

SM Scrutiny Management Board



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| Date of meeting: | 12 November 2025 |
| Title of Report: | City Help & Support |
| Lead Member: | Councillor Sue Dann (Cabinet Member for Customer Experience, Sport, Leisure and HR and OD) |
| Lead Strategic Director: | David Haley (Director for Childrens Services) |
| Author: | Peter Honeywell, Thomas Fowler |
| Contact Email: | thomas.fowler@plymouth.gov.uk |
| Your Reference: | CHS programme overview |
| Key Decision: | No |
| Confidentiality: | Part I - Official |

Purpose of Report

To provide Scrutiny Management with the rationale and explanation of the City Help & Support programme, which is leading a cultural and structural shift in how we deliver people and complex system services, moving decisively away from a reactive model of responding to crises and towards a proactive, compassionate approach that addresses challenges before they escalate.

Recommendations and Reasons

1. For the SMB to review and offer early feedback and comment on the City Help & Support programme.

Systemic prevention demands a cross-organisation adaptive response building on the strengths and experiences of the city in the recent past. This work is in line with central government policy and the Council's corporate plan to focus on prevention to manage demand for people-based services that will otherwise exceed the Council's ability to fund.

Alternative options considered and rejected

1. Do nothing
2. More directorate-based prevention approaches

Relevance to the Corporate Plan and/or the Plymouth Plan

City Help & Support is directly relevant to the Plymouth Plan, aligned specially with the 'Healthy City' theme. High relevance to the Corporate Plan, specifically 'focusing on prevention and early intervention'.

Implications for the Medium Term Financial Plan and Resource Implications:

The City Help & Support KPIs are linked with the MTFP, specifically to address demand on the big four demand-led cost areas and beyond.

The programme is dependent on the availability of capital receipt for transformation. The programme is expected to deliver transformation that will support reduced demands recorded in the MFTP. Failure to deliver a return on investment will have an impact on budget pressures during the MFTP period and beyond.

No legal implications at a programme level, however there may be legal implications for specific projects or initiatives.

N/A

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

No adverse implications.

**Add rows as required to box below*

| Ref. | Title of Appendix | Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i> | | | | | | |
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| A | City Help & Support | | | | | | | |

**Add rows as required to box below*

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

| Title of any background paper(s) | Exemption Paragraph Number (if applicable) | | | | | | |
|----------------------------------|--|---|---|---|---|---|---|
| | <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i> | | | | | | |
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| Fin | N/A | Leg | N/A | Mon Off | N/A | HR | N/A | Assets | N/A | Strat Proc | N/A |
| Originating Senior Leadership Team member: David Haley | | | | | | | | | | | |

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

Date agreed: 31/10/2025

Cabinet Member approval: Councillor Sue Dann.

A handwritten signature in black ink, appearing to read 'Sue Dann', is written in a cursive style.

Date approved: 4 November 2025

City Help & Support

I. Executive Summary: The Case for Change and Vision

City Help & Support (CHS) is a critical, whole-system transformation initiative. It represents a fundamental cultural and structural shift away from a costly, reactive model of crisis management towards a proactive, compassionate, place-based prevention approach. The goal is to create a fairer, more resilient city by addressing interconnected challenges (poverty, trauma, housing) before they escalate. This decisive move is essential for ensuring Plymouth residents can thrive, and the long-term financial viability of the Council.

The Vicious Cycle of High-Cost Crisis

In common with local authorities across the county, Plymouth City Council is currently locked in a "vicious cycle" where unrelenting demand for statutory, legally mandated services forces the diversion of vital funding from discretionary, preventative services. This pressure on the delivery of early support inevitably causes cases to escalate faster and become more complex, dramatically driving up the need for the most expensive acute interventions (such as residential placements or costly B&Bs) and critically undermining the Council's long-term financial stability. The cost is measured not only in budget deficits but in the profound human impact of lives spent in crisis.

