



Democratic and Member Support

Chief Executive's Department
Plymouth City Council
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#healthyplym

HEALTH AND WELLBEING BOARD

Thursday 30 June 2016
10.00 am
Warspite Room, Council House

Members:

Councillor Mrs Bowyer, Chair
Councillors Mrs Beer and Tuffin.

Statutory Co-opted Members: Strategic Director for People, NEW Devon Clinical Commissioning Group representatives, Director for Public Health, Healthwatch representative (vacancy), NHS England.

Non-Statutory Co-opted Members: Representatives of Plymouth Community Homes, Plymouth Community Healthcare, Plymouth NHS Hospitals Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner and the Voluntary and Community Sector.

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

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Tracey Lee

Chief Executive

HEALTH AND WELLBEING BOARD

1. Confirmation of Chair and Vice Chair

The Board will confirm the appointment of the Chair and elect a Vice-Chair for 2016-17.

2. Appointment of Co-opted Representatives

The Board will confirm the appointment of the co-opted representatives.

3. Apologies

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

4. Declarations of Interest

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

5. Chairs urgent business

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

6. Minutes

(Pages 1 - 6)

To confirm the minutes of the meeting held on 28 January 2016.

7. Questions from the public

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

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

8. Success Regime

(Pages 7 - 24)

The Board to receive a presentation on the Success Regime.

9. Sustainable Transformation Plan

(Pages 25 - 40)

The Board to receive a presentation on the Sustainable Transformation Plan.

10. Integrated Commissioning System Action Plans (Pages 41 - 54)

The Board to receive a presentation on the Integrated Commissioning System Action Plans.

11. People, Communities and Institutions - Report from Plymouth Growth Board (Pages 55 - 100)

The Board to receive a report from Plymouth Growth Board.

12. Change of Political Administration - Impact

The Board to understand the impact of the change of political administration.

13. Work Programme (Pages 101 - 102)

The Board are invited to add items to the work programme.

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Health and Wellbeing Board**Thursday 28 January 2016****PRESENT:**

Dr Paul Hardy, in the Chair for this meeting.
Kelechi Nnoaham, Vice Chair for this meeting.

David Bearman - Devon Local Pharmaceutical Committee, Councillor Mrs Bowyer, Carole Burgoyne - Plymouth City Council, John Clark - Plymouth Community Homes, Jerry Clough - NEW Devon CCG, Peter Edwards - Healthwatch, Tony Fuqua - Community and Voluntary Sector, Tony Hogg - Police and Crime Commissioner, Ann James - Plymouth Hospitals NHS Trust, Dr Richard Stephenson - Plymouth University, Jo Traynor - Community and Voluntary Sector and Steve Waite – Livewell South West.

Apologies for absence: Councillors McDonald and Tuffin, Chief Supt Andy Boulting - Devon and Cornwall Police, Dr Liz Thomas – NHS England.

Also in attendance: Julie Frier and Ruth Harrell – Consultants in Public Health, Dame Ruth Carnell – Chair of the Success Regime, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 12.00 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

22. APPOINTMENT OF CHAIR AND VICE-CHAIR

Dr Paul Hardy was appointed Chair and Kelechi Nnoaham was appointed Vice-Chair for this meeting.

23. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

| Name | Subject | Reason | Interest |
|---------------|------------------------|---------------------------------|----------|
| Dr Paul Hardy | Minute 28 - PMS Review | Practising GP in a PMS Practice | DPI |
| Steve Waite | Minute 28 - PMS Review | Director of a PMS Organisation | Private |

24. CHAIR'S URGENT BUSINESS

Ross Jago, Lead Officer reported that the Health and Wellbeing Board Working Group recently met to discuss the future of the board. The outcomes from this meeting would be circulated to the Board and will set the board development agenda for the coming year.

25. MINUTES

Agreed that the minutes of 1 October 2016 were confirmed.

26. CHANGES TO THE HWB MEMBERSHIP

The Board noted the changes to the Health and Wellbeing Board membership and gave thanks to Richard Stephenson for this contribution to the Board. It was also highlighted that that apologies were received from NHS England and the importance of having NHS England's contribution at the meeting.

Agreed that a letter is sent to NHS England outlining the importance of NHS England's representation on the Health and Wellbeing Board.

27. HEALTHY WEIGHT PROGRAMME

Julie Frier and Ruth Harrell, Consultants in Public Health provided the Board with an update on the activity undertaken over the last year with regard to the Healthy Weight Programme. It was reported that -

- (a) the overall goal – to enable all Plymouth citizens to achieve and maintain healthy lives for healthy weight;
- (b) there are 4 strategic aims –
 - to build a strategic, sustainable and city-wide approach to promoting healthy lives for healthy weight;
 - to create and develop active, health promoting environments where we live, play, learn and work;
 - to give all children the best start and support the achievement of healthy lives for healthy weight in their families and communities;
 - to ensure effective prevention, identification, early intervention and management of obesity in children and adults.
- (c) there were challenges, such as -
 - complexity of the system;
 - no quick fix;

- scale of numbers with excess weight not easy to lose weight or sustain in the long term;
- funding challenges

(d) next steps -

- to continue progress against the plan with reiteration;
- communication and social marketing;
- building on Thrive Plymouth.

The main areas of questioning from the Board related to the following -

- (e) the parallels with the alcohol agenda and connection to troubled families in addressing the holistic person;
- (f) funding and accessing joint commissioning;
- (g) sugar tax;
- (h) dental provision for children.

Agreed that –

1. 3 key message to be highlighted to parents around action and support available.
2. Public Health Consultants to report to the relevant group (system design group) to identify the complexities within the local system and to find a solution.

28. **PRIMARY MEDICAL SERVICES REVIEW**

Jerry Clough, Director of the Western Locality, NEW Devon CCG provided the Board with a presentation on Personal Medical Services (PMS) Review. It was reported that –

- (a) Personal Medical Services (PMS) and General Medical Services (GMS) are the two main contract types for general practice;
- (b) the PMS review removes all practices to an equivalent level of funding for their provision of core services;
- (c) the funding that a PMS or GMS practice would receive was weighted for workload and unavoidable costs;
- (d) GP practices that were currently funded above average would see a reduction in the funding that their practice receives.

The main areas of questioning from the Board related to the following –

- (e) impact on the hospital as a result of the PMS Review and how this would be evaluated;
- (f) how the PMS Review links into the Success Regime.

The board noted the PMS Review.

29. **SUCCESS REGIME**

Dame Ruth Carnall, Chair of the Success Regime provided the Board with an update. It was reported that -

- (a) NEW Devon was one of three areas selected in the country and support would be provided to tackle the unique and challenging set of issues faced by Devon;
- (b) three phases of work:
 - Phase 1: diagnostic phase to understand the issues
 - Phase 2: design and consultation on options for addressing the challenges
 - Phase 3: implement changes to services
- (c) Phase 1 of the Devon Success Regime was now complete and sets out a compelling case for change with a long list of opportunities for further consideration.
- (d) five transformation opportunities have been prioritised to deliver benefit in 2016/17 –
 - reduction in the length of stay in acute and community hospitals
 - reduce the differences in the levels of elective (planned) care
 - optimise the amount of money being spent on continuing care
 - joint procurement of clinical and non-clinical supplies
 - reduction in the spend on agency staff
- (e) this was not a short process and the programme would need to be well resourced over the next year;
- (f) it was not about cuts or individual organisations but how we improve services for the people in Devon;
- (g) tests to be undertaken to ensure that the Success Regime has been successful,

(h) next steps –

- help to produce a plan and deliver on the plan;
- more collaborative leadership;
- tackle engagement and get it right around the case for change;
- by the end of March 2016, leave you with a credible set of strategic options and ensure they are presented to secure transitional and financial support to tackle the imbalances.

The main areas of questioning from the Board related to the following -

- (i) patients receiving the care they need;
- (j) addressing the inequalities;
- (k) lack of involvement of Plymouth University around workforce development and innovation;
- (l) deprivation and fairer funding distribution;
- (m) workforce issues.

The Board thanked Ruth for the update and looked forward to Phase 2 and the case for the change.

30. **WORK PROGRAMME**

The Board noted the work programme and were requested to email Ross Jago to add items to the work programme.

31. **EXEMPT BUSINESS**

There were no items of exempt business.

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Talking to you about local care



Introduction

Laura Nicholas
Programme director, NEW Devon Success Regime

What is the 'Success Regime'?

- North, East and West Devon have been put into the Success Regime (SR), along with two other areas in the country (Cumbria and Essex).
- This is enabling a particularly challenging set of local issues to be tackled, led by a strong clinical case, to deliver services that are of a consistent high quality and are clinically and financially sustainable in the longer term.
- The SR has been working collaboratively as one system, with a new leadership and governance framework to design and deliver a transformed sustainable financial and clinical health and care system.
- There are three phases of work:
 - Phase 1: diagnostic phase to understand the issues
 - Phase 2: design & discussion of possible options for change, inc. any consultation
 - Phase 3: implement changes to services

PLACEHOLDER FOR VIDEO



Drivers of the north, east and west Devon challenge

| | |
|------------------------|--|
| Continuing Health Care | <ul style="list-style-type: none">• Continuing care spending is c. 50% higher than areas with a similar population elsewhere in England• High levels of community services spending compared to peers |
| Bed based care | <ul style="list-style-type: none">• Every day 500 people are in a hospital bed awaiting discharge• 40% of all acute bed days are occupied by patients aged 70+ with stays in excess of 10 days• For patients in community beds long lengths of stay for elderly patients are an even bigger issue (in Northern Devon 86% of beddays are for 70 years olds staying 10 days or more) |
| Elective care | <ul style="list-style-type: none">• 12% more patients are referred to hospitals in Devon this is higher activity than similar populations elsewhere - top quartile• High levels of variation at practice level (77% between top and bottom decile)• Activity in Eastern locality is higher than expected for almost every age group and higher than other parts of Devon |
| Acute standards | <ul style="list-style-type: none">• National standards for acute care where are not fully met in all our hospitals• Less than 65% of the standards are being met for stroke, emergency medicine and older persons care in each of the three Trusts |
| Productivity | <ul style="list-style-type: none">• Trust level productivity analysis suggests opportunities across staffing, procurement and agency spend, totalling between 6% and 21% (of operating costs) compared to the 'best' Trust in each peer group |
| Unequal spending | <ul style="list-style-type: none">• The total CCG commissioner spend per capita is highest in Eastern Devon (£1,333), closely followed by Northern Devon (£1,322); spending in Western Devon per capita is noticeably lower (£1,162) |

The twenty transformation opportunities identified by senior clinicians and managers

| | |
|--|--|
| <p>1</p> <p>Prevention</p> | <ul style="list-style-type: none"> A. Healthy start for children B. Supporting vulnerable children C. Living well for adults D. Ageing well |
| <p>2</p> <p>Excellent care</p> | <ul style="list-style-type: none"> A. Proactive care and support planning in primary care with access to specialist opinion B. Reducing the reliance on bed based care in all settings C. New models of care for people with dementia D. Optimise elective care pathway E. End of life pathways F. Better care for mental health patients who also have one or more long term condition G. Optimise spending on continuing care |
| <p>3</p> <p>Productivity</p> | <ul style="list-style-type: none"> A. Optimising the use of clinical and non-clinical staff B. Reduce agency spend C. Improved procurement D. Optimising the use of estate |
| <p>4</p> <p>Optimising service configuration</p> | <ul style="list-style-type: none"> A. Delivering high quality, accessible emergency services (stroke, CVD, heart attacks) and urgent care services B. Maternity and paediatric inpatient services C. Reconfiguration of elective care D. Improving the cancer pathway E. Consolidation of specialised services |



Some of these opportunities build on work already under way in Devon and these activities will need to be brought together in an appropriate way



Next steps

- As a whole system, we will jointly develop our Sustainability & Transformation Plan (STP) for the NEW Devon and South Devon & Torbay footprint – with DCC PCC & Torbay Council- by the end June 16
- The five opportunities prioritised to deliver benefit in 2016/17 (the first year of our STP) will be delivered
- Phase 2 takes the opportunities identified in phase 1 and develops options for change; the first part of this looks at the future delivery of care, where this care could take place and identifies a sensible list of options for further work
- Some of the changes identified could require consultation. Our current thinking is that where consultation is required, this could begin late summer/early autumn. Changes to services could happen as early as March 2017 – but there is much to do before then
- This phase of work needs to engage people and patients appropriately, and running a process that meets the many requirements for making substantial change in the NHS.

One system one plan one approach

- Key Issues
 - North east and western Devon health and social care system is living beyond its means
 - Care is not integrated with siloed working and duplication
 - Some services are not meeting national standards
 - Recruiting and retaining staff is an increasing problem and
 - Some service are vulnerable and unlikely to be clinically sustainable in the future
- Key Action areas

The 5 NHS organisations in north east and west Devon are working together to deliver a single programme of work. During 2016/17 the focus of our work will secure improvements in the following areas:

 - Bed based care
 - Elective care
 - Continuing care
 - Procurement
 - Agency spend

What

The 'I' statements

Laura Nicholas
Programme Director, Success Regime

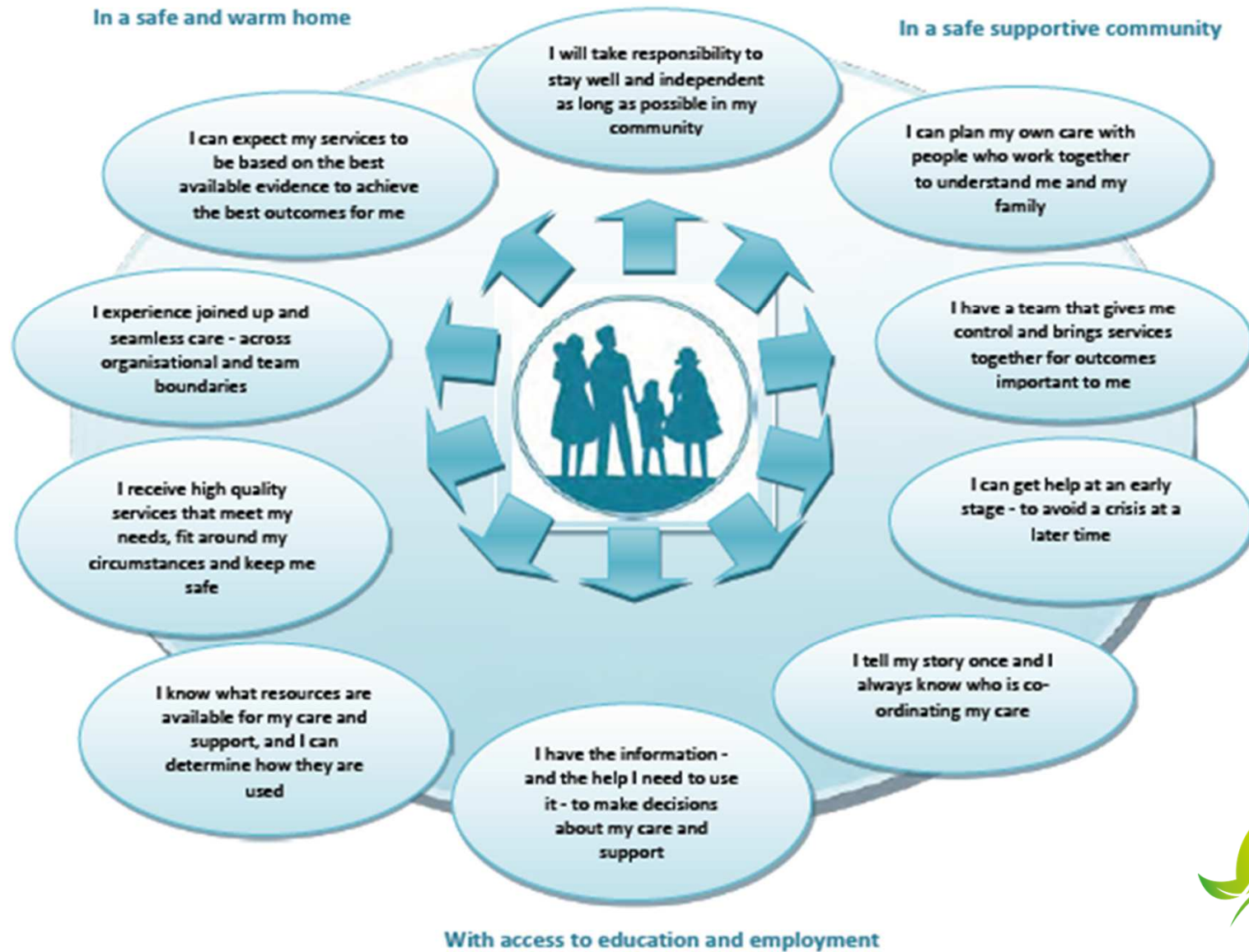
Developing the 'I' statements

- Process for public engagement – launched 2013 with the TCS programme
- Feedback collected and stakeholder reference group set up to develop a set of 10 principles that would underpin future community services commissioning

