



Northern, Eastern and Western Devon
Clinical Commissioning Group



DRAFT STRATEGIC COMMISSIONING FRAMEWORK 2018-2020

WELLBEING HUBS

Table of Contents	Page Number
1.0 Executive Summary	3
2.0 Introduction	3
2.1 Background and Purpose.....	3
2.2 Key National Drivers	4
2.3 Key Local Drivers	5
2.4 Initial Vision	5
3.0 Needs Assessment Summary (Plymouth Only)	5
3.1 Current Demand.....	5
4.0 Current Local System	7
4.1 Summary of Neighbourhood Profiles by Locality	7
South Hams & West Devon.....	9
4.2 Commissioned Services	9
4.3 System Indicators - Current performance.....	10
4.4 Available resources.....	11
4.5 Consultation feedback	11
5.0 Opportunities	14
6.0 Implementing the Strategic Ambition	15
6.1 Universal Tier	15
6.2 Targeted.....	16
North.....	18
East.....	19
South.....	20
West	21
6.3 Specialist.....	23
6.4 Implementation Plan.....	25
7.0 Financial implications.....	27
8.0 Risk assessment	28
9.0 Measuring Success	29
10.0 Equality Impact Assessment (EIA)	29
11.0 Appendices	30

1.0 EXECUTIVE SUMMARY

Wellbeing Hubs are a priority for the Integrated Wellbeing Strategy and the Integrated One System, One Aim partnership and the Sustainability and Transformation Partnership (STP).

The Hubs fulfil significant elements of the One System One Aim initial vision for the future of transformed care:

- From patients to people – the hubs network will be designed to engage with people recognising they have strengths and assets and with support can achieve outcomes without being viewed as patients who need things doing to them
- From care settings to places and communities – the hubs network will be a place and community based offer and will help to develop communities that care
- From what’s the matter with you to what matters to you – the plan is to focus on the assets of individuals and build on that to achieve the things they want to achieve
- From illness management to wellness support – the focus is on prevention and wellbeing

In Plymouth, a process of needs and asset mapping has been carried out which has informed the development of a vision for the hubs and proposals for targeted (building based) hubs locations. There will be three tiers of hub described in detail in this framework: universal, targeted and specialist.

Hubs will be delivered through a mixture of remodelling of existing service provision and partnership working with the VCSE, Community Connections, Livewell Southwest (LSW) and primary care to shape and work with other resources and assets to create the hubs offer.

There will be some initial investment to create the Hubs in terms of project management, branding and workforce development. Some of the Hubs are part of the OPE programme and funding for any building works will come from that workstream. Once the Hubs are established they will be cost neutral or potentially make some savings in terms of commissioned services. The important point about efficiencies is that as the Hubs develop they should take pressure from health and social care services. Hubs are essentially about prevention and early intervention and the evidence shows that ultimately if we spend money downstream in this way, savings will be made in more costly upstream or specialist services.

It is recommended that:

1) The following commissioning work streams continue to be aligned under the governance of the Wellbeing Hub Task and Finish Group to deliver the Wellbeing Hub Network Vision. There will be separate commissioning plans associated with each of these workstreams:

- Advice & Information
- Health Improvement
- Prevention & Community Services
- Integrated Early Years
- Specialist HWB Hubs

2) Commissioners work with stakeholders to deliver a Targeted Hub to serve every neighbourhood in Plymouth, and the communities across the Western PDU. This will be achieved in the following phases:

First Targeted Hub to be open in March 2018

First universal offer to be up and running in March 2018

Phase 1 to be complete by March 2019

Phase 2 to be complete by March 2020

The targeted and specialist hubs opening order to be approximately as follows:

Phase 1:

Jan Cutting Healthy Living Centre

Guild House, Mannamead

Four Greens Community Trust (CEDT)

Ocean Health Centre (Stirling Road)

Cumberland Centre

Rees Centre

Phase 2:

Estover - tbc

Southway - tbc

Efford Youth and Community Centre

Plymstock - tbc

Mount Gould LCC site

City Centre (Ernest English House already up and running, but there will be a comprehensive review of needs and assets in the City Centre with a proposal to join up or co-locate Council, VCS and other services depending on the outcome of the review)

3) Ivybridge, Tavistock and Kingsbridge – timescales and service delivery to be determined through further discussion with Devon County Council

2.0 INTRODUCTION

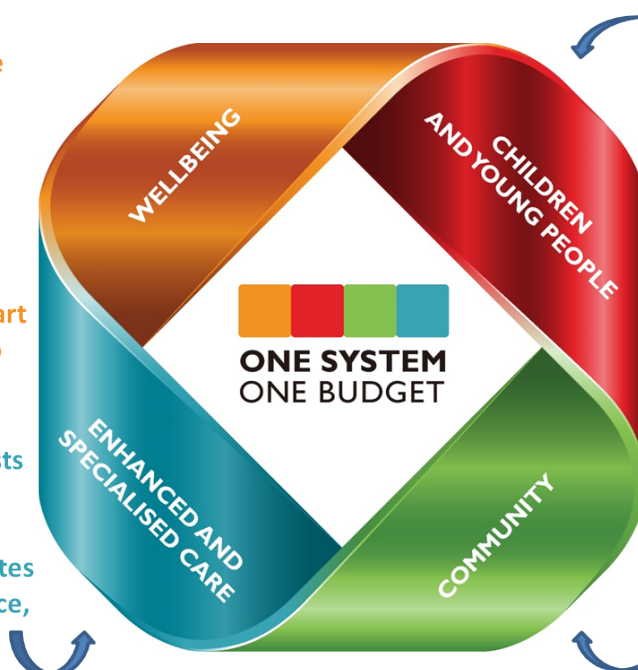
2.1 Background and Purpose

Plymouth City Council (PCC) and Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) are facing a combination of severe budget pressures, and rising demand for services.

Four integrated commissioning strategies set out the commissioning intentions of both organisations through their integrated commissioning function.

People and communities will be well, stay well and recover well. This strategy supports healthy and happy communities by putting health and wellbeing at the heart of everything we do

A system that consists of quality specialist health and care services that promotes choice, independence, dignity and respect



Provide the best start to life for all children from pregnancy to school age, and the right support at the right time for vulnerable children and young people

This strategy targets services that support people to maintain their independence in their own home within their community

The four overarching aims of these strategies are;

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people's experience of care
- To improve the sustainability of our health and wellbeing system

This commissioning framework delivers the action included within the Wellbeing Strategy:

- Create and implement a single strategic vision for health and wellbeing hubs that work for different neighbourhoods across the area

Wellbeing Hubs will establish a collaborative, integrated and strategic system response that ultimately delivers against these key outcomes for Plymouth and the Western CCG for whole population health and wellbeing.

The local model will support regional and national direction in creating a transformational place based model of care that reduces pressure on the health and wellbeing system across acute, secondary and primary care settings. This will involve remodelling of services, the workforce, and our estates in a way that prevents the need for care and support, and enables smooth and efficient transition to primary and community settings. The model will deliver sustainability, create consistency, improve outcomes, respond to local need, and join up services across sectors.

The purpose of this commissioning framework is to set out the vision and implementation plan for Wellbeing Hubs informed by current need, supply, gaps, and opportunities across our communities.

2.2 Key National Drivers

NHS 5 Year Forward View – Triple Aims

- Improve population health
- Improved outcomes for patients
- Reduce per capita cost of health care

Care Act 2014

- Wellbeing and prevention

2.3 Key Local Drivers

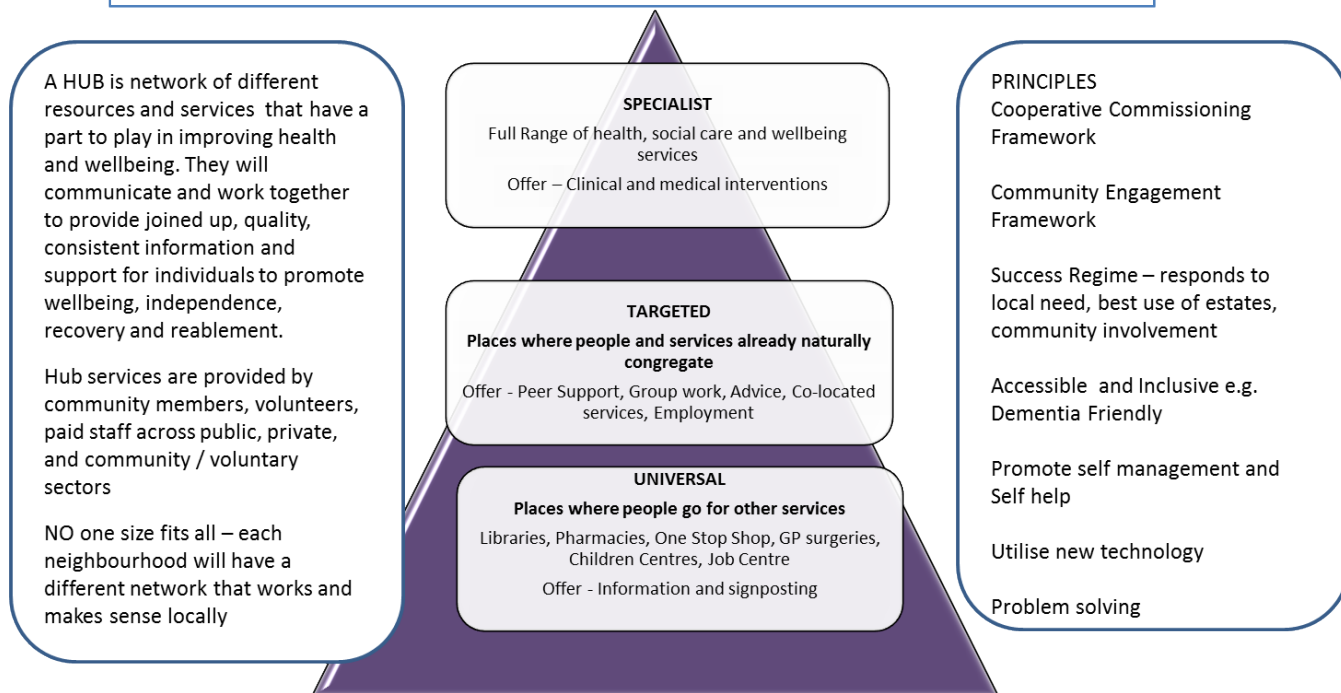
- NHS Success Regime
- Sustainability and Transformation Partnership
- One System, One Aim

2.4 Initial Vision

The vision for wellbeing hubs has been developed alongside key stakeholders and describes types and levels of support across three 'tiers' as follows:

- **Universal Hubs** – this tier will build the health literacy of the universal workforce ensuring that a consistent core offer of advice, information and signposting is available at all opportunities. It will ensure that the web based / digital offer is comprehensive and accessible enabling people to seek out information directly.
- **Targeted Hubs** – in addition to the core universal offer this is where specific interventions or services that support patient activation and self management are delivered in targeted locations according to need
- **Specialist Hubs** – in addition to both the core universal and targeted offers, specialist clinical health and social care interventions will be delivered in these hubs

Vision: A network of integrated resources working together to enable and support people in the local community to live independently and make life choices that will improve their health and wellbeing



3.0 NEEDS ASSESSMENT SUMMARY (PLYMOUTH ONLY)

This summary considers some of the key information and data that helps to identify the need for Health and Wellbeing Hubs across Plymouth.

