



Oversight and Governance

Chief Executive's Department

Plymouth City Council

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Delegated Decisions

Delegated Executive/Officer Decisions

Delegated Executive and Officer decisions are published every Wednesday and are available at the following link - <https://tinyurl.com/ms6umor>

Cabinet decisions subject to call-in are published at the following link - <http://tinyurl.com/yddrql6>

Notice of call-in for non-urgent decisions must be given to the Democratic Support Unit by 4.30 pm on Wednesday 16 June 2021. Please note – urgent decisions and non-key Council Officer decisions cannot be called in. Copies of the decisions together with background reports are available for viewing as follows:

- on the Council's Intranet Site at <https://modgov/mgDelegatedDecisions.aspx>
- on the Council's website at <https://tinyurl.com/jhnax4e>

The decisions detailed below may be implemented on Thursday 17 June 2021 if they are not called-in and the Urgent Decision - Integrated Care Partnership can be implemented immediately.

Delegated Decisions

1. Councillor Nick Kelly - The Leader

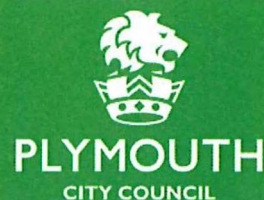
- I.a Changes to Garden Waste Collection Services **(Pages 1 - 14)**
- I.b Reversal of HWRC Disposal Charges **(Pages 15 - 28)**
- I.c Waste Container Delivery Charges **(Pages 29 - 40)**
- I.d Hoe Foreshore Repairs **(Pages 41 - 46)**

2. Councillor Patrick Nicholson - Deputy Leader

- 2.a Integrated Care Partnership **(Pages 47 - 70)**

EXECUTIVE DECISION

made by a **Cabinet Member**



REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY AN INDIVIDUAL CABINET MEMBER

Executive Decision Reference Number – LI 21/22

Decision				
1	Title of decision: Changes to Garden Waste Collection Service			
2	Decision maker (Cabinet Member and portfolio): Councillor Nick Kelly, Leader of the Council			
3	Report author and contact details: Andy Sharp, Head of Business Improvement. Contact Andy.Sharp@plymouth.gov.uk			
4	Decision to be taken: The Leader has decided to deal with this matter personally and to approve the following: <ul style="list-style-type: none"> • Extension of the Garden Waste Collection Service period for a further month. • Cessation of the requirement for households to register annually for the Garden Waste Collection Service. 			
5	Reasons for decision: These changes are part of the commitments that the administration has identified to provide improvements across this service which has been identified as important to residents, visitors and businesses. It has been prioritised for action within the first 100 days of the new administration			
6	Alternative options considered and rejected: Do nothing options for each of the approvals included within this Executive Decision were considered and discounted because they will not improve the service which has been identified as a need.			
7	Financial implications: The total annual financial cost to extend the Garden Waste Collection Service for a month is estimated to be £44,274. There may also be further unquantified costs resulting from the removal of the annual Garden Waste registration requirement arising from decreased operational efficiencies. It is agreed that the full cost of this decision will be met from within budgets already allocated. Accordingly it is acknowledged that adjustments will be made to other budget heads to accommodate these extra costs and that this process will have been completed within 4 weeks from the date of this decision record.			
8	Is the decision a Key Decision? (please contact <u>Democratic Support</u> for further advice)	Yes	No	Per the Constitution, a key decision is one which: in the case of capital projects and contract awards, results in a new
			X	

				commitment to spend and/or save in excess of £3million in total
			X	in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1million
			X	is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.
	If yes, date of publication of the notice in the Forward Plan of Key Decisions			
9	Please specify how this decision is linked to the Council's corporate plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget:		The approvals align with the Corporate Plan's stated value of being Democratic. The changes contained within this Executive Decision form part of the commitments that have been prioritised for action within the first 100 days of the new administration.	
10	Please specify any direct environmental implications of the decision (carbon impact)		Section 2.2 of the Briefing Paper sets out the environmental implications of the decision linked to reducing car journeys to the HWRC by extending the collection season.	
Urgent decisions				
11	Is the decision urgent and to be implemented immediately in the interests of the Council or the public?		Yes	(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)
			No	X (If no, go to section 13a)
12a	Reason for urgency:			
12b	Scrutiny Chair Signature:		Date	
	Scrutiny Committee name:			
	Print Name:			
Consultation				
13a	Are any other Cabinet members' portfolios affected by the decision?		Yes	X
			No	(If no go to section 14)
13b	Which other Cabinet member's portfolio is affected by the decision?		Councillor Maddi Bridgeman, Cabinet Member for Environment and Street Scene.	

13c	Date Cabinet member consulted	28 May 2021						
14	Has any Cabinet member declared a conflict of interest in relation to the decision?	Yes		If yes, please discuss with the Monitoring Officer				
		No	X					
15	Which Corporate Management Team member has been consulted?	Name	Anthony Payne					
		Job title	Strategic Director for Place					
		Date consulted	28 May 2021					
Sign-off								
16	Sign off codes from the relevant departments consulted:	Democratic Support (mandatory)	DS05 21/22					
		Finance (mandatory)	ba.21.22.23					
		Legal (mandatory)	lt/36773/2021					
		Human Resources (if applicable)						
		Corporate property (if applicable)						
		Procurement (if applicable)						
Appendices								
17	Ref.	Title of appendix						
	A	Briefing Report: Changes to the Garden Waste Collection Service						
	B	Equalities Impact Assessment: Changes to the Garden Waste Collection Service						
Confidential/exempt information								
18a	Do you need to include any confidential/exempt information?	Yes		If yes, prepare a second, confidential ('Part II') briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below. (Keep as much information as possible in the briefing report that will be in the public domain)				
		No	X					
		Exemption Paragraph Number						
		1	2	3	4	5	6	7

18b	Confidential/exempt briefing report title:						
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Background Papers

19 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. 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.

Title of background paper(s)	Exemption Paragraph Number						
	1	2	3	4	5	6	7

Cabinet Member Signature

20 I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given 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. For further details please see the EIA attached.

Signature		Date of decision	8 June 2021
Print Name	Cllr Nick Kelly, Leader of Plymouth City Council		

BRIEFING REPORT

Changes to the Garden Waste Collection Service



I. EXECUTIVE SUMMARY

This paper sets out in more detail the information set out in the Executive Decision. These changes fulfil commitments set out in the new Administration's first 100 day plan.

The requirement for an annual household registration for the Garden Waste Collection Service was implemented following an Executive Decision published in October 2019¹. This initial registration was for the 2020 season, the operation of which was severely impacted by the coronavirus pandemic. A further registration was undertaken in late 2020 onwards as part of the transition to a wheelie bins.

Commitment Ref:	Commitment	Executive Decision required	Further points of clarification
84	We will extend the green garden waste collection period including bags and go back to fortnightly collections.	Extension of the Garden Waste Collection Service period for a further month.	For the 2021 season this will mean that the service will operate until the end of November. Fortnightly collections are already undertaken.
85	We will scrap the need to register EVERY year for the green garden waste collection service	Cessation of the requirement for households to register annually for the Garden Waste Collection Service.	Households will still need to register to commence using the Service for the first time and will be asked to inform the Council if they wish to cease receiving the service or they move house.

2. IMPLICATIONS OF EXECUTIVE DECISION ELEMENTS

2.1 FINANCIAL

The total annual financial cost of implementing the changes set out in this Executive Decision is estimated to be £44,274. This is the cost for extending the Garden Waste Collection Service for a further month. There may also be further unquantified costs resulting from the removal of the Garden Waste registration requirement arising from decreased operational efficiencies.

Further information is provided against each element in the section headings below.

2.1.1 Extension of the Garden Waste Collection Service period for a further month.

The weekly cost of extending the service to Plymouth residents is estimated to be £10,225. This cost is made up of temporary staffing costs, disposal costs, fuel and additional vehicle maintenance. This amount has been multiplied by 4.33 to allow for a monthly cost, which equals £44,274.

¹ [Decision - Garden Waste Kerbside Collection - Online Registration - Modern Council \(plymouth.gov.uk\)](https://www.plymouth.gov.uk/decisions/garden-waste-kerbside-collection-online-registration-modern-council)

2.1.2 Cessation of the requirement for households to register annually for the Garden Waste Collection Service.

Prior to the initial registration in 2019, the Garden Waste Service was very inefficient as crews had to search streets for containers to collect, which frequently led to missed collections. Registration has enabled rounds to be optimised, which has improved service efficiency and helped reduce instances of missed bins. The removal of annual registration may over time reduce accuracy of data and lead to greater inefficiencies, however this can't be quantified in monetary terms at this stage.

2.2 ENVIRONMENTAL & OPERATIONAL

It is widely accepted that climate change has led to the extension of the growing season beyond historical norms. Whilst we will continue to encourage residents to home compost, changes to the garden-waste collection service will provide residents with assistance in depositing green waste for a further month. This will lead to a reduction in excessive journeys to HWRCs, which will result in a reduction in carbon emissions through optimised service collection routes – assuming accurate data sets are maintained.

3. DECISION SUMMARY

The Leader of the Council, Nick Kelly, is to approve the following:

- Extension of the Garden Waste Collection Service period for a further month.
- Cessation of the requirement for households to register annually for the Garden Waste Collection Service.