1. **Integrated and seamless delivery**
2. **Clear pathways and access**
3. **Consistent outcomes**
4. **Evidence based foundations**
5. **Individuals and carers at the centre**
6. **Personalised and localised models**
7. **Honest and open relationships**
8. **Care that reflects health needs**
9. **Sustainable, agile and flexible responses**
10. **Shifts resources and innovates**

- Principles were developed in to 'I' statements, approved by CCG Governing Body and Health and Wellbeing Boards

Developing the 'I' statements



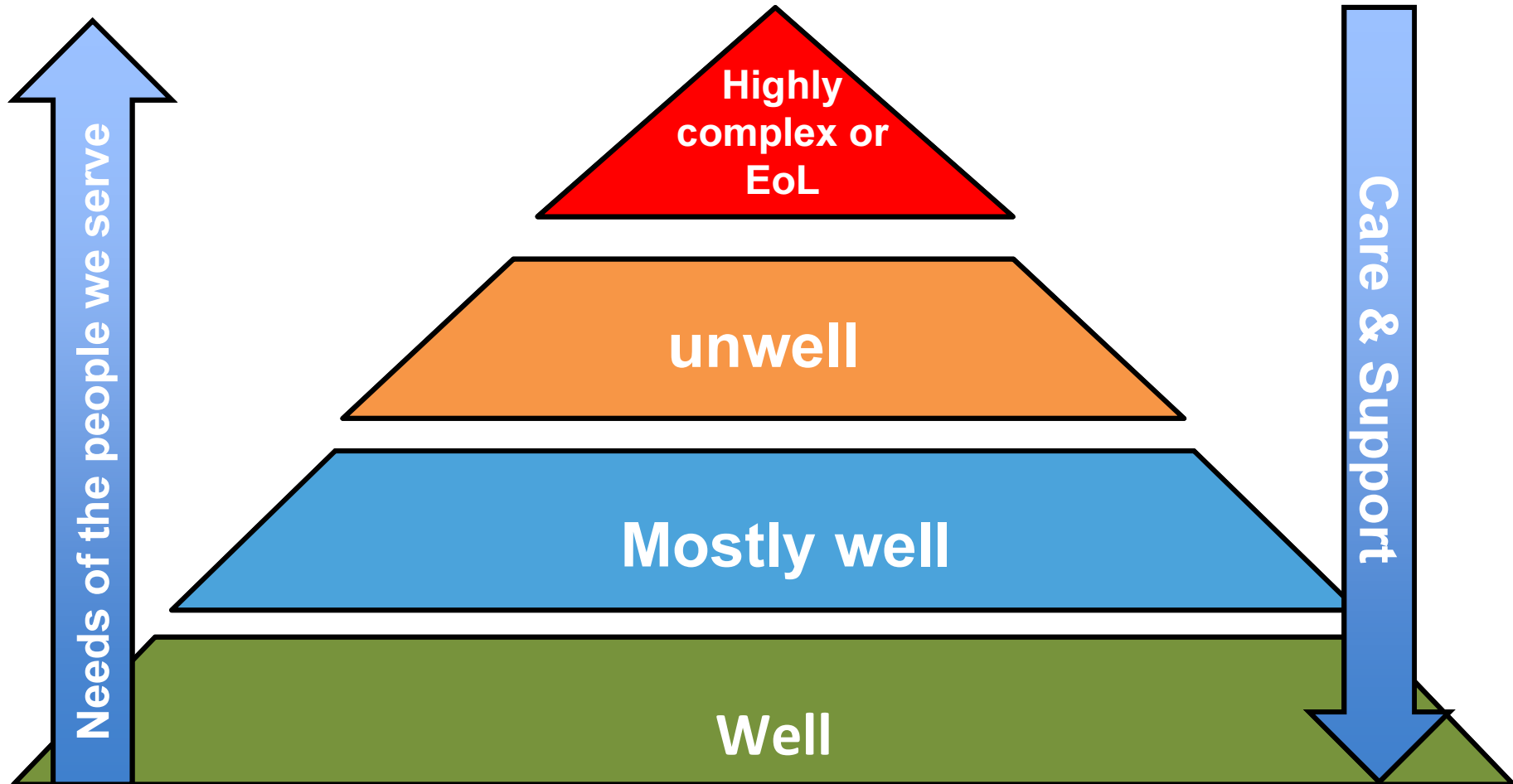
Our clinical vision will mean that people, patients and staff across Devon will see

- Care that is more person-centred and co-ordinated for people with more than one long term condition
- New services, provided as close to home as possible
- Fewer people remaining in hospital beds who don't need to be there
- Services provided in the most appropriate place, allowing for the highest quality care which meets standards
- Services run more efficiently across North, East and West Devon

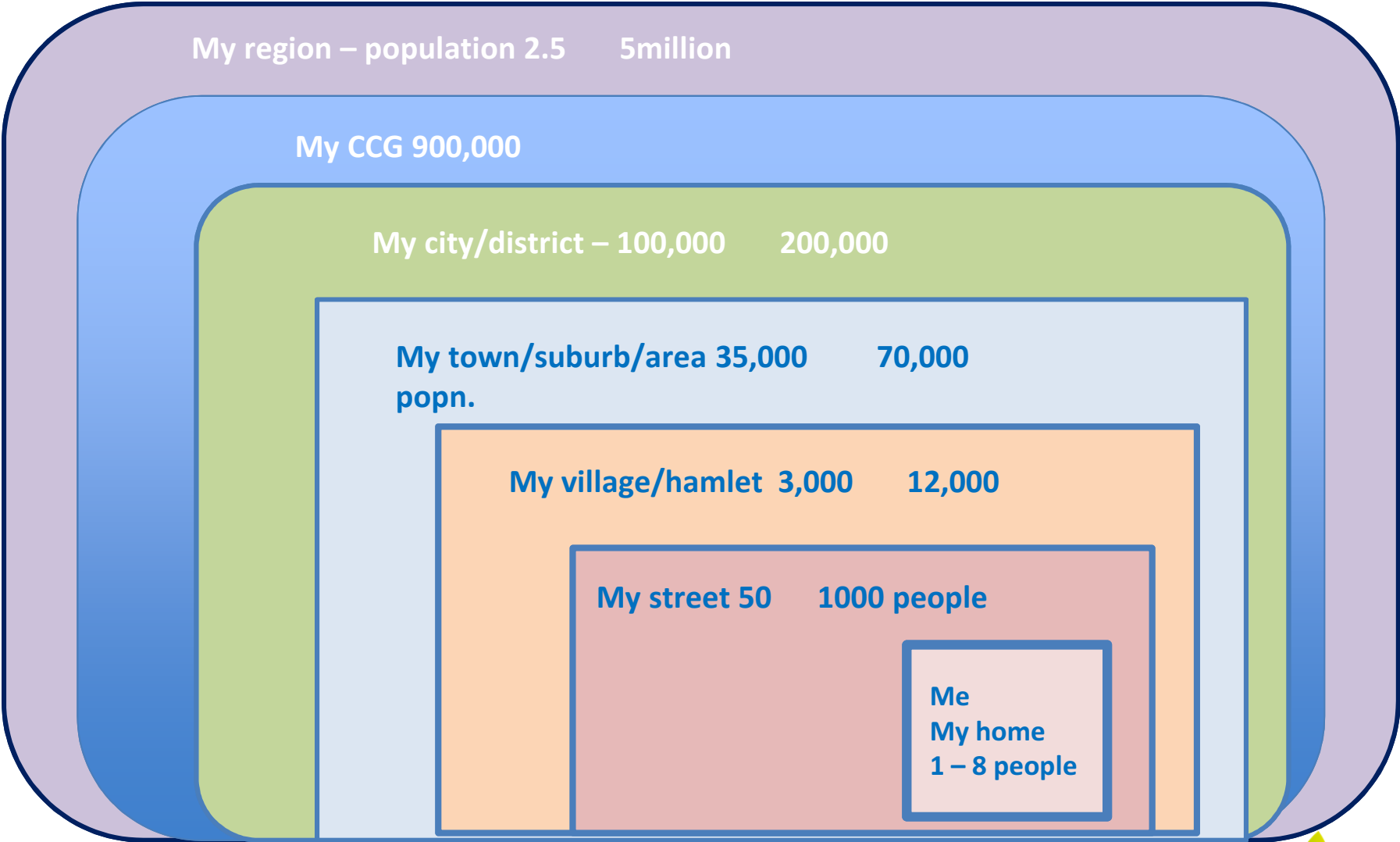
Our vision for transformed care

- From patients to.... people
- From care settings to... places and communities
- From organisations to... networks of care & support
- From what's the matter with you? to...what matters to you?
- From illness management to... Wellness support

We will develop a new model of care focused on meeting the needs of whole people, not specific conditions



And we need to plan care delivery in a way that makes sense for people in their communities and for the health & social care organisations in Devon



Thank you. Your questions please.

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One System, One Aim

How to deliver a system plan across the Devon Success Regime

- Governance, Assurance and Risk



What are we trying to achieve?



One System, One Aim

We are creating a set of structures, process and behaviours to underpin the connected delivery of a single system plan covering the Devon Success Regime

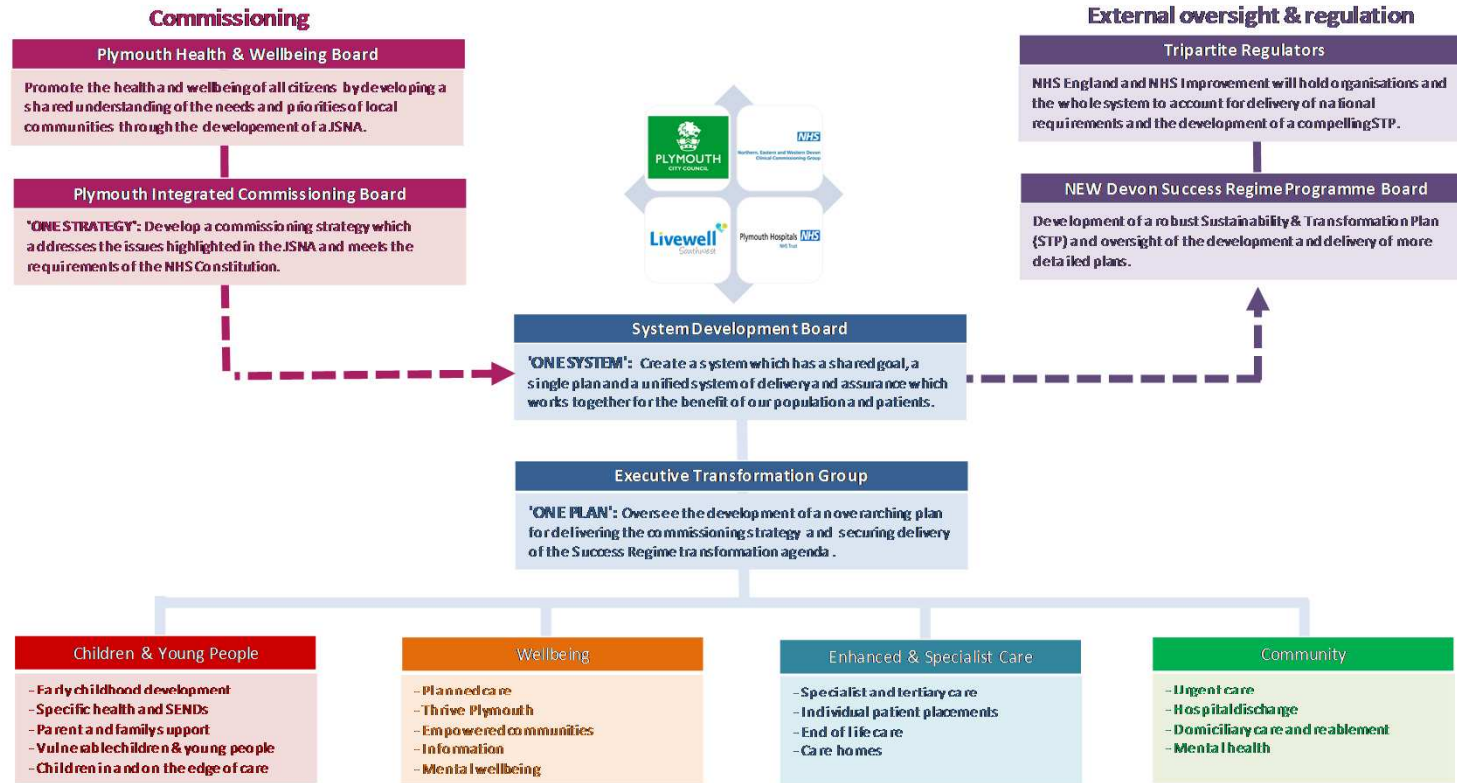


Background and Purpose



- Deliver requirements of the Sustainability and Transformation Plan
- High level governance in place and emerging, enabling local delivery
- Describe:
 - How a system plan can be delivered through the collective effort of a number of organisations
 - How known and emerging risks can be managed
 - How the system effort will see significantly better performance and outcomes that has been seen previously.
- Showing:
 - How we will achieve better working as a single system
 - The foundations we are building on
 - The understanding of the challenges we need to address and where we need to demonstrate our improvement
 - The level of commitment to the single system plan and the work we are doing to underpin the ambition

Leadership and Governance



Professional Networks

| Quality | Workforce | Finance | Infrastructure |
|---|--|--|---|
| 'ONE STANDARD': Oversee the delivery of safe, effective, caring, responsive and well-led services and other local quality priorities. | 'ONE WORKFORCE': Develop plans for maximising the utilisation and motivation of our collective staff capacity across the whole system. | 'ONE BUDGET': Develop a single system financial control total and apply our individual and collective resources in the most effective and efficient way. | 'ONE INFRASTRUCTURE': Develop plans for utilising and sharing our collective infrastructure for the benefit of the population and patients. |

One Plan



Aim - Create a single delivery plan for the health and wellbeing community.

