: the availability of high quality education is key in enabling residents to maximise opportunities. Educational attainment can determine future employment and income as well as lower the risk of alcohol and drug misuse and teenage pregnancy.
- *Physical environment*: environmental themes can play an important role in affecting our quality of life and health. Those living in areas with clean air and decent housing are more likely to be in good health than those lacking such conditions.
- *Social environment*: having support from family, friends, and the local community is important for preventing isolation and loneliness, contributing to good mental wellbeing, and therefore improving overall health.

The following section highlights some of the current health and wellbeing issues in the city around life expectancy, mortality, chronic diseases, mental health, child health, lifestyle behaviours, vulnerable groups, and health care.

#### 3.1 Life expectancy and health inequalities

Life expectancy is the number of years new born babies are estimated to live based on the age specific mortality rates of the area where they live. It is a measure of the average number of years a person would live from a given age, if he or she experienced the particular area's age-specific mortality rates for that particular time period throughout their life. This measure makes no allowance for any future actual or projected changes in mortality and people may live in other areas for at least some part of their lives. In practice, a population's death rates are likely to change in the future, so this period-based life expectancy does not therefore give the number of years someone would actually expect to live.<sup>39</sup>

From 2001-03 to 2014-16 life expectancy in Plymouth has improved by 3 years and 3 months for males (to 78 and 11 months years). Over this time male life expectancy has been consistently below the England average (79 years and 6 months). The gap in male life expectancy between Plymouth and England has remained consistent over the period.

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<sup>38</sup> Fair Society Health Lives, The Marmot Review, 2010

<sup>39</sup> Health state life expectancies, UK: 2014 to 2016, ONS, 2017

From 2001-03 to 2014-16 life expectancy in Plymouth has improved by 2 years 3 months for females (to 82 years and 8 months). Female life expectancy has, on occasions, been similar to the England average. Currently the life expectancy for females in Plymouth is lower than the England average (83 years and 1 month).<sup>40</sup>

Life expectancy varies across the city; from 84 years and 10 months in the Plympton Chaddlewood ward to 77 years and 1 month in St. Peter & the Waterfront ward. Figure 7 highlights that wards just a few miles apart can have a life expectancy value varying by years. Travelling the seven miles south from Southway ward, each mile closer to St. Peter & the Waterfront ward represents seven months of life expectancy lost. Travelling west to the same destination from Plympton Chaddlewood ward, each mile represents over one year of life expectancy lost. The differences in life expectancy across Plymouth are probably due to health inequalities. It should be noted that the Plymouth life expectancy ‘bus route’ is simply a way to illustrate variations in life expectancy across the city. It does not mean an individual would necessarily die sooner if they were to move to St Peter and the Waterfront or live longer if they moved to Plympton Chaddlewood.

Figure 7: Plymouth’s life expectancy bus route by electoral ward, 2014-16

**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 seven months of life expectancy lost. Travelling west to the same location from Plympton Chaddlewood, each mile represents over one year of life expectancy lost.



Health inequalities impact on individuals and communities and are officially described as ‘differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives. Some differences, such as ethnicity, may be fixed.

<sup>40</sup> Life expectancy in Plymouth 2001-03 to 2014-16, Public Health, Plymouth City Council, 2017

Others are caused by social or geographical factors (also known as ‘health inequities’) that can be avoided or mitigated.<sup>41</sup>

In terms of inequalities, the life expectancy gap between those living in the most deprived group of neighbourhoods and those in the least deprived group of neighbourhoods remains significant. Life expectancy in the most deprived group of neighbourhoods in Plymouth (at 78 years and 2 months) is 4 years and 9 months lower than the least deprived group of neighbourhoods.<sup>42</sup>

Using the Public Health England ‘Segment Tool’<sup>43</sup> it is possible to identify the broad causes of death that contribute most to the gap in life expectancy between Plymouth and England. For men, the three main causes of death making up the gap are cancer (34.5 per cent), circulatory disease (17.9 per cent), and external causes including deaths from injury, poisoning, and suicide (17.4 per cent). For women, the three main causes of death making up the gap are circulatory diseases (33.5 per cent), mental and behavioural factors including dementia and Alzheimer’s disease (15.3 per cent), and cancer (14.1 per cent).

The estimated healthy life expectancy in Plymouth (the average number of years a person can expect to live in good health, based on how individuals perceive their general health) was lower than the England average for both males and females in 2014-16.<sup>44</sup> Males in Plymouth had a healthy life expectancy of 60 years and 8 months (compared to 63 years 4 months nationally) whilst females had a healthy life expectancy of 57 years and 10 months (compared to 63 years 11 months nationally). Unlike life expectancy, healthy life expectancy in Plymouth shows little difference by sex. However, due to the difference in overall life expectancy males in Plymouth can expect to live on average the last 18 years and 3 months of their lives in poor health whereas for females it’s their last 24 years and 10 months.

## **3.2 Maternal and child health**

### **3.2.1 Low birthweight births**

Low birthweight is associated with poor outcomes in infancy and increasing evidence suggests that low birthweight is an important predictor of future child and adult health. Of the term babies born (babies not born prematurely) in Plymouth in 2017, 3.2 per cent were of low birthweight, a value similar to the England average (2.8 per cent). Looking at the trend for the previous 10 years the Plymouth and England values have been similar.<sup>45</sup>

### **3.2.2 Breastfeeding**

Breast milk provides the ideal nutrition for infants in the first stages of life. Breastfeeding is expected to reduce illness in young children, have health benefits for the infant and the mother, and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants.

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<sup>41</sup> Positive choices for better health in a growing city, Public Health, Plymouth City Council, 2014/15

<sup>42</sup> Life Expectancy in Plymouth 2001-03 to 2014-16, Plymouth City Council 2017

<sup>43</sup> Segment tool, Public Health England, 2016

<sup>44</sup> Healthy life expectancy and life expectancy at birth by upper tier local authority: England, Office for National Statistics, 2016

<sup>45</sup> Low birth weight of term babies, Public Health Outcomes Framework indicator 2.01

Breastfeeding initiation refers to the proportion of mothers who begin breastfeeding in the first 48 hours after birth. Breastfeeding initiation in Plymouth (69.0 per cent of mothers) was lower than the England average (74.5 per cent) in 2016/17. The Plymouth value has remained below England over the past six years and both values have been fairly static.<sup>46</sup>

Levels of breastfeeding at 6-8 weeks (infants either totally or partially breastfed) in Plymouth (40.3 per cent) was below the England average (42.7 per cent) in 2017/18.<sup>47</sup> Due to a change in data collection methods in 2015/16 it is not possible to comment on trends at this time.

### **3.2.3 Teenage pregnancy**

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women, having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult. It may result in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being, and the likelihood of both the parent and child living in long-term poverty.

In 2016 the rate of the teenage conceptions in Plymouth was 19.6 per 1,000 females aged 15-17, a value similar to the England average (18.8 per 1,000). Plymouth's rate has decreased from 50.5 in 2006. This drop in rate has been greater than England's and has led to the difference between the Plymouth and England rates becoming smaller.<sup>48</sup>

### **3.2.4 Children's dental health**

Tooth decay in children can result in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. It is a predominantly preventable disease but for many children it remains an important problem.

In Plymouth, 652 children (aged one to 16 years) had teeth removed under general anaesthetic (GA) in 2017/18. On an electoral ward basis, the rate of dental extractions ranged from a low of 69 per 10,000 children aged 0-16 years in the Compton ward to a high of 222 per 10,000 children in Ham ward (this represents over a three-fold difference).

There are large differences in the extent of dental decay experienced by children depending on where they live. Those from more deprived groups of neighbourhoods often suffer from a higher burden of disease. The rate of dental extractions under GA ranged from a low of 82 per 10,000 children in the least deprived groups of neighbourhoods to a high of 187 per 10,000 children in the most deprived groups of neighbourhoods this represents over a two-fold difference).<sup>49</sup>

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<sup>46</sup> Breastfeeding initiation, Public Health Outcomes Framework indicator 2.02i

<sup>47</sup> Breastfeeding at 6-8 weeks, Public Health Outcomes Framework indicator 2.02ii

<sup>48</sup> Under 18 conceptions, Public Health Outcomes Framework indicator 2.04

<sup>49</sup> Dental extractions under general anaesthetic in Plymouth Children 2017/18, Public Health, Plymouth City Council, 2018

### 3.3 Mental health and wellbeing

A mental health needs assessment is currently being prepared that will cover mental health and wellbeing in much more detail than is able to be contained in this document. It will be made available on the [JSNA website](#) once complete.

#### 3.3.1 Mental health

Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder. In Plymouth in 2017 over 26,500 adults aged 18-64 were estimated to be suffering from common mental health problems, a figure that is projected to remain fairly static over the next 10 to 15 years.<sup>50</sup>

Some adults meet the diagnostic criteria for two or more psychiatric disorders. This is known to be associated with increased severity of symptoms, longer illness duration, greater functional disability, and increased use of health services. In Plymouth in 2017 over 11,900 adults aged 18-64 years were estimated to have more than one psychiatric disorder, a figure that is projected to remain fairly static over the next 10 to 15 years.<sup>50</sup>

The number of referrals to the Child and Adolescent Mental Health Services (CAMHS) in Plymouth in 2017/18 was 1,293. In 2017/18 1,610 children and young people (under 18) have received at least 2 contacts from CAMHS services. Mental health service providers report that they have noticed an increase in the number of referrals as well as an increase in the complexity of children and young people's needs and issues requiring attention.<sup>51</sup>

In 2017/18 hospital admissions of young people (aged 10-24 years) for self-harm in Plymouth was 706 per 100,000 population aged 10-24 years old, a value higher than the England average (421 per 100,000 population). Over the past few years Plymouth has seen an increase in the rate (474 in 2014/15 to 706 in 2017/18) which has led to a widening between the Plymouth and England values.<sup>52</sup>

#### 3.3.2 Suicide

Suicide is seen as an indicator of the underlying rates of mental ill-health. The suicide rate for the three year period 2018 to 2017 in Plymouth was 9.2 per 100,000 population and was similar to the England average (9.6 per 100,000 population). The rate in Plymouth has been similar to England since the 2013 to 2015 period. The Plymouth three-year rate has fallen from 12.7 in 2012 to 2014 (84 deaths registered) to 10.8 in 2013 to 2015 (72 deaths registered) and further fallen to 9.2 in 2015 to 2017 (64 deaths registered).<sup>53</sup>

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<sup>50</sup> Mental health problems predictions, Projecting Adult Needs and Service Information, 2018

<sup>51</sup> Children and young people, a single view of need/ demand, 2016

<sup>52</sup> Child Health Profiles, Public Health England, 2018

<sup>53</sup> Suicide rate, Public Health Outcomes Framework indicator 4.10



### 3.3.3 Depression

In 2017/18 12.8 per cent of the 18+ Plymouth population registered with a GP were recorded as having depression, a value higher than the England average (9.9 per cent). Over the last four years Plymouth has seen an increase in the prevalence of depression from 9.0 per cent in 2013/14 to 12.8 per cent. This increase is mirrored by an increase in England.<sup>54</sup>

### 3.4 Dementia

In 2017, 3,319 people over the age of 65 were estimated to be living with dementia in Plymouth. By 2030 it is estimated that this number will have risen to 4,735.<sup>55</sup>

Looking at GP practice data just under 2,000 people (aged 65+) were recorded as having dementia in Plymouth in 2017.<sup>56</sup>

### 3.5 Lifestyle behaviours

Four lifestyle behaviours (poor diet, lack of exercise, tobacco use, and excess alcohol consumption) are risk factors for four diseases (coronary heart disease, stroke, cancers, and respiratory problems) which together account for 54 per cent of deaths in Plymouth. The four lifestyle behaviours are also risk factors for intervening conditions (such as hypertension, obesity, diabetes, high cholesterol, and depression) that are associated with one or more of the four diseases. Many of the residents with these diseases are also likely to have one or more intervening conditions.



<sup>54</sup> Depression recorded prevalence, Mental Health and Wellbeing JSNA (Public Health England)

<sup>55</sup> Projecting Older People Population Information System, 2018

<sup>56</sup> Dementia recorded prevalence, Dementia Profile (Public Health England)

The prevalence of these lifestyle behaviours remain higher in the areas that are more deprived. Addressing these four behaviours is at the heart of the city's Thrive Plymouth programme to tackle health inequalities.<sup>57</sup>

### 3.5.1 Diet

In a health-related behaviour survey of secondary school pupils in Plymouth, 19 per cent reported eating five or more portions of fruit and vegetables on the day prior to the survey in 2017/18.<sup>58</sup> This is an improvement compared to 16 per cent in 2013/14 and 2015/16.

In 2016/17 Plymouth had a similar proportion of adults eating the recommended 'five-a-day' (55.2 per cent) compared to the England average (57.4 per cent).<sup>59</sup>

### 3.5.2 Physical activity/inactivity

In a health-related behaviour survey of secondary school pupils in Plymouth, 65 per cent reported that they 'exercised enough to breathe harder and faster on at least three days in the week' in 2017/18.<sup>58</sup> This is similar to previous survey findings.

In 2016/17 Plymouth had a similar proportion of adults classed as physically active (67.6 per cent) compared to the England average (66.0 per cent).<sup>60</sup>

### 3.5.3 Smoking

Smoking prevalence in Plymouth adults was estimated to be 18 per cent in 2017 which was higher than the England average (15 per cent). Over the last six years Plymouth's smoking prevalence has dropped from 23.4 per cent in 2011 to 18 per cent. The decrease over this time period is similar to England.

Rates of smoking in Plymouth are higher among specific groups of people such as those who live in more deprived areas, those in routine and manual occupations, and those who have never worked. Smoking is an important cause of ill health and a reason for the differences in life expectancy within the city.

### 3.5.4 Substance misuse

Alcohol and drug (illegal and prescribed) dependence are important issues for Plymouth. They are commonly associated with mental health problems, homelessness, and offending, and have negative impacts on families and children. In 2017 over 5,500 people in the city aged 18-64 were estimated to be dependent on drugs, and just over 10,000 were predicted to be alcohol dependent.<sup>61</sup> Alcohol and drug misuse has important consequences and costs for the city in terms of individual health and wellbeing, family breakdown, social cohesion, and crime & disorder.

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<sup>57</sup> Positive choices for better health in a growing city: director of public health annual report 2014/15, Public Health, Plymouth City Council.

<sup>58</sup> Data from the Health Related Behaviour Survey: Plymouth secondary schools 2018, Public Health, Plymouth City Council.

<sup>59</sup> Active Lives Survey: proportion of the adult population meeting the recommended '5-a-day' on a usual day, Public Health Outcomes Framework indicator 2.11i

<sup>60</sup> Active Lives Survey: percentage of inactive adults, Public Health Outcomes Framework indicator 2.13ii

<sup>61</sup> Drug/alcohol predictions, Projecting Adult Needs and Services Information, 2018

The number of alcohol related hospital admissions provides a measure of the burden of health harms and the impact of alcohol related disease and injury. In Plymouth in 2017/18 there were 2,159 hospital admissions per 100,000 population; a rate lower than the England average (2,224 per 100,000 population). Looking at trend data, over the last eight years Plymouths rate has remained similar from 2,177 in 2009/10 to the latest value of 2,159. The gap in rates between Plymouth and England has narrowed over this time. Rates of alcohol-related hospital admissions were higher in the more deprived areas.<sup>62</sup>

The rate of admissions for alcohol specific conditions in under 18s was 47.3 per 100,000 population aged under 18 in Plymouth; a rate higher than the England average (32.9 per 100,000 population) during 2015/16 to 2017/18. Over the last 10 years the Plymouth rate has decreased from 116.5 to 47.3 and the difference between Plymouth and England values has decreased.<sup>62</sup>

### 3.6 Obesity

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma, and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Results from the 'National Child Measurement Programme' (NCMP) in Plymouth in 2017/18 show that 24.4 per cent of children starting primary school were either overweight or obese; a value higher than the England average (22.4 per cent). Looking at trend data, the proportion of children starting primary school that are either overweight or obese has been fairly static over the last 10 years.

Results for year 6 pupils in Plymouth in 2017/18 show that 33.2 per cent of children were either overweight or obese; a value in line with the England average (34.3 per cent). Looking at trend data, the proportion of children in year 6 that were either overweight or obese has been fairly static over the last 10 years.

Information for 2016/17 shows that by the time they start primary school around one in four children living in Plymouth are either overweight or very overweight and by the time they leave primary school this has increased to one in three.<sup>63</sup>

Compared to England, more children in Plymouth are overweight or very overweight when starting primary school, however fewer children are overweight or very overweight when leaving primary school. This suggests that the environment in Plymouth may be more obesogenic for pre-school children but less obesogenic for those of primary school age when compared to England.

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<sup>62</sup> Local Alcohol Profiles for England 2018, Public Health England

<sup>63</sup> National Child Measurement Programme England 2016/17, NHS digital

As a result of more sedentary lifestyles and increased availability and affordability of high calorie food the prevalence of obesity among adults has grown considerably over the past few decades. Survey data for Plymouth in 2016/17 shows that 67 per cent of adults aged 18+ were classified as overweight or very overweight; a value higher than the England average (61.3 per cent).<sup>64</sup>

## 3.7 Long-term conditions

### 3.7.1 Disability

More people are living with a disability now than in the past because the population as a whole is living longer and improved medical treatments are enabling more people to manage long-term health problems.

There are higher levels of long-term health problems or disability, and lower levels of reported 'good' or 'very good' health in Plymouth compared to England. According to the 2011 Census, 10 per cent of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months. The England average was 8.3 per cent. The 2011 Census also reported fewer Plymouth residents thought their health was 'good' or 'very good', compared to England.<sup>65</sup>

Overall prevalence of learning disabilities in Plymouth was 0.6 per cent in 2016/17; this is higher than the England average (0.5 per cent).<sup>66</sup> In 2018 the rate of children with autism known to Plymouth schools was 18.3 per 1,000 pupils; a value higher than the England average (13.7 per 1,000). The rate of children with learning disabilities known to Plymouth schools was 28 per 1,000 pupils; a value lower than the England average (33.9 per 1,000). In 2015/16 the rate of adults (18 to 64 years) with learning disabilities receiving long-term social care support was 4.3 per 1,000 population; a value higher than the England average (3.3 per 1,000).

It is estimated that approximately one per cent of the adult population in England will have an autism spectrum disorder (ASD). In Plymouth an estimated 1,700 people aged 18-64 are thought to have an ASD.<sup>67</sup>

### 3.7.2 Chronic diseases

Data for chronic diseases is available at either local unitary authority (UA) level or at clinical Commissioning Group (CCG) level. Plymouth sits within the Western locality of the NHS Northern, Eastern, and Western (NEW) Devon CCG.

#### **Coronary heart disease (Plymouth UA)**

The prevalence of coronary heart disease in Plymouth was 3.6 per cent in 2016/17; a value higher than the England average (3.2 per cent). Over the last five years Plymouth's prevalence has remained static, whilst England's prevalence shows a slight reduction over the same time period.<sup>68</sup>

<sup>64</sup> Active Lives Survey: percentage adults classified as overweight or obese 2013-15, Public Health Outcomes Framework indicator 2.12

<sup>65</sup> 2011 Census table QS303EW (long-term health problem or disability), Office for National Statistics.

<sup>66</sup> Learning disabilities profile, Public Health England, 2018

<sup>67</sup> Projecting Adult Needs and Service Information System, 2018

<sup>68</sup> NHS Health Check profile, Public Health England

### **Stroke (Plymouth UA)**

The prevalence of stroke in Plymouth was 1.8 per cent in 2016/17; a value similar to the England average (1.7 per cent). Over the last five years Plymouth and England values have been static.<sup>69</sup>

### **Cancer (NEW Devon CCG)**

The prevalence of cancer in NEW Devon CCG was 3.3 per cent in 2017/18; a value higher than the England average (2.7 per cent). Over the last eight years NEW Devon CCG and England have both seen an increase in cancer prevalence.<sup>70</sup>

### **Respiratory disease (NEW Devon CCG)**

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in NEW Devon CCG was 2.1 per cent in 2017/18; a value higher than the England average (1.9 per cent). Over the last eight years NEW Devon has seen a slightly bigger increase in prevalence compared to England.<sup>71</sup>

### **Diabetes (Plymouth UA)**

Around 90% of those with diabetes will have Type 2 diabetes, and around 10% will have Type 1.<sup>72</sup> Type 2 diabetes is often influenced by lifestyle and initial treatment frequently focusses on eating well and moving more. The prevalence of diabetes in Plymouth was 6.5 per cent in 2016/17; a value lower than the England average (6.7 per cent). Over the last eight years the prevalence in Plymouth has increased in line with England.<sup>73</sup>

## **3.8 Vulnerable groups**

### **3.8.1 Families with children under five**

The Plymouth Health Visitor caseload survey collects subjective information about the health circumstances for every family with children under five in Plymouth (around 11,000 in 2018). It assesses each family against a set of 31 factors covering their social and lifestyle situation together with disabilities and illnesses they may be experiencing.

Families which experience four or more of the 26 original factors (there are 31 factors in total, 26 of which have been in the survey since it started) are considered 'vulnerable'. In 2018 2,263 families (20.7 per cent) were in this category, an increase from 18.2 per cent in 2016. The St Peter & the Waterfront ward had the highest percentage of vulnerable families in 2018 (37.7 per cent; 223 families), whilst the Plympton St Mary ward had the lowest percentage (6.4 per cent; 27 families).

### **3.8.2 Children in care**

For the last three years the number of children and young people in care has ranged between 391 and 417 (417 at 31 March 2018). Whilst Plymouth's number of children and young people

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<sup>69</sup> NHS Health Check profile, Public Health England

<sup>70</sup> Cancer Services profile, Public Health England

<sup>71</sup> National General Practice Profiles, Public Health England

<sup>72</sup> Diabetes UK facts and figures <https://www.diabetes.org.uk/professionals/position-statements-reports/statistics>

<sup>73</sup> NHS Health Check Profile, Public Health England

in care has increased at a faster rate than last year's trends for the south west region and England, over the last three years the increase has been at a much slower pace.

In 2017/18, 213 children and young people (114 males, 99 females) came into the care of the local authority. Of these, 82 were aged 0-4 years, 45 were aged 5-9 years, and 86 were aged of 10-17 years.

### **3.8.3 Families with multiple and complex needs/safeguarding children**

77% of Plymouth's children and young subject to a protection plan had more than one parental factor classification recorded (for example, Unsafe Parenting and Drug Misuse).

In Plymouth the main problems facing families with children subject to a child protection plan are Unsafe Parenting (64.8%), Domestic Abuse (54.0%), Parental Mental Health Problems (47.5%), Drug Misuse (25.4%) and Alcohol Misuse (18.2%).

### **3.8.4 Carers**

In England and Wales there are around 5.4 million people providing unpaid care for an ill, frail, or disabled family member or friend. Using data from the 2011 Census, there were 27,247 of these carers in Plymouth. This was a 13 per cent increase on the number identified in the 2001 Census. The majority (57.3 per cent) provided 1-19 hours of care per week but nearly 30 per cent (7,566 individuals) were committing over 50 hours.

In 2017/18 in excess of 1,500 carers received an assessment and some form of subsequent carer support (direct payment, advice and information, or another universal service).<sup>74</sup> Support to carers is primarily delivered via Improving Lives Plymouth and Livewell Southwest, both providers commissioned by Plymouth City Council.

### **3.8.5 Young carers**

Young carers are the children and young people who take on the responsibility of caring for a family member, most often a parent or sibling, who has a condition such as a disability, illness, mental health condition, or a drug and/or alcohol problem. The approximate total number of children and young people aged 18 years and younger in Plymouth is 56,155. Using the national estimate, that 1.5 per cent of young people are carers, it suggests there are at least 840 children and young people with caring responsibilities in the city. There are only around 200 young carers under the age of 18 known to Plymouth City Council, therefore there could be around 640 young carers unknown to the LA.<sup>75</sup>

### **3.8.6 Community-based care**

Plymouth's ageing population (described in [section 2.2.4](#)) is likely to put increasing pressure on community-based provision within the definition outlined in the '[Community-based care commissioning strategy](#)'. One of the most significant factors that will impact on further demand for community services is the growing number of older people in Plymouth.<sup>76</sup> There is a projected 32.7 per cent increase in the number of people aged 65 or over between 2016 and 2034 (an additional 15,400 individuals) in Plymouth.

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<sup>74</sup> Adult Social Care Short and Long Term (SALT) activity return, 2017/18

<sup>75</sup> Children and young people, a single view of need/ demand, 2016

<sup>76</sup> Community-based Care Commissioning Strategy, 2016

Community-based care delivers targeted services for people who need support in the community to maintain independence or those who may be at risk in the future of losing their independence. The services support people with multiple care and support needs, people requiring urgent care, and people with long-term needs who require ongoing personalised support. The 'Community-based Care Needs Assessment' undertaken in 2016 provides an extensive overview of community based care needs and demand. In Plymouth 1,483 people aged 18 to 64 and 2,029 people aged 65 and over received a long term social care service based in the community. The number of people receiving community based care increased in 2017/18 by 2% (70 people).

### ***People with multiple care and support needs***

Local information, combined with national modelling, indicates that adults experience complex needs (relating to homelessness, substance misuse, offending, and mental health) at different levels. Within Plymouth the 'Community-based Care Needs Assessment' identifies that:

- there is a core group of approximately 270 individuals requiring intense support for a number of issues at the same time;
- there are approximately 3,000 people who are not in immediate crisis but could shift into the core group without appropriate intervention; and
- there are approximately 5,000 people who have complex needs but are stable and engaging with support.

### ***People requiring urgent care***

These people may need services such as rapid response home care, mental health support services, reablement and/or community equipment.

The 'Community-based Care Needs Assessment' reports that the number of emergency admissions to hospital is expected to rise by around 1.1 per cent per year. However, due to the ageing population it is expected that the total number of emergency bed days will increase by around 1.6 per cent per year. It is also known that the prevalence of long-term conditions is rising, which will place an additional demand pressure on the urgent care system.<sup>77</sup>

There has already been an increase in the number of domiciliary hours commissioned by Plymouth City Council and NEW Devon CCG. A 12.5 per cent increase in hours was reported in 2014/15.<sup>78</sup>

### ***People with long-term needs requiring ongoing personalised support***

In 2017, a total of 12,614 people over the age of 65 were predicted to have a long-term limiting illness where their day-to-day activities were limited a lot (self-definition as per the 2011 census). Between 2017 and 2035, it is expected that the number of people aged over 65 with a limiting long-term illness will rise from 12,614 to 18,012.<sup>79</sup> Reasons for requiring long-term support include; sensory impairment, dementia, frailty, mental health issues, and learning disabilities.

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<sup>77</sup> Community-based care needs assessment, 2016

<sup>78</sup> Community-based care commissioning strategy, 2016

<sup>79</sup> Projecting Older People Population Information System

### 3.8.7 Residential and nursing care

In 2017/18, 1,042 people accessed long term residential care support. Numbers remain stable with 1,019 accessing support in 2016/17 and 1,092 in 2015/16. The average annual cost of a long term residential care package has risen, from £31,530 at 2015/16 year end to £34,419 as at the end of November 2016.

The numbers in long-term nursing care continue to increase. In 2017/18, 270 people accessed long term nursing care support, an increase of 12 per cent (30 people). The average annual cost of a long-term nursing care package has also increased, from £27,764 at 2015/16 year end to £31,659 as at the end of November 2016.

The quality of residential and nursing care provision in Plymouth remains high. 127 homes providing social care support have received a CQC 'new approach' rating. As at July 2018, 6 per cent (seven homes) were rated 'outstanding', 74 per cent (94) rated 'good', 20 per cent (25) require improvement and one home was rated 'inadequate'.

The 2017/18 Adult Social Care client survey also showed that 73 per cent of people in receipt of long-term social care were either 'satisfied' or 'very satisfied' with the care they receive, an increase of 4 per cent on the 2016/17 survey. Historically satisfaction rates in Plymouth are higher than the national and comparator group averages.

### 3.8.8 Safeguarding adults

The Adult Safeguarding Health Needs Assessment provides an in-depth analysis of the people in Plymouth who are in need of safeguarding<sup>80</sup>.

In 2017/18 there were 1,523 safeguarding concerns reported, involving 1,215 individuals, 954 of these concerns progressed to the investigation stage (known as an enquiry). Those most at risk of being the victim of a safeguarding enquiry are older people in receipt of physical support and who are resident in a care home setting or who live in their own home. Older people who are the subject of a disproportionately low number of safeguarding alerts are those in receipt of social care support via a direct payment, less is known about their circumstances as they are subject to much less social care supervision.

### 3.8.9 Social isolation

The percentage of families with children under-5 surveyed in the biennial health visitor survey in Plymouth and indicated to experience social isolation has increased from 5.3 per cent in 2014 to 8.5 per cent in 2018.<sup>81</sup>

In contrast, adult social care users reporting 'that they have as much social contact as they would like' has increased from 46 per cent in 2016/17 to 50 per cent in 2017/18. Plymouth has for the last two years performed above the England average for this Adult Social Care Framework indicator.

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<sup>80</sup> People in need of care and support who also, due to these needs, may be unable to protect themselves, and therefore must be protected from the risk of abuse, or actual, abuse.