3.1 Drivers of need and demand

The characteristics of those people likely to benefit from health and wellbeing hubs is very broad, since hubs will help with improving wellbeing, preventing ill health, managing health-related issues (such as long term conditions). Though we have good statistics on certain elements of ill health, there is less information on social determinants of health; it is reasonable to assume there is a relationship with deprivation in particular poverty, but this is not always a simple relationship (for example, fuel poverty also factors in the type of housing as well as income). It is also the case that groups of the population who have a high usage of services currently are likely to use and gain benefit from hubs. Some of the key characteristics covering need and demand are;

1. Higher deprivation

Generally, higher deprivation means higher health and wellbeing need, and the greater the number of complex social issues (Figure 1). Deprivation is closely associated with the health behaviours being tackled through Thrive Plymouth, as well as higher rates of premature deaths.

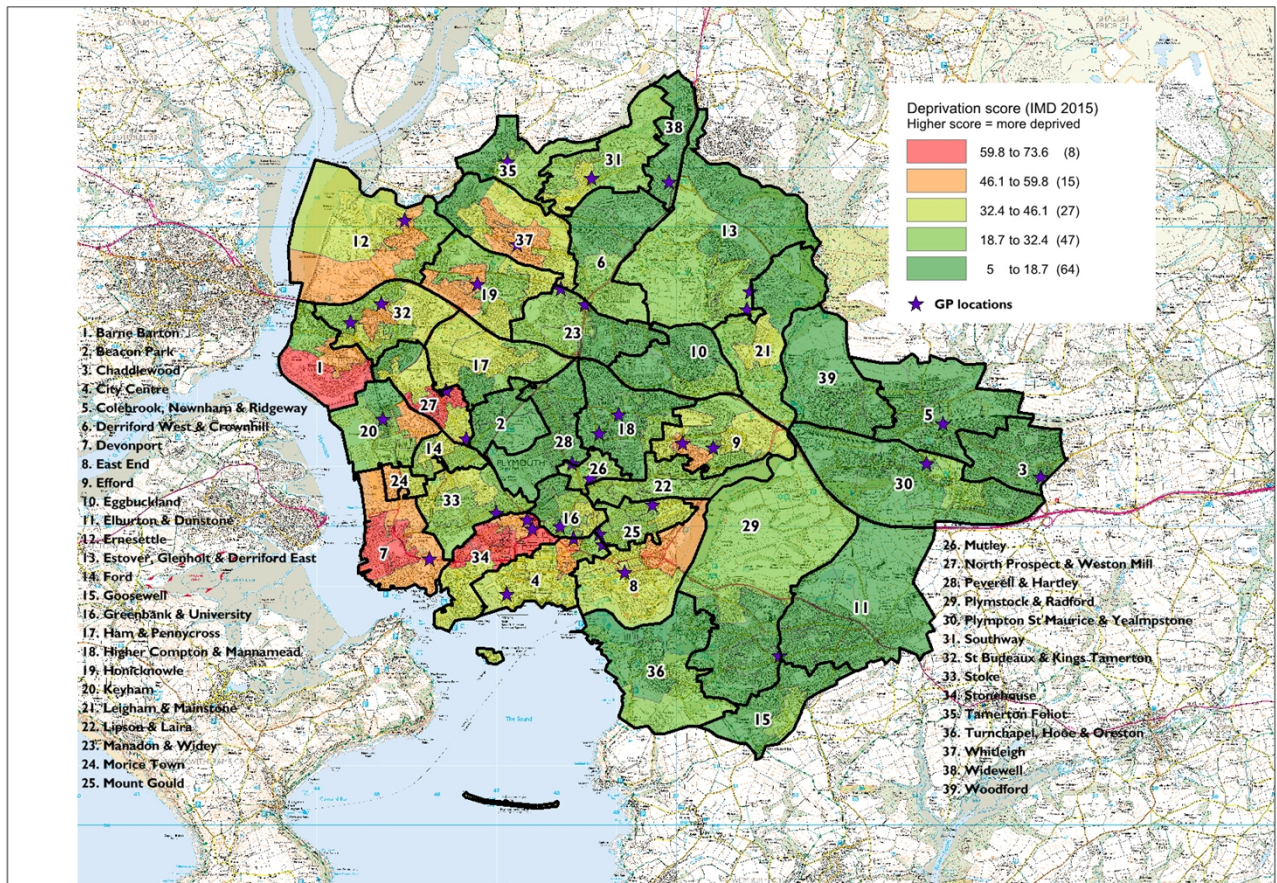


Figure 1 Deprivation across Plymouth; the higher the score, the more deprived the population.

2. High numbers of births and young children

Use of NHS services is highly related to age, with high usage throughout pregnancy and the early years of a child. This is also the stage in life where interventions can be very effective to 'give every child the best start in life', promoting health and wellbeing throughout the life course. Figure 2 shows the proportion of the population aged 0-4 years.

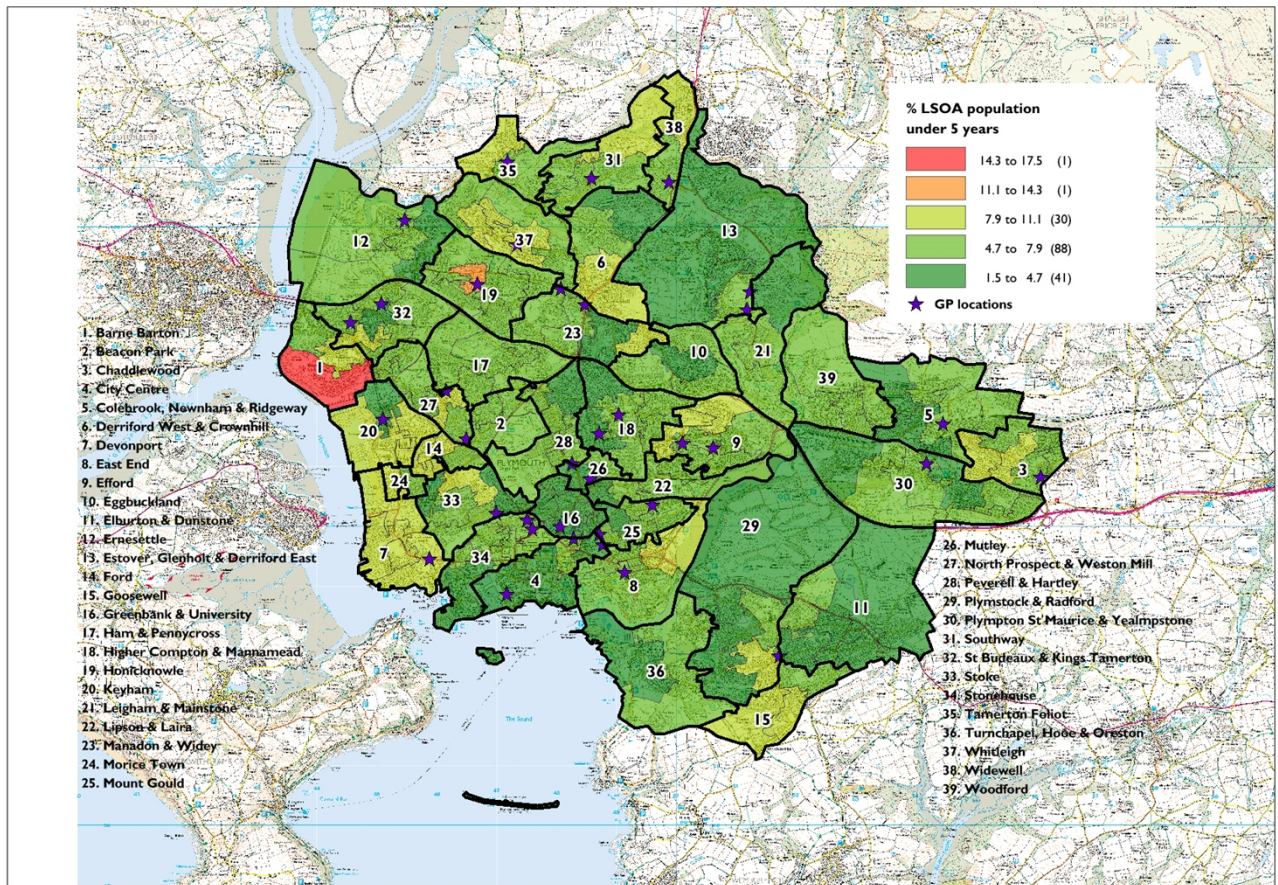


Figure 2 Proportion of the population aged 0-4 years

3. High numbers of people towards the end of life

Use of health and social care services is also high towards the later years in life, where there may be multiple health issues, growing need for social care, and issues such as social isolation and frailty become increasingly important. Though sometimes the proportion of older people in a population is used as a proxy (see figure 3), it is important to note that the higher the deprivation, the lower life expectancy, the shorter the healthy life expectancy, and the younger the age that frailty related issues occur. Therefore it important to consider deprivation (figure 1) and premature mortality which is shown in figure 4.