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EQUALITY IMPACT ASSESSMENT

Street Scene and Waste – Waste Disposal Service Changes



STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?	Extension of the Garden Waste Collection Service period for a further month. Cessation of the requirement for households to register annually for the Garden Waste Collection Service.
Author	Andy Sharp
Department and service	On Behalf of Street Scene & Waste - Waste Collection
Date of assessment	1 June 2021

STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	We do not have a detailed age profile of our customers from our surveys but 2011 Census data the % of the population represented by age is as follows; 0-4 years – 6% 5-9 years – 5% 10 -14 years – 5% 15-19 yrs. – 7%	No adverse impact is anticipated	NA	NA

	<p>20 -24 yrs. – 10%</p> <p>25 -29 yrs. - 7%</p> <p>30 -34% - 6%</p> <p>35 -39 – 6%</p> <p>40 -44 yrs. – 7%</p> <p>45 -49 yrs. – 7%</p> <p>50 -54 - 6%</p> <p>55-59 yrs. – 5%</p> <p>60 -64 yrs. – 6%</p> <p>65 – 69 yrs. – 6%</p> <p>70- 74 yrs. – 4%</p> <p>75 -79 yrs. – 3%</p> <p>80-84 yrs. – 2%</p> <p>85+ -2%</p> <p>23% are 19 years or younger</p> <p>43% are 19 -49 years</p> <p>17% are 50 to 64 years</p> <p>17% are 65 years plus</p>			
Disability	<p>30,000 people in Plymouth will have some form of Mental Health issue. 0.8 % (2118) of those registered with a GP as listed on the Mental Health register.</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>

	<p>A total of 31,164 (28.5% of households) people declared themselves as having a long term disability in the 2011 Census. This is compared to the national average of 27.7%.</p> <p>10% of Plymouth's population have their day to day activities limited by a long term disability or long term health problem</p> <p>1224 adults currently registered with a GP in Plymouth have some form of learning disability</p>			
<p>Faith/religion or belief</p>	<p>58.1% (148,917) people identify themselves as Christian. This has decreased from 73.6% reported in 2001</p> <p>32.9% of the population stated that they had no religion</p> <p>Those stating Hindi, Buddhist, Sikh, or Jewish religion totalled less than 1% combined</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>
<p>Gender - including marriage, pregnancy and maternity</p>	<p>Overall 50.6% of the population of Plymouth are women and 49.4% are men. This reflects the national figure of 50.8% women and 49.2% men.</p> <p>There were 3280 births in 2011. Birthrate trends have</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>

	<p>been on the increase since 2015.</p> <p>Areas with the highest Birthrate are;</p> <p>Stonehouse 142</p> <p>Whitleigh 137</p> <p>Devonport 137</p> <p>Of residents aged 16 or over 90,765 (42.9%) are married 5,190 (2.5%) are separated and still legally married or legally in a same sex civil partnership</p>			
Gender reassignment	<p>There are no official estimates for gender reassignment at either a national or local level. However in a Home Office funded study (GIREs, Gender Identity Research and Education Society) estimated that between 3000,000 and 500,000 are experiencing some degree of gender variance nationally. If we apply this to Plymouth this equates to between 1,200 and 2000 adults.</p>	No adverse impact is anticipated	NA	NA
Race	<p>92.9 of Plymouths population identify themselves as White British</p> <p>7.1% identify as Black and Minority Ethnic (BME)</p> <p>White (other) 2.7 %</p> <p>Chinese (0.5%)</p> <p>Other Asian (0.5%)</p>	No adverse impact is anticipated	NA	NA

	Our recorded BME population rose from 3% in 2001 to 6.7% in the 2011 census.			
Sexual orientation - including civil partnership	There is no definitive data on sexual orientation at a local or national level, however a recent estimate from 2015 ONS Annual Population Survey (APS) suggests that; 1.7% of UK is LGB. This equates to just over 3,600 people in Plymouth	No adverse impact is anticipated	NA	NA

STAGE 3: ARE THERE ANY IMPLICATIONS FOR THE FOLLOWING? IF SO, PLEASE RECORD ACTIONS TO BE TAKEN

Local priorities	Implications	Timescale and who is responsible
Reduce the gap in average hourly pay between men and women by 2020.	n/a	NA
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	It is not anticipated that there will be any implications involving hate crime incidents as a result of the proposed changes.	NA
Good relations between different communities (community cohesion)	It is not anticipated that there will be any implications involving the relations between communities as a result of the proposed changes.	NA
Human rights Please refer to guidance	It is not anticipated that there will be any implications involving human rights as a result of the proposed changes.	NA

STAGE 4: PUBLICATION

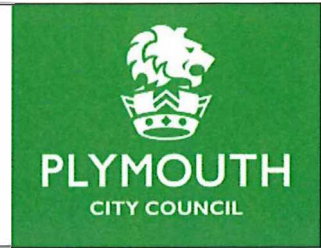
Responsible Officer: Philip Robinson

Date: 2 June 2021

Service Director

EXECUTIVE DECISION

made by a **Cabinet Member**



REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY AN INDIVIDUAL CABINET MEMBER

Executive Decision Reference Number – L2 21/22

Decision				
1	Title of decision: Reversal of charges for non-household waste at the Household Waste and Recycling Centre.			
2	Decision maker (Cabinet Member and portfolio): Councillor Nick Kelly, Leader of the Council			
3	Report author and contact details: Andy Sharp, Head of Business Improvement. Contact Andy.Sharp@plymouth.gov.uk			
4	Decision to be taken: The Leader has decided to deal with this matter personally and to approve the cessation of charges for the disposal of non-household waste at the Household Waste and Recycling Centre (HWRC).			
5	Reasons for decision: This change is one of the commitments that the administration has identified to provide improvements across this service which has been identified as important to residents, visitors and businesses. It has been prioritised for action within the first 100 days of the new administration			
6	Alternative options considered and rejected: A do nothing option was considered and discounted because there is an identified commitment to improve services in this area and meet the Manifesto commitment referred to in Section 5.			
7	Financial implications: The total annual financial cost of implementing the changes set out in this Executive Decision is estimated to be £130,000 from the cessation of HWRC non-household waste disposal charges. It is agreed that the full cost of this decision will be met from within budgets already allocated. Accordingly it is acknowledged that adjustments will be made to other budget heads to accommodate these extra costs and that this process will have been completed within 4 weeks from the date of this decision record.			
8	Is the decision a Key Decision? (please contact Democratic Support for further advice)	Yes	No	Per the Constitution, a key decision is one which: in the case of capital projects and contract awards, results in a new commitment to spend and/or save in
			X	

				excess of £3million in total
			X	in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1million
			X	is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.
	If yes, date of publication of the notice in the <u>Forward Plan of Key Decisions</u>			
9	Please specify how this decision is linked to the Council's corporate plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget:		The proposal aligns with the Corporate Plan's stated value of being Democratic. The changes contained within this Executive Decision were clearly set out in the current Administration's commitments for action within the first 100 days.	
10	Please specify any direct environmental implications of the decision (carbon impact)		Section 2.2 of the Briefing Paper sets out the environmental implications and opportunities which relate to reducing, recycling and reusing waste materials in the City, alongside reducing the risk of flytipping incidents.	
Urgent decisions				
11	Is the decision urgent and to be implemented immediately in the interests of the Council or the public?		Yes	(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)
			No	X (If no, go to section 13a)
12a	Reason for urgency:			
12b	Scrutiny Chair Signature:		Date	
	Scrutiny Committee name:			
	Print Name:			
Consultation				
13a	Are any other Cabinet members' portfolios affected by the decision?		Yes	X
			No	(If no go to section 14)
13b	Which other Cabinet member's portfolio is affected by the decision?		Councillor Maddi Bridgeman, Cabinet Member for Environment and Street Scene.	

13c	Date Cabinet member consulted	28 May 2021						
14	Has any Cabinet member declared a conflict of interest in relation to the decision?	Yes	<input type="checkbox"/>	If yes, please discuss with the Monitoring Officer				
		No	<input checked="" type="checkbox"/>					
15	Which Corporate Management Team member has been consulted?	Name	Anthony Payne					
		Job title	Strategic Director for Place					
		Date consulted	28 May 2021					
Sign-off								
16	Sign off codes from the relevant departments consulted:	Democratic Support (mandatory)	DS06 21/22					
		Finance (mandatory)	ba.21.22.24					
		Legal (mandatory)	It/36775/040621					
		Human Resources (if applicable)	080621KAB					
		Corporate property (if applicable)						
		Procurement (if applicable)						
Appendices								
17	Ref.	Title of appendix						
	A	Briefing Report: Reversal of HWRC disposal charges						
	B	Equalities Impact Assessment: Reversal of HWRC disposal charges						
Confidential/exempt information								
18a	Do you need to include any confidential/exempt information?	Yes	<input type="checkbox"/>	If yes, prepare a second, confidential ('Part II') briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below. (Keep as much information as possible in the briefing report that will be in the public domain)				
		No	<input checked="" type="checkbox"/>					
		Exemption Paragraph Number						
		1	2	3	4	5	6	7

18b	Confidential/exempt briefing report title:						
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Background Papers

19 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. 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.

Title of background paper(s)	Exemption Paragraph Number						
	1	2	3	4	5	6	7

Cabinet Member Signature

20 I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given 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. For further details please see the EIA attached.

Signature		Date of decision	8 June 2021
Print Name	Cllr Nick Kelly, Leader of Plymouth City Council		

BRIEFING REPORT

Reversal of HWRC Disposal Charges



1. EXECUTIVE SUMMARY

This paper sets out in more detail the information set out in the Changes to Waste Services Executive Decision. These changes fulfil commitments set out in the new Administration's first 100 day plan.

Commitment Ref:	Commitment	Executive Decision required	Further points of clarification
86	We will scrap the charges to dispose of soil & rubble for local residents at Chelson Meadow.	Cessation of charges for the disposal of non-household waste at the Household Waste and Recycling Centre (HWRC).	This decision will remove all charges for the disposal of any type of non-household waste at the HWRC.

2. IMPLICATIONS OF EXECUTIVE DECISION ELEMENTS

2.1 FINANCIAL

The business case accompanying the Executive Decision to implement charges, which commenced on 26 January 2021¹, forecast an overall annual budget improvement of £130,000 compared to 2019/20. This forecast was the net position after taking into account the following: the reduction in Council onward disposal costs due to the anticipation of significant reductions in materials presented by residents; the income from charges; and finally the costs of implementing the changing including staffing, capital works and payment charges.

The latest forecasts demonstrate that £130,000 can be recorded as the ongoing annual financial impact of ceasing the charges.

This is based upon the following data and intelligence:

- **Income:** From the date of implementation to the end of May 2021 we have generated a total net income of £39,284 which if projected forward for a full year, and allowing for a reducing trend as more residents become aware of the charges, would broadly meet the original business case estimate of £101,000 annual net income within a tolerance of 10%.
- **Disposal costs to the Council:** The business case which accompanied the Executive Decision published in December 2020 assumed the charges would result in an 80% reduction in tonnages for the relevant materials at the HWRC and therefore lead to a saving in our disposal costs. This was based upon the experience of neighboring Local Authorities when they implemented similar charges. The data is not currently available to accurately assess the impact on tonnages and therefore the 2020 business case estimate has been used.
- **Cost of implementation:** These costs which include associated Capital repayments are assumed to have remained as forecast in the original Business Case. However, these costs may have reduced, particularly the allowance for greater capital works subject to the ongoing demand at the site which is being monitored as coronavirus related restrictions are lifted.

¹ <https://democracy.plymouth.gov.uk/ieDecisionDetails.aspx?ID=3817>

2.2 ENVIRONMENTAL & OPERATIONAL

2.2.1

The decision to implement charges for non-household waste at the HWRC was partly built upon the expected environmental benefits, which would have resulted from **reducing** waste disposal in the City. The Business Case referenced the experience of Devon County Council following the implementation of charges in the County and it was anticipated that Plymouth would also observe more residents adhering to the sustainable waste hierarchy by **reducing, reusing** and **recycling** materials. The text below was extracted from a Devon County Council Scrutiny report presented 6 months after implementing similar charges in 2011, the author stated the following:

“The charging scheme does seem to have led to significant behaviour change amongst site users. Anecdotally, people are reporting more re-use of waste (e.g. patio slabs being re-used via Freecycle; sanitary ware sold on eBay), landscaping plans altered to avoid the costs involved in disposing of soil and excess soil being used to create raised flower beds in gardens. These examples indicate that the charges are causing people to think more about the waste they generate and promoting ‘reduction’ and ‘re-use’ on the waste hierarchy, above recycling, which is a good thing. Data obtained from the Environment Agency suggests that skip hire companies are seeing an overall increase in tonnages handled across Devon, suggesting that more people are considering such alternatives to responsibly deal with their waste.”²

Whilst it is recognised that the changes made a positive impact on the reduction of waste, more yet also needs to be done to boost **recycling** and **reuse** rates. Removing disposal charges is expected to encourage residents to bring waste to the HWRCs to be processed which may be recycled or even reused. Moreover, this measure is likely to prevent a potential increase in fly tipping by the small minority who are not willing to pay the existing fees as well as other bad practice, such as depositing waste in green and brown household bins.

