



Thrive
PLYMOUTH

**A decade
of impact,
a future of
possibilities.**

Office of Director
of Public Health



THRIVE PLYMOUTH: A DECADE OF IMPACT, A FUTURE OF POSSIBILITIES



FOREWORD – DIRECTOR OF PUBLIC HEALTH

Thrive Plymouth was launched in November 2014. Its aim was to tackle the early development of chronic diseases and the shorter life expectancy of some groups across the Plymouth population. It was evident that certain factors such as obesity, unhealthy diets, too much alcohol, a lack of physical activity and tobacco use were associated with the chronic diseases leading to disability and early death, and so Thrive Plymouth was launched to tackle these; and most importantly the situations and circumstances that tend to lead to more harm linked to these behaviours in certain groups of the population.

The evidence is really clear that some groups of the population have far more challenges than others. Some of these challenges are structural (access to good housing, healthy food, green and blue spaces etc), some are physiological (for example, impact of childhood trauma which can alter brain chemistry), some are linked to your social contacts, including family, some are economic in terms of what you can afford; and some are linked to choices. Although the element of choice *can* be an important factor it is hugely dependant on the previous factors; and in general, it is easier to make positive choices if all other factors support this. Conversely it can be incredibly difficult to make healthy choices if these other factors are working against you. Income is important, not just on its own, but because many other factors correlate with income.

Thrive Plymouth is a social movement, in that it is a sustained campaign in support of a social goal, with a wide range of people and organisations working collectively, whose relationships are not defined by rules and procedures but who share a common desire to support people – all people – to have healthier, happier, and longer lives.

Through Thrive Plymouth, we have built up a wide supportive network of collaborators who have joined the movement and have remained with us. We have previously described Thrive Plymouth as setting the destination and the route for a long voyage. We are all on the voyage together, but just in the way that you might expect a submarine to have differences to a sailing boat in how the journey is undertaken, we each use our own unique skills and experiences to guide our own journey. Our annual campaigns serve to add more partners to the journey, joining all the rest to widen the spread and the influence.

I have been on the journey with Thrive Plymouth through the last ten years, firstly working in the public health team, and then for the last eight years, as the Director of Public Health. The remainder of this report sets out some of the changes that we, collectively, have made, and shows the promising signs of progress; and most importantly it sets out the future direction for the next decade of opportunity.

As I step aside from the DPH role, to hand the baton on to Steve Maddern, I would like to recognise everyone who has been on this journey with us; this report summarises the collective achievements of your input, your influence, your hard work and dedication, and most importantly your drive to improve the health and the life chances of everyone in Plymouth.

Dr Ruth Harrell

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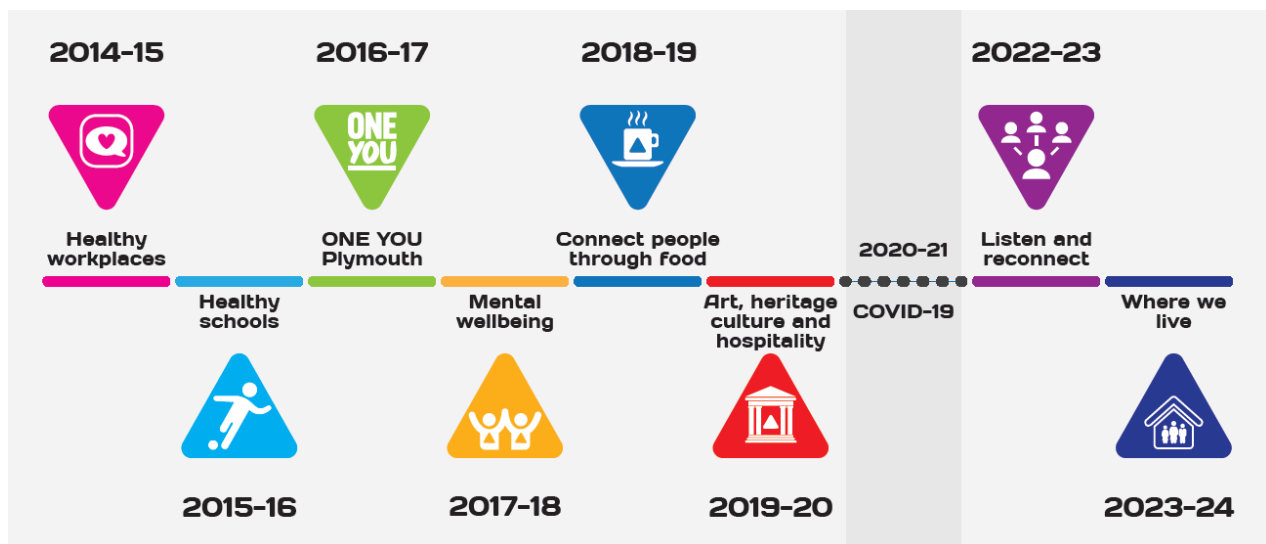
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I EXECUTIVE SUMMARY

Thrive Plymouth was launched in 2014 to address health inequalities in Plymouth, with an initial focus on the 4-4-54 construct to address four health behaviours (poor diet, lack of physical activity, tobacco use and excess alcohol consumption) that contributed to four diseases (coronary heart disease, stroke, cancer and respiratory disease), responsible for 54% of deaths in Plymouth.

From the outset, Thrive Plymouth identified that health outcomes varied considerably depending on where a person lived in Plymouth with some geographical areas showing a clustering of poor health behaviours and outcomes. Whilst Thrive Plymouth was structured around sound epidemiological approaches, the approach to addressing health inequalities has evolved considerably since 2014, both in response to external factors and a greater appreciation of the wider determinants of health and the value of using a human systems learning approach for such complex issues.

Thrive Plymouth delivered across eight annual themes of work, bringing a focus to key areas of work each year.



Healthy workplaces aligned with the Workplace Wellbeing Charter, later to become the Wellbeing at Work awards, with 195 organisations having engaged in this since the programme launch, and 31 new awards granted since 2018. Healthy schools integrated the Wellbeing at work awards, and introduced the Healthy Child Quality Mark to encourage schools to plan, deliver and measure healthy behaviour change, with 94 Plymouth schools achieving an award.

One You Plymouth aligned with a national campaign and saw the rebranding of adult wellbeing to reflect the value of health awareness. The New Home, New You scheme, also launched this year in collaboration with Plymouth Community Homes, included residents of new homes being supported with healthy foods and optional cookery classes. The Five Ways to Wellbeing were launched in 2017-18 and the first of nine wellbeing hubs was opened this year.

Connection through food saw Plymouth achieve a Sustainable Food City silver award and aligned with Plymouth City Council signing the Healthy Weight Declaration. The Arts, Heritage, Culture and Hospitality theme aligned with the Mayflower 400 commemorations and, despite being impacted by COVID, saw volunteer groups mobilising to support the pandemic response and

leading to the formal establishment of the Volunteer Service and Good Neighbour Support volunteer scheme. Post- pandemic, the Community Builders team was created, working at grassroots level to build confident, more connected communities. A focus on Where we Live, saw a cold and damp homes taskforce created to widen the city’s response to this challenge.

An evaluation of the first ten years of Thrive Plymouth found value in the Thrive Plymouth network as a way to connect work on health and wellbeing and improve the quality of services provided to residents. This forms a social movement around all determinants of health which has created a wider public health workforce and a greater awareness of health inequalities.

Data shows some improvements in health behaviours and outcomes amongst adults and children, with smoking rates reducing and improvements in mortality rates, life expectancy and healthy life expectancy. Healthy behaviours amongst children have also seen an improvement. Sadly, the inequality remains with life expectancy varying by 8.2 years depending on where a person lives in Plymouth, and notable variation in health behaviours and outcomes, with unhealthy behaviours and poor outcomes often clustered in certain communities.

Mental health indicators have worsened over time, as has obesity, and Plymouth shows high rates of alcohol related hospital admissions, high levels of physical inactivity and notable challenges around healthy food affordability for many. The ageing population also presents likely increased demand for services such as dementia care. Wider issues around community cohesion, safety, housing and poverty remain a challenge for some communities.

Thrive Plymouth will be relaunched in November 2024 with plans for a further ten years of support, integrated with a wider set of health initiatives, built on updated principles and focussed around Healthy Body, Healthy Mind, Healthy Places, Healthy Communities. A monitoring and evaluation framework will focus on understanding the Plymouth context and taking a human learning systems approach to build a network that encourages learning and is focussed on individual and community need.

It is anticipated that this approach will bring people together, allow a continued focus on inequality that is evidence based, and offer the versatility to be centred around the need of our communities. We believe that through supporting a network we build the public health workforce within our communities to facilitate change and provide the best support to the population of Plymouth



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T	Together	The greatest strength of Thrive Plymouth is our network members. We will continue to build a whole systems approach to tackling health inequalities and collaborate with as many partners as possible.
H	Human Centred	We will take a human centred approach to our work, recognising that people's lives are complex and that sustainable change takes time. We will always strive to be compassionate and trauma informed , putting the voice of the lived experience at the centre of our work.
R	Respectful	We will respect everyone we work with and strive to create an inclusive network where everyone is welcome and has a part to play. This means valuing our small organisations as much as our larger ones and everyone having an equal voice and opinion on decisions.
I	Inequalities Focused	Ultimately everything we do will be with the goal of tackling health inequalities. To ensure health equity , we will tailor our work , providing extra support to those that need it most.
V	Versatile	We will provide a space to explore and try new things without fear of failing, so we can learn together and grow together .
E	Evidence Based	We will use the resources available to us to ensure we are delivering work that, where possible, is rooted in evidence . We will have a particular focus on prevention of ill health and health inequalities.



Thrive
PLYMOUTH

A decade of impact

**An evaluation of the
past 10 years of
Thrive Plymouth**

2 INTRODUCTION TO THRIVE PLYMOUTH

2.1 Where did Thrive Plymouth come from?

Thrive Plymouth is a city-wide approach to reduce health inequalities in Plymouth. It was developed in response to a recommendation from Budget Scrutiny in 2014 that 'an action plan addressing the revised approach to health inequalities across the city is brought to the Caring Scrutiny Panel within six months by the incoming Director of Public Health.' The subsequent proposal was a ten-year campaign, branded as 'Thrive Plymouth' and unified around '4-4-54'; four behaviours that increase the risk of four chronic diseases that together cause 54% of deaths in Plymouth.

2.2 The Plymouth context

In 2014, when Thrive Plymouth launched, life expectancy at birth in Plymouth was 80.4 years, although varied across the city from 85.9 years in Chaddlewood to 75.4 years in Drake; a gap of 10.4 years¹. This meant that every mile travelled between these two neighbourhoods resulted in a year of life lost. Thrive Plymouth's aim was to address these inequalities.

The Thrive Plymouth proposal highlighted the inequality in health indicators from the 4-4-54 construct that four behaviours; poor diet, lack of physical activity, smoking, and excess alcohol consumption, are risk factors for four diseases; coronary heart disease, stroke, cancer, and respiratory problems. In Plymouth, these diseases are responsible for 54% of deaths, with inequalities in health outcomes the result of inequalities in the distribution of health behaviours.

In 2012/13, 18.9% of people in Plymouth smoked, ranging from 9.4% to 36.7% across different wards in the city^a. The percentage of families where at least one parent smoked was 28.8%, ranging from 11.2% to 44.4% between wards. The Plymouth alcohol-related hospital admission rate was 209.7 per 10,000 all-age population, ranging from 137.7 to 346.5 between wards. The percentage of Year 6 children with excess weight was 32.1% in Plymouth, ranging from 16.0% to 44.6% in different wards, and 67.4% of Plymouth adults were overweight or obese (ranging from 54.0% to 73.8%)^b. Data highlighted the clustering of behaviours in certain wards within Plymouth¹.

The mortality rate for the four diseases was 58.5 per 10,000 all-age population, ranging from 36.7 to 81.2 depending on ward, with the percentage of deaths attributable to coronary heart disease, stroke, cancer and COPD combined ranging from 40.0% to 71.9% across city wards¹.

Overall, the picture showed notable differences in health behaviours and in health outcomes, depending where in Plymouth an individual lived.

^a Note that this data was based on the smoking status of adults referred to hospital for any condition, not the whole population, so is a proxy measure

^b Note that this data was based on the body mass index of adults referred to hospital for any condition, not the whole population, so is a proxy measure

2.3 Thrive Plymouth - guiding principles

Seven guiding principles were established with Thrive Plymouth was launched;

1. **Long-term:** 10-year plan to improve health and wellbeing and reduce health inequalities.
2. **Collaborative:** Work with all partners across the city to realise a shared agenda.
3. **Inclusive:** Something for everyone (all ages, all abilities, households and institutional settings, homeless, marginalised and vulnerable residents).
4. **Fair:** Focusing on preventable deaths will help reduce health inequalities across the life course.
5. **Flexible:** Encourage variety and wide range of options.
6. **Integrated:** Prevention is linked to early detection and effective treatment of chronic diseases.
7. **Evidence based:** Drawing on what works elsewhere and assessing work done in Plymouth.

2.4 Thrive Plymouth – the approach

Thrive Plymouth's action plan was structured around four themes; 4-4-54 in all policies, supportive environments, engaged communities and capacity building. The overall objective was to reduce health inequalities by building a health and wellbeing collaborative in line with the guiding principles. In line with an ambition to create a social movement and system engagement were the creation of a Thrive Plymouth network and themed annual focus topics with events.

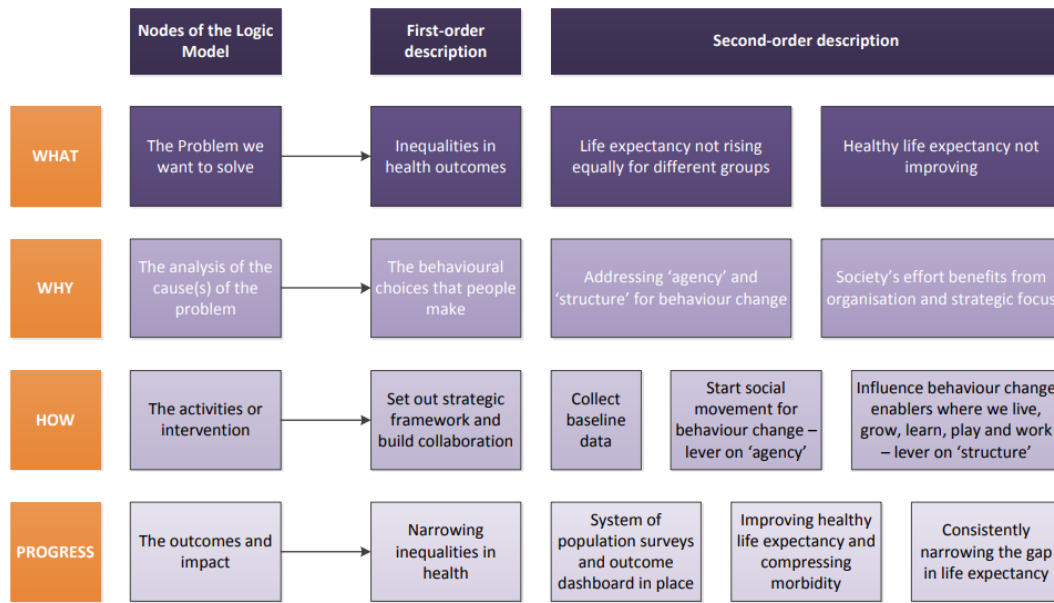
1.1.1. 4-4-54 unifying focus

This focus was based on an Oxford Health Alliance concept, that poor diet, lack of physical activity, smoking, and excess alcohol consumption, are risk factors for coronary heart disease, stroke, cancer, and respiratory problems, which cause 54% of deaths in Plymouth. It was recognised very early during Thrive Plymouth that whilst this construct was useful in thinking about a preventative approach to physical health, the focus on 'unhealthy' behaviours, diseases, and death was negative, and Thrive Plymouth offered a more positive approach to address this challenge.

1.1.2. Logic model for Thrive Plymouth

The logic model developed during Thrive Plymouth (Figure 1) identifies the need to improve life expectancy and healthy life expectancy, by addressing agency factors and structural factors to support behaviour change. This support was intended to be facilitated through a social movement focussing on agency and influencing change enablers to address structural factors. The logic model was not routinely used to monitor or evaluate Thrive Plymouth but the underlying concepts remain relevant, particularly regarding behaviour change.

Figure 1 Logic model for Thrive Plymouth (2015)



1.1.3. Epidemiological approaches

In addition, the work of Thrive Plymouth was underpinned by core epidemiological principles and evidence drawing on the following approaches.

Population prevention

This approach includes providing support or services to the whole population to shift the overall distribution of a condition or problem for everyone, rather than just those at greatest risk. Those at greatest risk will not have to struggle to change their behaviour in the face of peer-pressure or from a disadvantaged starting point, as everyone is part of the approach. Noting that the costs of lifestyle change are comparatively high for those at greatest risk, this approach balances the cost and minimises the potential to widen inequalities.

Common risk factor approach

Risk factors for poor health are often shared by groups or populations. For example, a smoker is more likely to drink alcohol, have a worse diet and take less exercise than a non-smoker. This clustering of risk factors is more common at lower levels of the social gradient offering the potential to integrate interventions to reduce several risk factors rather than offer parallel interventions for individual and be more efficient.

Behaviour change approach (changing the context in which people make choices)

Despite overwhelming information on the negative effects of smoking, poor diet, lack of physical activity and excess alcohol consumption, these health risks remain prevalent. Whilst people know what behaviours are unhealthy and many intend to change these, but achieving change is difficult.

Evidence² shows information and a desire to change is often insufficient, and a change to the context in which people make choices can achieve better outcomes, whether by complementing established policy or bringing more innovative interventions.

2.5 Thrive Plymouth – evolution

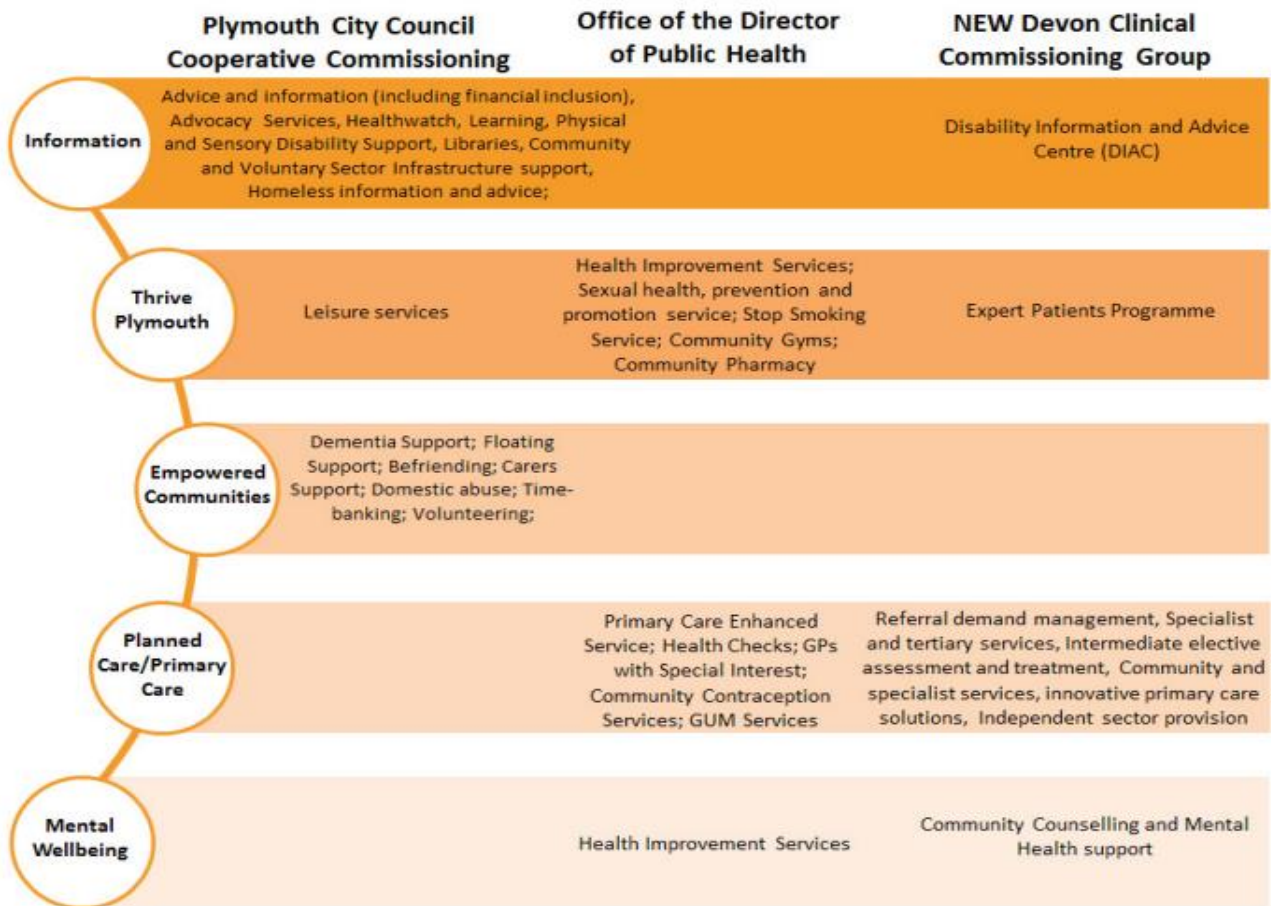
Since 2014, many external factors have influenced health and wellbeing in Plymouth, notably the COVID pandemic, the impacts of austerity, the impact of cost of living, and the ageing population.

Thrive Plymouth has evolved to incorporate an increased understanding of the wider determinants of health and how these affect behaviour and health outcomes. The importance of mental health and wellbeing, a greater understanding of the impact of Adverse Childhood Experiences (ACEs) on health outcomes, and trauma informed practice have also been integrated, as has a greater emphasis on asset-based community development and ‘starting with the individual’, and the need for a human learning systems approach. This acknowledges the complexity around health and wellbeing, providing collaborative and continuous learning and individual solutions³, with a primary focus to build an alliance around a shared purpose and innovate to inform learning.

As a social network, Thrive Plymouth is inherently influenced by those engaged in the network and their priorities, and Plymouth City Council’s engagement has evolved to be supportive and enabling, rather than as an operational lead for the network. Responding to the network, Thrive Plymouth has developed annual themes, drawing on national campaigns or responding to local priorities.