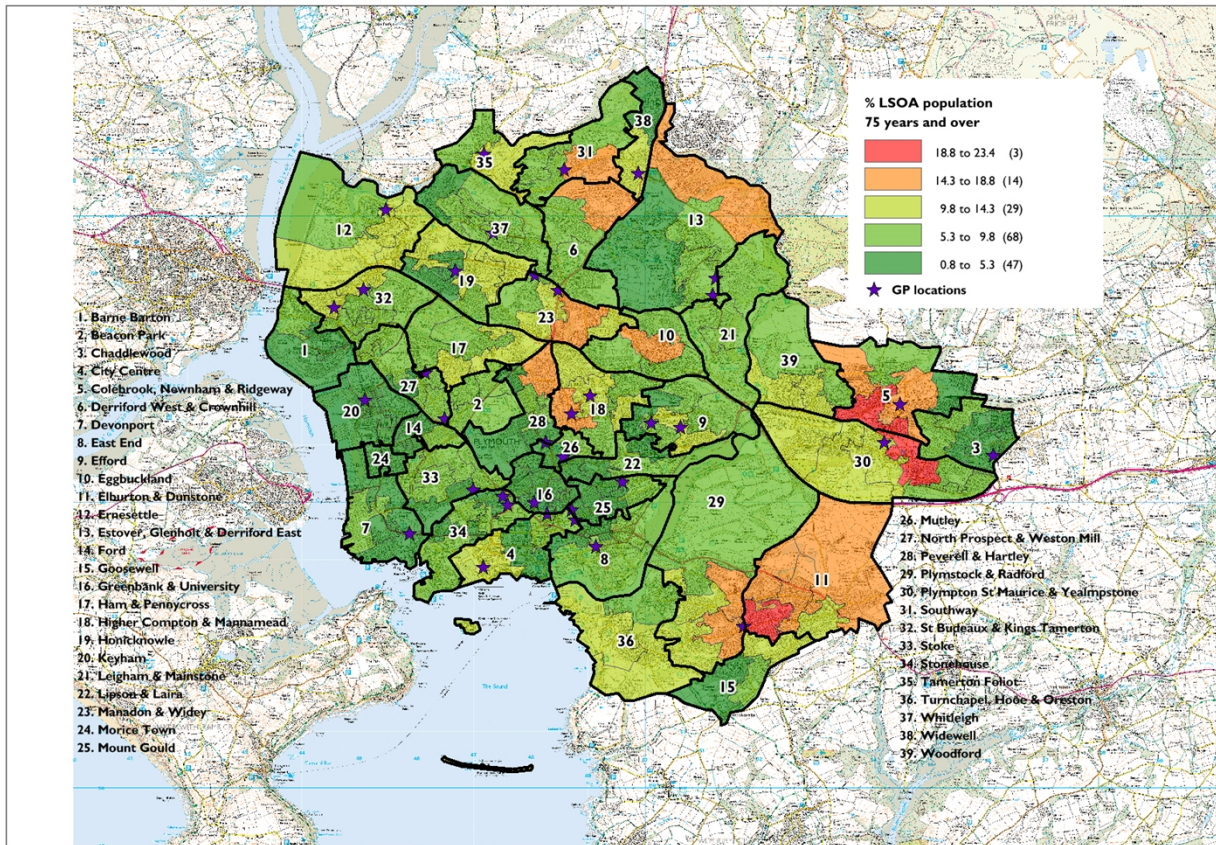


Figure 3 Proportion of people over 75 years of age

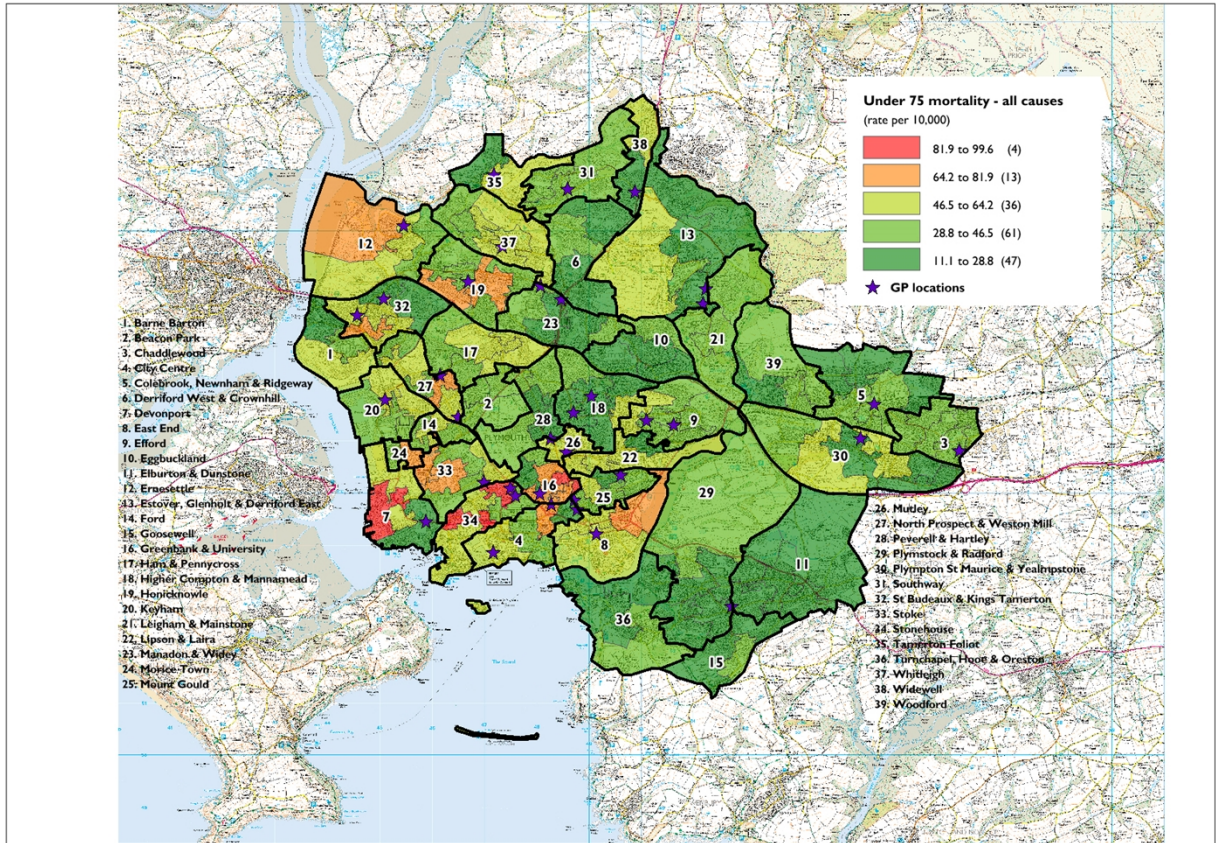


Figure 4 Rate of mortality from all causes in people under 75 years of age

3.2 Summary of relevant needs assessment information (Plymouth city level)

The Plymouth Report and Joint Strategic Needs Assessment indicates:

- **Population** - ONS 2013 mid year estimate indicates Plymouth has a population of 259,200 with a projected increase to reach 275,200 by 2031, and an aspirational target of 300,000 residents by 2031

- **Protected characteristics** – in summary this data indicates key challenges for Plymouth are that there is expected to be a significant increase in the number of people living beyond 75; there are higher levels of long-term health problems or disability when compared nationally; there are lower levels of reported good or very good health when compared nationally; and there is a growing and diverse BME population

- **Deprivation scores** - according to their relative level of deprivation, Plymouth is ranked 72 out of 326 (1=most deprived; 326=least deprived). This places Plymouth just above the bottom 20% of local authorities in England. Deprivation scores vary across the localities and neighbourhoods in Plymouth

- **Health Inequalities** – the difference in average life expectancy between the most and least deprived neighbourhoods in Plymouth is 7.9 years for men and 5.8 years for women

- **Housing** - There are over 114,000 dwellings in Plymouth, with most of the city's housing stock being in the private sector. Plymouth has lower than average levels of home ownership, but greater amounts of private rented housing.

- **Employment** - In 2013, there were 106,316 employees in the city – 81,871 of these (around 77%) were classed as private sector with the remaining 24,445 public sector. Plymouth's private sector share was below the Great Britain average of 79.8%

- **Crime** - Overall crime levels in Plymouth rose in 2013/14 by 3% (+571 crimes) compared with 2012/13 (a year in which we had recorded a large 11% reduction). However, this comes after a sustained period of reductions over recent years.

- **Public Health Outcomes Framework – comparison to England average**

Selected indicators where Plymouth's value is 'better' than the England average:

- Road injuries and deaths
- Long-term unemployment
- Incidence of TB
- Recorded diabetes

Selected indicators where Plymouth's value is 'worse' than the England average:

- Alcohol and drug misuse
- Adults smoking
- Sexually transmitted infections
- Incidence of malignant melanoma
- Early deaths from cancer

Selected indicators where Plymouth's value is 'not significantly different' to the England average:

- Obese children (Year 6)
- Obese / excess weight in adults
- Physically active adults
- Infant deaths

- Early deaths from heart disease and stroke
- Hip fractures in people aged 65 and over

Source:

<https://www.plymouth.gov.uk/publichealth/jointstrategicneedsassessment/factsandfiguresjointstrategicneedsassessment/aboutjsnas>

http://web.plymouth.gov.uk/integrated_commissioning_wellbeing_needs_assessment.pdf

4.0 CURRENT LOCAL SYSTEM

4.1 Summary of Neighbourhood Profiles by Locality

National and local intelligence identifies a significant amount of health and wellbeing activity and assets delivered across our communities by a range of partners. These resources are distributed across the city and we have mapped them into 4 locality areas that replicate the current integrated health and social care system (Livewell SW) and are coterminous with our neighbourhood boundaries. These include a diverse range of assets from churches to job centres and libraries.

39 Neighbourhood Profiles have been developed to bring together this asset mapping with a range of 'need' scores and indicators. These include scores around deprivation, life expectancy, population, work / worklessness & skills, Thrive Plymouth health behaviours, limiting long term illness, premature mortality, vulnerable families, and housing & accommodation.

The Plymouth and South Devon joint local plan includes health infrastructure within the spatial strategy (SPT12 - Strategic infrastructure measures to deliver the spatial strategy). Information gathered from this has been considered within the asset elements of the profiles.

NORTH LOCALITY

Need - Mixed 'need' scores across the locality with a divide between highest and lowest scoring neighbourhoods. The North contains areas with both high and low deprivation scores, and areas with higher than average premature mortality. There are also areas with lower than average healthy eating and physical activity

Assets - Big hospital centre, but limited assets providing targeted support compared to the South and West localities

EAST LOCALITY

Need - Higher proportions of over 75's, low levels of deprivation. Higher number of people report day to day activities limited a little, mixed physical activity, mixed diets

Assets - Limited with currently no specialist centre, limited universal and targeted support and fewer GP's surgeries than the localities closer to the city centre.