2.2.2

Members of staff with the Recycling Assistant job title had their role profiles re graded, from a grade B to a C, partly to take into account the increased responsibilities associated with handling payments from customers. This was in addition to other changes to the role, which included the processing of hazardous materials. The removal of the responsibilities related to this Executive Decision through the Job Evaluation process could result in a grade reduction for the Recycling Assistants, although the Service will evaluate those additional responsibilities that are currently being undertaken – such as the grading of waste for reuse. If the grade reverts to a B, then the financial impact for staff will be a reduction of £379 annually and the removal of the ability to progress up the grade C pay scale, which would mean a further £1,159 annually each by October 2023. These figures do not take into account any inflationary increases. These figures relate directly to the 12 Recycling Assistant Council employees but will also affect a further 14 Agency staff, whose rate of pay is determined by the grade of the post.

3. DECISION SUMMARY

The Leader of the Council, Nick Kelly, is to approve the cessation of charges for the disposal of non-household waste at the Household Waste and Recycling Centre (HWRC)

² Review of Fly-tipping in Relation to Policy Changes for Recycling Centres (Civic Amenity Sites) for the Financial Year 2011/12. Devon County Council, Place Scrutiny Committee, 4 Sept 2012.

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EQUALITY IMPACT ASSESSMENT

Street Scene and Waste – Waste Disposal Service Changes



STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?	Cessation of charges for the disposal of non-household waste at the Household Waste and Recycling Centre (HWRC).
Author	Andy Sharp
Department and service	On Behalf of Street Scene & Waste - Waste Collection
Date of assessment	1 June 2021

STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	We do not have a detailed age profile of our customers from our surveys but 2011 Census data the % of the population represented by age is as follows; 0-4 years – 6% 5-9 years – 5% 10 -14 years – 5% 15-19 yrs. – 7% 20 -24 yrs. – 10%	No adverse impact is anticipated	NA	NA

	<p>25 -29 yrs. - 7%</p> <p>30 -34% - 6%</p> <p>35 -39 – 6%</p> <p>40 -44 yrs. – 7%</p> <p>45 -49 yrs. – 7%</p> <p>50 -54 - 6%</p> <p>55-59 yrs. – 5%</p> <p>60 -64 yrs. – 6%</p> <p>65 – 69 yrs. – 6%</p> <p>70- 74 yrs. – 4%</p> <p>75 -79 yrs. – 3%</p> <p>80-84 yrs. – 2%</p> <p>85+ -2%</p> <p>23% are 19 years or younger</p> <p>43% are 19 -49 years</p> <p>17% are 50 to 64 years</p> <p>17% are 65 years plus</p>			
Disability	<p>30,000 people in Plymouth will have some form of Mental Health issue. 0.8 % (2118) of those registered with a GP as listed on the Mental Health register.</p> <p>A total of 31,164 (28.5% of households) people declared</p>	No adverse impact is anticipated	NA	NA

	<p>themselves as having a long term disability in the 2011 Census. This is compared the national average of 27.7%.</p> <p>10% of Plymouths population have their day to day activities limited by a long term disability or long term health problem</p> <p>1224 adults currently registered with a GP in Plymouth have some form of learning disability</p>			
Faith/religion or belief	<p>58.1% (148,917) people identify themselves as Christian. This has decreased from 73.6% reported in 2001</p> <p>32.9% of the population stated that they had no religion</p> <p>Those stating Hindi, Buddhist, Sikh, or Jewish religion totalled less than 1% combined</p>	No adverse impact is anticipated	NA	NA
Gender - including marriage, pregnancy and maternity	<p>Overall 50.6% of the population of Plymouth are women and 49.4% are men. This reflects the national figure of 50.8% women and 49.2% men.</p> <p>There were 3280 births in 2011. Birth rate trends have been on the increase since 2015.</p>	No adverse impact is anticipated with regards to residents. However, the majority of Recycling Assistants are men. The briefing note for this Decision highlights the risk of potential regrading of the role following a Job Evaluation process. The role sits at the lower end of the Council pay scale and the impact	As per the briefing note the role requirements will be fully reviewed and further remits may be included with regards to increasing reuse activity. Any process would be undertaken through close consultation with relevant employees, employment agencies and employee representatives.	Within 3 months of Executive Decision. Strategic Contracts Manager.

	<p>Areas with the highest Birthrate are;</p> <p>Stonehouse 142</p> <p>Whitleigh 137</p> <p>Devonport 137</p> <p>Of residents aged 16 or over 90,765 (42.9%) are married 5,190 (2.5%) are separated and still legally married or legally in a same sex civil partnership</p>	<p>of such a change would adversely impact these workers.</p>		
Gender reassignment	<p>There are no official estimates for gender reassignment at either a national or local level. However in a Home Office funded study (GIREs, Gender Identity Research and Education Society) estimated that between 3000,000 and 500,000 are experiencing some degree of gender variance nationally. If we apply this to Plymouth this equates to between 1,200 and 2000 adults.</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>
Race	<p>92.9 of Plymouths population identify themselves as White British</p> <p>7.1% identify as Black and Minority Ethnic (BME)</p> <p>White (other) 2.7 %</p> <p>Chinese (0.5%)</p> <p>Other Asian (0.5%)</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>

	Our recorded BME population rose from 3% in 2001 to 6.7% in the 2011 census.			
Sexual orientation - including civil partnership	There is no definitive data on sexual orientation at a local or national level, however a recent estimate from 2015 ONS Annual Population Survey (APS) suggests that; 1.7% of UK is LGB. This equates to just over 3,600 people in Plymouth	No adverse impact is anticipated	NA	NA

STAGE 3: ARE THERE ANY IMPLICATIONS FOR THE FOLLOWING? IF SO, PLEASE RECORD ACTIONS TO BE TAKEN

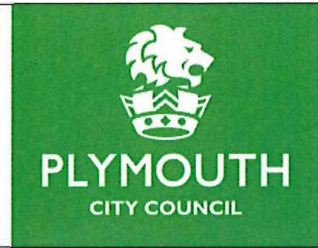
Local priorities	Implications	Timescale and who is responsible
Reduce the gap in average hourly pay between men and women by 2020.	As per implication set out in Gender section above.	As per implication set out in Gender section above.
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	It is not anticipated that there will be any implications involving hate crime incidents as a result of the proposed changes.	NA
Good relations between different communities (community cohesion)	It is not anticipated that there will be any implications involving the relations between communities as a result of the proposed changes.	NA
Human rights Please refer to guidance	It is not anticipated that there will be any implications involving human rights as a result of the proposed changes.	NA

STAGE 4: PUBLICATION

Responsible Officer: Philip Robinson

Date: 2 June 2021

Service Director

EXECUTIVE DECISIONmade by a **Cabinet Member****REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY AN INDIVIDUAL CABINET MEMBER**

Executive Decision Reference Number – L3 21/22

Decision			
1	Title of decision: Removal of domestic waste container delivery charge		
2	Decision maker (Cabinet Member and portfolio): Councillor Nick Kelly, Leader of the Council		
3	Report author and contact details: Andy Sharp, Head of Business Improvement. Contact Andy.Sharp@plymouth.gov.uk		
4	Decision to be taken: The Leader has decided to deal with this matter personally and to approve the cessation of the delivery charge for domestic waste containers.		
5	Reasons for decision: This change is one of the commitments that the administration has identified to provide improvements across this service which has been identified as important to residents, visitors and businesses. It has been prioritised for action within the first 100 days of the new administration.		
6	Alternative options considered and rejected: A do nothing option was considered and discounted because there is an identified commitment to improve services in this area and meet the Manifesto commitment referred to in Section 5.		
7	Financial implications: The total annual financial cost of implementing this change is estimated to be £23,850. It is agreed that the full cost of this decision will be met from within budgets already allocated. Accordingly it is acknowledged that adjustments will be made to other budget heads to accommodate these extra costs and that this process will have been completed within 4 weeks from the date of this decision record.		
8	Is the decision a Key Decision? (please contact <u>Democratic Support</u> for further advice)	Yes	Per the Constitution, a key decision is one which: in the case of capital projects and contract awards, results in a new commitment to spend and/or save in
		No	
		X	

				excess of £3million in total
			X	in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1million
			X	is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.
	If yes, date of publication of the notice in the <u>Forward Plan of Key Decisions</u>			
9	Please specify how this decision is linked to the Council's corporate plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget:		The decision aligns with the Corporate Plan's stated value of being Democratic. The change contained within this Executive Decision is clearly set out in the Administration's commitments for action within the first 100 days.	
10	Please specify any direct environmental implications of the decision (carbon impact)		Section 2.2 of the Briefing Paper sets out the environmental implications and opportunities which are related to likely increased demand for domestic bins which may result in greater participation in the recycling service by some households.	
Urgent decisions				
11	Is the decision urgent and to be implemented immediately in the interests of the Council or the public?		Yes	(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)
			No	X (If no, go to section 13a)
12a	Reason for urgency:			
12b	Scrutiny Chair Signature:		Date	
	Scrutiny Committee name:			
	Print Name:			
Consultation				
13a	Are any other Cabinet members' portfolios affected by the decision?		Yes	X
			No	(If no go to section 14)
13b	Which other Cabinet member's portfolio is affected by the decision?		Councillor Maddi Bridgeman, Cabinet Member for Environment and Street Scene.	

13c	Date Cabinet member consulted	28 May 2021						
14	Has any Cabinet member declared a conflict of interest in relation to the decision?	Yes		If yes, please discuss with the Monitoring Officer				
		No	X					
15	Which Corporate Management Team member has been consulted?	Name	Anthony Payne					
		Job title	Strategic Director for Place					
		Date consulted	28 May 2021					
Sign-off								
16	Sign off codes from the relevant departments consulted:	Democratic Support (mandatory)	DS07 2 I/22					
		Finance (mandatory)	ba.21.22.22					
		Legal (mandatory)	It/36774/040621					
		Human Resources (if applicable)						
		Corporate property (if applicable)						
		Procurement (if applicable)						
Appendices								
17	Ref.	Title of appendix						
	A	Briefing Report: Waste container delivery charge						
	B	Equalities Impact Assessment: Waste container delivery charge						
Confidential/exempt information								
18a	Do you need to include any confidential/exempt information?	Yes		If yes, prepare a second, confidential ('Part II') briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below. (Keep as much information as possible in the briefing report that will be in the public domain)				
		No	X					
		Exemption Paragraph Number						
		1	2	3	4	5	6	7

18b	Confidential/exempt briefing report title:						
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Background Papers

19 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. 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.