<sup>81</sup> Survey of health visitor caseloads 2002 to 2018, Public Health, Plymouth City Council



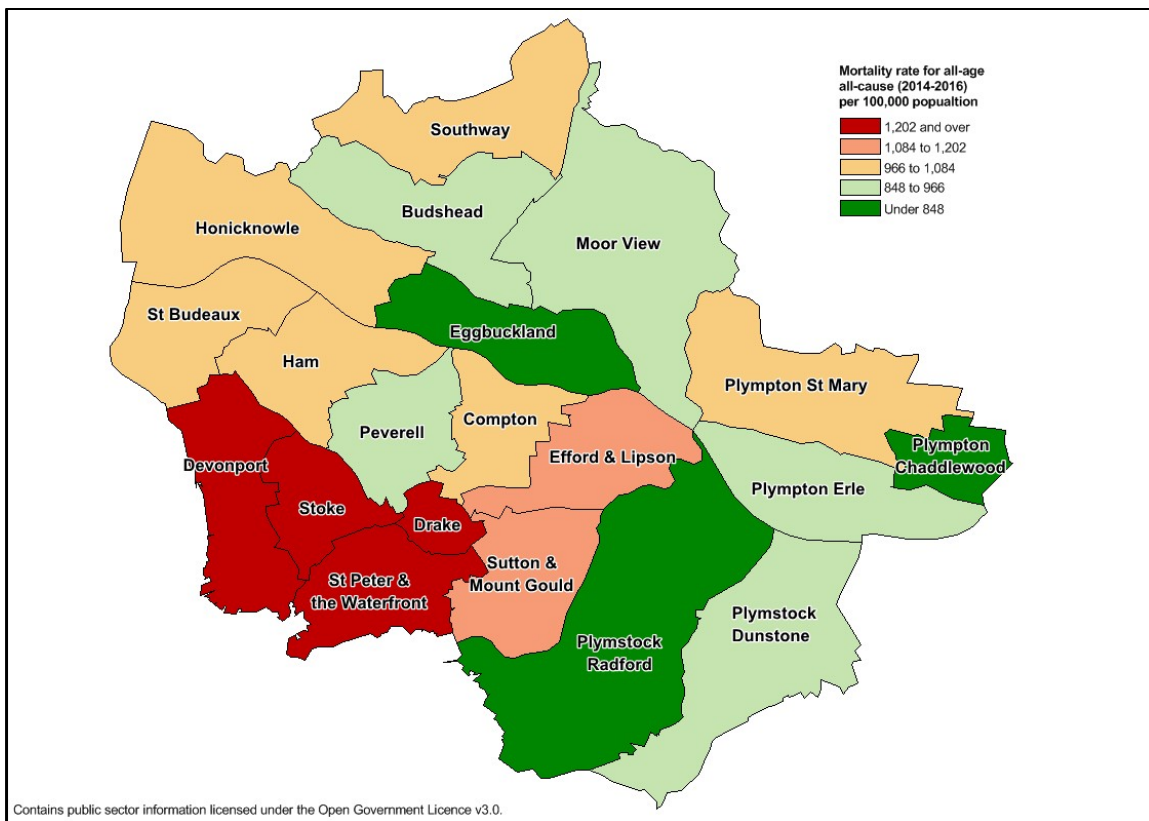
### 3.9 Mortality

The mortality rate (all-age-all-cause) in Plymouth was 1,026 per 100,000 population in 2016 compared to 960 for England. In 1995 the rate was 1,443 for Plymouth, since then the rates have reduced for both Plymouth and England.

In Plymouth the mortality rate for males is 1,138 per 100,000 population compared to 928 per 100,000 population for females in 2016.<sup>82</sup>

Rates across Plymouth in 2014/16 vary from a low of 730 in the Plympton Chaddlewood ward to a high of 1,318 per 100,000 in the Stoke ward as shown in Figure 8.<sup>83</sup>

Figure 8: All-age all-cause mortality rate, 2014-16 by wards



The infant mortality rate (for those under the age of one) in Plymouth is 2.6 per 1,000 live births for the three year period 2014 to 2016; a value similar to the England average (3.9 per 1,000). The Plymouth three year rate has fallen from 5.5 per 1,000 live births in 2001 to 2003 to 2.6 per 1,000 live births in 2014 to 2016; a trend which is in line with England.<sup>84</sup>

<sup>82</sup> Office of National Statistics, Deaths registered by area of usual residence, 2017

<sup>83</sup> Public Health, Plymouth City Council, Aug 2018

<sup>84</sup> Local authority Health Profiles, Public Health England, 2018

The premature mortality rate (for persons under the age of 75) for Plymouth in 2014 to 2016 is 361 per 100,000 population. Premature mortality varies across the city with more deprived groups of neighbourhoods having rates nearly twice as high as the least deprived group of neighbourhoods.<sup>85</sup>

Plymouth has a higher premature mortality rate than England for cancer (150 compared to 137 per 100,000 population in 2014 to 2016). The premature mortality rate for cardiovascular diseases (including heart disease and stroke) in Plymouth is similar to the England average (79 compared to 74 per 100,000 population in 2014 to 2016), as is the premature mortality rate for respiratory diseases (36 compared to 34 per 100,000 population in 2014 to 2016).<sup>86</sup>

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<sup>85</sup> Ibid

<sup>86</sup> Public Health Outcomes Framework indicators 4.04, 4.05 and 4.08

**GROWING CITY** - using Plymouth's strengths to drive quality growth which transforms the city's long term prosperity, to meet the needs of all its people.



Plymouth is the **15th largest** city in England.

Economic output of **£4.99 billion**  
**109,000** jobs.

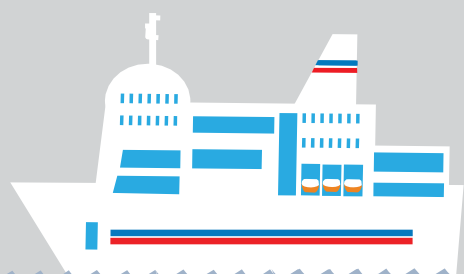


Plymouth has an employment rate of **76.8%** that is higher than the national average.

Plymouth has a population of **263,070**.



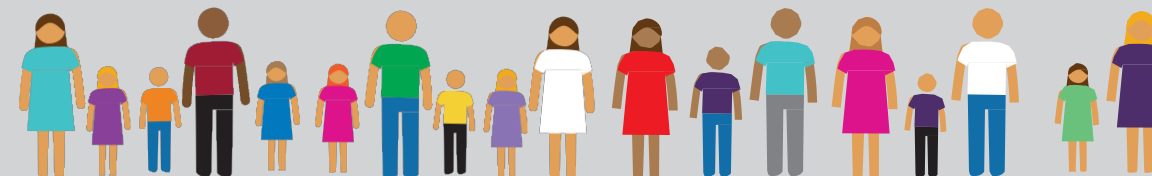
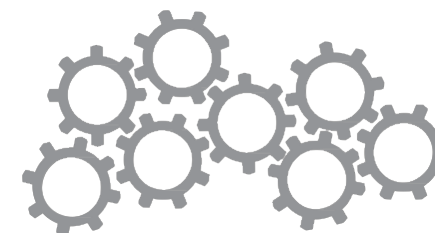
Plymouth's ports handled over **2.3 million** tonnes of cargo in 2017.



The fishing industry brings over **£12 million** in GVA to Plymouth each year and lands **13.2%** of England's total fish catch each year putting Plymouth in the **top 3** fishing ports in England.

Plymouth's full-time weekly earnings by place of residence is **£525.10** compared to **£571.17** nationally.

Plymouth's productivity stands at **83.7%** of the UK average.

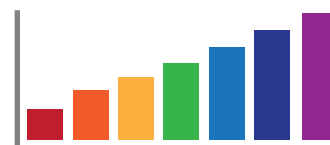


HM Naval Base Devonport (HMNB) is the **largest naval base** in Western Europe and directly accounts for **14.1%** of the city's economic value in terms of GVA and **10.1%** of Plymouth's total employment.

Plymouth's has **21%** of the UK's marine manufacturing capacity. Marine manufacturing in Plymouth generates **£408.6 million** in GVA.

Plymouth already outperforms the national average in apprenticeship starts **3,560** in 2015/16 rising to **3,770** in 2016/17.

Plymouth has an economic activity rate of **79.6%** that is higher than the national average.



## 4. GROWING

Plymouth is one of the largest cities on the south coast and the 15<sup>th</sup> largest city in England with a population of approximately 263,070<sup>87</sup>. The city provides 109,000 jobs and has an economic output of £4.99 billion<sup>88</sup> (2016). Plymouth is the most significant economic centre in the South West Peninsula and the largest urban area in the Heart of the South West (HotSW) Local Enterprise Partnership (LEP)<sup>89</sup>, making it a key location for growth.

### 4.1 The economy

#### 4.1.1 Employment and jobs

Since the 2008 recession the city's economic performance has improved and demonstrated increased and sustained output and growth. The city has an annual total Gross Value Added (GVA)<sup>90</sup> of £4.99 billion (2016), an increase from £4.95 billion in 2015<sup>91</sup>, and contributes to 12.1 per cent of the HotSW's economic output<sup>92</sup>.

Currently Plymouth has a marginally higher employment rate than nationally (76.8 per cent compared to 75.1 per cent) and an economic activity rate also slightly higher than the national figure (79.6 per cent compared to 78.5 per cent).<sup>93</sup> Of those aged 16-64 who are economically active but unemployed the figures are slightly higher for Plymouth women than the national average (4.3 per cent and 4.1 per cent respectively) with Plymouth men slightly lower than the national figure (3.2 per cent and 4.2 per cent respectively).<sup>94</sup>

Since employment reached near full-employment levels during the post-recession recovery, employment growth has slowed. It is now productivity led growth that will further drive output growth. The Royal Society for the Encouragement of Arts, Manufactures and Commerce (RSA) Inclusive Growth Commission's final report<sup>95</sup> comments that the previous national focus on higher employment has not provided the answer to some of the country's social problems. The

<sup>87</sup> ONS (2017) *United Kingdom population mid-year estimate* (released 28 June 2018) [data file]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

<sup>88</sup> The ONS is now reporting a third measure for GVA – the 'balanced' measure, which reconciles their other two measures (income and production) into a single estimate of economic activity within a region. New figures are slightly lower, however historic figures have now been updated and this is still an increase on previous years. This change in methodology may however result in discrepancies when looking at proportional impact by industry type.

<sup>89</sup> Local enterprise partnerships (LEPs) are voluntary partnerships between local authorities and businesses set up in 2011 by the Department for Business, Innovation and Skills to help determine local economic priorities and lead economic growth and job creation within the local area.

<sup>90</sup> GVA measures the contribution to an economy, producer, sector or region. It equals the value of the 'outputs' (normally turnover) of an enterprise less the 'inputs' (the cost of bought in goods and services). GVA is important because it is used in the calculation of gross domestic product (GDP) which is a key indicator of the state of a nation's total economy.

<sup>91</sup> GVA (balanced) approach

<sup>92</sup> ONS (2016) *Regional GVA (balanced) by local authority* [data file]. Available from: <https://www.ons.gov.uk/economy/grossvalueaddedgva> accessed March 2019

<sup>93</sup> Nomis (2018), Labour Market Profile, *Employment and unemployment – October 2017 to September 2018* [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx> accessed March 2019

<sup>94</sup> *Ibid.*

<sup>95</sup> RSA Inclusive Growth Commission, *'Making our Economy Work for Everyone'*, March 2017

report concludes that focusing on the quantity, rather than the quality of jobs has exacerbated inequalities with many places feeling left behind and trapped in low productivity/low wage cycles.

Plymouth's future growth potential therefore is more likely to lie in productivity led growth with a focus on the 'quality' of the jobs created. This means increased private sector jobs and the creation of more high-productivity jobs with opportunities to progress into these jobs through career and wage progression. More permanent, full-time and sustainable job opportunities are needed, rather than low-skilled jobs with zero-hour contracts that lack income security.

#### 4.1.2 Job numbers

The latest figures (2017) show the number of jobs in Plymouth has slightly increased from 107,000 in 2016 to 109,000 employee jobs (a net increase of 2,000 jobs). Of the total jobs in Plymouth, 70,000 were full time and 39,000 were part-time jobs (2017).<sup>96</sup>

Table 3: Jobs by industry breakdown

Industry	2009	2010	2011	2012	2013	2014	2015	2016	2017
A : Agriculture, forestry and fishing	31	52	48	63	31	44	90	20	N/A
B : Mining and quarrying	44	44	42	28	23	22	20	30	30
C : Manufacturing	12,478	11,363	11,909	12,237	12,563	13,071	12,700	13,000	13,000
D : Electricity, gas, steam and air conditioning supply	760	772	693	727	615	351	300	500	600
E : Water supply; sewerage, waste management and remediation activities	242	245	413	344	360	500	400	450	350
F : Construction	3,768	3,265	3,456	3,325	3,475	3,901	4,200	4,500	5,000
G : Wholesale and retail trade; repair of motor vehicles and motorcycles	18,015	16,686	16,447	16,033	16,004	15,922	16,500	16,000	16,000
H : Transportation and storage	5,520	5,412	5,058	4,885	4,993	4,623	5,900	5,000	4,500
I : Accommodation and food service activities	7,571	7,405	7,006	7,506	7,731	7,699	7,700	8,000	9,000
J : Information and communication	2,257	1,909	1,850	1,759	1,473	1,756	1,800	1,750	2,000
K : Financial and insurance activities	2,633	2,509	2,199	2,035	2,218	2,067	1,800	1,750	2,000
L : Real estate activities	1,026	1,297	1,781	1,801	2,199	2,215	1,900	1,750	1,750
M : Professional, scientific and technical activities	4,776	4,752	4,195	3,948	4,118	4,665	5,000	4,000	5,000
N : Administrative and support service activities	7,094	6,417	7,126	7,053	5,608	6,135	6,300	7,000	8,000
O : Public administration and defence; compulsory social security	5,939	5,268	5,181	7,142	7,029	7,024	5,900	6,000	6,000
P : Education	11,332	12,479	13,057	12,759	13,635	12,720	12,800	13,000	13,000
Q : Human health and social work activities	18,192	17,838	18,170	18,668	19,944	20,577	20,300	20,000	19,000

<sup>96</sup> Nomis (2017), Labour Market Profile, *Employee jobs by industry* (accessed March 2019) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

R : Arts, entertainment and recreation	2,480	2,884	2,436	2,616	2,551	2,780	2,500	2,500	3,000
S : Other service activities	1,504	1,596	1,502	1,849	1,747	1,634	1,700	1,750	2,000
T : Activities of households as employers; undifferentiated goods-and services-producing activities of households for own use	0	0	0	0	0	0	0	0	0
U : Activities of extraterritorial organisations and bodies	0	0	0	0	0	0	0	0	0
Total	105,662	102,193	102,566	104,778	106,316	107,706	107,800	107,000	110,230 <sup>97</sup>

*Nomis (2017), employee jobs by industry*

**Error! Reference source not found.** shows that Plymouth's 'human health and social work activities' sector remains the largest source of employment in the city despite a reduction of 1,000 jobs since 2016. The city's 'manufacturing sector', represents 11.9 per cent of Plymouth's total employment (compared to 8.6 per cent nationally) and has seen an increase of 300 jobs since 2015.

The most significant increase in jobs has come in the 'administrative and support service activities' industry with an increase of 1,000 jobs since 2016.

While significant strides have been made to build diversification and resilience into the Plymouth economy, there is still an over reliance on the public sector for employment. However, since the financial crisis, the number of public sector jobs in the city has steadily decreased. In 2009, 26,517 of Plymouth's employees (26 per cent) worked for the public sector. This figure has dropped to 21,828 in 2017 a slight increase from 21,493 in 2016 (20 per cent)<sup>98</sup>, however, alongside an increase in the available jobs this represents a slightly smaller proportion. In contrast the HotSW figure has decreased at a much slower rate (21 to 17.6 per cent), therefore bringing Plymouth more in line with the regional average<sup>99</sup>.

### 4.1.3 Employment by occupation

Although dependent on the types of jobs that are available in the city and the commuting patterns of high earners from outside the city affecting the distribution of the workforce, Plymouth still has a lower percentage of people in employment in major occupation groups 1-3 (38.6 per cent) compared to 46.1 per cent nationally.<sup>100</sup>

However, the city has higher than national proportions of people in the 'associate professional and technical' occupations (17 per cent compared to 14.7 per cent nationally). 'Skilled trades' (11.7 per cent compared to 10.1 per cent nationally) 'caring, leisure, and other service occupations' (11.2 per cent compared to 9.1 per cent) and 'sales and customer service occupations' (9.2 per cent compared to 7.6 per cent) also remain higher.

<sup>97</sup> Jobs figure is slightly higher than total employee jobs due to rounding by industry category

<sup>98</sup> ONS Business Register and Employment Survey (2016) *public sector figures*, (accessed July 2018) [data file]

<sup>99</sup> *Ibid.*

<sup>100</sup> Nomis (2018) Labour Market Profile, *Employment by occupation, April 2017-March 2018* (accessed July 2018) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

Table 4: Employment by occupation

<b>Employment by occupation (Standard Occupational Classification (SOC 2010))</b>	<b>Plymouth (numbers)</b>	<b>Plymouth (per cent)</b>	<b>South West (per cent)</b>	<b>Great Britain (per cent)</b>
<b>Major group 1-3</b>	<b>51,500</b>	<b>38.6</b>	<b>44.9</b>	<b>46.1</b>
1 Managers, directors and senior officials	9,900	7.4	11.2	10.8
2 Professional occupations	18,900	14.1	19.1	20.5
3 Associate professional & technical	22,700	17.0	14.4	14.7
<b>Major group 4-5</b>	<b>27,400</b>	<b>20.5</b>	<b>21.1</b>	<b>20.3</b>
4 Administrative & secretarial	11,700	8.8	9.7	10.1
5 Skilled trades occupations	15,700	11.7	11.4	10.1
<b>Major group 6-7</b>	<b>27,200</b>	<b>20.4</b>	<b>16.9</b>	<b>16.7</b>
6 Caring, leisure & other service occupations	15,000	11.2	9.4	9.1
7 Sales and customer service occupations	12,200	9.2	7.5	7.6
<b>Major group 8-9</b>	<b>27,300</b>	<b>20.5</b>	<b>17.2</b>	<b>17.0</b>
8 Process plant & machine operatives	12,000	9.0	6.3	6.4
9 Elementary occupations	15,300	11.5	10.9	10.5

Nomis (October 2017-September 2018) Employment by occupation

Plymouth has less employment in 'administrative and secretarial occupations' (8.8per cent) than both the South West (9.7 per cent) and nationally (10.1 per cent). Of those aged 16-64 years old considered economically active 15,900 people or 8.6 per cent were self-employed; slightly less than the national figure of 10.6 per cent.<sup>101</sup>

#### 4.1.4 Wages

Workforce earnings can be measured in two different ways – gross weekly workplace wages or weekly earnings by place of residence. The resident-based data set provides information about earnings of employees who are living in the city, who are on adult rates and whose pay for the survey pay-period was not affected by absence. Workplace pay relates to the earnings of employees who are working in the city.

<sup>101</sup> Nomis (2018), Labour Market Profile, *Employment and unemployment - April 2017-March 2018* (accessed July 2018) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

In terms of Plymouth's average workplace wages this shows that Plymouth's wages have stagnated over the last 12 months to November 2018 (+0.2 per cent compared to +3.5 per cent across the UK). However inflation has risen by 2.0 per cent in December 2018 meaning that Plymouth workers were worse off in terms of take-home pay. Plymouth's pay currently stands at 93.2 per cent of the UK average.<sup>102</sup>

However Plymouth's full time weekly earnings by place of residence for all workers shows an increase since 2016. Plymouth's full time weekly earnings by place of residence for all workers is £525.10 compared to £537.60 in the South West and £571.10 nationally (2018). This is an increase on the 2017 figure of £509.2 and the 2016 figure of £481.90 which saw the full time weekly earnings by place of residence dip for the first time in five years from £483.90 in 2015.<sup>103</sup>

The gender pay gap in the city still persists with weekly gross pay for men averaging £561.80 compared to £477.10 for women (2018).<sup>104</sup> This is an increase of £31.70 on the previous year for men and the most significant change year-on-year since 2013/14. Women's pay has also slightly increased from £454.30 in 2017 to £477.10 in 2018 – an increase of £22.80.

Plymouth's earnings divide, measured by the gap in resident's gross weekly pay between the top 20 per cent and the bottom 20 per cent of earners within the city, has decreased by £2.80 from 2017 (a decrease of 0.8 per cent). In 2018 the earnings gap was £352.3 in Plymouth, this is significantly less than the South West (£444.10) and national (£488.0) gaps. Across the Heart of the South West LEP area, median gross weekly pay at the 80<sup>th</sup> percentile (for the top 20 per cent of working age workers) has grown faster than for the bottom 20 per cent. Between 2014 and 2018 this growth has been 11 per cent for the bottom 20 per cent compared to 7.2 per cent for the top 20 percent of workers. This means that the lowest paid workers are already or close to being worse off with the rise in inflation<sup>105</sup>.

Lack of opportunity for wage growth and a lack of income resulting in poverty both lead to a city that is unfair for some. Maximising opportunities for all, to ensure that everyone can benefit from the growing economy, is essential to reduce inequalities and equip those who may otherwise be left behind to participate fully in the city's success. Inclusive growth was highlighted as a challenge facing cities such as Plymouth in the last Plymouth Report and still remains a priority. Plymouth has always taken this challenge seriously, with many initiatives across the city promoting fairness and helping to reduce poverty and inequality. Inclusive growth is further considered here.

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<sup>102</sup> Heart of the South West LEP (2019) Heart of the South West Economy Dashboard [data file]. Available from: <https://heartofswlep.co.uk/about-the-lep/facts-and-figures/> accessed March 2019

<sup>103</sup> Nomis (2018), Labour Market Profile, *Weekly full time earnings by residence* (accessed March 2019) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

<sup>104</sup> Nomis (2018), Labour Market Profile, *Annual survey of hours and earnings by residence* (accessed March 2019) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

<sup>105</sup> *Ibid*



#### 4.1.6 Productivity

Plymouth is the most significant urban area in the HotSW LEP and the South West peninsula with a GVA of £4.99 billion<sup>106</sup> and an overall workday population of 260,913 (2011 Census).

HotSW productivity has been on an upward trajectory since 2011, and has grown, in nominal terms (i.e. not accounting for inflation), faster than the national average since 2014. Between 2016 and 2017, HotSW's productivity had grown by 2.9 per cent, compared with 2.5 per cent nationally. In 2017 it was 13.3 per cent higher than in 2011, standing at 82.9 per cent of the UK average (2017).

Growth across the region has been mixed, with Plymouth's productivity just recovering from a slow in growth since 2012 (after previously seeing faster growth than nationally between 2010 and 2012), and Torbay's productivity recovering from a brief decline in 2016. At the same time, Somerset's and Devon's productivity levels have been increasing since 2012 and have been growing faster than nationally. In absolute terms, GVA per hour in 2017 was 83.7 per cent of the UK average in Plymouth (a 2.7 per cent growth on the previous year), this is slightly lower than 83.9 per cent in Somerset but higher than 83.2 per cent in Devon and 74.8 per cent in Torbay.

#### 4.1.7 Business start-ups

The number of business start-ups in Plymouth has decreased in 2017 to 805 compared to 915 in 2016. This is a rate of 47.8 businesses per 10,000 people of working age compared to a rate of 53.8 in 2016. *When measured as rate per 100 businesses rather than per 10,000 population, Plymouth's 805 business births (12.3 per 100) represents a rate close to the national rate (13.2) and above the regional rate (10.6)*<sup>107</sup>. The South West however continues to have the highest five-year survival rate The UK five-year survival rate for businesses born in 2012 and still active in 2017 was 43.2 per cent. Since 2012, the South West has been the region with the highest five-year survival rate at 45.8%.<sup>108</sup> In Plymouth initial survival rates compare well but there is a sharp drop in business survival after year three.

#### 4.1.5 Unemployment

There were 18,300 people claiming out of work benefits in November 2016.<sup>109</sup> This equates to 10.9 per cent of the resident population aged 16-64 years. This is higher than the South West (7.2 per cent) and national (8.4 per cent) figures. This claimant count has slowly reduced over the last ten years from 21,470 (12.9 per cent) in November 2006. Of those claiming out of work benefits 1,950 or 1.2 per cent are lone parents, a value in line with the national figure of 1.0 per cent. However the number of people claiming out of work benefits who are carers or are disabled is higher in Plymouth than in the South West and nationally.

<sup>106</sup> ONS (2016) *Regional GVA (balanced) by local authority – released December 2017* [data file]. Available from: <https://www.ons.gov.uk/economy/grossvalueaddedgva>

<sup>107</sup> *(Plymouth Growth Board Dashboard February 2019)*

<sup>108</sup> ONS (2017) *Business Demography UK* (accessed March 2019) [data file]. Available from: <https://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/datasets/businessdemographyrefrencetable>

<sup>109</sup> Nomis (2016), Labour Market Profile, *Out of work benefits - November 2016* (accessed September 2018) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

There are 3,480 claimants (2.1 per cent) who are carers, compared to 1.4 per cent in the South West and 1.7 per cent nationally and 1,980 disabled claimants (1.2 per cent) compared to 0.9 per cent in the South West and 0.8 per cent nationally.<sup>110</sup>

Youth unemployment (18-24 year olds) reached an all-time low in December 2015 (735 claimants). This has risen in line with the national trend and now stands at 1,100 claimants (January 2019) accounting for 21 per cent of all Job Seeker Allowance (JSA) claimants.<sup>111</sup>

Plymouth has 2,590 people (1.5 per cent) on job seekers allowance (JSA/Universal Credit) compared to 0.8 per cent for the South West. This is also higher than the national average (1.1 per cent) suggesting a higher percentage of people in Plymouth rely on welfare relating to unemployment (November 2016). This increase may in part be due to people moving across from employment support allowance (ESA) through the reassessment process.

One of the key challenges faced by the city is the elevated number of people who are economically inactive due to long term sickness. There were 13,380 ESA and incapacity benefits claimants in Plymouth in November 2016 (7.9 per cent of the working age population compared to 5.5 per cent in the South West or 6.1 per cent nationally).<sup>112</sup> These figures have remained persistently static over the last few years risking a widening of economic, health, and social inequalities in the city.

#### 4.1.8 Competitive advantages

Plymouth is continuing to transform and re-balance its economy building a strong inward investment and export portfolio with a focus on productivity, higher value, and knowledge based industries.

Our distinctive industry strengths are in advanced engineering, marine technology, and defence-related nuclear expertise as well as an emerging specialism in the health and life sciences sector. Plymouth is recognised for its strength across these industries with global companies and world-leading research institutions already based in the city.

The city is a global centre of excellence for marine science and technology with one of the largest clusters of expertise in Europe. The Marine Business Technology Centre with Smart Sound test range has recently been launched and is based in the UK's first marine Enterprise Zone at Oceansgate connecting marine related and supply chain businesses with the research knowledge base across the Heart of the South West.

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<sup>110</sup> Nomis (2016) Labour Market Profile, *Working-age client group – main benefit claimants – not seasonally adjusted, August 2016* (accessed August 2018) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

<sup>111</sup> Nomis (2019), Labour Market Profile, *Claimant count by age – not seasonally adjusted – January 2019* (accessed March 2019) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

<sup>112</sup> Nomis (2016), Labour Market Profile, *Out of work benefits ESA, November 2016* (accessed July 2018) [data file]. Available from: <https://www.nomisweb.co.uk/reports/lmp/la/1946157352/report.aspx>

Plymouth has a location quotient<sup>113</sup> of 9.90 (GVA), meaning that the marine industry in Plymouth is nearly 10 times more concentrated than the national average. The building of ships and floating structures and the building of pleasure and sporting boats in Plymouth boast location quotients of 40.5 and 42.0 respectively; around 40 times the national average.

The 2016 Business Register for Employment Survey (BRES) outlined how Plymouth alone accounts for 9.2 per cent of England's entire marine industry. This is larger than the entire Solent LEP area, which accounts for 8.4 per cent. Marine manufacturing in Plymouth generates £408.6m in GVA. Productivity levels (GVA per FTE) for this sector stand at £51,718 (21.6 per cent above the Plymouth average of £49,770). This represents 10.7 per cent of the total Plymouth GVA and is forecast to grow by an average 1.0 per cent per annum to 2030.

Plymouth also has the highest concentration of manufacturing employment on the south coast of Britain, providing opportunities in management, process engineering, and advanced manufacturing. 12 per cent of Plymouth's jobs are in the manufacturing industry, far exceeding the 8.3 per cent national average. Furthermore at least 7,100 of these jobs are in marine manufacturing, accounting for 21 per cent of the UK's marine manufacturing capacity.