Thrive Plymouth is embedded within the Plymouth plan and is represented across all of the wider determinants of health. Thrive Plymouth was also integral to the integrated Wellbeing Commissioning Strategy (see Figure 2) and led to the development of wellbeing hubs, and is aligned with Integrated Care Board (ICB) plans and social prescribing efforts.

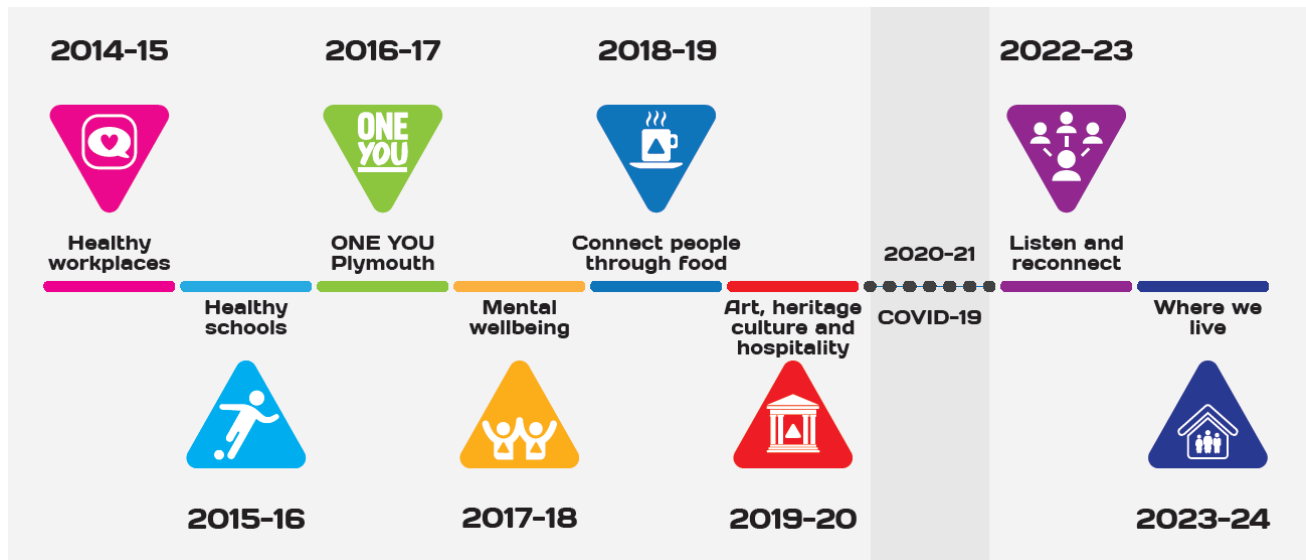
Figure 2 Thrive Plymouth local integration



2.6 Annual Themes

Each year of Thrive Plymouth had an annual theme to highlight an area of work and form new connections into the network. The full breadth of work across these annual themes can be found in Appendix I – Annual Themes, with a summary of the annual themes in Figure 2.

Figure 3 Timeline of Thrive Plymouth annual themes 2014-2024



Year 1 – 2014-15 – Healthy Workplaces

This was chosen to align with the national [Workplace Wellbeing Charter](#)³ and the City’s growth agenda. Key partners for this year were Livewell Southwest, Plymotion, and the Sports Development Unit. The launch event for this year was attended by over a hundred city leaders, businesses, and institutions and laid a strong foundation for Thrive Plymouth.

During this year, businesses were encouraged to sign up to the Workplace Wellbeing Charter to commit to prioritising staff wellbeing. In Plymouth, the Workplace Wellbeing Charter was replaced in 2018 by the [Wellbeing at Work awards](#)⁴ where each organisation identified Wellbeing Champions who were trained on topics such as mental health and ‘making every contact count’. This award scheme is still running, with 195 organisations having shown an interest since the programme launched. (Case Study 1)

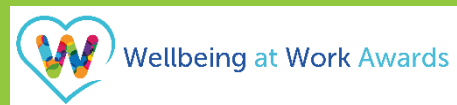
Year 2 – 2015-16 – Healthy Schools

This year recognised the link between health and attainment amongst school-age children and young people, and recognising educational settings as workplaces, schools were encouraged to sign up to the [Wellbeing at Work awards](#)⁴ to contribute to the health of their staff.

The other goal during this year was to encourage the uptake of the Healthy Child Quality Mark (HCQM) a three-tier development tool offering tiered awards to schools based on a framework to plan, deliver, and measure healthy behaviour change. During the year, 63 schools achieved a bronze award, 15 schools a silver award, and 6 schools achieved a gold award in the HCQM. The HCQM is still used in schools across the city. (Case Study 2)

Case Study 1 Wellbeing at Work Awards

Wellbeing at Work Awards



Originally set up in 2014 as the Workplace Wellbeing Charter, The Wellbeing at Work Awards were rebranded and relaunched in Autumn 2018. These awards are delivered by the Wellbeing Team at Livewell Southwest and encourage Plymouth businesses to prioritise staff wellbeing and health. There are three levels to the award scheme: Bronze, Silver, and Gold.

To achieve a Bronze Award, a business has to set up a workplace wellbeing steering group, adopt an annual health needs assessment, integrate wellbeing champions, and formulate a wellbeing action plan. Silver and Gold status require completion of Business in the Community & Public Health England Toolkits alongside an assessment document for health and wellbeing topics. Silver requires completion of three topics, and Gold requires completion of four topics. The topics include:

- Sleep and Recovery
- Domestic Abuse
- Drugs, Alcohol and Tobacco
- Musculoskeletal Health
- Reducing the Risk of Suicide
- Physical Activity, Healthy Eating and Healthier Weight
- Mental Health

Businesses are also encouraged to link with both the NHS Health Check programme and the programmes delivered by One You Plymouth e.g. smoking cessation.

A wide variety of public and private sector businesses have taken part in the award scheme over the years. Since 2018, 31 awards have been issued to businesses across the city, who each receive a formal certificate for their efforts. Plymouth City Council has achieved a Silver Award.

Case Study 2 Healthy Child Quality Mark (HCQM)

Healthy Child Quality Mark (HCQM)



The Healthy Child Quality Mark programme is a school development process, delivered through officer support, challenge and best practice sharing. Open to all schools, the HCQM is the established Health, Wellbeing and Citizenship development programme in Plymouth, reaching over $\frac{3}{4}$ of education settings, so far. The programme provides school with a framework to benchmark and improve provision, procedure and policy, influencing positive health and wellbeing behaviour change. The programme is dynamic in relating the health and wellbeing needs of Plymouth's children, young people and the school communities they develop within.

The scheme content covers some key themes:

- A healthy and active body
- Wellbeing and reducing barriers to learning
- Healthy and safe relationships
- Managing risk and risk-taking behaviours
- Preparation for life
- Wellbeing and safety for the whole school community
- Plymouth health and wellbeing focus

The benefits of being involved in the scheme include:

- Increasing students' readiness to learn
- Developing and encouraging positive life-long health choices
- Gaining recognition for innovative provision
- Evidencing progress regarding the Ofsted inspection framework
- Quality assured certification from the Local Authority
- On-going guidance, support, and best practice sharing

In 2024: An on-line tool is being launched to support schools in their evaluation of health and wellbeing related provision, informing practice across the city.

Year 3 – 2016-17 – One You Plymouth

For this year, Thrive Plymouth aligned with the national [One You campaign](#)⁶, which included the four lifestyle behaviours of Thrive Plymouth plus sleep, stress, and checking symptoms. The strapline from the national campaign was localised to One You Plymouth with Livewell Southwest rebranding their adult wellbeing service as '[One You Plymouth](#)⁷'.

In collaboration with Plymouth Community Homes (PCH), the [New Home, New You](#)⁸ scheme was also launched in this year. This scheme was built on evidence that moving home is an ideal time to introduce new habits and saw PCH frontline staff receive wellbeing training to allow staff to hold brief intervention conversations with new tenants about lifestyle behaviours, as part of the support for moving into a new home. The scheme is still running and now includes residents receiving veg bags for the first six months of their tenancy alongside optional cookery classes. (Case Study 3)

Year 4 – 2017-18 – Mental Wellbeing

Mental Wellbeing was chosen in recognition of the importance of mental wellbeing and mental capital to underpin a healthy life. The year was co-designed with the Plymouth Mental Health Network.

A key activity for the year was promoting the [Five Ways to Wellbeing](#)⁹; five small everyday actions that that can improve wellbeing. In Plymouth, the 'Five Ways to Wellbeing' is used as 'CLANG';

- Connect – link up with the people around you.
- Learn – explore something new.
- Active – discover an activity you enjoy.
- Notice – be curious about the world you enjoy.
- Give – share something with others.

During this year, the first Plymouth wellbeing hub was opened. The Five Ways to Wellbeing Hubs are a central place for the community, with services and activities co-located in one building. There are nine hubs across the city, with three more planned for 2025, to support demand in our most deprived neighbourhoods. The Five Ways to Wellbeing logo was also used as the symbol for the Wellbeing Hubs. (see Case study 4)

Plymouth Community Homes New Home, New You



Plymouth Community Homes (PCH) is a leading social housing association focused on delivering great services and improving lives in the communities they work within. As the largest social housing provider in the city, they recognise the important role they play in supporting the health and wellbeing of their residents and their wider community. Their vision goes beyond simply delivering good quality social housing. They strive to make sure they get the basics right and help improve lives by building safe, strong communities where people can thrive.

In partnership PCH, PCC, and Livewell Southwest developed the joint initiative New Home, New You. The scheme aims to help tenants moving into a new PCH home to find out how they can make positive lifestyle changes to help achieve the sense of wellbeing they aspire to. It was launched in 2017 and formed part of Year 3 of Thrive Plymouth.

The scheme is voluntary but involves a questionnaire to enable people to identify their health or lifestyle goals. Then providing information and advice on services available to support them, such as the One You Plymouth services. The scheme prompted additional information to be included in sign up packs and questionnaires reviewed during their tenancy visits to see how everyone was getting on.

A total 691 customers have been supported by the New Home, New You programme. This has provided access to locally grown fresh vegetables and a variety of recipes for residents and their families. This has had a greater impact as the cost-of-living crisis has taken hold, providing for some essential access to fresh food.

The scheme has connected with the Grow Share Cook Project, enhancing the offer for those aiming to eat well, providing access to cookery workshops that focus on building practical skills and improving confidence in the kitchen.

The success of the scheme has continued to build through the formal Health and Housing partnership between Plymouth Community Homes and Livewell Southwest. The support provided to enable residents to reach their goals has enhanced through the creation of a joint funded Wellbeing Officer, offering practical tailored support to enable people to work towards their goals including those signed up to the New Home New You scheme.

Alongside being a forum for making new connections, being a part of the Thrive Plymouth Network has provided our staff access to training and resources to upskill them and expand their knowledge of other initiatives and organisations available within the city to support residents.

Wellbeing Hubs



Wellbeing Hubs are a network of organisations and centres working together to encourage and support people in the local community to make life choices that will improve their health and wellbeing. Nine are up and running in local neighbourhoods across the city with plans for at least three more in 2025.

Based where people and services already naturally congregate and offer advice, Hubs offer root care in the community. Their role is to curate a welcoming space where clinical, statutory, voluntary, community and social enterprise co-locate to create a flexible offer that meets the needs of residents.

Friendly professionals and volunteers provide information and signposting for issues which range from housing, finance and employment advice, alongside access to health, social care and wellbeing services, such as social prescribing, smoking cessation and surgeries/clinics. As importantly, Hubs also support local community group activities that reduce loneliness, promote independence and build social capital. By managing health and wellbeing with and within the community, Wellbeing Hubs aim to reduce the need for primary and secondary care, delivering prevention and services outside of hospitals.

The Wellbeing Hubs programme was initiated in 2017 by the Health and Wellbeing Board as a part of the City's strategic approach to delivering health and wellbeing outcomes at a population level; to reduce inequalities and to improve the sustainability of our health and wellbeing system. The approach was co-designed with multi-agencies in line with cooperative commissioning and community engagement principles. Once a vision was defined, work was carried out to develop the evidence base. This included mapping existing assets and initiatives, gaps, potential activity and workforce requirements.

Over a period of 7 years, Wellbeing Hubs have opened across the city, in neighbourhoods with higher socio-economic deprivation and where residents self-identified as having less sense of belonging. Each Hub is required to deliver a core wellbeing offer, tailored to their local population needs. Run by different Voluntary and Community Sector organisations, with different specialisms, in very different buildings, alongside the core offer, each of the Hubs provides a range of additional activities related to health and wellbeing, and when they don't provide something, they support residents to make use of assets within their wider community.

As part of a network, the Hubs are also supported to share best practice and learning, put in for joint funding bids, collaborate strategically with key City anchor institutions and the VCSE and report on their overall impact to the Local Care Partnership, raising awareness of the benefits of community-based health prevention to our wider health system.

Year 5 – 2018-19 – Connecting People Through Food

This theme referenced dietary element of 4-4-54 construct and brought focus to a collective desire to achieve the [Sustainable Food Cities¹⁰](#) Silver Award and linked to Plymouth City Council (PCC) having signed the Healthy Weight Declaration.

The main partner for this year was Food Plymouth CIC, who act as a ‘central connecting platform’ for all things food-related in the city. Food Plymouth’s mission is to promote local, healthy, sustainable, and affordable food as a driver for positive change.

The partnerships formed during this year have continued to grow in strength enabling much of the food related work that now takes place across the city. This includes support provided during the COVID pandemic and ongoing work to support those impacted by the cost-of-living crisis. (Case Study 5)

Year 6 – 2019-20 – Arts, Heritage, Culture, and Hospitality

The theme for the sixth year was Arts, Heritage, Culture, and Hospitality chosen to align with the Mayflower 400 commemorations, marking the setting sail of the Mayflower in 1620. Key partners for this year were Mayflower 400 and Destination Plymouth. The theme was launched in November 2019 but was unfortunately impacted by the COVID pandemic and national lockdowns from March 2020 which led to the cancellation of many of the planned activities.

Despite this, the volunteers that had planned to help with the commemorative events were instead mobilised to support the pandemic response, highlighting the value and importance of volunteering. The volunteering service is now an integral part of Thrive Plymouth and the PCC public health team, with an example of the [Good Neighbour Support Volunteer¹¹](#) scheme in Case Study 6.

Year 7 – 2022-23 – Listen and Reconnect

The public health team stepped back from Thrive Plymouth during the COVID pandemic, but work continued across the Thrive Plymouth network. As the ODPH public health team re-engaged with the network, there was a need to understand the impact of the pandemic on our city and population, so the theme for this year was Listen and Reconnect. This linked to Plymouth’s status as a [Compassionate City¹²](#) and a commitment to reflect on lived experience and acknowledge the impact of the COVID pandemic. We also hoped to capitalise on the positive community support seen during the pandemic and apply this to our work.

One of the biggest achievements of this year was the creation of the [Community Builders¹³](#) team, which works at a grassroots level to build confident, more connected communities. Community Builders support and work with geographical communities, and communities of identity, interest and diversity, identifying and mapping community assets, listening to local people and helping them to develop. This improves links with services, local groups, and initiatives, and enables increased community activity. (Case Study 7)

Case Study 5 Food Plymouth

Food Plymouth



Food Plymouth is Plymouth's recognised local sustainable food partnership. Established in 2010 and acting as a 'central connecting hub' for all food-related matters in the City, Food Plymouth is a pioneering and award-winning member of the Sustainable Food Places movement in the UK.

Their partnership and network comprise a diverse mix of public, private and voluntary and community sector organisations, social enterprises and businesses, as well as individual citizens, all working towards change for the better in the food system. Enhancing health and well-being outcomes through improved nutrition for all and creating better connections with people and nature are integral to this work.

Food Plymouth were early members of the Thrive Plymouth Network and became key partners in Year 5 (2018-19) focusing on People Connecting Through Food. The legacy of this partnership continues, with some notably activities including:

- Supporting with Plymouth achieving Silver Sustainable Food Places award
- Relaxation of previous restrictions on growing in urban spaces in Plymouth and the development of the Food Plymouth 'Growing Community Abundance' project
- All Ways Apples Festival – used as the end of year event for Year 5, the annual festival continues and fosters connections between All Ways Apples and Public Health, in particular the Volunteering Service

Furthermore, the closer collaborative partnership relationship between Food Plymouth and Plymouth City Council Public Health in Year 5 laid the foundations for the recognised effectiveness of Plymouth's COVID-19 pandemic food support response and the on-going out-workings of this, including Food Plymouth being an

Case Study 6 Good Neighbour Support Volunteer Scheme

Good Neighbour Support Volunteer Scheme



The Good Neighbour Support Volunteer (GNSV) Scheme began in early 2021, evolving through conversation with Adult Social Care in the aftermath of the Coronavirus pandemic. It's purpose is to respond to enquiries from local people looking to continue their volunteering, post-COVID, and to help meet the needs of local residents.

A Good Neighbour Support Volunteer collects shopping and prescriptions for a vulnerable Plymouth resident on a weekly basis, stopping to make time for a friendly chat with them.

Each volunteer is matched to a resident to provide a degree of continuity for the resident and to help develop a relationship of trust. As a result, volunteers build a strong and valuable rapport with the resident they visit. It's clear from follow up conversations with all concerned (residents, other family members, volunteers) that the visits are hugely valued, both for the practical help and, of equal importance, the social support. Residents often tell us that their volunteer is the only person they see or who has time to talk with them. Typically, residents tell us that the visit brightens their day, gives them something to look forward to, or that they don't know how they'd manage without their volunteer

In addition to the benefits of the person being supported, the scheme has created a team of happy and fulfilled volunteers knowing they are doing something worthwhile each week, making a real difference to a person's life. Of particular importance to the recently retired or those suffering low self-esteem or lacking a sense of purpose. It also provides valuable experience/relevant references for those volunteers considering or embarking upon a new career in the health sector.

The scheme's value is recognised by organisations within the city who often refer into it (including Livewell Southwest, social prescribers at Wolseley Trust and staff at Community Assit). One referrer described it as her "go to" solution. The team also often hears that the shopping element of the match is helpful to staff arranging hospital discharges.

The Good Neighbour Support Volunteer scheme has helped nearly 100 households since it began. It currently has 32 active volunteers carrying out 35 regular supported visits to households per week. The volunteers are loyal to the scheme and tend to stay until their personal circumstances dictate otherwise. Thirteen have recently received their two-year volunteering certificates and nine have received their three year one.

Community Builders



As part of the work of the community empowerment team, in November 2022 a team of Community Builders were set up across communities in Plymouth. The aim of a community builder is to work at grassroots level to build confident, more connected communities. In Plymouth we have Community Builders supporting and working within not just geographical communities but also communities of Identity, Interest and Diverse Communities. Community Builders identify and map community assets, listening to local people and help them develop what they want, improving links between services, local groups, initiatives and the community and enabling increased community activity.

Community Builders embed themselves within communities to better understand the assets of that community and the support that local residents and groups feel they need to improve their wellbeing.

The builders take an Asset-Based Community Development (ABCD) approach, using local strengths, organisations and passions as a starting point for enabling greater connection, activity, and collective support.

The team has Community Builders supporting the following communities/areas of focus:

- Barne Barton
- Devonport
- East End
- Estover and Efford
- Honicknowle
- Southway
- Stonehouse
- Men
- Young People
- Mental Health and Disability
- Ethnically Diverse communities
- LGBTQ+ communities
- Food Co-Ops
- Family Hubs
- Older persons

Although a relatively new team, the Community Builders are already making significant changes within their communities, helping to bring people together by listening to what they need. The Builders are focused on facilitating citizens to develop new community-led activities, supporting people to connect and get active in their community, working together to create local community engagement opportunities, having conversations (through Appreciative Enquiry) that lead to action and to further develop local partnership connections.

Year 8 – 2023-24 – Where We Live

This theme reflected a growing recognition of how the places we live in, whether homes or streets, affect our health and wellbeing. As part of this year’s work, a Cold and Damp Homes Task Force was established with partners from across Plymouth including PCC, social landlords, Plymouth Energy Community, the University of Plymouth, Citizen’s Advice, and the Southwest Landlords Association. The taskforce considered how increased collaboration could improve strategy, leadership, focus, and shared resourcing to tackle the health impacts of cold damp homes. They have developed resources and training that will be delivered to frontline staff and is also exploring how best to use data from each partner to target resources where they are most needed.

Case Study 8 PEC - Cold and Damp Homes Task Force

Plymouth Energy Community Cold and Damp Homes Task Force

Plymouth Energy Community (PEC) has worked with Public Health and Plymouth City Council for more than a decade to tackle the link between cold, damp homes and health. The 2023/24 focus ‘Where We Live’ was a springboard to expand awareness, form new collaborations, and widen the strategic response across the city.

PEC became founding partners of a new city-wide Cold and Damp Homes Task Force to:

- Collaborate on better systems to alleviate the misery cold damp homes.
- Improve local strategy and policy.
- Increase understanding and use of existing local evidence and data.
- Improve visibility and local leadership.
- Identify knowledge and training gaps.
- Develop joint bids to target resources on cold, damp homes and their impact on health.

The Task Force provides a forum for learning, development and improvement. Members share local data, knowledge and skills to better reach people at risk. It gives collective oversight of cold and damp across the city and is developing tools for frontline workers, to identify issues quickly and assess the level of risk to residents accurately.

As part of this year’s work, the team at PEC also created and continue to deliver frontline worker training, The session ‘A Practical Guide to Helping People in Energy Crisis’ grows the skills of frontline workers to identify and take the first steps to supporting people in cold and damp homes.

3 DID THRIVE PLYMOUTH WORK?

3.1 Evaluation process

This document presents the findings from a formal evaluation process, overseen by a working group, that identified some key questions to address:

- What did Thrive Plymouth set out to achieve?
- How has Thrive Plymouth been implemented since its launch?
- What has happened to health inequalities in Plymouth since 2014?
- What have been the main impacts of Thrive Plymouth?
- What aspects of the processes and structures went well or not so well?

The evaluation process included a review of public health documents including the original proposal, activity logs and plans, annual DPH reports and in-year evaluation reports, interviews and focus groups with the public health team, interviews and a co-production workshop with Thrive Plymouth network members, and collation any analysis of data from Thrive Plymouth and publicly available health data.