Title of background paper(s)	Exemption Paragraph Number						
	1	2	3	4	5	6	7

Cabinet Member Signature

20 I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given 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. For further details please see the EIA attached.

Signature	<i>N. Kelly</i>	Date of decision	<i>8 June 2021</i>
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Print Name	<i>CUr Nick Kelly, Leader of Plymouth City Council</i>
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BRIEFING REPORT

Removal of Domestic Waste Container Delivery Charge



I. OVERVIEW

The removal of the delivery charge for domestic waste containers was set out as a commitment within the new Administration's first 100 day plan.

Commitment Ref:	Commitment	Executive Decision required	Further points of clarification
83	We will scrap the £15 bin delivery charge	Cessation of the delivery charge for domestic waste containers.	<p>The Executive Decision will remove delivery charges for households requesting additional or replacement bins, however charges will still apply for the provision of bins for new build properties.</p> <p>The opportunity for residents to collect containers themselves is currently suspended due to the coronavirus pandemic but will be reinstated as soon as possible.</p>

2. IMPLICATIONS OF EXECUTIVE DECISION ELEMENTS

2.1 FINANCIAL

Using available data between August and December 2020 a total of 1880 charged deliveries were made which makes an average of 376 per month. For the purposes of calculating forgone income this figure can initially be reduced by 20% to allow for income which will still be received from providing bins from new build properties. It can then be reduced by a further 47% which reflects the split between bins that were delivered vs collected prior to the coronavirus pandemic which has resulted in a temporary pause on customer bin collections. These factors reduce the average monthly deliveries to 159. Therefore the lost income can be calculated based upon 159 multiplied by 12 months and further multiplied by £12.50 (excludes VAT) which equals £23,850.

2.2 ENVIRONMENTAL & OPERATIONAL

Whilst the removal of waste-container delivery charges may lead to an increase in demand, the Service will continue to monitor the provision of containers to ensure there is a genuine need. Additionally, to prevent the proliferation of bins - and therefore plastic, collection of bins by residents from a designated location will always be encouraged, with delivery occurring only where needed. Furthermore, where delivery charges have acted as a disincentive for using green recycling bins, this barrier will be removed, resulting in an expected increase in participation and improved recycling rates.

DECISION SUMMARY

The Leader of the Council, Nick Kelly, is to approve the cessation of the delivery charge for domestic waste containers.

EQUALITY IMPACT ASSESSMENT

Street Scene and Waste – Waste Disposal Service Changes



STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?	Cessation of the delivery charge for domestic waste containers.
Author	Andy Sharp
Department and service	On Behalf of Street Scene & Waste - Waste Collection
Date of assessment	1 June 2021

STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	We do not have a detailed age profile of our customers from our surveys but 2011 Census data the % of the population represented by age is as follows; 0-4 years – 6% 5-9 years – 5% 10 -14 years – 5% 15-19 yrs. – 7% 20 -24 yrs. – 10%	No adverse impact is anticipated	NA	NA

	<p>25 -29 yrs. - 7%</p> <p>30 -34% - 6%</p> <p>35 -39 – 6%</p> <p>40 -44 yrs. – 7%</p> <p>45 -49 yrs. – 7%</p> <p>50 -54 - 6%</p> <p>55-59 yrs. – 5%</p> <p>60 -64 yrs. – 6%</p> <p>65 – 69 yrs. – 6%</p> <p>70- 74 yrs. – 4%</p> <p>75 -79 yrs. – 3%</p> <p>80-84 yrs. – 2%</p> <p>85+ -2%</p> <p>23% are 19 years or younger</p> <p>43% are 19 -49 years</p> <p>17% are 50 to 64 years</p> <p>17% are 65 years plus</p>			
Disability	<p>30,000 people in Plymouth will have some form of Mental Health issue. 0.8 % (2118) of those registered with a GP as listed on the Mental Health register.</p> <p>A total of 31,164 (28.5% of households) people declared</p>	No adverse impact is anticipated	NA	NA

	<p>themselves as having a long term disability in the 2011 Census. This is compared the national average of 27.7%.</p> <p>10% of Plymouths population have their day to day activities limited by a long term disability or long term health problem</p> <p>1224 adults currently registered with a GP in Plymouth have some form of learning disability</p>			
<p>Faith/religion or belief</p>	<p>58.1% (148,917) people identify themselves as Christian. This has decreased from 73.6% reported in 2001</p> <p>32.9% of the population stated that they had no religion</p> <p>Those stating Hindi, Buddhist, Sikh, or Jewish religion totalled less than 1% combined</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>
<p>Gender - including marriage, pregnancy and maternity</p>	<p>Overall 50.6% of the population of Plymouth are women and 49.4% are men. This reflects the national figure of 50.8% women and 49.2% men.</p> <p>There were 3280 births in 2011. Birthrate trends have been on the increase since 2015.</p>	<p>No adverse impact is anticipated</p>	<p>NA</p>	<p>NA</p>

	<p>Areas with the highest Birthrate are;</p> <p>Stonehouse 142</p> <p>Whitleigh 137</p> <p>Devonport 137</p> <p>Of residents aged 16 or over 90,765 (42.9%) are married 5,190 (2.5%) are separated and still legally married or legally in a same sex civil partnership</p>			
Gender reassignment	<p>There are no official estimates for gender reassignment at either a national or local level. However in a Home Office funded study (GIRES, Gender Identity Research and Education Society) estimated that between 3000,000 and 500,000 are experiencing some degree of gender variance nationally. If we apply this to Plymouth this equates to between 1,200 and 2000 adults.</p>	No adverse impact is anticipated	NA	NA
Race	<p>92.9 of Plymouths population identify themselves as White British</p> <p>7.1% identify as Black and Minority Ethnic (BME)</p> <p>White (other) 2.7 %</p> <p>Chinese (0.5%)</p> <p>Other Asian (0.5%)</p>	No adverse impact is anticipated	NA	NA

	Our recorded BME population rose from 3% in 2001 to 6.7% in the 2011 census.			
Sexual orientation - including civil partnership	There is no definitive data on sexual orientation at a local or national level, however a recent estimate from 2015 ONS Annual Population Survey (APS) suggests that; 1.7% of UK is LGB. This equates to just over 3,600 people in Plymouth	No adverse impact is anticipated	NA	NA

STAGE 3: ARE THERE ANY IMPLICATIONS FOR THE FOLLOWING? IF SO, PLEASE RECORD ACTIONS TO BE TAKEN

Local priorities	Implications	Timescale and who is responsible
Reduce the gap in average hourly pay between men and women by 2020.	n/a	NA
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	It is not anticipated that there will be any implications involving hate crime incidents as a result of the proposed changes.	NA
Good relations between different communities (community cohesion)	It is not anticipated that there will be any implications involving the relations between communities as a result of the proposed changes.	NA
Human rights Please refer to guidance	It is not anticipated that there will be any implications involving human rights as a result of the proposed changes.	NA

STAGE 4: PUBLICATION

Responsible Officer: Philip Robinson

Date: 2 June 2021

Service Director

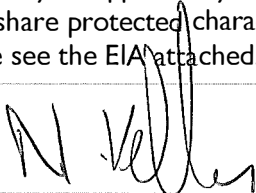
EXECUTIVE DECISION**made by a Cabinet Member**
PLYMOUTH
 CITY COUNCIL

**REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY
 AN INDIVIDUAL CABINET MEMBER**
Executive Decision Reference Number – L4 21/22

Decision	
1	Title of decision: Hoe Foreshore Repairs
2	Decision maker (Cabinet Member): Councillor Nick Kelly (Leader)
3	Report author and contact details: Ralph Bint, Facilities Manager, Facilities Management, HR&OD –01752 304949 ralph.bint@plymouth.gov.uk
4	Decision to be taken: It is recommended that the Leader of the Council: Approves the Additional Funding Allocates an additional £465,000 for the project into the capital programme and funded by Service Borrowing Delegates the award of the contract to Service Director for HR and OD
5	Reasons for decision: Recent storm events have caused damage to Tinside East Steps and West Nosing. The area is well used by the Wild Swimming Community providing free access to the sea for exercise. The original estimate was based on an assessment at the time, it was confirmed at that stage that the extent of the situation would not be confirmed until the material had been removed and a full investigation completed. Phase I, removal and full investigation has been completed, and it has been identified that a significantly greater scope of work than originally anticipated is required to stabilise the area and reinstate the steps.
6	Alternative options considered and rejected: Option 1: Do Nothing The damaged and dangerous steps have now been cleared exposing an area of friable ground, if left exposed this will be washed away resulting in potential undercutting of the area above including the Hoe Road. Without reinstatement of the steps the access to the swimming area will be restricted. The Hoe foreshore is one of Plymouths premier features which should be maintained.
7	Financial implications: A further £465,000 is required to complete the works, funded by Service Borrowing from FM.