Plymouth's ports provide an opportunity for the city to maximise its export potential and contribute to the UK's international competitiveness. Plymouth's ports handled over 2.3 million tonnes of cargo in 2017, up from 2.1 million tonnes in 2015<sup>114</sup>. International ferry services also operate from Plymouth's Millbay Docks, with one or two services per day to Roscoff in Northern France and a weekly service to Santander in Northern Spain. 449,000 ferry passengers travelled through Plymouth in 2015, making it the UK's eighth most important passenger ferry port.<sup>115</sup>

The fishing industry brings over £12 million in GVA to Plymouth each year and lands 13.2 per cent of England's total fish catch each year putting Plymouth in the top three fishing ports in England. In 2016, 11.3 thousand tonnes of fish were landed at a value of £14.7m. Plymouth is the administrative port for approximately 500 fishing vessels (second only to Newlyn in the UK) and the administration port with the highest number of registered fishing vessels. In 2016, Plymouth supported 1,000 full-time fishermen which is more than any other port in the United Kingdom.

HM Naval Base Devonport (HMNB) is the largest naval base in Western Europe covering 650 acres, with 15 dry docks, four miles of waterfront, 25 tidal berths and five basins. It is currently home to the Type 23 frigates and the primary UK location for maintenance of surface ships and submarines including base-porting options for the future Type 26 and Type 31e frigates. HMNB Devonport is of vital importance to the UK's defence capability and the city's overall marine offer.

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<sup>113</sup> A location quotient (LQ) is a way of quantifying how concentrated a particular industry, cluster, occupation, or demographic group is in a region as compared to the nation. It can reveal what makes a particular region 'unique' in comparison to the national average.

<sup>114</sup> Department for Transport (2018) *All UK major and minor port freight traffic by port and year* [data file]. Available from: <https://www.gov.uk/government/statistical-data-sets/port-and-domestic-waterborne-freight-statistics-port>

<sup>115</sup> Plymouth and South West Devon Joint Local Plan 2014-2034

The naval base has world-class infrastructure and a highly skilled workforce which directly accounts for 14.1 per cent of the city's economic value in terms of GVA and 10.1 per cent of Plymouth's total employment. The dockyard and naval base encompasses facilities for highly specialised engineering work including the deep maintenance of nuclear submarines. Nuclear technologies are also a significant and growing component of activity at Devonport. With a new class of nuclear submarines coming into service in 2025, the older vessels will require decommissioning. This will mean further developing the skills and capacity of the workforce, both to maintain some of the country's most expensive assets and to safely decommission the retiring fleet.

The city also has an emerging specialism in the health and life sciences sector, anchored by one of Europe's largest teaching hospitals which incorporates the region's trauma centre, a teaching trust in partnership with Plymouth University, and a Ministry of Defence Hospital Unit employing around 150 military medical personnel. Plymouth's Health and Life Sciences sector currently represents 16.8 per cent of the total FTE employment in the city. This includes large public sector activity around healthcare, as well as specialised manufacturing of medical instruments, medical research, and digital technologies (e-health). The potential for growth in the sector is significant due to the wealth of research facilities and collaborative working, building on strengths at the University of Plymouth in AI and augmented and virtual reality as well as other university partnering opportunities. Plymouth Science Park also represents a significant asset with the potential for development growth.

#### **4.1.10 Skills shortfall**

According to the UK Commission for Employment and Skills' 2015 Employer Skills Survey, 20 per cent of all vacancies are skill-shortage vacancies; this is a slight rise on 20 per cent in the 2015 survey. In line with previous years 33 per cent of vacancies were considered hard to fill and there was an 8 per cent increase in the number of skill-shortage vacancies compared with 2015 in the UK. While 13 per cent of employers reported skills gaps in their work force. Skills shortages were particularly prevalent in some sectors across the UK the density of such vacancies was highest in Construction where over a third of vacancies (36 per cent) were considered skill-shortage vacancies (a similar level to 2015).

Data from the 2015 survey showed that there were 6,884 skills gaps identified across the city (including 7 per cent of the workforce determined as being not fully proficient in their roles). Profile of skills gaps in Plymouth:

- high-skill: 8.4 per cent (vs. England 37.1 per cent)
- middle-skill: 12.7 per cent (vs. England 23 per cent)
- service-intensive: 67.5 per cent (vs. England 19.6 per cent)
- labour-intensive: 11.4 per cent (vs. England: 19.8 per cent)

However only 10 per cent of recruits on their first job from school at the age of 16, or from University/other higher education institutions (HEIs), are reported as either ‘poorly’ or ‘very poorly’ prepared. This rises to 30 per cent for 17-18 year olds from Further Education college, and 37 per cent for 17-18 year olds from school. Of these 17-18 year old recruits, the main skills employers report as lacking are:

- working world or life experience (7 per cent, and 22 per cent respectively)
- poor education/numeracy/literacy/other (5 per cent and 11 per cent)
- required skills or competencies (5 per cent and 7 per cent)
- common sense (6 per cent and 4 per cent)
- poor attitude/personality or motivation (4 per cent and 4 per cent)

Development of most of these skills is aided through a STEM qualification or via work experience.

Skilled workers tend to encourage innovation and are better at adapting and responding to changing work environments. Companies’ access to a larger pool of highly skilled workers can improve their productivity. The skills make-up of the UK, much like labour productivity, varies greatly across regions. Half of London’s working age population is classified as highly skilled, i.e. has competencies of Level 4 and above under the National Vocational Qualifications (NVQ) framework. In Plymouth, this proportion falls to 31.6 per cent, which ranks the city 42 out of 63 cities on this scale.<sup>116</sup>

Improving basic skills, such as the numeracy and communication, in school and college leavers, is seen by many UK businesses as pivotal for boosting productivity. At a national level, 62 per cent of UK businesses are dissatisfied with school and college leavers’ business and customer awareness, and just over half expressed dissatisfaction with their analytical skills.<sup>117</sup>

Matching skills with employers’ needs, particularly in sector growth areas was identified as a challenge in the last Plymouth Report and addressing future skills shortages continues to be a concern, especially in the context of leaving the EU. Future demand for construction skills is likely to increase and this could put flagship construction programmes at risk. As well as construction, EU migrant labour represents particular skills sets in academia, advanced engineering, manufacturing, tourism, and care. 50 per cent of all EU workers in the South West are employed in the manufacturing and retail/hospitality industries. In 2016 it was estimated that just over 4 per cent of Plymouth’s working age population (roughly 11,000) were from EU countries, compared to 5 per cent nationally.<sup>118</sup>

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<sup>116</sup> Centre for Cities, *Cities Outlook Data Tool (2017) Working age population with a qualification of NVQ level 4 and above (5)*, 2017 accessed March 2019 [data file]. Available from: <https://www.centreforcities.org/city/plymouth/>

<sup>117</sup> KPMG, *Improving UK regional productivity performance*, November 2017

<sup>118</sup> Plymouth City Council, *Policy and Intelligence Team, 2016*

The Building Plymouth programme ensures that the city is invested in upskilling the resident community to meet the demand for construction workers. Consideration is also being given as to how this model can be applied to other sectors including manufacturing, hospitality, and healthcare.

#### 4.1.11 Education and skills (post 16)

Local data from Careers South West for February 2019 illustrates that the percentage of pupils in education, training, or employment is 89.5 per cent. The rate of care leavers who are participating in education, employment, or training is 57.5 per cent, which is slightly higher than the England average of 51 per cent.<sup>119</sup>

Plymouth's approach to technical education is published in the city wide STEM strategy, developed in partnership with education, academic, and business stakeholders and is chaired by the University of Plymouth. The strategy was developed in recognition of the need for greater STEM skills and to retain and attract STEM talent in the city through promoting parity between academic and technical routes. As part of the city-wide post 16 education review of the curriculum the city is preparing for the introduction of new T level qualifications through initial discussions with the Gatsby Foundation.

Schools currently provide career education, information, advice, and guidance for their pupils however evidence from employers suggest that there are still gaps in the skills required to grow and expand their businesses, as well as providing for succession planning. Employer productivity improvements are held back by shortages and lack of skills in the local labour market.

Businesses are an essential part of the local conversation to re-engineer the education and skills landscape so that industry directly benefits from developing the local workforce. This includes being able to influence appropriate training to match current and future skill requirements, and particularly pre-empting the skills associated with new technologies.

Nationally, apprenticeship starts have declined which is believed to be due to the impact of the apprenticeship levy. Locally, Plymouth's volume of apprenticeship starts has also declined (3,560 in 2016/17 reducing to 2,520 in 2017/18)<sup>120</sup>. However, the quarter one 2018/19 actual figures (largest out turn period) for Higher Level (HL) apprenticeships starts is 120 which is 80 per cent of available HL apprenticeships. This is much higher than the regional (52 per cent) and the national figure (48 per cent)<sup>121</sup>.

For those aged 25+, the current employment support offer is not suitable, nor flexible, enough to help them enter employment opportunities or change careers. There needs to be a more creative approach to the re-training of people aged 25+ with more on-the-job training routes being made available.

<sup>119</sup> Department for Education, *2017/18 Statistical first release data*, published October 2018 [data file]

<sup>120</sup> Department for Education, *2017/18 Apprenticeships geography and sector subject area Pivot Table tool: starts and achievements 2017 to 2018 to Q2 2018 to 2019* [data file] accessed March 2019 Available from: <https://www.gov.uk/government/statistical-data-sets/fe-data-library-apprenticeships>

<sup>121</sup> *Ibid.*

#### **4.1.12 Graduate retention**

Plymouth has three Higher Education Institutions (HEIs) that collectively employ 3,125 FTE staff. These organisations contribute hugely to the city's economy, with Plymouth University alone contributing £468 million to the city.

However, Plymouth is underperforming compared to the national average across a number of measures of productivity and business competitiveness. Ensuring that the skills developed in HEIs in Plymouth meet the skills required locally can help to address this (alongside other interventions). Low graduate retention and the leakage of the city's young talent can be seen to hold back the knowledge-based growth that the city aims to deliver. Despite the city having approximately 26,000 students, Plymouth suffers with a net graduate out-migration.

National research (Department for Business, Innovation & Skills (BIS) analysis paper No. 2) shows that a 1.0 per cent increase in the share of the workforce with a university degree raises the level of long-run growth by 0.2 to 0.5 per cent. A fresh supply of graduates is also needed to keep up the production of intangible assets, such as training, marketing, and software design. Evidence shows that Plymouth has a lower than average proportion of people with graduate level skills in the economy in addition to under-utilisation of skills. This suggests the need for a combined approach to create additional higher skilled jobs for the workforce and encourage more graduates to stay in the city.

### **Focus on...the value of inclusive growth in tackling poverty**

Inclusive Growth is a term commonly used to address growing concerns that the benefits of economic growth are not equally shared. Defined by the OECD as "growth that is distributed fairly across society and creates opportunities for all", many local authorities use alternate terms such as 'economic fairness' to describe their own efforts to promote inclusive growth. Plymouth Growth Board currently uses the definition "Growing prosperity that reduces inequality and is sustainable".

The general assumption is that promoting economic growth increases total income in society, creating more jobs and income which could be redistributed. Economic growth has been a major factor in reducing the levels of poverty over the past 100 years, however it is not necessarily the case that income and wealth will trickle down to the poorest. In fact, economic growth can widen relative poverty because it benefits the highly skilled and wealthy classes more than those at the bottom<sup>122</sup>.

Research shows that while growth can be beneficial for the incomes of the poor, the relationship depends on context and in particular the spatial and sector composition of growth<sup>123</sup>.

Growth at city level can reduce poverty by raising wages and/or increasing employment. There are however, important caveats to this.

- Many of those in employment remain poor – the hidden face of in work poverty.
- All employment is not equal – quality of jobs (hours worked, wage level etc.)
- Ability of groups in poverty to secure new employment opportunities.
- Wage progression.
- Spatial factors such as transport infrastructure and costs.
- A focus on addressing labour demand through commuting and migration.

There are clear implications for local policy makers to ensure that local economic growth translates into jobs for those at risk of or in poverty. Possible interventions include skilling up of deprived groups, recruitment, management and governance practices that promote a diverse and engaged workforce by employers and living wage campaigns. The diversification of new jobs is also important to prevent any widening of inequalities across the city.

There is also a need to build strong relationships between interventions aimed at delivering inclusive growth, and those more focused on the health and social wellbeing of the individual and family. The extent to which this has happened within Plymouth has not yet been assessed, but doing so could present opportunities for the city to unite and act on.

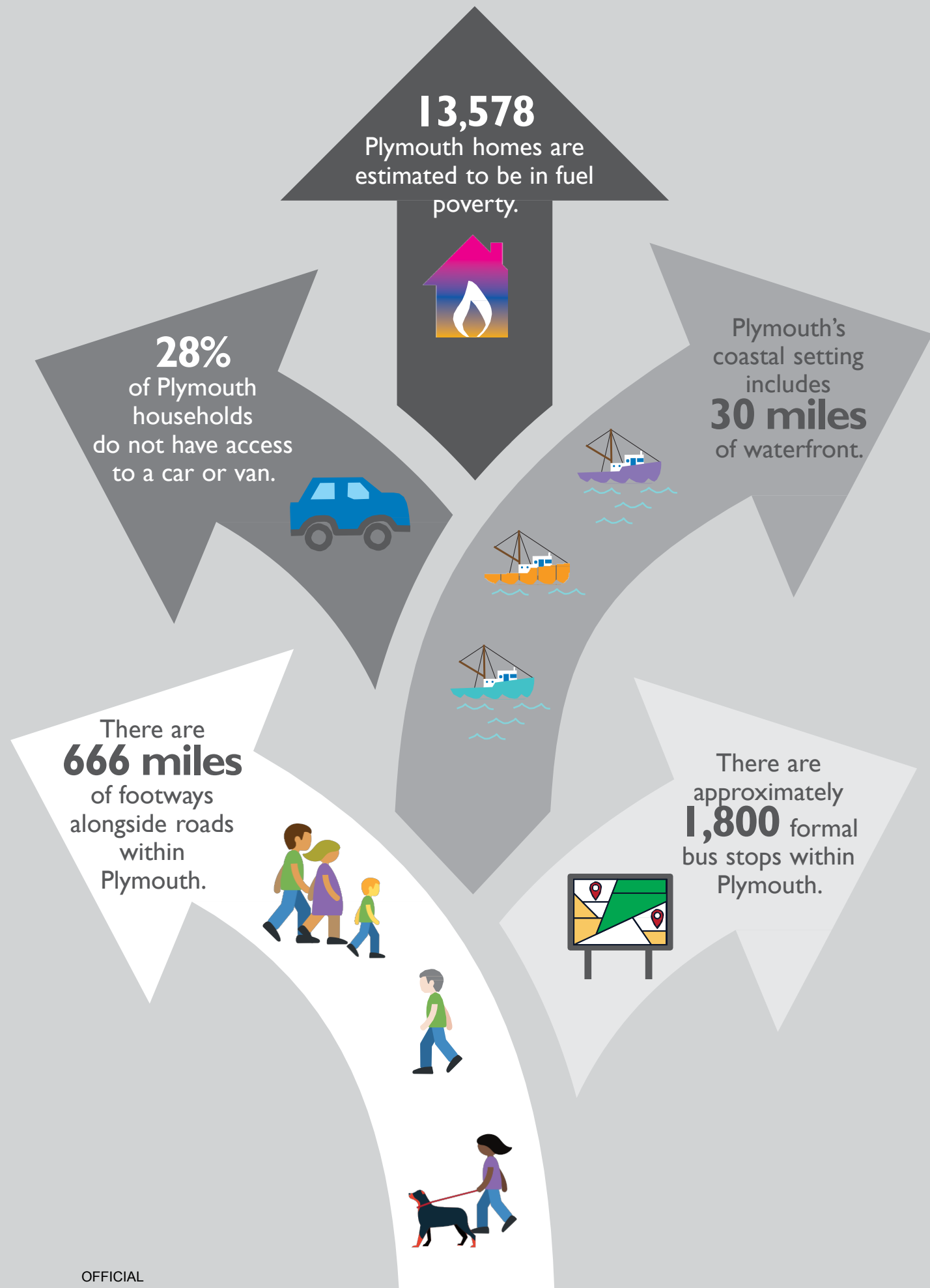
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<sup>122</sup> [https://www.economicshelp.org/macroeconomics/inequality/policies\\_reduce\\_poverty/](https://www.economicshelp.org/macroeconomics/inequality/policies_reduce_poverty/)

<sup>123</sup> Kraay 2006, Loayza & Raddatz 2010



**INFRASTRUCTURE** - all the public systems, services and facilities that are necessary for economic and social activity, including roads, telecommunications, power and water supplies. Collectively they constitute the physical and social foundations of a strong society.

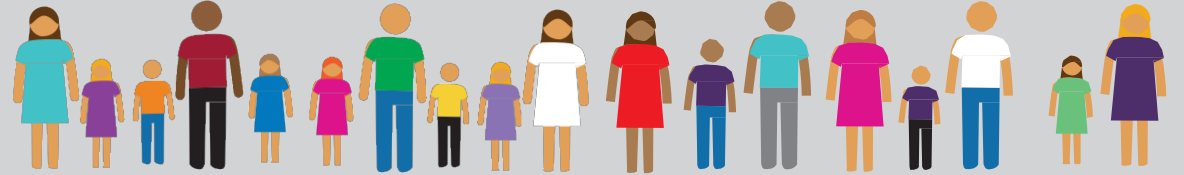


The average train journey time of **3 hours 15 minutes** from London to Plymouth. **Seven** of the **ten** busiest sections on Highway's England's network in the South West occur on the A38 between Plymouth and Exeter.



Superfast broadband coverage in Plymouth (>24Mbps) is **99.2%** compared to **96%** across the UK.

Transport investment for Plymouth averages **£35** per head compared to a national average of **£98** per head leaving our region some **£2bn** behind other areas.



Average private rental prices - **£400pcm** for room in a shared house to **£1,160** for 4+ bedroom house.



The average property price in Plymouth has increased from **£147,000** to **£175,000** in the past five years which is an increase of **19%**.



There are an estimated **6,000** private rented Houses of Multiple Occupancy in Plymouth.

The Plan for Homes has supported the delivery of **4,462** in the first four years.



## 5. INFRASTRUCTURE

Infrastructure includes all the public systems, services, and facilities that are necessary for economic and social activity, including roads, telecommunications, and power and water supplies. Collectively they constitute the physical and social foundations of a strong society.

Infrastructure provision is crucial for sustainable development. The successful delivery of growth will be, to a large extent, dependent on significant improvements to, and investments in, infrastructure. Although much can be achieved through making more efficient use of existing infrastructure such as transport systems and schools, the potential to deliver economic growth and quality of life improvements will be constrained without the delivery of some targeted programmes and projects.

The Infrastructure Needs Assessment (INA) prepared as part of the Plymouth and South West Devon JLP identifies a need for 475 infrastructure projects with a total value of over £1.8 billion for the 20 years of the plan period. Since 2014, 48 of these projects have commenced or been completed, with a total value of £377 million. The specific infrastructure interventions identified for Plymouth's growth areas are seen as the primary projects needed to deliver a step change in growth and quality of place. This includes transport, public realm, greenspace, and other infrastructure projects.

Within the Plymouth Policy area, a total of 316 infrastructure projects have been identified, totalling £1.7 billion. Of these, about half are considered to be key infrastructure projects indicating that they are either critical or necessary for the delivery of growth. 142 projects are identified as required in the short term, i.e. the period 2017-22. Transport projects are the highest value sector overall with 107 projects valued at £ 603 million.

Plymouth City Council's Capital Programme has been aligned with the Plymouth Plan and JLP to deliver these infrastructure requirements. The capital programme currently runs to approx. £100 million per year of which 50 per cent is on city infrastructure, and a further 10 per cent is on infrastructure maintenance. There is also a close relationship between the JLP councils and the HotSW LEP, ensuring that all plans and associated infrastructure programmes are aligned across the region.

### 5.1 Housing

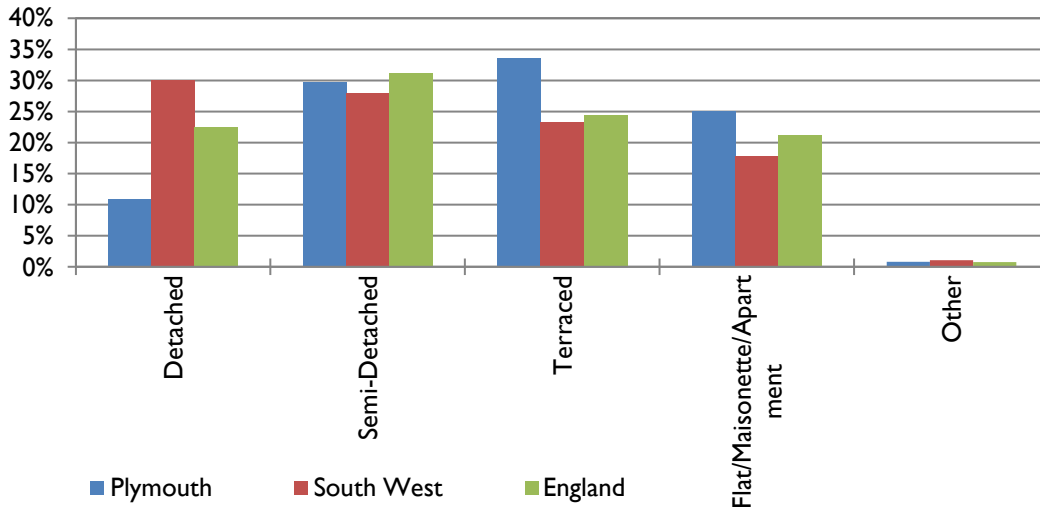
The delivery of housing is central to the city's growth agenda. Building the right type of homes, in the right place, at the right price, while creating quality environments, is necessary for Plymouth's citizens to thrive. Without a new and improved supply of the right homes, the economic and physical regeneration of the city will be constrained.

The Joint Local Plan (JLP) for Plymouth and South West Devon seeks to deliver 26,700 new homes, of which 6,600 should be affordable, by 2034 across the two policy areas of Plymouth and the Thriving Towns and Villages of South West Devon. 71 per cent of the new homes (19,000) are to be built in the Plymouth policy area, including 4,550 new affordable homes, and 7,700 new homes in the Thriving Towns and Villages policy area therefore meeting the needs of the Housing Market Assessment in full. The homes will be a mix of housing sizes, types, and tenures that reflect the city's housing needs and pressures.

### 5.1.1 Current housing profile

Plymouth has approximately 117,210 dwellings.<sup>124</sup> A profile of Plymouth’s housing stock, taken from the 2011 Census, shows that Plymouth has less detached houses than regionally or nationally and more terraced houses and flats (Figure 9). Detached homes account for just over 10 per cent of Plymouth’s housing stock compared to 22 per cent nationally, whereas a third (33.5 per cent) are terraced compared to 24.5 per cent nationally.

Figure 9: Breakdown of property type (2011 Census)

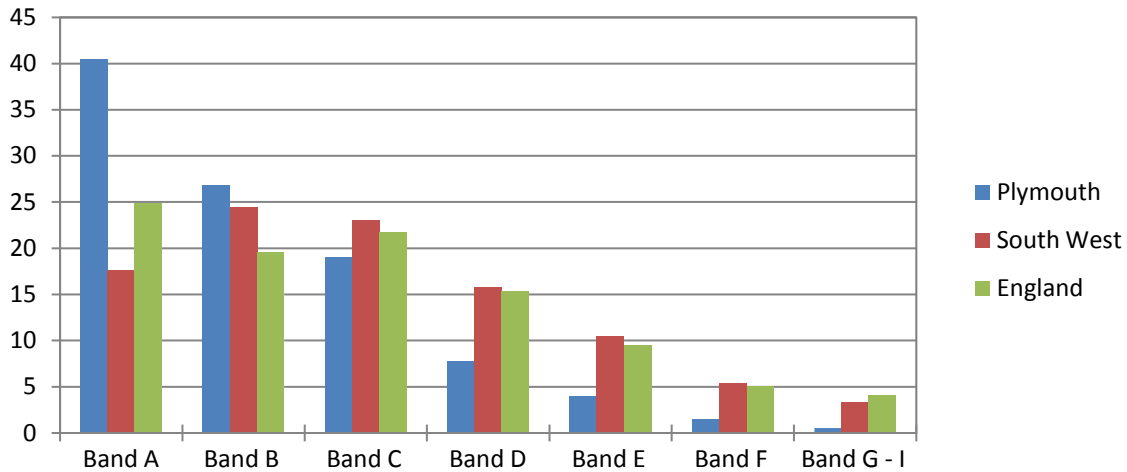


Plymouth has a larger proportion of smaller dwelling types with one bedroom homes accounting for 15 per cent of properties compared to 11.7 per cent nationally. Conversely, there is a smaller proportion of larger homes, with 14 per cent having four or more bedrooms compared to 19 per cent nationally.

As shown in Figure 10, Plymouth has comparatively more properties in lower council tax bands than regionally and nationally and less in the higher bands.

<sup>124</sup> Table 100 Dwelling Stock, MHCLG Live Tables, 2017

Figure 10: Percentage of properties in each council tax band

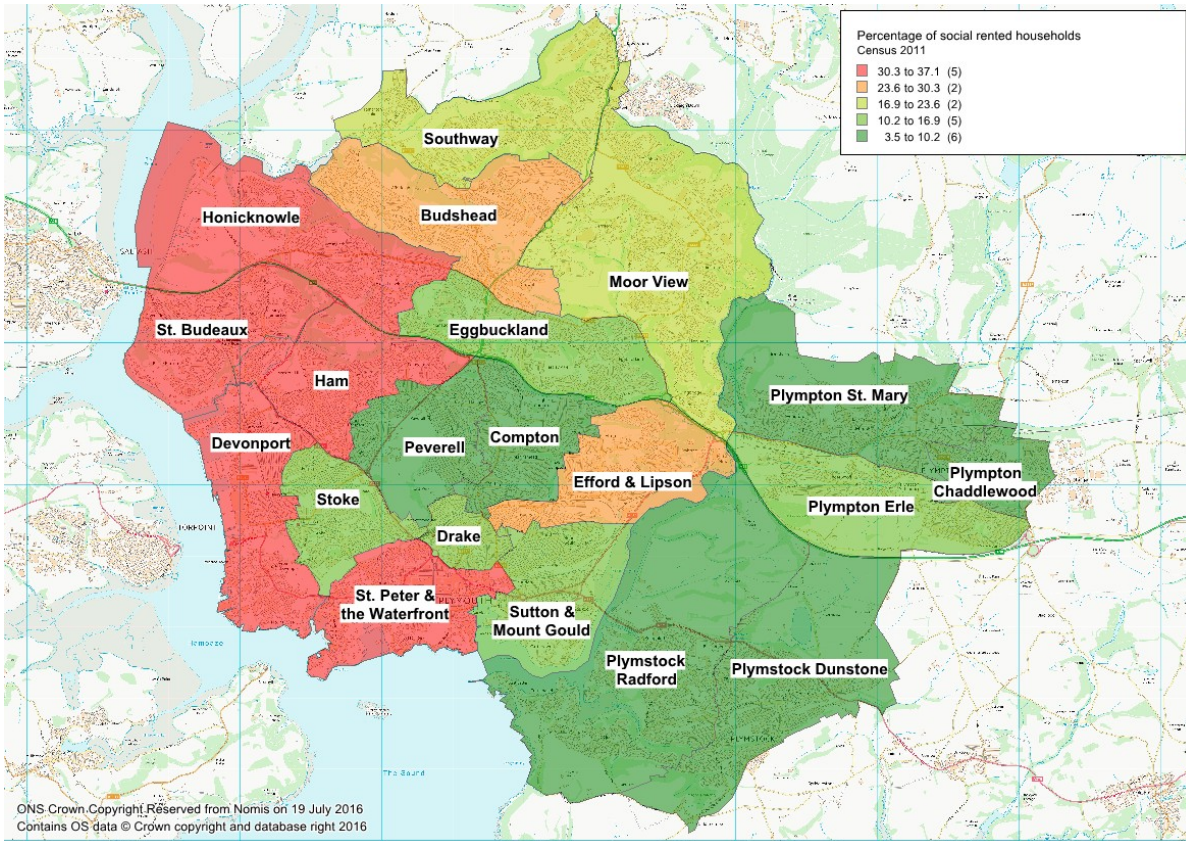


In comparison with the UK (64.1 per cent), and much of the South West (68.0 per cent), Plymouth has relatively low levels of owner occupation (59.5 per cent).<sup>125</sup> There are higher levels of private rented housing (20.2 per cent as opposed to 17.1 per cent regionally and 16.8 per cent nationally). Analysis of the change in tenure profile from 2001 indicates Plymouth has seen an above average increase in the private rented sector. Plymouth also has higher levels of social rented housing (19.3 per cent as opposed to 13.3 per cent regionally and 17.7 per cent nationally). Between 2001 & 2011 the number of privately rented households increased by 65.3 per cent.

Tenure patterns reveal high concentrations of owner occupation in the east of the city in particular. Lower levels of owner occupation are evident in the south and west of the city, corresponding to higher proportions of social rented tenure homes (Figure 11).

Figure 11: Percentage of social rented households in Plymouth (Census 2011)

<sup>125</sup> ONS Census 2011



Plymouth's average household size remained relatively constant between 2001 and 2011 at 2.29 persons per household which was also the picture seen nationally.<sup>126</sup>

A range of information on Plymouth's housing characteristics can be found in the [Plymouth and South West Devon Joint Local Plan Evidence Base](#).