3.2 Evaluation overview

Clearly, there are multiple factors that influence our lifestyle and our health, and not all of these can be addressed by Thrive Plymouth. This limits the value of simply comparing health before and after Thrive Plymouth. The impact of national policies, a global pandemic and an economic downturn has been significant. There are, however, several factors that we can surmise about Thrive Plymouth;

- Many organisations across the city have come together around this clear ambition, producing a diverse and strong partnership. There is shared ownership of the problem, and a willingness amongst organisations to work together towards this aim.
- All the Thrive Plymouth partners understand the importance of tackling inequalities, of the barriers and difficulties faced by our communities, and of the interventions that may help
- Programmes such as Wellbeing Hubs, Social Prescribing, Community Builders, and Volunteering, have focused attention on the wide range of factors that influence health.
- Thrive Plymouth brings a coherence to work that supports our ambition, allowing us to secure additional funding from various sources. Plymouth City Council does not directly employ staff to run Thrive Plymouth, but it is seen as an integrated part of the Public Health team with a negligible budget contribution of around £5k per year

3.3 The Thrive Plymouth Network

A key objective of Thrive Plymouth was to build a health and wellbeing collaborative. This was achieved by setting up the Thrive Plymouth Network, with over 270 individuals representing around 100 different organisations across the city (as at Sept 2024). This network is the primary strength and driver of Thrive Plymouth, and the breadth of the network allows us to draw on experience and expertise across health. Reach also includes commissioned services, VCSE organisations, and departments across Plymouth City Council. Whilst there is a core group, engagement fluctuates depending on the theme, with some network members reporting that they

can struggle to link some themes to their work, especially 'outside' their core remit. This offers an opportunity to improve engagement in the next phase of Thrive Plymouth.

Network members value Thrive Plymouth as a way to connect with one another and feel that this improves the quality of the services they are providing to Plymouth residents (see Figure 4 for examples).

Figure 4 Quotes from network members about Thrive Plymouth Network

"We love the fact that we got this great big overarching network that connects everything, that happens in the city."

"So, I think you've done the job of bringing people together. I think you've done the job of letting people know what's going on and letting them know of the priorities and why the priorities are in place."

"we're not contracted to work in partnership and to do things with people and to add extra social value that as we do, we **choose to do that** and that's because of the influence of the Council and Thrive."

"I find Thrive really, really useful from a networking and connection point of view."

"...going back to the last launch event, I saw probably eight or nine people, I've not seen for a few months, but they all came together in one place and that helped me to be able to go "God, I was meant to speak to you." I think that's important as well, that informality of the networking."

"I have made good relationships there [at Thrive Networking events] and have started to understand more, feel like I've got a much better understanding of how the city works as a whole".

"I don't think there's any partnership that I have been involved in, that isn't involved in Thrive."

"...coming into the VCSE sector my first impression was my "God, no one talked to anybody, nothing's joined up" and then I read back on what you guys have done, what you're doing going forward and I was like "oh you're the one that connects everybody up.""

3.4 A Social Movement around Health Inequalities

Network members felt that we achieved the goal of increasing awareness of health inequalities and building a system that can work together to tackle this (see Figure 5) whilst recognising that awareness raising is a continuous process. We continue to share public health knowledge across the network and promote the importance of tackling health inequalities in everything that we do.

Figure 5 Quotes from Thrive Plymouth network members about their public health knowledge

“So, I would say it started me thinking about what prevention was actually all about... It also started me thinking about like individual behaviour in that, but also how to support individual behaviours. So, it made me realize that, just promoting, you know, smoking is bad for you, for example, doesn't necessarily achieve an awful lot.”

“I've become more attentive to, I suppose, health outcomes and health matters and well-being matters generally than I might otherwise have been, and a lot of that has come through the direct partnership working and the fact we're working with them beside and alongside each other in that partnership way you know, you sort of start absorbing things by osmosis really”

“By giving that city leadership, by giving that message... there's a common purpose.”

“[Thrive Plymouth Pledges] helps bring everybody together to on the same mission.”

“So, it's feels to me much more like a not a programme it's much more a kind of revolution.”

“...it's influenced our partners elsewhere within not just the South West but nationally... many other organizations... have reached out to us to ask us to either come and shadow us, copy the policy, learn and have conversations.”

“I think now, looking comparing pre-Thrive with post Thrive. It's so very much more holistic... It's not just about one specific behaviour, it's about, you know, holistic care, the overall wellbeing... it's really helped us influence the whole workforce, because it's given us that background for the rationale for why we're doing this and why it's important for everybody. And it is actually everybody's responsibility. So, I think it's given us some that impetus, impetus to do to kind of deliver that message and try and work to get that sort of cultural shift and change people's attitudes.”

3.5 Local trends in health outcomes^c

The 4-4-54 indicators form the key outcome measures of Thrive Plymouth, including life expectancy and healthy life expectancy. However, acknowledging the impact of wider determinants, it is difficult to directly attribute these Thrive Plymouth indicators to directly to life expectancy, given the breadth of other influencing factors. Trends in these indicators are useful, however, to provide some context to the Thrive Plymouth and inform future work.

A full exploration of the data can be found in Appendix 2: Data Pack, with a summary below.

Taking the elements of the 4-4-54 construct for adults, the adult smoking rate in Plymouth in 2022 was 14.7% (12.7% in England). This is an improvement on 18.9% in 2012/13, although variation between wards in Plymouth remains. Hospital admissions for alcohol related conditions remain variable across with greater numbers of admissions in those that live in more deprived areas of the city. Adult prevalence of overweight and obesity in Plymouth was 69.2% in 2022/23, an increase on 67.4% in 2012/13 and higher than the national average of 64.0%. Rates also vary between wards¹⁴.

For children, we present data from the Schools Health Related Behaviour Survey^d in 2013/14 and 2021/22 to evaluate change in health behaviours, with children's behaviour indicative of future adult behaviour. (See

^c Disclaimer: Many of the baseline data sources identified at the beginning of Thrive Plymouth are no longer available. Where data exists, at Plymouth and ward level, changes since the baseline are discussed. Some definitions have changed so direct comparisons between baseline and latest figures may not be possible. No improvement in values can be considered a direct or sole consequence of Thrive Plymouth. Unless otherwise noted, data presented is from <https://fingertips.phe.org.uk/>

^d This survey is conducted bi-annually across secondary education providers in Plymouth with pupils in Year 8 and Year 10 completing anonymous questionnaires on various topics. Results for both years have been combined. 2013/14 results have been updated to reflect changes in definitions to allow comparison with other reports. As such, the values may not match those published in the 2015 Director of Public Health Annual Report for Plymouth.

Table 1) All indicators show change in the desired direction with improvements in healthy diet and levels of exercise, and a decrease in the percentage of children who have drunk alcohol or tried smoking. However, although engagement in healthy behaviours has improved overall, the range of results between the most and least deprived wards has increased for three of the four measures, suggesting worsening inequality¹⁵. Further, Year 6 prevalence of overweight (including obesity) in 2021-2023 was 34.1% in Plymouth with higher rates in more deprived areas; an increase on the 2012/13 rate of 32.1%, although better than the England average of 36.6%¹⁴.

Table 1 School Health Related Behaviour Survey results, 2013/14 and 2021/22, for four key health related questions¹⁵

Question	% answering 'yes' (most deprived to least deprived ward)	
	2013/14	2021/22
Diet: eaten five portions of fruit and vegetables	14.7 (12.0 – 20.8)	15.1 (11.0 – 22.1)
Physical activity: exercised enough to breathe harder in at least three of the seven previous days	60.0 (58.8 – 69.8)	64.9 (61.1 – 74.4)
Drinking: drunk an alcoholic drink in the last seven days	20.0 (15.4 – 26.7)	15.4 (14.6 – 16.0)
Smoking: tried smoking	22.6 (24.0 - 19.2)	15.3 (19.9 - 12.5)

Regarding the four diseases in the 4-4-54 framework, the number of deaths from all four diseases has decreased during the life of Thrive Plymouth from 57.4 per 10,000 deaths to 49.2. (see Table 2) The range of mortality rates by geography remains similar but overall lower numbers of deaths are attributed to the four diseases¹⁶.

Table 2 Mortality rate from four chronic diseases combined, per 10,000 population with range for most deprived to least deprived neighbourhoods¹⁶

	2011-13		2020-22	
	Plymouth	England	Plymouth	England
Mortality from all four diseases per 10,000 population	57.4	52.7	49.2	N/A ^e
(most deprived to least deprived ward within Plymouth)	(70 – 48.2)		(59.5 – 38.9)	

Average life expectancy at birth, and healthy life expectancy^f have improved for both men and women but for women, healthy life expectancy remains below the national average¹⁴. (**Error! Reference source not found.**).

Table 3 Life expectancy and healthy life expectancy over time¹⁴

		2012-14		2018-20	
		Plymouth	England	Plymouth	England
Male	Life Expectancy	78.3	79.4	78.6	79.3
	Healthy Life Expectancy	59.2	63.4	64.3	63.1

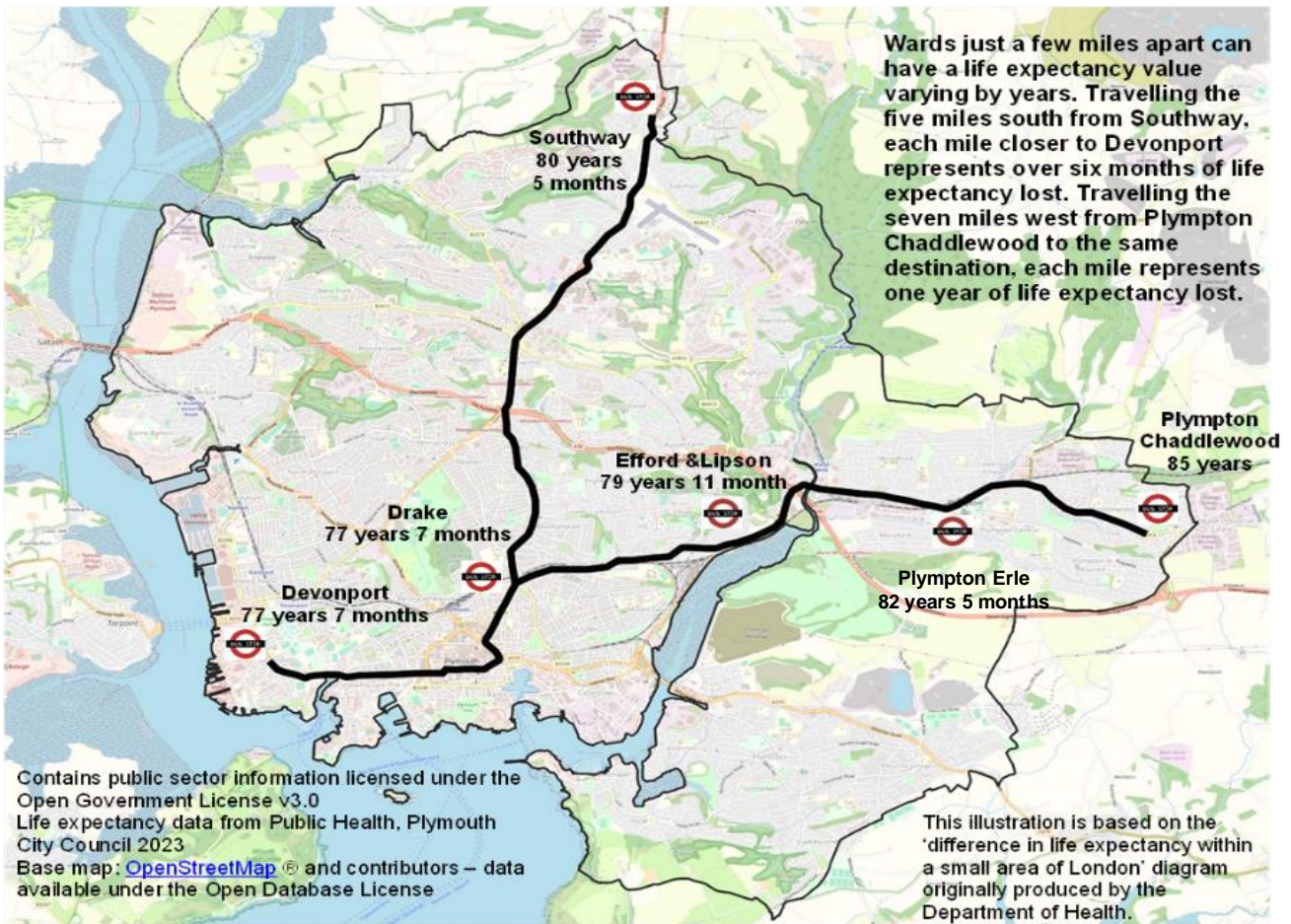
^e Note that mortality data is now published for individual disease groups but not for this specific combination of diseases

^f Healthy life expectancy is a measure of how long and individual would expect to live in good health, averaged over 3 years

Female	Life Expectancy	82.5	83.1	82.6	83.1
	Healthy Life Expectancy	58.7	63.9	59.3	63.9

Life expectancy varies by ward, in 2012-14 ranging from 85.9 years in Chaddlewood, the least deprived ward, to 75.4 years in Drake, the most deprived ward, a gap of 10.1 years. In 2019-21, life expectancy ranged from 85 to 76.8 years in the most to least deprived wards; a gap of 8.2 years¹⁶. Whilst there has been some improvement, the gap remains as seen in Figure 6

Figure 6 Plymouth’s life expectancy bus route, electoral ward-based, 2019-21



2.5.1. Mental Health and Wellbeing

Mental health and wellbeing was not a core indicator when Thrive Plymouth began but is now recognised as key to health. The prevalence of GP reported depression in Plymouth adults is 15.4%, compared to 12.7% for England in 2021/22. Mental health diagnoses continue to increase for both Plymouth and England, and emergency admissions for self-harm are higher in Plymouth than national average. (2021/22 data). Plymouth scores for 2021/22 in self-reported wellbeing measures; happiness, levels of anxiety, and satisfaction with life, are similar to national levels¹⁴. For more data and analysis about Health and Wellbeing in Plymouth please see the [Plymouth Report 2023](#)¹⁷.

4 WHAT DOES THE EVALUATION TELL US?

The Thrive Plymouth evaluation showed the aims and evolution over time, together with health inequalities data, acknowledging the challenge of attributing any outcome directly to Thrive Plymouth. The network and public health team identified some key impacts, strengths and limitations to inform future work.

Impacts

- Partnerships and relationship building improved over time with relationships becoming less transactional between partners bringing a shared sense of direction
- Learning and insight was gained across the network and used to inform work as part of continuous learning and adaptation.
- Flexibility allowed for some outcomes to be emergent rather than planned.
- Learning and flexibility have improved systems engagement and raised the profile of public health, resulting in a greater understanding of health inequalities beyond the usual public health audience and enabling a wider 'public health' workforce, thus achieving greater impact.

Strengths

- Whole systems and place-based approaches that built on work that was already happening.
- The network, with strong representation from VCSE and local political support, contributed to a sense of cohesion and shared ownership.
- The dynamism and diversity of the network were a strength, although also bring a challenge of managing diversity and ensuring equitable representation
- The 4-4-54 concept was easy to understand and remember and is a useful way to focus on key concepts
- Thrive Plymouth brand was recognisable with good buy in and unifying theme
- Annual themes are a useful way to engage the network and provide renewed energy for key topics although longer, layered or linked themes, selected with the network, could widen relevance and improve sustainability
- Launch events and networking around themes were valued as a way to connect and widen the network, with other networking approaches also suggested

Limitations or challenges

- 4-4-54 approach and language felt reductive and negative
- Consistency of reach and equity amongst specific communities is not clear (for example, communities of identity for protected characteristics),
- Opportunities to widen impact through engagement with complex service users and through work on the commercial determinants of health
- Opportunities to improve political engagement with health inequalities and mainstream Thrive Plymouth across the public health system, rather than treat it as a separate workstream
- The challenges of evaluating impact in a dynamic social network were also recognised

Feedback from both PCC and network members informs the below recommendations in Table 4.

Table 4 Summary of evaluation recommendations and potential actions for the future of Thrive Plymouth

Topic	Recommendation	Potential actions
Construct and branding	Maintain similar Thrive Plymouth branding but use a wider approach to include mind, body, place and community	<ul style="list-style-type: none"> • Keep a similar visual look to the branding but broaden the construct as <ul style="list-style-type: none"> ○ Healthy Body ○ Healthy Mind ○ Healthy Places ○ Healthy Communities • Explore the evidence base for this construct and adapt accordingly • Work with the network to construct a tagline /series of thematic taglines beyond the 4-4-54 construct but similarly memorable
	Thrive Plymouth should not become public facing	<ul style="list-style-type: none"> • Reflect in future planning for Thrive Plymouth
	Review the Thrive Plymouth principles to make them more reflective of the wider determinants of health	<ul style="list-style-type: none"> • Update the principles of Thrive Plymouth to reflect the broader scope of Thrive Plymouth and build on the positives identified in this evaluation
Ways of working / operational approach	Continue to ensure that Thrive Plymouth remains evidence based, and based on continued learning and best practice	<ul style="list-style-type: none"> • Evidence review of place-based approaches to reduce health inequalities to identify priority interventions and approaches • Evidence review of population prevention approaches (real world evidence) to inform future ways of working • Continue to collate, analyse and use local and national data and research to support the Thrive Plymouth network and inform activities • Review evidence around framing of health inequalities (e.g. deficit framing) and share findings with the network to inform practice
	Continue to take a whole systems approach, led by individual and community need	<ul style="list-style-type: none"> • Used lived experience to inform support and interventions as part of Thrive Plymouth (using appreciative enquiry and person-centred practice) • Test out programme approaches with the Thrive Plymouth network to draw out the tension between behaviour focussed and 'wider determinants' approaches to inform future work

Ways of working / operational approach		<ul style="list-style-type: none"> Integrate community builders and other community systems into Thrive Plymouth
	Explore different ways of communicating about health inequalities	Test out the network’s understanding of health inequalities and use this to inform network discussions and approach on health inequalities
	Ensure coherence between Thrive Plymouth and other health connected initiatives	<ul style="list-style-type: none"> Mapping and strategic alignment of initiative and policies at PCC and more widely e.g. Devon Plan, child poverty action plan, children’s health and weight plan Sharing of links to aligned documents with relevant network members to facilitate wider connections and understanding (via website)
	PCC Public Health team to continue role as systems leaders for health and reducing health inequalities, drawing on Thrive Plymouth Network where relevant	<ul style="list-style-type: none"> Co-creation of a Theory of Change or logic model approach to Thrive Plymouth with the network, and establish the role of PCC public health team in that theory of change Regular review of the Theory of Change and adaptation as appropriate All of PCC Public health team to engage with Thrive Plymouth across PCC, aligned bodies, and the network, building on and developing existing connections
	Establish a shared language to communicate about Thrive Plymouth	<ul style="list-style-type: none"> Engage communications support on the core messages for Thrive Plymouth for communications across the network and with other partners (e.g. elected members) Consult with the network to finalise these core messages Share the Thrive Plymouth evaluation and future plan in a public document in a variety of formats accessible to different audiences
	Maintain and grow the Thrive Plymouth Network through information sharing, collaboration and active engagement	<ul style="list-style-type: none"> Continue to provide opportunities for the network to share information, collaborate and work together (website, events, thematic events, theme launches, training, etc) Review network membership for equity and representation and encourage engagement of new network members to widen reach Consider more active engagement with commercial determinants of health and inclusion of relevant actors in the network Continue to have launch events for Thrive Plymouth to facilitate networking and support engagement of more network members

Ways of working / operational approach	Keep thematic approach but broaden the topics and use longer themes that layer over time	<ul style="list-style-type: none"> • Choose and co-design themes/topics with the network. Consider if themes should be topic based or cohort based (or both!) • Use the network to broaden partner contributions and engagement with the themes • Use topics that lend themselves well to a whole systems approach, and consider longer themes that layer up over time to maximise impact
	Enable and support Thrive Plymouth as much as possible, drawing on connections through PCC	<ul style="list-style-type: none"> • Provide briefings, materials and communications to facilitate cross-party, cross-council support • Enlist PCC comms support to tailor messages to different parts of the network e.g. public, NHS • Continue to share ownership between PCC public health team and the network • Continue to build on and champion the work of others • Review the factors that contributed to the particular success highlighted for the Thrive Plymouth ‘food year’ (Year 5) and share with the network to enhance learning from this success
Monitoring and evaluation	Establish a comprehensive monitoring and evaluation plan that is both quantitative and qualitative and flexible enough to reflect the breadth of the Thrive Plymouth work	<ul style="list-style-type: none"> • Use the Theory of Change to generate meaningful ways to ‘measure’ impact • Establish a structured and comprehensive approach to monitoring and evaluation for the next phase of Thrive Plymouth to include <ul style="list-style-type: none"> ○ Qualitative approaches appropriate to monitor and evaluate the impact of social networks such as ripple effects mapping ○ Quantitative approaches appropriate to assess Thrive Plymouth impact on health inequalities and the impact of Thrive Plymouth on the network e.g. creation of community assets, networking events or training • Use expertise from HDRC to develop and inform appropriate monitoring and evaluation methods and use findings to contribute to the wider evidence base • Engage the network and service users in monitoring and evaluation to maximise the impact of Thrive Plymouth on local communities



Thrive
PLYMOUTH

A future of possibilities

The evidence and strategy for the next 10 years of Thrive Plymouth

5 WHAT SHOULD THRIVE PLYMOUTH LOOK LIKE GOING FORWARD?

The evaluation of Thrive Plymouth suggested that it is valued by network members and the public health team and thus should continue. It provides a space for collaboration and innovation between different parts of the system, that may not otherwise interact without Thrive Plymouth. It is vital to achieving a whole system approach to tackling health inequalities and improving the health and wellbeing of Plymouth residents. There are also opportunities to learn from previous experience and maximise the impact of Thrive Plymouth further using recommendations from the evaluation and working to expand the network.

The evolution of Thrive Plymouth in response to internal and external factors offers an opportunity to adapt our approach and ways of working, and build a wider response to health, drawing on evidence and expertise. This reflects the recommendations on the need for a whole systems approach, led by individual and community need. We aim to draw on the strengths of communities across Plymouth and use the network of organisations in Plymouth that support health in the widest possible sense.