8	Is the decision a Key Decision? (please contact <u>Democratic Support</u> for further advice)	Yes	No	Per the Constitution, a key decision is one which:
			X	in the case of capital projects and contract awards, results in a new commitment to spend and/or save in excess of £3million in total
			X	in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1million
			X	is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.
If yes, date of publication of the notice in the <u>Forward Plan of Key Decisions</u>				
9	Please specify how this decision is linked to the Council's corporate plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget:	Caring Plymouth – Ensuring a safe public realm and access to the sea for wild swimmers. Maintaining one of Plymouth's premier features.		
10	Please specify any direct environmental implications of the decision (carbon impact)	No direct implications.		
Urgent decisions				
11	Is the decision urgent and to be implemented immediately in the interests of the Council or the public?	Yes		(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)
		No	X	(If no, go to section 13a)
12a	Reason for urgency:			
12b	Scrutiny Chair Signature:			Date
	Scrutiny Committee name:			
	Print Name:			
Consultation				
13a		Yes		

	Are any other Cabinet members' portfolios affected by the decision?	No	<input checked="" type="checkbox"/>	(If no go to section 14)
13b	Which other Cabinet member's portfolio is affected by the decision?			
13c	Date Cabinet member consulted			
14	Has any Cabinet member declared a conflict of interest in relation to the decision?	Yes	<input type="checkbox"/>	If yes, please discuss with the Monitoring Officer
		No	<input checked="" type="checkbox"/>	
15	Which Corporate Management Team member has been consulted?	Name	Kim Brown	
		Job title	Service Director HR and OD	
		Date consulted	December 2021	
Sign-off				
16	Sign off codes from the relevant departments consulted:	Democratic Support (mandatory)	DS02 21/22	
		Finance (mandatory)	djn.21.22.18	
		Legal (mandatory)	MS/03.06.21	
		Human Resources (if applicable)		
		Corporate property (if applicable)	S0244RB20210216	
		Procurement (if applicable)		
Appendices				
17	Ref.	Title of appendix		
	A	Briefing note		
Confidential/exempt information				
18a				

	Do you need to include any confidential/exempt information?	No	<input checked="" type="checkbox"/>	<p>If yes, prepare a second, confidential ('Part II') briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below.</p> <p>(Keep as much information as possible in the briefing report that will be in the public domain)</p>				
		Exemption Paragraph Number						
		1	2	3	4	5	6	7
18b	Confidential/exempt briefing report title:							
Background Papers								
19	<p>Please list all unpublished, background papers relevant to the decision in the table below.</p> <p>Background papers are <u>unpublished</u> 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. If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</p>							
Title of background paper(s)		Exemption Paragraph Number						
		1	2	3	4	5	6	7
Foreshore Repairs Business Case				X				
Cabinet Member Signature								
20	<p>I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given 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. For further details please see the EIA attached.</p>							
Signature				Date of decision	3 June 2021			
Print Name	<p style="font-family: cursive;">Cllr Nick Kelly, Leader of Plymouth City Council</p>							

REVISED COSTS FOR TINSIDE STEPS REPAIRS

Briefing Report for Executive Decision



BACKGROUND

Storm events have caused damage to Tinside East Steps and West Nosing. The area is well used by the Wild Swimming Community providing free access to the sea for exercise.

A BC and expenditure was approved for works to be carried out in two Phases, removal of material and detailed investigation followed by repairs and reinstatement of the steps. Based on the assessed condition at that time the estimated value was £612k. It was confirmed at that time that there was risk on increased costs dependent on the findings once the damaged steps were removed and the full condition could be seen and required works detailed.

CURRENT SITUATION

Failed Semi- Circular Steps:

The two steps of reinforced concrete skirting were unstable and have been removed. There is also voiding between the lower skirt and the limestone shelf on the west side (where the steps have failed above). This will need to be secured and tied back, filled and fixed to the concrete and limestone with stainless steel ties.

The steps above were cast in-situ but in sections with day joints which have failed and opened allowing the fines behind to be washed out leading to instability and subsequent structural failure of the steps. The strategy for repair now the failed steps have been removed is to construct a concrete support wall in stages which would be brought up in level as the steps were reconstructed. It would be imperative that the reinstated steps were cast in situ and in one step ring at a time without joints to enable us to form a monolithic structure rather than in parts or segments. This will provide the most effective solution with the marine grade concrete for the repair being pumped from the road above.

West Nosing:

There has been a significant failure and loss of granite sets forming the west wall just in front of the nosing. There is also evidence of horizontal and diagonal cracking in the concrete nosing repair which is due to the corrosion expansion of the embedded reinforcement which will continue. This has not been fully investigated as it is not yet possible or desirable to expose a larger area to sea action. This will be addressed in line with the reinstatement of the steps. There is a provisional sum for this. However it should be noted that there is financial risk associated with this element.

SUMMARY OF COSTINGS:

Further to the original BC phase on of the works is approaching completion. As originally stated the full extent of the works could not be determined until the clearance and full investigation was achieved (Phase 1). Full detail of all works (except for the West Nose which remains undetermined, but for which a Provisional Sum of £60k is included) has now been determined and priced.

The original £612k estimate, now that detail has been established has been determined to be short by £465k.

Summary of costs:

Phase 1; demolition of steps, removal of material, filling of voids, concept design for re-instatement and all associated works, plant, barges etc. £411k

Phase 2; Construct Steps and part of the wall, final design, documentation, plant, barges, external professional fees site management and supervision. £538k

Western nose; Provisional Sum £60k

Internal Fees QS £23k FM£20k

Contingency: Minimal at less than 4% (Excluding Ph I costs). £25k

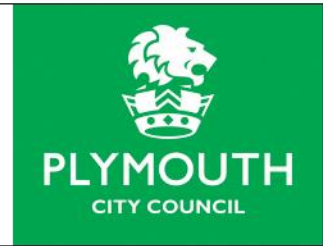
This BC is to request a further £465,000 from service borrowing at 2% over 30 years (Total Project Value £1,077,000 less approved £612,000)

RECOMMENDATIONS**It is recommended that the Leader of the Council:**

- Approves the allocation of additional £465,000 for the project into the capital programme and funded by Services Borrowing from FM.
- Delegates the award of the contract to Service Director for HR&OD.

EXECUTIVE DECISION

made by a Cabinet Member




REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY AN INDIVIDUAL CABINET MEMBER

Executive Decision Reference Number – DLI 21/22

Decision	
1	Title of decision: Integrated Care Partnership Contract Award
2	Decision maker (Cabinet member name and portfolio title): Councillor Patrick Nicholson (Deputy Leader)
3	Report author and contact details: Anna Coles (Service Director Integrated Commissioning) anna.coles@plymouth.gov.uk
4	<p>Decision to be taken:</p> <p>It is recommended that the Deputy Leader:</p> <ul style="list-style-type: none"> Approve the award of the Integrated Care Partnership (ICP) contract to University Hospital Plymouth with Livewell SouthWest as the material sub-contractor.
5	<p>Reasons for decision:</p> <p>To continue the Integration of Health and Care as set down by the Health and Wellbeing Board in 2013 and the transfer of Adult Social Care staff to Livewell Southwest in 2015.</p> <p>To enable work to progress on mobilisation in advance of contract go-live on 1st July 2021.</p> <p>The ICP will support the delivery of a more integrated health and care offer for residents of Plymouth.</p> <p>Devon CCG is the lead commissioning and will hold the contract, Plymouth City Council is a co-commissioner.</p>
6	<p>Alternative options considered and rejected:</p> <p>To bring Adult Social Care staff back into Plymouth City Council. This was rejected as it would be against previous policy decisions made by Plymouth City Council and against National Policy directions. A reversal of previous decisions would lead to more fragmented care.</p>
7	<p>Financial implications:</p> <p>Plymouth City Council's contribution to this contract is for the delivery of Adult Social Care assessment and support planning and is £6.2m per annum. The contract period is 10 year plus 5 year arrangement, with a 12 month notice period built in. Plymouth City Council's contribution is capped at £6.2million for the duration of the contract and is based on the existing commitment.</p>

8	Is the decision a Key Decision? (please contact Democratic Support for further advice)	Yes	No	Per the Constitution, a key decision is one which:
			X	in the case of capital projects and contract awards, results in a new commitment to spend and/or save in excess of £3million in total
		X		in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1 million
		X		is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.
	If yes, date of publication of the notice in the Forward Plan of Key Decisions			
9	Please specify how this decision is linked to the Council's corporate plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget:		This decision supports the corporate priority of being a Caring Council by keeping adults protected and reducing health inequalities. The decision supports the Plymouth Plan policy HEA3 by supporting adults with health and social care needs. It also supports the vision of a healthy city by enabling all of the city's people to enjoy an outstanding quality of life, including happy, healthy, safe and fulfilled lives.	
10	Please specify any direct environmental implications of the decision (carbon impact)		The delivery of a more integrated approach to care and support will work towards reducing duplication of activity and thus it is anticipated reduce the amount of travelling around the city to deliver care or therapy to residents.	
Urgent decisions				
11	Is the decision urgent and to be implemented immediately in the interests of the Council or the public?	Yes	X	(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)
		No		(If no, go to section 13a)
12a	Reason for urgency: Plymouth City Council is required to approve the procurement of the Integrated Care Partnership before contract award has been made. The contract is scheduled to go live on the 1 st July 2021. A decision was not able to be made sooner as Commissioners were awaiting approval from the Regulators (NHS England) that the procurement could proceed.			
12b	Scrutiny Chair Signature:	Councillor David James approved by email	Date	09/06/21

	Scrutiny Committee name:	Health and Adult Social Care Overview and Scrutiny Committee		
	Print Name:	Councillor David James		
Consultation				
I3a	Are any other Cabinet members' portfolios affected by the decision?	Yes		
		No	X	(If no go to section I4)
I3b	Which other Cabinet member's portfolio is affected by the decision?			
I3c	Date Cabinet member consulted			
I4	Has any Cabinet member declared a conflict of interest in relation to the decision?	Yes		If yes, please discuss with the Monitoring Officer
		No	X	
I5	Which Corporate Management Team member has been consulted?	Name	Craig McArdle	
		Job title	Strategic Director for People	
		Date consulted	1 st June 2021	
Sign-off				
I6	Sign off codes from the relevant departments consulted:	Democratic Support (mandatory)	DS08 21/22	
		Finance (mandatory)	djn.21.22.19	
		Legal (mandatory)	lt/36756/010621	
		Human Resources (if applicable)	N/A	
		Corporate property (if applicable)	N/A	
		Procurement (if applicable)		
Appendices				
I7	Ref.	Title of appendix		
	A	ICP Briefing		
	B	Contract Award Recommendation Report for the Commissioning of an Integrated Care Partnership for the Western Locality of Devon		
Confidential/exempt information				
I8a	Do you need to include any	Yes		If yes, prepare a second, confidential ('Part II')

confidential/exempt information?		No	<input checked="" type="checkbox"/>	briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below. (Keep as much information as possible in the briefing report that will be in the public domain)				
		Exemption Paragraph Number						
		1	2	3	4	5	6	7
18b	Confidential/exempt briefing report title:							
Background Papers								
19	Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> 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. If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.							
Title of background paper(s)		Exemption Paragraph Number						
		1	2	3	4	5	6	7
Cabinet Member Signature								
20	I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given 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. For further details please see the EIA attached.							
Signature			Date of decision	09/06/2021				
Print Name	Councillor Patrick Nicholson							

BRIEFING

ICP- Integrated Care Partnership Contract Award - Background



INTRODUCTION AND BACKGROUND

The Integrated Care Partnership (ICP) will bring together under a single governance framework many of Plymouth's Adult Health and Social Care Services and the partnership will continue to collaborate and align services with Devon County Council and Devon Partnership Trust in relation to the provision of mental health and social care in South Hams and West Devon. In this way, University Hospital Plymouth (UHP) and Livewell SouthWest (LWSW) will work in close partnership, with a common vision under a single governance framework. The ICP will be structured with the transfer of some services (community rehabilitation and stroke inpatient beds) from the direct management of LWSW to UHP, with the remainder of the services being provided by LSW under a material sub-contract arrangement with UHP. The key outcome of the ICP is to improve outcomes for the people it serves.

