Item 8.5

CCIN Member Authority: Plymouth City Council

Name of CCIN Lead Member: Cllr Chris Penberthy

Name and Job Title: Rachel Silcock, Strategic Commissioning Manager

PLYMOUTH WELLBEING HUBS

Proposal from Original Bid

Our vision for Wellbeing Hubs is to develop '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'. Each of the 6 Hubs launched so far is managed by a different community organisation, three of which are Community Development Trusts (social enterprises), one is managed by a large health social enterprise and two by Charities. They are designed to reflect the local population's needs, and work with the different networks in different neighbourhoods. Each has a standard set of services to include:

- Housing, benefits, debt, health and social care advice and advocacy
- Healthy Lifestyles and health and wellbeing promotion (e.g. smoking cessation)
- Counselling, befriending and other mental health support
- Long-term conditions (physical and mental) self-management education, and 1 to 1 support
- Employment, education, training, volunteering, learning and digital inclusion
- Social, arts, crafts and peer support activities

So far we have launched 6 hubs (1 is a specialist sports hub), two of which were launched in March 2020 just before the first COVID-19 lockdown. The hubs development has been an iterative and co-production process and we worked with the Leadership Centre to support the first 3 Wellbeing Hubs to develop their role as a community leader. Our intention was to use the CCIN funding to share our learning with the more recently opened hubs by holding learning and networking events for staff and other partners. Originally, we had planned to have these networking events in person with a communal lunch for informal networking, but we were forced to hold the events online due to COVID. We had planned to hold a celebratory community event with the Wellbeing Hubs during 2020/21 but this has also been put on hold due to the pandemic.

1. Proposed outcomes

During the work with the Leadership Centre, we agreed collectively that the hubs would measure success on a number of levels: for individuals, for communities and for the health and care system as a whole.

Together we co-produced the following Hub aims and critical success factors:

Wellbeing Hub aims:

- Enabling people to thrive on their own terms
- Adapted to support each unique community
- Playing a connecting role on behalf of communities

- Part of a learning network with evolving purpose
- Helping to reduce inequality

Critical success factors for hubs:

- people felt understood and supported
- a sense of aspiration in communities
- resources more fairly distributed
- the hubs as community resources
- barriers broken down between people and organisations
- communities caring for each other
- a better understanding of how people wanted to be engaged and involved.

Our original proposal was to hold networking events that would give us a chance to refine and develop this thinking further. We would measure the success of the networking events by ensuring that good practice was shared and adopted across the hubs and that we were collecting data that is meaningful for individuals, the hubs, communities and the wider system.

2. Progress

Just before the pandemic started, we had agreed a new governance process for the Wellbeing Hubs which was to operate at two tiers: a Programme Board which has a wide membership from the health and care system for steering the programme and ensuring that learning is embedded for future development of the whole system; and a Hubs Leaders Group which includes hub operational and strategic staff and enables the hubs to share and learn from each other. The Programme Board has not met during the Pandemic, but the Hubs Leaders Group has been meeting and the work of sharing and adopting good practice across the Hubs has taken place through online events which have included the Hubs Leaders and staff.

The Hubs Leaders Group carefully spent time refining our performance measures and the method by which we collect data. We have also been agreeing which qualitative data we will capture. We have been trialling different methods of data capture including an online tool, snapshot surveys of people using the hubs over a 1-month period, videos and case studies. We have learned that since each hub is unique, agreeing on standardised data and ways to capture it are very difficult. We do now have an agreed set of metrics, including some quantitative data about individuals using the hubs, some qualitative metrics about the role of the hubs staff and an annual review of outcomes to try to demonstrate that we are achieving our critical success factors.

To illustrate how complex, it is to collect consistent data from across the hubs, here are some case studies which demonstrate the wide range of ways in which they are supporting individuals and communities:

A 60-year-old lady came into the Centre as she was lonely and had just been made redundant and was wanting to know whether we had any voluntary work to do as she had been trying to get new employment but with little success. She was feeling very despondent as she felt her age was going against her. She said she had experience in administration, and we asked her if she would help to administer our Food Emergency Service. She agreed and over the next ten weeks set about completely reviewing and implementing new procedures and ensuring we were abiding by all regulations in a Covid secure way. She also instigated a comprehensive stock control system. This was being done when the service was expanding quickly, and so she also assisted with the preparation of parcels. When funding was secured for a part time post she successfully applied for the job and is now working part time as our Emergency Food Co-ordinator and is also going to be part of our new befriending service.