SOUTH LOCALITY

Need – Mixed need scores, Small numbers of vulnerable families, large student population. Some areas with higher than average with deprivation and some areas with higher than average number of benefits claimants

Assets - Comprehensive range of assets with potentially 2 specialist centres, large number of universal and targeted support with good transport links from the rest of the city

WEST LOCALITY

Need – High levels of deprivation, high number of vulnerable families, high unemployment, poor health indicators, low life expectancy

Assets - Comprehensive range of assets with 1 potential specialist centre, wide range of universal and targeted support, accessible from other localities

CITY CENTRE

Clearly a city centre hub will be accessible to the whole population, since most bus routes end up in the city centre, it is the main shopping centre and it is where the City Council's public facing services are sited. There are a number of buildings operating as 'hubs' including Ernest English House (mainly advice services), the Zone (young people) and First Stop (City Council). There is a large network of universal hub buildings including Central Library and pharmacies.

A city centre hub may provide anonymity for a customer who doesn't wish to be identified by going to a locality hub. It wouldn't necessarily offer all of the 'neighbourhood' type services or activities but could provide specialist services which support the network of hubs.

As part of the development of the Information and Advice Commissioning Plan we trialed a co-located 'welfare response' team in the One Stop Shop and this demonstrated a much improved holistic journey for the customer in terms of Council and VCS services.

We have started a process of reviewing our options in terms of the City Centre.

SOUTH HAMS & WEST DEVON

(Included for information since these areas combine with Plymouth to form the Western Locality of the NEW Devon CCG area)

The predominantly rural area contains a range of needs and assets, with 3 main community hospitals.

From this work the following was concluded;

- All areas of the city should be able to access the services offered in a health and wellbeing hub.
- There is significant evidence that the more deprived populations have the most to benefit from health and wellbeing hubs.
- There are already well-established assets offering similar or many components of a hub already. These tend to be in more deprived areas and it is proposed that we support the appropriate existing assets to become part of our hubs network. An example of this is Stonehouse, where there are some organisations that are already acting as local 'hubs' – e.g. Oasis and Shekinah, which can become part of the network.
- Areas where the population do not currently have access to the kinds of services planned for hubs, should be prioritised for new targeted hubs based on assessed need.

4.2 Commissioned Services

Commissioners from Plymouth City Council's Strategic Cooperative Commissioning (SCC), the Office of the Director of Public Health (ODPH), and the NEW Devon Clinical Commissioning Group (CCG) all commission services that support the hub agenda. Although some services have centres based in specific localities, the majority of the commissioned services have a city wide remit with people either travelling to a centre, or outreach services provided. Some services support people and communities with specific needs, whereas others are more population based. The

majority of commissioned services are performing well against the individual contract targets. Some of the services potentially in scope provide direct support to individuals and communities, whereas others build the capacity of smaller VCSE organisations to become stronger and sustainable.

Many of these services and investments are in the process of redesign through commissioning work streams as follows.

Commissioning Plan	Description and type of services	Total current budget	Timeframe
Advice & Information	A strategic plan to develop a consistent advice and information offer across a range of organisations and covering the geography of the city	Approximate commissioned spend £600,000 alongside potential streamlining with PCC resources	2016-2019
Health Improvement	Main contract is Livewell SW's Wellbeing Team which supports healthy lifestyle choices providing advice and information and specific interventions / programmes of support	Approximately £1.1 million annual contract value.	New service started 01/10/17
Prevention & Community Services	A number of separately commissioned low level preventative and wellbeing services e.g. befriending, carers, floating support, day services	Approximately £1.6 million	2016-2018
Integrated Early Years	This commissioning activity covers children centres, health visitors, and maternity. Some resources are universal whilst others are targeted at greatest need	Approximately £9 million	2016-2018
Specialist HWB Hubs	Alongside the OPE how we maximise the health public estate by developing community health hubs that can provide specialist health and social care services away from traditional hospital settings	TBC	2016-2018

The following key Transformation work streams are closely aligned to the Hubs work:

- Primary Care Transformation – a programme of development which aims to increase primary role in community health services, improve prevention and links with the VCSE, and sustainability of primary care at scale, supported by the Estates and Technology Transformation fund. The emerging configuration brings together practices across the geographical area into 4 practice groups broadly covering between 60,000 – 70,000 population, some of which cover multiple 'localities':
 - Beacon Medical Group & Plymstock Alliance
 - Drake Medical Alliance & Pathfields Medical Group
 - Sound Health

- South Hams Alliance & West Devon
- One Public Estate - Cabinet Office programme bringing together public owned land and property to ensure we're making best use, including opportunities for joining up / identifying best use for sites.
- Plymouth Plan -Infrastructure needs assessment detailing future requirements due to increased population growth

4.3 System Indicators - Current performance

The table below indicates how Plymouth is performing as a city for indicators identified as impacting on health and wellbeing, therefore affected by this commissioning plan.

Tier	Indicator		Source	Current Performance	National Performance
Universal	Slope index of inequality in life expectancy at Birth, based on local deprivation deciles (2012 – 2014)	Female	PHOF	5.9	7.0
		Male	PHOF	7.5	9.2
	Healthy Life Expectancy (2012 -14)	Female	PHOF	59.5	64.1
		Male	PHOF	59.0	63.4
Targeted	Self Reported Wellbeing	% of people with a low satisfaction score	PHOF	4.2	4.6
		% of people with a low worthwhile score	PHOF	5.6	3.6
		% of people with a high anxiety score	PHOF	22.4	19.4
	Social Isolation		ASCOF	46.4	?
	Warwick and Edinburgh Mental Wellbeing Scale [average]		WEMWBS	47.1	47.6
	% of adults classified as excess weight (2012 -14)		PHOF	62.4	66.8
	% of adults classified as physically inactive (2015)		PHOF	30.2	28.7
	Population unemployment (%)		NOMIS	5.9	4.9
	People with a long-term condition feeling supported to manage their condition(s)		NHSOF	62.3	64.3
	Citizens have a positive impact on their community, neighbourhood and city through (adult) residents volunteering at least once per month		TBC	21%	-
Specialist	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation		NHSOF	85.1%	82.7%

Tier	Indicator	Source	Current Performance	National Performance
	services			
	Attendance at Emergency Department	NHSOF	TBC	TBC

4.4 Available resources

Section 4.2 describes the current commissioned services potentially in scope for remodelling around hubs. These resources are currently tied to existing services, any changes to these services will be subject to an impact assessment, and assurance that any risks to individual support are mitigated within the new service model.

In addition, many of the providers of hubs are in the Voluntary, Community and Social Enterprise Sector (VCSE), this means they are able to access a large number of grant and external funding resources, which we are keen to maximise through this programme.

In particular the Lottery's Strategic Framework, People in the Lead, aims to move to a strengths/asset based approach to supporting communities to make the changes to their lives that are important to them. There is clear synergy between this and Plymouth's aspirations for health and wellbeing.

4.5 Consultation feedback

The following consultation and engagement processes were used during the needs and asset mapping phase to inform the hub proposals:

- Libraries – a libraries consultation including specific questions about Health and Wellbeing services has taken place to utilise the potential of existing libraries for some advice and information services
- Stakeholder Group – these groups have been set up as part of our Communications and Engagement plan. Key internal stakeholder groups have been chosen to help us review and develop the vision for the Wellbeing Hubs. This forum provides stakeholders with the opportunity to express their views on what the hubs should look and feel like, to have an input into who else we should be engaging with, what funding opportunities are available, as well as helping to map the locations and specifications of the hubs.
- Presentations – A series of presentations delivered to key stakeholders, including clinicians, GP's, Complex Needs System Optimisation Group, Mental Health Programme Board to promote and share the vision for delivery
- Patient stories – 'Real' relatable stories have been used to express why we want to re-shape the wellbeing hub offer across Plymouth, and how it could impact the lives of individuals

4.5.1 Initial Consultation Themes

The wider stakeholder group identified a number of funding sources that could be explored including section 106 and Lottery Funding. It was acknowledged that we do not typically enter 'joined-up bids' and there could be opportunity in entering joint bids going forward.

The strong points around the proposed model of care are accessibility, connectivity, community and social value. It identified the need to make the model of care family-centred as opposed to just person-centred, to 'improve the whole family position' and needing to focus on more cost-effective methods where services did not need to be delivered by a professional. It was re-iterated that people and organisations need better connectivity, both improved awareness of what is available in

the system and better sharing of information digitally to 'make every contact count'. The hub network should be able to 'spot the gaps' and focus on prevention to reduce demand.

It is important to be clear that not everything will be delivered in every area, and should 'build the community into the specification' utilising community resources and initiatives.

A large number of resources were identified and further exploration is needed as to how to make best use of these.

Additional locations to those already mapped:

- Churches
- Food banks
- Supermarkets
- Schools
- A 'mobile hub'

It was noted that the targeted hub buildings should be used to leverage the services and support needed by the wider hubs network

4.5.2 Public consultation

In August 2017 Healthwatch were commissioned to undertake wide ranging public consultation on the Wellbeing Hubs proposals. The following is a summary of the methodology and outcomes:

Objectives

- Ensure that communities across all neighbourhoods in Plymouth have a chance to 'have their say' in the development of hubs
- Gather the views of community members on each 'potential targeted hub' in relation to accessibility, likely usage, types of services, other potential locations
- Make recommendations on whether and how potential hubs should be taken forward
- Involve community members in supporting the consultation process wherever possible, creating a genuine ethos of meaningful feedback and consultation owned by the community themselves

Activity

Consultation Events – for each neighbourhood, or group of neighbourhoods, around a potential targeted hub there was a consultation event which was well publicised in the neighbourhood and at local venues. At each event a presentation was given including the needs information, feasibility investigation linked to the proposed targeted hub and an opportunity was given to gather feedback on the local experience of the building.

Community Level Engagement – because of the wide ranging nature of Health & Wellbeing Hubs Healthwatch also choose to site themselves in public locations to gather views from people who may not be actively engaged with potential targeted hubs or local community activity. These included the Life Centre, Tesco Transit Way, Derriford Hospital, Asda and the Plymouth Market.

Specific client groups - there are a number of client group specific forums in Plymouth, Healthwatch attended meetings to gather views and feedback. 31 groups were contacted and a total of 13 groups (totalling 165 people) had an in-depth consultation session: Caring for Carers, SCOPE, Plymouth Area Disability Action Network (PADAN), Blake Lodge Plymouth Deaf Association, Hamoaze House, Highbury Trust, YouthService OUT Youth Group, Bournemouth Churches Housing Association (George House), Devonport Lifehouse, Better Futures, Plymouth and Devon Racial Equality Council (PDREC), National Autistic Society Plymouth Asperger's Adult Branch, PIETY.

Consultation Feedback

Groups

One group described the current system as: ‘Fractured, hard to get accurate information on what is available. Services divided by disability, help needed not holistic.’