Data shows that health inequalities persist in Plymouth, so more work is needed to address this and to widen our support and participation to communities of identity, interest and geography. We propose to refresh Thrive Plymouth with a view to a further ten years of engagement to continue to address health inequalities where we see them and aim for even greater impact.

5.1 Thrive Plymouth – branding and construct

We propose an update to the Thrive branding building on the 4-4-54 approach but taking a more positive approach that reflects the wider determinants of health and responds to the evaluation findings on branding and construct. We propose an expansion of the branding to reflect a series of principles that reflect how we work.

4.1.1. Healthy Body, Healthy Mind, Healthy Places, Healthy Communities.

The proposed new construct is: Healthy Body, Healthy Mind, Healthy Places, Healthy Communities (see Figure 7**Error! Reference source not found.**). This reflects the wider influences on health, with the 4-4-54 elements being part of the Healthy Body, and brings in mental health and wellbeing, and links to the importance of place and community in influencing health.

Figure 7 Updated Thrive Plymouth construct and principles

	<p>T Together</p>	<p>The greatest strength of Thrive Plymouth is our network members. We will continue to build a whole systems approach to tackling health inequalities and collaborate with as many partners as possible.</p>
	<p>H Human Centred</p>	<p>We will take a human centred approach to our work, recognising that people's lives are complex and that sustainable change takes time. We will always strive to be compassionate and trauma informed, putting the voice of the lived experience at the centre of our work.</p>
	<p>R Respectful</p>	<p>We will respect everyone we work with and strive to create an inclusive network where everyone is welcome and has a part to play. This means valuing our small organisations as much as our larger ones and everyone having an equal voice and opinion on decisions.</p>
	<p>I Inequalities Focused</p>	<p>Ultimately everything we do will be with the goal of tackling health inequalities. To ensure health equity, we will tailor our work, providing extra support to those that need it most.</p>
	<p>V Versatile</p>	<p>We will provide a space to explore and try new things without fear of failing, so we can learn together and grow together.</p>
	<p>E Evidence Based</p>	<p>We will use the resources available to us to ensure we are delivering work that, where possible, is rooted in evidence. We will have a particular focus on prevention of ill health and health inequalities.</p>

We reviewed the evidence for each of these aspects of health, recognising that the individual is at the heart of this ‘flower’ with links and overlaps reflecting the complexity of individual health and wellbeing.

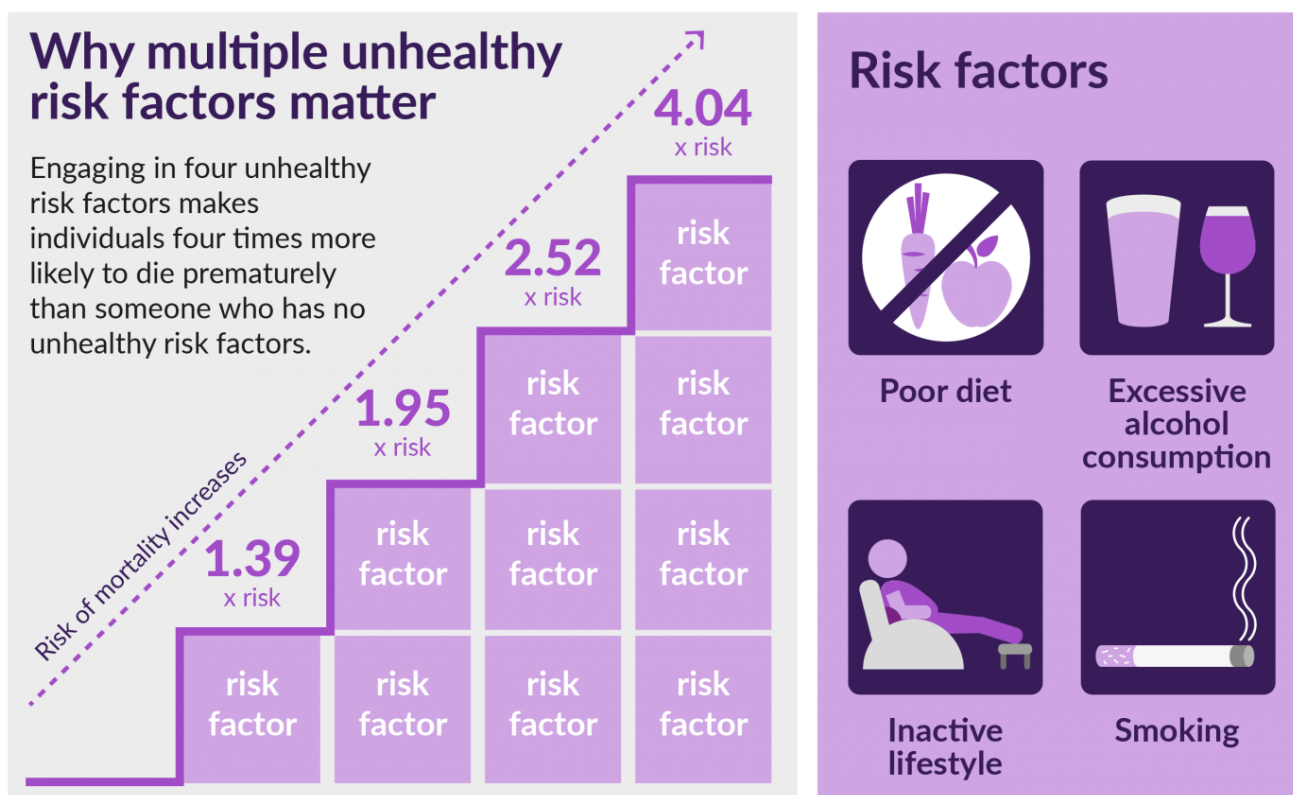
4.1.2. Healthy Body

Building on the 4-4-54 construct as a memorable way to focus attention on the importance of health-related behaviours and physical health, we hope to build on this to reflect all aspects of physical health.

The four behaviours previously identified remain the leading risk factors for preventable ill health and premature mortality. Unhealthy behaviours are more prevalent in deprived areas, and thus continue to contribute significantly to health inequalities¹⁸. There is also a known multiplier effect for the risk posed by unhealthy behaviours (see Figure 8), and many of these risk factors are clustered in specific communities i.e. someone who drinks excess alcohol is more likely to also smoke, thus doubling their mortality risk.

We conducted a review of the latest evidence for each of these behaviours and linked this to the picture in Plymouth to help us to target our efforts.

Figure 8 The multiplier effect of unhealthy risk factors¹⁹



Adapted from Khaw et al. 2008 (see report for full reference). Relative all-cause mortality risk shown applies after an average 11-year follow-up in a cohort of adults aged 45-79. Confidence intervals apply.

Smoking



- ▶ 14.7% of Plymouth adults smoke vs 12.7% in England.
- ▶ Nationally there are higher rates in those who are unemployed (20.5%), and those in routine and manual occupations (22.8%)
- ▶ Nationally, men are more likely to smoke than women, and younger people are more likely to smoke than older people
- ▶ Smoking remains the largest preventable cause of ill health in the UK, responsible for around 75,000 deaths annually in the UK¹⁸

Smoking kills more people than the other three behaviours combined, and is responsible for many respiratory diseases, heart disease and various cancers, reducing life expectancy and quality of life. Nearly half of all life-long smokers will die prematurely, losing an average 10 years of life²⁰. Globally, tobacco use accounts for 8 million deaths each year, including 1.3 million people who are exposed to second-hand smoke²¹. In England, smoking is linked to more than half a million hospital admissions each year, costing an estimated £1.9 billion annually²⁰.

Drinking Alcohol



- ▶ In Plymouth, there were 42 alcohol related deaths in the year Oct 2023 to Sept 2024, with numbers highest in the most deprived wards
- ▶ Alcohol related hospital admission rates in Plymouth were 1,422 per 100,000 people in 2022-23
- ▶ The annual cost of alcohol to society in England is an estimated £21 billion, including NHS costs, lost productivity and alcohol related crime²²

Alcohol is toxic, addictive, and responsible for over 200 disease and injury conditions, including heart disease, stroke and cancer^{23, 24}. Alcohol use impacts mental health and has a large social impact, increasing the risk of accidents, violence, and child neglect¹⁸. Alcohol consumption forms part of cultural and social norms in many settings, so is not always considered a problem, despite contributing to 5.1% to the global burden of disease²⁵. The [alcohol harm paradox](#)²⁶, means that those in lower socio-economic groups are at greater risk of alcohol related harm, even where they do not consume as much alcohol²⁷.

In England, there were almost 7,000 alcohol-related deaths in 2020. Alcohol use was the primary cause of 320,000 hospital admissions⁸ in England in 2019/20¹⁸. Plymouth alcohol related admission rates (2022-23) were higher than the South-West region (1,422 per 100,000 people vs 1,217 per 100,000)¹⁶.

⁸ Alcohol related admissions are defined as broad: those admitted with a primary or secondary diagnosis that is alcohol related, or narrow: where the primary diagnosis is attributable to alcohol

Healthy Diet



- ▶ In Plymouth 21% of people report that the food that they buy doesn't last, rising to 32% of people in some of Plymouth's most deprived wards
- ▶ In Plymouth, only 27.9% of people eat the recommended 5 a day fruit and vegetables
- ▶ In 2019/20, 60,000 deaths in England were attributed to poor diet, with 1 million hospital admissions for obesity related illness^{18, 28}
- ▶ Children aged 5 living in the UK's most deprived areas are 2.5 times as likely to have dental decay and twice as likely to be living with obesity than those in less deprived areas²⁹

Diet affects our weight, and the risk of conditions such as diabetes, heart disease, stroke, and cancer³⁰. Diet also affects mental wellbeing and can play an important social role, bringing people together to share a meal³¹. Poor diet contributes to 1.5 million years of healthy life lost globally and costs the UK an estimated £74 billion per year, across the NHS, loss in productivity, and in reduced life expectancy²⁸.

The [Eatwell Guide](#)³² provides a recommended balanced diet. However, to achieve this, the most deprived fifth of the UK population would need to spend 50% of their disposable income, where the least deprived would have to spend just 11% of their disposable income, highlighting inequalities in healthy food affordability. On average, healthier foods (as defined by the [Nutrient Profiling Model](#)³³) are twice as expensive than less healthy foods and adults in the most deprived fifth of the population each 37% less fruit and veg, 54% less oily fish, and 17% less dietary fibre than the least deprived fifth²⁸.

1 in 6 households in the UK have insufficient funds to buy basic quality food²⁸, with 21% of those in Plymouth agreeing³⁴. Those aged 16 -24 years were more likely to find that food does not last (35%) than older age groups, as were those with disability (43%), and those who were a carer (31%). By the age of 11, children in the most deprived tenth of the population are an average 1.3cm shorter than least deprived children due to the lack of nutrition in their diet²⁸.

Availability and food marketing also play a key role in access to good quality food and food choices, as detailed in [The Broken Plate 2023 report by The Food Foundation](#)²⁸.

Physical Activity



- ▶ 18.4% of Plymouth adults do less than 30 minutes exercise per week
- ▶ Nationally, 34% of men and 42% of women are not active enough for good health
- ▶ 1 in 6 UK deaths are associated with lack of physical activity³⁵

Being physically active can improve all aspects of individual wellbeing and is protective against excess weight, heart disease, stroke, diabetes, and cancer. It also improves mental health, delays onset of dementia, and can help prevent falls and fractures^{18, 36}. The NHS recommends 150 minutes of moderate

exercise per week for adults, and 60 minutes of physical activity per day for children aged 5-18 years ([NHS website³⁷](#)).

The estimated cost of physical inactivity to the UK is £7.4 billion annually, including £0.9 billion to the NHS³⁵. Physical activity levels are known to vary with deprivation, with those in lower socio-economic groups being less likely to meet recommended amounts of activity³⁸.

Other aspects of physical health

In addition to the biggest causes of mortality, there is also scope for Thrive Plymouth to engage in a wider range of 'Healthy Body' topics, including work on oral health, preventive health through vaccination, screening, or accidents and falls prevention, and linking more directly with NHS colleagues in primary and secondary care. We intend to explore ways to integrate such work into Thrive Plymouth, and to link with other initiatives such as the Healthy Weight Declaration and the Compassionate approach to Children and Young People's health and weight Strategic Action Plan.

4.1.3. Healthy Mind

This petal focusses on mental health and wellbeing, an integral part of overall health, defined as "the capacity of each of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face."³⁹

Mental health support, promoted during the Wellbeing year of Thrive Plymouth, focussed around the Five Ways to Wellbeing, referred to as 'CLANG';

- Connect – link up with the people around you.
- Learn – explore something new.
- Active – discover an activity you enjoy.
- Notice – be curious about the world you enjoy.
- Give – share something with others.

[Evidence⁹](#) that shows that wellbeing is improved in those able to do something each day for the five CLANG elements.

'Healthy Mind' also allows us to explore other aspects of mental wellbeing, whether related to connectivity to nature, creative pursuits, social connections, or sleep.

Mental Health Conditions



- ▶ 15.9% of Plymouth adults have a diagnosis of depression (national average 13.2%)
- ▶ 25.4% of Plymouth adults report high levels of anxiety (national average 23.3%)
- ▶ 7.7% of Plymouth adults report a low satisfaction with life (national average 5.6%)

In 2019, 1 in 8 people worldwide had some form of mental health condition⁴⁰ with an estimated 16% of adults in England experiencing a 'common mental disorder' in the past week, and 20% of children aged 7 to 16 years reported to have a probable mental health condition (2023)⁴¹. External factors can impact wellbeing with depression rising from 10% to 21% of the population during the COVID pandemic, 24% of those struggling to pay their bills also suffering from depressive symptoms, and 75% of UK adults feeling worried about climate change^{41,42}. Those in the lowest socioeconomic groups have worse mental wellbeing than those in the highest⁴³, and 85% of unemployed people experience a mental health problem³⁹. Those who are female, disabled, in an ethnic minority, or identify as LGBTQ+, are also more likely to experience mental health conditions than those who are not⁴³. Men are less likely to seek mental health support, and more likely to die by suicide⁴⁴.

Life experience also impacts mental wellbeing and personal resilience, with exposure to trauma increasing the likelihood of developing a mental health condition⁴³. The impact is more pronounced if trauma is experienced at a younger age, known as [Adverse Childhood Experience \(ACE\)](#)⁴⁵, which accounts for almost 30% of all adult mental health conditions. The more negative experiences an individual is exposed to, the greater the chance that they will develop a mental health condition⁴³.

Alcohol and drug (illegal and prescribed) dependence are also important in Plymouth, with dependence commonly associated with mental health problems, homelessness, offending behaviour, and negative impacts on families and children. In 2020, over 6,250 people in Plymouth aged 18-64 were estimated to be dependent on drugs, and with nearly 7,000 predicted to be at higher risk of alcohol-related health problems¹⁷. In 2023/24 there were 73 suspected drug related deaths in Plymouth, with more deaths in the most deprived wards¹⁶.

Whilst the severity and impact of poor mental health varies, for some this may lead to self-harm with rates in the UK increasing by 62% between 2000-2014, or suicidal thoughts, which have increased by 30% over the same time period⁴⁶. In Plymouth, the rate of suicide^h from 2019 to 2021 was 10.7 per 100,000 population, with 76 deaths registered, a reduction from previous rates, and similar to national rates. The highest numbers of death by suicide were, however, in Plymouth's most deprived wards⁴⁷.

^h The Office for National Statistics definition of suicide is 'all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over'

Dementia



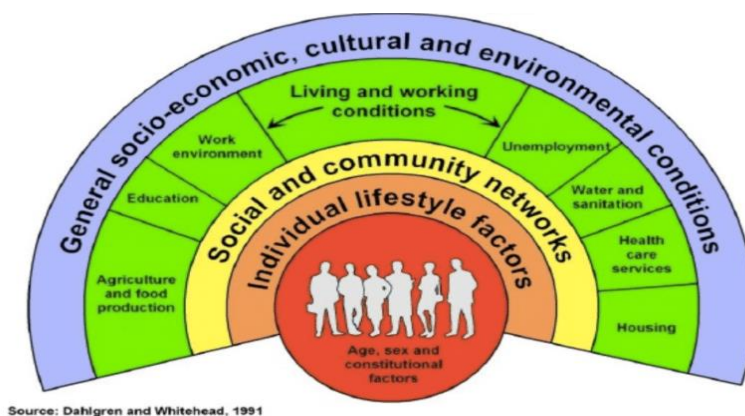
- ▶ 3.5% of people over 65 have a diagnosis of dementia in Plymouth (around 2000 people), likely to be an underestimate of the true prevalence
- ▶ Plymouth's population is ageing: by 2043, the over 50s population is expected to increase from 37.6% of the population to 40.6% and the number of over 80s will increase from 13,200 to 22,600
- ▶ Dementia contributes to 12% of UK deaths annually

Dementiaⁱ is one of the leading causes of death and disability in the UK, with 900,000 people living with dementia (around 4% of the over 65 population). The risk of dementia increases with age, rising from 1 in 14 in the over 65s to 1 in 6 in the over 80s. Actions that can reduce the risk of dementia include physical activity, maintaining a healthy weight and healthy diet, not smoking and drinking limited or no alcohol. Management of comorbid health conditions such as diabetes, high cholesterol, hypertension, depression, and hearing loss can also help, as can keeping mentally and socially active through hobbies, adult learning, and regular contact with friends and family⁴⁸.

4.1.4. Healthy Places

This petal would look at how our physical environment impacts health and wellbeing, from physical settings such as workplaces and schools, to the wider environment such as access to blue and green spaces. A 'Healthy Place' could be anywhere we find ourselves, so we consider this in the broadest sense. The wider determinants of health (Figure 9) reflect the place-related building blocks that impact on wellbeing, showing the importance of living and working conditions on overall health, in addition to individual behaviours or access to healthcare.

Figure 9 The Dahlgren and Whitehead model of the determinants of health



ⁱ Dementia is an umbrella term that describes a group of symptoms including memory loss, difficulties with thinking, problem-solving or language, and often changes in mood, perception, or behaviour. The most common form is Alzheimer's disease but others include vascular dementia, Lewy body dementia and frontotemporal dementia. Symptoms are determined by disease type.

A recent report by the Health Foundation, entitled [“What Makes Us Healthy?”](#)⁴⁹ identified the following place related areas that impact health.

Surroundings

Physical surroundings can act as a barrier to good health or provide opportunities to improve wellbeing enabling us to be active, feel safe, and access and use facilities to socialise. Access to green space can enable physical activity or connection with nature. Easy access to facilities such as shops and school makes people more likely to walk.

Table 5 Plymouth survey results - surroundings (2022)³⁴

Survey question	% answering yes (range across Plymouth wards)
I have good access to parks and woodlands	84 (64 – 98)
I feel part of nature	58 (45 – 71)
I feel safe in my neighbourhood during the day	89 (74 – 99)
I feel safe in my neighbourhood after dark	50 (29 – 77)

Survey results, suggest good access to nature and green space, but there is significant geographical variation (see Table 5) with males (52%), those with a disability (52%) and younger people (44%) less like to feel part of nature³⁴.

Neighbourhood safety, especially after dark, is worryingly low in some areas of Plymouth, with older people and women also less likely to report feeling safe³⁴.

Good work

Good work offers purpose, stability, security, and a regular income assuming that working conditions are safe, well paid and follow practices that protect workers’ wellbeing⁵⁰. Good work provides a good standard of living and increases participation in community and social life, supporting lifelong healthy habits and creating a sense of identity, self-esteem, purpose and reward.

The employment rate in Plymouth was 73.2% in 2022/23, slightly lower than the national level of 75.7% employed. However, employment falls to 58.5% (vs England 65.3%) for people who also have a long term physical or mental health condition¹⁴.

Transport

Lack of affordable and accessible transport can lead to isolation and lack of access to services. Healthy transport systems can enable more active travel and use of public transport use, minimising harmful impacts such as air pollution. The Plymouth Plan reflects local commitments to deliver a transport system that is safe, efficient, accessible, sustainable and health-enabling transport system to facilitate this.

Housing

A healthy home is affordable, warm, safe and stable and meets the needs of the individual allowing them to connect to community, work, and services. Investing in housing keeps people healthy and is cost effective; every £1 invested delivers nearly £2 of benefit through costs avoided to public services through care needs, health, and crime⁵⁰.

Despite a growing housing stock and ongoing regeneration, 23% of privately rented houses in Plymouth are of a non-decent standardⁱ with highest rates in areas of deprivation with poor health outcomes¹⁷. Non-decent housing is linked to fuel poverty with over 17,000 Plymouth households in fuel poverty^k (14.5%) in 2022, higher than the national rate of 13.1%. The number of households in fuel poverty has been steadily increasing in Plymouth since 2019 and is worse in more deprived areas¹⁴.

Homelessness is a significant problem in Plymouth, with housing advice need increasing by 22% from 2021/22 to 2023, and increasingly complex cases. The number of households in temporary accommodation in January 2023 (376) was 69% higher than in April 2021. The most common support need cited for those losing their home is a history of mental health problems (20.6%) and physical ill health or disability (12.3%). In addition, the rate of rough sleeping in Plymouth is more than double the national rate, with 11.4 people per 100,000 population in 2022¹⁷.

Education and skills

Good education and skills can build strong foundations for supportive social connections, access to good work, lifelong learning and problem solving, and feeling empowered and valued. Development of healthy habits early in life can enable a better quality of life and manage and limit exposure to life's challenges.

Plymouth has 98 schools, and at the end of 2022, 79% of Plymouth's pupils attended a school judged as 'good' or 'outstanding' by Ofsted. In 2022/23, 64.2% of pupils in Plymouth achieved a good level of development by the end of reception, lower than the national level of 67.2%¹⁷. Pupil absence rates are higher in Plymouth (8.2%), than the national average of 7.4% absence, with rates increasing from pre-pandemic rates of around 5%. Young people not in education, employment or training (NEET) are at greater risk of negative outcomes. The rate of NEETs in Plymouth was 6.6% in 2022/23, higher than the national figure of 5.2%¹⁴.

Money and Resources

Having access to an adequate income is vital to ensuring good health. Poverty can impact all aspects of health and can be cyclical with poverty causing ill health, and ill health further causing poverty.