### 5.1.2 Student accommodation

As outlined in [section 2.2.1](#) Plymouth has a significant student population. Many first-year students live in halls of residence, private purpose-built halls, or, to a lesser extent, in student housing (flats and houses in multiple occupation). The majority of the remaining undergraduate students (including international) are in private accommodation sourced privately in the city or through the Student Union Letting Agency or the universities' accredited lists. Postgraduate students are more likely to be in private housing or purpose built private halls.<sup>127</sup>

Current housing problems experienced by the students of the universities relate to contract lengths not matching student's needs, high and unclear fees from letting agents, high upfront costs, and poor stock condition.

<sup>126</sup> ONS Census 2001 and 2011

<sup>127</sup> Plymouth and South Devon Joint Local Plan SHMA, Peter Brett Associates, 2017

There is no current plan to increase the size of the University of Plymouth and the aim is to maintain the current student population size for the next five years. The University of St Mark and St John and the Plymouth College of Art plans to grow over the next 10 years which could mean there will be around 1,200 additional students looking for accommodation within the private rented sector, equating to around 300 dwellings.

As the average annual increase in the private rented sector between 2001 and 2011 was 6.5 per cent in Plymouth, analysis shows that the housing market should be able to absorb the growth required in this sector to house the expanding student population comfortably. Therefore it is unlikely that increased demand from students will drive rental prices up however this is something the city needs to monitor.

### **5.1.3 Houses in multiple occupation**

Houses in multiple occupation (HMOs) are houses that are occupied by more than one household and where common areas such as bathrooms and kitchens are shared, they are often called house shares. There are an estimated 6,000 private rented HMOs in Plymouth.

Students currently occupy significant numbers of HMOs, although the universities have a strategy to provide alternative accommodation through purpose built halls of residence. Government benefit changes will mean a potential for an increased demand for HMOs by non-students under 35 years of age (of around 800 people), potentially increasing this housing sector.

### **5.1.4 Housing decency**

In Plymouth, around one in five households are privately rented, which is higher than the national average. Around a third of Plymouth's private sector homes are in poor standard (i.e. a combination of being cold, having health and safety hazards, in a state of disrepair, and/or without modern bathroom or kitchen facilities) which equates to over 7,500 households in the city.<sup>128</sup> The estimated repair cost to bring them all to a decent standard is £170 million. About 12,000 private rented homes in the city are energy inefficient and are wasting heat, energy, carbon, and money. A further 5,000+ social houses are considered to be non-decent. In its final report, the Plymouth Fairness Commission highlighted high numbers of private landlords who were not aware of their obligations in terms of maintaining the standard of properties, and recommended that a comprehensive and resourced response to raising standards should be a priority.<sup>129</sup>

21 per cent of dwellings (24,000 homes) have category one hazards (2014/15). The most common category one hazard failure across the private sector is excess cold, followed by falls on stairs and falls on the level. Hazards are most commonly found in private rented housing.<sup>130</sup>

A locality analysis shows that the Plympton area has the greatest proportion of decent stock. The southern localities, the South East and South West, are responsible for some of the greatest challenges in terms of decent stock. Together, they account for 45 per cent of the non-decent dwellings and show the greatest proportions of non-decent dwellings compared to overall housing stock.

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<sup>128</sup> Plymouth Plan Local Housing Topic Paper

<sup>129</sup> Creating the conditions for Fairness, Plymouth Fairness Commission, 2014

<sup>130</sup> Devon STP: Housing Challenge Paper, Public Health England and Public Health, January 2018

There is a correlation between non-decent housing and areas of deprivation, poor health and wellbeing outcomes, and areas where acquisitive crime is higher. This suggests significant inequalities in housing quality, particularly for certain groups such as those on a low income, vulnerable families, and migrant workers, who are increasingly being reported as living in poor conditions.<sup>131</sup>

Non-decent housing contributes to poor health, lower educational attainment and is a recognised contributor to, and symptom of, child poverty, with approximately a third of non-decent housing occupied by people in receipt of some sort of benefit.<sup>132</sup>

Non-decent housing is also strongly linked to fuel poverty. A household is deemed to be in fuel poverty if it has an income below the poverty line (including if meeting the required energy bill would push it below the poverty line) and if it has higher than typical energy costs. In Plymouth there are an estimated 13,578 households (11.8 per cent) in fuel poverty which is slightly above the national figure of 11.1 per cent.<sup>133</sup> A household experiencing fuel poverty will have less ability to heat a home to the levels required to maintain good health. Earnings below the national average and a high affordability ratio of housing will inevitably impact on people's ability to pay to heat their house.

### **5.1.5 Housing need**

As outlined in [section 2.4.1](#), the city has seen a rise in homelessness and families living in temporary accommodation. There are currently 12,794 households on the housing waiting list of which 8,560 are in priority need. There is also a high demand for one bed units (over 6,000) and larger family homes which have very limited 'churn'.<sup>134</sup> With a growing and ageing population, increasing numbers of people in the city are living with a long term health condition or disability (20.4 per cent)<sup>135</sup> and there are currently 330 Plymouth households that require wheelchair accessible housing. It is therefore critical that the city's housing delivery achieves the best value in terms of housing outcomes whilst meeting a wide range of housing needs such as extra care housing for older people, wheelchair accessible housing, homes for both single people and couples without children, as well as larger family homes.

### **5.1.6 Housing delivery**

The recent upturn in housing delivery is due to the range of initiatives that have been introduced through the Plan for Homes, a response to the need to drive accelerated housing delivery to address the city's housing needs. This was originally launched in November 2013 and refreshed in April 2016. The Plan for Homes (2014-2019) had an aspiration of creating 5,000 new homes in five years. The figures suggest that the city is on track to exceed this ambition having supported the delivery of 4,462 new homes (gross) in the first four years of which 1,108 were affordable (24.8 per cent). This figure coupled with the number of homes under construction as at April 2018 of over 1,400 suggests the city will achieve the 5,000 homes in five years (by March 2019).

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<sup>131</sup> Private Sector Housing Stock Conditions, Plymouth City Council, September 2011

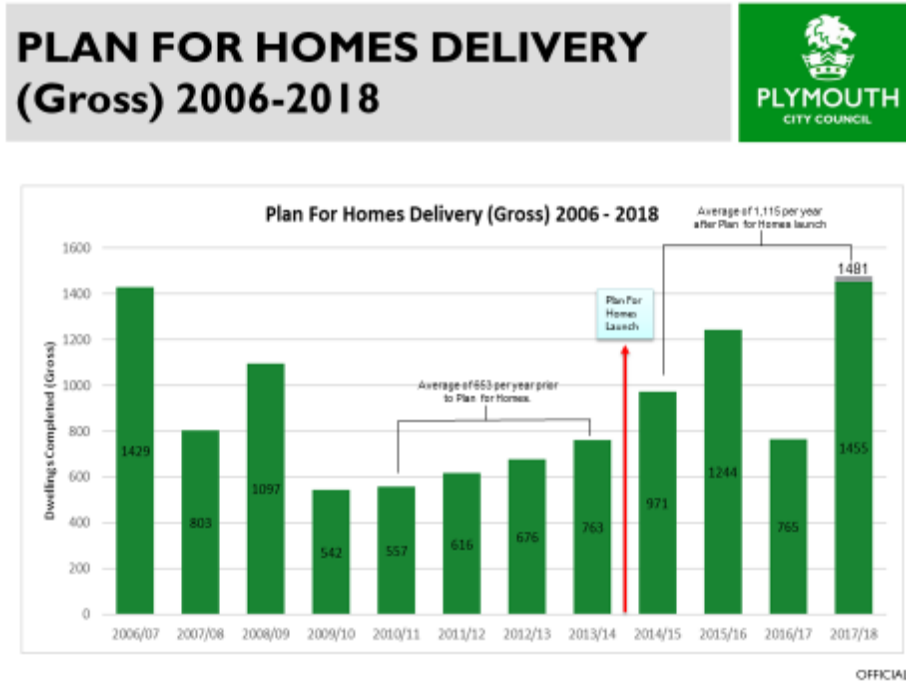
<sup>132</sup> Plymouth Director of Public Health Annual Report 2015/16

<sup>133</sup> [Sub-regional Fuel Poverty Data 2018](#), Department for Business, Energy and Industrial Strategy

<sup>134</sup> Devon Home Choice, Plymouth Register accessed 01 November 2018

<sup>135</sup> Strategic Housing Market Needs Assessment, 2017

Figure 12: Plan for Homes gross delivery Plymouth, 2006 to 2018



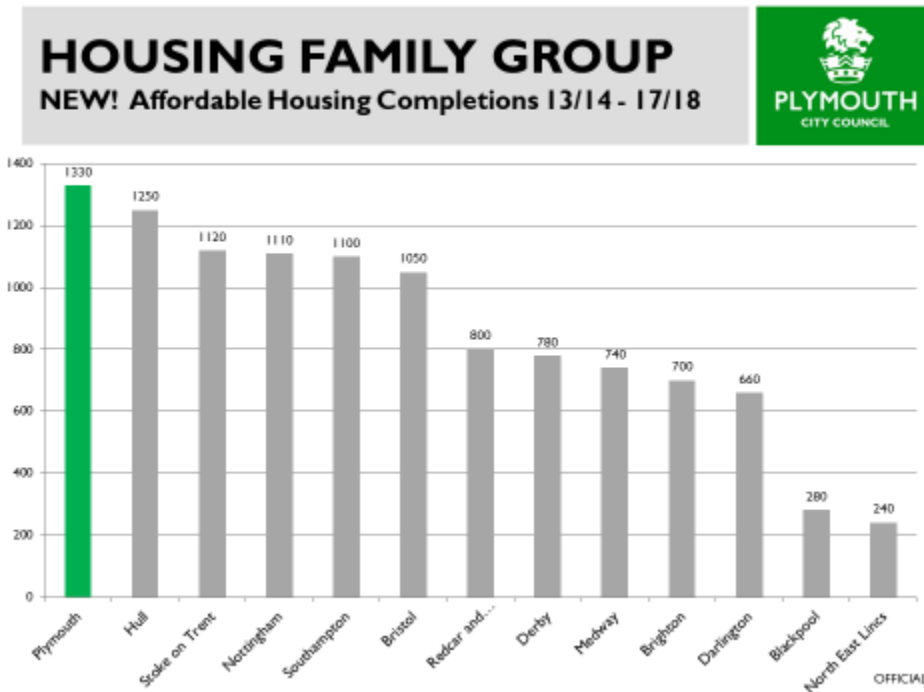
Completed schemes demonstrate enhanced housing outcomes on these sites and include extra care housing for older people and people with learning disabilities, service veteran’s self-build homes, and wheelchair and accessible homes. The level of affordable homes on these sites are above policy levels (51 per cent) and the city also has the largest affordable Passivhaus Scheme in the country.<sup>136</sup>

Plymouth also has a strong track record of affordable homes delivery and is first out of 13 authorities in its Housing Family Group<sup>137</sup> for affordable housing delivery over the past 5 years (Plan for Homes period).

<sup>136</sup> "A Passivhaus is a building in which thermal comfort can be achieved solely by post-heating or post-cooling the fresh air flow required for a good indoor air quality, without the need for additional recirculation of air." - Passivhaus Institut (PHI)  
 "Passivhaus buildings achieve a 75 per cent reduction in space heating requirements, compared to standard practice for UK new build. The Passivhaus standard therefore gives a robust method to help the industry achieve the 80 per cent carbon reductions that are set as a legislative target for the UK Government" (Passivhaus Trust).



Figure 14: Affordable Housing Completions 2013/14 to 2017/18



The recently launched Plan for Homes 3 has re-stated the ambition to deliver at least 1,000 new homes each year over the next five years. It builds on the successful Plan for Homes programme launched in 2013, updating and extending it to 2024. It establishes a Housing Investment Fund with a first delivery programme allocation of £15.845m in the Capital Programme, to directly support increased and accelerated delivery of new homes to help address identified housing needs and to support the growth agenda. The Plan for Homes 3 has three strategic housing themes at its heart: improving housing conditions and broadening choice; supporting the delivery of the Joint Local Plan housing numbers; and establishing a Housing Investment Fund. These will be supported by a range of housing, planning and service initiatives to meet identified housing needs and tackle homelessness and poor housing conditions.

### 5.1.7 Housing value and affordability

According to the National Housing Federation, the South West is facing a combination of high house prices and low wages resulting in an acute housing crisis.<sup>138</sup> Plymouth house prices have risen every year since 2011 (with the exception of 2013), showing a rise of nearly 20 per cent in the city since 2011. The average property price in Plymouth has increased from £ 146,967 to £ 175,339 in the past five years which is an increase of just over 19%.<sup>139</sup>

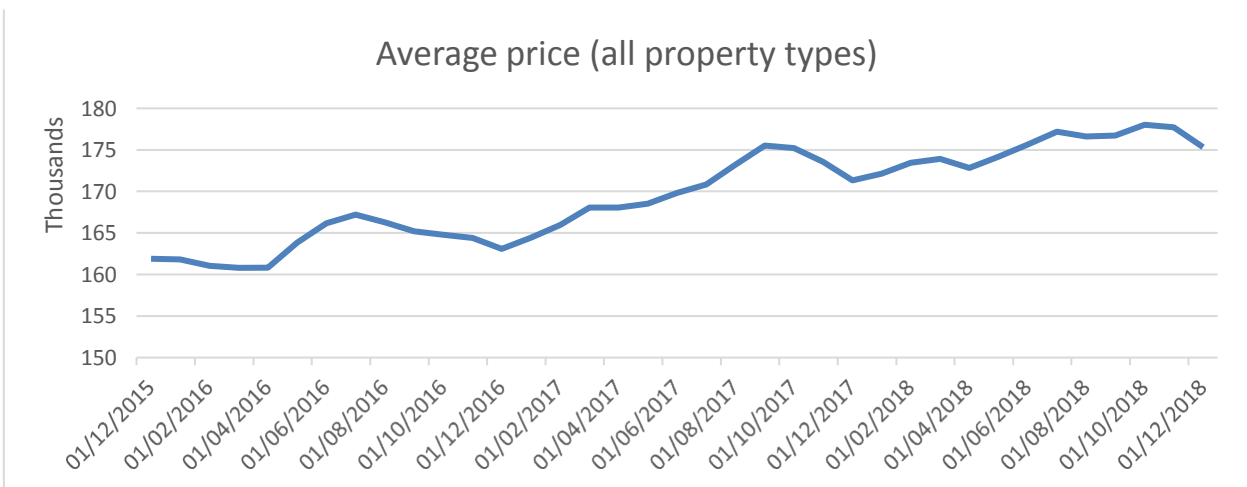
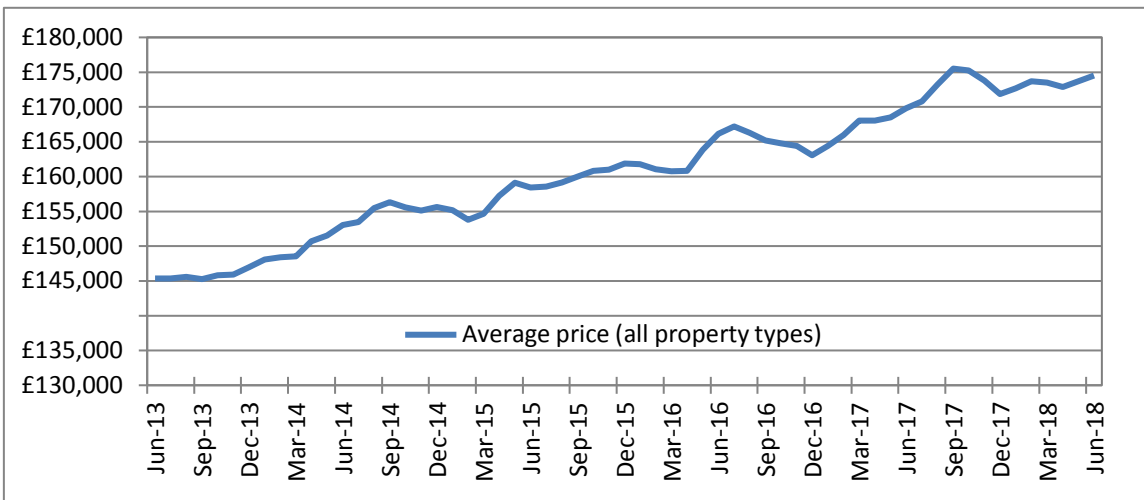
Despite these increases in house prices, the gap compared to England is widening. House prices in England are 41 per cent higher than they are in Plymouth and the average house price in England is rising more than eight per cent higher than in Plymouth<sup>140</sup>.

<sup>138</sup> Home Truths 2016/17: The housing market in the South West, National Housing Federation, 2017

<sup>139</sup> Land Registry UK House Price Index for City of Plymouth December 2013 - 2018

<sup>140</sup> Land Registry, July 2018, UK House Price Index

Figure 135: Average property price (all property types) in Plymouth, December 2014 to 2018 (Land Registry) Replace with below



The most up to date ratio of mean house prices to mean incomes in Plymouth is 7.9<sup>141</sup>. Although this is more affordable than most parts of the South West, it is significantly above the usual lending formulae for mortgages which is still based on 3.5 times gross income. Therefore housing affordability is still a big issue and while house prices continue to increase more than wages the gap will widen. This often impacts on local people and those trying to get on the housing ladder.

<sup>141</sup> Home Truths 2017/18

The city's lower housing costs could be a draw for people seeking more affordable housing or relocating from other more expensive parts of the country to take advantage of the quality of the surrounding natural environment that living in Plymouth can bring. However, barriers to affordability can exist to those moving to Plymouth from lower cost housing areas in other parts of the country as it can be expensive to relocate given the difference in the cost of housing. At the other end of the scale, however, the city also has a limited mid to high-end housing offer which may make the city a less attractive option to work in for some in the higher occupation 'managers, directors and senior officials' group who may choose to live outside the city and commute in.

Average private rental prices in the city range from £400 per calendar month (pcm) for a room in a shared house to £1,160 pcm for a four or more bedroom house.<sup>142</sup> Private rents in Plymouth are significantly lower than the England average however rent is approximately equivalent to 29 per cent of earnings in Plymouth (comparable with the national average of 30 per cent). This compares favourably with South Hams and West Devon where rent is 34 per cent and 36 per cent of earnings respectively.

Average social rents in the city range from £278 for a one bedroom property to £423 for a four bedroom property. The costs of socially rented properties are significantly below those for private rented housing, particularly for larger homes, indicating a significant potential gap between the social rented and market sectors.<sup>143</sup>

See the [Plan for Private Rented Accommodation](#) and associated charter developed in partnership with local landlords, to improve the quality of private rented housing as well as take action against rogue landlords.

## 5.2 Digital connectivity

The government has stated that 15 million premises are to be connected to full fibre by 2025 and for most people across the UK to have 5G coverage by 2027.<sup>144</sup> Plymouth's superfast broadband coverage (>24Mbps) at 99.2 per cent is greater than across the UK as a whole ( 96 per cent)<sup>145</sup>.

Although these are better than the national average, our relative position for digital connectivity has slipped over recent years. This is particularly evident in the city's coverage for the much faster full fibre network which is capable of speeds of up to a Gigabit. Plymouth has only 0.71 per cent coverage of full fibre compared to the national average of 6.53 per cent, and lags behind compared to our regional partners<sup>146</sup>.

In order for our businesses to keep pace in today's markets, the city will need a significant expansion in the availability of the full fibre – Gigabit-enabled network. This will ensure that the city continues to be an attractive location for companies to locate and grow, as well as providing the right environment to support innovation and greater digital up-take for all our businesses.

<sup>142</sup> VOA administrative database as at 31 March 2018 (from ONS)

<sup>143</sup> Plymouth and South Devon Joint Local Plan SHMA, Peter Brett Associates, 2017

<sup>144</sup> HM Government, July 2018, *Future Telecoms Infrastructure Review*

<sup>145</sup> <https://labs.thinkbroadband.com/local/city-of-plymouth,E06000026> (accessed 26<sup>th</sup> March 2019)

<sup>146</sup> *Ibid*

Plymouth, South Hams and West Devon are due to receive £3 million in government funding from the Local Network Full Fibre Challenge Fund to boost gigabit speeds across the region. Improved ultrafast 'Fibre to the Premises' (FTTP) broadband will be rolled out to over 220 public buildings across the area over the next two years. The buildings include council offices, GP surgeries, hospitals, schools, colleges and many others. This investment will significantly extend access to full fibre networks making it easier and cheaper for businesses and homes to connect.

Full fibre networks, with connections that allow download speeds of up to a gigabit per second (Gbps), will help Plymouth and its neighbouring rural areas to grow and adapt, taking advantage of modern technology that will benefit public services including healthcare and education, as well as private businesses and homes.

### **5.3 Natural capital**

Accounting for inlets, Plymouth's coastal setting includes 30 miles of waterfront. The land and the adjacent waters, is arguably the city's most valuable asset and is central to its identity as Britain's Ocean City and vision to become 'one of Europe's most vibrant waterfront cities'. Plymouth offers a high quality of life; enclosed by both Plymouth Sound and Dartmoor the city's natural capital assets are unparalleled. Coupled with the city's three Sites of Special Scientific Interest, the strength of Plymouth's natural assets is clear.

Plymouth Sound and Estuaries contains a wealth of rare and diverse wildlife, a significantly important port, and industries reliant on the marine environment. It also forms an arena for communities to interact with the natural environment. Plymouth is therefore in a strong position to become the UK's first National Marine Park which would bring together existing protections including marine protected areas, marine conservation zones, and the Plymouth Sound and Estuaries Special Area of Conservation.

The area is reliant on abundant natural assets, and the ecosystem services that derive from them, to power economic growth through tourism and employment in sectors that depend directly on natural capital such as agriculture and fisheries. There is more potential for increasing economic benefits from natural capital than in any other region. Many of the digital industries for example cite natural and cultural capital as prerequisites before making investment and locational decisions: the quality of the South West's natural capital is a significant draw and part of its essential character.

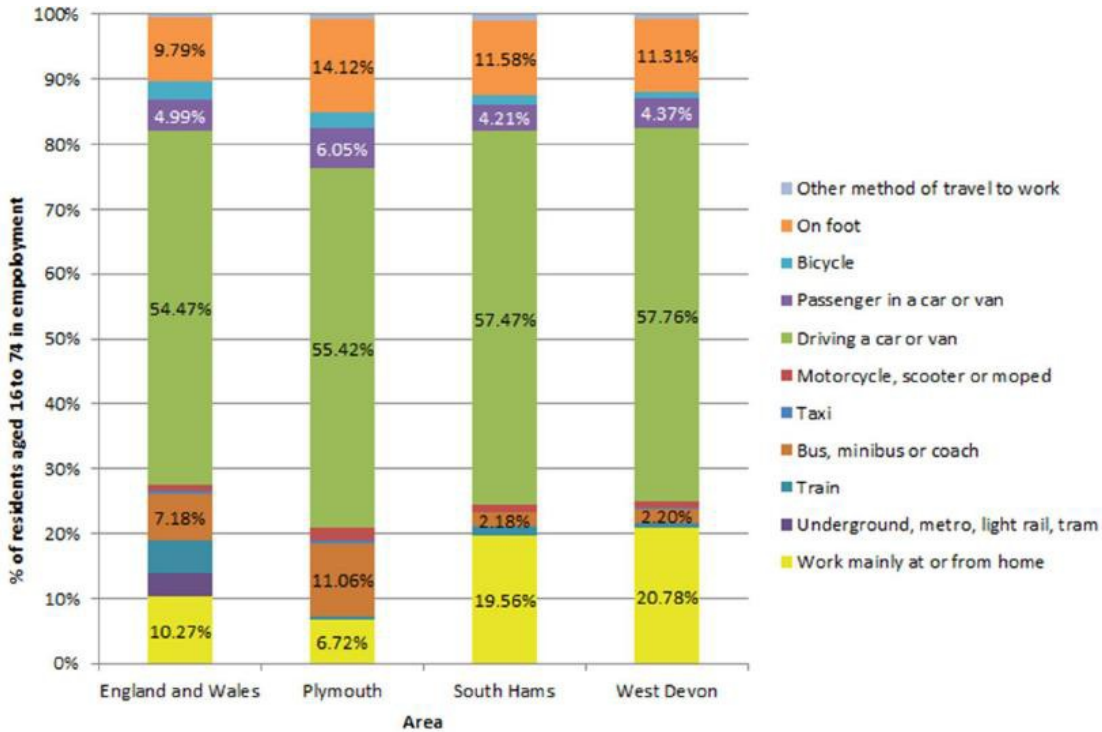
### **5.4 Transport**

The patterns of travel in and around Plymouth, and the wider area, result in a complex series of interactions between a large number of people and different modes of transport. These choices are themselves influenced by many factors, some local and some national, including cost, time, convenience, user experience, and availability of various modes of transport.

### 5.4.1 Method of travel

As shown in 16, the majority of journeys to work in Plymouth are made by car. The highest proportions of residents using this mode of transport are found in the Chaddlewood, Goosewell, Tamerton Foliot, and Woolwell neighbourhoods. The lowest proportions of people driving to work are found in Plymouth’s central areas as well as a small pocket around Derriford.<sup>147</sup>

Figure 16: Method of travel to work by all residents aged 16-74 in employment, by Plymouth and South West Devon JLP Planning Authority (2011 Census)



However, 28 per cent of Plymouth households do not have access to a car or van; slightly higher than the England and Wales average of 26 per cent, and substantially higher than in the neighbouring authorities (South Hams and West Devon 13 per cent each; and Cornwall 17 per cent).

The majority of the city south of the A38 (the Parkway) has lower than average vehicle ownership. More than a third of households have no access to a vehicle in North Prospect, Keyham, Mutley, the East End, and Stonehouse, rising to more than half of households in the City Centre and Devonport. Residential neighbourhoods on the edge of the city have the lowest levels of non-car or van availability; in particular Woodford (13 per cent) and Chaddlewood (8 per cent) on the eastern fringe, and Roborough (12 per cent) on the northern fringe.

74 per cent of residents aged 17 or over hold a full driving licence, although there is a gender imbalance in licence holding – 80 per cent of men versus 68 per cent of women. Only one-third of 17-20 year olds hold a full driving licence.

<sup>147</sup> Plymouth and South West Devon Joint Local Plan Baseline Transport Conditions Report, WSP/Parsons Brinckerhoff, February 2017

### **5.4.2 Travel to work**

ONS data relating to commuting patterns indicates that Plymouth is relatively self-contained in terms of employment, with 67 per cent of all workers usually resident in the city also working there. However, there is variation in the levels of self-containment in different parts of the city. Areas which are least reliant on employment in the city (less than 79 per cent of residents commuting to jobs in the city) are either those on the urban fringes; Roborough, Plympton, Chaddlewood, Woodford, and Plympton St Maurice or in central areas such as Mutley and the city centre. However, when account is taken of commuting to urban fringe employment sites (located in South Hams) then all parts of the city have at least four in every five residents working there.

### **5.4.3 Road safety**

The number of people injured in road collisions reduced by a third between 2000 and 2015.<sup>148</sup> 810 people were injured on Plymouth's roads in 2015. Of these, 68 per cent involved pedestrians and powered-two wheeler users. Conversely car occupants account for 60 per cent of slight injuries. A study of the causes of collisions in the city has revealed that the majority of injuries arose as a consequence of user error, with car drivers and passengers aged 17-24 years being the most commonly injured, and accidents most likely to happen between 7am to 9am and 3pm to 6pm.

### **5.4.4 Bus travel**

An extensive network of bus services cover Plymouth and its fringes. Most local bus services start, terminate, or call at one of the stops on Royal Parade in the city centre and many services operate on a loop through city centre streets (Mayflower Street, Western Approach, Union Street, Derry's Cross, Royal Parade, Exeter Street, Charles Street) before radiating out along key corridors to serve the city. There are approximately 1,800 formal bus stops within the local authority area.

Whilst bus journeys from most parts of the city to the city centre may be straightforward (and to a lesser extent for travel to other local hubs such as Derriford Hospital), orbital or cross-city journeys tend to involve interchange between services. As a consequence these journeys have a resultant time penalty and can require a walk between different stops to complete the journey.

### **5.4.5 Bus patronage, punctuality and reliability**

Bus patronage in Plymouth showed a decline in 2017/18, with 2.9% fewer journeys across the network when compared with 2016/17. This reduction reflects the national trend which is linked to the general slowdown in the economy, less disposable income, more internet shopping, and more working from home. Locally, major roadworks on the northern corridor had a significant impact on bus service reliability and this, coupled with the severe winter weather in February and March, contributed to the decline locally.

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<sup>148</sup> Plymouth and South West Devon Joint Local Plan Baseline Transport Conditions Report, WSP/Parsons Brinckerhoff, February 2017

The annual bus passenger survey conducted by Transport Focus concluded that overall satisfaction with local bus services was 96%, in line with the national average. Both major Plymouth operators performed better locally than across their group average nationally. Satisfaction with punctuality was lower with a citywide average of 82%, but again higher than their national group average of 76%.

#### 5.4.6 Rail travel

Plymouth Rail Station on North Road East in the city centre is the busiest of the six stations in the city and acts as the primary gateway for long distance rail travel for the wider region. Just over 2.5 million passenger entries and exits were recorded at Plymouth Rail Station in 2016/17, making it the busiest in the far South West. It is also an important interchange station between long-distance and local services.