Key themes:

Overwhelmingly positive message about the principles and idea of the Hubs

- **Buildings** - need to be accessible (physically), be on bus routes, have parking, clear signage (including easy read),
- **Staff** – need to be well trained, very knowledgeable, consistent staff, non-judgemental, not too formal, welcoming
- **Services** – in order of priority: knowledge of local voluntary and community activities, benefits advice, long term conditions information and advice, LTC peer support , LTC self-management advice, timebanks, mental health support and advice, volunteering, debt advice. Additionally they wanted social inclusion, a pro-active approach to wellbeing, accessible activities such as healthy cooking, life skills and peer support
- One set of ‘asks’ : ‘Include us, see us, listen to us and give us time’...
- People were offering to volunteer

Locality Consultation

Again there was overwhelmingly positive support for the idea of hubs

- Over 2000 people spoken to
- A total of 651 fully completed questionnaires
- City Centre Hub not consulted on – will develop separately
- **Buildings and staff** – accessibility (physically), transport links, car parking and a café (if feasible). Friendly staff, knowledgeable, good range of activities
- **Services** – priorities similar in each locality: knowledge of local VCS activity, health improvement advice, benefits advice, mental health support/advice
- **Hub locations** – the outcome of consultation has been described in more detail under ‘Implementing the Strategic Ambition’ below

5.0 OPPORTUNITIES

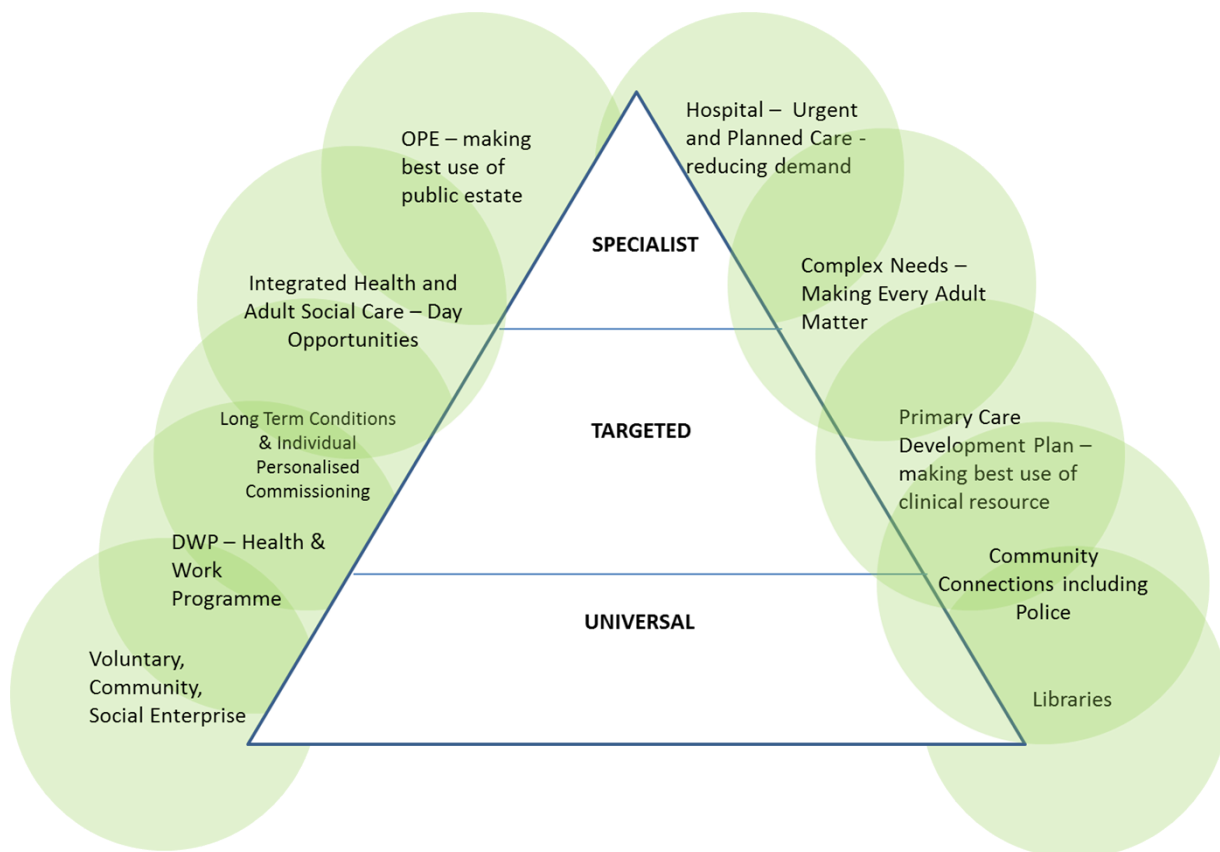
The neighbourhood profiles provide an understanding of where need and assets match in different areas. They clearly identify areas for health and wellbeing system development across our neighbourhoods. We are taking the opportunity to ensure that planned and developing commissioning activity around Advice & Information, Health Improvement, Wellbeing & Prevention, and Integrated Early Years is taken forward under the oversight of the Wellbeing Hubs Commissioning Framework.

Work is also taking place with Community Connections and Livewell South West to ensure that their locality models are developed in tandem with the Hubs. Staff will work together in a joined up way to enable the efficient use of the range of the resources available, ensuring opportunities for join up and avoidance of duplication are maximised. The Hubs offer us an exciting opportunity to create ‘virtual teams’ across public and VCS sectors to support communities and individuals.

A social prescribing service has been commissioned that will provide a 'bridging' or 'link worker' role with a number of GP practices based in the West, North and centre of Plymouth. As the hubs develop it is anticipated that these roles will be based in the hubs to provide some of the link worker capacity needed.

The VCSE infrastructure organisation 'POP+' has been awarded money from the Esmee Fairbairn Foundation to develop community capacity and address some of the city's challenges and we are working with them to ensure our commissioning activity and their plans are aligned.

In addition there is an opportunity to align the Wellbeing Hub network with other 'systems' and commissioning activity. There have been identified as follows:



6.0 IMPLEMENTING THE STRATEGIC AMBITION

The ultimate vision is to facilitate a network of hubs and resources that will deliver the strategic ambition, with commissioning activity enabling the delivery of services. There will be a systems leadership approach which will co-ordinate with partners to shape and support existing resources and assets, with commissioning resources being used over and above existing resources to deliver a consistent core offer, a workforce development approach and a quality assurance process to each tier of hub.

6.1 Universal Tier

The aim is to establish effective website / digital information and advice available about how to resolve issues, and ensure full use is made of technology to support people to access services remotely or through the web.

All universal services* in the city have the same high standard of skills and ability to commence the complete range of health and wellbeing conversations with citizens and communities at every

appropriate opportunity (make every contact count / improving health literacy), provide information, and signpost effectively.

There is a trusted marketing and promotion 'brand' of the Health and Wellbeing Hub Network which will be based on the Thrive model and '5 Ways to Wellbeing'.

The delivery mechanisms will include:

- Comprehensive rolling workforce development programme and quality assurance
- Website and digital modes of access to information
- Consistent telephone / online information and advice
- Developmental support for the VCSE sector

*E.g. Libraries, Children Centres, Job Centres, GP Surgeries, Pharmacies, Supermarkets

6.2 Targeted

Through the mapping exercise, existing assets and resources have been identified, some of which act already as 'hubs' and we will support these to develop and be part of the network.

Targeted hubs will have responsibility to support the universal network in the neighbourhoods they serve. Key to success will be the way the Targeted Hubs work with Primary Care (including GP Practices and emerging Healthy Pharmacy models) the VCSE and organisations that provide statutory services such as Livewell SW and Plymouth City Council's Community Connections. This will connect people to the right services at the right time, promoting wellbeing and delaying / preventing the need for health and social care support.

Some targeted hubs buildings will have a 'specialist' element – for example there is a Sensory Solutions shop at Guild House, Mannamead, where people can borrow and purchase aids and equipment.

A systems leadership approach will combine existing assets and commissioned services to deliver a core good quality offer which is supplemented by local provision in targeted hubs.

The social prescribing service will be part of the core offer where it already exists in the city. Where it doesn't exist we are remodelling existing low level preventative services to provide this offer into the hubs.

The core offer will be:

1) Information and advice (already in place)

2) Health improvement activity and advice (already in place)

3) 'Prevention and Community Services' (social prescribing + remodelling existing services) which delivers the following roles:

3a) Bridging and Community Capacity Building which will:

- Have the skills to have good quality conversations to identify the root causes of someone's problems, their capacity and motivation for change and the help they will need either through brief interventions towards behaviour change or more ongoing support.
- Work collaboratively across a network of organisations with different knowledge, skills, and areas of expertise to ensure there is the right response to identified need
- Have an exceptional knowledge of local opportunities and ensure these are included in the online directory of services
- Identify gaps in provision to inform decisions about where capacity needs to be developed

- Work with the hubs building owners to stimulate, organise and encourage the hubs to become centres of social activity
- Provide an agreed level of information and advice on issues such as health, welfare benefits, education, family issues, skills and employment. If a need for in-depth advice is identified access to this will be co-ordinated
- Support the development of social action approaches such as time banking and volunteering
- Support access to LTCs education and self-management. This may include but not be limited to organising one-off events for specific conditions and referrals to the LTC Self-Management Programme.

3b) For those that need more support there will be:

- Goal setting and outcome focussed support which is time limited and can respond regardless of the person's physical and mental health needs. There will be a strength based approach to care planning which focusses on what people want to achieve that builds on their strengths and assets to achieve their goals. However, there will be a strong emphasis on new models of support to be the preferred option, e.g. peer support
- A peer support offer for people with a range of physical and mental health conditions, including formalised interventions where peer support workers draw on their own life experiences to provide social support, organise group activities and act as positive role models to others who face similar circumstances. This will involve developing volunteer peer supporters.
- The provision of interventions that reduce isolation and loneliness such as befriending which outreaches into people's homes and a wide range of community venues
- Access to appropriate group work through skilled staff working in collaboration with other providers, for example self-management education and healthy lifestyles
- Linking with other providers to find volunteering placements or opportunities

4) Co-ordinating and aligning work targeting people who are far from the labour market e.g.:

- Work and Health Programme (PLUSS for Southwest)
- Building Better Opportunities (PLUSS and POP+)
- Individual Placement and Support
- SEND provision to arrange work placements
- Families with a Future
- Early Help for families, children and young people
- Other related commissioned services supporting people with a learning disability, physical disability or mental health issue to move closer to the labour market
- Growth Board initiatives such as the Inclusive Growth Group, which is currently exploring an opportunity to become a pilot with RSA

5) Hubs will also act as a catalyst to community development in partnership with Community Connections; in particular working with POP+ to develop capacity building with the community to resolve issues and tackle inequality.