ⁱ Non-decent is defined as any combination of being cold, having health and safety hazards, being in a state of disrepair or without modern bathroom or kitchen facilities

^k A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below **and** when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

In Plymouth in 2021, 9,866 children (16.3%) lived in relative low-income families, with 70% of these working families. Plymouth's earnings stand at 92.3 per cent of the UK average and the city has a higher rate of economic inactivity than seen nationally¹⁷.

Further information and data on the above factors can be found in the [Plymouth Report](#)¹⁷.

4.1.5. Healthy Communities

This petal reflects the impact of our social environment on health and wellbeing. A community may be those who live near to us, our work colleagues, or those with a shared interest or identity. 'Healthy Communities' will integrate community empowerment across all of Thrive Plymouth and put community at the heart of our work. Evidence shows that social connections have as much, if not greater, impact on our wellbeing than physical behaviours, with those who are more socially connected are happier and live longer, healthier lives⁵⁰.

Personal Relationships

As stated by the [World Health Organization's Commission on Social Connection](#)⁵¹, loneliness and social isolation can affect wellbeing in many ways, including an increased risk of poor mental health, poor physical health, and premature mortality. Positive personal relationships can act as protectors against stress and encourage healthy behaviours⁵².

The Mental Health Foundation⁵³ has highlighted risk factors that bring a greater risk of loneliness, including;

- Being widowed
- Being single
- Being unemployed
- Living alone
- Having a long-term health condition or disability
- Living in rented accommodation
- Being between 16 and 24 years old
- Being a carer
- Being from an ethnic minority community
- Being LGBTQ+

In addition to these groups, women are more likely to feel lonely (16%) than men (12%), and households with the lowest incomes are more likely to feel lonely (18%) than households with the highest incomes (9%)⁵². The factors that influence loneliness may be practical, such as lack of access to transport, structural, such as systemic discrimination, or psychological, such as loss of confidence⁵³.

In Plymouth, 24% of people reported that they often feel lonely (range 13-35%), with older age groups less likely to feel lonely than younger age groups (18% of those aged 65-74 vs 33% of those aged 16-24). Those with disabilities were more likely to feel lonely than those without disability (42% vs 18%) as were those identifying as bisexual/gay/lesbian (42% vs 22%). Despite this, 82% of those surveyed were able to meet up in person with family or friends at least once a week, although this varied by geography and dropped to 62% for those with a disability³⁴.

Community Cohesion

Those living in neighbourhoods with higher levels of social cohesion experience better mental health, with those who are older and more financially well off more likely to feel a sense of belonging in their community⁵⁴. In Plymouth, 61% of people agreed that they belong to their local area (range 45-80%). Those aged 75+ (75%) were more likely to feel that they belong than younger age groups, (49%-65% for those aged 16-64 years), as were those describing themselves as Christian (68%) compared to those with no faith (53%). Males were more likely to feel that they did not belong than females (14% vs 10%), as were those identifying as Bisexual/gay/lesbian (21% vs 12%). However, only 42% of people felt their local area is a place where people from different backgrounds get on well together (range 27-53%) Younger people aged 16-24 (52%) were more likely to agree than older age groups (39%), as were those with no disability compared to those with a disability (44% vs 33%)³⁴.

5.2 A new set of principles: T.H.R.I.V.E

Drawing on the evaluation recommendations for Thrive Plymouth, we propose a new set of principles that reflect how we will work;

- **Together** - The greatest strength of Thrive Plymouth is our network members. We will continue to build a **whole systems approach** to tackling health inequalities and **collaborate** with as many partners as possible.
- **Human Centred** – We will take a human centred approach to our work, recognising that people’s lives are **complex** and that sustainable change takes time. We will always strive to be **compassionate & trauma informed**, putting the voice of the **lived experience** at the centre of our work.
- **Respectful** – We will respect everyone we work with and strive to create an **inclusive** network where **everyone is welcome** and has a part to play. This means **valuing** our small organisations as much as our larger ones and everyone having an **equal voice** and opinion on decisions
- **Inequalities focused** – Ultimately everything we do will be with the goal of tackling health inequalities. To ensure **health equity**, we will **tailor our work**, providing **extra support** to those that need it most.
- **Versatile** – We will provide a space to explore and try new things without fear of failing, so we can **learn together and grow together**.
- **Evidence Based** - We will use the resources available to us to ensure we are delivering work that, where possible, is **rooted in evidence**. We will have a particular focus on **prevention** of ill health and health inequalities.

These principles reflect discussions with network members and are intended to reflect how Thrive Plymouth has grown and represent our intended ways of working for the next ten years. We will continue to work with the network to identify ways to embed these principles in our work.

5.3 How does Thrive Plymouth fit with wider plans?

Thrive Plymouth is one part of a system that is trying to improve the health and wellbeing of Plymouth residents. There is strategic alignment with other plans and strategies within Plymouth, notably:

- Plymouth Plan – <https://www.plymouth.gov.uk/plymouth-plan>
- ICB Long Term Conditions plan – <https://www.plymouthonlinedirectory.com/media/2105/IntegratedCommissioningWellbeingStrategy/pdf/IntegratedCommissioningWellbeingStrategy.pdf?m=637164912828300000>
- Climate Change Net Zero Action Plan – <https://www.plymouth.gov.uk/net-zero-action-plan>

Furthermore, Thrive Plymouth will align closely with other initiative and priorities within the Plymouth City Council Public Health team, as part of a continuous evolution of our work in this area, seeking to champion key areas of work and provide a vehicle to drive engagement and support across Plymouth City Council, the VCSE sector and other providers who are part of the Plymouth community.

- A Compassionate Approach To CYP Health & Weight: Strategic Action Plan – <https://democracy.plymouth.gov.uk/documents/s134169/Healthy%20Weight%20STRATEGIC%20ACTION%20PLAN.pdf>
- Active to Thrive – <https://www.plymouth.gov.uk/physical-activity-2022>
- The Health Determinants Research Collaboration (HDRC) – <https://www.plymouth.gov.uk/plymouth-health-determinants-research-collaboration-phdrc>
- Asset Based Community Development – <https://www.nurturedevelopment.org/asset-based-community-development/> and <https://www.plymouth.gov.uk/community-builders>
- The Ageing Well plan (pending publication)

5.4 Thrive Plymouth Operational approach

Responding to evaluation recommendations, PCC Public health team will continue to be a systems leader for health inequalities, engaging across the Thrive Plymouth network.

As improvements to the existing operational approach, PCC Public health team aim to

- Provide evidence and data to the Thrive Plymouth network to inform knowledge and understanding of health inequalities and best practice to address these
- Continue to take a whole systems approach led by individual and community need by continuing to offer training and support to the network on Asset-based Community Development (ABCD approach) and Appreciative Enquiry
- Continue to build the Thrive Plymouth network and make connections across the network using different approaches to networking and information sharing (launch event, thematic network

meetings, introducing new connections, online information exchange events, sharing case studies and good practice, website, group mailing list, etc)

- Work with the network to identify cross cutting themes and focus topics to engage different communities and network members and address health inequalities through a breadth of different lenses, focussing on layering themes for a longer duration to improve sustainability, and building on previous success
- To drive work around identified themes and focus topics to provide a platform for networking, engagement, learning, sharing best practice, and mutual support drawing on PCC's connections, resources and opportunities to influence
- Use a monitoring and evaluation approach that informs and updates the network on progress, and is adaptable to meet the needs of Thrive Plymouth to allow for continuous learning

6 HOW WILL WE KNOW THE NEW THRIVE PLYMOUTH IS WORKING?

6.1 Monitoring and evaluation aims

The aims of establishing a monitoring and evaluation plan are three-fold

- To allow us to monitor our approach and impact and use this to inform and improve our future work
- To allow us to evaluate our progress towards a reduction in health inequalities through a variety of means and approaches
- To provide accountability to those that resource Thrive Plymouth whether through funds, time or engagement

As we intend to continue Thrive Plymouth for a further ten years, our aims require us to have a means to monitor and evaluate at interim points as well as at the end of this timeframe.

We will also apply a human systems learning approach to allow us to be responsive to the needs of the Plymouth population and the Thrive Plymouth network.

6.2 THEORY OF CHANGE

Building on the recommendations and previous logic model, we propose a theory of change (see Figure 10) that sees Thrive Plymouth focus on

- Ensuring that Thrive Plymouth targets those most disadvantaged by inequality
- Ensuring that Thrive Plymouth topics and themes reflect those most important to the population of Plymouth
- Ensuring that Thrive Plymouth support and interventions are provided by experts and organisations best equipped to offer such support, using evidence-based approaches, and centred around the individual

This is intended to allow us to develop a network of public health expertise and activity focussed on reducing health inequalities in Plymouth, in a coordinated manner to achieve maximum impact.

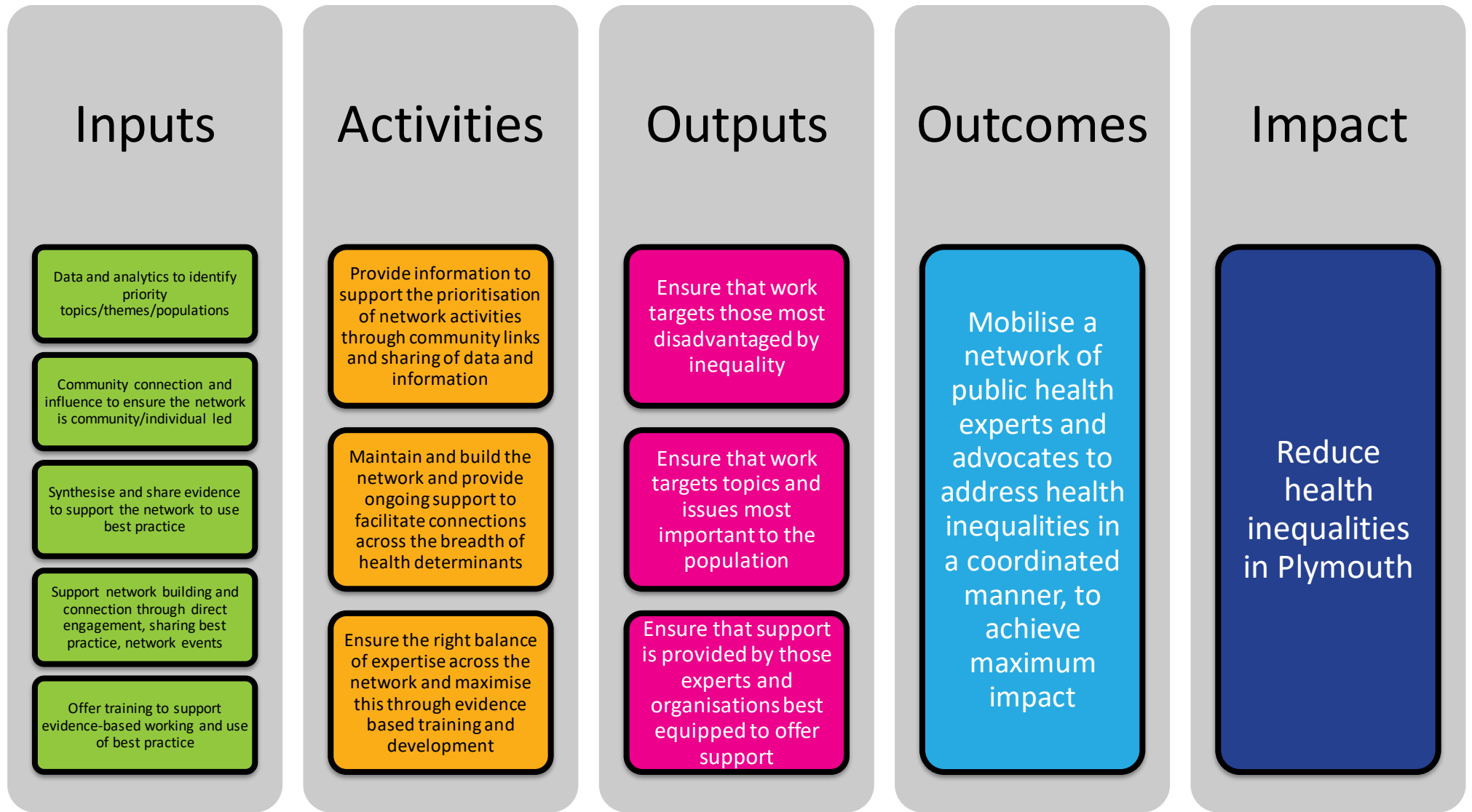
This approach reflects the Thrive Plymouth principles and is adaptable during the life of Thrive Plymouth to allow us to respond to evidence and learning, changing priorities, and the Plymouth context.

6.3 MONITORING PROGRESS AND MEASURING IMPACT

5.3.1. Quantitative methods

In keeping the principle of being evidence based, and inequalities focussed, we will use quantitative data to inform our understanding of health inequalities in Plymouth, and how this may change over time. Whilst none of the measures of health inequality in Plymouth will be solely influenced by

Figure 10 Theory of Change for Thrive Plymouth



Thrive Plymouth, this data can inform our understanding of our context and help us to prioritise our effort. We also have the flexibility to add or remove specific data measures as priority topics or interventions are identified, to help us respond to the needs of the network and the population, and to assess the impact of our work.

We have identified an initial series of potential indicators for each of the ‘petals’ of the Thrive Plymouth approach (appreciating that none work in isolation) and will work with data analysts to create a dashboard of key indicators based on source, publication frequency and data breakdown, as well as including measures for priority topics identified by the Thrive Plymouth network. We will focus on those indicators that allow us to understand more about health inequalities across Plymouth and will update the dashboard annually. An initial summary of potential indicator topics is provided in Table 6. A final list of metrics will be agreed following a full data review and will be adapted to suit themes and focus topics, in consultation with the Thrive Plymouth network.

We will also use quantitative data to measure our work activities in line with the Theory of Change proposed above, and report on these on an annual basis. This includes measures such as the number of network members, number of community contacts made, number of training sessions delivered and number of attendees, network engagement through emails and events, and sharing of evidence briefs and other information with the Thrive Plymouth network.

Table 6 Potential indicators to monitor and evaluate Thrive Plymouth

HEALTHY BODY	HEALTHY MIND
<ul style="list-style-type: none"> • Life expectancy • Healthy life expectancy • Prevalence of smoking • Healthy diet or healthy weight • Physical activity levels • Mortality and/or hospital admissions relating to excess alcohol • Alcohol and drug dependency • Uptake of screening and vaccinations • Sexual health indicators • Reported good health 	<ul style="list-style-type: none"> • Wellbeing indicators (self-worth, satisfaction, anxiety and happiness) • Prevalence of mental health conditions (depression, anxiety, OCD, eating disorder, severe mental health conditions) • Dementia prevalence • Social contact and loneliness • Suicide rates • Self-harm admissions
HEALTHY PLACES	HEALTHY COMMUNITIES
<ul style="list-style-type: none"> • Access to blue / green space • Reported safety • Deprivation • Housing affordability • Fuel poverty • Employment rates • Educational outcomes • Access to healthy food • Access to transport 	<ul style="list-style-type: none"> • Sense of belonging to a community • Pride in community • Awareness and engagement with community activities / groups • Volunteering • Engagement with local decision making

5.3.2. Qualitative methods

In addition to quantitative review, and in line with our intention to be whole systems led, we also intend to use qualitative methods to monitor and evaluate our ways of working, exploring in more detail how we work, how this affects outputs and outcomes, and identify opportunities to improve our approach. We will use Ripple Effects Mapping, focus group discussions and interviews.

RIPPLE EFFECTS MAPPING

Ripple Effects Mapping is a qualitative project development and evaluation tool, from a community development background⁵⁵ Chazdon, S. et al (2017). It is a participatory approach to bring stakeholders together to understand and capture impact and learning over time. Unlike traditional evaluations, it is done at intervals throughout a project, for example every six or twelve months. Where traditional evaluations are usually done at the end of a project and look at to what extent it has met predetermined outputs and outcomes, REM seeks to understand the wider contributions that a project or intervention make over time⁵⁶.

To undertake a REM exercise, a group of stakeholders map out the project, on an agreed timeline, going back at least six months, and three months into the future looking at the background such as important information about the community and context; the inputs- the resources that fed into the project (people, places, funding etc); outputs- the initial activities and those that developed over time; challenges or issues that were encountered, and the response to these; outcomes and impact- what, who, how, why these have been achieved; the learning- from both where things did go to plan, and where and when they did not and finally, recommendations for developing the project, a change of practice and/or future evaluation/ research. The timeline should reach several months into the future, to help stakeholders plan what they think they should focus on in the coming months.

REM can be done alongside other data collection methods, such as surveys, focus groups and interviews, and as part of a mixed methods approach to evaluation. The map can be used a basis for a written report on the qualitative aspects. It helps to tell the detailed story of why things have or have not worked well.

For Thrive Plymouth we intend to integrate a REM approach to evaluate different elements of our work including the overall approach, as well as to monitor and evaluate specific themes or activities that we engage with. We will conduct at least one REM exercise per year but will also offer training to the network to enable wider use of this approach amongst network members, and the opportunity to provide a more detailed focus on specific aspects of our work.

OTHER QUALITATIVE METHODS

Alongside REM, we will use focus groups and informal interviews to explore specific themes or evaluate the impact of Thrive Plymouth particularly in relation to specific communities of interest or identity, recognising that communities go beyond geography. As the Thrive Plymouth network selects focus topics and themes, we intend to also use these qualitative methods alongside REM to evaluate those focus topics and identify opportunities to learn and improve.

Adhering to our principle to be Human-Centred, we will also source inputs directly from the communities that we work with, by working with the Thrive Plymouth network to identify individuals or groups that access or benefit from Thrive Plymouth connected services and interventions, establishing ways to hear their views on process, outputs, and impacts. This can inform future work and help us to ensure that Thrive Plymouth is human-centred and meets the needs of the population.

7 THRIVE PLYMOUTH ACTION PLAN

For the first 6-12 months of the relaunched Thrive Plymouth, we will develop a more detailed action plan for the coming years, built around inputs from the network gained at a reflection and launch event, and in keeping with the principles of togetherness and inclusivity, being human-centred, and ensuring that our work is evidence-based and inequalities focussed.

Initial actions for the coming six months are provided in Table 7 together with an indication of leadership responsibilities and anticipated timelines. We expect to renew this action plan as we engage the network in planning for the future of Thrive Plymouth and aim to share this with systems leaders and the network.

Table 7 Thrive Plymouth Action Plan

Activity area	Action	Responsibility	Timeframe					
			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Launch event and future action planning	Share inequalities data with network at Thrive Plymouth event and in follow up. Obtain feedback on other data that the network would value	PCC Thrive Plymouth team to present and seek feedback						
	Obtain network feedback on asks and offers to build a picture of Thrive Plymouth needs and capabilities	PCC Thrive Plymouth team to consult, collate feedback and share to the network						
	Use case studies to share best practice – written case studies and event presentations	PCC Thrive to arrange. Network members to contribute case studies						
		PCC initial offer						
	Offer training and learning at the launch event (including sign up to future events)	ABCD Appreciative Enquiry Ripple effects mapping						
	Support network connections	PCC to organise at Thrive Plymouth event and through continued use of email network						
	Consult network on network expansion ideas and suggestions	PCC to facilitate consultation and engage new network members						
	Consult network on themes and focus topics for Thrive Plymouth	PCC to consult the network and map out a series of themes for the forthcoming years of Thrive Plymouth						

	Use Thrive Plymouth website to support network engagement and development	PCC to update existing website and establish plan for continued expansion in line with needs identified by the network	
Monitoring and evaluation	Select Thrive Plymouth indicators and set up a dashboard	PCC Public Health team and analysts	
	Conduct Ripple Effects Mapping training	HDRC offer to PCC public health team with Thrive Plymouth focus Thrive Plymouth network Targeted training once focus topics established	
	Establish service user panel to inform monitoring and evaluation activities from a human-centred / community-centred perspective	PCC to lead through community networks (scope for themed panels depending on topics selected)	
Support evidence-based working	Conduct and/or share evidence reviews with Thrive Plymouth network on place based approaches population prevention approaches framing of health inequalities and what works	PCC to lead and disseminate to the network	
Develop and launch themes/focus topics for Thrive Plymouth	Consult the network on themes and identify capacity and leadership within PCC to inform final selection of Thrive Plymouth themes. Disseminate to the network	PCC to lead - consultation, compile results, identify leadership capability and resources, communicate with the network	
	Develop a programme of activities and a network event for the upcoming themes	PCC to lead coordination across the network	

8 CONCLUSION

Thrive Plymouth was set up with the aim of tackling health inequalities through the formation of a Health and Wellbeing Collaborative. The Thrive Plymouth Network has been a great success, being valued by both the public health team and network members alike. It has become a forum for sharing learning and best practice, for making connections, and for driving forward projects and work. The network formation has brought a sense of shared commitment and ownership of the issues tackling Plymouth residents and continues to grow in strength and number. However, whilst much has been achieved, health inequalities are systemic issues that require continued engagement, and there is more work to be done to achieve health equality in Plymouth. The renewed approach to Thrive Plymouth – Healthy Body, Healthy Mind, Healthy Places, Healthy Communities – provides an opportunity to re-energise the work of Thrive Plymouth and provides a solid approach to tackle the issues facing our resident across all aspects of health and wellbeing.

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Supporting information

I. APPENDIX I – ANNUAL THEMES

Each year of Thrive Plymouth we had an annual theme to “shine a light on” an area of work and form new connections with different parts of the system to bring them into the Network. A summary of activity can be found in the main body of the report. Below is a description of everything that was carried out in each of Thrive Plymouth.

I.1. Year 1 – 2014-15 – Healthy Workplaces

The first yearly theme for Thrive Plymouth was Healthy Workplaces. This theme was chosen to align with the new national Workplace Wellbeing Charter and the City’s growth agenda.

Our key partners for this year were Livewell Southwest, Plymotion, and the Sports Development Unit.