Table 5 shows the entries and exits at each of the stations in Plymouth, and selected stations in adjoining areas, calculated from ticket purchases. It highlights the substantial growth in passenger numbers from most stations in the city and its commuter hinterland. It should be noted that these statistics are likely to under-report passenger numbers due to ticketless travel from smaller unstaffed stations.

Table 5: Entries and exits at National Rail stations in the JLP area and selected other local stations

		1997/98	2006/07	2016/17	% change 97/98 to 16/17	% change 06/07 to 16/17
<b>Plymouth</b>	Plymouth	1,294,698	1,845,958	2,509,452	94%	36%
	Devonport	38,189	19,655	41,404	8%	111%
	Dockyard	6,005	5,335	4,728	-21%	-11%
	Keyham	8,421	7,976	9,122	8%	14%
	St Budeaux Ferry Road	1,357	1,037	3,976	193%	283%
	St Budeaux Victoria Road	4,991	5,264	8,034	61%	53%

		1997/98	2006/07	2016/17	% change 97/98 to 16/17	% change 06/07 to 16/17
Plymouth	Plymouth	1,294,698	1,845,958	2,509,452	94%	36%
	Devonport	38,189	19,655	41,404	8%	111%
	Dockyard	6,005	5,335	4,728	-21%	-11%
	Keyham	8,421	7,976	9,122	8%	14%
	St Budeaux Ferry Road	1,357	1,037	3,976	193%	283%
	St Budeaux Victoria Road	4,991	5,264	8,034	61%	53%
South Hams	Ivybridge	19,683	59,108	55,518	182%	-6%
	Totnes	295,522	433,400	667,730	126%	54%
West Devon	Bere Alston	33,875	26,866	40,978	21%	53%
	Bere Ferrers	15,184	10,824	16,000	5%	48%
	Okehampton	-	-	5,926	-	-
	Sampford Courtenay	-	-	144	-	-
Cornwall	Liskeard	193,439	267,864	358,324	85%	34%
	Gunnislake	33,462	43,676	54,510	63%	25%
	Saltash	29,559	34,266	78,198	165%	128%

### 5.4.7 Walking

There are 666 miles of footways alongside roads within Plymouth and most of the city's off-road routes are available to both pedestrians and cyclists.

According to Sport England's Active People Survey 78.9 per cent of Plymouth residents walked for any purpose at least once a month (in line with the England average of 78.4 per cent)<sup>149</sup> Census 2011 data shows that 14.7 per cent of Plymouth's working residents walk to work – this is higher than the England and Wales average of 10.7 per cent. Much of the southern part of the city has a substantial proportion of working residents walking to work (more than 30 per cent of commuters in St Peter and the Waterfront and Drake wards and more than 20 per cent in Sutton & Mount Gould, Stoke, and Devonport), and a small concentration immediately surrounding Derriford Hospital.

### 5.4.8 Cycling

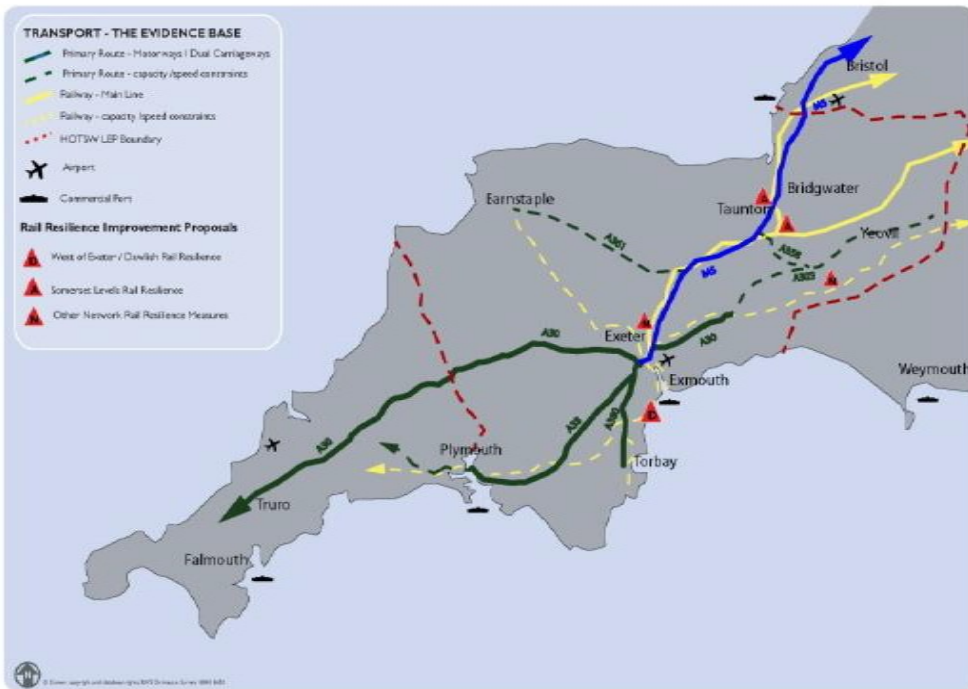
According to Sport England's Active People Survey 13 per cent of Plymouth residents cycle at least once a month for any purpose, less than the England average of 16.9 per cent and the regional average of 19.9 per cent. Census 2011 data shows that 2.6 per cent of Plymouth's working residents cycle to work, the proportion has remained the same since the 2001 census, and is similar to the England and Wales average of 2.8 per cent.

<sup>149</sup> DfT Walking and Cycling statistics, August 2018



### 5.4.9 Strategic transport connectivity

Considered part of the far South West, Plymouth is located 230 miles from London with the average train journey time of three hours 15 minutes and a route that is subject to low levels of reliability and resilience. The nearest core city is Bristol, located 120 miles, or two hours away.



### 5.4.10 Sub-National Transport Body

The South West was one of only two areas of the country not covered by an established, or shadow Sub-National Transport Body. Two new shadow bodies have been proposed to cover the whole of the South West – Peninsula Transport and Western Gateway. Plymouth will form part of the Peninsula Transport grouping together with Cornwall, Devon, Torbay and Somerset while the Western Gateway will comprise of Bristol, Gloucestershire, Wiltshire, Dorset. Both bodies will work closely together to ensure a joined up approach on areas of mutual interest. Peninsula Transport brings together the area's five transport authorities to work directly with the Department for Transport on the strategic transport priorities for the region. It will involve both the Heart of the South West and Cornwall and the Isles of Scilly Local Enterprise Partnerships, alongside Highways England, Homes England and Network Rail. The focus is on strategic, transformational, and large scale infrastructure projects with the aim of enabling improvements in regional productivity and growth, including housing.

### **Road**

The key to the realisation of growth in the city and wider region is the role of the A38, Plymouth's main strategic road link (managed by Highways England). Effective operation and maintenance coupled with modernisation of the A38 to improve journey time reliability on the road network between Plymouth and Exeter is crucial to the growth of the city. It will also help address the challenge of low productivity faced in Plymouth caused, in part, by poor connectivity within the region to London and the rest of the UK.

Ensuring the resilience of the road network in the South West is vital. Currently, incidents which occur on the A38 lead to road closures and lengthy delays and diversions for traffic on the route. Highway England collects data on planned and unplanned road closures. Data obtained for the A30 and A38 between Bodmin and Exeter for five years showed that: In total on the A38 between Bodmin and Exeter there have been 1,570 unplanned closures in the past 5 years, this is equivalent to 6 closures a week. By comparison along a similar length of route there were 460 unplanned closures on the A30. Improvements that modernise the A38 present a real opportunity to strengthen the resilience of the transport network of the wider South West peninsula.

Traffic is forecast to increase on the A38 by around 30 per cent over the next 20 years. Without improvement, vehicle delays on the A38 will increase by over 100 vehicle hours per day per mile. The economy served by the A38 will struggle to achieve its potential if nothing is done. To deliver this plan and support regional growth, the city and the South West region need a modern A38, built to a motorway standard, accommodating planned growth and supporting the South West's economy in the years to come.<sup>150</sup>

The 'A38 Case for Action – The Wider Economic Case for Investment in the A38'<sup>151</sup> study indicates that the historic lack of strategic investment in the road is holding back regional economic growth. It shows that nearly £900m of productivity growth and investment would be gained by improving the A38 between Bodmin and Exeter. This would encourage new investment, business start-ups, and benefit growing industries such as aerospace, marine science, engineering, and renewables as well as the area's well established tourism sector.

### **Rail**

Increasing connectivity and capacity, together with improvements to rail network resilience, is vital to help meet Plymouth and the South West's challenging growth agenda and unlock the city's potential. The only major rail transport corridor of the far south west runs through Plymouth (from Exeter into Cornwall).

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<sup>150</sup> The A38 Case for Action – The Wider Economic Case for Investment in the A38 from Bodmin to Exeter, 20 June 2018

<sup>151</sup> The A38 Case for Action – The Wider Economic Case for Investment in the A38

Research has demonstrated that for every 100 minutes away from London, productivity falls by six per cent. A journey time reduction of 60 minutes would create a £1.2 billion uplift in GVA for the peninsula. Rail passenger growth in the South West peninsula, has reached 141 per cent in the South West since 1996<sup>152</sup>, outstripping industry forecasts by 2-3.2 per cent per annum leading to overcrowding as demand outstrips supply. Growth in demand has meant that trains have become cramped, and overcrowded, whilst lack of investment and successive timetable changes has meant that services have also become more unreliable and slow.

The South West has lost out because of poor transport investment with spending on rail over the last five years in the South West region at £70 per head compared with a national average of £186 per head. Regional rolling stock is the oldest, dating back to the late 1970s. The Met Office says climate change incidents will become more frequent, and with Network Rail warning that the line at Dawlish will suffer closure every four years by 2065, the South West remains more vulnerable than many parts of the UK.

The Peninsula Rail Task Force's '[Closing the gap: The South West Peninsula Strategic Rail Blueprint](#)' sets out the priorities for investment in the peninsula's railway network over the next 20 years and must be recognised in the new franchises for Cross Country and Great Western Railway. The priorities in the 20 year plan focus on:

### **Resilience and reliability**

The events at Dawlish showed the need for greater resilience across the region's transport networks with an ongoing impact on trade and commerce. The Dawlish mainline remains the top priority to ensure resilient and reliable services that travellers can rely upon. An adequate diversionary route between Exeter and Castle Cary via Yeovil is also required.

### **Reduced journey time and improved connectivity**

The ambition is for faster journey times between our key UK markets, including to London from Taunton in 1:30hr, Exeter in 1:45hr, Plymouth and Paignton in 2:15hr and Truro 3:30hr with an earlier arrival into Plymouth from London by 09:00. The region seeks to at least match the average speeds on the West and East Coast which is 90mph - London to Plymouth is currently 69mph. Journey times can also be improved through maximising the trains bi-mode capability.

### **Capacity and Comfort**

The ambition is to transform the region's connectivity by increasing the frequency of trains, the number of seats and pioneering digital services to drive a world leading quality passenger experience through Wi-Fi and mobile connectivity across the rail lines in the South West and to/from the major centres e.g. Bristol and London.

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<sup>152</sup> Office of Rail and Road, statistical release, 2017

#### **5.4.11 Local transport capacity investment**

Transport and accessibility create the conditions for growth. A combination of targeted infrastructure investment and complementary behavioural change programmes is required in order to support this growth of the city.

Between April 2018 and March 2022 Plymouth will benefit from over £105 million of planned investment in transport (

Table 6). Almost 60 per cent of this will be through external grant funding including: £40.6 million Growth Deal 1 and 2 funding from the Local Enterprise Partnership; £9.5 million Growth and Housing funding from Highways England; and £8.3 million National Productivity Investment Funding from the Department for Transport.

In addition to this over £5m has been secured to support the redevelopment of Plymouth Station through Growth Deal 3 and from central government. The capital investment will be delivered alongside a comprehensive smarter choices behavioural change programme, designed to reduce traffic congestion through by providing and promoting realistic travel choice. For example, Personalised Travel Planning (PTP), which is a key part of the strategy, is designed to raise awareness, and use, of sustainable transport. In doing so, it encourages people to review their travel options and consider if there is a different travel mode which might be more convenient and could help them save time and money, explore new places, and become fitter and healthier. Through encouraging behavioural change it releases capacity on the network for vehicular trips thus accommodating the increase in travel demand associated with economic growth.

Table 6: Strategic growth area transport projects 2018 to 2022

Growth area	Project	Total investment (approx.)	Delivery timeframe
Northern Corridor	<b>Derriford Transport Scheme and Sendalls Way</b> Targeted capacity improvements, bus priority and enhanced walking and cycling provision	£17.61 million	2018/19
	<b>Charlton Road</b> Road safety improvements at the junction of Charlton Road and the A386 Tavistock Road	£0.8 million	2018/19
	<b>Northern Corridor Strategic Cycle Network (SCN)</b> 4.5 kilometres of the SCN with related pedestrian enhancements.	£3.51 million	2016/17 to 2019/20
	<b>Northern Corridor Junction Improvements</b> Junction improvements, walking and cycling enhancements to Mannamead Road.	£3.74 million	2018/19
	<b>Woolwell to the George</b> Upgrades to junction at Woolwell and road widening between the Woolwell Roundabout and the George Junction.	£15.7 million	2021/22
	<b>Morlaix Drive</b> Road widening to improve bus access to Derriford Hospital.	£4.73 million	2019/20 to 2020/21
Eastern Corridor	<b>Eastern Corridor Strategic Cycle Network</b> Five kilometres of the SCN with related pedestrian enhancements.	£4.9 million	2016/17 to 2020/21
	<b>Eastern Corridor Junction Improvements</b> Five year rolling programme of junction improvements along the Eastern Corridor including the A374 and A379 with walking and cycling enhancements.	£3.34 million	2018/19 to 2019/20
	<b>Forder Valley Link Road (FVLR)</b> New 1kilometre road linking Brest Road, to Forder Valley Road and Novorossiysk Road. Provision of bus, walking and cycling priority.	£37.89 million	2018/19 to 2021/22
	<b>Forder Valley Interchange</b> Improvements to the Forder Valley/ A38 Interchange.	£8.83 million	2018/19 to 2021/22
City Centre	<b>Charles Cross Transport Improvement Scheme</b> Upgrades to the Charles cross Roundabout to provide congestion relief.	£4.8 million	2018/19

**INTERNATIONAL CITY** - projecting Plymouth's reputation to the wider world, to people who might invest or visit the city, and the sense of pride local people take in their city.

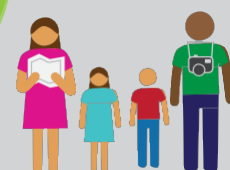
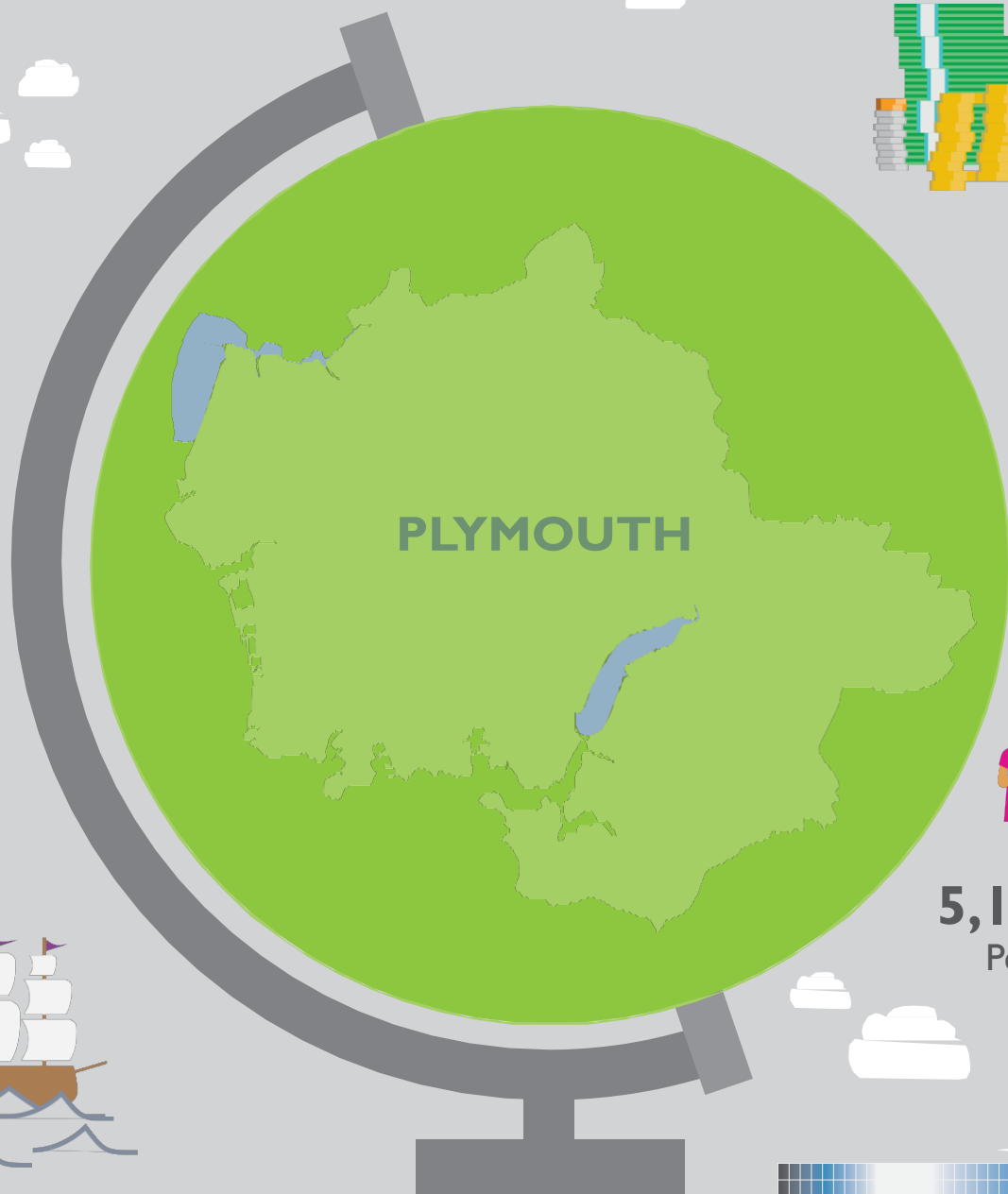


The University of Plymouth is the UK's **15th** largest university, with more than **21,000** students.

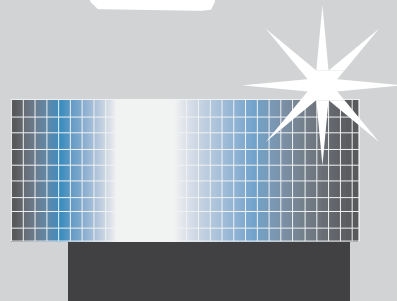
Visitor spend in Plymouth **£322 million** in 2016.



Plymouth's businesses export **£329m** goods to the EU and **£430m** outside the EU.



**5,116,000** People visited Plymouth in **2016**.



The Box, Plymouth's new **£38m** cultural centre, will open in **2020** as the flagship building for the Mayflower 400 commemorations.

**2020** marks the **400th** anniversary of the sailing of the Mayflower from Plymouth UK to Plymouth Massachusetts.

**“Welcome!”**



The visitor sector is now worth **£327 million** per year and supports more than **7,640** jobs, which accounts for **7 per cent** of Plymouth's total employment.

**86 per cent** of respondents agree with the statement **‘I am proud of Plymouth's place in history’**.

Plymouth is the UK's first 'social enterprise city' - There are approximately **150 social enterprises** in the city, employing around **7,000 people** and bringing in an income of more than **£500 million**.

Plymouth's creative industries generate an estimated turnover in excess of **£250 million** per annum, with the sector worth **£51.5 million** GVA.

## 6. INTERNATIONAL

One of Plymouth's core objectives is to secure its place as an 'international city'; one that is renowned as Britain's Ocean City and is the UK's premier marine city, famous for its waterfront. Projecting the city in this way raises Plymouth's prosperity and wellbeing through increased investment, tourism, and cultural experience. It also supports and is impacted by the 'Healthy' and 'Growing' agendas, which are closely linked.

Overall, the international agenda aims to achieve a virtuous circle of improvement to Plymouth. Positive activity in the city leads to an improved image, and an improved image increases the positive activity in the city. Plymouth is fortunate to have some unrivalled natural drama and settings, and a unique 500 year history as a place of embarkation and exploration. These assets are integral to building an international city.

This chapter seeks to present some key available statistics about Plymouth's profile as an international city. It outlines the activities that appear to most directly contribute towards the international agenda and gives some indicators that might provide a view on the city's direction of travel, for example the state of the visitor economy. However, by its very nature the 'image' of the city is a challenging aspect to measure.

### 6.1 Universities and research

The city is home to three universities and two specialist marine research institutions (Table 7). Together, these provide a strong academic image and improve the skills available to potential employers expanding in, and coming to, the city.

Table 7: Universities and research institutions in Plymouth, 2018

Universities	Research institutions
University of Plymouth	The Marine Biological Association
Plymouth Marjon University	Plymouth Marine Laboratory
Plymouth College of Art	

Table 8: Student enrolments by domicile at higher education providers in Plymouth, 2017/18

HE provider	Overseas students	Total enrolments
Plymouth College of Art	17	1,863
University of Plymouth	2,060	20,770
University of St Mark and St John	554	3,363
Total Plymouth	2,631	25,996

*Please note, from 2010/11 to 2015/16 the University of Plymouth has had a significant reduction in its franchised student numbers following a change in guidance from HEFCE regarding the reporting of partnership arrangements.*



The University of Plymouth was founded in 1862 as the School of Navigation and is now the UK's 15<sup>th</sup> largest university, with more than 20,000 students, 2,900 staff, and a £238 million annual turnover. It has invested £155 million in improvements to its campus over the past eight years, and is the only post-1992 university to have launched its own medical and dental school. The University of Plymouth placed second in the UK, and 86<sup>th</sup> globally, in the 2018 Times Higher Education Young University Rankings.<sup>153</sup> The university attracts more than 2,000 international students from the EU and further afield helping to raise its profile, and that of the city, on an international stage.

Almost two thirds of University of Plymouth research outputs were ranked as either 'World Leading' or 'Internationally Excellent' in the most recent 2014 Research Excellence Framework. In addition, the university ranked as number one nationally for its Clinical Medicine research output.<sup>154</sup>

## 6.2 International exports

International trade and exports are important to a country's economy as they stimulate domestic economic activity through employment, production, and revenues. Recent HM Revenue and Customs (HMRC) statistics show that Plymouth's propensity to export goods internationally has decreased slightly in 2017 compared to 2016..<sup>155</sup> In 2016, Plymouth had 482 businesses exporting £329 million to the EU this has reduced slightly to £325 million however with a slightly higher number of businesses exporting in 2017 (486 business). While the city saw a greater decrease in the value of exports to non-EU countries from £430 million in 2016 to £278 million in 2017, the number of businesses exporting to outside the EU slightly increased however to 485 (an increase of 19 businesses on 2016). Plymouth's most valuable sectors for international exports are manufacturing, marine, and advanced manufacturing and engineering at £686 million, £342.2 million, and £296.4 million, respectively.<sup>156</sup>

Moreover, the high propensity to export goods is potentially not shared across the services sector, where economic activities are mostly clustered around public administration, health, education, retail, and tourism support services. This is reflected in the fact that Plymouth ranks 9th out of 63 cities on goods exports per job, whilst ranking 48th on service exports per job.<sup>157</sup>

<sup>153</sup> <https://www.plymouth.ac.uk/your-university/about-us/facts-and-figures>

<sup>154</sup> <http://www.ref.ac.uk/2014/>

<sup>155</sup> HMRC (2017) *Regional trade in goods statistics disaggregated by smaller geographical areas – interactive spreadsheet* (accessed March 2019) [data file]. Available from: <https://www.uktradeinfo.com/Statistics/RTS/Pages/Analysis.aspx>

<sup>156</sup> *AMORE economic modelling tool, 2017*

<sup>157</sup> 2014 Centre for Cities Outlook analysis

### 6.3 Social enterprises

Plymouth is the UK's first 'social enterprise city' and is a hot-spot for social enterprise activity in the UK. The city is developing as a globally recognised social enterprise location and the University of Plymouth is the world's first officially certified 'social enterprise university'. There are approximately 150 social enterprises in the city, employing around 7,000 people and bringing in an income of more than £500 million. These include mega-social enterprises, such as the University of Plymouth and Plymouth Community Homes, as well as an increasing number of smaller businesses; one in three social enterprises in the city have a turnover under £50,000.<sup>158</sup>

£2.2 million of awards were made between November 2014 and May 2017 as part of Plymouth City Council's Social Enterprise Investment Fund. This is expected to collectively bring 14 buildings and pieces of land back into productive use, create 127 jobs, and generate in excess of £2.3 million in match funding.

### 6.4 Tourism and visitors

Plymouth is Britain's Ocean City, with tourism being a major contributor to the local economy. Plymouth is following regional and national trends for visitor numbers. Nationally, there was a significant increase in visitor numbers in 2012/13 due to the London Olympics and its legacy and following this, all regions saw a decrease in 2014/15. This was further compounded in the South West by severe storms and flooding in February 2014, and resulted in a subsequent decrease in visitor numbers. Numbers have since started to rise again, with the number of visitors in 2016 totalling 5,116,000 (including day and overnight visitors, both domestic and international); an increase of 10.3 per cent on the previous year.

Visitor spend in Plymouth has also increased, from £317 million in 2015 to £322 million in 2016. At 1.6 per cent, this rate of increase is better than that seen in the South West region (-3.8 per cent) but lower than the rate of increase nationally (7.4 per cent). However, spend from overseas visitors increased by 7.9 per cent in 2016, bringing valued income into the city. More than 85 per cent of visitors to Plymouth are day visitors. In order to increase overall spend the number of overnight visitors needs to increase. Seasonality is still a big factor and development of the city's offering, specifically between September and March, is needed.

Whilst visitors are an important part of Plymouth's economy, the number of visitors and their attributable spend also serves to inform how well the cultural offer attracts people to the city. In 2010, Destination Plymouth commissioned a Visitor Plan for Plymouth, with the aim of growing the visitor economy, its economic impact, and the jobs that it supports over 10 years from 2010 to 2020. Since its launch, visitor numbers and spend targets have been achieved and many of the projects outlined in the plan have been delivered or are due to be delivered before Mayflower 400 in 2020. The visitor sector is now worth £327 million per year and supports more than 7,640 jobs; accounting for 7 per cent of Plymouth's total employment. The Visitor Plan is currently being refreshed and will inform Plymouth City Council and Destination Plymouth on how to further grow Plymouth's visitor economy over the 10 years from 2020 to 2030.

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<sup>158</sup> <https://www.socialenterprise.org.uk/plymouth> & <https://plymsocent.org.uk/social-enterprise-city/>

Work began in 2017 to develop the cruise market and help Plymouth to become a key cruise port in the South West, attracting overseas visitors on cruise liners. The number of cruise visits had declined to zero in recent years, but five cruise liners have been booked for 2019 and six for 2020. The planned regeneration of Plymouth's railway station and road network, as detailed in the Growing chapter, will improve transport links to the rest of the UK and encourage more people to visit the city. In order to improve the range of accommodation offered in Plymouth and encourage visitors to stay overnight, two Premier Inn hotels are currently being built or extended, and a boutique hotel has recently opened in the historic Royal William Yard.

The Tourist Information Centre and Mayflower Visitor Centre are situated on the Barbican and have seen a strong increase in visitor numbers over recent years. As well as providing information and advice to visitors, the visitor centre also contains a three storey museum with interactive displays about merchant life, the fishing industry, and the harbour, providing visitors with a taste of Plymouth's history.

As well as encouraging visitors into the city, all of the activities outlined in the new Visitor Plan for Plymouth will lead to benefits for the city's residents by supporting the creation and retention of jobs and promoting opportunities for education, health, and wellbeing. They will enable residents to take full advantage of Plymouth's rich history, heritage, environment, and unique cultural offer.

## 6.5 Culture

Plymouth has been named by the government as the lead city for Mayflower 400. The Mayflower Partnership combines culture, arts, heritage, visitors, community, and place-making across 11 UK locations. The impact of cultural investment is well established through the success of 'Capital of Culture' and 'City of Culture' models. Hull's year as City of Culture resulted in over 90 per cent of residents engaging in cultural activity and contributed approximately £60 million to the local economy in 2017 alone, while Liverpool's year as European Capital of Culture in 2018 saw a 34 per cent increase in visitor numbers and generated more than £750 million for the region.

The Mayflower 400 programme carries the potential to extend this impact across multiple UK locations, and in doing so contributes to the goals of the national tourism strategy to increase international visitors and visits outside London. The economic impact of the programme, if fully funded, is modelled to be £147 million in the 2020 year alone, with the period of economic benefit extending in advance of, and significantly after, 2020. It is also anticipated that 70 per cent of residents in Mayflower locations will get engaged in cultural or heritage activity and 140,000 hours of volunteering will be delivered.

The Box is a £38 million gallery and museum redevelopment and the flagship building of the Mayflower 400 commemorations in 2020. It will be a nationally significant visitor attraction with an anticipated increase in visitors from 80,000 to 250,000 to the complex alone, and deliver just over 500 jobs. The opening of The Box in time for the Mayflower 400 celebrations offers a real opportunity for Plymouth to raise its profile internationally.