Examples of how the targeted hubs will provide a joined-up journey

Example 1

Ms Smith's GP has referred her to the Hub because she has a new diagnosis of diabetes and is feeling anxious. There is a diabetes orientation session due to take place that Ms Smith has been

recommended to attend. On arrival at the Hub, she sees a sign explaining that the desk is staffed by a trained information worker and she asks about benefits. She is taken through a short series of triage questions that establish that she lives in private rented accommodation and is struggling with her rent and bills, she knows that she needs to cut down her drinking because the doctor explained that to her and, in addition, her children are now older and she would like to consider looking for work. The hub worker has been trained in Make Every Contact Count and takes her through beginning to think about how she might reduce her drinking, also showing her the One You website and the tools available. She advises that if necessary there will be a health improvement service worker on site the following week running a wellbeing group that Ms Smith can join. The Advice Plymouth advisor is on site and Ms Smith has an initial meeting with her to get some guidance on her income and expenditure. The Advice Plymouth worker also helps her to apply on the internet to see the employment advisor the following week. Ms Smith is also interested in the range of other activity at the hub and asks about volunteering in order to give her some skills to help with her job search.

Example 2

A referral is made for John Green because he has recently had a stroke, has low level mental health issues and no social networks or support. A support worker contacts him and visits him at home where they find out that John lives alone, has a part time job but is now off sick and is feeling more and more depressed. The support worker also discovers that John loves playing guitar but cannot afford guitar lessons. She talks to John about his plan to return to work, offering to contact his employer to let them know that he is planning to return and advises him about his benefit entitlement. She also gives him information about stroke and helps him to look up on the One Help Plymouth website the support available for him to think about making healthy lifestyles changes. She arranges to meet John the following week at the Hub where she looks up on the time bank register and finds someone who can provide free guitar lessons for John. She then agrees to meet him at the hub the same week to meet the health improvement team and look at his options to increase his physical activity. She talks to him about attending the stroke peer support group but he doesn't really want to spend time networking with people who have had a stroke and would rather join the time bank tea and toast club. After 3 months it is clear that John has developed some networks including joining the local walking group and the support worker doesn't need to arrange any further sessions

Targeted Hub Locations

In order to identify potential buildings for 'targeted' hubs, a desktop feasibility study was completed. This considered and scored potential locations based on space, accessibility, sustainability, statutory requirements, current usage, connectivity.

Below is a summary of the hubs locations identified by the desktop study, the consultation feedback and the recommendations for final hubs locations:

NORTH

- (i) Potential hubs locations:

Ernesettle Medical Centre

- GP Services covering full range of clinical services including: healthy living; Long Term Condition and Chronic Disease clinics; Baby Immunisation Clinic; Common Childhood Illness; Maternity Care; Family Planning; Minor Surgery; Blood tests; dietary and alcohol advice; smoking cessation; heart disease prevention advice; menopause advice; cervical smears; travel clinics and travel immunisation; family planning; NHS Health Checks; carers health checks; health checks for patients with learning difficulties; immunisations such as seasonal flu, pneumovax and shingles; immunisation catch-up programmes; tax /HGV medicals

Four Greens Community Trust (CEDT)

- This venue has been delivered in partnership with the community, PCC and other stakeholders to offer small business units for rent, and provide community and health services / activities; alongside connecting local people to skills and advice services designed to

lead to employment opportunities. Current provision includes a Children's Centre, strong links with GP practice, together with community rooms and large kitchen for use by local residents / organised community activities

Derriford Hospital

- The acute hospital will clearly be a Specialist Hub in terms of clinical support. However, stakeholders also identified the potential to capture a large audience of patients, carers, family and other visitors with a wellbeing and preventative offer. Plymouth Hospitals NHS Trust are keen to develop Derriford as a community asset and, although it is based in the North Locality it is used by not only Plymouth but also residents from across the Western Locality outside the city.

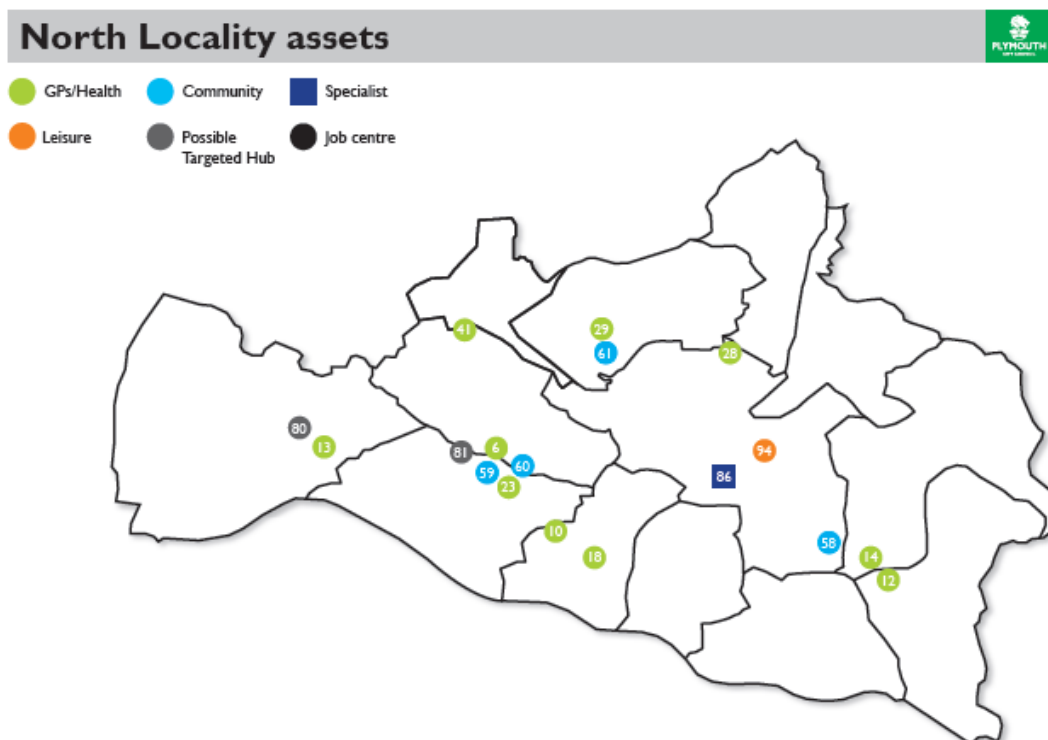
(ii) Consultation feedback:

- 65% of people who responded were happy with Derriford, but since the consultation has taken place an opportunity has become available through the ending of a GP contract at Estover Medical Centre which we are exploring
- 61% Four Greens Community Trust, 39% Ernesettle medical practice.

(iii) Recommendations:

Phase 1 - To develop Four Greens Community Trust into a hub

Phase 1 or 2 - Estover Medical Centre and a venue in Southway to be explored



EAST

(i) Potential Hubs buildings:

Plympton Rees Centre and Plympton Medical Centre

- The Rees Youth Centre supports 7 activity sessions a fortnight including keep fit, dance, social activities. There is potential to link closely to Plympton Medical Centre which has a GP Service covering full range of clinical interventions e.g. NHS health checks; Contraceptive and maternity medical services; Vaccinations and immunisations; Minor surgery incisions / excisions; Minor surgery joint injections; Stop smoking advice and alcohol consumption screening. Eventually there is potential to develop the site with capital investment into a fit for purpose Wellbeing Hub bringing together existing services, as well as building up a wider offer in partnership with other health, wellbeing, leisure and social care organisations

Plymstock

- Potential for a development connected to Plymstock Library or on the Broadway

(ii) Consultation feedback:

Plympton – 39% Rees centre but 44% no preference

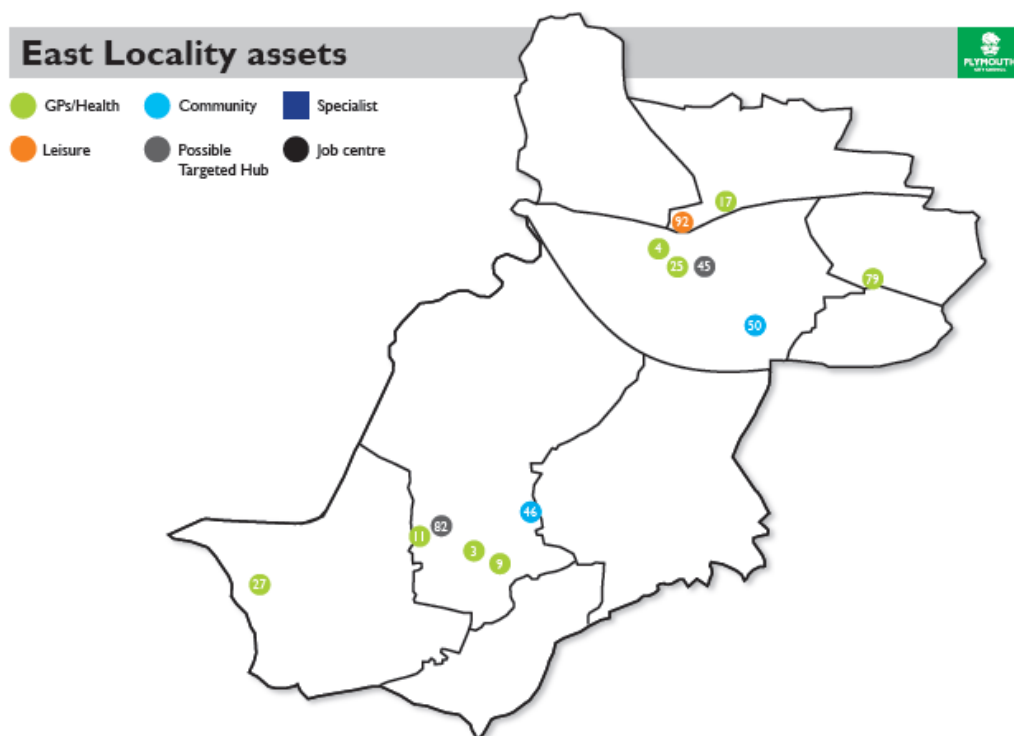
Plymstock – strong preference for an empty shop in the Broadway

(iii) Recommendations:

Since the consultation has taken place, a lot of work has been carried out to move organisations including the Childrens Centre, Midwives and other medical services into the Rees Centre. The local Plympton Hub based in the shopping centre has also moved into the Rees Centre.