- **One agreed plan** with mandated and consistent approaches for delivery in 2016/17 and for longer term consultation delivering greater levels of change
- **One set of theme leads** using programme management office (PMO) and control centres, managed by a single System Steering Group – a **consistent change environment**
- **One lead in each delivery patch** for the patch delivery plan – held to account by the System Steering Group

One Plan



What we have

- Well constructed, tested and reviewed plan for 16/17 agreed by all organisations
- Outline delivery structure and plans
- Commitment to single mandated approaches across all organisations
- Clear and robust link to financial plan

What we need to do next

- Establish single system PMO incorporating the systems that work well, such as commissioning control centres
- Establish patch delivery responsibility and process
- Create single reporting structure
- Agree risk mitigation approaches
- Redirect commissioner and provider resources to the delivery of the system plan in each patch

One Plan: Plymouth and Western



- Priority One** → Review and Redesign the Urgent Care System
- Priority Two** → Transform Services for Children and Young People
- Priority Three** → Redesign and Remodel the System of Elective Care
- Priority Four** → Reduce the amount spent on Individual High Cost Packages of Care
- Priority Five** → Develop an Integrated System of Health and Wellbeing Hubs
- Priority Six** → Implement the implement the Five Year Forward View for Mental Health, embed in all priorities and align to the Complex Needs System
- Priority Seven** → Develop and redesign primary care as part of the system of health and wellbeing

One Standard



Aim: Deliver safe, effective, caring, responsive and well-led services across the whole of the system

- A **single view of system performance** with organisational level detail with improved performance hitting agreed trajectories
- **System Assurance meetings** and **System Recovery Plans** to replace and improve on Integrated Assurance and Performance Management (IPAM) and contract processes

One Standard



What we have

- Well developed, consistent models (Integrated Provider Assurance Meetings – IPAMs) to review contract performance and quality delivery
- A CCG level view of performance across all organisations
- Performance trajectories for NHS Constitution standards in 2016/17
- Clear links to system plan activity and finance

What we need to do next

- Enhance IPAM meetings to become Integrated System Assurance Meetings
- Establish mechanisms for system and patch assurance to joint regulators
- Describe revised patch quality assurance
- Develop and implement system performance assurance and remedial action plan processes
- Develop enhanced reporting process for single system performance view

One Budget



Aim: Adopt a single system financial control total and apply our shared resources in the most effective and efficient way.

- Maintain **single finance plan** with **control over whole system** financial performance and outturn
- Agree **recovery mechanisms** for off target performance and handling of overall position within each organisation's accounts

One Budget



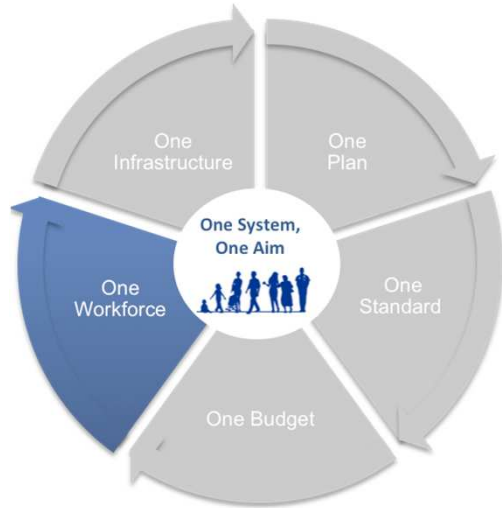
What we have

- A single system financial plan for 2016/17 and agreed Success Regime 5-year model
- Delivered system wide control totals for 2015/16; a foundation of joint working
- Eradicated discrepancy between commissioner and provider financial positions
- Agreed single leadership through a System Director of Finance
- An unparalleled commitment to the time and meetings required for joint working

What we need to do next

- Agree relationship between Joint DoFs' Group and delivery of the system plan through the Steering Group
- Agree process with Joint Regulators for oversight of system financial plan
- Agree handling strategies for emerging financial issues, within a system plan context
- Embed system behaviours evident in DoFs relationship in wider finance and contracting teams

One Workforce



Aim: Maximise the utilisation and motivation of the people working within the health and wellbeing community.

- Create a forum for **delivering the best strategy for workforce** for 16/17 and in the longer term

One Workforce



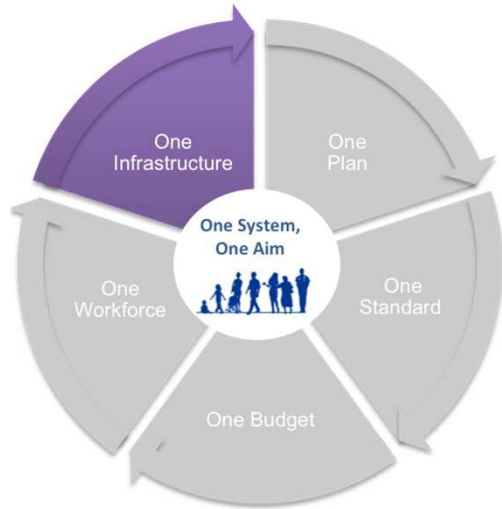
What we have

- Organisational understanding of workforce challenges and issues
- High-level shared view of workforce challenges in the Devon and Plymouth area and across the Peninsular
- Agreed actions on agency staffing

What we need to do next

- Create a forum for discussing workforce issues
- Agree short term system actions for 2016/17
- Undertake analysis to underpin the delivery of the Success Regime ambitions over the next 5 years with the appropriate workforce
- Ensure system working is underpinned by strong workforce network

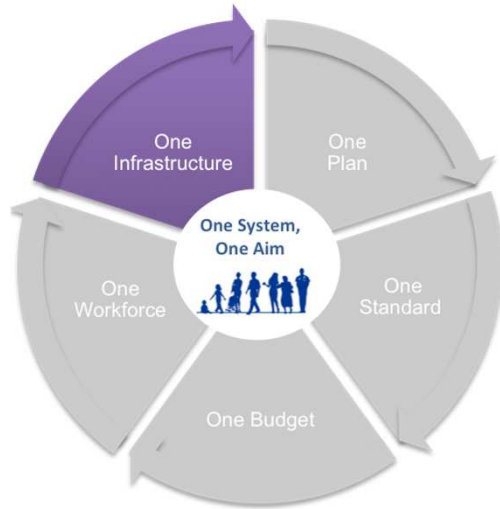
One Infrastructure



Aim: Utilise our assets such as land, buildings and information technology in an integrated manner.

- Ensure **greatest benefit and utilisation** for working collectively on infrastructure in pursuing the single plan

One Infrastructure



What we have

- An agreed digital roadmap covering all NHS System organisations
- Two Local Estates Strategies covering the two delivery patches
- Initiatives such as One Public Estate looking to liberate land and building changes
- Clear opportunities to rationalise and improve efficiency and effectiveness through better use of infrastructure

What we need to do next

- Ensure digital roadmap agenda is a key enabler of the system plan and success regime and firmly linked to transformation workstreams
- Ensure Local Estates Strategies are owned and shared by all organisations in the community and can act as the key driving document for land and building changes

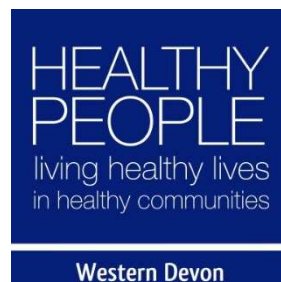
Delivering One System, One Aim



- Engagement
- Management of risk
- System behaviours
- Key challenges



Integrated Commissioning System Action Plans 2016-2017



Wellbeing – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|---|--------------|--|--|
| Sustain the improvement in healthy life expectancy and health inequality and reduce both all age all cause deaths due to cancer, stroke, heart disease, and respiratory disease | Deliver a suite of work programmes covering the multi-factors of Thrive Plymouth. Including: <ul style="list-style-type: none"> Physical Activity Action Plan Plan for Sport Schools Collaborative approach to healthy eating | March 2017 | Public Health Outcomes Framework (PHOF): <ul style="list-style-type: none"> % of adults classified as overweight % of adults classified as physically inactive smoking prevalence | People and communities are supported to make healthy life choices |
| Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working within the wider community in which they operate | Create and implement a single strategic vision for health and wellbeing hubs that work for different neighborhoods across the city | March 2017 | <ul style="list-style-type: none"> Office for National Statistics (ONS) Self Reported Wellbeing Social Isolation Average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) | People and communities are supported to make healthy life choices |
| | Redesign commissioned advice and information services, and develop an implementation plan for a comprehensive 'One Help Plymouth' offer | October 2016 | <ul style="list-style-type: none"> Number of enquiries through Advice Plymouth Adult Social Care Framework (ASCOF): people who found it easy to find advice and information | People and communities are empowered to make healthy life choices |
| | Implement a new model for community engagement and empowerment through the delivery of the Housing Plan and Safer Plymouth Plan | March 2017 | <ul style="list-style-type: none"> Removal of Category 1 hazards Domestic abuse incidents | <p>People live in suitable accommodation</p> <p>People and communities feel safe</p> |
| | Implement the redesign of community integration support for new Refugees | March 2017 | <ul style="list-style-type: none"> ONS Self Reported Wellbeing Social Isolation Average WEMWBS | <p>People live in suitable accommodation</p> <p>People and communities feel safe</p> |

Wellbeing – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|--|--|-------------|--|---|
| Place health improvement and the prevention of ill health at the core of our planned care system, demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth | Redesign and commission a new sexual health system | March 2017 | Public Health Outcomes Framework (PHOF): <ul style="list-style-type: none"> • Under-18 conceptions • Late HIV Diagnosis • Indicator 3.02 chlamydia detection • Termination of pregnancy | People are protected from unplanned pregnancy and sexually transmitted disease Children are protected from sexual exploitation |
| | Implement a coordinated and comprehensive range of primary care development initiatives to ensure a sustainable system for the future, maximise prevention opportunities, and provide an alternative setting for secondary care services, via: <ul style="list-style-type: none"> • Developing federations • Primary care co-commissioning • Primary Care Innovation Programme • Primary Care Transformation Fund • Primary Care Home | March 2017 | Clinical Commissioning Group Outcomes Framework (CCGOF) <ul style="list-style-type: none"> • Referral To Treatment time Success Regime targets: <ul style="list-style-type: none"> • Reduction in 1st outpatient appointments • 20% reduction in follow-up outpatient appointments • 10% reduction in overall demand for secondary care services | People have good access to primary care Improved work/life balance for practice staff |
| | Implement a coordinated and comprehensive plan for reducing demand for planned care (both elective inpatient and outpatients) in line with Success Regime and Right Care: Elective: <ul style="list-style-type: none"> • Referral management • Evidence based care pathways • Specialist advice • Diagnostics Outpatient: <ul style="list-style-type: none"> • One stop clinics • Referral management • Acute sector support (medical) | March 2017 | CCGOF: <ul style="list-style-type: none"> • Referral To Treatment time • Total health gain as assessed by patients for elective care • Reduced numbers of patients awaiting treatment for over 52 weeks Success Regime targets: <ul style="list-style-type: none"> • Reduction in 1st outpatient appointments • 20% reduction in follow-up outpatient appointments • 10% reduction in overall demand for secondary care services | Higher rate of patient satisfaction Quicker return to activities of daily living |
| | Implement the Medicines Optimisation Plan including: <ul style="list-style-type: none"> • Redesign and commission a chronic pain pathway | March 2017 | <ul style="list-style-type: none"> • Reduced pain prescribing | Higher rate of patient satisfaction Quicker return to activities of daily living |
| | Redesign the diagnosis pathway for dementia | March 2017 | National Health Service Outcomes Framework (NHSOF) <ul style="list-style-type: none"> • Estimated diagnosis rates for dementia | People live well with dementia |

Children and Young People – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|---|--|---|---|
| <p>Deliver prevention and early help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes</p> | <p>Work in partnership to provide better outcomes for children aged 0-5 and their families, we will focus on:</p> <ul style="list-style-type: none"> Developing interventions identified within the pathways for vulnerable families, additional needs, breastfeeding and nutrition Improve and increase access to information and advice in preparation for parenthood Review approaches to parenting support to ensure consistency and focus on resilience | <p>September 2016</p> <p>December 2016</p> <p>March 2017</p> | <ul style="list-style-type: none"> Improved breastfeeding rates Reduction in the need for child protection Improvement in the Early Years Foundation Score Public Health Outcomes Framework (PHOF) Healthy Weight Parental review to measure progress since 2013 | <p>Readiness for school</p> <p>Improved parenting capacity and ability to keep child safe</p> <p>Improved breastfeeding and nutrition</p> <p>Reduction in childhood obesity</p> |
| | <p>Analyse and review performance across Maternity and Early Years Services to develop a commissioning plan with intentions for the future shaping of provision in 2017/18</p> | <p>January 2017</p> | | |
| | <p>Implement and deliver an integrated/aligned response to Early Help and the functions of the Gateway across health and Council services</p> | <p>March 2017</p> | | |
| <p>Deliver prevention and early help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes</p> <p>And:</p> <p>Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care</p> | <p>Develop an outcomes framework and plan for the design of an integrated offer for vulnerable children, young people and families, including:</p> <ul style="list-style-type: none"> Reconfiguring Plymouth City Council targeted support Co-commissioning of Early Help with schools Rapid response to crisis and escalating need Multi-agency support to achieve sustainable improved outcomes | <p>December 2016</p> | <ul style="list-style-type: none"> Reduced presentations to specialist, statutory and crisis services Reduction in hospital admissions Reduction of numbers of children classified 'in need' under Section 17 of the Children's Act, 1989 Reduction in offending rates Reduction in antisocial behaviour Reduction in numbers of children "missing" from home or school | <p>Improved school attendance</p> <p>Reduction in risk-taking</p> <p>Improved family functioning</p> <p>Reduction in offending</p> |
| | <p>Develop an operating model and action plan</p> <p>Define future service requirements and commissioning options</p> | | | |
| | <p>Implement the Children and Adolescent Mental Health Service (CAMHS) Transformation Plan (aligned with vulnerable Children and Young People commissioning plan) to ensure:</p> <ul style="list-style-type: none"> Early Intervention (aligned to Gateway) Response to those in emotional or mental health crisis Implementation of a pathway for those with eating disorders Development of a self-harm pathway | | | |
| | | | <ul style="list-style-type: none"> Reduction in hospital admissions for self-harm and mental health No child with mental health problems assessed in police cells Reduction of length of stay in hospital for those with mental health disorders 30% reduction in referral to CAMHS | <p>Reduction in self-harm</p> <p>Improved coping strategies</p> <p>Improvement in mental health</p> |