Plymouth's creative industries generate an estimated turnover in excess of £250 million per year. The sector is worth £51.5 million GVA, supports 3,800 jobs, and accounts for more than five million day visitors a year. The creative industries are central to the expansion of the city's cultural offer such as i-DAT, an Open Research Lab for experimentation with creative technology. Plymouth is also host to the nationally significant Theatre Royal, alongside the Plymouth free school of Creative Arts, and Plymouth College of Art and Design. Plymouth's creative industries span across design, advertising, marketing, crafts, television, video, radio, photography, publishing, fashion, music, software services, museums, galleries and libraries, and performing and visual arts.

Plymouth is also home to a dynamic and diverse digital sector which generates £108.8 million in GVA for Plymouth.<sup>159</sup> The emerging £7 million Devonport Market Hall project will create a hub for digital businesses as well as for community and arts groups. It will continue to increase the visibility of the sector and contribute towards the city's cultural offer. 'Smart cities', where technology is used to improve the quality of life for local people and businesses, was identified as a critical area of development in the last Plymouth Report and continues to be a focus for the city.

Events are a key part of Plymouth's vibrant cultural offer, helping to encourage visitors to the city. Plymouth has a strong programme of events, including large national events – such as the British Fireworks Competition, MTV Crashes, and Armed Forces Day – and smaller events, for example Plymouth Pirates Weekend and the Lord Mayor's Festival. Plymouth is also host to a number of key sporting events, including the British Diving Championships, British Swimming Masters, and The Transat boat race.

Commercial Wharf and Royal William Yard are two of Plymouth's key cultural hot spots and have both recently been successfully re-developed. Commercial Wharf is now a successful café and boat trips attraction, while Royal William Yard has been developed by Urban Splash into a thriving destination of offices, restaurants, cafes, bars, and a new 14 bedroom boutique hotel. Royal William Yard, an award winning Grade I listed ex-Naval victualling yard, is host to a unique programme of events, including artisan food markets, open theatre, outdoor cinema, and live music and circus performances.

The 2018 Plymouth City Survey gave insight into residents' perception of Plymouth's cultural offer. It showed that residents are proud of Plymouth's place in history, with 86 per cent of respondents agreeing with the statement 'I am proud of Plymouth's place in history'; only 3 per cent disagreed. This indicates that residents are aware and proud of the city's heritage and historical importance, which sets a positive underpinning for the upcoming Mayflower 400 celebrations. In the same survey, more than half (57 per cent) of respondents agreed that Plymouth has a lot to offer; 21 per cent disagreed with this statement. Improving residents' view of Plymouth's cultural offer is the first step towards making the city a great place to live, work, and visit.

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<sup>159</sup> <https://www.visitplymouth.co.uk/invest/why-plymouth/key-sectors/digital>

As highlighted in the previous Plymouth Report, the unique lifestyle, leisure, and cultural assets available in Plymouth can entice prospective visitors and investors into the city, whilst at the same time be celebrated assets to those currently living in Plymouth. A challenge and opportunity now is to continue to build on the already impressive cultural programme within the city, particularly with the upcoming Mayflower 400 programme of events.

## **Focus on...Leaving the EU: what does it mean for Plymouth?**

On the 23<sup>rd</sup> June 2016, the UK voted to leave the European Union by 51.9 per cent of votes to 48.1 per cent. Plymouth largely voted to leave, at 60 per cent of votes.

Over two years later, there is still little clarity on what this means for the UK, as the final terms of leaving the EU have yet to be agreed. Until this time, it is not possible to accurately predict the impact Brexit will have on Plymouth. However, there are some clear indications of what the impact could be, regardless of the type of Brexit that is agreed.

### **Migrant labour**

One of the biggest impacts that leaving the EU could have on the city is the restriction it will put on migrant labour.<sup>160</sup>

EU migrants often have particular skill sets. New migrant laws are likely to have the biggest impact on the city in jobs in manufacturing, education, and health and social care. These fields represent large proportions of Plymouth's labour force, with manufacturing and education each making up 12.1 per cent, and health and social care 18.7 per cent, of total employment. These are also jobs that require a professional skill level that is crucial to Plymouth, but are unlikely to earn over the £30k per annum salary required for a Tier 2 visa.

There is already large competition for labour in the manufacturing sector and so it is likely to be vulnerable to a constraint on the supply of labour. As it represents 17 per cent of Plymouth's GVA<sup>161</sup>, any loss in this sector due to difficulty finding staff would be a big loss for the city.

The public sector, a large amount of which is comprised of health and social care, makes up 30 per cent of the city's GVA, so a loss in staff here would similarly be a big hit. More worrying however, is Plymouth's aging population. As outlined in the living chapter, the ONS predicts rises of 32.7 per cent of people 65 years and over in Plymouth by 2034, and an 83 per cent increase of those 85 years and over by the same year. If this is the case, there may not be sufficient staff to care for residents.

The construction sector is also one that requires a professional skill level, but likely not at a high enough wage for the Tier 2 visa requirement. If local businesses are unable to employ the necessary staff, there could be an impact on flagship construction programmes in Plymouth and housebuilding initiatives may have to be halted.

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<sup>160</sup> EU citizens who have been resident in the UK for five years prior to the end of the transition period will be able to remain, and will continue to be treated as UK nationals for the purposes of benefits and entitlements.

<sup>161</sup> the measure of the value of goods and services produced in an area, industry or sector of an economy

### **Investment and funding**

Leaving the EU will likely reduce the amount of Foreign Direct Investments (FDIs)<sup>162</sup> to the region, which will have a significant impact on Plymouth. Following the referendum, the HotSW LEP missed their FDI targets for the first time since 2012. In the South West, EU FDIs have created or safeguarded 13,396 jobs between 2012 and 2016, and so any impact on these FDIs in the UK have the potential to put a lot of local jobs at risk. A number of Plymouth firms are also dependent on larger, European supply chains. Of the 20 largest employers, which collectively contribute nearly £1 billion to Plymouth's GVA, three quarters have parent companies outside of the UK. Companies have already seen a drop in funding from EU investors following the referendum result. This is therefore also likely to have an impact on the firms that contribute so much to the city.

It is difficult to establish exactly how much direct support Plymouth gets from the EU, but the treasury has indicated that European Structural and Investment Funding (ESIF) programmes will be continued to be funded until December 2020 after which they will be replaced with the UK Shared Prosperity Fund (UKSPF).

### **Research and education**

The impact Brexit will have on higher education in the city is also large. For example, the University of Plymouth is an important contributor to GVA: the student spend is estimated to be over £120 million, supporting over 5,000 jobs; and generating over £460 million of output. Over 2,000 international students are attracted to the University each year, and so any restriction from the government on migrant students will have a big impact. Additionally, EU funding constitutes almost 30 per cent of the university's research income. The current framework programme, Horizon 2020, is the largest to date, with nearly €80 billion of funding available over seven years (2014 to 2020). The university will therefore have to find a new way of funding their 'World Leading' and 'Internationally Excellent' research, at which two thirds of Plymouth research was ranked in the most recent 2014 Research Excellence Framework. It would be a big loss to the city if the university were constrained in their ability to continue their internationally recognised work.

### **Imports**

Brexit will affect foreign ports as tighter customs rules will have to come into play. Risks have been identified especially with roll-on-roll-off ferries. Whilst the volume of traffic is relatively low by comparison with ports such as Dover, Plymouth does not have the infrastructure to deal with the customs and environmental health inspections. This puts existing routes to France and Spain, for goods such as agricultural produce and fish, at risk.

Further information about the impact of leaving the EU on Plymouth can be found [here](#)

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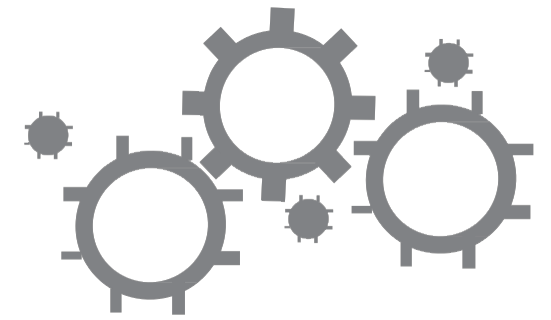
<sup>162</sup> FDI is a form of cross-border investment with the objective of establishing a lasting interest that a resident enterprise based in one country might have in an enterprise operating in another country

**CHALLENGES AND OPPORTUNITIES** - presenting the main areas of concern that have emerged from the preceding sections. It aims to provide policy makers with some further food for thought.

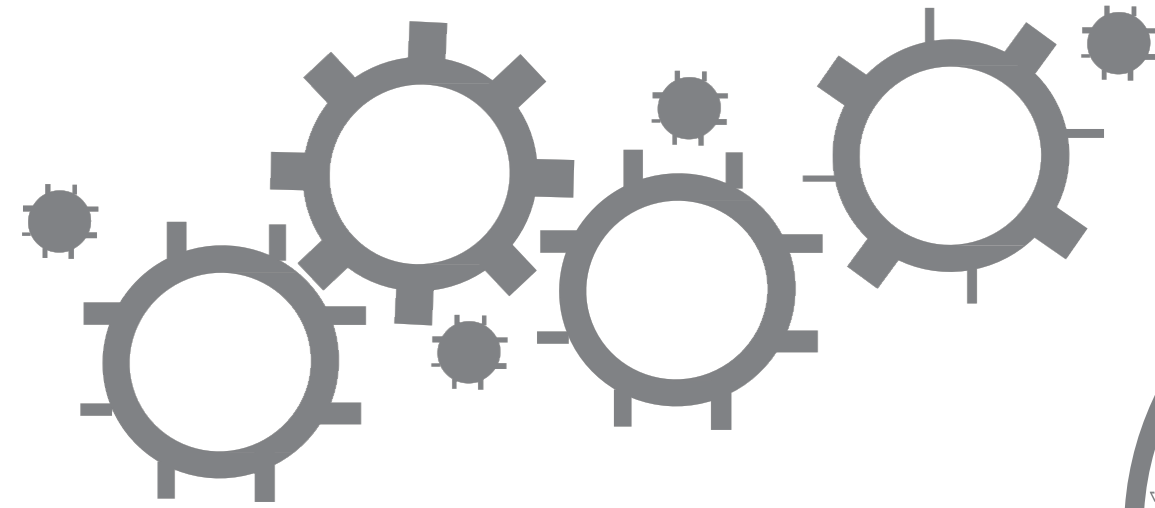
### Housing



### Unhealthy Lives



### Inclusive Growth



### The Productivity Challenge

OFFICIAL



### Strategic Connectivity



## **7. CHALLENGES AND OPPORTUNITIES**

The data and analysis presented in this report show that Plymouth faces similar challenges to many other UK cities, and will be impacted by significant change and likely turbulence in response to events that are taking place at both a national and international level.

These challenges must be addressed in order to maximise the city's potential for growth and prosperity, and to take advantage of opportunities as they arise. However, there are some key concerns raised within this report that warrants attention from city leaders as to whether enough is being done to address such challenges in the context of Plymouth's ambitions.

The following challenges are fundamentally interlinked, and consideration must be given to the impact and/or benefits that addressing one will have on the other.

### **7.1 Housing**

As explored in the infrastructure chapter, housing delivery has increased by 90 per cent over the last two years, delivering housing to meet the needs of our most vulnerable including extra care housing for older people and accessible homes for people with physical and learning disabilities. However, the city still faces a number of challenges in part related to the changing structure of the population and a shifting demand for different housing types e.g. those over 65 living with complex needs, larger families, single people, and couples without children. With homelessness approaches having risen by 25 per cent, more still needs to be done to ensure adequate housing that meets the needs of our most vulnerable.

Housing affordability is a national issue and Plymouth is no exception. With recent increases in house prices of nearly 20 per cent, wages have unfortunately not increased at the same rate. The result is high levels of people living in private rented accommodation of which approximately one third is in poor quality, given the age of the housing stock in the city. There is a clear correlation between non-decent housing, areas of deprivation, poor health and wellbeing outcomes, and lower educational attainment that need to be addressed. Non-decent housing is also strongly linked to fuel poverty.

Given the forecasted changes to the population structure, and consequently the tenure of houses being built to meet demand, consideration should also be given to how this will impact on the local authority's ability to generate the income needed to fund services through (but not limited to) its council tax base. Plymouth currently has a higher proportion of smaller houses of a lower council tax band and fewer larger dwellings, meaning the city has a lower council tax base than other comparable cities. This has an impact on the local funding that can be raised as a precept, such as adult social care and police services, and is of vital importance to the city at a time of reduced government funding while demand for these services is increasing.

### **7.2 The productivity challenge**

The UK is facing a critical productivity challenge with workers working longer to produce less than the country's main international competitors and other G7 countries. This challenge is

keenly felt in Plymouth and despite a higher than national employment rate, Plymouth has a GVA per hour worked of 83 per cent of the UK average. The UK Treasury recognises five drivers of productivity; skills (including leadership and management skills); innovation (R&D and exploitation of new technologies); enterprise (business opportunities for existing firms and start-ups); investment in physical capital; and increasing competition that incentivises firms to innovate and encourages existing firms to be more efficient.

Plymouth has traditionally struggled to raise its productivity. Having good quality jobs in the local economy is hugely important to tackling low productivity to ensure that communities don't feel left behind and trapped in a low productivity-low wage cycle. Plymouth's strengths lie in its significant and productive marine manufacturing base (up to 20 per cent above GB productivity average). It is therefore vital that the workforce has the right skills to meet the future needs of this and other high value industries. Other challenges for Plymouth are in part due to a low business density and start-up rate but also poor connectivity with the rest of the region and country. Higher productivity is characterised by businesses creating more wealth and higher value jobs. Investment is needed in strong business support infrastructure that is visible, accessible, and well-coordinated. This is vital to supporting businesses to become more efficient, and to encourage high growth start-ups which may become the scale-ups of the future. Furthermore without significant investment in the regions transport infrastructure the city will be unable to raise productivity levels and accelerate housing delivery.

### **7.3 Inclusive growth**

Many cities are marked by growing inequality, with too many citizens experiencing financial insecurity. Reducing the damaging effects of this inequality is recognised as a key challenge. Promoting economic growth increases total income in society, creating more jobs and income which could be redistributed. However it is not necessarily the case that income and wealth will trickle down to the poorest. The RSA Inclusive Growth Commission's final report, 'Making our economy work for everyone' (March 2017) recommends that in order for growth to be felt by all we need to make inclusive growth our working definition of economic success. This means committing to both social and economic growth outcomes; emphasising 'quality' jobs; investing in social as well as physical infrastructure; giving an equal focus to vocational education; and providing local flexibility to channel resources to need.

Further challenges faced by the city are the number of people who are economically inactive due to long term sickness, and the negligible changes in low wages since the 2008 economic crash. Plymouth also has entrenched pockets of deprivation and health inequalities which need to be addressed if the city is to genuinely achieve an economy that works for all. One mechanism to tackle this is the creation of a network of health and wellbeing hubs across the city which provides an integrated approach for people to easily access a wide range of support services and will integrate issues around health, community development and job.

There are clear implications for local policy makers to ensure that local economic growth translates into jobs for those at risk of or in poverty. Inclusive growth was highlighted as a challenge in the Plymouth Report 2017 and remains a priority for the city.

## **7.4 Strategic connectivity**

The key challenge for Plymouth is to strengthen its strategic links with the rest of the UK by reinforcing connectivity and being able to exploit opportunities to become more productive. Research shows that for every 100 minutes travel time from London productivity falls by six per cent. Plymouth is 40 miles away from the M5, the nearest motorway; 230 miles from London; the average train journey times are three hours 15 minutes; and the nearest core city, Bristol is 120 miles away, two hours by road. Increasing productivity through improving connectivity within the South West, and to London will require major strategic investment to upgrade the rail links and road network that serve the South West. Plymouth's peripherality, both real and perceived, is a significant inhibitor of the city's potential to grow; government's historic underfunding of strategic transport infrastructure in Plymouth and the wider region must now urgently be addressed.

## **7.5 Unhealthy lives**

The estimated healthy life expectancy in Plymouth is significantly lower than the England average for both men and women. Healthy life expectancy is the average number of years a person can expect to live in good health. On average, in 2014-16 men in Plymouth could expect to live the last 18 years in poor health whilst women in Plymouth could expect to live the last 25 years of their lives in poor health. The average for England was 16 years for men and 19 years for women. This theme was also included as a challenge in the Plymouth Report 2017 and remains a priority for the city to address.

Health and wellbeing needs increase with age, with a higher burden of chronic disease, susceptibility to the negative impacts of social isolation, and an associated raised need for health and social care services and carers. While the differing rates of life expectancy across the city are relatively well known, healthy life expectancy is less understood and very concerning in terms of how it affects Plymouth's ambitions as a city.

The 10-year Thrive Plymouth programme is based on the local 4-4-54 construct, i.e. that poor diet, lack of exercise, tobacco use, and excess alcohol consumption are risk factors for coronary heart disease, stroke, cancers, and respiratory problems which together contribute to 54 per cent of deaths in Plymouth. Changing these four behaviours will help prevent these four diseases and reduce the number of deaths due to them. Continued efforts must be made to improve life expectancy and healthy life expectancy in Plymouth, and to close the gap between the most and least deprived areas of the city.

**Appendix A: Plymouth electoral wards by neighbourhood**

<b>Electoral ward</b>	<b>Neighbourhood</b>	<b>Electoral ward</b>	<b>Neighbourhood</b>
Budshead	Derriford West & Crownhill	Plympton Chaddlewood	Chaddlewood
	Whitleigh	Plympton Erle	Plympton St Maurice & Yealmpstone
Compton	Higher Compton & Mannamead	Plympton St Mary	Colebrook, Newnham, & Ridgeway
	Mutley		Woodford
Devonport	Devonport	Plymstock Dunstone	Elburton & Dunstone
	Keyham	Plymstock Radford	Goosewell
	Morice Town		Plymstock & Radford
Drake	Greenbank & University		Turnchapel, Hooe, & Oreston
Eggbuckland	Eggbuckland	Southway	Southway
	Manadon & Widey		Tamerton Foliot
Ham	Ham & Pennycross		
	North Prospect & Weston Mill	St Budeaux	Barne Barton
Honicknowle	Ernesettle		
		Honicknowle	St Peter and the Waterfront
Lipson and Laira	Efford		Stonehouse
	Lipson & Laira	Stoke	Ford
Moor View	Estover, Glenholt & Derriford East		
		Leigham & Mainstone	Sutton and Mount Gould
Peverell	Beacon Park		
		Peverell & Hartley	

## Appendix B: Public Health England data and analysis tools

A single point of access to all nationally produced Public Health England data profiles and tools can be accessed via the link: <http://fingertips.phe.org.uk/>

The resources cover a range of public health topics including:

- specific health conditions – such as cancer, mental health, cardiovascular disease, and diabetes
- lifestyle risk factors – such as smoking, alcohol, and obesity
- wider determinants of health – such as environment, housing, and deprivation
- health protection.

The interactive profiles/tools require one or more steps to select the desired geography. Often the option to download a PDF is then available.

## Appendix C: Links to a selection of Plymouth Joint Strategic Needs Assessment profiles and reports

- [2011 Census profiles and 2014 Area profiles](#)
- [Alcohol harm mapping: Plymouth neighbourhood profiles 2016](#)
- [Health related behaviour survey analysis: secondary education providers in Plymouth 2014](#)
- [Index of Multiple Deprivation \(IMD\) 2015: Plymouth summary analysis](#)
- [Life expectancy in Plymouth, 2001-03 to 2014-16](#)
- [National Child Measurement Programme Report 2016/17](#)
- [Physical activity needs assessment for Plymouth 2015 to 2018](#)
- [Prevalence of smoking, obesity, and high blood pressure in Plymouth, 2013/14 to 2015/16](#)

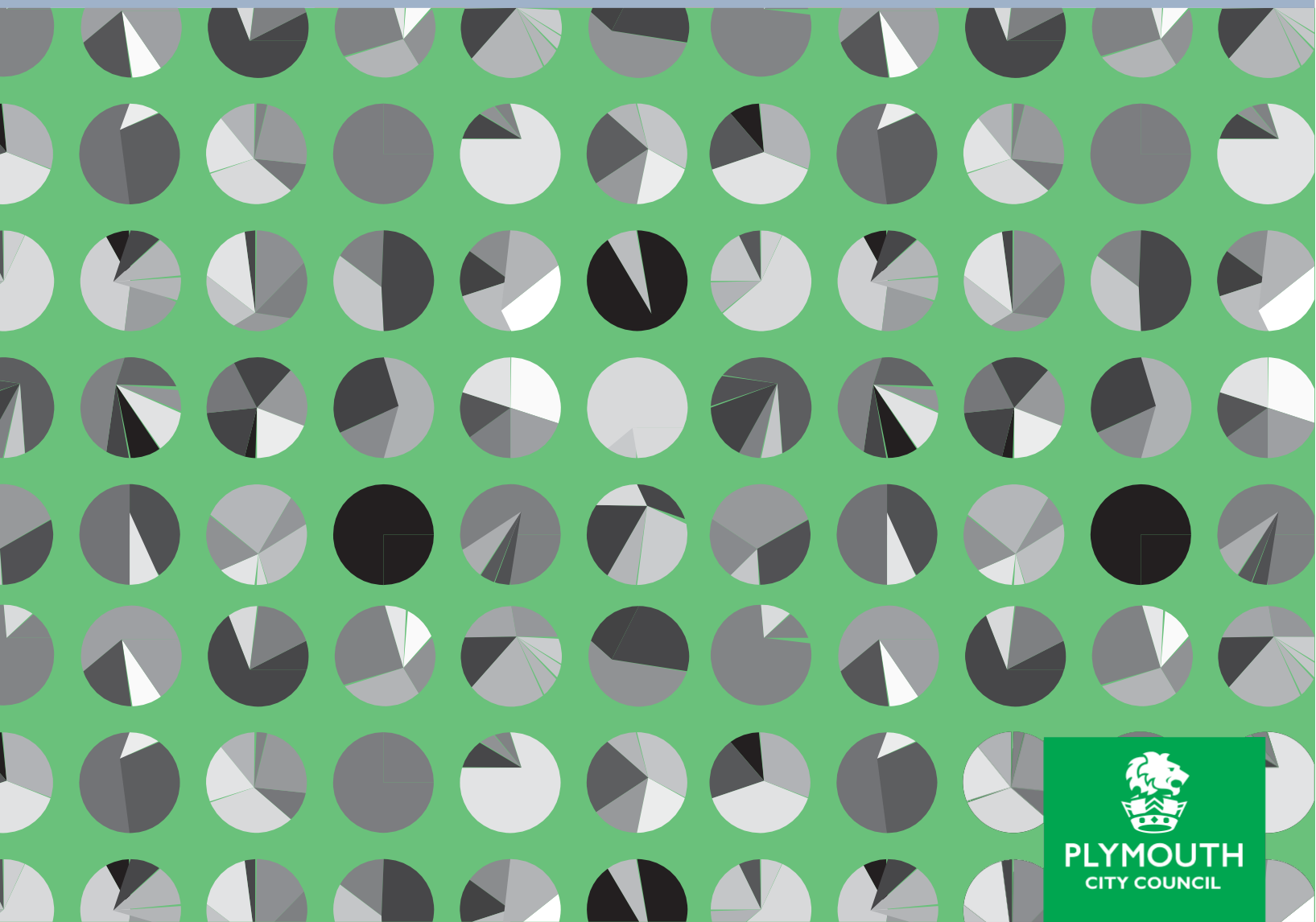
The full list can be found here:

<https://www.plymouth.gov.uk/publichealth/factsandfiguresjointstrategicneedsassessment>

Plymouth Report  
Published by Plymouth City Council  
December 2018

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# Health and Wellbeing Board



Date of meeting:	11 July 2019
Title of Report:	<b>Plymouth as a trauma informed city</b>
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Julie Frier
Contact Email:	Julie.frier@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

## **Purpose of Report**

There has been growing evidence of the strong link between the adverse experience of childhood traumas and poorer health and social outcomes in adulthood; ranging from offending to drug and alcohol misuse, poor mental health to obesity. Furthermore, research has identified the causal pathways to this; childhood traumas disrupt neurodevelopment, producing changes in the brain that can then lead to social, emotional and cognitive impairment. Importantly though, this is far from inevitable and there are protective factors that can prevent or reduce these adverse consequences.

Taking a population level trauma informed approach means looking at all stages of this; preventing traumas occurring in the first place, promoting protective factors for all children, recognising the behaviours that may be the result of trauma and intervening appropriately, and helping people who are suffering adverse consequences in a trauma-informed way.

Safer Plymouth recognised the need for this approach some time ago, and have been actively involved in developing Plymouth's approach, and in March 2019 ran a conference 'Community Safety Through a Trauma Informed Approach'. Plymouth Safeguarding Children Board have also been actively engaged in this work since clearly protecting children is at the heart of this approach.

Plymouth has a Trauma Informed Network which has derived from a ground-up coalition of professionals from across services, with professional experience of how trauma can affect people. The Network currently includes 70 individuals, representing approximately 30 agencies ranging from Police, schools, Barnardo's, NSPCC, Harbour, NEW Devon CCG as well as Plymouth City Council. Through this network, key partner agencies have drafted a 'Plymouth Approach' document which aims to create an unifying narrative to enable services and systems to work together and sets out the principles, values and standards Plymouth could work to in order to move to becoming a trauma informed City. (Attached)

Becoming trauma informed is about whole system approach which requires development and change based on and directed by the recognition of the impacts of trauma, that trauma is widespread and often hidden in our communities. It prioritises safety, choice, trust and emotional connection and avoids re-traumatisation.

This report has been brought to Health and Wellbeing Board to provide their full support to the development of Plymouth as a trauma informed city; one that is;

“Safe and delivers Person Centred responses that are Kind; in which communities and professionals work Collaboratively with each other, and their services users; and are focused on Empowering and encouraging each other to innovate and transform culture.”

### **Recommendations and Reasons**

To note the recent work that has been carried out across the city on developing a trauma informed approach and in particular the work of the Trauma Informed Plymouth Network.

To provide Health and Wellbeing Board’s full support to the development of trauma-informed approaches, making Plymouth a trauma-informed City.

Member organisations of the Health and Wellbeing Board consider their own role in making Plymouth a trauma informed city

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

N/A

### **Relevance to the Corporate Plan and/or the Plymouth Plan**

The trauma-informed approach focusses on prevention and early identification of those issues which lead to poor outcomes across a wide range of topics, from educational attainment to drug misuse, and therefore inequalities in health. It also supports the protection of children in particular from traumatic events such as abuse.

It therefore supports the Plymouth Plan aims of reducing inequality and making Plymouth a healthy city, as well as the Council’s corporate aims around being a Caring City.

### **Implications for the Medium Term Financial Plan and Resource Implications:**

None

### **Carbon Footprint (Environmental) Implications:**

None

### **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.*

Potential for supporting reduction in / mitigation of child poverty

### **Appendices**

*\*Add rows as required to box below*

Choose an item.



Ref.	Title of Appendix	Exemption Paragraph Number (if applicable)						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

**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)						
	1	2	3	4	5	6	7

**Sign off:**

Fin	<b>djn.1 9.20. 37</b>	Leg	<b>It/32 799/ 2706</b>	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 25/06/2019											
Cabinet Member approval: Councillor Kate Taylor [approved by email]											
Date approved: 27/06/2019											

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# Envisioning Plymouth as a Trauma Informed City



An approach developed by the  
**Trauma Informed Plymouth Network**

## The Vision

Plymouth envisions a transformative approach that enables its people, its communities and its services to come together, to innovate and create a truly compassionate city: A city where people can feel **safe** within their community environments and within the security of safe and healthy relationships; where people's experience and choices matter; where communities are supportive and work with services to deliver outcomes that are truly **person centred**; where people seek connection with each other and are **kind**; where people trust each other, learn reflectively together and are truly **collaborative**; where people take responsibility, **empowering** each other to make a difference .

A compassionate Plymouth is a trauma sensitive city. It **realises** the potentially damaging consequences of traumatic experience and the opportunities that exist for healing to occur through safe relationships. It **recognises** the signs and expressions of trauma, but courageously seeks to address the underlying causes. It **responds** with empathy, integrating the knowledge of trauma into its policies and professional practice. It **resists** re-traumatising people and seeks at all times to de-escalate the deep anxiety that adversity can cause. It develops **resilience** within people and communities, enabling people to build upon their strengths and continue to challenge the causes of adversity.



<sup>1</sup> Plymouth Britain's Ocean City – Relates to the city branding as a waterfront heritage site, with a history of exploration and innovation, and now a cultural and educational centre of excellence: <http://web.plymouth.gov.uk/britainsoceancity/>

<sup>2</sup> Thrive Plymouth is the Public Health 10 year plan to improve health and wellbeing, and reduce health inequalities in the city. The programme is based on the 4-4-54 construct that shows

## Plymouth - The cultural context of adversity & resilience

Plymouth is a proud *Ocean City*<sup>1</sup> with a rich and pioneering history. Its iconic people and moments are captured in the many monuments that can be found within its equally iconic places. These testaments of the past have in recent times inspired a revitalised enthusiasm for the city to explore and celebrate its culture. Plymouth is a place that seeks transformation and as its landscape changes and develops, its communities and services look for new ways of understanding each other and working together. Plymouth aspires to be a place where its people feel safe and supported, and can truly **thrive**<sup>2</sup> and achieve their full potential. The city builds upon the many assets and strengths it enjoys within its people, its communities and its services and tangible is a spirit of resilience, of compassion and collaboration.