Phase 1 – to develop the Rees Centre further as a hub

Phase 1 and 2 – discussions are taking place as to the location of the Plymstock Hub, in the mean time we can ensure that we build on health and wellbeing activity taking place in the Library



SOUTH

(i) Potential Hubs Locations:

Ernest English House

- 'Improving Lives Plymouth' city centre venue hosting the main drop in centre for Advice Plymouth (Plymouth's comprehensive one stop shop for advice and information), as well as specialist service including First Steps, Shelter Housing advice

Efford Youth and Community Centre

- The City Council owned building provides a range of activities for children and young people but is also used by the wider community.

Guild House (Mannamead Centre)

- A range of services delivered by Improving Lives Plymouth including Hearing & Sight Centre, Expert Patient Programme, Riddleys LA day support, Active for Life, Carers Hub

Cattedown Primary Care Centre

- GP Service covering full range of clinical interventions

(ii) Consultation feedback:

35% Efford Youth & Community Centre

32% Guild House.

44% Mount Gould hospital

18% Cattedown primary care centre

10% Ernest English House

(iii) Recommendations:

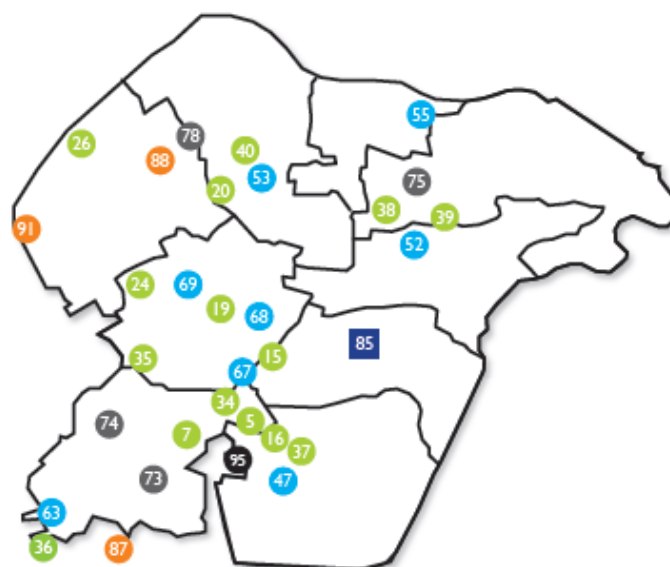
Ernest English House is acting as a city centre advice hub at the moment and further discussion will take place about what the city centre offer should be going forward.

Phase 1 – Guild House already provides a range of commissioned specialist services and acts as a 'hub' for groups such as carers, people with learning disabilities and people with sensory loss so we will continue to promote and develop this as a hub

Phase 2 – Efford Youth and Community Centre will be developed as part of OPE into a Hub

Phase 2 – Mount Gould Hospital is also being developed as part of OPE and will be a 'specialist' hub

South Locality assets



WEST

(i) Potential Hubs locations:

Tamar View

- Well established local Community Centre offering a range of activities with ambitions to host more services including primary care

The Beacon

- A large community hall, café area and a variety of meeting rooms for public use, parking and outside space. Currently hosting a library and children's centre

Jan Cutting Healthy Living Centre

- This venue supports North Prospect Community Learning and other PL2 community organisations. It has an information and advice service, social prescribing service, counselling service, job clubs, a large hall, gym, children's development centre, Dentist, Business Park, Community café. It has close links to GPs through the social prescribing service (Healthy Futures), and is close to library and the Beacon Hub.

Ocean Health Centre

- GP practice

(ii) Consultation Feedback:

84% Cumberland Centre

53% Beacon

47% Jan Cutting Healthy Living Centre

27% St Budeaux – work with Ocean Health

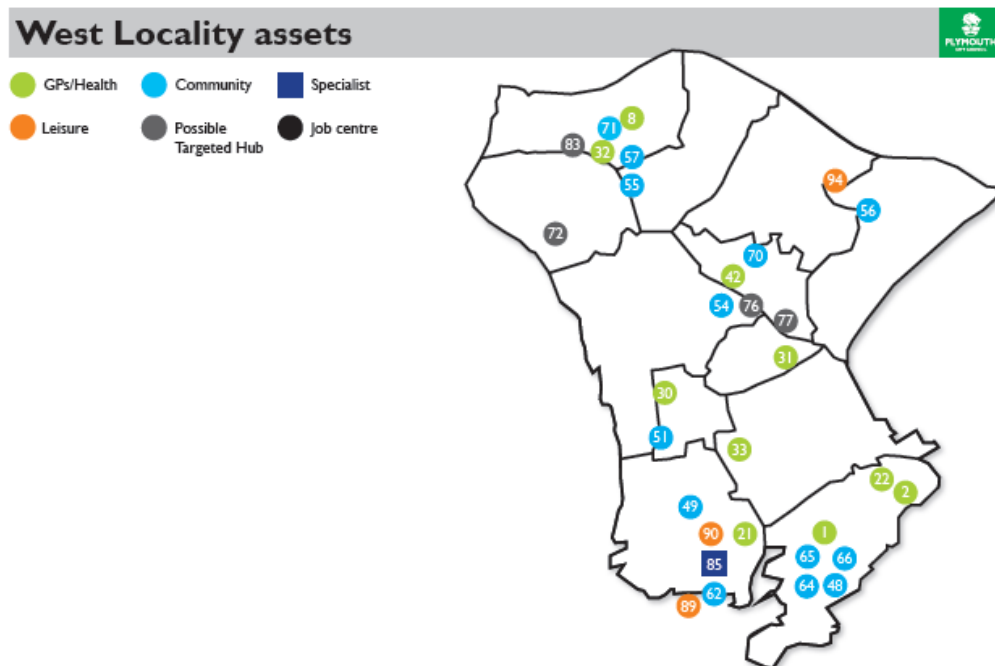
15% Tamar View Community Centre

(iii) Recommendations:

Phase I - Ocean Health Centre to be developed into a Hub for St Budeaux

Phase I – to develop space that is becoming available in the Cumberland Centre into a Wellbeing Offer, this will act as a specialist hub with mental and physical health services as well as the Minor Injuries Unit being on site

Phase I - Jan Cutting Healthy Living Centre be developed into a hub, due to the alignment of many of its existing services and assets. As a CEDT it has an income stream which makes it sustainable, the Wolseley Trust has recently won a social prescribing contract and it has assets such as a café which was an important consideration in the public consultation



SOUTH HAMS AND WEST DEVON

The potential 'Specialist' assets in South Hams and West Devon are located in Tavistock, Ivybridge and Kingsbridge

SUMMARY OF RECOMMENDATIONS FOR TARGETTED HUBS

It is recommended that:

The targeted and specialist hubs opening order to be approximately as follows:

Phase I (to be complete by March 2019)

Jan Cutting Healthy Living Centre

Guild House (Mannamead Centre)

Four Greens Community Trust (CEDT)

Ocean Health Centre (Stirling Road Surgery)

Cumberland Centre

Rees Centre

Phase 2 (to be complete by March 2020)

Estover - tbc

Southway - tbc

Efford Youth and Community Centre

Plymstock - tbc

Mount Gould LCC site

City Centre (Ernest English House already up and running, but there will be a comprehensive review of needs and assets in the City Centre with a proposal to join up or co-locate Council, VCS and other services depending on the outcome of the review)

Ivybridge, Tavistock and Kingsbridge – timescales and service delivery to be determined through further discussion with Devon County Council

6.3 Specialist

Develop a new model of care where specialist clinical health and care services are delivered in a local community setting, driven by need and may include:

- Community Health Services
- Social Care
- Community beds
- Rehabilitation and Reablement
- Specialist Clinics
- Complex diagnostic (e.g. imaging, pathology)
- Therapy services (e.g. physiotherapy)
- Children's health services
- Follow up / outpatient appointments

The potential Specialist Hub locations in Plymouth, South Hams and West Devon are:

- Derriford Hospital site
- Mount Gould Local Care Centre
- Cumberland Centre
- Ivybridge
- Tavistock
- Kingsbridge

6.4 Implementation plan and next steps

The plan is to open the first targeted hub building in March 2018 and taking into account the readiness of the provision this is likely to be the Jan Cutting Healthy Living Centre subject to discussion with the Wolseley Economic Development Trust

At the same time as we open one targeted hub building there will be a demonstration of the universal hub offer through the library service and community pharmacies – this is likely to be based around the Crownhill library.

A detailed implementation plan will be drawn up by the hubs project manager and in discussion with the building owners as follows:

Work Stream	Activity	High level achievements	Timeframe
Overarching hubs development	<p>Appoint a Project Manager January 18</p> <p>Develop a detailed implementation plan</p>	<p>The targeted and specialist hubs opening order to be approximately as follows:</p> <p><u>Phase 1:</u></p> <p>Jan Cutting Healthy Living Centre</p> <p>Guild House</p> <p>Four Greens Community Trust</p> <p>Ocean Health Centre (Stirling Road)</p> <p>Cumberland Centre</p> <p>Rees Centre</p> <p><u>Phase 2:</u></p> <p>Estover - tbc</p> <p>Southway - tbc</p> <p>Efford Youth and Community Centre</p> <p>Plymstock - tbc</p> <p>Mount Gould LCC site</p> <p>City Centre (Ernest English House already up and running)</p>	<p>First Targeted Hub to be open in March 2018</p> <p>First universal offer to be open in March 2018</p> <p>Phase 1 to be complete by March 2019</p> <p>Phase 2 to be complete by March 2020</p>
Universal tier roll-out	<p>Advice & Information</p> <p>Website</p>	<p>Universal workforce development</p> <p>Accreditation (quality) mark identified</p> <p>Digital offer remodelled</p> <p>A&I service – procurement options to be considered</p> <p>Wellbeing Co-ordinator responsible for service quality</p>	<p>Workforce development already being delivered. A&I Service already remodelled but with further review</p> <p>Quality Mark already in development</p> <p>Website launch April 2018</p> <p>Wellbeing Co-ordinator appointed April 2018</p>
Core Hubs Services	<p>Health Improvement</p> <p>Advice and</p>	<p>Already in place</p> <p>Already remodelled but</p>	<p>Completed</p> <p>Ongoing</p>

	Information	procurement options under review	development
	Prevention and Community Services	Bridging and community capacity building roles available in hubs Preventative offer in place	Social prescribing service already in place in west/north and centre of city Co-design group already up and running. Many preventative services already exist – e.g. befriending, timebanking. Implementation of new service to start March 2018
	Integrated Early Years	Co-Design and Co-Commissioning of an Integrated Early Years service	September 2018
Specialist	Specialist	6 x Specialist Hubs Operational in Plymouth, South Hams and West Devon	April 18 - March 2019

QUALITY ASSURANCE & MINIMUM STANDARDS

The workforce development offer delivered by the Advice and Information provider is already being rolled out across the city with further specialist training in development. The Advice and Information service will continue to develop a quality assurance role across the hubs network.