Children and Young People – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|---|---------------|---|--|
| Deliver an integrated education, health and care offer: ensure the delivery of integrated assessment and care planning for our children | Develop and implement a commissioning plan for integrated specialist services for children with Special Education Needs and Disabilities (SEND), ensuring: <ul style="list-style-type: none"> Integrated referral management Integrated Education, Health and Care Assessment Process Integrated Education, Health and Care Outcome Based Planning Clear diagnostic pathways Evidence-based pathways of care | November 2016 | <ul style="list-style-type: none"> Timely and co-ordinated care – right care, right time Ability to deploy resources to maximum efficiency and effectiveness Clear core offer for children and young people with specific health needs and SEND | <p>Improved education attainment</p> <p>Ability of families to manage need in the family home</p> <p>Ability to safeguard from abuse</p> |
| | Review the children to adults transitions pathway, identifying the gaps to develop a plan for improvement | December 2016 | <ul style="list-style-type: none"> Proportion of people who have control over their daily life Proportion of carers who report that they have been included or consulted in discussions Clarity regarding provision for children who will not meet the criteria for Adult Social Care but still require on-going support | <p>Smoother transition pathway</p> <p>Improved service user experience</p> |
| Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care | Review our Permanency Offer and develop and increase sufficiency of in-house fostering, focusing on: <ul style="list-style-type: none"> Clear criteria and efficient processes to maximise and expedite movement to permanency Clear pathways to support the option for special guardianship or long-term stable fostering | July 2016 | <ul style="list-style-type: none"> Reduction in the use of Independent Fostering Agencies (IFA), residential placements and welfare secure Placements closer to home Placement stability Decrease in homelessness | <p>Placement stability</p> <p>Engagement in education</p> <p>Improved health</p> <p>Reduced risk taking</p> <p>Life skills for transition to adulthood</p> |
| | Improve the quality, sufficiency and value for money of placements by identifying providers that can provide a range of high quality placements to meet need, including: <ul style="list-style-type: none"> Family-based care with a focus on permanency Models of care for those in crisis or with significant risk | March 2017 | | |
| | Improve the offer for supported accommodation for children and young people 16+ in care, leaving care or homeless. | June 16 | | |
| | Choose Regional Adoption Agency delivery vehicle, as well as the host Local Authority | May 16 | | |
| | Design the operational model | October 2016 | <ul style="list-style-type: none"> Adoption scorecard performance improves | <p>Improvement in adoption service performance indicators, in particular numbers and speed</p> |
| | Ensure Shadow Regional Adoption Agency plans are in place | April 2017 | | |

Community – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|---|----------------------|--|---|
| <p>Provide integrated services that meet the whole needs of the person</p> | <p>Deliver the recommendations of the Complex Needs Commissioning Plan by co-designing a future whole system in Plymouth</p> | <p>December 2016</p> | <ul style="list-style-type: none"> • Admission episodes for alcohol related conditions • Successful completion of drug treatment • Number of households becoming homeless • Reoffending levels • % of adults in contact with secondary mental health services who live in stable and appropriate accommodation | <p>The creation of a 'whole system' approach that meets the needs of clients with a singular support need whilst also providing an improved offer to clients with more complex needs</p> <p>A more efficient and collaborative model is developed that delivers an improved client experience</p> <p>Providers share responsibility for achieving outcomes</p> <p>The workforce are up skilled</p> <p>Additional capacity generated</p> <p>Reduced number of moves</p> <p>Integrated assessment and confidentiality agreement so people tell their story once</p> |
| <p>Reduce emergency attendances and admissions to hospital for all ages</p> | <p>Map and redesign the urgent care system to ensure sustainability and improved performance during 2016/17. Elements of this work for transformation/improvement are:</p> <ul style="list-style-type: none"> • Implementation of the "Big 6" for children's services • Reduction in lengths of stay in all settings of care • The development of a lead provider arrangement for the emergency department and minor injury units • Commission a Psychiatric Liaison Service to meet national criteria and local need | <p>March 2017</p> | <ul style="list-style-type: none"> • Achievement of the NHS Constitution Emergency Department access standard • Proportion of people still at home 91 days after discharge from hospital into reablement/rehabilitation services • Discharges at weekends and bank holidays • Reduced delayed transfers of care from hospital, per 100,000 population • Psychiatric Liaison targets met • Reduction in the number of people who self-harm and re-attendance the emergency department | <p>Higher rate of client satisfaction</p> <p>Quicker return to activities of daily living</p> <p>Improved work/life balance for staff</p> <p>New models of integrated care to enable people to remain in their own homes wherever possible</p> |

Community – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|--|---|-------------|---|--|
| Reduce emergency attendances and admissions to hospital for all ages | Establish a pilot to improve safe and effective discharge from hospital through the provision of adaptations in Plymouth | March 2017 | <ul style="list-style-type: none"> Achievement of the NHS Constitution Emergency Department access standard Proportion of people still at home 91 days after discharge from hospital into reablement / rehabilitation services People helped to live in their own home through the provision of Major Adaptation Permanent admissions of older people (aged 65 and over) to residential and nursing care homes Self-reported wellbeing: % of people with a low satisfaction score | <p>People are supported to return to their home environment in a safe and effective way</p> <p>People are supported to remain at home and live independently following a stay in hospital</p> |
| Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently | <p>Work in partnership with stakeholders to implement the local plan for the transforming care programme.</p> <p>Implementation will be via six work streams.</p> | March 2017 | <ul style="list-style-type: none"> Permanent admissions of younger people (aged 18-64) to residential and nursing care homes The proportion of people who use services who feel safe Proportion of people who have control over their daily life The proportion of carers who report that they have been included or consulted in discussions about the person they care for The proportion of people who use services who say that those services make them feel safe and secure Transforming community care programme indicators Increased numbers of people accessing Direct Payments, Personal health Budgets and/or Individual Service User Funds | <p>More people with a learning disability and/or autism will be supported to live in the community and at home</p> <p>The frequency of people displaying behaviours that challenge will be reduced as will the severity of episodes</p> <p>People with a learning disability and/or autism who display challenging behaviours will be kept safe in their communities wherever possible</p> <p>Fewer people will be admitted to non-secure and secure hospitals</p> <p>Delayed discharges will be minimised</p> <p>Any hospital stays will be closer to the individual's home and support networks</p> <p>There will be fewer inpatient beds commissioned for the population</p> <p>People with a learning disability and/or autism who display challenging behaviours will enjoy an improved quality of care and an improved quality of life</p> <p>More people with a learning disability and/or autism will be in employment</p> <p>Fewer people needing to use higher levels of care out of the area in which they live</p> |

Community – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|--|-----------------------|--|---|
| <p>Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently</p> | <p>Complete a systems review of the housing based support pathway for older people</p> | <p>September 2016</p> | <ul style="list-style-type: none"> Permanent admissions of older people (aged 65 and over) to residential and nursing care homes Self-reported well-being | <p>Resources are utilised efficiently</p> <p>People are provided with a choice of appropriate options</p> <p>Support timely discharge from hospital</p> <p>Increased sustainably of existing housing provision</p> |
| | <p>Deliver whole scale revision of the supported living operating model to deliver real independence for people living in the community with a reduction in the reliance on paid support</p> | <p>April 2017</p> | <ul style="list-style-type: none"> Permanent admissions of younger people (aged 18-64) to residential and nursing care homes Proportion of people who have control over their daily life The proportion of carers who report that they have been included or consulted in discussions about the person they care for The proportion of people who use services who say that those services make them feel safe and secure A reduction in the size of individual care packages | <p>People are supported to achieve their maximum independence through an outcome focused and reablement approach</p> <p>A sustainable workforce has been established and maintained</p> <p>People have quality and choice in service provision</p> <p>People are connected with their communities</p> <p>Resources are better utilised</p> |
| | <p>Work with Livewell Southwest to ensure a fully operational community health and care provision, including provision of a single front door, locality model and crisis team</p> | <p>December 2016</p> | <ul style="list-style-type: none"> Permanent admissions of younger people (aged 18-64) to residential and nursing care homes Proportion of people who have control over their daily life The proportion of carers who report that they have been included or consulted in discussions about the person they care for The proportion of people who use services who say that those services make them feel safe and secure | <p>People experience improved access to services</p> <p>Better integration of health and social care provision that delivers an improved client experience</p> <p>People need only tell their story once</p> <p>People are better supported when a crisis occurs</p> <p>Additional capacity generated</p> <p>People are able to access help when they need it</p> |

Community – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|--|----------------------|---|---|
| <p>Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently</p> | <p>Work in partnership with stakeholders to implement the Five Year Forward View for Mental Health including:</p> <ul style="list-style-type: none"> Improved crisis response services for people with mental health needs in line with Five Year Forward View and Crisis Concordat Action Plan Development of a strategic commissioning framework for the re-procurement of Mental Health Services Further develop an integrated system of mental health and wellbeing for Plymouth and the Western Planning Delivery Unit (PDU) Work with partners to deliver parity of esteem and meet new mental health waiting time targets | <p>March 2017</p> | <ul style="list-style-type: none"> % of adults in contact with secondary mental health services who live in stable and appropriate accommodation Achievement of Improving Access to Psychological Therapy (IAPT) access and recovery rates Delayed transfers of care from hospital, per 100,000 population Delivery of early intervention and psychosis targets Reduced premature mortality for people with mental health needs Reduced suicide rates Reduced self-harm and repeat presentations at Emergency Departments Reduced out of area placements 5 mental health domains in CCG dashboard which will be reported to NHS England % of adults in contact with secondary mental health services who are employed | <p>People in mental health crisis receive more appropriate and timely responses</p> <p>Improved life chances employment and education reduced inpatient admissions</p> <p>Improved physical health</p> <p>To minimise impact on the families of mothers and infants with mental health needs by timely recognition and appropriate early intervention, with the provision of other supportive therapies, when needed</p> <p>People will have mental health needs treated equally with physical health care needs (Parity of Esteem)</p> |
| | <p>Improve the management and support for people with long-term conditions through partnership working with stakeholders to:</p> <ul style="list-style-type: none"> Establish a task and finish group Evaluate national and international evidence and best practice Design a best practice model of care Identify impacts on budgets for 2017/18 Develop and implementation plan for 2017/18 | <p>February 2017</p> | <ul style="list-style-type: none"> Reduce emergency admissions Reduce outpatient attendances Self-reported well-being Proportion of people who have control over their daily life The proportion of carers who report that they have been included or consulted in discussions about the person they care for The proportion of people who use services who say that those services make them feel safe and secure People with a long-term condition feeling supported to manage their condition(s) | <p>People have more control over their daily life</p> <p>More people are able to access social/leisure/cultural / faith/skills development activities</p> <p>People are better able to manage their individual care needs or condition</p> <p>People have more control to improve their recovery e.g. from stroke</p> <p>Improved health</p> <p>Positive experiences of care and support</p> |

Community – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|--|---|---------------|---|---|
| Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently | Re-model day opportunities and supported employment services with an increased focus on outcomes and promoting access to mainstream services in Plymouth | December 2016 | <ul style="list-style-type: none"> • Reduce the gap between the employment rate of those with a learning disability and the overall employment rate • Reduce the gap between the employment rate for those in contact with secondary mental health services and the overall employment rate • Permanent admissions of people over the age of 18 to residential and nursing care homes • Proportion of people who have control over their daily life | <p>More people access paid work</p> <p>People better off in work</p> <p>People less reliant on paid care</p> <p>People with more control over their daily life</p> <p>More people better able to access social /leisure/cultural/ faith /skills development activities</p> <p>People better able to manage their individual care needs or condition</p> <p>People with more control to improve their recovery e.g. from stroke</p> <p>People with improved health</p> <p>People with positive experiences of care and support</p> |
| | Progress the future alignment and management of projects relating to Integrated Personal Commissioning (IPC), Personal Health Budgets (PHB) and Personal Budgets (PB) | January 2017 | <ul style="list-style-type: none"> • The proportion of people who use services who feel safe • Proportion of people who have control over their daily life • The proportion of carers who report that they have been included or consulted in discussions about the person they care for • The proportion of people who use services who say that those services make them feel safe and secure • Self-reported wellbeing | <p>People with complex needs and their carers to have a better quality of life and to be better equipped and supported to achieve the outcomes that are important to them</p> <p>Prevention of crises in people's lives that lead to unplanned hospital and institutional care</p> <p>Better integration and quality of care</p> |

Enhanced & Specialised Care – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|--|---|-------------|---|---|
| Create Centres of Excellence for enhanced and specialist services | Work with NHS England to co-develop commissioning plans for key specialities; considering delivery of pathway locally | March 2017 | <ul style="list-style-type: none"> CCG and Local Authority working together with NHS England to ensure commissioning is joined up Gaps in provision are identified Better information sharing is developed | <p>Delivering high quality services that meet individual outcomes</p> <p>High quality effective care preventing escalating need and intervention</p> |
| Ensure people are able to access care as close to their preferred network of support as possible | Undertake a market analysis of nursing bed capacity - Complete a market position statement - Commissioning plan in place | June 2017 | <ul style="list-style-type: none"> Reduction in delayed transfers of care attributable to adult social care | <p>Delivering high quality services that meet individual outcomes</p> <p>High quality effective care preventing escalating need and intervention</p> <p>Delivering excellent care close to home</p> |
| | Implement a commissioning approach to ensure people requiring Individual Patient Placement (IPP) or Section 117 (S117) are cared for as close to home as possible <ul style="list-style-type: none"> Market management of care homes and supported living providers offering IPP/S117 Devolve responsibility for the commissioning of Individual Patient Placements for Plymouth GP registered people to Livewell Southwest | March 2017 | <ul style="list-style-type: none"> Reduction in out of area placements (where appropriate) Decreased Individual Patient Placement (IPP) Reduced length of stay | Care closer to home |
| | Commissioning of local Psychiatric Intensive Care beds | April 2018 | <ul style="list-style-type: none"> Reduction in out of area placements (where appropriate) | Care closer to home |

Enhanced & Specialised Care – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|--|---|-------------|---|---|
| Provide high quality, safe and effective care, preventing escalating need and intervention | Improve the GP/clinical support for care homes <ul style="list-style-type: none"> Review GP/clinical support in care homes and building on current relationships to enhance medical intervention Develop care coordination for frail older people by developing and implementing GP care plans | March 2017 | <ul style="list-style-type: none"> Reduced emergency admissions from care homes | Better access to primary care for care home residents Receive the right care, in the right place, at the right time Improve health related quality of life for people with long-term conditions |
| | Improve health and wellbeing in care homes – <ul style="list-style-type: none"> Roll out the project based on the Brownhill Study 2013 to develop reduction targets in relation to falls, pressure ulcers, urinary tract infections (UTIs) and overall hospital admissions Develop health and wellbeing champions | March 2017 | <ul style="list-style-type: none"> Reduced emergency admissions from care homes | Receive high quality services Improved health and wellbeing Reduce injuries due to falls |
| | Quality control and improved processes such as referral for IPP, clinical and placement reviews, including improved exacerbation and contingency planning, a greater focus on information about clinical outcomes for people in placements | March 2017 | <ul style="list-style-type: none"> Reduced emergency admissions | Improved system flow including through local recovery services Detailed individualised needs assessment Improved patient experience Better monitoring against treatment outcomes |
| | Develop a commissioning plan for end of life care in line with guidance; avoiding urgent or emergency admissions through end of life planning, in order that increased numbers of people are supported at the end of life within their preferred place of care | March 2017 | <ul style="list-style-type: none"> NHS Outcomes Framework (NHSOF) bereaved carers' views on the quality of care in the last 3 months of life Proportion of people dying in hospital (PHE Fingertips data) Reduction of emergency admissions for those on the end of life pathway | Improved end of life care through early identification and clarity over pathway People able to receive care and die in their chosen place of death |

Enhanced & Specialised Care – Integrated System Action Plans 2016-17

| AIM | Commissioning Activity | Complete By | System Indicators | Individual Outcomes |
|---|---|---|---|--|
| <p>Provide high quality, safe and effective care, preventing escalating need and intervention</p> | <p>Three streams of work around each service line:</p> <ul style="list-style-type: none"> • Due diligence and legal framework • Patient pathway review • Commissioning policy around thresholds and explicit commissioning intention <p>1.Complex obesity services (Over 18)</p> <p>2.Mental health – all areas</p> <p>3.Neurosurgery including complex spinal surgery and neuro-rehabilitation</p> <p>4.Cancer (2017)</p> <p>5.Cardiac services including interventional radiology (2017)</p> | <p>September 2016</p> <p>March 2017</p> | <ul style="list-style-type: none"> • Reduced length of stay • CCG Outcomes Framework (CCGOF) Referral To Treatment (RTT) waiting times: achievement of national RTT standards • Securing investment in local services currently spent elsewhere / nationally • Transfer of resource from NHS to CCG • Shift in spend from more specialist end of pathway to earlier intervention where appropriate | <p>Right care, right place, right time</p> <p>Early intervention in patient pathway where safe and appropriate</p> |

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PEOPLE, COMMUNITIES & INSTITUTIONS

FULL REPORT

‘Harnessing the economic potential of the city’s people and communities – connecting them to local assets, resources and support to create employment opportunities.’