I.1.1. Our Ask and Our Offer

Our Ask

- Commit to making positive changes in the four behaviours in your organisation
- Access free support from Livewell@Work, Plymotion, and Sports Development Unit
- Become a member of Livewell@Work
- Work towards the Workplace Wellbeing Charter standards for a healthy workplace

Our Offer

- Membership of Livewell@Work and access to:
- support, advice, events, and forums
- training opportunities for staff, e.g. Health Champion and Mental Health First Aid

Plymotion at your workplace and access to:

- travel advice and planning,
- bike safety checks
- adult cycle training

Support from Plymouth City Council Sports Development Unit to:

- deliver workplace activities (e.g. lunchtime walking groups)
- access National Workplace Challenge Programme
- £5 discounted team entry to the Plymouth Games event

I.1.2. Events

Launch event

The launch was attended by over one hundred city leaders, businesses and institutions as well as the leader of the Council and Portfolio Holders. Through their employers, 22,000 employees were represented at the event. All 35 organisations attending the event pledged to take action to improve their workforce's health and wellbeing. At the launch event delegates received a pack of Thrive Plymouth materials. This included details of a free offer of support from (i) Livewell@work (part of (the former) Plymouth Community Healthcare's Livewell Team), (ii) Plymotion, and (iii) the Sports Development Unit.

Other presentations

As well as the launch event described above, the Public Health Team presented and described Thrive Plymouth to a number of key audiences across the city. These included to members of:

- Plymouth and Devon Chamber of Commerce at a 'crunchy breakfast' event
- Plymouth's Social Enterprise Network
- Plymouth Manufacturers' Group

As well as these formal presentations to business groups, the three (free) offer providers represented Thrive Plymouth at the 2015 Plymouth Business Show.

1.1.3. Training offer

Livewell Southwest offered the following:

- 10% weight management programme
- In-house Quit Smoking Groups
- NHS Health Checks
- Plymouth Health Champion training
- Training in Mental Health including:
 - Mental Health First Aid
 - Mental Health First Aid Lite
 - Asist – Applied Suicide Prevention Skills
 - Understanding Mental Health and Wellbeing
 - Alcohol Identification and Brief Advice
- Physical activity i.e. Walk Group Leader Training
- Cancer Awareness

1.1.4. Other activities

- A Thrive Plymouth dashboard was developed. It showed details of all the data included in the report and the key measures that have been used to monitor changes in health and wellbeing in the city over the past 10 years. It also describes the two local surveys undertaken to provide baseline information for Thrive Plymouth.
- An 'Easy Read' version of the DPH report was produced which allowed the creation of some extra health resources for people with Learning Difficulties.

- A poster was created to celebrate some of the positive health activity that happened in the city during the year.

Livewell Southwest

- Offered support in implementing a health and wellbeing programme within the workplace.

Plymotion

- Helped businesses with the introduction of a travel plan or sustainable transport policy to get companies thinking about how to encourage more sustainable and active travel.
- PCCs Transport Smarter Choices Team ran walking challenges and have encouraged other workplaces to be in competition with them.
- CTC's Cycling Development Officer offered accompanied cycle to work rides on an individual and small group basis. They also visited companies to put on 'welcome to cyclists' sessions.
- Car Share Devon was promoted as it discourages single-occupancy, short car journeys and also promotes social and mental wellbeing through interaction.
- Offered advice around lunch time walking groups via a qualified walk leader

Sports Development Unit

- Met with colleagues at Derriford Hospital and discussed how they could provide information on sport and physical activity opportunities, provide specific workplace activities, and link more with their sports and leisure centre to develop more opportunities.
- Contacted/visited all the people/organisations who expressed an interest in speaking to them following the launch event.
- Worked closely with Livewell at Work to engage and share their offer with other businesses/organisations.

1.2. Year 2 – 2015-16 – Healthy Schools

The second theme was Healthy Schools, focusing on school age children & young people and the workforce in educational settings.

This theme was chosen to improve health and attainment based on the following key facts:

- Pupils with better health and wellbeing are likely to achieve better academically.
- Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement.
- The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn.
- A positive association exists between academic attainment and physical activity levels of pupils.

There were two prongs to this year:

1. Recognising schools as a workplace with a particular focus on senior leadership in schools including:

- Governors
- Head teachers/Principals/SLT
- Other leaders responsible for the CYP agenda

2. Children and young people engagement in Thrive Plymouth

- What does Thrive Plymouth mean for them?
- How can they be advocates for, and influence, their own health?

The City Youth Council and Youth Parliament were involved in developing the year and provided feedback about what they wanted to see out the theme.

1.2.1. Our Ask and Our Offer

Our Ask

- Support our ambition to see positive changes in the 4 behaviours.
- Access the free support and utilise the Healthy Child Quality Mark (HCQM).
- Become a member of Livewell@Work.
- Support your pupils in exploring their views on the 4 behaviours and, where practical, implement their ideas.

Our Offer

- Public Health: research/evidence/intelligence/consultancy.
- Livewell Southwest: Training; Library; Livewell@Work.
- HCQM provides an assurance system for improving health by improving pupil attainment, attendance, and behaviour.
- Interactive workshops across the education system.

- A range of evidence-based services that support Thrive Plymouth.

Healthy Child Quality Mark

One of the main goals of this year's theme was to encourage the uptake of the Healthy Child Quality Mark, which is a three-tier development tool (Gold, Silver, and Bronze), giving schools a framework to plan, deliver, and measure healthier behaviour change.

The programme is delivered through officer support, challenge and best practice sharing. Open to all schools, the HCQM is the established Health, Wellbeing and Citizenship development programme in Plymouth, reaching over $\frac{3}{4}$ of education settings, so far.

The programme provides school with a framework to benchmark and improve provision, procedure and policy, influencing positive health and wellbeing behaviour change. The programme is dynamic in relating the health and wellbeing needs of Plymouth's children, young people and the school communities they develop within.

The scheme content covers some key themes:

- A HEALTHY AND ACTIVE BODY
- WELLBEING AND REDUCING BARRIERS TO LEARNING
- HEALTHY AND SAFE RELATIONSHIPS
- MANAGING RISK AND RISK-TAKING BEHAVIOURS
- PREPARATION FOR LIFE
- WELLBEING AND SAFETY FOR THE WHOLE SCHOOL COMMUNITY
- PLYMOUTH HEALTH AND WELLBEING FOCUS

The benefits of being involved in the scheme include:

- Increasing students' readiness to learn.
- Developing and encouraging positive life-long health choices.
- Gaining recognition for innovative provision.
- Evidencing progress regarding the Ofsted inspection framework
- Quality assured certification from the Local Authority.
- On-going guidance, support, and best practice sharing.

1.2.2. Events

Pre-Launch engagement/warm up

Before launching this year, the public health team presented to, and gained support from, the following groups:

- School Sports Partnership
- Individual Key Headteachers
- Plymouth Association of Primary Headteachers

- Plymouth Association of Secondary Headteachers
- Plymouth Children & Young People's Trust
- Health & Wellbeing Board
- Member for Children & Young People
- People - ELAFS
- Plymouth Association of School Governors
- Youth Parliament

This included attending two teacher professional development days. The sessions raised awareness of public health work, intelligence on local need, the 4-4-54 concept of Thrive Plymouth, research and evidence-based interventions. The first development session was delivered as part of the Primary Schools Physical Education Annual Conference – run by the School Sports Partnership. The second session, attended by colleagues from eleven schools, was tailored for secondary schools and delivered as part of a Plymouth Learning Trust Development Day.

Launch Event

The launch was well attended by 82 representatives from at least 41 schools. Attendees included school year heads and principals, governors, and other leaders from key organisations across the city. The event created momentum to continue the work going forward and was covered in the media by The Herald newspaper and on social media.

Plymouth School Sports Partnership PE CPD programme-

Public health hosted workshops as part of this CPD programme. 13 people attended the session for primary schools and 22 people attended the session for secondary schools.

Local Thrive Plymouth Workshops

Six events were held in secondary schools across the city. They were attended by 37 people from 21 different schools covering: primary schools; secondary schools; and special schools.

These events provided an opportunity for school colleagues to engage with Public Health professionals and Education Advisors about initiatives that support the Thrive Plymouth agenda.

The aims of the sessions were to:

- Highlight child health needs and inequalities.
- Share ideas on initiatives and projects.
- Hear about success factors from a school that had undertaken the Healthy Child Quality Mark.
- Hear about what works and evidence on activity, diet, smoking, alcohol, and mental wellbeing.
- Establish a link person with the Public Health team to support in planning, delivery, and evaluation.

Celebration event

This year 63 schools achieved Bronze, 15 schools achieved Silver and 6 schools achieved Gold in the HCQM. Those achieving silver or gold were invited to attend a celebration event to receive their plaque and showcase/talk about their project(s). Four schools attended to receive their awards and other schools attended as guests. There was also a stand exhibition attended by Livewell Southwest; Plymouth Albion; Plymouth Raiders; Plymouth Argyll; and Street Factory.

1.2.3. Other Activities

- Creative Arts Students at Plymouth University worked with Weston Mill primary school pupils to create artwork for the launch that depicted the four Thrive Plymouth behaviours.
- A primary school visit asking the following questions:
 - If you were in charge of Public Health in Plymouth, what would you do?
 - What do you do to keep yourselves healthy?
 - How else can you help your mental health?
 - What health challenges will you face as you get older?
 - What do you think causes most ill health in Plymouth?

1.3. Year 3 – 2016-17 – One You Plymouth

In March 2016, Public Health England launched their national One You campaign, which included the lifestyle behaviours of Thrive Plymouth plus sleep, stress, and checking your symptoms, so the third theme became Localising One You.

Before the launch event in November 2016, Livewell Southwest renamed their adult wellbeing service as “One You Plymouth” including rebranding with a new website. This means when people in Plymouth complete the How Are You quiz and click to be taken to local health services, they are sent to the One You Plymouth website.

Our key partners this year were Livewell Southwest, Plymouth Herald, and Plymouth Community Homes.

1.3.1. Our Ask and Our Offer

Our Ask

- Spread the word about One You.
- Signpost to the How Are You quiz.
- Use of the national One You branding.
- Let us know what you do with One You, when you do it, and how you do it.

Our Offer

- Guidelines for using the One You branding.
- Training resources from Livewell Southwest.
- One You resources.
- Membership of Thrive Plymouth Network.
- Data from the How Are You quiz in Plymouth.

1.3.2. Events

Launch event 16th November 2016

The new theme was launched at an event in the marquee at the University of Plymouth. It was attended by 126 people from over 60 different organisations. The event had three aims: (1) showcase Thrive Plymouth, (2) celebrate the achievements of year two of Thrive Plymouth, and (3) introduce year three of Thrive Plymouth. The event included presentations from the national Public Health England One You team.

First Network Meeting 30th November 2016

On 30th November 2016 the first Thrive Plymouth network meeting was held at Windsor House. On the agenda were health inequalities and the results of the One You quiz in Plymouth. There was

plenty of time allowed for discussion and networking. Over 20 people attended representing 15 separate organisations.

Second Network Meeting 3rd February 2017

This meeting was arranged at short notice due to Public Health England releasing the date for their brisk walking app launch – which was due to be the last week of March 2017. Seven organisations attended the meeting, where a co-ordinated approach to the app launch event week was arranged.

Third Network Meeting 31st March 2017

Network members were asked to complete flash cards describing how they engaged with One You or Thrive Plymouth. The Flash cards were discussed and potential future topics for network meetings were collected.

Fourth Network Meeting 9th May 2017

Over 20 attendees were in the room representing 12 organisations. Flash cards were printed out and displayed, allowing other organisations to see requests for help and if possible, offer it. Presentations were made by Plymotion and Livewell Southwest, along with a presentation on the 'Men's Shed'. The fourth meeting of the network was combined with a network meeting for the physical activity network and tobacco control group.

Fifth Network Meeting 24th July 2017

A Summer Away Day was held at Poole Farm in collaboration with the Active Neighbourhoods team who are part of PCC. Over thirty people attended the day representing 16 organisations. The day included the opportunity for two walks around the farm, one to see the farm in action and one led by Forage Plymouth to forage the green spaces. 'Food Is Fun' provided one of the activities along with Active Neighbourhoods who made rope using a handmade rope walk. A rope walk is a piece of equipment which allows rope to be wound evenly, the Active Neighbourhoods team built the rope walk which has allowed rope to be made in Plymouth for the first time in over 100 years.

1.3.3. Training offer

To contribute towards localising One You within Plymouth Livewell Southwest's Wellbeing Team agreed to provide 'Making Every Contact Count' training within the city. The purpose of this training is to give people the skills and knowledge necessary in order to help them hold brief interventions with their friends and colleagues. Between November 2016 and March 2017, Livewell Southwest provided training to 360 people in the city. This included over 80 employees of Plymouth Community Homes (PCH) and 23 Wellbeing Champions employed by PCC. At the same time, 456 brief intervention conversations were recorded by Livewell Southwest at their community events.

1.3.4. Case Studies from the year

New Home, New You

New Home, New You is an intervention that was launched as part of this year with colleagues from Plymouth Community Homes. The scheme enrolled frontline staff on a bespoke wellbeing training course delivered by Livewell Southwest. The training allowed staff to hold brief intervention conversations with new tenants about their lifestyle behaviours as they are helped through the process of moving into a new home. This scheme was set up as there is strong evidence that moving home is an ideal time to introduce new habits.

Derriford Hospital: Thrive Group

This group was well established by year three and during this year continued to meet monthly, driving forward the health and wellbeing programmes at the hospital. The Derriford Health and Wellbeing Centre onsite has been refurbished and had a change of focus alongside their rebranding. It steadily increased its customer base this year. The services provided at the Centre included:

- The therapy room being rented out to offer massage in the evenings.
- The physio gym offering a hip class.
- The massage therapist offering a free 'Stretch at your desk' programme
- A series of talks called 'Health Bytes.
- Yoga classes and a 7am stretch class.
- Pop up stands with information about mental health and sun awareness, which were successful at engaging hospital users.

Argyle Football Club: Match Day One You

The Green Taverners participated in the I Love Life Campaign. This included a cohort 'knowing their numbers' and participating in a 12-week health improvement campaign. In addition, the Chief Executive of the club completed the How Are You quiz; his results were included in a match day programme encouraging other people in the crowd to take the quiz. Livewell Southwest had offered to provide health checks to people during the match however, this proved unworkable and was changed to an offer to 'know your numbers'. Additionally, the club itself has engaged with the Thrive Plymouth network and One You throughout the year, offering activities targeting deprived communities in the city.

Library: Thrive Events and Resources

Working closely with other organisations in the city the libraries hosted health events such as: 'know your measurements'; One You clinics; dementia friendly reading sessions; and job search clubs.

Plymouth Herald: I Love Life Campaign

The I Love Life Campaign was funded by partners including the Public Health Team. This campaign included six 12-page supplements on health topics which were published through the year. To support the campaign, Livewell Southwest worked with cohorts of people from our target populations. These cohorts were measured and given advice and support towards making lifestyle changes which can benefit their health. Their successes and failures were then shared through the paper and its digital presence.

Sports Development Unit (SDU)

Throughout the city, the Sports Development Unit organised events to encourage physical activity. The SDU participated in the Active10 launch in March and have been an active member of the Thrive Plymouth Network. They also ran a series of Couch to 5K classes which engage with the inactive who want to take up running; the Couch to 5K app is available from One You.

Plymouth City Council

The Workplace Wellbeing Champions within PCC have been trained to run health and wellbeing related campaigns within their teams and workplaces. This allowed PCC to respond to events like the Active10 launch, Stoptober, and Dry January. This year 23 new champions were trained.

1.3.5. Other Activity

- During the third year of Thrive Plymouth a standard presentation explaining Thrive Plymouth, the 4-4-54 construct and how One You intersects with the ten-year campaign was made available. This presentation was given to over 21 organisations or groups of people which meant 271 people were briefed on Thrive Plymouth and One You in the third year.
- The Thrive Plymouth video animation was made for the launch event - <https://www.youtube.com/watch?v=BFuI4E9CPaM>
- 41 organisations joined the network at the Thrive Plymouth launch event. They received an email invitation to the first Thrive Plymouth network event on 30th November 2016. By the 31st August 2017 there were 52 organisations who were members of the network. In addition, there are 16 of PCC's own teams engaged in the network.
- In December 2016 a Thrive Plymouth Facebook page was created. This was as a result of the CMT presentation in December where raising the profile of the campaign was recommended. The Facebook page quickly gained followers from other teams and organisations within the city. Most posts were seen by upwards of 75 people and shared through other partner's Facebook pages such as: Forage Plymouth; Grow Stonehouse; Food Plymouth; and Environment Plymouth.
- The brisk walking app, known as Active10, was due to be launched in the last week of March 2017. The Thrive Plymouth team decided to participate in the launch and organised a meeting to discuss on 3rd February 2017. Making use of the 'I Love Life' campaign, the Active10 App was advertised in the Plymouth Herald. The campaign surrounding the launch resulted in 14 brisk walks being held around the city and 70 people participating. Many of these have continued regularly as Active10 lunchtime walks. Coverage in the Plymouth Herald and VivaCity was

positive and encouraged walking by their readers, giving information about local walks which could be undertaken. A second launch of the app took place in August 2017. During the March launch week, a Walking for Health training event was held by Livewell Southwest. The delegates were two people from St Jude's church, one from Nomony Children's Centre, one from Green Ark Children's Centre, one from the Active Neighbourhoods team at PCC and six other volunteers. In August 2017 PHE officially launched the Active10 app using Plymouth in their press releases.

- Our efforts in Plymouth with the Plymouth Herald and Public Health England, meant that the Herald was the no.1 regional media referrer in the country for the How Are You quiz, with more than 2,000 referrals. Between March and October 2017, 2,541 people in Plymouth have taken the How Are You quiz and registered for ongoing support from One You.
- Claire T was interviewed on Hilbio TV about Thrive Plymouth - https://www.youtube.com/watch?v=YPnx_KN62X4
- There was PHE national case study of Plymouth's work - https://campaignstorage.blob.core.windows.net/campaign-resource-centre/production/case_study_gallery/document/5/plymouth.pdf
- Brand guidance was provided:
Work was undertaken in order to clarify which organisations and groups can use the Thrive Plymouth branding. The design team created a document which explained the method for organisations to connect with and promote the Thrive Plymouth brand.

To use our logo an organisation must commit publicly to at least three of the following pledges within their organisation:

1. Provide a smoke free policy
2. Provide a drugs and alcohol policy
3. Run a minimum of three health or wellbeing events per calendar year
4. Promote the How Are You quiz through internal communications
5. Attend at least one PH network meeting per calendar year
6. Participate in one of the big 5* campaigns each year
7. Promote all the big 5* campaigns each year
8. Engage with Walking for Health/Active10 within your organisation
9. Engage with the Health and Wellbeing Champion programme
10. Signpost the 5 Ways to Wellbeing approach to their staff/clients

1.4. Year 4 – 2017-18 – Mental Wellbeing

The fourth theme was Mental Wellbeing chosen to recognise that mental wellbeing and mental capital underpin a healthy life. The year was to demonstrate that Thrive Plymouth is as much about those with mental illness as any other resident. It was important to ensure that mental wellbeing was as well integrated into Thrive Plymouth as were the behaviours of Smoking, Eating, Drinking and Moving that were emphasised in the previous year.

Our key partner for this year was the Plymouth Mental Health Network, who helped to co-design the year.

1.4.1. Our Ask and Our Offer

Our Ask

- Spread the word about the Five Ways to Wellbeing and use the available resources.
- Create opportunities for people to engage in the Five Ways to Wellbeing.
- Signpost to One You Plymouth – Sleep Well and Stress Less.
- Consider your own wellbeing and try the Five Ways to Wellbeing.
- Participate in the Thrive Plymouth Network.

Our Offer

- A local authority signed up to the Mental Health Challenge and committed to supporting positive mental wellbeing in the city.
- Training resources from Livewell Southwest, to support the understanding and promotion of mental health and wellbeing.
- One You Plymouth support for improving healthy lifestyles.
- Membership of the Thrive Plymouth Network – support, advice, events.
- Resources on the Five Ways to Wellbeing

The Five Ways to Wellbeing

One of the main activities for this year was promoting the Five Ways to Wellbeing.

Foresight's 'Mental capital and wellbeing' project considered how to improve everyone's mental capital and mental wellbeing through life. Evidence suggested that a small improvement in wellbeing can help to decrease some mental health conditions & help people to flourish. This report, produced by the New Economics Foundation (NEF) on behalf of Foresight, sets out 5 actions to improve personal wellbeing: connect; be active; take notice; keep learning and give.

In Plymouth, the 'Five Ways to Wellbeing' is referred to as 'CLANG,' which stands for:

- Connect – link up with the people around you.
- Learn – explore something new.

- Active – discover an activity you enjoy.
- Notice – be curious about the world you enjoy.
- Give – share something with others.

Partners were asked to use the Five Ways to Wellbeing as a communications and engagement tool in the following two ways:

1. Directly: by embedding the Five Ways to Wellbeing resources across communications with staff and clients
2. Indirectly: by increasing the opportunities across the city for people to connect, learn, be active, notice, and give.

1.4.2. Events

Launch event

The launch event was held to coincide with World Mental Health Day in October 2018. At the launch, we had 172 delegates representing 71 organisations attending. Speakers at the launch talked about how they use the Five Ways to Wellbeing – how they Clang'ed. Speakers included national representatives from PHE, and the creator of the Warwick Edinburgh Mental Wellbeing Scale, who also gave a seminar on the tool after the launch event. During the event we had a marketplace demonstrating some of the schemes and activities available to support mental wellbeing in the city.

At the end of the launch event, we encouraged attendees to sample some of the activities intended to support mental wellbeing:

- Knitting activity
- Mindfulness activity
- Wellbeing History Walk around the campus
- Planetarium activity
- Sports Taster sessions in the University Gym

Network events

There were five network events held across the year. Each one was themed around one of the Five Ways to Wellbeing.

South West Launch of Prevention Concordat for Better Mental Health

PHE chose Plymouth to be the venue for their South West launch of the Prevention Concordat for Better Mental Health. Opening the event, Duncan Selbie said this was in part because of the good work being done locally through Thrive Plymouth and our focus this year on the Five Ways to Wellbeing and improving mental wellbeing. The Prevention Concordat is a national initiative to encourage local areas to form strategic partnerships and give greater focus to the prevention of mental illness and the promotion of mental wellbeing. The Health and Wellbeing Board signed the Concordat in October 2018.