The Provider vision is set out below:

Vision:

We will provide excellent care with compassion wrapped around peoples'

Mission:

We will support people to stay well in the place and the community in which they live, where they can enjoy the best quality of life

Values:

Putting People First

Respecting others

Integrity

Making a Difference

Clearly the award of the ICP Contract creates the landscape for further transformational change across the Western Locality and the initial agreed priority areas for year 1 have been developed in partnership with the Prime Provider and their material sub-contractor.

- Establishing the Service Hub as the single front door for all priority services
- Implement the Enhanced Primary Care (EPC) model, continuing to prioritise the development of the care home service and Multi-disciplinary Teams (MDTs) with Primary Care Networks (PCNs)
- Further developing a system-wide approach and pathway to Frailty and End of Life, through the care home service, MDTs with PCNs, and acute frailty and the integration of health care of the elderly acute and rehab beds.
- Delivery of the Community Mental Health Framework (CMHF) to the agreed delivery plan

- Development of end-to-end pathways for specialist services, prioritising Respiratory, Cardiology and Stroke
- Further develop and embed a system-based Infection Prevention and Control delivery and assurance model

As the Devon Integrated Care System (ICS) develops further considerations have been given during this procurement to the relationships that will need to be in place in order to support the successful delivery of the outcomes detailed within the contract. Whilst contractual mechanisms are in place including “step in” and termination arrangements, all parties are committed to working together to ensure that the improvements are delivered for the resident population. Learning has been taken from the collaborative approach adopted during COVID where individuals worked cross- organisationally on key agreed priorities; this facilitated positive deployment of the skills and capabilities required to deliver change and will continue across the Locality to ensure transformation is supported.

On Contract Award an Executive group between Commissioners and UHP will be established, this arrangement will ensure sufficient oversight and the mitigation of any risks during mobilisation and delivery. In addition the local performance and improvement group will bring together Chief Operating Officers and Commissioners to oversee performance improvements and agree transformation priorities including the deployment of resources when required.

The Complex Adults and Mental Health, Learning Disability and Older People’s Mental Health contracts that are currently provided by Livewell SouthWest (LWSW) make up the majority of services that are in scope for this procurement.

The key objectives and proposed benefits of the procurement are to implement the Commissioners vision for a model of integrated community, mental health, Social Care and primary care services. This vision was set in 2014 following extensive engagement with users of health and support services, who shared that they wanted services to be more joined up.

The procurement has been led by the Devon Clinical Commissioning Group (CCG) and has been subject to a locally led regional NHS England (NHSE) assurance process as well as a NHS Improvement (NHSI) transaction review of the preferred provider. The ICP proposal has been presented to Health and Social Care Scrutiny members (in private due to commercial sensitivities) on two occasions with feedback being taken to shape the development of the service specification

CURRENT POSITION

The due diligence phase has been satisfactorily completed. The CCG will hold the contract for these services with PCC as a signatory to the contract. Further details of the procurement process are set out in the Appendix I which is a copy of a report which was approved by Devon Clinical Commissioning Group Governing Body on 24th May 2021.


Contract Award Recommendation Report for the Commissioning of an Integrated Care Partnership for the Western Locality of Devon
Project Ref: PR002829

Detail Description	Summary Detail
Contract Title	Integrated Care Partnership for the Western Locality of Devon (Lot 1)
Contract Reference	PR002829
Contracting Authority	NHS Devon Clinical Commissioning Group (Co-ordinating) Plymouth City Council (PCC) NHS Kernow CCG
Project Lead	Garry Mitchell
Contract Start	1st July 2021
Primary Contract End	30th June 2031
Contract Period (plus any potential extension)	10 years with a possible extension of any period up to a further 5 years
Date of this Report	20 May 2021
Date ITT Issued	19th December 2019
Date ITT Returned	31st January 2020
Total Contract Value (inc. extension)	£1,621,126,000

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1. Executive summary purpose

The purpose of this paper is to recommend the formal award of the Integrated Care Partnership (“the ICP”) for the Western Locality of Devon for NHS Devon CCG, Plymouth City Council and NHS Kernow CCG (“the Commissioners”). It is a comprehensive end stage report which sets out the full procurement process undertaken together with any outstanding issues to inform the decision making process.

The key objectives and proposed benefits of the procurement were to implement the Commissioners’ vision for a model of integrated care and improve the outcomes, services and experiences for the local population.

The total value of the contract for the ICP for the Western Locality of Devon is £1,621,126,000 (figure includes extension period). The contract will be for an initial term of 10 years, with a possible extension of any period up to a further 5 years, as defined and at the discretion of the Commissioners. Services will commence from 1st July 2021.

Subject to the approval of Plymouth City Council Executive who have statutory responsibility for Adult Social Care the recommendation is to award the service to University Hospitals Plymouth (UHP), led by University Hospitals Plymouth and in association with Livewell Southwest as their material sub-contractor.

2. Strategic Commissioners Intentions and the purpose of this procurement

Early in 2018 NEW Devon CCG (now Devon CCG) and Plymouth City Council published their strategic ambitions for delivering Integrated Care in the Plymouth System. These intentions set out a number of priorities, including commissioning an Integrated Care Partnership for Adults and Older People. A paper was drafted setting out the contracting approach for the procurement of an Integrated Care Partnership, to include Community Health, Adult Social Care, Acute, Local Mental Health Services and some Primary Care Services.

Since the original paper was produced the ambitions around an ICP have evolved, in line with developing an Integrated Care Model, Primary Care Networks and the Long-Term Plan, to focus on integration of non-acute care.

The case for change was built on a number of key drivers including the Commissioners’ vision and blue print for integrated care, General Practice sustainability and NHS Long-term Plan ambitions.

Vision and blue print for the Integrated Care Model

The Commissioners’ vision is that our population and system will benefit from integrated health, care and wellbeing services – integrated care. These integrated care services comprise, for adults primarily, physical health services for people with complex needs, mental health services, services for people with a learning disability

and social care services. These services are often described as 'community' services – they are usually, and should be, provided close to, or in, people's homes, outside of hospital.

We want services that are person centred with care being agreed, instigated and managed with the person using services as an equal partner with those providing services; with care that is provided holistically to the needs and values of the person.

We want integrated care services to coordinate and work in partnership with other services, notably those in primary care, secondary care (often based in hospitals) and care provided by the voluntary sector so that the person's experience is seamless, and information and data shared effectively and appropriately.

A population health management approach should not only result in care being better coordinated for the person and for the population but greater health and wellbeing promotion, prevention and early intervention, with opportunities for a non-medical approach (e.g. social prescribing, health coaching and prevention) being better identified and followed up – this requiring a shift of resources to where they are needed through effective partnerships with neighbourhoods and communities. This should reduce the need and demand on acute hospitals services and primary medical services where need would be better met elsewhere.

We want support based in neighbourhoods and communities as close to home as is safe and sustainable. We want support to be both innovative and evidence based making use of technology and digital communication opportunities

We want equity of access, experience and outcomes whatever the persons needs and wherever they live. People want no barriers to good experiences of high-quality care that enables them to lead their lives independently and in good health. Integration of services is the way we see this becoming the reality.

In response to this vision the Devon Sustainability and Transformation Partnership developed a Blueprint for an Integrated Care Model. The Integrated Care Model spans health, social care and wellbeing services for adults outside of hospital. The aims of the Integrated Care Model are to:

- Promote health through integration
- Empower communities to take active roles in their health and wellbeing
- Design and implement the locality-based care model
- Shift resources closer to home, or in people's homes
- Integrate health and social care.

What we are seeking to achieve

The Integrated Care Partnership (ICP) will provide a wide range of high quality, accessible and integrated services for adults in Western Devon. The catchment area of the service spans two local authority areas: Plymouth City Council in entirety and Devon County Council in part. Both local authorities are vital strategic partners from the perspective of statutory service provision for the population, the commissioning and provision of integrated services for the population and wider partnership working across the system. The area covers 260 square miles and stretches from Lifton to Salcombe, and Plymouth to mid Dartmoor. Approximately 360,000 people are registered with a GP Practice in the Western Locality. Devon County Council's adult social care services are not included in the ICP's scope of provision. The ICP's responsibilities also encompass the provision of stroke inpatient services and Early Supported Discharge (ESD) to residents of East Cornwall.

The outline scope of the ICP service provision is:

- Community physical health services for adults with complex needs (for people registered with a GP Practice in the Western locality of NHS Devon CCG)
- Mental health services (CCG funded) for adults (for people registered with a GP Practice in Plymouth) – noting that over the lifetime of this contract the national direction of travel is for services to be arranged for 0-25 year olds and 26 years and over, therefore this transition would need to be made between the ICP and respective mental health services for children and young people; and, for the Place of Safety this is available for the Devon population
- Learning disability and autism services (CCG funded) for adults including transition from children's services to adult services (for people registered with a GP Practice in Plymouth)
- Adult social care (PCC funded) (for people resident in Plymouth) – specifically, the delivery of services that meet adult social care statutory functions that have been delegated under the Care Act 2014