Growth Board Champions: Ann James and Gareth Hart

Flagship Sponsor: Judith Harwood

Report Authors: Patrick Knight, Tom Clenaghan, Adriana Curca, David Lea, Annette Moss, Jane Hunt, Patrick Bowes, Jon Siddall, Nicola Allen, Tim Wotton, Angie Scott



INTRODUCTION

As discussed at the Growth Board in November 2014, the existing PCI flagship activities in the LES are relatively narrow in scope and primarily focused on existing initiatives.

Therefore, the PCI group has reviewed its purpose and proposes to widen its scope and activities to enable it to play a more strategic role to ensure ***all residents and communities benefit from the growth and productivity of the city.*** In particular, PCI will work with partners and facilitate wider discussion to help communities tackle worklessness, social exclusion and health inequalities in order to promote economic growth and deliver the objectives of the LES.

Review & Results

Below is a summary of PCI’s review process and its results:

1. Context – The Plymouth Plan, Thrive Plymouth, Health & Wellbeing Strategy, the Fairness Commission and other city-wide plans all highlight the importance of leadership to innovatively drive social value, increasingly through co-design and co-delivery with communities.
2. Flagships - Judith Harwood, PCI’s Champion, and Patrick Knight met with each of the other five flagship champions: Talent – Phil Davis; Digital – Dave Young; Visitor – Amanda Lumley; Business – Ian Brokenshire; Infrastructure – Paul Barnard. All five champions welcomed the potential for PCI to support their respective flagships to maximise social value, in particular to help ensure resident and community engagement.
3. Health – Ann James highlighted importance of better linking the health and growth agendas.

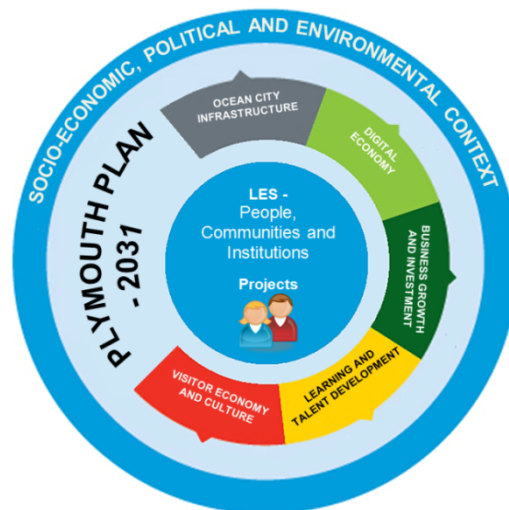
4. Worklessness – Kelechi Nnoaham, Director of Public Health, has challenged PCI to drive growth and social value, in particular by helping to tackle worklessness and health inequalities.
5. Social Value - PCI has identified the need to drive social value; instead of restricting its role to support for social enterprise - important though this remains.
6. VCSE - Plymouth Octopus Project has challenged the PCI Group to help explore ways to strengthen the VCSE sector to help deliver public services, including community-based care that is person-centred, focused on preventative services and tailored to individual needs.
7. Action Plan - Ann James and Gareth Hart, joint PCI Chairs, identified the need for a clear plan of action to enable PCI to better co-ordinate and facilitate discussion and delivery.

NEW APPROACH

PCI's emerging new approach/vision for its flagship is to:

'Facilitate collaborative leadership to support individual enterprise, unlock social capital and increase community resilience.'

To achieve this role, the PCI flagship needs to support (and be supported by) the other five LES Flagships and wider city-wide efforts to deliver community economic development:



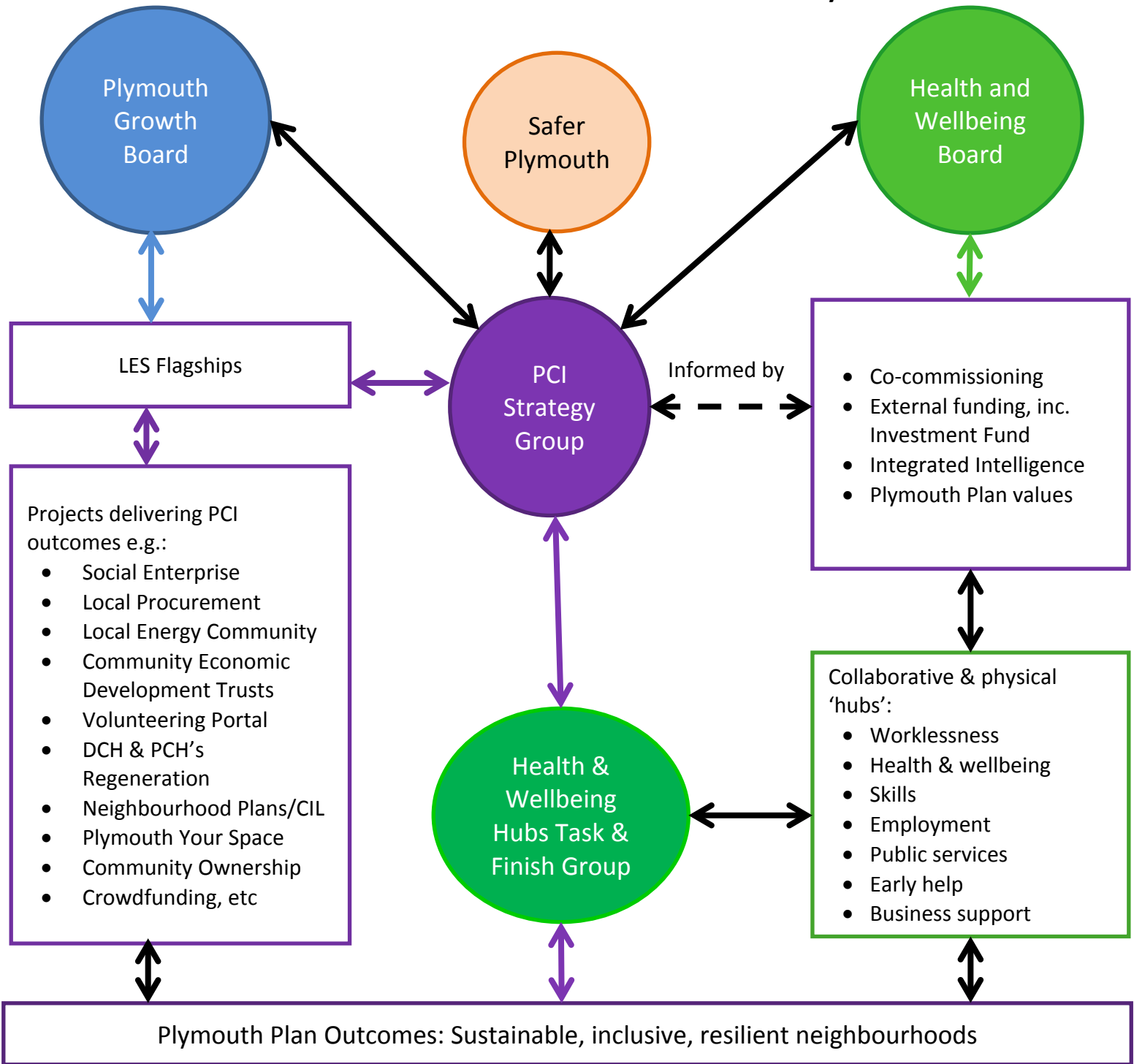
Plymouth needs to build the economic and social asset base of its communities so that individuals can take greater control over their lives. Without control over a physical asset base, communities are unable to generate revenue streams and so remain dependent on a process of continuous funding and support from statutory agencies, charitable trusts, businesses, etc.

PCI will facilitate wider discussions on how best to deliver the city's growth agenda whilst tackling socio-economic issues that lead to entrenched inequalities. The devolution agenda could provide an opportunity for radically different ways of organising, budgeting for and providing services in this space.

Ultimately, the PCI vision, as stated in the current LES, may need to be formally changed to better reflect this flagship's broadened role.

PCI NEW STRUCTURE

**PCI Flagship –
 New structure to facilitate collaborative delivery**



NEW STRATEGY GROUP AND CO-ORDINATION GROUP

To achieve this broader role, it is proposed that PCI establish a new 'strategy' group and a 'co-ordinations' group, with the following remits:

PCI Strategy Group

Objectives

The new PCI Strategy Group will address the following objectives:

- Help align the growth, health and safer agendas, in particular to identify opportunities to support co-design and co-delivery with communities to tackle worklessness.
- Support the other five LES flagships, in particular to identify ways to ensure resident and community engagement in development.
- Target external funding e.g. ESF, Social Investment Funding, etc.
- PCI-related objectives in the Plymouth Plan (Priority 11, <http://www.theplymouthplan.co.uk/policy/so-4/p-11>) focused on community engagement.

The new PCI Co-ordination Group will continue to oversee delivery of existing LES objectives:

- Delivery of effective community enterprise and employment support
- Support for the growth of social enterprises
- Connect businesses and individuals to local procurement opportunities.

Approach

The new PCI Strategy Group will adopt the following approach to delivery:

- At each PCI Strategy Group meeting, one of the other five LES flagships champions/sponsors, or other relevant partnerships/partners, will be invited to attend. The aim will be to jointly identify beneficial opportunities for innovative collaboration and prevent unintended consequences.
- Co-commissioning to meet cross-Board objectives e.g. improve outcomes for people; improving commissioning and value for money.
- Collect data to inform evidence-based, intelligent decisions, including measurement of social return on investment.
- Champion the application of Plymouth Plan values in delivery.

Health and Well-being Hubs - Task and Finish Group

Objectives

The PCI Delivery Group has identified the need to explore joint facilities or new models of service provision (e.g. collaborative and/or physical 'hubs') designed to integrate public services to address worklessness, improve health and make communities safer.

To progress the development and design of 'health and well-being hubs', a new Health and Well-being Hubs Task and Finish Group has been established, under the Health and Well-being Board. To ensure a holistic vision for the hubs is developed and delivered – addressing health and well-being and also worklessness, skills and employment - it is proposed that progress reports and approvals are sought from both the Well-being System Design Group (under the HWB Strategy there are groups representing stakeholders, providers and commissioners) and the PCI Strategy Group.

In addition, it is proposed that the Well-being System Design Group will help co-ordinate efforts to strengthen the VCSE sector to enable improved public service delivery, with a focus on maximising social value.

Outcomes

It is believed that the new structure will help overcome a number of challenges and provide the following key benefits:

- Establish a wider, clearer vision and space for critical self-reflection that enables a wider perspective than that of individual or organisational self-interest – a whole city approach to delivery of outcomes
- Partners and individuals able to align themselves with the PCI Strategy Group (including the Well-being System Design Group) that best meets their roles, knowledge and strengths.
- Manageable agenda's, with specific actions and influences able to be taken by both PCI groups
- Participation can be widened by ensuring content is appropriate to group members

New PCI Activity

Through its review, PCI identified a number of significant and interrelated challenges and opportunities:

Worklessness

In Plymouth, there are 13,775 ESA claimants as at May 2015 (8.3% of the working age population), which currently costs the Government £79m per year (including benefit administration costs). By moving a target of 1,000 ESA claimants into work, supported by the new devolution deal, it has been calculated that Plymouth would deliver savings of £5m per year in income benefits and contribute an additional £20.5m per year in Gross Value Added to Plymouth's economy. 70% of these claimants would also be moved out of poverty, which would deliver further savings of £3.7m, and all claimants would have a higher net disposable household income, adding another £8m in real incomes that will be mostly spent in the city. Furthermore, social costs of £37m per year would be saved through improved mental health, plus £33m per year by improving confidence and overall health.

Approximately 21% of Plymouth's ESA claimants (2,630 people) are in the 'work-related' group i.e. considered could work if provided with appropriate support. Those most at risk of not benefiting from the economic upturn are the long-term unemployed of all ages, particularly those with disabilities and health problems; with underlying issues relating to behavioural choices, poverty, psychological factors and early life factors influencing employment and health inequalities. People with known disadvantages in the labour market will not automatically benefit from the city's improved economic prospects unless there are further steps to help them improve their employability and find work.

There are currently a wide and fragmented range of policies, organisations and initiatives that aim to enable and support individuals and communities. PCI have proposed a potential intervention to help integrate these structures, services and relationships, to better support people, particularly those with multiple and complex needs to enable them to move from worklessness to work / productive lifestyles.

PCI's proposed 'hubs model' aims to align national and local initiatives to better tackle worklessness and health inequalities locally, potentially through a place based, community co-designed and delivered approach. This reflects the need for more targeted interventions within local communities; it recognises that people with multiple and complex needs often fail to engage with any proprietary agency.

The hubs – whether collaborative or physical – would:

- create welcoming, inclusive platforms and places to meet a wide range of needs
- provide a supportive, neutral case worker or 'change coach' to enable people to navigate the

multi-agency support system e.g. early help for children, young people and families, health, patient self-management, social care, housing, families, benefits, skills, debt/finance, volunteering, training and employment.

- trained volunteers could work to guide people to local charities and support groups, and get in touch with other people if they are lonely or isolated.
- hubs would take referrals from GPs, health professionals, JCP or direct from individuals. The support could be targeted at those on the GP caseload and in receipt of ESA.
- enable case workers to provide detailed personal assessments of needs; then support, engage and encourage the individual to recognise the need to change and mutually develop a life plan to help overcome barriers to progression towards employment.
- improve signposting, ideally with a new 'brokerage service' based on data-sharing agreements
- ensure continuity of support – people would only have to tell their story once
- provide access to independent, impartial careers information, advice and guidance
- support / extend a wage / career progression project, potentially backed by trained volunteer mentors.
- act as catalysts for community engagement and grassroots neighbourhood schemes
- better measure and evaluate outcomes.

Some hubs would offer specialist support (e.g. Hamoase for drug abuse, Shekinah for homelessness).

There is a real opportunity, potentially under the One Public Estate (OPE) initiative, to align health and wellbeing proposals with worklessness, and by using the community engagement framework to co-design this. We are due to meet with Carole Burgoyne and Kelechi Nnoaham to discuss this, as there is an appetite to trial a collaborative hub approach, combining health budgets with a focus on progression towards employment for ESA customers.

The OPE programme and CCG Estate Strategy could enable a rationalisation of publicly owned buildings and offer significant savings, through opportunities for public agencies (including Job Centre Plus) staff to co-locate customer-facing services within the same building / centre e.g. First Stop or libraries. There is a need to identify and map existing hubs (including GP surgeries) and potential hubs to identify gaps and duplication. New and existing collaborative hubs, such as the Families with a Future initiative, and much existing VCSE activity could then be aligned with the hubs.

In addition, an Advice and Information plan is being developed to help deliver the Wellbeing Commissioning Strategy. It is considering how customers access advice and information and whether, under OPE, back office functions could be shared across organisations e.g. contact centres. It has the potential to help shape any Hubs models advice and information offer by an agreed tiered system of service level and a set of quality standards. The 2015 Autumn statement included a commitment for JobCentre Plus staff to be co-located, and other employment programme reforms under devolution, including support to assist those with health conditions back to work.