Like all great cities, the Plymouth experience can also be told as *a tale of two cities*<sup>3</sup>. Among its great monuments are also memorials to its experience of great adversity and deep hurt; The Scott Memorial at Mount Wise is a metaphor for the many Plymouth people who left to explore new territories, but sadly were lost and never returned; The Naval Memorial

poor diet, lack of exercise, tobacco use & excess alcohol consumption leads to 54% of deaths in the city (heart disease, stroke, cancers & respiratory problems).

<https://www.plymouth.gov.uk/publichealth/thriveplymouth>

<sup>3</sup> The Plymouth Fairness Commission report 2014 opened poetically, painting a contrasting picture of how deprivation and social inequalities across the city creates a radically different

on the Hoe Promenade evokes the countless service personnel that made the ultimate sacrifice in two World Wars, alongside those who died in more recent conflicts; The empty remains of Charles Church recalls the devastation of the blitz and a people under siege, experiencing the loss of family and friends while the fabric of the city itself crumbled about them.



An experience of trauma is as much part of the Plymouth story as its triumphant moments, even though adversity may now be more about social, environmental and economic deprivation, inequalities in opportunity, and a lack of fairness in being able to access life enhancing experiences such as education and employment, than the devastation of conflict. In as much as its' iconic historic moments and the great achievements of its citizens are rightly celebrated, the strength and resilience of the city is equally shaped by its profound experience of suffering.

### ***Becoming a courageously prevention focused city***

In becoming trauma aware Plymouth acknowledges the immense strengths individuals and communities bring to their own lives and to those around them. Plymouth has many successes to celebrate but wishes to move forward to ensure social justice and equality for all based on the latest research and evidence.

The adversity endured and impact on many of Plymouth's people and communities cannot be ignored. A trauma informed approach embraces the ground-breaking advances within health and neuro-sciences that demonstrate a distressing correlation between the adversity a person may experience in childhood, and its potentially damaging effects on their later physical and emotional health and social outcomes.

**'What is predictable is also preventable' – Dr R Anda**

Critical within this new understanding is an acknowledgement of the devastating effects of violence, neglect, and abuse, and a deepening awareness of how not only individual people, but families, groups, cultures and communities can be affected by such harmful experiences. It recognises how a legacy of trauma, without access to appropriate support and positive activities, can manifest in brokenness, vulnerability and crisis, highlighting a need to focus city resources on activities with outcomes that can make a difference and prevent harm at the earliest opportunity.

Plymouth as a trauma aware city recognises the evidence base that is emerging day by day, across both national and international communities, which identifies that the impact of trauma and the consequences of exposure to harmful experiences of adversity, as a profound health, wellbeing and social care issue of our time. This understanding creates an exciting and definitive opportunity to fundamentally shift the agenda, by bringing people, communities, city services and systems together to address the causes of adversity at the earliest opportunity, thereby becoming more boldly prevention focused.

Innovative and courageous responses are required; ones in which services and

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*lived experience, and life outcomes for people who live here.*  
<http://web.plymouth.gov.uk/fairnesscommissionreports>

community resources align and collaborate around a prevention agenda which; educates and creates a positive social, economic, and cultural environment; is challenging when social contexts normalise violence and make abuse ‘acceptable’; builds resilience alongside responsibility, enabling people and communities to come to terms with what has happened to them, while having the courage to address situations where there is a risk of further harm.

A new vision for community safety emerges in which preventing the causes of adversity becomes the cornerstone of how we collectively build a safer future for the people of Plymouth.

**‘Waiting until people are sick, mentally unwell or in crisis before we try to help them is not working. I want to see a world where childhood adversity is a thing of the past and prevention rather than cure is the new status quo’ – Dr Warren Larkin**

### **The Trauma Informed Plymouth Network**

The Plymouth approach to defining a trauma informed city derives from a ground-up coalition of professionals from across services, who connected initially through a shared emotional awareness, arising from both a deep personal and professional experience of how trauma can affect people. In establishing the *Trauma Informed Plymouth Network*, they shared an aspiration to create an innovative & unifying narrative to enable people, communities, services and systems to work even more collaboratively to deliver more effective responses.

In becoming trauma informed, the Network identified a need to work with and harness

opportunities to engage individuals, communities, teams, organisations and systems to see the world differently through a trauma lens, and empower innovation, creativity and leadership. As a result the Network has shaped a collaborative vision that embraces not only the current understanding of trauma and its affects, but also the many innovative and excellent resources for trauma sensitive systems that have been developed both nationally and internationally. A summary of the evidence base for a trauma informed Plymouth follows:

### **Defining Trauma**

Within this approach trauma refers to ‘*an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being*<sup>4</sup>.

Put simply, trauma is about the harmful things you experience and the legacy they leave behind. While a range of traumatic experiences are explored within this approach, there are two critical aspects that are key to a trauma informed approach:

- The damaging consequences of violence, abuse and neglect within families, groups and communities and the effectiveness of the community and services response.
- The impact of adversity and trauma in childhood brain development and in adult brain function, that can lead to a person being in crisis and needing support, but struggling to engage fully with services, or lead to challenging

<sup>4</sup> The Substance Abuse & Mental Health Services Administration (SAMHSA) definition. SAMHSA is an agency within the U.S. Department of Health and Human Sciences.

behaviours that can shift the focus away from a compassionate response.

Events may be defined as ‘potentially traumatic’ leading to tolerable stress, as not everyone will experience them as such. A range of responses may occur from people experiencing extreme stress and needing support, to coping well with no requirement for additional help. Protective factors and resilience are important and these are explored below.<sup>5</sup>

**Developmental Trauma**

*This is the term used to describe the impact of early, repeated abuse, separation and adverse experiences that happens within a child’s important relationships. Children affected may not develop the essential skills to enable them to thrive, such as being able to manage their emotions and impulses, solve problems, or maintain healthy relationships. Children can be damaged by exposure to toxic stress (see page 11), encountering the world as fundamentally unsafe, and operating from their primitive survival brain. The child is continually in survival mode, (the fight flight, freeze response) and even small everyday things can be experienced as a survival threat. All of their resources become used up in staying alive and staying in the minds of their adults. (beaconhouse.org.uk)*

***‘The city could benefit from an overarching approach such as ‘trauma informed’. We would at least have a shared language or set of values to which we aspired and it might help pull some of the partnership together. It would have to be a long term commitment and not something that was replaced by the next fashionable model’ - Feedback from the Workforce Development Survey 2018.***

## Adverse Childhood Experiences (ACEs)

The concept of Adverse Childhood Experiences, or ACEs, derives from a ground-breaking public health study that outlined how exposure to traumatic experiences in childhood can be a significant underlying factor for physical and mental ill health in adulthood<sup>6</sup>. The ACE study was notable in the following ways:

- It identified a relationship between the exposure to adversity in childhood, leading to poorer health, wellbeing and social outcomes in later life. Experiencing ACEs was shown to statistically increase the risk of adult onset chronic diseases, such as cancer and heart disease, in addition to increasing the risk of mental illness. This relationship was also shown to be exponential in that the more adversity a child is exposed to (the ‘dose’ effect), the greater likelihood of a negative impact upon their health and social outcomes.
- It challenged the notion that childhood adversity was purely about economic and social deprivation. It was not that these factors were insignificant, but rather the ACE study showed a prevalence of adversity within a middle class professional population, reinforcing that traumatic experience can and indeed does affect anyone. Nearly half of all adults will have experienced an ACE, with almost 10% experiencing four or more.
- Most importantly it established public health as the critical context for early intervention and prevention, in terms of addressing vulnerability across a range of issues including health, social care, criminal justice, and education.

<sup>5</sup> Public Health Devon (Devon County Council), *Trauma Informed Approach – Discussion Paper 2018*

<sup>6</sup> Felitti & Anda (CDC-Kaiser Permanente) ‘Relationship of Childhood Abuse & Household Dysfunction to Many of the

*Leading Causes of Death in Adults’, published in the American Journal of Preventative Medicine in 1998.*

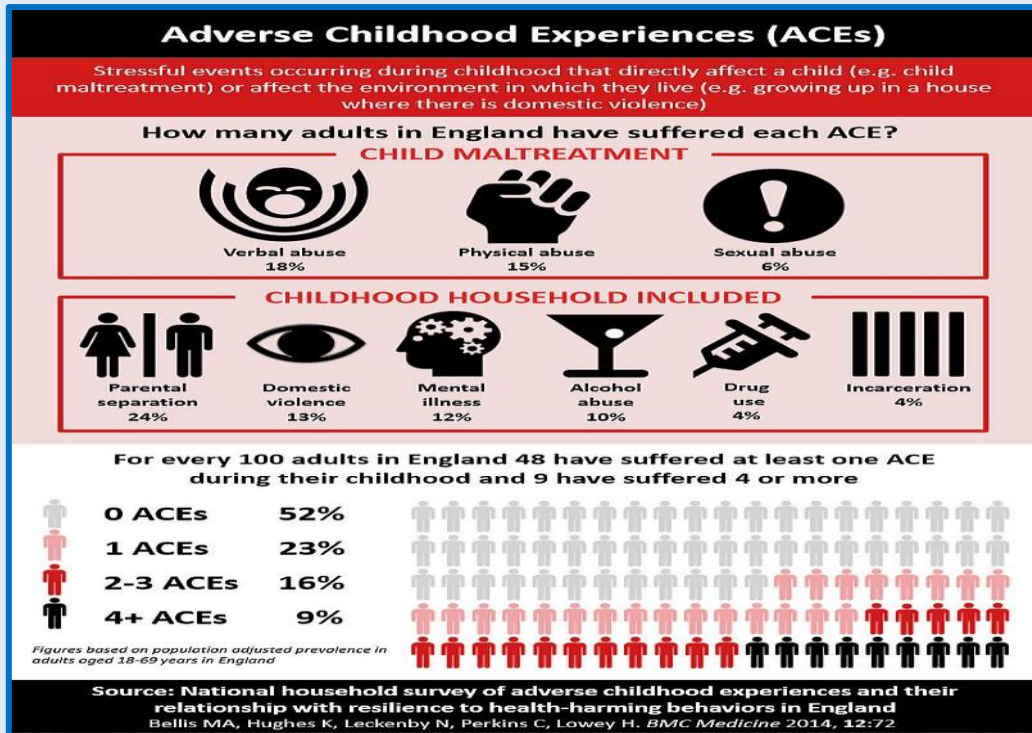


Figure 1 - This diagram demonstrates the impact of ACEs on the population in England

The ACE’s agenda is helpful for understanding the prevalence of adversity experienced and for bringing together communities to recognise these experiences affect ‘us’ and not just ‘them’.

**Keeping the score?**

*In some less considered approaches an ACE enquiry has been used to arrive at an ACE ‘score’ of 1-10. There is an emphasis on asking a person to identify the number of ACEs they have experienced. However when done well the use of an ACE enquiry is the start of a therapeutic conversation that seeks to move from ‘what is wrong with you?’ to ‘what has happened to you?’ The Plymouth approach is wary of making simplistic and unhelpful assumptions about exposure to ACEs, without an understanding of the resilience factors that can balance them. There are situations where a specific enquiry into a person’s ACE history is appropriate, particularly when there are opportunities to signpost for effective support. There is however an opportunity for an awareness of ACEs to inform our wider public health and prevention messaging.*

For those experiencing crisis, or in more vulnerable sections of the community, including those who; struggle with their mental health; misuse substances; have difficulty with social or emotional control; or exhibit harmful or risky behaviours; the prevalence of ACEs is likely to be significantly higher. In this regard early exposure to adversity becomes understood as an indicator of who may require the support of health and social services as adults.

The ACE framework provides a useful context for a prevention focused approach and in some areas services are aligning around an agenda to eradicate ACEs, and thereby improve health and wellbeing outcomes. However an emphasis on ACEs can over-simplify the social and cultural experiences of people and communities, and therefore the evidence of ACEs should be acknowledged in a wider context.

The adversity a person experiences does not necessarily determine their physical and



emotional health outcomes in later life. People can and do overcome the most horrific experiences, and go on to live fulfilling lives<sup>7</sup>. Protective factors can and do offset the harmful effects of an exposure to adversity, enabling people to survive and even flourish regardless of the trauma they have experienced. It is therefore unwise to discuss the impact of childhood adversity without recognising the influence of resilience. Care should be taken to avoid becoming deficit focused by making negative assumptions about how a person's later life outcomes may become diminished by their exposure to childhood adversity. It should also be recognised that the evidence around Adverse Childhood Experiences is based on a limited range of nine ACE factors. These are not the only expressions of adversity in childhood. Poverty, deprivation, bereavement and bullying are other examples of adversity that are not situated within the ACE framework.

Recognising and understanding the 3 levels of stress, positive, tolerable and toxic, is useful to consider in the context of the positive experiences and relationships a child has also experienced. Through an intergenerational perspective, ACE's are a helpful consideration as they may indicate the lack of ability to provide parental buffering and ability for children to build resilience.

*The Plymouth Children in Poverty (PCIP) project responds to the 'tale of two cities' described in a Plymouth Fairness Commission report, which highlights that child poverty in the city is not only significant but also steadily worsening. The project aims to eradicate child poverty by drawing together corporate businesses, public sector agencies, and charities in an exciting collaboration. Partners can co-fund and work together in delivering projects, and the Plymouth Drake Foundation has ring-fenced funding, while Plymouth City Council provides administrative support to the project.*

<sup>7</sup> This evidence base and narrow understanding of social contexts within an ACE focused approach is questioned in 'The Problem with ACEs'. Edwards et al.'s submission to the House of

Work is ongoing to explore what can be done in response to the wider contexts of adversity, how ACEs might be prevented, and how outcomes can be improved, including how trauma informed approaches and interventions might assist. These are emerging areas of study and there is a need to be mindful that current thinking and approaches will need to respond and adapt to emerging ideas, evidence and practice that come to light over time.

### **Adverse Community Environments**

While the ACE study centres upon the individual experience of adversity, it is complemented by theories relating to adverse community environments and cultural experiences of trauma. A group, or a community can experience profound adversity and this can leave a toxic legacy within an environment and the people who live within it.

When a sense of community safety and value is undermined through difficult & traumatic events, or through inadequate organisational or system responses, a community itself can become traumatised. Environmental degradation including pollution, natural disasters, terrorism, experiences of war, or being targeted by hate crime are all examples of where adverse community experiences can lead to harmful environments. However these can also be more subtle, encompassing poverty and social deprivation, leading to a community perception that no-body really cares.

A trauma informed approach needs to educate and empower community resources to enable them to embrace the prevention opportunity, so that they not only better support those experiencing adversity, but can also challenge the local culture when community environments create the context for traumatic experiences to occur.

Commons Science and Technology Select Committee Inquiry into the evidence-base for early years' intervention (EY10039). 12 December 2017.



***The Public Health England - Plymouth Health Profile 2018***

*This identifies that the health of people in Plymouth is generally worse than the England average. About 19% of children live in low income families. Life expectancy for both men and women is lower than the England average. The rate of adult alcohol related harm and self-harm hospital admissions is worse than the national average, as are the figures for adult excess weight, smoking and sexually transmitted infections. Rates of violent crime and early deaths from cancer are also worse than average.*

**'The single most important thing we need today is the courage to look this problem in the face and say this is real and this is all of us' – Dr Nadine Burke-Harris**

***Inter-generational Trauma & Epigenetics***

Studies have also identified the inter-generational effect of trauma which is based upon the idea that the serious impact of trauma on a person, can shape their behaviour, and in turn subsequently shape the behavioural responses of their children and grandchildren.

However, an emerging area of research called epigenetics, identifies that it is possible for the impact of traumatic experiences to not only be socially transmitted through learned behaviour, but also genetically inherited through imprinted brain memory, that is passed down through generations.

This reinforces not only the longer term significance of early intervention now, but also the importance of creating supporting and safe relationships and communities to prevent harm to future generations.

**YOUNG BRAINS ARE PARTICULARLY SENSITIVE TO EPIGENETIC CHANGES.**

Experiences very early in life, when the brain is developing most rapidly, cause epigenetic adaptations that influence whether, when, and how genes release their instructions for building future capacity for health, skills, and resilience. That's why it's crucial to provide supportive and nurturing experiences for young children in the earliest years.

Services such as high-quality health care for all pregnant women, infants, and toddlers, as well as support for new parents and caregivers can—quite literally—affect the chemistry around children's genes. Supportive relationships and rich learning experiences generate positive epigenetic signatures that activate genetic potential.

Figure 2- Centre on the Developing Child at Harvard

**The Inter-Playing factors of Trauma**

If the traumatic events people experience are often linked to their familial and community context, they also rarely occur in isolation. Indeed as the ACE study shows adverse experiences frequently overlap with damaging consequences. As the graphic below

illustrates, traumatic experiences do not occur in a vacuum, but are often complex, overlapping and inter-connected. Community and service responses therefore also need to be multi-dimensional, complimentary and layered, to ensure every opportunity is taken to increase resilience and prevent further harm

**DIFFERENT TYPES OF TRAUMA & SOME OF THE INTERPLAYING FACTORS AROUND THE IMPACT & CONSEQUENCES**

**DR. KAREN TREISMAN**  
CLINICAL PSYCHOLOGIST  
TRAINER  
AUTHOR

SafeHands  
ThinkingMinds.co.uk

Sketch by @uterral

THIS IS NOT A PRESCRIPTIVE OR EXHAUSTIVE LIST. NOR ARE THEY MUTUALLY EXCLUSIVE - MANY ARE & CAN BE

**LAYERED, INTERLINKED, & INTERWOVEN**

TRAUMA DOES NOT OCCUR WITHIN A VACUUM; IT IS INFLUENCED BY MULTIPLE SYSTEMIC, RELATIONAL, & CONTEXTUAL ELEMENTS. THEREFORE, THE IMPACT & CONSEQUENCES OF THE TRAUMAS ARE LIKELY TO BE ON A CONTINUUM, & SHAPED BY A NUMBER OF INTERPLAYING FACTORS INCLUDING:

- AGE & STAGE.
- TEMPERAMENT & UNIQUE ATTRIBUTES, INCLUDING BIOLOGICAL & GENETIC FACTORS.
- RELATIONSHIP WITH THE PERSON.
- SEVERITY & NATURE OF THE TRAUMA
- DURATION & FREQUENCY OF THE TRAUMA.
- OTHER PEOPLE & THE COMMUNITY'S RESPONSES, SUPPORT, & REACTIONS.

- THE MEANING-MAKING & SENSE-MAKING AROUND THE TRAUMAS.
- THE BELIEFS, ATTRIBUTIONS, JUDGEMENTS, EXPECTATIONS, & ASSUMPTIONS.
- CULTURAL, SOCIAL, & SOCIETAL CONTEXT & CONCEPTUALISATIONS.
- IMPACT ON THE PERSON'S DAY-TO-DAY LIFE, INCLUDING THE LOSSES.
- OTHER PROTECTIVE & RISK FACTORS INCLUDING PREVIOUS LIFE EVENTS.

<b>RELATIONAL ATTACHMENT &amp; INTERPERSONAL</b>	<b>DEVELOPMENTAL</b> <small>INCLUDING IN-UTERO</small>	<b>ABUSE &amp; MALTREATMENT</b> <small>PHYSICAL, SEXUAL &amp; EMOTIONAL ABUSE, NEGLECT, DOMESTIC VIOLENCE, ETC.</small>
<b>CULTURAL &amp; RACIAL</b>	<b>INTERGENERATIONAL &amp; HISTORICAL</b>	<b>SINGLE - EVENT</b> <small>CAR ACCIDENT, BURGLARY, ETC.</small>
<b>WAR, REFUGEE, &amp; POLITICAL</b>	<b>COMBAT-RELATED &amp; MILITARY</b>	<b>MEDICAL, INJURY, &amp; BIRTH TRAUMA</b>
<b>TRAUMATIC GRIEF, BEREAVEMENT, &amp; LOSS</b>	<b>COMMUNITY TRAUMA</b> <small>INCLUDING NEIGHBOURHOOD &amp; SCHOOL VIOLENCE</small>	<b>PEER, SIBLING, &amp; BULLYING TRAUMA</b>
<b>NATURAL DISASTER</b>	<b>ORGANISATIONAL, SYSTEM, &amp; INSTITUTIONAL TRAUMA</b>	<b>SECONDARY &amp; VICARIOUS TRAUMA</b>

Figure 3 - Dr Karen Treisman - Safe Hands thinking Minds.co.uk

### Identity Intersectionality

Just as there are interplaying factors regarding the impact of adversity and trauma, it is also true an experience of trauma (no matter how profound) is only one aspect of a person's identity. Multiple factors such as culture, gender, social or economic status, sexuality and education are also important. These factors may increase or otherwise compromise a person's resilience to adversity. In addition

these factors will shape each individual response to traumatic experience, and we should avoid making narrow assumptions when a group is affected by trauma about how each person will respond. A family, a group or a community might have a range of responses to adversity and may not agree on what support is required to help them recover. There needs to be sensitivity in any agency or system response and acknowledgment of the wider context when adversity occur

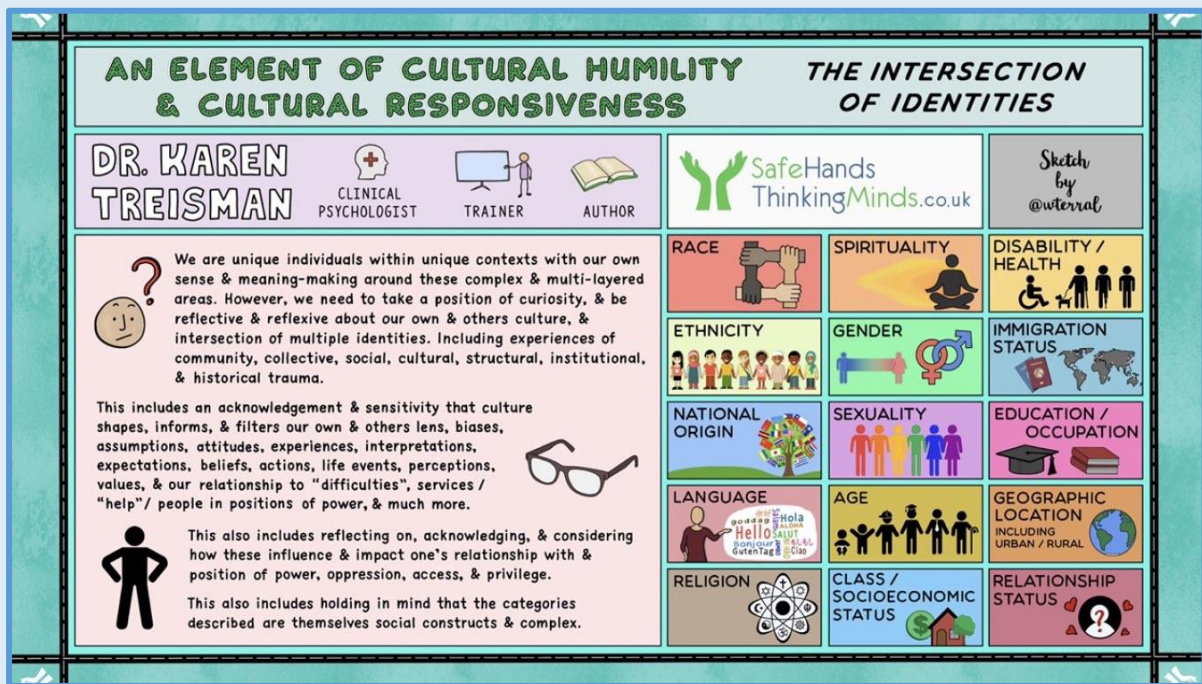


Figure 4 - Dr Karen Treisman - Safe Hands Thinking Minds.co.uk

### Resilience, Trust & Healthy Relationships

While the experience of trauma and adversity can be damaging, they are balanced by protective factors that can help reduce the harmful effects and promote healing. To talk of trauma without reference to resilience is to tell only half of the story.

Resilience is about the capacity of people and communities to effectively cope with, adapt to and bounce-back from an experience of stress or adversity. Resilience can be understood as a

quality a person or community possesses that enables them to withstand adversity.

The **EMPOWER Plymouth** group<sup>8</sup> defines a healthy relationship as:

**“A relationship with friends, family or loved ones that is built on a solid foundation of respect, honesty, communication and trust”**

However research shows that for those who are exposed to traumatic incidents resilience is primarily developed through the support provided by trusted and healthy relationships, and social interactions within the family and

<sup>8</sup> EMPOWER Plymouth are a group of young people who have informed the Healthy Relationships Project commissioned

through Plymouth City Council and delivered by Barnardo's and the NSPCC

the community. Addressing social inequalities and improving access to community based assets can help build resilience and alleviate the impact of adversity. Great relationships can also include the support you receive from professionals and the workforce across Plymouth services can, and indeed should become part of a system that becomes more fully relationships-focused and promotes healing for those who are affected by trauma.

Just as adverse community environments can serve to intensify the experience of personal adversity, there is also a recognition that the community can also be part of helping people adapt to, and find healing from the damage trauma causes. This can be through community and youth work approaches, or engaging the community through volunteering, through

sport, or through cultural experiences. A trauma sensitive city should understand where community assets promote healing, and strengthen these resources so that they can help prevent the conditions for adversity occurring in the first place.

The Public Health England (2016) graphic on the following page highlights how developing resilience in young people requires personal attributes to be developed, but these require nurturing and supportive relationships within the family and community environments.

Using a trauma informed approach to developing resilience means understanding and supporting parents, carers and communities to be able to have the capacity to do this.

***'The parent-child connection is the most powerful mental health intervention known to mankind' – Bessel Van Der Kolk.***

### ***Toxic, Tolerable & Positive Stress***

Stress is a normal part of everyday life and plays an important role in helping us get focused, stay alert, and remain strong in order to meet new challenges. **Positive** stress also helps us get things done; it pushes us to learn, to solve problems, and to acquire new skills. Our response to stress is determined not just by the severity of a stressful event but also by our individual biological and psychological ability to manage it. Sometimes, however, we are faced with more difficult events, such as the death of a family member, and a more severe reaction of the body's stress response system is triggered. This stress, which may be

severe and prolonged enough to cause harm, can be made **tolerable** by the buffering support of friends and family, wider social groups within the community, or indeed therapeutic professionals. When we are faced with prolonged adversity such as exposure to violence, abuse and neglect however the stress response can become permanently hyper-aroused, triggering a prolonged fight or flight response which floods the body and brain with stress hormones. Stress therefore can become **toxic**, disrupting the healthy function and development of the brain and causing damage to vital organ systems within the body.

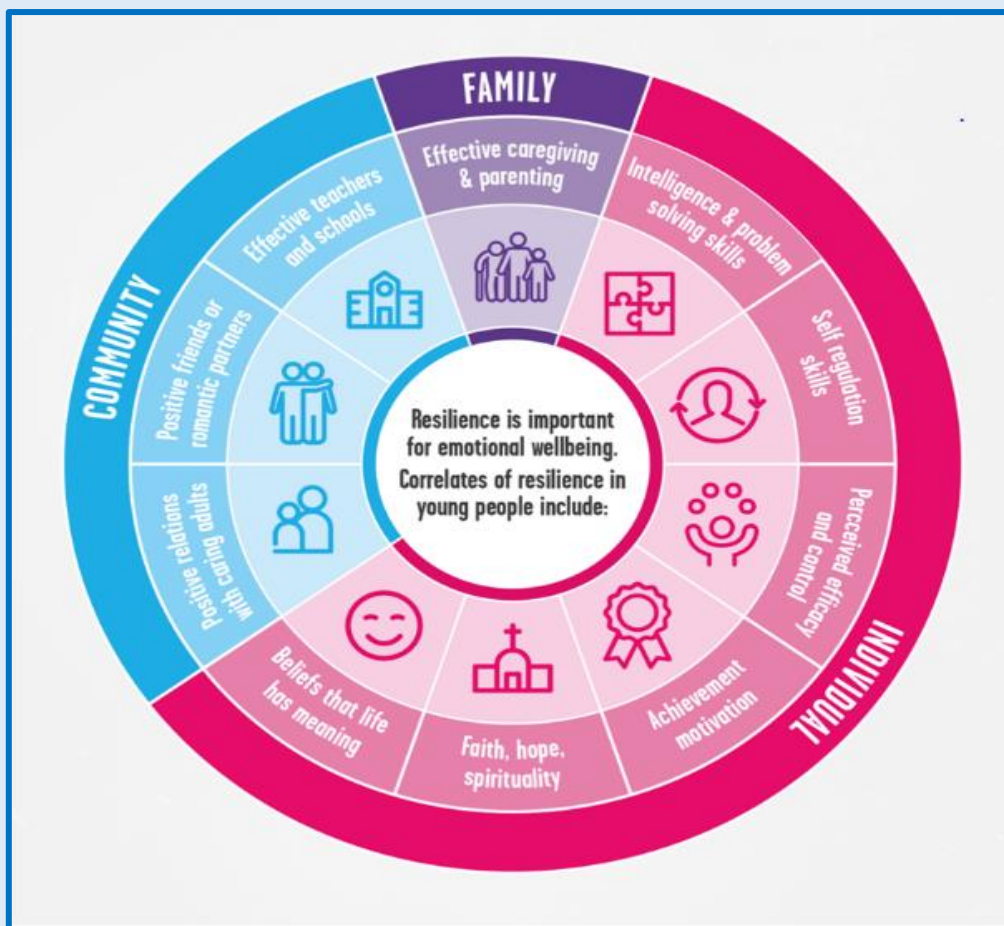


Figure 5 - Public Health England 2016 - Resilience Factors

### Trauma Informed to Trauma Responsive

Becoming Trauma informed is about a whole system approach which requires transformational change within organisations and communities. It is based on the recognition that trauma is widespread and often hidden in our communities, and can lead to poorer long-term health and social outcomes. Trauma informed communities and services do not necessarily seek to treat trauma, but rather are sensitive in their response, seeking to improve the quality of their relationships with people who they encounter. By prioritising safety, choice and emotional connection, they address some of the barriers to accessing care and support which traumatised individuals may experience.