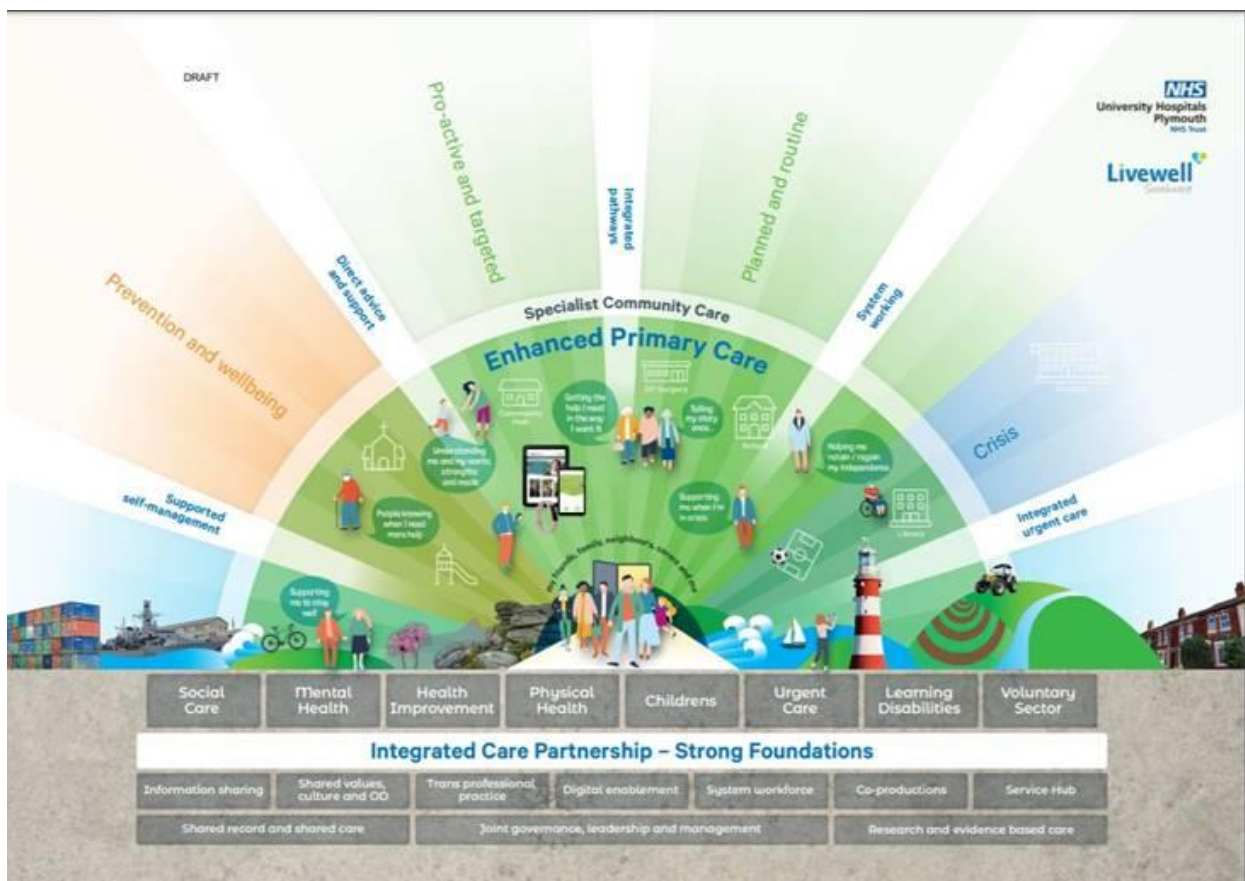
The Outcomes Framework

Commissioners have adopted an outcomes framework approach to this procurement and have sought an organisation to provide services for the system to ensure that they take a leadership role in linking services.

The eight key outcomes are as follows:

1. More people will be living independently in resilient communities
2. More people will be choosing to live healthy lifestyles and less people will be becoming unwell

3. People who do have health conditions will have the knowledge, skills and confidence to manage them
4. The healthcare system will be equipped to intervene early and rapidly avert deterioration and escalation of health problems
5. More care will be available in communities and less people will need to visit or be admitted to hospital
6. People will have far greater control over health & social care services and will be equal partners in decisions about their care
7. People who need treatment will be treated effectively and will be equal partners in decisions about their care
8. People will go into hospital and will be discharged efficiently and safely with the right support in the community



What will look different a year into the contract – our early priorities for making a difference

Priority	Position by Year 1
1. Single Point of Access	<ul style="list-style-type: none"> Establishing the Service Hub as the single front door for all services in year 1
2. Enhanced Primary Care	<ul style="list-style-type: none"> All 9 Primary Care Networks using the integrating Aging Well Multi-Disciplinary Teams (MDT), clear escalation and de-escalation routes being used routinely Embedded Care Home Liaison Service prioritising Care Home support and MDTs
3. Integrated Frailty/Health care for the Elderly (HCE) Pathway	<ul style="list-style-type: none"> Integrated Frailty offer that provides services for patients at home and across the provider interface (PCNs; Community Hospitals; Acute) under a single accountable and integrated Health Care of the Elderly Service in conjunction with Frailty network support. Implementation of electronic advance care plans for end of life
4. Delivery of the Community Mental Health Framework (CMHF) to the agreed delivery plan	<ul style="list-style-type: none"> CMHF model rolled out to first cohort PCNs using Population Health Management data Implementation of a rehabilitation/recovery specialist and dedicated team Implementation of a personality disorder specialist dedicated team An all-age mental health home treatment offer in place
5. Development of end to end pathway for prioritised services: Respiratory, Cardiology, Stroke/Neurology	<p><u>Respiratory</u></p> <ul style="list-style-type: none"> Place based respiratory pathway co-designed and co-delivered implemented <p><u>Cardiology</u></p> <ul style="list-style-type: none"> Senior clinical oversight for whole pathway and caseloads established across pathway Cardiac rehab – phase 1, phase 2 and phase 3 delivery established Review implementation of new medicines and treatments <p><u>Stroke/Neurology</u></p> <ul style="list-style-type: none"> Integrated delivery of stroke pathway; reduction in length of stay
6. Further develop and embed a system based Infection Prevention and Control delivery assurance model	<ul style="list-style-type: none"> System based Infection Prevention Control delivery model embedded and functioning consistently across locations

7. Mental Health Provision. Emergency department

- Currently under review but establishment of a fit for purpose and inclusive Mental Health model for emergency care

3. Background

The Services procured through this tender process are healthcare services falling within Schedule 3 to the Public Contracts Regulations 2015 ('the Regulations').

The NHS South, Central and West Commissioning Support Unit (SCW) procurement team managed the procurement process on behalf of the Commissioners.

Integrated Care and Partnership working is a key foundation of both our existing and future models of care – it has been evidenced nationally and locally that it can improve outcomes, efficiency and experience of care.

The procurement of the ICP is a further step towards joining up local services for the population of Plymouth, South Hams and West Devon and the transformed model that will be delivered through this promises to address many of the existing and ongoing challenges the local system has faced.

Built on a long history of partnership working, this procurement has operated under extended timescales due to:

- the high level of detailed work that Commissioners and providers undertook in dialogue phase in 2019 to discuss and evolve the planned service transformations to support the initial bid and support the selection of a preferred bidder in March 2020
- the response to the global pandemic, and the opportunity of rapid transformation, partnership working, learning and revision of specification that this presented
- the detailed due diligence, with enhanced support from regulatory processes that has been undertaken by all parties in Autumn 2020/Spring 2021

The following Critical Success Factors were established and approved by the Governing Body and have remained the golden thread throughout the process forming the basis of evaluation and assurance:

- A comprehensive offer for prevention and self-care for the whole population
- Services which are wrapped around primary care networks to support our most vulnerable people through Population Health Management (PHM)
- People are kept safe and well and are able to participate as active members of their communities
- Integrated physical and mental health and care services in the community
- Seamless pathways for people with long term conditions between community and acute services
- Integrated pathways for people with serious mental illness

- Collaboration with system partners to effectively manage demand and support the delivery of services within current budgets
- Partnership working with the wider health and care system to ensure that service delivery is achieved without any financial consequences for partner organisations. It is imperative that any actions that impact upon another system partner are discussed and agreed in full ahead of any change being implemented.

It is recognised that some of the above cannot be achieved by what is in the scope of the ICP alone, but the expectation that the ICP's role in promoting and achieving their contribution in these has been clear.

In its role as Co-ordinating Commissioner for this contract, the Governing Body has had the opportunity to gain understanding and assurance about the proposed arrangements that expect to deliver long term transformational change to meet the current and future needs of the population.

This report sets out the procurement process and detailed arrangements to support recommendation of the contract award.

It is important to reflect this important decision in the context of our integrated care system and both the population and provider landscape that we face in the next 15 years. The proposed contract seeks to hold the tension between robust delivery, partnership working and flexibility to respond to changing context.

4. Project Governance

Approval was granted from the NHS Devon CCG Governing Body for this procurement to be advertised on 5th July 2019 for the Commissioning of an ICP for the Western Locality of Devon in line with the NHS Devon CCG Standing Financial Instructions. The procurement consisted of two lots. This award paper relates to Lot 1 – Integrated Care Partnership only. No award decision was made in relation to Lot 2 and the procurement for this Lot was closed in 2019.

The following table identifies where the ICP procurement has been discussed at Governing Body.

Date	Description of content
23 May 2019 (Private)	Report presented set out the vision for integrated community health, care and mental health services in Western Devon and Plymouth and the preferred contracting approach. GB noted the vision, timescales and extension to existing contracts and acknowledged the proposal to launch single procurement.
27 June 2019 (Private)	Paper presented to proceed to procurement. GB agreed that in the public session of the Governing Body they would be asked to approve the recommendation to proceed to procurement.
26 September 2019 (Private)	Update paper presented the GB noted the delegation of responsibility for agreeing the procurement documentation.

19 December 2019 (Private)	Update on progress to date and the procurement approach. GB approved the decision to proceed to the final stage of the procurement. Invitation to submit detailed solution (ISDS) for Lot 1.
27 February 2020 (Private)	Update on progress to date and the procurement approach. Due to conflicting timescales the Governing Body delegated the ICP Executive to approve the preferred bidder recommendation report and this would be done through a virtual approval route.
26 March 2020 (Private)	Presented paper to recommend postponement of the contract start date from 1 July 2020 to 1 April 2021 due to the CCGs response to COVID-19. GB ratified the recommendation to postpone the new contract start date until 1 April 2021 and extend contracts with Livewell Southwest.
24 September 2020 (Private)	Paper presented outlined the due diligence process had been restarted and revised specification. GB endorsed the revised timescale.
17 December 2020 (Private)	GB noted the progress within the report and that subject to satisfactory completion of all necessary procurement and regulatory processes, the service commencement date to be 1st April 2021. Noted that this posed a high degree of risk, which has not yet been mitigated through the due diligence process.
28 January 2021 (Public)	Presented assessment against progress and remaining work and asked that the final steps in the due diligence phase. GB endorsed the approach and pace of the remaining due diligence, commissioning and regulatory processes.
25 February 2021 (Private)	Presentation provided following due diligence.
29 April 2021 (Private)	Draft CARR presented to GB which was supported and confirmed for presentation to GB in public on 27 th May.

5. Key Officers

The authorised officer for this programme is:

Jo Turl

Director of Commissioning – Out of hospital, NHS Devon CCG

The lead officers for this programme are:

Sonja Manton

SRO for Integrated Care Partnership, NHS Devon CCG

Anna Coles

Locality Director Plymouth, NHS Devon CCG /Service Director Integrated Commissioning, Plymouth City Council

The procurement lead for this programme is:

Garry Mitchell

Deputy Director of Procurement, NHS South, Central and West Commissioning Support Unit

6. Procurement Timetable

The timetable for the procurement is set out below:

No	Stage	Dates
1	Invitation to Submit an Outline Solution stage (ISOS) issued to Bidders	5 th July 2019
2	ISOS submission closing date	16 th August 2019
3	Dialogue Stage	24 th September 2019 – 27 th November 2019
4	Invitation to Submit Detailed Solution stage (ISDS) released to Shortlisted Bidders	19 th December 2019
5	ISDS submission closing date	31 st January 2020
6	Commissioner Governing Body ratification of Preferred Bidder	26 th March 2020
7	Preferred Bidder Stage to finalise terms with the Preferred Bidder	27 th March 2020 – 31 st March 2021
8	Final Approval/ Contract Award in Public at GB (subject to PCC Cabinet approval)	27 th May 2021
9	Contract Go Live	1 st July 2021

7. Procurement Process

Since approval was given on the 5 July 2019 to commence this procurement the Governing Body have been sighted on progress and agreed to proceed at various key stages of the process.