VCSE

Within the context of increasing demand and decreasing funding for both statutory and voluntary sectors, the Plymouth Octopus Project believes the only way to protect services for people in the city is to work with people, communities and community organisations to design and deliver precisely what is needed, much of which will be neighbourhood based and focussed on wellbeing, growth and prevention. Transformation in Plymouth has taken the ‘low hanging fruit’, and now there is a real need to concentrate on new ways of working and attract new funding streams within Social Investment to find innovative, outcome-based solutions.

POP considers that we need new structures and processes to do this, and asks for HotSW, PCC and other statutory agencies to work with the VCSE sector to set up a functional Social Purpose organisation as an equal partner with the statutory and private sectors combining themes of Health, Growth and Safer priorities.

Social Investment in Health: Innovative Funding Opportunity

The health system in the South West is under unprecedented demographic, financial and capacity pressures. The [South West Academic Health Science Network](#) (SW AHSN) believes that the voluntary, community and social enterprise sector (VCSE) will play an important role in addressing these challenges, improving patient outcomes through innovative new approaches to prevention and early intervention. Cornwall Integrated Care pathfinder project is one example:

<http://www.ageuk.org.uk/cornwall/news--campaigns/pioneering-integrated-care-pathway-for-older-people-recognised-by-the-hsj-awards/>

Potential sources of investment and funding might include national social investors, health/social care sector commissioners, local investors, national and local grant funders.

Following significant interest from a broad range of stakeholders, the SW AHSN along with five local authorities commissioned a feasibility study to explore the opportunities for social investment in the regional health and care system. The overarching aim of this work was to explore opportunities for developing innovative, sustainable VCSE services that enhance outcomes and reduce system cost. The feasibility study took place during late 2015 and triangulated three areas of analysis: i) the “customer-side” to understand commissioning priorities; ii) the “demand-side” to explore the capacity and capability of the VCSE provider market to address regional needs and; iii) the “supply-side” to identify potential sources of funding and social investment.

The feasibility report will be published in early 2016 including recommendations regarding how the SW health and care system could realise the opportunities identified through the feasibility study.

Other bids for funding, focused on health and worklessness, have been submitted under the ESIF/Building Better Opportunities for adults and young people farthest from the labour market.

Devolution

Finally, the devolution agenda offers opportunities, particularly if we secure Work Programme II, Troubled Families, health and other budgets, that could enable the city to secure welfare benefit savings, by delivering a local joined up approach to employment, skills, health and welfare reform.

Projects Update: People, Communities and Institutions

Strategic Objectives:

Deliver effective community enterprise and employment support

Key actions:

- Deliver on plans to develop a Community Economic Development Trust (CEDT) in the north of the city, maximising economic benefits to residents.
- Identify resources for and co-ordinate a dedicated funding team to secure investments for community enterprise and local employment support.
- Maximise benefits of our Deal for Young People by identifying, streamlining and targeting existing employment, skills and employability initiatives to support our most disadvantaged residents.
- Support entrepreneurs by bringing vacant and under-utilised buildings back into productive use through the Plymouth Your Space project, promoting links to the Community Asset Transfer Policy.

Four Greens Community Trust (FGCT)

FGCT is a community economic development trust established in the north-west of the city in 2014 covering Whiteleigh, Ernesettle, Honicknowle and Manadon. FGCT is community-owned and led with around 170 members and a board of 12 directors, 8 of whom are from these 4 areas. It aims to help local communities, create jobs and enterprise, improve local services by a variety of methods with the aim of becoming a viable social enterprise through these actions. PCC has identified 10 assets in the area, worth about £3 million, some of which could be run by the community and others may be developed to generate an income or capital for FGCT which will be reinvested in the community.

Currently there are two major development projects and one community project underway which will both start providing services and generate income for FGCT during 2016.

ACHIEVEMENTS

- £90,000 awarded through PCC's SEIF to employ a Business Development Manager who started work in May 2015 and is contracted until December 2016.
- Incorporated as a CIC with full Board of Directors appointed and inaugural AGM completed in October 2015.
- FGCT board decided to raise some capital by sale of derelict Ringmore Way property. Sale achieved November 2015.

- Funding agreed by PCC with Planning permission obtained July 2015 for conversion of the former Whitleigh Care Home to a community and business hub. Building work commenced November 2015 after competitive tender process with Ian Williams appointed and completion anticipated June 2016. Two anchor tenants have agreed to take c.50% of space (STC).
- Considerable research and community engagement by FGCT to identify use and obtain support for a community owned solar farm in conjunction with PECR on 18 acres of contaminated land within a MOD blast zone in Ernesettle in early 2015. Planning permission granted August 2015 with requirement to build site by 31st March 2016 to obtain viable tariff. Removal of EIS scheme in November 2015 jeopardised project but after a confidential auction a contractor and back stop purchaser have been found for the project, which will still provide a land rental return for FGCT.
- After residents consultation a community garden project has now reached the planning and funding stage in Ernesettle and site work is expected to commence in early 2016.

FUTURE MILESTONES

- March 2016 - Business case submitted to City Council Investment Board for agreement to some community asset transfers at FGCT request.
- April 2016 – Completion of Ernesettle Solar Farm with land rental income to FGCT.
- May 2016 - Completion of FGCT 3/5 year strategic business plan.
- June 2016 - FGCT HQ completed, 1st tenants occupying July 2016 initial increased target of 65% occupancy rising to 90% occupancy by 2018.
- June 2016 – Ernesettle community garden complete and operational.
- November 2016 – Alternative use for old university sports hall in Ernesettle agreed with planning and funding for indoor motocross/bmx track or other sports use.
- December 2016 – FGCT to achieve break even trading performance pending further development projects.
- The FGCT has not formally agreed targets for employment creation; however, the Locality Report estimated roughly 65 jobs over the coming 5-10 years. BDM estimated job targets to end 2016 - thereafter Locality estimate (non-cumulative):

| Year | Comment |
|---------|---|
| 2015 | IFTE - BDM |
| 2015/16 | Construction period: 5 new FTE local apprentices / workers who will be retained at end of contract. |
| 2016/17 | 2.5 FTE staff to run HQ. 12 new FTE jobs in HQ |
| 2017/18 | 6 new jobs in businesses occupying HQ building. |
| 2018/19 | 7 new jobs in businesses occupying HQ building. |
| 2019/20 | 8 new jobs in businesses occupying HQ building. |
| 2020/21 | 9 new jobs in businesses occupying HQ building. |

Risks

This is a long term project with initial capital investment by PCC to refurbish the Whiteleigh HQ building and a small cash fund to get FGCT established. There is not a large chunk of European grants/funds available to kick start the project as with other CEDTs, so project sustainability and viability are key issues to consider. The FGCT board recognises the need to allow time for a range of business activities to become established; hence the decision to sell Ringmore Way to provide some much needed cash reserves. The FGCT board will continue to explore other viable projects with the aim of reinvesting surpluses in the FGCT community. A range of mitigation measures are being implemented and explored to ensure that any annual deficit in the running of the FGCT is kept to a minimum with the challenging aim of reaching break even trading by 2017.

Employment and Skills Initiatives to Support Disadvantaged Residents

UPDATE

There are many related activities, including our Youth Deal, that aim to maximise support for our most disadvantaged residents by identifying, streamlining and targeting existing employment, skills and employability initiatives. Probably the best example to highlight progress under this objective is Families with a Future, funded by the Government's Troubled Families programme,

ACHIEVEMENTS

Phase one success for the programme Sept 2012 to May 2015.

| |
|--|
| Total = 745 achieved the overall outcomes which is a 100% achievement |
|--|

| |
|--|
| Progress to work (steps to work or engagement with work type programmes) = 58 |
|--|

| |
|--|
| Into continuous employment = 92 |
|--|

| |
|---|
| Total family claims (for relevant component parts turned around) = 745 |
|---|

Phase 2, the expanded programme, started April 2015 (includes an early starter cohort identified in Sept 2014).

We secured funding as an early starter to engage 363 families who were eligible under the new headline issues and families eligible have to meet a minimum of 2 of these:

1. Anti-social behaviour and youth crime
2. School attendance
3. Children who need help
4. Worklessness and NEET within the household
5. Domestic abuse
6. Substance misuse and mental health

Families with a Future has been part of the wider Council Transformation Programme and has moved from Homes and Communities into Children, Young People and Families since January 2015. The national and local drive of the expanded programme is to transform work practice for the cohort and to achieve success we have to ensure families achieve significant and sustained progress that demonstrates the desire for long term work for those with multiple and complex need. The direction of travel locally is to embed the FWAF principles and Outcomes framework in all children, Young People and Families' workforce development and delivery plans including the new Gateway function.

An update of progress against intended milestones established in 2014 are as follows:

| | Target 2013-15 | Actual 2013-15 | Target 2015-16 | Actual @ 30/11/15 |
|--|----------------|----------------|----------------|-------------------|
| Referred to receive an employability service | 46 | 50 | 46 | 115 |
| Into continuous employment claim | 20 | 92 | 20 | 26 |

As an early starter, with the need to increase capacity to support worklessness initiatives, in May 2015 an additional secondee from Job Centre Plus was allocated to Plymouth to support their Troubled Families programme.

The nature and types of intervention offered this year are:

- Promotion of employability across PCC Support Teams and partner organisations

- Delivery of bi-monthly motivational and employability workshops to begin to build confidence in those individuals still some distance from the labour market and to improve engagement. Feedback is taken after each workshop using evaluation sheets to build a picture of what they feel would help them.
- Helping individuals to tap into local services to aid progression to work e.g. making use of Local Libraries and Community Centres and Work Clubs.
- Providing targeted employability support, maintaining a caseload providing on-going support to work
- Tapping into DWP Sector Based Work Academies and programmes such as Feeding Britain's Future
- Individuals supported into voluntary positions such as PDAS, Witness Support Services & local Charity retail outlets
- Co-coordinating work between JCP, Youth Deal Mentors and FWAF workers to support families in need where young people present with wider, family based issues
- Working with Housing Support Officers and department managers from PCH to set up work experience opportunities for tenants
- More flexible discussions on support options, benefit issues and employment as the Employment Advisers are available to PCC Children, Young People and Families teams on a daily basis and integrated into the Early Years Teams

There have been major changes this year to how FWAF sits within the Local Authority and so some of the actions planned have been adapted to suit the new ways of working. An example of this is the welcome increase in referrals to the Employment Advisers and the greatly improved levels of engagement with the households engaged in the program. The Employment Advisers are available across all Children, Young People and Families teams and the wider integrated network and this ensures that moving households towards employment becomes an aim for everyone.

Plymouth secured "early starter" status for Troubled Families Phase 2 April 2015 and post-election confirmation funding is currently to March 2016. The recent spending review has indicated the Government's commitment to continue this programme to the intended 2020. The objectives of the FWAF initiative have been widened and the number of families receiving support will be significantly increased to c.2,400 in Plymouth, employability remains a key target within the new financial framework.

A range of initiatives are in development by Department for Communities in Local Government (DCLG) with an expectation to provide information to facilitate greater detailed research and analysis around the programme; including a cost saving calculator; National Impact Study and Family Progress data, the employability interventions and feedback from clients will be captured to evidence the benefits that derive from the developing intervention approaches such as the Gateway.

RISKS

Our ability to sustain progress with such a large cohort in phase 2.
DCLG review of the financial framework in March 2016 as we may not receive the current funding.

Plymouth Your Space

UPDATE

Plymouth Your Space is a partnership initiative to identify empty and unused buildings and spaces across the City Centre and Waterfront BID areas for use by people with innovative ideas, community projects, or start-up businesses on a meanwhile, flexible basis.

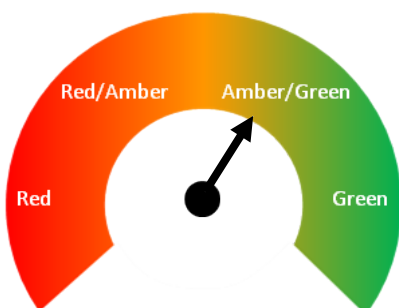
In recent months there has been a decline in the number full applications that have been submitted, although there has been rise in the number of people contacting Your Space with early stage ideas which would require considerable support and guidance to bring to fruition. It is proposed is to establish an internal group of Plymouth City Council officers, each representing key departments including ED, Planning, Public Protection and Business Rates. Your Space will circulate requests electronically to the group, who will aim to provide a fast and co-ordinated 'first response' for people looking to set up a business, access worthwhile space in the city, or better utilise their existing space and better understand how to link in with the City Council.

Community Asset Transfers

The Community Asset Transfer Policy was adopted in June 2013 by full Council. The City Council firmly believes community asset transfer is fundamentally about giving local people and community groups greater control in the future of their area and community in line with promoting the Council's co-operative agenda. Community ownership of buildings can also raise local people's aspirations, enhance the local economy and environment, and have the capacity to strengthen the community, voluntary and social enterprise sector.

CATs are currently being explored on 15 specific properties including for playing fields in the city and the former North Prospect Library. One in particular that is progressing well is the Market Hall development in Devonport. The Funding Agreement, and Agreement for lease, have both recently been completed. In addition to this architects have completed some work, with further to follow, leading to the completion and submission of a planning application. This includes the refurbishment of the existing building and its extension. The Real Ideas Organisation is leading on development of the Market Hall.

OVERALL RAG RATING FOR THIS OBJECTIVE



Support the growth of social enterprises

Key action:

- Co-ordinate innovative funding opportunities, targeted at local bottom up economic initiatives and social enterprises.

Social Enterprise Investment Fund

Building on the success of the first SEIF funding of £500,000, a second application to PCC's Corporate Capital Investment Board for £2 million was approved in 2015. This has ensured that there will be a SEIF fund until 2018.

| Jobs Proposed | Project | SEIF Funding | MATCH Funding | Buildings or land brought back into use |
|---------------|------------------|---------------------|------------------|---|
| 3 | Four Greens | 90,000.00 | 11,000 | 1 care home |
| 6 | Bike Space | 90,000.00 | 35,500 | 1 shop |
| 5 | RIO | 80,000.00 | 86,000 | |
| 0 | PSEN | 8,000.00 | 2,862 | |
| 8 | Memory Matters | 10,000.00 | - | |
| 7 | Skate Park | 29,000.00 | 2,000 | |
| 3 | Iridescent | 16,000.00 | 2,420 | |
| 16 | Bees | 84,000.00 | 56,585 | |
| 0 | Alamo | 10,000.00 | 10,000 | |
| 9 | Stiltskin | 10,000.00 | 210,000 | 1 building |
| 8 | Effervescent | 19,000.00 | - | |
| 8 | PEC | 108,000.00 | 20,000 | 18 acres of land |
| 1 | Millfields | 120,000.00 | 65,000 | 1 piece of land |
| 8.5 | Barbican Theatre | 80,000.00 | 172,834 | 1 unused property |
| 5.1 | Bread and Roses | 10,000.00 | 10,000 | |
| 2 | Camera Obscura | 28,176.00 | 37,000 | |
| 3 | Credit Union | 100,000.00 | 50,000 | |
| 25 | Dartington Trust | 100,000.00 | 1,293,900 | |
| 5.5 | Memory Matters | 88,039.00 | 88,039 | 1 Shop |
| 2 | St Saviours | 13,977.00 | 12,225 | |
| 125.1 | | 1,094,192.00 | 2,165,365 | |

The table above details the fund recipients to date. There is another round open, with potential for another £80,000 to be allocated.