Mental Wealth Festival

The end of Thrive Plymouth Year 4 was celebrated with the Mental Wealth Festival, a joint event organised by Thrive Plymouth, One You Plymouth and Colebrook SW at Plymouth Guild Hall. This event coincided with World Mental Health Day (10/10/18) and was attended by over 120 people. The day was organised around a series of workshops, creative activities, practical seminars & speeches. The purpose of the event was to raise the profile of the incredible work being done in the city around creativity and mental wellbeing. There was music, art, mindfulness, yoga, and sharing of lived experience.

1.4.3. Training

One You Plymouth delivered 145 courses training 1657 people in wellbeing.

The courses were:

- Applied Suicide Intervention Skills Training (ASIST)
- Connect 5
- Making Every Contact Count (MECC)
- Mental Health First Aid (MHFA) – including Youth and Lite sessions
- SafeTALK
- Understanding Mental Health and Wellbeing
- Wellbeing Champions

1.4.4. Other Activities

- Social Prescribing and Wellbeing Hubs – During Year 4 of Thrive Plymouth the first of the new Wellbeing Hubs were launched at Jan Cutting Centre in Keyham, Four Greens Centre in Whiteleigh, and the Improving Lives Centre in Mannamead. There are now (September 2024) 9 hubs across the city, with three more planned for 2025. All centres allow for drop in and run numerous groups designed to reduce social isolation and tackle low level depression, anxiety and stress.
- Yarn Bombing Smeaton's Tower – Colebrook SW's Opportunity Knocks project worked hard to encourage people in the city to knit or crochet 10 x 10 squares as part of their outreach to isolated and vulnerable adults in the city. Throughout the project an amazing number of squares were created and this allowed us to Yarn Bomb Smeaton's Tower. The squares were then sewn into blankets and donated to two projects in the city; a nursing home and a charity working with victims of sexual and domestic violence.
- Headspace Peer to Peer Mental Health Support Café – A new Crisis Café launched within the Jan Cutting Centre. This provides a place for Blue Light responders to bring people who are in a mental health crisis. The café is manned by volunteers with expertise in counselling and befriending. Since they opened, they have provided hospitality to people who would otherwise have been taken to the Police Station or A&E, reducing pressure on these services. The Crisis Café is managed by Heads Count, a mental health charity based in the city.

- Street Factory Graffiti – During our launch event, we had a local graffiti artist who spent the event creating art based on the event. He is a magnificent success story for one of our partner organisations, Street Factory, who work with disaffected youth and children in the city around urban dance to give them a hope for their future, build their aspirations and find and support their motivation so they can become their best selves. We have been privileged to witness this organisations amazing rise to national reputation during the past year. A highlight of the launch event was Toby G getting everyone in the room to do ‘the move’ during his presentation.

1.5. Year 5 – 2018-19 – Connecting People Through Food

The fifth theme was Connecting People Through Food. This theme was chosen, partly, because it linked back to the original 4-4-54 construct with regards to poor diet, but also because there was a collective desire to achieve the Sustainable Food Cities Silver Award and PCC had also recently signed up to the Healthy Weight Declaration.

Our main partner for this year was Food Plymouth CIC, who act as a ‘central connecting platform’ for all things food-related in the city. Food Plymouth’s mission is to promote local, healthy, sustainable, and affordable food as a driver for positive change.

1.5.1. Our Ask and Our Offer

Our Ask

- Join the Thrive Plymouth and Food Plymouth Networks
- Sign up to the Food Plymouth newsletter
- Get involved in one of Our 6 Projects
- Connect with others at one of our food themed events
- Make use of our support and guidance resources
- Benefit from our training courses

Our Offer

- Membership of the Thrive Plymouth and Food Plymouth Networks
- A series of food themed events
- Support and guidance resources
- Innovative training courses
- Celebrating all contributions towards the Silver award

1.5.2. Events

Launch Event

To coincide with World Food Day, we launched Year 5 in October 2018. At the event, delegates heard about some of the food challenges faced by the city, what is being done to address these, and how they can pledge support. Six videos (to align with the themes) were produced to showcase some of the diverse and vibrant activity/action that already takes place across the city to address these issues. We developed a package of support and training offers to encourage local action, as well as a calendar of events for 2018-19 following the launch. 125 people attended the launch event representing existing members of the Thrive Plymouth network alongside representatives from the food environment.

Community events

The year linked with a significant number of community groups and events including: Always Apples Festival; the Community Explorers; the Growing Community Abundance Project; Plastic Free City Campaign; and Spaces & Places Food Project.

1.5.3. Training

- Livewell Southwest Wellbeing Team delivered:
 - 12 12-week programmes helping people to eat well.
 - 6 4-week cookery courses.
 - 13 healthy eating workshops to 121 participants.,
 - 14 citywide One You Clinics.
 - 12 lach-on city wide groups and 32 peer supports trained.
- Food safety training, covering risk, allergens and labelling – Over 170 people, representing over 100 different childminder, nursery, care home, and community settings attended.
- Sugar Smart Ambassador training – 47 people over three training sessions

1.5.4. Other Activities

Sugar Smart

- 47 people pledged to support Sugar Smart.
- 3 x ambassador trainings were carried out
- FizzFreeFeb campaign took place – encouraging children to replace fizzy drinks with more healthy options during February.
- 4 Ambassadors attended the Derriford Staff Health and Wellbeing Day 2019
- We have contributed to the regional evaluation of Sugar Smart
- 3 Ambassadors have volunteered for the All Ways Apples Festival in October 2019
- Sugar Smart Ambassadors will form part of the action plan for our Healthy Weight Declaration

Volunteering

- We held a 'Week of Action' linking people to the following events:
 - Poole Farm Open Day
 - Community Garden Event at Beacon Community Hub
 - Community Litter Pick at Weston Mill
 - Mayflower Makers induction
- During the week we also promoted training from:
 - Plymouth Energy Community
 - Well Connected

- Livewell One You Plymouth
- Mayflower 400
- We also encouraged Thrive Plymouth Network members to engage in the week and we received information about engagement from:
 - Bell Group
 - The Wave Project
 - DWP

Spaces and Places for Food

- The Growing Community Abundance project received funding during the year and engaged with over 100 volunteer growers.
- 9 existing community growers were mentored throughout the project which will have an immeasurable impact on the communities they work within.
- During July, 12 community garden hosted events to encourage local people to come and experience what happens in a community garden.
- Growing Community Abundance attended 10 and held 4 community events. Training events on the following topics were held:
 - Apple pressing and pasteurising
 - Tool mending
 - Sustainable livelihoods
 - Pruning workshops
 - Tree planting
- The Community Explorers project received funding from GWR to facilitate people from Plymouth to explore the Tamar Valley and get in touch with nature through blossom walks, orchard visits, farm visits and horticultural activities during events.
- Funding was secured for a permaculture training course to be run with 12 people including one free space for someone on low income.
- The Low Cost and Free food offer in the city was mapped in order to identify gaps and allow for work to create a more consistent offer for those people who struggle to access food.

Plastic Free Plymouth

- 3 x 'Plastic free surgery' events were held during the year.
- Thrive Plymouth pledged to reduce the use of single use plastics at their events. We have removed or replaced balloons, disposable cups and plastic cutlery.
- During the year the Council announced it is starting a programme to introduce water fountains in the city – this will contribute towards giving people access to free drinking water when they are out and about.

Procurement

- Over 200 people attended a series of Thrive Plymouth Food Safety Plus Events that were held during the year. This event gave information about food safety, allergens, food labelling and the Mayflower 400 events programme.
- A review of Bristol City's procurement policies (they are a SFC silver city) was carried out.
- Consultation with PCC Events Team confirmed that healthy policies on food are included within tenders for catering at events. Water is always provided free of charge and sustainable transport to events is encouraged.
- A wide range of work with large individual retailers and suppliers was carried out during the year.

Food Power Alliance

- Funding to develop a Food Power Alliance and Action Plan was secured.
- 6 x interactive engagement events were held in deprived locations in the city.
- This project provided an opportunity to deep dive into the experiences of people living with food insecurity in Plymouth for the first time. The information gathered at these events has shown the need for raising the competency of the community around food security, and the need for a louder voice on this issue.

1.6. Year 6 – 2019-20 – Arts, Heritage, Culture, and Hospitality

The theme for the sixth year was Arts, Heritage, Culture, and Hospitality which was chosen to align with the Mayflower 400 celebrations. The Mayflower 400 celebrations were a key focus for the whole Council, a year of celebration to commemorate the setting sail of the Mayflower ship in the year 1620.

Our key partners for this year were Mayflower 400 and Destination Plymouth.

This year's theme was launched in November 2019 and in March 2020 the Coronavirus Pandemic hit the UK and the country entered a national lock down. This meant that many of the plans for this year were cancelled.

1.6.1. Our Ask and Our Offer

Our Ask

- Join the Thrive Plymouth network
- Train at least one person in your organisation as a Mayflower Maker
- Hold or participate in a commemoration event during the year
- Encourage volunteering through engaging with Our Plymouth
- Understand the link between connection, culture, creativity and health outcomes
- Participate in the evaluation of the year

Our Offer

- Mayflower Maker Ambassador Training
- Mayflower Makers event safety guide
- Free training on using the Event Safety Guide to include e.learning
- Event and Social Media resources for your organisation

Arts, Heritage, Culture, and Hospitality

Arts – The Libraries planned to provide arts and craft activities in collaboration with Get Creative week.

Heritage – One You Plymouth will be planned to provide training for the public on how to run walks, this will allow people to engage more fully in the new heritage trails that are being launched as part of the M400 commemorations.

Culture – Within the green spaces it was that there would be a theatrical community production performed at Teat's hill.

Hospitality – Transforming Plymouth Together encouraged organisations within the city to open their doors as universal hubs where the community can come to socialise and receive appropriate signposting to health services in the city.

1.6.2. Events

Launch Event

Held in the Royal William Yard, 40+ people attended the launch event, which included talks from the Chief Executive of Mayflower 400, the Bishop of Plymouth, and Theatre Royal.

Year-long programme of events

A year long programme of events has been developed in collaboration with the five main stakeholders: Nature Plymouth, Libraries Service, Transforming Plymouth Together, Public Protection Service, One You Plymouth. These stakeholders were chosen because they had engaged in the Thrive Plymouth Network with enthusiasm and as organisations representing Civic assets in the city they fit with the topic of engaging people in their health through arts heritage and culture.

1.6.3. Training

- Mayflower maker volunteer training – over 400 people trained as volunteers
- Taxi driver training – raising awareness of Plymouth heritage and the Mayflower 400 programme

Mayflower Volunteers

Over 400 people were trained as volunteers for the Mayflower 400 programme. Mayflower Maker volunteers experienced a wider range of opportunities, which has enriched their volunteering experience.

Mayflower Makes and the wider Mayflower 400 team were integrated into the Plymouth Good Neighbours scheme during the Covid pandemic, delivering shopping, food parcels and over 1,700 medication packages to shielding and isolated members of the community.

Mayflower 400 has shifted certain perceptions of volunteering as “cheap labour” to something that needs upfront investment and dedicated management to fully realise the potential of such a resource.

1.6.4. Other planned activities

- Sport and Wellbeing programme, in collaboration with Sports Development Unit and facilitated by Argyle Community Trust

- Mayflower 400: Get Active Programme
 - Walking/Running Month (September 2020)
 - Cycling Month (June 2020)
-
- Mayflower 400: Community Games - Thrive Plymouth Network members would have been encouraged to participate in the community games activities taking place across the city.

 - Mayflower 400: Community Volunteering Awards – planned to take place in November 2020. This would have celebrated the volunteering activity which would have taken place as a part of the year and would have been free for any awards receiver to attend.

1.7. Year 7 – 2022-23 – Listen and Reconnect

The public health team took a step back from running Thrive Plymouth whilst responding to the Coronavirus pandemic but lots of the great work our network members were doing continued. When we re-engaged with the network, we wanted to take the time to understand how people were feeling and so the seventh theme was Listen and Reconnect, seeking to understand the impacts of the pandemic on our city and population. This linked to Plymouth's status as a Compassionate City and we believed there was need to reflect on our experiences and acknowledge what we have been through. We also wanted to help the city to build on and take the best of what we had seen over the pandemic and apply it to the wider challenges of inequality.

1.7.1. Our Ask and Our Offer

Our Ask

- Join the Thrive Plymouth network
- Attend training and workshops
- Conduct an appreciative inquiry in your community/setting
- Take Compassionate Friends Awareness session into your settings/communities
- Share Every Mind Matters tips for lifting people out of loneliness
- Promote safe spaces for conversation, reflection and connection
- Attend a Thrive Plymouth network meeting

Our Offer

- Appreciative Inquiry Training
- Compassionate Friends Awareness
- Motivational Interviewing Workshop
- Our Space Workshop
- Solutions Focused Therapy
- Every Mind Matters Resources & Tips – Lifting out of loneliness
- Thrive Plymouth Network Meetings
- Support with 'Listening and Reconnecting' and actions going forward

1.7.2. Events

Launch Event 11th May 2022

Due to high Covid-19 rates, the launch event took place virtually over teams and was attended by 103 people. The first half of the session was focused on sharing people's experiences from the pandemic. We heard from a GP, the Youth Parliament, Trevi, and POP. The remainder of the event was about approaches to listening that people can apply in their work.

First Network meeting 26th September 2022

Held at Windsor House and 21 people attended. This event introduced the Community Builders, and the HeART project. It also gave people the chance to tell each other what they're doing around listening and what they wanted to get out of the year.

Second Network meeting 22nd February 2023

Held at Four Green's Community Trust and 32 people attended. This event had two guest speakers: the Network Coordinator of the Trauma Informed Network, teaching us how we can be more trauma informed in our work; and from the Project Lead for Camerados, who empower people to set up their own Public Living Rooms where people can come together for a chat.

End of Year Event 26th May 2023

Held at Four Green's Community Trust and 28 people attended. During the morning the event showcased the work of the NSPCC, Together for Childhood Programme and Take a Part's local stories project which included a Traveling Museum of art and interpretive dance. During the afternoon, network members shared stories from local communities and carried out some sense making to try and understand what people were telling us.

1.7.3. Training

- Appreciative Enquiry – run by public health, 50 people trained
- Compassionate Friends Awareness – run by St Luke's Hospice, 13 people trained.
- Emotional Logic – run by the Emotional Logic Centre, 20 people trained
- Introduction to being Trauma Informed – run by the Trauma Informed Network, 16 people trained
- Our Space – run by Theatre Royal, 7 people attended.
- Solution Focused Therapy – run by Livewell Southwest, 29 people trained.

1.8. Year 8 – 2023-24 – Where We Live

The theme for this year was Where We Live, encompassing homelessness, social housing, private rented, and communities. This theme was chosen to reflect the growing recognition how the places with live in, whether it be our homes or our streets, affect our health and wellbeing.

Our key partners for this year were Community Connections (department within the council), Plymouth Emergency Community (PEC) and Plymouth Community Homes (PCH).

1.8.1. Our Ask and Our Offer

Our Ask

- Join the Thrive Plymouth network
- Attend training and workshops
- Attend a Thrive Plymouth network meeting

Our Offer

- Free training and workshops on this year's topic
- Thrive Plymouth Network Meetings
- Support with Where We Live actions going forward

1.8.2. Events

Launch Event 30th October 2023

The launch event was held at the Devonport Market Hall, with the option to dial in via Microsoft teams. We had roughly 80 attendees in the room and roughly a further 30 people online. The event aimed to showcase the full breadth of how Where We Live affects our health. We had an introduction to the new years theme from Ruth Harrell, director of public health, followed by four presentations from our network members, with each presentation representing one of the four areas of Where We Live. The talks included: Shelter, focusing on the health impacts of poor housing; Plymouth Community Homes/Livewell talking about how a jointly funded post allows them to trial new health schemes to improve the health of their residents; Four Greens Community Trust, presenting the unexpected social consequences of their odd job team; and finally a PCC planner promoting the Healthy Streets Principles, which are a way of designing streets to encourage walking and cycling.

Network meeting 5th March 2024

The first network meeting of the year was held at Four Green's Community Trust and was attended by 38 people. The first half of the session had a presentation from the Community Connections team, promoting all the work that their service offers and how best to access them, followed by a presentation from Soup Run to highlight the important work they do feeding the homeless communities of Plymouth. In the second half the session we had a focussed breakout discussion about Age Friendly Communities and how we can improve Where We Live to meet the needs of our more elderly residents.

Network meeting 19th July 2024

Arranged at short notice, this network meeting was much smaller and focused on sharing our learning from the year rather than presentations. It was attended by 14 people.

1.8.3. Training:

We hosted several training sessions this year, which were well attended by many network members:

- A practical guide to helping people through the Energy Crisis – Run by PEC – 54 people trained
- Emotional Resilience training – run by Livewell Southwest
- Homeless Awareness – Run by shelter – 21 trained
- Tenancy Rights – run by Shelter – 26 trained
- Intro to the Housing Crisis – run by Shelter – 16 trained

1.8.4. Other activities

The Cold and Damp Homes Task Force

As part of this year local stakeholders have identified the need for a local forum to consider how we can scale local action to tackle the health impacts of cold damp homes. As a result, a Task Force has been set up to consider how increased collaboration could improve strategy, leadership, focus, and shared resourcing on tackling health impacts of cold damp homes.

Members of the task force will:

- Define and realise the Collaborative Advantages of working together to better optimise the systems required to alleviate the misery Cold Damp Homes both from a user's and system operators' perspective.
- Utilise collective influence to improve local strategy and policy around health impacts of Cold Damp Homes e.g. Plymouth Plan, Plan for Homes etc
- Increase shared understanding and use of existing local evidence/data health impact of CDHs
- Improve visibility and local leadership on issue
- Identify knowledge and training gaps
- Work to develop joint bids and business cases that bring increased and more targeted resources to this area.

The Task Force includes representation from Public Health, Community Connections, Plymouth Community Homes (PCH), Plymouth Energy Community (PEC), South West Landlord Association, University of Plymouth, Sovereign Housing, Sanctuary Housing, and Citizen's Advice.

2. APPENDIX 2 – DATA PACK

One of the key aims of Thrive Plymouth was changing the four behaviours (eating, drinking, smoking, and moving) which would therefore help prevent the four diseases, (cancer, heart disease, stroke and respiratory disease) and consequently reduce health inequalities in the city. Reducing inequalities in deaths from those four diseases would be expected to reduce overall inequalities in life expectancy, making it one of the key outcome measures of Thrive Plymouth.

However, it is almost impossible to causally attribute the effects of the Thrive Plymouth Programme to impacts on life expectancy. The effects of the COVID-19 pandemic and the subsequent cost of living crisis will also have had large impacts on health outcomes, so it is difficult to disentangle their relative contributions, and it is of course difficult to say what would have happened otherwise. It is, however, still useful to describe the trends in these high-level outcomes to help inform the Thrive Plymouth Programme going forward.

Disclaimer: Many of the baseline data sources pulled together at the beginning of Thrive Plymouth are now no longer available. Where data exists, at Plymouth and ward level, changes since the baseline are discussed. It should be noted that some definitions have changed and therefore direct comparisons between baseline and latest figures may not be possible. In addition, at no point should any improvement in values be considered a direct or sole consequence of Thrive Plymouth.

2.1. Life expectancy

Average life expectancy at birth (over a 5-year period) was the measure chosen by Thrive Plymouth to assess and monitor the overall extent of health inequalities in the city.

Between 2008-12 and 2016-20, average life expectancy in Plymouth increased for both women and men but continues to remain below that of England.







However, the gains in life expectancy for women in Plymouth has been less than that for men, and the gap between women in Plymouth and England has widened, whilst the gap between men in Plymouth and England has narrowed.

As seen nationally average life expectancy for men continues to be below that for women. When comparing life expectancy within Plymouth it can be seen that variation continues, with the gap between the highest and lowest wards being 10.2 years for men and 7.7 years for women in 2016-20.







CIPFA nearest neighbours to Plymouth consist of the 15 local authorities of Bolton, Bury, Calderdale, Darlington, Derby, Dudley, Gateshead, Medway, Rochdale, Sheffield, St. Helens, Stockon-on-Tees, Sunderland, Tameside, and Wigan.

CIPFA group position 1 = highest rate, position 16 = lowest rate.

Area	Male average life expectancy (LE)			
	2008-12	2016-20	Direction of change	Difference

Plymouth	78.0	79.0		+1.0
England	78.9	79.5		+0.6
Gap Plymouth compared to England	0.9	0.5		-0.4
CIPFA group position (out of 16)	Not available	1	Not known	n/a
Ward with lowest life expectancy	73.8 (Devonport)	72.7 (Drake)		-1.1
Ward with highest life expectancy	81.4 (Eggbuckland)	82.9 (Plympton Chaddlewood)		-1.5
Gap lowest to highest ward	7.6	10.2		+2.6

Source: Local Health, OHID [Local Health - Office for Health Improvement and Disparities](#)

Area	Female average life expectancy (LE) Females			
	2008-12	2016-20	Direction of change	Difference
Plymouth	82.0	82.2		+0.2
England	82.8	83.2		+0.4
Gap Plymouth compared to England	0.8	1.0		+0.2
CIPFA group position (out of 16)	Not available	5	Not known	n/a
Ward with lowest life expectancy	78.2 (Devonport)	77.5 (Drake)		-0.7
Ward with highest life expectancy	88.8 (Plympton Chaddlewood)	85.2 (Plymstock Radford)		-3.6
Gap lowest to highest ward	10.6	7.7		-2.9

Source: Local Health, OHID [Local Health - Office for Health Improvement and Disparities](#)

2.2. Chronic disease deaths¹

Thrive Plymouth focused on four chronic diseases – cancer, heart disease, stroke, and respiratory disease which together accounted for the most registered deaths of Plymouth residents in 2012.

2.2.1. Cancer deaths (age-standardised rates)

Cancer accounted for 29% of all registered deaths of Plymouth residents in 2012. In 2022 this percentage had decreased to 25.5%.