The proposal is to appoint a 'Wellbeing Co-ordinator based on the successful Dementia Friendly City model, which will support the hubs to be accessible to all groups and with good quality and welcoming services.

7.0 FINANCIAL IMPLICATIONS

Cashable savings will be realised through the delivery of the Hub Network. Each individual commissioning plan will set out the detail of these savings.

I. Current spend against commissioned contracts

Area of spend	Details of spend	Source	Current Annual Spend
Advice and Information	Advice Plymouth Service, Plymouth Online Directory, Welbeing City Co-ordinator, Workforce development	PCC / CCG	£808,833.4
Health Improvement	Health Improvement Service	PCC	£1,069,000
Integrated Early Years	TBC	PCC	TBC
Wellbeing	Existing Contracts: Befriending,	PCC / CCG	Approximately

	Timebanking, Floating Support, Various Long-Term Conditions Support contracts, Social Inclusion in Extra Care		£1,600,000
Specialist	TBC	CCG	TBC

2. Short term additional spend requirements for Hub Development

Area of Spend	Details -	Source	Amount – one off costs
Hub IT, branding and other capital requirements	Branding for Hubs – design, producing signage Developing a new website – information and advice portal and online access to hub services Revamping the Plymouth Online Directory Small capital requirements of initial hub buildings, e.g. improving reception area etc	iBCF	£150,000 (approx.)
Project Management	Resource to project manage implementation of each Hub	OPE	£87,000
Workforce Development	Ensure the Hubs meet the required Advice and Information Standards	PCC WFD money	£25,000

3. Potential Savings

Area of spend	New Annual Cost	Details	Annual Savings Amount
Advice and Information	£760,072	Reduction in Advice Plymouth contract cost	£48,761
Health Improvement	£1,100,000	Reduction in contract cost	£69,000
Integrated Early Years	TBC	TBC	TBC
Wellbeing	Approx £1,500,000	TBC	Approx £100,000
Specialist	TBC	TBC	TBC

8.0 RISK ASSESSMENT

#	Risk Description	Likelihood	Impact	Mitigating Actions
1.	Workforce not sufficiently capable/skilled/trained to deliver new service model.	Medium	High	Phased implementation of health and wellbeing hubs model supported by workforce

				development programme.
2.	Disruption to service delivery with an impact on service quality and reputation.	Medium	Medium	Impact analysis of proposed changes and phased implementation of health and wellbeing hubs.
3.	Multiple parties involved resulting in difficulty securing agreement with aspects of service redesign leading to delay in delivering savings and benefits realisation.	Medium	Medium	Establish regular Task and Finish group meetings. Provider co-design group in place. NHS Leadership Innovation funding secured to provide support through a leadership programme
4.	Lack of alignment and competing priorities with other work streams.	Medium	Medium	Mapping of aligned work streams and regular updates from leads at T+F Group.
5.	Lack of available resource to make necessary service changes.	Medium	Medium	Align existing commissioning activities to hub. E.g. Advice and Information & Health Improvement commissioning plans.
6.	Saturated community from previous engagement could result in a lack of engagement on the Health and Wellbeing hubs, diminishing the benefits achievable from developing Health and Wellbeing hub network in this area.	Medium	Medium	Regular stakeholder discussions, community consultation through Healthwatch, implement the first hub quickly to demonstrate commitment and success of model

9.0 MEASURING SUCCESS

This framework will contribute to the following strategic aims:

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people's experience of care
- To improve the sustainability of our health and wellbeing system

The success of the Wellbeing Hub framework will be measured through the development of a 'Wellbeing Hubs' scorecard brought together from the monitoring requirements of the respective commissioning plans and the emerging 'inclusive growth' metrics through Plymouth's Growth Board. To ensure the most is learnt from the changes individual outcomes shall be identified in these plans. Ongoing review post contract(s) start will ensure performance continues to work towards targets.

The success of the Wellbeing Hubs framework is dependent on collaboration of a number of individual organisations; Plymouth City Council hopes to encourage collaboration between organisations through co-designing services with current providers and users.

The Hub assets in themselves provide opportunities through co-location, however the more significant improvements will be delivered through improved ways of working and improved relationships.

10.0 EQUALITY IMPACT ASSESSMENT (EIA)

An EIA has been completed following the consultation process and targeted hubs identified. Individual EIA's are being completed for individual commissioning workstreams.

11.0 APPENDICES

11.1 Appendix I – Map Key

Building	Postcode	Asset type	Building	Postcode	Asset type	Building	Postcode	Asset type
1 Adelaide Street Surgery	PL1 3JF	GP Practice	33 Stoke Surgery	PL3 4DP	GP Practice	67 Plymouth Recovery College	PL4 8QE	Community
2 Armada Surgery	PL1 5AJ	GP Practice	34 Tothill Surgery	PL4 8PH	GP Practice	68 CHIL - Community Health in Lipson	PL4 7LJ	Community
3 Barton Surgery	PL9 9BR	GP Practice	35 University Medical Centre	PL4 6DN	GP Practice	69 Harbour Drug and Alcohol service	PL4 6LF	Community
4 Beacon Medical Group: Plympton Health Centre	PL7 1AD	GP Practice	36 VWest Hoe Surgery	PL1 3BP	GP Practice	70 Crossroads Fun and Friendship Centre	PL2 2NJ	Community
5 Beaumont Villa Surgery	PL4 9BL	GP Practice	37 Wycliffe Surgery	PL4 0BZ	GP Practice	71 William Sutton Memorial Centre	PL5 1QF	Community
6 Budshead Health Centre	PL5 4DU	GP Practice	38 Efford Medical Centre	PL3 6JG	GP Practice	72 Tamar View	PL5 1DJ	Targeted Hub
7 Centre Court (Livewell SW)	PL4 0AH	GP Practice	39 Laira Surgery	PL3 6HG	GP Practice	73 Ernest English House	PL1 2DA	Targeted Hub
8 Acute Care Hub	PL5 2UE	GP Practice	40 Collings Park Medical Centre	PL3 5JR	GP Practice	74 Central Library	PL1 1HZ	Targeted Hub
9 Church View Surgery	PL9 9BN	GP Practice	41 Tamerton Surgery	PL5 4NU	GP Practice	75 Douglass House	PL3 6NP	Targeted Hub
10 Crownhill Surgery	PL5 3BN	GP Practice	42 Trelawney Surgery	PL2 2NL	GP Practice	76 The Beacon	PL2 2ND	Targeted Hub
11 Dean Cross Surgery	PL9 9DL	GP Practice	45 Chaddlewood Surgery	PL7 2QP	GP Practice	77 Health Living Centre and Wolsely Trust	PL2 2PQ	Targeted Hub
12 Elm Surgery	PL6 8UF	GP Practice	46 Plymstock children's centre	PL9 8TQ	Community	78 The Mannamead Centre	PL3 5QL	Targeted Hub
13 Ernesettle Medical Centre	PL5 2ST	GP Practice	47 Nomony children's centre	PL4 0PA	Community	79 Plympton Medical Centre	PL7 1AD	Targeted Hub
14 Estover Surgery	PL6 8UE	GP Practice	48 Manor Street children's centre	PL1 1TL	Community	80 Ernesettle Medical Centre	PL5 2ST	Targeted Hub
15 Freedom Health Centre	PL4 8RH	GP Practice	49 Green Ark children's centre	PL1 4DW	Community	81 Four Greens	PL5 4DD	Targeted Hub
16 Friary House Surgery	PL4 9BH	GP Practice	50 Plum Tree children's centre	PL7 1UB	Community	82 Plymstock Library	PL9 9BU	Targeted Hub
17 Glenside Medical Centre	PL7 4DR	GP Practice	51 Morice Town children's centre	PL2 1RN	Community	83 St Budeaux Library	PL5 1RQ	Targeted Hub
18 Knowle House Surgery	PL5 3JB	GP Practice	52 Sweet Peas children's centre	PL3 6JL	Community	84 Local Care Centre	PL4 7PY	Specialist
19 Lisson Grove Medical Centre	PL4 7DL	GP Practice	53 DELL children's centre	PL3 6JB	Community	85 Cumberland Centre	PL1 4JZ	Specialist
20 The Mannamead Surgery	PL3 5HE	GP Practice	54 Lark children's centre	PL2 2LL	Community	86 Derriford Hospital	PL6 8DH	Specialist
21 Devonport Health Centre	PL1 4AE	GP Practice	55 Crownlands children's centre	PL6 5XQ	Community	87 Tinside	PL1 3DE	Leisure
22 North Road West Medical Centre	PL1 5BZ	GP Practice	56 Popin children's centre	PL2 3QT	Community	88 Manadon Football and Cricket Dev Hub	PL5 3JG	Leisure
23 Oakside Surgery	PL5 3PY	GP Practice	57 Tamar Folk children's centre	PL5 1RH	Community	89 Mountwise Swimming Pool	PL1 4RN	Leisure
24 Park View Surgery	PL4 6NX	GP Practice	58 Plym Bridge children's centre	PL6 8UN	Community	90 Brickfields Sports Centre	PL1 4NE	Leisure
25 Pashfields Medical Group: Plympton Health Centre	PL7 1AD	GP Practice	59 Four Woods children's centre	PL5 2LN	Community	91 Plymouth Life Centre	PL2 3DG	Leisure
26 Peverell Park Surgery	PL2 3PX	GP Practice	60 Whitleigh children's centre	PL5 4AA	Community	92 Plympton Swimming Pool	PL7 2AS	Leisure
27 Plymstock Clinic (Livewell SW)	PL9 9TU	GP Practice	61 Southernway children's centre	PL6 6DX	Community	93 Plymouth YMCA	PL5 3NG	Leisure
28 Roborough Surgery	PL6 6PH	GP Practice	62 Hamoaze House	PL1 4JQ	Community	94 The University of St Mark and St John	PL6 8BH	Leisure
29 Southway Surgery	PL6 6DX	GP Practice	63 Shekinah Mission (Plymouth Limited)	PL1 3LT	Community	95 Job Centre Plus	PL4 0AJ	Job Centre
30 St Levan Surgery	PL2 1JR	GP Practice	64 HQ Building	PL1 3HQ	Community			
31 St. Neots Surgery	PL2 3HY	GP Practice	65 The Zone	PL1 3HQ	Community			
32 Ocean Health Centre	PL5 1PL	GP Practice	66 Oasis Project	PL1 1TW	Community			