The financial strain is evidenced across four key pressure areas:

- **Children in Care:** Plymouth has 528 children in our care, a higher rate than many of our statistical neighbours. Spending has been diverted from early help toward expensive late intervention like residential care. This imbalance means we are not investing enough in family resilience, often leading to poor life outcomes and a long-term reliance on complex, restrictive placements for our most vulnerable young people.
- **Special Educational Needs and Disabilities (SEND):** Spending on Independent Special School Placements has increased by 257% since 2021, driving deficits in the Dedicated Schools Grant (DSG). The cost pressures are unavoidable without systemic change focused on earlier needs identification and local provision sufficiency.
- **Homelessness:** 449 households are in temporary accommodation (with 268 in B&Bs or holiday lets). The statutory duty to provide this housing makes expenditure impossible to cap, leading to continuous spikes. This is a reactive spend that does nothing to tackle the root causes, placing severe strain on families, particularly children whose education and wellbeing are disrupted.
- **Adult Social Care:** Demand for high-cost support continues to rise, evidenced by a 40% increase in people requiring short-term placements in the past year, linked to a lack of preventative support. This prevents older residents from achieving full independence and places strain on the hospital discharge process.

CHS is an essential mechanism to rebalance this system. By making brave, up-front investments in early help, we aim to reduce the need for acute crisis spending, thus improving lives and securing the Council's financial stability.

2. Foundations and Necessity: Support To Meet The Size of the Challenge

The City Help & Support Programme is built on proven success but is necessary because existing initiatives, while effective, operate in isolation and at an insufficient scale to meet the city's systemic demand challenge.

What We Are Already Doing

Our commitment to prevention is active across the city through several proven initiatives that demonstrate the viability of this approach:

- **Families First Partnership:** A major reform in Children's Social Care focused on early intervention and family help to prevent needs from escalating to crisis, providing a robust model for working with vulnerable families.
- **Family Hubs and Health and Wellbeing Hubs:** An integrated network providing accessible, high-quality support, advice, and health promotion directly in communities. These hubs have established trust and visibility in local neighbourhoods.
- **Proactive Adult Services:** Successfully applying the reablement model (regaining independence) in the community setting to prevent hospital admission and maintain independence for longer. This approach is highly effective at increasing quality of life and reducing the demand for long-term formal care.
- **Innovation Programmes:** The Community Builders Programme (empowering communities to reduce isolation and improve wellbeing) and The Alliance (unifying 25+ siloed contracts for complex adult needs) provide powerful, evidence-based models for person-centred, multi-agency working. These programmes have proven that co-designed, asset-based models fundamentally break the crisis loop for individuals with multiple and complex disadvantages, establishing a template for city-wide application that CHS must now integrate and grow.

Why We Need a Formal Programme

Despite these successes, the scale of the challenge remains unmet because:

1. **Siloed Operation:** Existing prevention work often operates in isolation, limiting the sharing of learning, best practices, and resources across directorates and external partners.
2. **Insufficient Scale:** Current efforts, while highly effective in their areas, are not meeting the systemic scale of the demand challenge currently facing the city. They remain successful projects rather than an integrated system.
3. **System Imbalance:** The overall system is still fundamentally unbalanced, with reactive, statutory crisis response consuming the majority of resources, starving the preventative end of the spectrum.

The CHS Programme will provide the strong, coherent system leadership, cultural and structural change, and capital investment necessary to move successful pilot initiatives into scalable, sustainable business as usual. This shift is about establishing a permanent, integrated operating model, ensuring that prevention is no longer a successful 'side project' but the core mission of every relevant service across the city.

3. Programme Delivery: The Three-Tiered Approach

CHS will deliver transformation through a three-tiered approach focused on addressing the needs of the entire population, supported by cross-cutting investment projects.

The Delivery Framework

The framework is structured across three tiers of prevention:

- **Primary Prevention:** Early Help and Support (Helping Everyone Thrive): This is a universal approach aimed at creating strong, healthy, and resilient communities so problems are less likely to happen in the first place. This means making information and support easy to access via simple online services and community hubs (libraries, family hubs), and supporting public health campaigns and community-led initiatives. This approach is rooted in the belief that robust social capital and readily available universal support are the best defence against future crises. It is about creating accessible, low-barrier environments where proactive self-reliance is nurtured and supported.