Commissioners decided on a Competitive Dialogue approach to the procurement process. This route was used to enable in-depth dialogue to determine what the market can offer in terms of technical and financial solutions.

Bids were assessed and evaluated on the basis of most economically advantageous tender.

A summary report of each stage of the procurement is attached at Appendix A.

8. Conflicts of Interest

The SCW procurement team supported the project in the management of conflicts throughout the process. In line with national guidance *Managing conflicts of interest: revised statutory guidance for CCGs 2017* conflicts of interest were given a high priority within the procurement, with 'conflicts of interest' a standing item at project group meetings.

Project members were required to complete Conflict of Interest and Confidentiality forms prior to receiving any sensitive documentation. A version of the conflict register is available to members on request, including all measures that were taken. All conflicts were appropriately managed within the project, and there are no latent risks associated with the aforementioned conflicts.

Bidders were required to complete Conflict of Interest, Confidentiality, Canvassing and Collusion forms as part of their bid. They are also under an ongoing obligation to update the Commissioners should any declarations change in the future.

9. The Contract

The contract will be the NHS Standard Contract 2021/2022 edition, inclusive of all standard performance frameworks, payment mechanisms and terms. The service specification will be a core part of the contract document. The contract has been subject to extensive review by the CCG's lawyers and agreement between both parties. The Governing Body are asked to note the following:

- NHS Devon CCG are the co-ordinating commissioner with NHS Kernow CCG and Plymouth City Council both being associated commissioners to the contract.
- The contract is an outcomes-based contract with a 10 years term plus 5 years extension option, the standard 12-month termination clause is included for all services.
- Previously the termination clause was 18 months, with the earliest termination being 6 years into the contract. This position has now changed and the contract reflects the standard 12 month termination clause for all services. This change is to reflect the changing landscape in Health and Social Care, and allow the contract to be more flexible to accommodate any future changes, an example being the development of provider collaboratives.
- The contract is with University Hospitals Plymouth NHS Trust (UHP) and Livewell Southwest (LWSW) is the material sub-contractor, the sub contract is

based on the standard NHS 21/22 subcontract and mirrors all key terms set in the head contract.

- Agreed outcomes framework, Year 1 baseline and development work to agree expectations from Year 2 onwards, if agreement is not met by the end of year 1 schedule 4E notes Commissioners will determine the measures.
- The Commissioners appointed legal advisors in June 2019. They have provided extensive advice pre-procurement and at various stages during the procurement. They have fully reviewed the proposed contract and provided a legal position statement which has been reviewed by the Executive Programme Board. Outstanding contracting issues are detailed in Appendix A

10. Financial position of the contract

The contract is a block contract agreement with a total value of the contract for the 10+5 term totalling £1,621,126,000. The financial envelope has been agreed as a flat cash contribution from PCC (at a value of £6.2 million per annum) as associate commissioners, with one payment flow from NHS Devon CCG to UHP as the Prime provider. NHS Kernow CCG will also make a single monthly contract payment.

Key elements relating to what makes up the financial envelope for Governing Body to be aware of:

- Financial envelope is based on the contract for services currently provided in 2020/21, based on previous years activities and agreed changes in year which include; £1,398k for 15 additional recovery beds, £561k for ADHD/Autism service, fully funding the First Response Services £831k, £499k transformation fund, £250k contract management resource, Dietetic and speech and language provision £105k, and a reduction of £789k to commission PICU outside of the ICP.
- Risk share agreements in the total Financial envelope include; Licence to use £401k and Spirometry service £120k.
- From Year 2 of the contract 1.5% of the contract value is an incentive payment which will be based on performance against the outcome measures in the contract, exact allocations and based line to be determined with the commissioner in year one of the contract.

11. Provider failure contingency plans

LWSW are the current service provider for community services across the Plymouth and West Devon footprint and for Adult Social Care services for Plymouth and will be a material sub-contract to UHP. The due diligence work done to date as part of the ICP procurement does not indicate that there is significant risk of provider viability concerns.

Nevertheless, Commissioners have completed further analysis in conjunction with regulators in order to assure themselves that adequate contingency plans are developed and in place to maintain service delivery should the provider landscape change.

12. System Transformation

The ICP will bring together under a single governance framework many of Plymouth’s Adult Health and Social Care Services and the partnership will continue to collaborate and align services with Devon County Council and Devon Partnership Trust in relation to the provision of mental health and social care in South Hams and West Devon.

In this way, UHP and LWSW will work in close partnership, with a common vision under a single governance framework.

The ICP will be structured with the transfer of some services (community rehabilitation and stroke inpatient beds) from the direct management of LWSW to UHP, with the remainder of the services being provided by LWSW under a material sub-contract arrangement with UHP. The key outcome of the ICP is to improve outcomes for the people it serves.

The Provider vision is set out below:

Vision

We will provide excellent care with compassion wrapped around



Mission

We will support people to stay well in the place and the community in which they live, where they



Values

- Putting People First
- Respecting others
- Integrity
- Making a

Clearly the award of the ICP Contract creates the landscape for further transformational change across the Western Locality and the initial agreed priority areas for year 1 have been developed in partnership with the Prime Provider and their material sub-contractor.

1. Establishing the Service Hub as the single front door for all priority services
2. Implement the Enhanced Primary Care (EPC) model, continuing to prioritise the development of the care home service and Multi-Disciplinary Teams (MDTs) with Primary Care Networks (PCNs)
3. Further developing a system-wide approach and pathway to Frailty and End of Life, through the care home service, MDTs with PCNs, and acute frailty and the integration of health care of the elderly acute and rehab beds.
4. Delivery of the Community Mental Health Framework (CMHF) to the agreed delivery plan
5. Development of end-to-end pathways for specialist services, prioritising Respiratory, Cardiology and Stroke
6. Further develop and embed a system-based Infection Prevention and Control delivery and assurance model

As the Devon ICS develops further considerations have been given during this procurement to the relationships that will need to be in place in order to support the successful delivery of the outcomes detailed within the contract. Whilst contractual mechanisms are in place including “step in” and termination arrangements, all parties are committed to working together to ensure that the improvements are delivered for the resident population. Learning has been taken from the collaborative approach adopted during COVID where individuals worked cross- organisationally on key agreed priorities; this facilitated positive deployment of the skills and capabilities required to deliver change and will continue across the Locality to ensure transformation is supported.

On Contract Award an Executive group between Commissioners and UHP will be established, this arrangement will ensure sufficient oversight and the mitigation of any risks during mobilisation and delivery. In addition the local performance and improvement group will bring together Chief Operating Officers and Commissioners to oversee performance improvements and agree transformation priorities including the deployment of resources when required.

13 Risk Implications

As part of the Due diligence phase, a number of risks were identified. The remaining strategic risks together with the mitigation actions are detailed below:

- UHP Capacity and Capability to take on ICP alongside a range of material improvement programmes
- Contingency in the event of provider landscape changes
- System arrangements to deliver transformation

See Appendix B risk register, residual risks will be transferred on contract award to the relevant corporate risk register.

UHP Capacity and Capability to deliver the ICP plans alongside a range of material improvement programmes						
Risk	There is a risk that there is insufficient capacity and capability at executive and senior level to deliver the planned transformation as part of the ICP in partnership with LWSW alongside a range of material improvement programmes that UHP are already focused on and need to delivery alongside and with this change.					
Mitigation	UHP have invested in additional capacity at executive and senior level to respond to improvement requirements and shared this regularly. To supplement the already existing capability, UHP have planned a suite of actions and programmes to develop better knowledge and understanding of LWSW services. Additionally, an external peer Trust has been engaged to provide advisory support to UHP's ICP SRO and the wider Board in respect of its performance and quality management responsibilities with respect to community and mental health services.					
Initial Score (/5)	Impact	4	Likelihood	4	Total	16
Mitigated Score (/5)	Impact	4	Likelihood	3	Total	12
Contingency for provider landscape changes						
Risk	There is a risk that if LWSW as the material subcontractor becomes an unviable provider during the lifetime of the contract and ceases to provide the services in the ICP in partnership with UHP, that there are gaps in service provision for the local population.					
Mitigation	UHP have planned a suite of actions and programmes to develop better knowledge and understanding of LWSW services to be able to take on direct provision if needed Contingency approach and principles agreed to ensure continuity of service provision and access for the population should there be provider landscape changes.					
Initial Score (/5)	Impact	4	Likelihood	3	Total	12
Mitigated Score (/5)	Impact	4	Likelihood	2	Total	8
System arrangements to deliver transformation						
Risk	There is a risk that the system arrangements locally between all partners are not sufficiently developed to deliver the transformation.					
Mitigation	Agreed ICS performance improvement framework. LCP performance arrangements agreed. Bespoke executive escalation and oversight of ICP from contract award. Agreement to sharing intelligence and capability across the system to address risks early and prevent escalation. Commitment to effective system and partnership working to collectively address issues and risks.					
Initial Score (/5)	Impact	4	Likelihood	4	Total	16
Mitigated Score (/5)	Impact	4	Likelihood	3	Total	12

14 Implications for Health Inequalities

The service specification set out the clear expectations on the new provider to play a role in ensuring a sustainable and safe health system that will keep a strong recovery focus and play its part in reducing health inequalities.

Quality Equalities Impact Assessment (QEIA) was conducted during pre-procurement.

The panel approved the QEIA on the 20th May 2021, with specific recommendations to ensure that more detailed impact assessments are reviewed and considered as service changes are implemented over the lifetime of the contract.

15 Recommendations

Subject to approval by Plymouth City Council's Executive as the associated commissioner with statutory responsibility for adult social care, it is recommended by the ICP Executive Group that NHS Devon CCG Governing Body approve–

- The award of contract for delivery of the Integrated Care Partnership services for the Western Locality of Devon to University Hospitals Plymouth NHS Trust as lead provider.
- That the contract commences on 1st July 2021 for a period of 10 years with the option to extend for a further 5 years.

Prepared by Emma Cane, Programme Office Manager - NHS South, Central & West Commissioning Support Unit

On behalf of

Jo Turl, SRO for Integrated Care Partnership, NHS Devon CCG

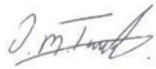
20th May 2021

APPENDIX A	Procurement and Contracting Approach
APPENDIX B	ICP Executive Group Risk Register
APPENDIX C	Regulation 84(1) Report – Contents Checklist

SCW Procurement Sign Off

Recommended by		Recommended by	
Name (Print)	Garry Mitchell	Name (Print)	Faye Robinson
Title	Deputy Director of Procurement NHS South, Central and West	Title	Director of Specialist Services (Procurement Director) NHS South, Central and West
Date	20 May 2021	Date	20 May 2021

NHS Devon CCG Sign Off

Award Approved by Director	
Name (Print)	Jo Turl
Signature	
Title	SRO for Integrated Care Partnership, NHS Devon CCG
Date	20 May 2021