Chronic disease	Area	Mortality rate (per 10,000)		Direction of change	Difference
		2011-13	2020-22		
Cancer	Plymouth	31.0	27.9	↓	-3.1
	England	27.9	25.2	↓	-2.7
	CIPFA group position (out of 16)	6	8	↓	-2
	Least deprived neighbourhood group	Not available	23.5	Not known	n/a
	Most deprived neighbourhood group	Not available	31.9	Not known	n/a
	Gap least to most deprived neighbourhoods	Not known	8.4	Not known	n/a
	Ward with lowest rate	24.1 (Plympton St Mary)	21.7 (Plympton Chaddlewood)	↓	-2.4
	Ward with highest rate	37.6 (Honicknowle)	37.2 (Devonport)	↓	-0.4

¹ 2011-13 – Individual disease death data were nationally calculated and extracted from the Local Health website. Data for all four chronic diseases combined for all areas (including England) were calculated locally.

2020-22 – Plymouth data (including wards and deprivation groups) have been calculated locally. England data has been taken from Fingertips (OHID).

Neighbourhood deprivation scores were calculated locally and ranked. The eight neighbourhoods with the highest scores are grouped together and termed the most deprived neighbourhood group, and the eight neighbourhoods with the lowest scores are grouped together and termed the least deprived neighbourhood group.







CIPFA group position 1 highest rate, position 16 lowest rate.

	Gap lowest to highest ward	13.5	15.5		+2.0
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Between 2011-13 and 2020-22 the rates of mortality for cancer declined for both Plymouth as a whole and in the wards with both the lowest and highest rates. However, the gap between the lowest and highest wards has increased.

2.2.2. Stroke deaths (age-standardised rates)

Stroke accounted for 6% of all registered deaths of Plymouth residents in 2012. In 2022 this percentage had decreased to 5.2%.

Chronic disease	Area	Mortality rate (per 10,000)		Direction of change	Difference
		2011-13	2020-22		
Stroke	Plymouth	6.6	5.9		0.7
	England	7.0	5.0		-2.0
	CIPFA group position (out of 16)	13	3		+10
	Least deprived neighbourhood group	Not available	6.0	Not known	n/a
	Most deprived neighbourhood group	Not available	5.5	Not known	n/a
	Gap least to most deprived neighbourhoods	Not known	0.5	Not known	n/a
	Ward with lowest rate	1.4 (Plympton Chaddlewood)	2.5 (Eggbuckland)		+1.1
	Ward with highest rate	11.2 (Devonport)	9.5 (Stoke)		-1.7
	Gap lowest to highest ward	9.8	7.0		-2.8

Between 2011-13 and 2020-22 the rates of mortality for stroke declined for Plymouth as a whole and in the ward with the highest rate. There has been an increase in the ward with the lowest rate in that time. In addition, the gap between the lowest and highest wards has decreased.

2.2.3. Heart disease deaths (age-standardised rates)

Coronary heart disease (CHD) accounted for 13% of all registered deaths of Plymouth residents in 2012. In 2022 this percentage had decreased to 10.2%.




Chronic disease	Area	Mortality rate (per 10,000)		Direction of change	Difference
		2011-13	2020-22		
Coronary heart disease / ischaemic heart disease	Plymouth	13.7	10.5	↓	-3.2
	England	12.6	9.8	↓	2.8
	CIPFA group position (out of 16)	11	14	↓	-3
	Least deprived neighbourhood group	Not available	7.7	Not known	n/a
	Most deprived neighbourhood group	Not available	13.5	Not known	n/a
	Gap least to most deprived neighbourhoods	Not known	5.8	Not known	n/a
	Ward with lowest rate	9.2 (Plympton Chaddlewood)	7.0 (Plymstock Dunstone)	↓	-2.2
	Ward with highest rate	21.9 (St Peter & Waterfront)	16.9 (Devonport)	↓	-5.0
	Gap lowest to highest ward	12.7	9.9	↓	-2.8

Between 2011-13 and 2020-22 the rates of mortality for heart disease declined for Plymouth as a whole and in both the wards with the lowest and highest rates. In addition, the gap between the lowest and highest wards has decreased.

2.2.4. Respiratory disease (COPD) deaths (age-standardised rates)

Respiratory disease accounted for 6% of all registered deaths of Plymouth residents in 2012. In 2022 this percentage had decreased to 5.4%.

Chronic disease	Area	Mortality rate (per 10,000)		Direction of change	Difference
		2011-13	2020-22		
Respiratory disease (COPD)	Plymouth	6.1	4.9	↓	-1.2
	England	5.1	4.3	↓	-0.8
	CIPFA group position (out of 16)	11	13	↓	-2

	Least deprived neighbourhood group	Not available	8.2	Not known	n/a
	Most deprived neighbourhood group	Not available	3.0	Not known	n/a
	Gap least to most deprived neighbourhoods	Not known	5.2	Not known	n/a
	Ward with lowest rate	2.8 (Peverell)	2.0 (Plympton Chaddlewood)		-0.8
	Ward with highest rate	10.8 (Drake)	9.9 (Ham)		-0.9
	Gap lowest to highest ward	8.0	7.9		-0.1

Between 2011-13 and 2020-22, the rates of mortality for respiratory disease (COPD) declined for Plymouth as a whole and in both the wards with the lowest and highest rates. In addition, the gap between the lowest and highest wards has decreased marginally.

2.2.5. Four chronic diseases combined (age-standardised rates)^m

Deaths from all four chronic diseases combined accounted for 54% of all registered deaths of Plymouth residents in 2012. In 2022 that percentage had decreased (by eight percentage points; or 14.8 %) to 46%.

Chronic disease	Area	Mortality rate (per 10,000)		Direction of change	Difference
		2011-13	2020-22		
All four diseases combined	Plymouth	57.4	49.2	↓	-8.2
	England	52.7	Not available	Not known	n/a
	CIPFA group position* (out of 16)	Not available	Not available	Not known	n/a
	Least deprived neighbourhood group	48.2	38.9	↓	-9.3
	Most deprived neighbourhood group	70.0	59.5	↓	-10.5
	Gap least to most deprived neighbourhoods	21.8	20.6	↓	-1.2
	Lowest ward rate	41.3 (Plympton Chaddlewood)	30.3 (Plympton Chaddlewood)	↓	-11.0
	Highest ward rate	79.4 (Stoke)	73.2 (Devonport)	↓	-6.2
	Gap lowest to highest ward	38.1	42.9	↑	+4.8

2.3. Lifestyle behaviours

The Schools Health Related Behaviour Survey has been regularly carried out since 2013/14 in most of the providers of secondary education in Plymouth. Pupils in Year 8 (aged 12-13 years) and Year 10 (aged 12-15 years) complete questionnaires anonymously. The results provide a snapshot of what life is like for young people in Plymouth based on their responses to questions on topics including healthy eating, physical activity, alcohol, tobacco, drugs, and mental health. The results that follow are for Year 8 and Year 10 combined. 2013/14 results have been updated to reflect changes in definitions and reconcile with other reports. As such, the values in the table below do not match those published in the dashboard as part of the 2015 Director of Public Health Annual Report for Plymouth.

^m 2011/13 combined mortality data from the Thrive Plymouth dashboard were calculated using a provisional dataset. This was retrospectively corrected on receipt of the final annual data. As such, the values in the table below do not match those published in the dashboard as part of the 2015 Director of Public Health Annual Report for Plymouth.

In 2013/14 15 providers of secondary education in the city took part and a total of 3,749 pupils were surveyed. The wards of Plymstock Dunstone and Plymstock Radford were excluded from the analysis due to the low numbers of responses to the survey from pupils in these areas.

The 2021/22 survey was completed by a total of 3,722 pupils across 16 secondary mainstream schools. Three schools did not take part, these were located in the Plymstock, Honicknowle, and Eggbuckland areas of the city, therefore the pupil populations of these wards may be underrepresented.

2.3.1. Healthy diet

In 2013/14 the Schools Health Related Behaviour Survey found that 14.7% of pupils answered that they had eaten five portions of fruit and vegetables on the day before the survey. Percentages varied across the wards of the city, from a low of 7.7% in Plymstock Radford to a high of 26.8% in Peverell.

In 2021/22 the percentage of pupils that had eaten five portions of fruit and vegetables on the day before the survey had increased by 0.4 percentage points to 15.1% (a rise of 2.7%). Percentages varied across the wards of the city, from a low of 8.6% in Honicknowle to a high of 25.8% in Peverell.

Lifestyle factor	Area	Percentage		Direction of change	Difference
		2013/14	2021/22		
Diet: eaten five portions of fruit and vegetables	Plymouth	14.7	15.1	↑	+0.4
	Least deprived neighbourhood group	20.8	22.1	↑	+1.3
	Most deprived neighbourhood group	12.0	11.0	↓	-1.0
	Gap least to most deprived neighbourhoods	8.8	11.1	↑	+2.3
	Lowest ward percentage	7.7 (Plymstock Radford)	8.6 (Honicknowle)	↑	+0.9
	Highest ward percentage	26.8 (Peverell)	25.8 (Peverell)	↓	-1.0
	Gap lowest to highest ward	19.1	17.2	↓	-1.9

2.3.2. Physical activity

In 2013/14 the Schools Health Related Behaviour Survey found that 60.0% of pupils answered that they had exercised enough to breathe harder and faster on at least three days in the seven days before the survey. Percentages varied across the wards of the city, from a low of 25.7% in Moor View to a high of 72.7% in Compton.

In 2021/22 the percentage of pupils that had exercised enough to breathe harder and faster on at least three days in the seven days before the survey had increased by 4.9 percentage points to 64.9% (a rise of 8.2%). Percentages varied across the wards of the city, from a low of 54.8% in Southway to a high of 79.7% in Plymstock Radford.

Lifestyle factor	Area	Percentage		Direction of change	Difference
		2013/14	2021/22		
Physical activity: exercised enough to breathe harder in at least three of the seven previous days	Plymouth	60.0	64.9	↑	+4.9
	Least deprived neighbourhood group	69.8	74.4	↑	+4.6
	Most deprived neighbourhood group	58.8	61.1	↑	+2.3
	Gap least to most deprived neighbourhoods	11.0	13.3	↑	+2.3
	Lowest ward rate	25.7 (Moor View)	54.8 (Southway)	↑	+29.1
	Highest ward rate	72.7 (Compton)	79.7 (Plymstock Radford)	↑	+7
	Gap lowest to highest ward	47.0	24.9	↓	-22.1

2.3.3. Drinking

In 2013/14 the Schools Health Related Behaviour Survey found that 20.0% of pupils had answered that they had drunk an alcoholic drink in the seven days before the survey. Percentages varied across the wards of the city, from a low of 11.8% in Sutton & Mount Gould to a high of 41.2% in Plymstock Dunstone.

In 2021/22 the percentage of pupils that had drunk an alcoholic drink in the seven days before the survey had decreased by 4.6 percentage points to 15.4% (a reduction of 23.0%). Percentages varied across the wards of the city, from a low of 4.5% in Plymstock Dunstone to a high of 25.6% in Plympton St Mary.

Lifestyle factor	Area	Percentage		Direction of change	Difference
		2013/14	2021/22		
Drinking: drunk a alcoholic drink in the last seven days	Plymouth	20.0	15.4	↓	-4.6
	Least deprived neighbourhood group	26.7	16.0	↓	-10.7
	Most deprived neighbourhood group	15.4	14.6	↓	-0.8

	Gap least to most deprived neighbourhoods	11.3	1.4	↓	-9.9
	Lowest ward rate	11.8 Sutton & Mount Gould	4.5 (Plymstock Dunstone)	↓	-7.3
	Highest ward rate	41.2 (Plymstock Dunstone)	25.6 (Plympton St Mary)	↓	-15.6
	Gap highest to lowest ward	29.4	21.1	↓	-8.3

2.3.4. Smoking

In 2013/14 the Schools Health Related Behaviour Survey found that 22.6% of pupils had tried smoking. Percentages varied across the wards of the city, from a low of 12.8% in Peverell to a high of 31.6% in Plympton Erle.

In 2021/22 the percentage of pupils that had tried smoking had decreased by 7.3 percentage points to 15.3% (a reduction of 32.3%). Percentages varied across the wards of the city, from a low of 3.0% in Plymstock Dunstone to a high of 23.5% in St Peter & the Waterfront.

Lifestyle factor	Location	Percentage		Direction of change	Difference
		2013/14	2021/22		
Smoking: tried smoking	Plymouth	22.6	15.3	↓	-7.3
	Least deprived neighbourhood group	19.2	12.5	↓	-6.7
	Most deprived neighbourhood group	24.0	19.9	↓	-4.1
	Gap least to most deprived neighbourhoods	4.8	7.4	↑	+2.6
	Lowest ward rate	12.8 (Peverell)	3.0 (Plymstock Dunstone)	↓	-9.8
	Highest ward rate	31.6 (Plympton Erle)	23.5 (St Peter & Waterfront)	↓	-8.1
	Gap highest to lowest ward	18.8	20.5	↑	+1.7

2.4. Most deprived wards

Ranks 1 = “worst”, 20 = “best” Arrow colour green = improving, red = worsening

2.4.1. St Peter & the Waterfront (1/1)

St Peter & the Waterfront was the most deprived ward at the beginning of Thrive Plymouth and 10 years later still takes the top spot.

Over the last 10 years, life expectancy at birth for males in the ward has increased from 74.8 years to 75.2 years, whilst life expectancy at birth for females has decreased from 80.4 years to 80.1 years.

Mortality rates in St Peter & the Waterfront, 2011-13 to 2020-22

Chronic disease	Mortality rate per 10,000 (and rank)		Direction of change	Difference
	2011-13	2020-22		
Cancer	33.0 (8)	31.2 (3)	↓	-1.8
CHD	21.9 (1)	13.9 (4)	↓	-8.0
Stroke	8.8 (3)	7.1 (7)	↓	-1.7
Respiratory disease	7.7 (8)	6.3 (5)	↓	1.4
All four diseases combined	68.2 (4)	51.9 (8)	↓	-16.3

Lifestyle behaviours in St Peter & the Waterfront, 2013/14 to 2021/22

Behaviour	Percentage (and rank)		Direction of change	Difference
	2013/14	2021/22		
Five or more fruit and veg	15.7 (13)	12.9 (10)	↓	-2.8
Exercise	55.4 (4)	61.2 (6)	↑	+5.8
Alcoholic drink	16.9 (14)	14.7 (10)	↓	-2.2
Tried smoking	26.5 (6)	23.5 (1)	↓	-3.0






2.4.2. Devonport (2/2)

Devonport was the second most deprived ward at the beginning of Thrive Plymouth and continues to rank second 10 years later.





Over the last 10 years, life expectancy at birth for males in the ward has increased from 73.8 years to 76.4 years. Life expectancy at birth for females has also increased, from 78.2 years to 79.9 years.

Mortality rates in Devonport, 2011-13 to 2020-22

Chronic disease	Mortality rate per 10,000 (and rank)	Direction of	
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	2011-13	2020-22	change	Difference
Cancer	36.8 (2)	37.2 (1)		+0.4
CHD	16.2 (6)	16.9 (1)		+0.7
Stroke	11.2 (1)	5.4 (13)		-5.8
Respiratory disease	9.7 (3)	9.2 (2)		-0.5
All four diseases combined	79.2 (2)	73.2 (1)		-6.0

Lifestyle behaviours in Devonport, 2013/14 to 2021/22






Behaviour	Percentage (and rank)		Direction of change	Difference
	2013/14	2021/22		
Five or more fruit and veg	11.6 (7)	11.2 (4)		-0.4
Exercise	58.0 (7)	63.1 (8)		-5.1
Alcoholic drink	14.3 (19)	10.7 (17)		-3.6
Tried smoking	28.6 (3)	16.8 (8)		-11.8

2.4.3. Ham (3/5)





Ham ranked third most deprived ward at the beginning of Thrive Plymouth. Ten years later it has moved out of the top four (now ranking fifth).

Over the last 10 years, life expectancy at birth for males in the ward has decreased from 78.9 years to 78.6 years. Life expectancy at birth for females has also decreased, from 83.1 years to 82.6 years.

Mortality rates in Ham, 2011-13 to 2020-22

Chronic disease	Mortality rate per 10,000 (and rank)		Direction of change	Difference
	2011-13	2020-22		
Cancer	34.7 (3)	29.6 (8)		-5.1
CHD	12.6 (12)	10.4 (9)		-2.2
Stroke	3.6 (18)	5.7 (12)		+2.1
Respiratory disease	8.7 (5)	9.9 (1)		+1.2
All four diseases combined	56.9 (11)	58.7 (4)		+1.8

Lifestyle behaviours in Ham, 2013/14 to 2021/22






Behaviour	Percentage (and rank)		Direction of change	Difference
	2013/14	2021/22		
Five or more fruit and veg	11.8 (8)	10.6 (3)		-0.9
Exercise	63.2 (10)	64.8 (11)		+1.6
Alcoholic drink	20.4 (11)	14.5 (11)		-5.9
Tried smoking	25.7 (9)	16.8 (7)		-8.9

2.4.4. Honicknowle (4/3)





Honicknowle was ranked fourth most deprived ward at the beginning of Thrive Plymouth. Ten years later it has moved up one rank to third.

Over the last 10 years, life expectancy at birth for males in the ward has increased from 75.9 years to 77.5 years. Life expectancy at birth for females has also increased, from 81.0 years to 82.5 years.

Mortality rates in Honicknowle, 2011-13 to 2020-22

Chronic disease	Mortality rate per 10,000 (and rank)		Direction of change	Difference
	2011-13	2020-22		
Cancer	37.6 (1)	30.1 (7)		-7.5
CHD	17.2 (4)	11.2 (7)		-6.0
Stroke	5.2 (16)	5.9 (11)		+0.7
Respiratory disease	10.6 (2)	8.2 (4)		-2.4
All four diseases combined	72.6 (3)	54.8 (6)		-17.8

Lifestyle behaviours in Honicknowle, 2013/14 to 2021/22

Behaviour	Percentage (and rank)		Direction of change	Difference
	2013/14	2021/22		
Five or more fruit and veg	9.3 (3)	8.6 (1)		-0.7
Exercise	57.0 (6)	56.4 (2)		-0.6
Alcoholic drink	16.8 (16)	16.4 (5)		-0.4
Tried smoking	25.7 (8)	19.3 (3)		-6.4

2.4.5. St Budeaux (5/4)

St Budeaux didn't feature in the top four most deprived wards at the beginning of Thrive Plymouth (ranking fifth). Ten years later it has moved up one rank to fourth.

Over the last 10 years, life expectancy at birth for males in the ward has increased from 76.1 years to 77.9 years whilst life expectancy at birth for females has decreased from 80.8 years to 79.7 years.

Mortality rates in St Budeaux, 2011-13 to 2020-22

Chronic disease	Mortality rate per 10,000 (and rank)		Direction of change	Difference
	2011-13	2020-22		
Cancer	33.1 (7)	30.5 (6)	↓	-2.6
CHD	14.8 (8)	10.3 (10)	↓	-4.5
Stroke	6.7 (9)	6.3 (9)	↓	-0.4
Respiratory disease	5.3 (12)	6.2 (6)	↑	+0.9
All four diseases combined	64.0 (7)	51.2 (9)	↓	-12.8

Lifestyle behaviours in St Budeaux, 2013/14 to 2021/22

Behaviour	Percentage (and rank)		Direction of change	Difference
	2013/14	2021/22		
Five or more fruit and veg	8.4 (2)	11.9 (6)	↑	+3.5
Exercise	60.7 (8)	63.7 (10)	↑	+3.0
Alcoholic drink	17.8 (13)	16.1 (7)	↓	-1.7
Tried smoking	26.2 (7)	14.9 (10)	↓	11.3

In addition to the measures used at the start of Thrive Plymouth, it is now also useful to consider healthy life expectancy and mental health.

2.5. Healthy Life Expectancy

Healthy life expectancy (HLE) is a measure of how long a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. This is calculated from responses to a question on general health in the Annual Population Survey (APS) conducted by the Office for National Statistics (ONS). This has only been calculated since 2011 and so is a relatively new data set, with limited trend data.

In 2018-20 healthy life expectancy in Plymouth was:

- 64.3 years for men compared to 63.1 for England. In 2011, Plymouth's figure was significantly below England but things have gradually improve and we are now similar.
- 59.3 years for women which is significantly lower than the England figure of 63.9 years. There has been little change in this measure since reporting began.

When we consider Plymouth's HLE compared to similar areas (using the CIPFA comparator areas) we see that:

- For females, despite having the highest ranking LE, the HLE is one of the worst compared to similar areas (12/16)
- For males, as well as having the highest LE of the comparators, Plymouth also has the highest HLE

This means that a female in Plymouth tends to report worse health than a similar woman (age, deprivation etc) in another area, but does not die any earlier, meaning they are spending more time in poor health.

There are some possible explanations for this:

- Plymouth has a low disability-free LE for women – below the England average.
- Social isolation is highlighted as an issue for adults in Plymouth – often (but not always) women.
- Under 75 mortality rate considered preventable – Plymouth has higher rates than England, but is one of the lowest rates compared to similar areas
- Health improvement
 - Adult obesity is slightly worse than England, but mid table compared to similar areas.
 - Adult smoking is much worse than England and high compared to similar areas.
 - Physical inactivity is similar to England and mid table compared to similar areas.
 - Admissions due to alcohol are similar to England and low compared to similar areas.

Looking wider, there is emerging evidence that starts to point us towards considering issues such as childcare provision and the availability of employment in Plymouth.

Although there may be some pointers, there is no conclusive reason as to why Plymouth female HLE is low. HLE has not been used for long enough to have evidence from places who have managed to improve HLE; there is no concrete evidence to differentiate between the risk factors for LE and for HLE. And yet, there are large variations. This is an area for further work and research.

2.6. Mental Health and Wellbeing

The prevalence of depression in adults who are seeing the GP for the condition is 15.4% of the registered population in Plymouth, compared to 12.7% for England as a whole (2021/22). This is comparable to our statistical neighbours. There has been an increasing trend for Plymouth and for England since these measurements were first recorded in 2012/13.

Emergency admissions for self-harm are higher than the England average, using figures for 2021/22 which is the most recent data; though this lower than the South West average.

Mental wellbeing measures tend to be self-reported through a variety of surveys such as the Annual Population Survey. The Plymouth scores for 2021/22 in self-reported wellbeing measures (such as happiness, anxiety, satisfaction with life) are similar to those for England, however, only a small sample

of data is collected from within Plymouth, and as a result it is difficult to conclude whether there are differences compared to England.

For a wider set of data and analysis about Health and Wellbeing in Plymouth please see the [Plymouth Report 2023](#)