Trauma responsive services will have trained staff who are able to provide psychologically informed interventions which may help to increase the safety and stability of people who

have experienced trauma. This might include psycho-educational work to understand the nature of trauma in group or individual settings, mindfulness and grounding exercises and harm reduction work where there are coping strategies arising out of experiences of trauma. Specialist trauma services includes appropriately qualified and experienced practitioners and therapists who can offer interventions which help individuals to process their traumatic memories and experiences through therapeutic intervention.

**'The work around developing Plymouth as a Trauma Informed City is among the most exciting partnership activities in the city' - Dave Thorne, Commander Plymouth Police & Chair of Safer Plymouth Community Safety Partnership**

## Envisioning a Trauma Informed City

The Trauma Informed Plymouth Network grew from a shared understanding across partnership services that the impact of trauma upon individual people and communities could no longer be ignored. Partly this was in response to a workforce development survey across agencies that identified an awareness of trauma was not only desirable, but indeed essential to address the complexity of those accessing city services.

### **The Plymouth Workforce Development**

**Survey (2018) indicated a very high degree of importance attached to trauma & ACE related topics by staff from across 40 organisations.**

- *Understanding Trauma was identified as of high importance by 83.53% of respondents but only 28% had received any recent training in this area.*
- *Sensitive enquiry into childhood trauma was identified as of high importance by three quarters of respondents but only 15% had received recent training.*
- *Only 8% of respondents had received training around local pathways of provision to support trauma recovery.*

Having been exposed to the evidence of trauma and adversity, professionals had come to accept the science. The challenge was in how to encourage the city strategic systems to share the journey.

## The Plymouth Trauma Lens

In shaping a vision for the city, the Trauma Informed Network worked collaboratively to comprehend the science of trauma and how it related to the local city context, in order to better understand what a trauma informed approach should look like. An essential metaphor emerged that highlighted a shared sense that the world once viewed through the lens of trauma, is transformed and becomes

impossible to ignore. This led to the creation of the *Plymouth Trauma Lens*, as a model that defines and captures the underlying *Principles, Core Values* and supporting *Standards* for a trauma informed city.

## The Principles – The 5Rs of becoming trauma informed

The principles for becoming trauma informed reflects the existing **5Rs** approach that is in common use internationally, in developing trauma informed communities and systems that are able to:

1. **REALISE** - what trauma is and how it can have wide spread impact for individuals, families and communities.
2. **RECOGNISE** – the signs and effects of trauma in individual people, families, groups, and communities. This includes the workforce within organisations that deliver services.
3. **RESPOND** – by integrating knowledge regarding trauma informed approach into policies, procedures and practice.
4. **RESIST** - re-traumatising people and communities by actively seeking to avoid situations where traumatic memories might be re-triggered, and seeking to de-escalate & diffuse potentially traumatic interactions when they occur.
5. **RESILIENCE** – is promoted in supporting individuals and communities to cope with and adapt to adversity, and have the strength to challenge situations where it might occur.

## The Core Values & Standards of a Trauma informed Plymouth

The **5Rs** are the framework that supports the **5 Core Values** for a trauma informed Plymouth, as identified by the Trauma Informed Plymouth Network partnership. These values are enhanced by supporting **Standards** that describe a trauma informed city as one that is

**Safe** and delivers **Person Centred** responses that are **Kind**; in which communities and professionals work **Collaboratively** with each other, and their services users; and are focused on **Empowering** and encouraging each other to innovate and transform culture.

The Plymouth Trauma Lens is intended to be an overarching tool in which the 5 Core Values

and aspirational *Standards* can be applied at the individual level (for people accessing a service or responding to a need), at a team or departmental level, at an organisational, or community level, and at system level. The central premise of the Plymouth approach is that a trauma informed city derives from a person, seeing the world differently through the trauma lens and becoming empowered to make a difference.

## The Plymouth Trauma Lens

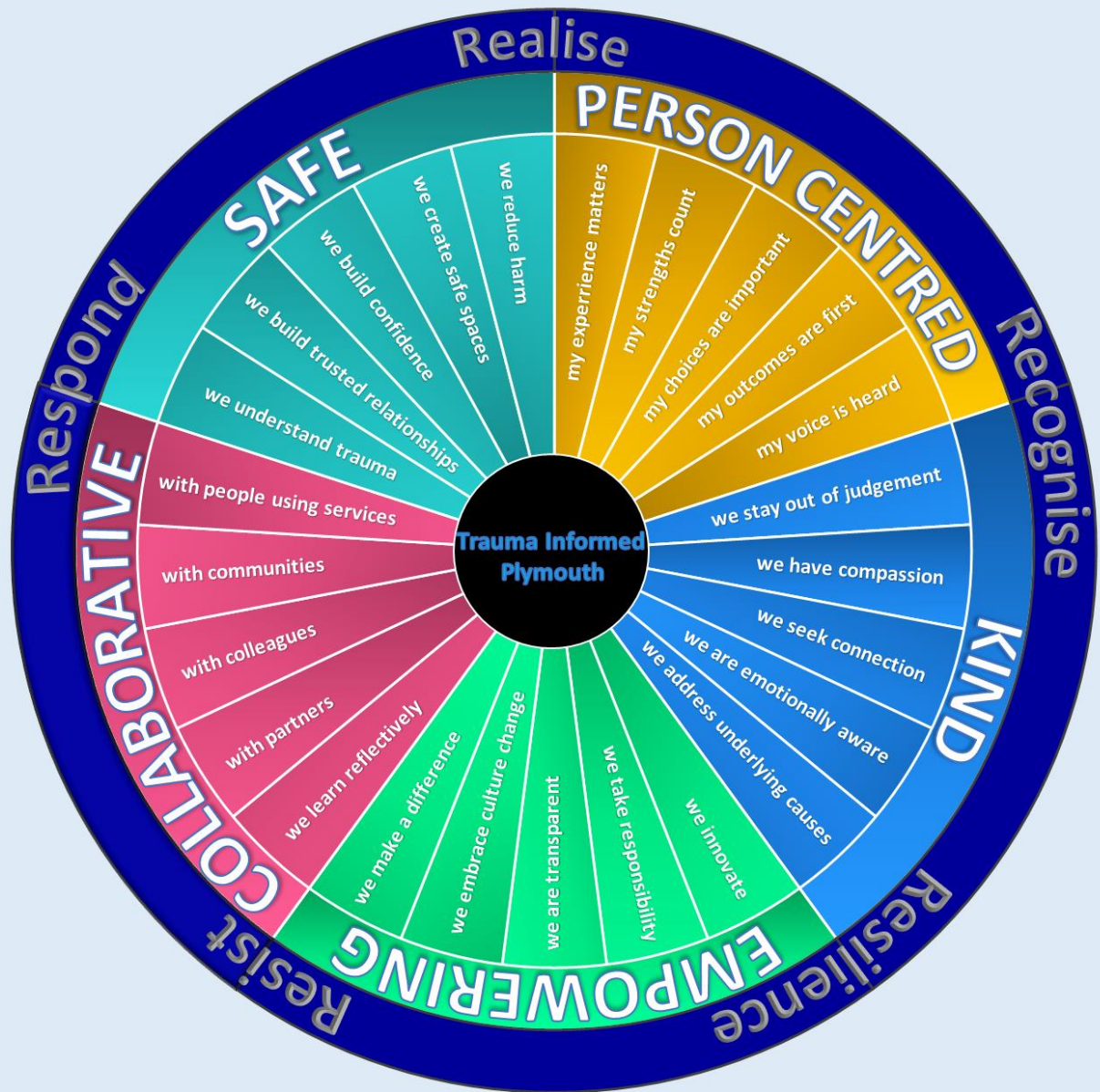


Figure 7 - Produced by Simon Hardwick, Anna Moss & Shelley Shaw for the Trauma Informed Plymouth Network



## Plymouth through the Trauma Lens

### Safe

For people affected, the legacy of developmental trauma, can make the world feel like an uncertain and unsafe place, for a lot of the time. Evidence suggests that trauma can impair the development of higher brain functions, preventing the ability to emotionally self-regulate and locking a person into an anxious, fight, flight, or freeze response. This is particularly the case when a person is confronted with unfamiliar, or new experiences and surroundings.

Key to a trauma informed approach is to recognise this harmful legacy of trauma and to enable those affected by trauma to feel safe. This includes understanding the triggers for anxiety within specific environments, and seeking to reduce the potential for further harm, or re-traumatisation, by creating safe environments that help to alleviate anxiety. A safe place can be as simple as creating the right physical setting where professionals work with people needing their support, or making the choice to meet in a place where they feel comfortable. However, it can be more complex and recognise how a particular context such as a family, a school, or a community may impact positively or negatively on a person's sense of safety.

**'Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people' – Bruce D Perry**

Healing from trauma occurs within the context of relationships, within families and communities, but also with supporting professionals. The role of those relationships is to provide physical and emotional safety and to bolster the courage to tolerate, face and process the reality of what has happened. Safe relationships build confidence, resilience and trust in those affected by trauma. Each

interaction is an opportunity to show someone that they are valued and to help build self-esteem. They require a developed workforce, and an educated community which can realise not only the damaging impact of trauma, but the transformational impact of positive relationships in helping people overcome it.

#### Substance Misuse Pupil Support Training

*As an outcome of partnership work between Secondary Schools, Harbour and Plymouth City Council, the Council commissioned Harbour (with Hamoaze House) to deliver a series of training events aimed at secondary school staff and key partners in 2019. The project aimed to deliver substance misuse focussed learning which embedded ACE awareness and considered a trauma informed approach to dealing with drug and alcohol issues. Using the trauma lens helped us to explore what might be needed to better keep pupils in Plymouth safe through understanding how adversity and toxic stress might make some young people more vulnerable. We also looked at how strong and effective collaboration between schools and key partners could lead to more positive outcomes for our young people.*

A community or workforce which feels safe and resilient is one of the cornerstones of a trauma informed approach, this entails being mindful of the potential impact of vicarious trauma and ensuring effective, compassionate support systems are in place alongside an emphasis on the benefits of self-care.

A sense of safety may take time to develop and people and communities affected by trauma might not respond positively to change at first. New approaches involve a time for transition as changes can be frightening. Creating safety takes time and even when it begins to develop people affected by trauma may still struggle. Becoming trauma informed is not a quick fix, and we will not always get our responses right. We should take some comfort in understanding that safe spaces are ones in which you can make mistakes.

## Person Centred

A trauma informed approach is centred upon a universal precaution that assumes that anyone may be affected by childhood adversity and trauma. This is true for both the users of services, the wider community, but also professionals delivering services.

As we recognise that experiences of trauma can lead to increased anxiety, which in turn may result in challenging or crisis-driven behaviours, our focus needs to shift away from these behaviours and toward the person that requires our help. In considering, *'what has happened to you?'* we acknowledge the deep experience that has affected and marked their life journey.

Yet while we are aware of how trauma can create a negative legacy, we also recognise that those we encounter are continuously surviving it and acknowledge they have strengths, characteristics, and assets that can be built upon. In building trusting relationships

### **Creating a welcoming environment**

*Trevi House have used donations from the public and a bit of creativity to try to ensure bedrooms are welcoming upon arrival and are a place where women can feel safe. We want the first night to be as comfortable as possible.*

*We have appealed for toiletries, so that we can gift products to women when they arrive. We have posters with positive affirmations on the walls, we ask other residents to write out a card welcoming the new arrival. If a child is older, we find out their likes and dislikes in order to personalise the room.*

we need to give people choices in how services will be delivered and focus on the outcomes that best meet their needs, rather than those that enable an agency or service outcome to be delivered.

A trauma informed approach is about connecting with hearts and minds. While it is important to respond from a position of knowledge, expertise and evidence, we should be careful to not discount the expertise that comes from living with, or closely supporting people who have suffered trauma. There should be a deeper appreciation of how families, community groups, and third sector organisations can be specialists from experience, and as a result may offer strengths & skills that services cannot provide when seeking to frame a response to a person or community affected by adversity.<sup>9</sup>

**'We readily feel for the suffering child, but cannot see the child in the adult who, his soul fragmented and isolated, hustles for survival a few streets away from where we shop or work' – Gabor Mate**

A person-centred approach also recognises the importance of wellbeing within our workforce. It understands how they may be affected by their own experience of trauma, and that of their clients. It recognises that trauma is not about 'them', but about 'us', and gives a voice to those that have experienced trauma.

To develop a person, a team, an agency, a community or a system that meets the needs of those who are affected by trauma, is to make a shift to becoming fully person centred, with efforts made to listen to what is important in the narrative of the individual, should they chose to share this, rather than what fits our service criteria or objective. In doing so not only do we become safer and more compassionate towards those who have experienced trauma, we become a better, more relationship focused service, or community for those who have not.

To be person centred means working with individuals and communities on their priorities, starting where they are at and facilitating the lightening of their load.

<sup>9</sup> This was identified within a consultation with Devon & Cornwall Police - Independent Advisors Group (IAG) at their

annual conference at Buckfast Abbey on 13.02.18. Independent Advisors represent a wide-range of diverse communities and those within protected characteristics groups.

## Kind

For those affected by trauma, building stable social and emotional attachments can be difficult. If the world can feel an unsafe place, so too can the people you encounter within it. Meeting new people and engaging with unknown professionals can trigger great anxiety, or awaken difficult sensory memories, even if they are there to help. People affected by trauma can become closed-down and withdrawn, appear resistant, or otherwise overly compliant as they struggle to manage these unfamiliar encounters.

### Child Centred Policing

*Devon & Cornwall Police within Plymouth have created a Child Centred Policing Team that seeks to put the child first in any policing intervention. The team is starting to integrate the principles & values of a trauma informed approach; developing empathetic responses to children in crisis, or at risk of offending, in order to build better relationships & identify opportunities for prevention. The police are also working collaboratively with the Zebra Collective, The Trauma Informed Plymouth Network, the Police & Crime Commissioner, and colleagues within the Alliance Prevention Directorate, to design & deliver an innovative workforce CPD programme that will train some frontline police staff in trauma informed practice. They will be empowered to develop trauma informed responses to policing situations, while upskilling their teams to embed culture change.*

The relationships we seek to establish can provide physical and emotional safety for those who have experienced trauma, including safety from feeling shamed, admonished or judged. A critical aspect of a trauma informed approach is about staying out of judgment, and allowing natural consequences to follow from challenging behaviours rather than being punitive in our response. Even when we are required to hold people to account we should do so with compassion, with a view to maintaining a positive relationship.

In seeking to create a meaningful connection with someone for whom relationships may be immensely challenging we should be driven by empathy. This involves perspective taking, connecting with the experience of those who use our services, while acknowledging how our own difficult experiences of trauma might be evoked. We need to recognise that in the challenging behaviours and emotions we encounter in others, what we see on the surface might not reflect the deeper and more vulnerable emotions inside. We need to understand that behaviour is a form of communication and when we encounter anger, aggressive and impulsive actions in those who have experienced trauma, often the underlying emotions are fear and anxiety.

**'I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship' – Brené Brown**

For some people who have experienced trauma, their ability to manage competing demands or expectations placed upon can be immensely challenging. With this awareness we can continue to hold the person in mind even when their conduct may be difficult to deal with, yet needs to be addressed. We can resist being behaviour focused and seek to identify why someone finds themselves in difficulty.

Having empathy, or simply being kind, is a crucial factor in fuelling connection and creating wellbeing. It should be the basis of all of our relationships, not only those with users of our services, but also with our colleagues and peers, with those we supervise, and also with our partners and our communities.

## Collaborative

Becoming trauma informed is to become both person and relationship focused. As such it is about working together and collaborating to achieve the best possible actions for those who use our services. When people have experienced trauma they may struggle to engage with us, feel invisible, or have difficulty in regulating feelings regarding a loss of power and control. They need people to accompany them on their journey, to establish trusted relationships, help them find their voice, and to empower them to make choices for themselves.

Being collaborative is also about being mindful of how our colleagues in other parts of our agency are seeking to deliver services, and ensuring a properly joined-up and consistent approach. In the same manner, where our partners in agencies or communities are already engaged, we need to make sure that we understand each other's purpose and the potential strength of an integrated approach. This requires mutual trust, and a recognition that others may have the most trusted relationship through which we might better achieve the outcomes we desire.

### *Plymouth Care Journeys*

*Collaboration is central to the Barnardo's approach within Plymouth. Working from a position as to 'who is best placed to support this young person' Barnardo's is relationship focused, seeking to mentor and guide other professionals, such as youth workers, teachers and police officers to build effective relationships with young people and their families. Barnardo's are involved in an exciting and creative partnership with Plymouth City Council to transform Care Journeys for young people in care within Plymouth. Barnardo's has a mission to work collaboratively with young people and their families. They are passionately committed to standing alongside those who use their services and ensuring their voice of experience is always heard.*

Being trauma informed recognises that our own agencies and our multi-agency systems can also traumatise, particularly when multiple professionals are involved with a person or a family. A true partnership approach should seek to resist re-traumatisation; by seeking the most proportionate and least intrusive interventions; avoiding where possible a narrow focus on single-agency outcomes; and focusing instead upon a fully coordinated, integrated and compassionate response in order to help people feel safe and supported. We should also avoid a 'one-size fits all' approach to delivering our services.

**'Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek' – Barack Obama**

Collaboration is also about understanding the perspective of our partners and recognising their experience. It is about learning together reflectively; sharing skills and allowing best practice to be shared; while challenging each other with consideration to enable excellence to flourish.

## Empowering

A deep experience of trauma may leave people feeling like they have no control and as a result they can become disempowered. A response to an unsafe and scary world might be to avoid situations that cause anxiety, or seek to manage them in order to minimise the fear they invoke. In creating a sense of safety, being focused on the person, creating connection through empathy, and collaborating with people to achieve the best outcomes for them, we seek to be empowering, helping them to build resilience to support healing and move forward with hope.

Trauma informed teams, departments, communities and agencies have at their heart trauma informed people. In becoming trauma informed people are able to recognise they can make a difference to the people they work

with. In working with others we become empowered to make a difference. With this understanding we can start to take personal responsibility and identify new ways of working within our teams so that we can begin to transform our culture, step by step, and layer by layer.

**Compassionate Plymouth**

*In 2017 the Compassionate Plymouth movement was founded linking the city to nearly 500 compassionate cities across the globe. The movement is centred on a journey to a greater culture of compassion, empathy inclusion, and unity. The movement has worked with the Anne Frank Trust to bring its schools programme to the city and delivered an Empathy in Schools pilot. They have achieved funding from the Esme Fairbairn Foundation to deliver workshops to groups, organisations and businesses interested in becoming Compassionate Plymouth partners.*

**'Relational trauma requires relational repair' – Dr Karen Triesman**

Understanding that the principles of a trauma informed approach are not just for *them* but for *us*, we should embrace the change we wish to see in our organisations and communities. We should dare to innovate to find more effective ways to meet the needs of others and deliver the outcomes they require, and at the same time be open and transparent when things do not work as well as we would like. Becoming empowered is about being inspired to see a different picture; having the courage to embrace change; becoming fully self-aware; being energized to face the challenges; and being emboldened by a renewed sense of shared purpose.

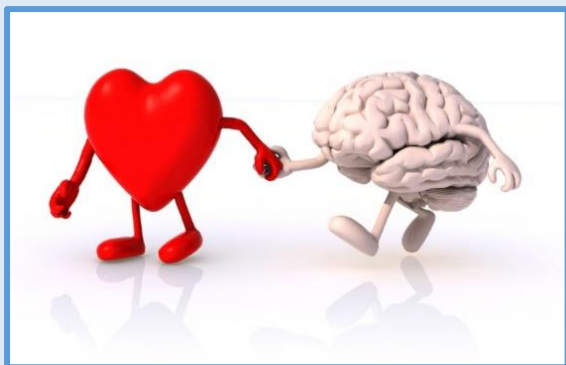
**Plymouth Learning Partnership (PLP)**

*In March 2018 the PLP held an ACE conference for schools where Dr Warren Larkin outlined the case for trauma-informed practice, and a need to be more radically prevention focused in addressing childhood adversity. This was supplemented in January 2019 with a follow up visit, in which Warren worked with schools to further raise ACE awareness and help them understand how in becoming trauma informed, schools can become a vital 'buffer' to children experiencing adversity, and help increase resilience. A workshop with the Trauma Informed Plymouth Network also explored how trauma sensitive system change can be enacted. PLP continues to raise awareness of ACEs by facilitating viewings of the film 'Resilience: the Biology of Stress and the Science of Hope', and discussion around ACEs for school staff. The Multi-Agency Support Team (MAST) continues to provide holistic, timely and evidenced-based interventions to support children and families experiencing adversity. 'Kid's Time' is a weekly programme where families that have a parent affected by mental illness, come together to support each other and build resilience. PLP also continues to support Operation Encompass which supports children in school when they have experienced domestic abuse.*

**Engaging Hearts & Minds - The Next Steps**

The Trauma Informed Plymouth Network has identified that a trauma informed approach is fundamentally a matter of community safety, and health & wellbeing. Trauma is most frequently experienced by people as violence, abuse, neglect and exploitation, within their families, their groups, or their communities. Addressing these themes is to confront the causes of traumatic experience and this requires a system-wide response that utilises every opportunity to educate, intervene, and prevent harm at individual, group, and community level.

Developing a trauma informed city is fundamentally about engaging hearts and



minds to begin a journey of culture change; using the trauma lens to see the city landscape differently, and collectively embrace the prevention opportunity that is presented.

From the outset, the Trauma Informed Plymouth Network has placed a great value on emotional connection, creative thinking and empowering those involved. The group came together through people sharing values and therefore identifying the values of a trauma informed approach soon became a central focus.

The Network has already started to engage local partners within education, health & mental health, criminal justice, adult and

children’s safeguarding, in voluntary & community sectors, and of course community safety. It is also developing relationships to strategic leaders involved in community safety across greater Devon and within neighbouring areas and cities.

The **5Rs Principles**, the **5 Core Values**, and their accompanying **Standards**, offer a unifying narrative for a trauma informed city. It is proposed that this document and these values become the starting point for a wider conversation across city agencies and systems about how we might become better connected, efficient, preventative and aspirational in how we respond to communities in delivering services.

**Leadership Collaboration** is required within agencies from across statutory, non-statutory, voluntary, community and commercial sectors to consider if they can coalesce around the shared vision outlined within this approach.

To facilitate this the following activity can now be considered, using the TASC model developed by Dr Warren Larkin:

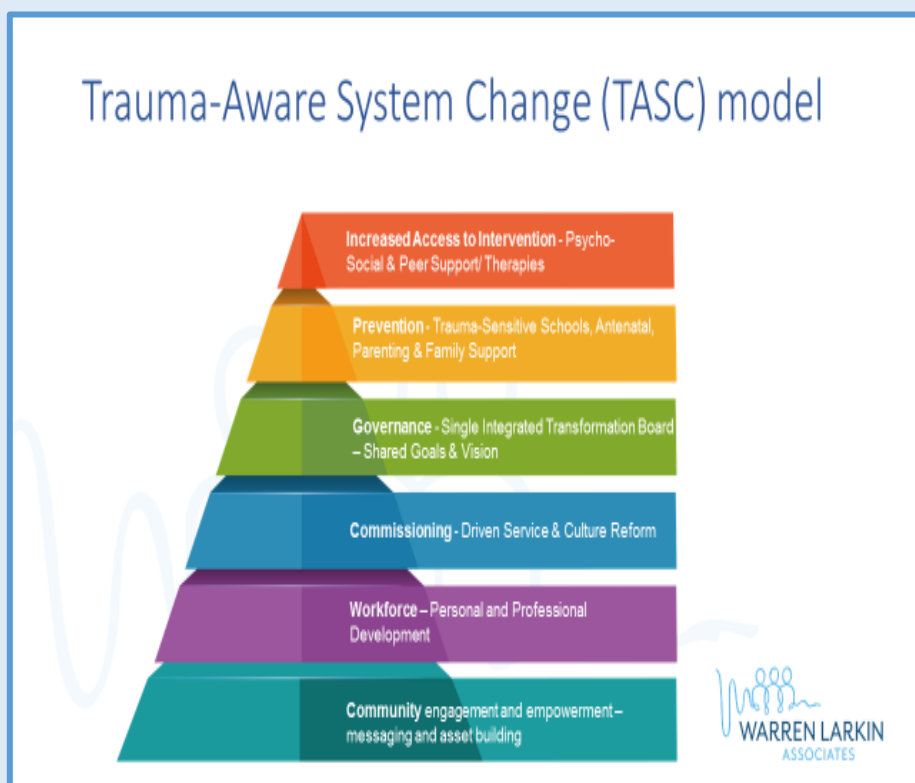


Figure 8 - Dr Warren Larkin –Warren Larkin Associates

- **Community Engagement** – Working with Plymouth communities to raise awareness around how trauma can affect people; help build their capacity for resilience; increase community confidence to challenge their own culture with regard to how and why adversity is experienced.
- **Workforce** – The learning from other areas and the local city workforce survey identifies a need for agencies and systems to be better joined up and share a common language. The Principles and Common Values offer this opportunity and the first step is to map how this might be achieved through existing training delivery.
- **Commissioning** – Across-system commissioning needs to be engaged as an essential opportunity to create a trauma sensitive Plymouth that works across the prevention cycle to stop adversity, respond to trauma, and prevent systematic re-traumatisation.
- **Governance** – Needs to be established for the Trauma Informed city work moving forward. It is suggested this should be within the Strategic Health & Wellbeing Board. The Trauma Informed Plymouth Network while still developing, can be a useful operational delivery partnership.
- **Prevention** – All partnership systems need to understand the impact of adversity and plan how to respond and prevent to reduce risk of intergenerational transfer.
- **Increased access to intervention** – Support delivered must be focused on the whole person and family and address the underlying causes of behaviours, starting with what is important to the person.

### **Thanks to:**

*All the members of The Trauma Informed Plymouth Network for embracing the opportunity to work creatively, collaboratively, and being courageous enough to step outside of the 'system' to shape a shared vision. Your patience, positive feedback and challenging suggestions were critical in producing this shared manifesto.*

*The Safer Plymouth Community Safety Partnership, for supporting the network and bravely undertaking to become a trauma informed system. We will safely make mistakes together so others can benefit from our learning!*

*Also to NSPCC Plymouth, Plymouth City Council, Stoke Damerel Community College, and Plymouth Learning Partnership for hosting the Network meetings and providing tea & coffee.*

*Dr Warren Larkin & Plymouth Excellence Cluster for providing a workshop to think about Trauma Informed System Change.*

### **Special thanks to:**

**Anna Moss** – Harbour Centre Plymouth

**Shelley Shaw** – NSPCC Plymouth (Together for Childhood)

**Simon Hardwick** – Inspector D&C Police (editor)

*For their shared work in creating this approach document, The Plymouth Trauma Lens & its accompanying narrative, and for the numerous edits & redactions required to produce this approach document.*

**Cover Image** – 'You are not Alone', by **Helen Townsend** for Inner World Work. This is an online trauma informed resource that provides free resources. [www.innerworldwork.co.uk](http://www.innerworldwork.co.uk)





**HEALTH AND WELLBEING BOARD**

Work Programme 2019 - 2020



<b>Date of meeting</b>	<b>Agenda item</b>	<b>Responsible</b>
<b>11 July 2019</b>	NHS Long Term Plan	
	Plymouth Plan	Rob Nelder
	Trauma Informed approach/network	
<b>3 October 2019</b>	Director of Public Health Annual Report	Ruth Harrell
	Mental Health Programme Plan	Lin Walton/Anna Coles
	Local Care Partnership – Progress Report	Craig McArdle/Anna Coles
	Safeguarding Adults Board Annual Report	Andy Bickley
<b>9 January 2020</b>	Update from Safer Plymouth Partnership	Matt Garrett
<b>12 March 2020</b>	Outcomes Framework – Progress Report	Rob Sowden/Anna Coles
	Local Care Partnership – Progress Report	Craig McArdle/Anna Coles
<b>Items to be scheduled</b>	Sexual Violence	Laura Griffiths
	Health Protection Report	Ruth Harrell
	SEND Access	Judith Harwood
	Working Together Update	Judith Harwood

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