- **Secondary Prevention: Early Intervention (Stepping In Early):** This is a targeted approach focused on identifying and proactively supporting people who are at risk of a problem becoming a crisis. We will use data and insights (e.g., to spot households at risk of eviction or pupils at risk of school exclusion) to offer tailored support, such as early mental health services or dedicated financial hardship support. This predictive, targeted action is crucial. By identifying risks such as a family struggling with debt or a young person showing early signs of withdrawal, we can deploy the precise level of support needed to change the trajectory of their circumstances, making the difference between sustained stability and statutory intervention.
- **Tertiary Prevention: Recovery (Supporting People on their Journey):** This tier provides comprehensive, wrap-around support for individuals and families already experiencing a crisis. The goal is to aid recovery, prevent re-escalation, and ensure people access all necessary help (housing, mental health, employment) from one place, the principle of "tell my story once." This integrated approach is trauma-informed and dignity-led, designed to stabilise individuals rapidly, prevent cycling back into crisis, and rebuild their capacity for independence and self-management, thereby significantly reducing long-term service reliance and improving their quality of life.

Key Projects (Year One)

CHS will deliver high-impact projects designed to create quick wins and long-term systemic change:

- **Single Citizen View:** Developing predictive analytics to identify households at risk of homelessness and pupils at risk of low attendance, enabling preventative interventions to be delivered earlier by the Council or partners. This is foundational for enabling secondary prevention, shifting frontline practitioners from purely reactive modes to proactive, data-informed intervention based on shared intelligence.
- **Alignment with Neighbourhoods:** Developing multi-disciplinary teams (MDTs) within locality areas (starting with Children's Services), aligning with NHS Integrated Neighbourhood Working and utilising community assets (Hubs, Libraries). Creating these multi-disciplinary, place-based teams ensures decisions and resources are localised, responsive to specific community needs, and eliminate the confusion and fragmentation caused by multiple siloed service providers.
- **No Wrong Door:** Implementing a circuit breaker model for adolescents at the edge of entering high-cost residential care.
- **Commissioning for Prevention:** Ensuring the council's spending power supports the prevention agenda, learning from models like the Plymouth Alliance and incorporating social value for social impact in all relevant contracts.

4. Financial Model and Strategic Outcomes

Our Outcomes: How We Will Know We Are Succeeding

Success will be measured through a Theory of Change (ToC) aligned with the Council's Medium Term Financial Plan (MTFP). The core Key Performance Indicators (KPIs) will target the four main cost pressures for cost avoidance:

1. **Stabilise Children's Services:** We will measure success by the reduction in the number of children entering care and a decreased reliance on high-cost residential placements, achieved by investing in rebalancing the system towards acting earlier. A key secondary outcome will be increasing placement stability and improving educational attainment for those children who remain in care, signifying a healthier system.
2. **Reduce Homelessness:** The key focus is to reduce the number of households in temporary accommodation, especially high-cost B&Bs, through early intervention, and specialist pathways for secure housing access. This shifts the investment from emergency housing provision to long-term stability.

3. **Stabilise SEND Costs:** Success is defined by reduced spend on High-Cost Alternative School Placements (INMSS). This is enabled by increasing local, cost-effective provision and strengthening mainstream inclusion through joint working, ensuring children receive the right support closer to home.
4. **Increase Adult Independence:** We aim to increase adult independence and reduce long-term dependency on formal care services by promoting Wellbeing, strengthening Reablement at the Front Door, and modernising service delivery through Tech Enabled Care. The measure of success is sustained independence in the community.

Financial Model and Governance

The CHS Programme operates as a "framework holder" and "decision-maker," underpinned by a self-sustaining financial cycle designed to move from upfront investment to continuous cost avoidance.

- **Investment Cycle:** A clear Business/Investment Case must justify the allocation of a Capital Receipt for transformation. Cases are assessed rigorously on Strategic Fit, Potential Value for Money, and Achievability. The governance framework ensures that every investment is judged on its ability to deliver demonstrable cost avoidance within a three-year window, protecting the transformation fund from being used to plug existing operational budget gaps.
- **Phased Funding:** Funding for projects will be phased to ensure dependency is reduced over time and the new way of working becomes embedded.
- **Governance:** The programme is overseen by the CHS Programme Board, which includes Strategic Directors for Children's Services, Adult Services, Public Health, and the Section 151 Officer. It meets monthly to critically assess and approve investment cases, monitor performance, and ensure strategic alignment.