A phone call was received from a neighbour of an 80-year-old man who had been given our number by Livewell South West. He was concerned that his neighbour was struggling to get out the house and get food for himself and that he himself was vulnerable and could not offer support. The Hub checked with Adult Social Care to see if they were aware of anything and they were not. A home visit was undertaken and found the following:

1. Landline not working so unable to contact anyone for support.
2. The person is going blind and as a result he was unable to use his bank card as he has not pinned in correctly his card number into the ATM machine and was frozen out of his account.
3. His house was dirty, due to the fact he could not see that well the dirt and grime that was accumulating.
4. No food in the cupboard.

The Hub volunteer team therefore arranged:

1. Six weeks of emergency food to be delivered over Christmas.
2. Contacted Housing Association to make them aware of his circumstances and to know why he was owing some money.
3. Contacted Virgin Media to sort out his landline.
4. Liaised with Adult Social Care and stressed his vulnerability and they now have arranged home care support twice a week as well as arranging a deep clean of the house.
5. Home care worker liaised with bank and made sure his card now works and bank aware of his needs and supporting him to access his funds.
6. Some adaptions of the house carried out to make it easier for him to get around the house.

Client ‘MP’ – PIP application

MP has been working with me for a long time now covering most aspects of his life. I have most recently helped him with getting a new set of false teeth, these were made without charge at the dental hospital, but took a very long time due to many things, mainly MP not turning up for appointments. With his new teeth MP could start to eat proper food, so we have been working on his eating habits as he was only eating hot dogs, easy to chew and he could heat them up in his microwave; MP does not have access to a cooker. MP’s leg ulcers, which he has had for seven years, caused by not eating properly, have now begun to heal up enabling him to walk properly. He now has a lot more confidence and would like to take his driving test, he has asked me to help him, so I will be researching this for him.

3. Outcomes

Whilst we have continued to refine and develop the ways in which we measure success, clearly the advent of COVID changed the focus of the Wellbeing Hubs. While they had to curtail many of their face-to-face activities, they became key anchor organisations in their neighbourhoods with their response to COVID. So as well as refining the way in which we capture data, we have been sharing our learning from the COVID pandemic and working on areas that Hubs can take forward jointly, including responding to food poverty, increasing the number of volunteers involved in the Hubs and increasing support for people with mental health issues.

4. Co-operative Difference and how the Co-operative Values and Principles have been applied

The Wellbeing Hubs are an excellent example of a co-operative way of working between statutory services, commissioners and the Voluntary, Community and Social Enterprise sectors. The systems leadership approach that we have taken has meant that we have worked in a genuinely collaborative way, with all partners being seen as leaders and experts. The Commissioners have not imposed a Specification or outcomes measures on the hubs, but these were developed in partnership and included community involvement. The hubs continue to evolve as we learn from what works and this is shared between the network of hubs.

5. How does your project demonstrate the Values and Principles of the Co-operative Councils Innovation Network?

The Wellbeing Hubs promote self-help, self-responsibility, equity and caring for others. In particular, during the COVID emergency the hubs have all taken a leading role within their communities to co-ordinate support for people where it was needed. They are well on the way to creating 'caring communities' which is one of our hub aims. In addition to this, not only are three of the hubs currently provided by social enterprises, they working together to foster other social enterprises within and from the local community which will help to fill gaps in the health and wellbeing system.

6. Conclusions

At the beginning of a process of developing a complex system such as the Wellbeing Hubs, it is difficult to put in place an evaluation process and way of measuring success that can easily translate across the whole system. This is reflected in the report from the CECAN (Centre for Evaluating Complexity Across the Nexus) 'Handling complexity in policy evaluation' (March 2020) written for HM Treasury. The report highlights the importance of having a commissioning and management style that 'supports rather than restricts the 'emergent' elements of an adaptive system' (p27). Furthermore, the report explains that complex systems require 'attention to be paid to understanding and learning, building consensus between different parts of the system, and having regular points of review when plans can be changed to respond to changes taking place on the ground' (p28).

This was definitely the process that we have been through with the Wellbeing Hubs. Not only has the evaluation and monitoring process been an iterative and learning process itself, but the circumstances in which the hubs developed changed beyond all recognition due to the COVID pandemic. The pandemic lead to the roles of the hubs changing and our

understanding of the importance and evaluation of their role also changing. This has created fertile ground for learning and a review of the role of the hubs going forward. In particular, as we face the future impact of the pandemic on mental health and the economy, we are developing ideas for more sustainable ways in which the hubs can support communities through co-ordination of volunteers to be ‘good neighbours’, supporting people who are isolated and running errands for people. We are also looking to join up the economic development role of the hubs and the health and wellbeing outcomes, to address both of these impacts of the pandemic in the longer term.