Plymouth became a Social Enterprise City in 2013. Gaining the status in September in 2013 generated press, radio and TV media interest which put social enterprise more into the mainstream in Plymouth. A large amount of work has occurred in this year and a draft Year One Report has recently been produced, highlighting some of the major achievements, how the city has performed against the objectives set, areas still in development, challenges faced and future plans. Key headlines from the report have been outlined below:

ACHIEVEMENTS

- Social Enterprise Investment Fund £2.5m loan and grant fund to support social enterprises in the city. So far £1.2 million of investment awarded, which will create 125 new jobs, bring seven buildings / land back into use and also one new building.
- SeedBed Incubator – Dartington Hall Trust, Plymouth University and South West Investment Group secured £1.05m via the Social Incubator Fund to deliver investment to social enterprises. The funding will provide intensive support and £600,000 in affordable loan finance to up to 50 social ventures in the South West.
- Lloyds Bank Social Entrepreneurs Start Up programme – now in its third year supports up to 20 new social entrepreneurs annually in the city to set up a new social enterprise. Delivered by the School for Social Entrepreneurs, the programme provides action learning, mentoring and individual £4,000 start-up grants.
- Social Value Act – promoted awareness of the Social Value Act and delivered several events on social value and social impact. Three social value and impact events were run and approximately 50 people attended.
- Promote the ‘Buy Social’ campaign –
- Delivered a successful ‘Social Saturday’ in Sept 2015 with nine events (out of 30 nationally).
- Devonport Market Hall, which has been semi-derelict for several years, is being handed over to a social enterprise to develop a centre for digital gaming. Other asset transfers are in the process. There are eight other asset transfers to social enterprises and community groups in progress.
- Undertook a survey of members in 2013 which concluded that social enterprises in Plymouth turnover £500m a year and employ 7,000 people in the city.

There has been a Heart of the South West LEP Social Enterprise Sector Mapping Survey This is an important piece of research to help our Local Enterprise Partnership establish a good baseline for the size, impact, needs and potential of the sector. Results will be available in early 2016.

FUTURE MILESTONES

PSEN has a draft 'jobs created' target as part of the Social Enterprise City initiative, although these have yet to be formally adopted. For 'new' jobs created in social enterprises PSEN has started with the following non-cumulative targets (see table below), although these should not be treated as actual targets yet until adopted by PSEN and the relevant organisations involved.

| 2014-15 | 2015-16 | 2016-17 |
|--|---|--|
| 30 jobs from SEIF 10 jobs from SSE 5 jobs from Growth Programme 5 jobs from other | 20 jobs from SEIF 2 10 jobs from SSE 10 jobs from SeedBed 10 jobs from other | 10 jobs from SSE 10 jobs from SeedBed 30 jobs from other |
| 50 total | 50 total | 50 total |

RISKS

- The main social enterprise business support programme in the city, Social Enterprise Focus, ended in June 2014 and has not been replaced. There is a gap around specialist social enterprise start-up support. We are working with partners to see how this can be filled.
- Limited success in encouraging social enterprises to engage with Social Enterprise UK's Buy Social. Whilst there are good links with private sector businesses, more is needed to engage the private sector networks to promote social enterprise in supply chains.
- Whilst there are several asset transfers to social enterprises in progress, these have taken longer to develop than expected.
- Although social enterprise is recognised by the LEP in its strategies, further work is needed to embed understanding amongst LEP members and structures. Linked to this is more robust data required on social enterprise in the LEP area.
- Resourcing social enterprise infrastructure – PSEN is the main social enterprise infrastructure organisation in the city, but the paid membership only covers the basic running costs of the network. Developing and resourcing a more ambitious programme of activities to support existing social enterprises and develop new ones is a challenge.
- Better evidence is required to demonstrate the economic and social impact of social enterprises in the city.

Plymouth Social Enterprise City

Directory of Social Enterprise in Plymouth

In spring 2015 we produced the second Directory of Social Enterprise in Plymouth. Two hundred copies were sent to key commissioners, procurement teams, opinion formers and influential people in the city. An online version of this can be found here:

http://issuu.com/plymouthsocialenterprisenetwork/docs/plymouth_se_directory_2015

Mobile App

Linked to the Directory we produced the UK's first social enterprise mobile app - a searchable listing of social enterprises and social enterprise news in the city. This is available on Android and Apple. The aim is to encourage awareness of local social enterprises and try to embed the idea of 'buying social'.

Social Enterprise City film

We have commissioned a film of social enterprises in Plymouth with a view to raising public awareness of social enterprise. This is due out in early 2016.

Social Enterprise City Festival

In November 2015 we ran our sixth annual social enterprise city festival. This year we expanded to cover two weeks. Over 300 people attended 12 different events. A full programme can be found here: www.socentcity.com. Events covered themes as diverse as food, culture and creativity, social impact, politics and policy, health, mentoring, social media and finance.

ESSE

We are key partners in a EU project looking at social enterprise education. Other local partners include Plymouth University and Plymouth City College. European partners in Sweden, Italy, Germany and The Netherlands are also involved.

SESIG Mapping

The HotSW LEP has commissioned some economic mapping research of social enterprise across the LEP area. Over 300 responses have been received and the analysis and results are due out in spring 2016.

Key statistics and aims

- PSEN Membership now stands at around 80
- There are about 150 social enterprises in the city
- These collectively bring in £500 million of income and employ c.7,000 people

Connect businesses and individuals to local procurement opportunities

Key actions:

- Identify good practice models to drive innovation in Corporate Social Responsibility (CSR) and partnership working in support of local enterprise, entrepreneurship and employability.
- Create new opportunities to embed 'social value' in public sector commissioning and procurement practices.
- Boost levels of local procurement and connect residents to opportunities arising from major developments and inward investments.

UPDATE

Local Procurement

The City Council has ambitious targets to increase its spend locally and with SMEs, and has been impressively successful in achieving these targets. The Fairness Commission made eight recommendations linked to procurement, including recommendations linked to the Living Wage and meeting the requirements of the Social Value Act. The 'achievements' section below also includes feedback on the Fairness Commission recommendations.

The launch of Plan for Jobs in early 2013 included a procurement action, specifically to 'boost levels of local procurement, and increase the number of contracts delivered for the Council by businesses located in the city.' A target was set of up to 50 jobs to be created by the end of the Plan for Jobs period (December 2014) through increasing local spend. At the end of the last reporting period (Sept 2014), this project had resulted in 221 new jobs being created, demonstrating the great success of the Council's increasing local and SME spend. **In 2014/15 an additional 161 jobs were created.**

ACHIEVEMENTS

- Updated PCC's Contract Standing Orders and our tender documents in line with the latest procurement legislation.
- Increased low value procurement thresholds, from £100k to £150k for Goods and Services, and from £200k to £2m for works, the buying team still source 3 quotes up to £100k and £200k but the lower threshold allows the strategic team to source from local/SME suppliers by undertaking a technical RFQ rather than advertise the opportunity nationally.
- We are currently achieving 83% payment to SME suppliers within 15 days (up to Nov 15).
- We have increased our local spend from 16% in 2011/12 to 54% in 2015/16 (up to Nov 15).
- We have increased spend with SMEs from 4% in 2011/12 to 39% in 2015/16 (up to Nov 15).
- To support suppliers in how to do business with the Council:

- We continue to run training/meet the buyer events for suppliers.
- We support them with registration on our procurement portals, Sell 2 Plymouth (S2P) portal for our low value procurements and supplying the south west portal where we, together with the other members of the Devon & Cornwall procurement partnership, advertise our tender opportunities.
- Working in conjunction with the Plymouth Chamber of Commerce and Industry we provide tender training for their customer base.
- Provide specific tender training.
- Advertise on our procurement web pages that if any supplier is interested in tender training to contact the procurement team.
- PCC are members of the Plymouth Procurement Forum and have signed up to a charter to increase economic stimulus to the City by working together to broaden the overall support for local business, putting initiatives in place to help small businesses and maximise the potential of the local supply chain.
- In recent months the Procurement Forum has stalled whilst awaiting the appointment of a new Chair (see Risks below).

FUTURE MILESTONES

- Achieve our PL postcode spend target: 2015/16 - 52%
- Increase PL postcode spend to: 2016/17 - 54%
- Achieve our SME spend target: 2015/16 - 41%
- Increase spend with SMEs to: 2016/17 - 42%
- Breakdown how we report PCC spend with Small, Medium & Micro Enterprises and Third Sector Organisations, we are currently trialling this and hope to go live in January 2016.
- The City Council is currently revising its Social Value & Sustainability Policy to ensure we maximise the intentions of the Social Value Act.
- Work with partners to ensure the Plymouth Procurement Forum appoint a new Chair.

RISKS

Progress of the Plymouth Procurement Forum has stalled recently, as they are still to appoint a new Chair. Discussions over a new Chair are on-going but this needs resolving before the Forum is able to drive forward further initiatives, as the current Chair considers that the Forum could continue along the path and achieve a moderate outcome but has huge potential of which we should be making the most. The existing Chair commissioned an independent review, which was completed in September, and then awaited the appointment of George Cowcher, CEO at Plymouth and Devon Chamber, to gain valuable advice. During a recent Chamber Strategy meeting procurement was discussed and it was agreed that the Chamber could potentially add value to the project (more than just having a Director Chair it). This is on the agenda schedule to discuss in more detail in January.

Other projects / programmes which fit under the PCI flagship

- Plymouth Energy Community
- DCH (Social Landlord)
- Plymouth Community Homes

UPDATE

PEC is a Community Benefit Society, grown from a Council initiative into a large, multi-award winning, community-led organisation. PEC aims to give Plymouth residents the power to change how they buy, use and generate energy, focusing on reducing fuel bills, improving energy efficiency and generating a green energy supply.

Through PEC Renewables, a portfolio of £2.45m solar installations (£1.45m community share funding, £1m investment fund finance) has been delivered on 30 schools and community buildings, including Plymouth Life Centre (Plymouth's largest solar roof). They have partnered with Four Greens Community Trust to deliver a 4.1MW ground-mounted solar array on restricted-use wasteland in Ernesettle; providing community benefit to FGCT, PEC and the local area.

PEC's grassroots services include an established volunteer programme with a home energy team providing bespoke advice, a fuel debt service, switching service and insulation programmes.

ACHIEVEMENTS

- 1200+ PEC members. 319 investor members of PEC Renewables.
- Fuel debt service has cleared £120,000 total debt for 185 households.
- Supplier switching services help customers save up to £400 per year.
- By partnering with PCC and British Gas, 700 Plymouth households benefited from Green Deal for Communities grant-assisted external wall insulation. Estimated total cost saving is £4.5m over lifetime of the measures. Some properties have cut bills by 66%. British Gas recruited 32 FTEs specifically for the contract; 20 previously un-employed and 4 first-time apprentices.
- Extended partnership with PCC and British Gas is providing 200 free boilers to residents on qualifying benefits.
- 5 FTEs are recruited specifically to work for PEC, including 2 apprentices.
- 52 volunteers received bespoke energy awareness training (four now have City & Guilds qualifications). PEC leverages an estimated 850 volunteer hours pa.

- Energy Team made up of volunteers/staff have provided 60 home visits (61% with extra care needs) and provided over 50 referrals to partner organisations.
- Attendance of 60+ community events in one year, including presentations and training in the workplace. Provided personal advice and support to over 2700 households, saving an estimated £220,000 over the next year.
- £1.45m community shares raised (30% investment from Plymouth area, 70% leveraged nationally and internationally to Plymouth).
- 5 local companies were contracted to install PECs solar schemes and provide ongoing maintenance – each on average employed 5 FTEs to install.
- 25 schools are saving on average £1,000pa on energy bills from hosting the solar installations. In total, schools and community buildings will be saving >£80k pa (Plymouth Life Centre will save approximately £15,000 pa).

FUTURE MILESTONES

- January 2016 - Launch of Healthy Homes pilot service through a partnership with Devon Clinical Commissioning Group & Plymouth Community Health Care. Employment of two case workers for this programme.
- 2016 - 100 business mentoring hours will be provided to PEC to upscale as winners of European 'Social Innovation to tackle fuel poverty' programme.
- Enabling at least 5MW of local renewable energy installations by 2019. 5.2 MW of potential solar projects have already been identified along with 750kW of biomass heating solutions for schools.
- Identifying strands of business less dependent on subsidy and expect income from other energy related services to grow.
- Expanding local supplier and installer partnerships and develop an agreed charging framework to secure referral fees for leads generated by PEC.
- In 3 years, there will be an evidence base to enable local Clinical Commissioning Groups to recognise the business case for investing in PEC's services to reduce hospital admissions from cold-related medical conditions.
- Other revenue generation through:
 - Development of a pay for service to schools that supports them to make investment decisions in the energy efficiency of their own estate.
 - Provision of support services, at cost, to other community energy organisations across Devon & Cornwall
- Diversify sources of capital for renewables schemes from community shares and local authority finance to include bond finance and bank debt offers.
- Development of a local energy supply business - PEC has been working with OVO Energy to bring this to fruition.

RISKS

- Community benefit surpluses from current solar generation strands of business are long term. PEC business model currently dependant on short term, grant funding, service contracts and in kind support from PCC.
- Recent drastic changes to the financial support mechanisms for PECs:
 - Removal of Climate Change Levy exemption for renewables
 - Withdrawal of ability to pre-register/pre-accredit Feed-in Tariff schemes for community renewable groups
 - Premature closure of Renewables Obligation scheme and cuts to Feed-in Tariff make small ground-mounted solar projects financially unviable
 - Proposed cuts to Feed-in Tariff of up to 80% in January 2016 make roof-mounted solar unviable
 - Removal of EIS/SITR tax exemptions for investors in community energy schemes
 - Removal of Green Deal finance scheme without replacement
 - Upcoming changes to Renewable Heat Incentive
 - Changes to Energy Company Obligation levels

DCH (Social Landlord operating exclusively in the South West)

UPDATE

DCH is the largest Registered Social Landlord operating exclusively in the South West region. DCH has over 23,000 homes providing housing to >55,000 people and is a significant regional employer of over 800 staff. DCH's vision is one of "strengthening communities that will be sustainable into the future, and improving prospects and opportunities for people across our areas of work."

DCH has set Investing in Communities as one of its three corporate strategic aims, and in 2014 committed a budget of £10m over the next 5 years to directly facilitate this.

Plymouth represents a priority area for DCH's Community engagement and investment activity. Additional focus is being given to 4 sub areas identified as priority neighbourhoods (Barne Barton, Devonport, Stonehouse, Efford).

Highlights

- **Plymouth Job Clubs** – DCH has established or supported the continuation of 5 job clubs across Plymouth

- **DCH Apprenticeship Programme** – 4 new apprentices taken on within the city
- **Community Hubs** - The development of 2 new facilities within the city
- **Grant Funding** – Through the DCH Community Investment Grants we have supported over 60 projects and 680 individuals.

In 2016 DCH's focus will be in developing economically vibrant and sustainable communities through its new Workhub Approach. Through dedicated Community Development Workers DCH will offer support for people to gain skills and employment. Additional features will include:

- Grant funding available for individuals and community organisations to help develop individual skills
- DCH's apprenticeship programme aims to recruit a further 20 people
- Working with the UK Sailing Association to engage across 2 priority areas and recruit 6 individuals into an intensive maritime industry training programme.
- Re-energising DCHs local partnership programme to ensure active participation at a strategic and local level throughout Plymouth
- Roll out of the DCH digital bundle

Risks

The key challenges for DCH are to:

- Ensure effective joined up added value through local partnership
- Explore community and asset transfer opportunities
- Development of our role as an effective engagement and referral partner that effectively links to existing provision and that ensures clear signposting and referral pathways

Plymouth Community Homes support for PCI flagship

UPDATE

Plymouth Community Homes continues to support the PCI agenda through delivery of its 2013-18 Business Plan 'Looking Ahead'.

This update highlights PCH's achievements to date, contributing economic growth and employment opportunities in the city.

Highlights

- 203 new affordable homes built in North Prospect in 2014/15 at a cost of £40million. Included completion of the Beacon Community Hub, providing commercial opportunities in the area and facilities for residents including a nursery and café.
- 52 lower income families helped to get onto the property ladder through PCH's highly successful Shared Ownership scheme, SO Living, with another 25 homes reserved or due for completion in 2016.
- Achieved 100% compliance with the Decent Homes Standard in November 2014 ahead of March 2015 completion deadline, spending £376m on improvements to our homes over 5 years. This provided local employment opportunities for Plymouth through the replacement of windows, kitchens, bathrooms and other works to the homes.
- Improved the average energy efficiency (SAP) rating of homes from 69 to 71 through the decent homes work, installing £8M worth of photovoltaic (solar panels) on 13% (1,917) of homes, and external wall insulation on 3,408 of homes. This offered employment opportunities for the city, as well as reducing energy costs for tenants.
- Invested £0.8m into 64 projects to improve neighbourhoods by providing, for example, a community facility, a roof garden, improved security or tree planting resulting in more appealing areas to live and employment opportunities for local contractors.
- Spent £35m within the Plymouth postcode area, through our strategy of "staying local" where we can.
- Provided free training places including budgeting, IT, certified courses such as first aid, food hygiene, customer service and care. This resulted in 12 residents finding work who had attended a course.
- Supported job clubs in Whiteleigh, Devonport and Barne Barton, West Park and St Budeaux where unemployed people can get help with job searches, CVs, and interview skills.
- All 175 shops let to local business at reasonable rents, providing opportunities for economic growth and much needed facilities and services for residents.

Future

PCH's growth ambition continues, although recent Government announcements have impacted the organisation's financial position and consequently development has been scaled-back or the timescales extended. However, PCH continues to aim to deliver 750 new homes - 241 plots have already been identified and 141 of these have received funding approval and will begin on site during 2015/16.

Specifically PCH aims to:

- Deliver North Prospect Regeneration programme by 2023.
- Build 162 homes in Phase 3 of the North Prospect regeneration - 112 new affordable homes and over 50 for open market sale.
- Expand PCH's highly successful Shared Ownership offer 'SO Living' for first time buyers and lower income families to help them onto the property ladder.
- Develop at least 6 new build full wheelchair standard homes in partnership with Plymouth City Council to help address a shortage across the city.
- Develop 72 unit Passivhaus scheme in Whitleigh (thought to be the largest of its kind in the South West).
- Develop 67 new homes in Southway.
- Develop headquarters Plumer House in Crownhill into a business centre, providing opportunities for business growth by letting newly developed fourth floor space and other available areas.
- Expand PCH Manufacturing Services by targeting business and domestic customers in the local area.
- Target - 40% of company spend to be made in the Plymouth postcode area.

Risks

In light of the recent Government announcement of 1% reduction in social rents for four consecutive years, PCH will experience a reduction in income of >£20M. Along with having the lowest rents in Plymouth and one of the lowest in the country, this means development ambitions have been scaled-back and further announcements with financial implications for the organisation could put schemes at risk.

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People, Communities and Institutions



Plymouth Growth Board

Monday 25 April 2016

Overview

PCI Delivery: Gareth Hart

PCI Review: Judith Harwood

Social Investment Fund: Jon Siddall

VCSE Sector: Susan Moores, Tony Fuqua & Gareth Hart

Questions: Ann & Gareth



Delivery 2015

DWP
Department for
Work and Pensions

- **Four Greens Community Trust** - **£1.27m** conversion to create HQ hub, completion June 2016
- **SE Investment Fund** - **£2.5m** created **125** new jobs
- **PCC local procurement** PL spend up from **45%** to **54%**
- **Families with a Future** - **26** people into employment
- **PEC Renewables** - **£2.45m** solar installations
- **Community Asset Transfers** - **15** in progress, **CT1**
Devonport Market Hall transferred to RiO
- **PCC spend with SMEs** stable at **35%** c.£50m



Slide 3

CT1 Might need adjusting - the graph in Slide 5 doesn't support these figures.

A projection might be possible, but it would be subject to change with
Clenaghan, Thomas, 07/01/16

Delivery 2015

£2.5m SE Investment Fund

- Barbican Theatre £80,000
- Camper Obscura £28,176
- Prime Stake Park £29,000
- Bread and Roses £10,000
- Bees Education £84,000
- Memory Matters £88,039
- Millfields £108,000



Prime Skate Park recipient of the second tranche of the Social Enterprise Investment Fund.

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Cheers for the grants!

Community pub, theatre and memory cafe among groups sharing £420k funding

MORE than £420,000 will be given to projects including a nostalgia cafe, refurbishment of a Sunday school and the hiring of five more people at a pub in a move that will create 20 jobs.

The money is the latest round of funding from Plymouth City Council to support social enterprise in the city.

One of the key recipients is Memory Matters South West CIC, which has been awarded £80,000 to develop a "memory cafe" in the city.

Around 150 people with dementia and their carers have been involved in drawing up ideas for the cafe, which will be a place where people can meet to feel at ease and socialise as well as receive advice, information and take part in activities.

The project plans to set up a "memory cafe" open to everyone over the age of 50.

It will be a place where people can receive training as well as a centre for visiting therapists and organisations.

Director Kate Smith: "We are delighted to be able to have this opportunity to build this cafe and hub in Plymouth."

"It is important that we could speak to potential users and get them to guide us in our plans, so that they are at the very heart of it. We needed to make it a place that is friendly and not clinical. This fund will

help us build and kit the building out and focus on hiring staff and Rose, on Tillington Street, will be handed £10,000 for business support to enable five more jobs to be created at the community pub.

The investment will promote stronger community links and sense of involvement.

The Barbican Theatre has been awarded £80,000 towards their Basement projects, two unused restaurant units in Bilibury St, Brestonside, into rehearsal studio, a stage and costume construction workshop as well as a reception area.

This will double the space available to the theatre and the number of people who can get involved.

It will include an incubation hub to support new cultural industries, jobs and be a permanent base for the theatre's highly-regarded training programme for young and emerging theatre and dance artists.

The council has awarded money through the Social Enterprise Investment Fund.

Councillor Chris Penberthy, cabinet member for Community and Culture, said: "These projects give back to the people of Plymouth and we are delighted that we are able to support them."

"Not only do they play a crucial role in making Plymouth a better and livelier place to live, but they create jobs."

"We are making waves as a Social Enterprise City and are happy to invest through loans, support and advice in organisations which give to Plymouth, create employment and give back to the local community."

Plymouth is home to around 150 social enterprise organisations.

Other groups receiving funding

- The Dartington School for Social Entrepreneurs - £100,000 for their start-up programme to continue delivering support for Plymouth's social entrepreneurs.
- Credit Union - £100,000 to help reduce reliance on high cost lenders, keep money within the local economy, provide services to financially excluded residents.
- Camper Obscure - £28,176 to the social enterprise Fotonow to refit a camper van as a mobile community outreach vehicle.
- St Saviours - £13,977 will help fund a number of activities that will bring the wonderful Victorian Sunday School Hall on the Barbican back to life. The investment will also bring heating to the ground floor, allowing the building to be open and used by the local community for longer.

"We are making waves as a Social Enterprise City and are happy to invest through loans, support and advice in organisations which give to Plymouth, create employment and give back to the local community."

Plymouth is home to around 150 social enterprise organisations.

These projects give back to the people of Plymouth

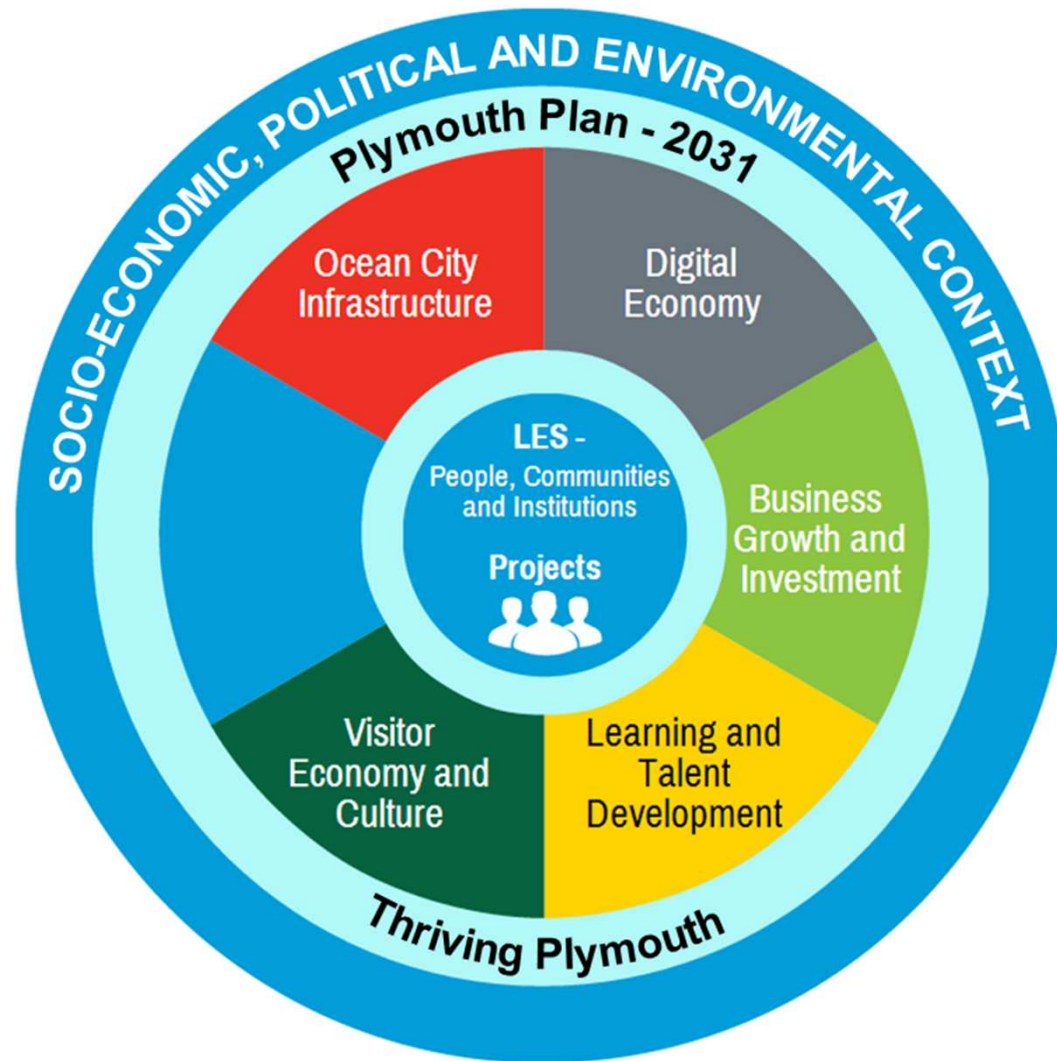
Rajurser

THE 31-year-old has been a member of the club since he was 12. He has been a member of the club since he was 12. He has been a member of the club since he was 12.

PCI Review

- Understand PCI context & identify gaps
- Explore PCI links with other LES flagships
- Better integrate economy & health
- Social enterprise start-up support
- PCI flagship needs clear plan & targets

PCI Context



PCI Context

Plymouth Plan policies, drivers and enablers:

- Life Changes Strategy
- Health and social care integration
- Wellbeing Commissioning Strategy
- Community engagement
- Co-commissioning
- Devolution e.g. DWP
- Information Advice & Guidance
- One Public Estate & CCG Estate Strategy

How best co-ordinate national and local capabilities, to secure well-being, citizenship, capacity and economic benefits?:

1. Strengthen VCSE sector / Social Purpose Organisation?
2. Physical and collaborative 'hubs'?

'Hubs' Model

Community hubs (physical and collaborative) could help each LES flagship:

- Enhance person-centred services and prevention e.g. easy access to health and social care, information and advice, community, volunteering, skills, employment, business support etc.
- Secure public savings e.g. One Public Estate
- Secure welfare savings e.g. worklessness to work
- Catalyst for resilient communities that co-produce services

PCI Aspirations 2020

- **PCI Delivery** - thematic approach, with clear plan and targets
- **Growth and HWB** - joint commissioning e.g. 'hubs' / IAG
- **External funds** e.g. ESF, Regional Social Investment Fund
- **Worklessness:**
 - **VCSE capacity** strengthened income & employment
 - **Work Programme II** re-commission to 2020?
 - **Devolution** - reduce ESA claimants by 1,000 by 2020
- **Flagships** - resident & community engagement / volunteering.





South West
Academic Health
Science Network

Social Investment: Opportunities in Health and Care

January 2015

Jon Siddall | Director- Investment Partnerships | South West AHSN

Connecting needs with solutions



Social investment: What is it?



WHAT IS SOCIAL INVESTMENT?

“Social investment is the provision of finance to generate both social and financial returns. It helps social purpose organisations increase their impact, and helps investors to make a difference whilst getting a financial return on their money.”





Social investment: Who are the investors?



WHO ARE THE SOCIAL INVESTORS?

Social investors are primarily interested in making a positive difference to society, often referred to as creating 'social impact'.

Social investors are often charitable foundations and philanthropists looking to recycle money they previously would have given away through grants and donations.



Social investment: Why are we interested?

Opportunity?

1. Reduce worklessness, health inequality and improve population health
2. Reduce demand on 'downstream' services
3. Efficiency savings in public service delivery



Reshaping Plymouth VCSE Infrastructure

- Registering new Community Interest Organisation- autonomous, sustainable, charity status
- VCSE Hub - conduit to and for the sector
- Honest broker for the sector
- Valued partner in processes of change
- Actively seeking cross-sector collaboration

Models of Operation

- Thriving networks
- Co-design workshops
- Consortia delivery
- Community engagement
- VSCE capacity building- stronger, cohesive
- Sustainable Footing
 - Social Enterprise
 - Social Investment
 - Winning Contracts

Key Questions for Plymouth Growth Board

1. How does city benefit by doing this?
2. How could flagship leads take this forward?
3. What are PCI's key opportunities under devolution?

HEALTH AND WELLBEING BOARD

Work Programme 2016 - 2017



| Date of meeting | Agenda item | Reason for consideration | Responsible |
|--------------------------|--|--|----------------------------------|
| 30 June 2016 | Plymouth ICB Commissioning Intentions | To consider alignment against the Plymouth Plan | Jerry Clough / Carole Burgoyne |
| | Success Regime | To consider an update and any resultant actions from the Success Regime | |
| | Sustainable Transformation Plan | To consider an update and any resultant actions from the Sustainable Transformation Plan | |
| | Growth Board – People, Communities and Institutions Update | To consider an update from the Growth Board | Judith Harwood / Kelechi Nnoaham |
| 22 September 2016 | Plymouth ICB Commissioning Intentions | Standing Item – (if required) | Jerry Clough / Carole Burgoyne |
| | Alcohol Dashboard Update | To consider progress against performance measures. | Kelechi Nnoaham / Laura Juett |
| | Children and Young Peoples Partnership Update | To consider an update and any resultant actions from the Children’s Partnership. | Judith Harwood |
| | Director of Public Health Annual Report | | |
| 26 January 2017 | Plymouth ICB Commissioning Intentions | Standing Item – (if required) | Jerry Clough / Carole Burgoyne |
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| 23 March 2016 | Plymouth ICB Commissioning Intentions | Standing Item – (if required) | Jerry Clough / Carole Burgoyne |
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