

Wellbeing Exeter Strategic Development Review



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Review commissioned by Exeter City Council.

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Review Methodology

This review has contained 3 distinct elements:

1. Research

Desk based research of place-based models of:

- community wellbeing -community building and/or social prescribing programme
- community conversations
- Wellbeing Exeter funding agreement
- Evaluation reports

See references for list of research

2. Structured conversations

See Appendix 1 for a list of the 47 people interview as part of the process, some people were interviewed more than once, denoted by *.

Discussions were in person and online via team or zoom and recorded via hand written notes. Topics discussed were from a range of 70 questions relating to;

- Wellbeing Exeter design
- A vision for Exeter
- Commissioning
- Being a partner
- Community connecting
- Community building
- Community physical activity organising
- Data/ evaluation
- Communications

Following the interviews, responses were collated and themes extracted, the condensed version of these are recorded in the tables in each section of the report alongside any further reflection or evidence from research along with action/ adaptation required as part of next steps for WE.

To ensure interviews were as open and honest as possible, all interviewees were offered anonymity in terms of their views or opinions and told that they would not be named in the report unless it specifically became important to do that, in which case, explicit consent would be ask to do so.

3. Structured Workshops

See Appendix 1 for workshop attendees.

1. Reconvene Wellbeing Exeter Commissioning Board to give initial reflections from review and so Board can consider and provide a steer for the next stage of the review.
2. Bring Wellbeing Exeter partners together with Wellbeing Exeter Commissioning Board Chair to share feedback from review and Commissioning Board meeting.

1. The Project Context

Wellbeing Exeter was established through the Integrated Care Exeter (ICE) Project (2012 to 2017) ¹funded through a National Transformation Challenge Award secured by Devon County Council (DDC). Under the leadership of the ICE Director, Wellbeing Exeter was established as a proof of concept in 2013 working within one GP practice in Exeter and a range of voluntary and community sector organisations. By 2015 Wellbeing Exeter expanded across a number of GP practices across the city and key partners agreed to extend funding to continue to develop the innovative programme. As part of the exit strategy for ICE, Exeter City Council (ECC) was invited to take over the management and leadership of Wellbeing Exeter when it appointed the ICE Director to its Strategic Management Board in July 2017.

Wellbeing Exeter has continued to grow and expand and has received national and international commendations for its unique and effective model of asset-based community development and social prescribing. Wellbeing Exeter is now an established partnership of public, voluntary and community sector organisations working together providing firm foundations for individuals and communities to promote and improve their own health and wellbeing. The partnership brings together key strategic funders pooling resources to deliver the holistic programme: DCC, ECC, Sport England and Exeter's Primary Care Networks and has an annual pooled operating budget averaging £1million pa.

The current agreement for Wellbeing Exeter between Exeter City Council (ECC) (lead commissioning body) and Devon Community Foundation (DCF) commenced on 1st April 2022 and ends on 31st March 2025.

Sport England and ECC have confirmed funding in principle until March 2024, with DCC and NHS funders not committed beyond March 2023.

*There is also an additional agreement between DCF and NHS Charities Together that covers a small grant over two years that funds a Community Connector based with Inclusive Exeter working with people from diverse communities.

The Challenge

A pooled budget and collaborative commissioning and delivery model of Wellbeing Exeter has evolved and this needed to be reviewed and options for future sustainability considered.

Project aims

To work with Jo Yelland (JY), Strategic Lead for Wellbeing Exeter at ECC to:

1. Establish the commissioning intentions of all funders and if Wellbeing Exeter fits into their strategy or plans for future funding.
2. Compile and reflect upon aspirations of key stakeholders for Wellbeing Exeter in the future.
3. Research wellbeing (individual and community) programmes locally, nationally and internationally and make recommendations about how Wellbeing Exeter could adapt or grow in the future beyond current funding plans.

¹ Integrated Care Exeter (ICE) was a strategic alliance of public and voluntary sector bodies with a commitment to a model of population health and wellbeing with a focus on early intervention and prevention. In 2015 ICE set a clear vision and ambition for place-based population health and wellbeing. A critical component of the work plan was to develop an approach to getting a better understanding of need to see if we could create a systemic way to identify people who could benefit from early interventions that could be used in future to improve outcomes and reduce overall system costs.

2. Introduction

Wellbeing Exeter was established as a single structure for encouraging preventative behaviours by individuals and promoting “resilience” within the system and across communities. In practical terms this means offering a range of community-based options to targeted individuals, to enable them to access what they want to maintain health and wellbeing, reducing the need for statutory care services now and into the future. There are three main ingredients to the approach:

1. Resilient people: social prescribing
2. Resilient Communities: community building
3. Resilient System: network support and co-ordination

Further detail is in Appendix 2

Now in 2023 the model remains the same but it has developed and grown year on year. There were originally three roles; Community Connectors (CC), Community Builders (CB) and the Wellbeing Exeter Coordinator. The coordination team has grown to add another three roles; Community Connections Manager, Data and Information Lead and Welcome Connector. The Connector team has expanded, the original Connectors worked with adults, there is now expertise in the team to work with individuals of all ages, families and people from diverse communities. The Community Builders have a manager and there has been a new role specifically designed to increase opportunities for physical activity for both individual and communities; these roles are Community Physical Activity Organisers. Along with the Wellbeing Exeter Development Manager employed in 2018 with funding from Sport England, this takes the delivery staffing levels from a handful of people to more than 40.

There is a huge amount to celebrate about Wellbeing Exeter, not least the length of time it has been operating and its scale and reach becoming one of the largest programmes of its kind. Nationally, similar scale or smaller wellbeing schemes failed to thrive and embed in the local area and many lost both funding and support. Keeping the programme funded and well supported has been a MASSIVE achievement for the alliance.

Wellbeing Exeter is well respected and appreciated by the overwhelming majority of interviewees each of whom value it for different reasons, some specifically highlighting its greatest asset being its work **with individuals**, others suggesting, its ability to **build capacity in the community** and others as an excellent example of a **collaborative partnership**.

The support for Wellbeing Exeter teams and the work they do is very evident and the difference they make to people, communities and the system are anecdotally amazing. However, there were interviewees who felt that Wellbeing Exeter was being too many things to too many people; that rapid growth and other factors had left it not always knowing what it is: that it lacked strategic direction. The consequence of this is that strategically Wellbeing Exeter has lost its way a little and as a wider collective is not always clear on the direction it's heading. Suspension of regular commissioning conversations resulting from the pandemic, and not yet being resumed, has left all parties not knowing what to expect and who is making the decisions, not surprisingly therefore, whether delivery is meeting (often unwritten) expectations is impossible to gauge. This report explores **leadership, evaluation** and those **other factors** in more depth.

This report explains and argues that, with an enhanced strategic development plan in place underpinned by the whole alliance and funding secured to maintain the status quo for the financial year 23/24, this will allow for the unique collaborative and co-design approach to commissioning and delivery to be reinvigorated. The focus of this work will enable commissioners and providers time to set a new vision for the future, work through the report's recommendations and make decisions around governance, structure, funding, evaluation and communications. A final output from this work should be the publication of an investment prospectus, hopefully by June 2023 setting out a sustainable mission and proposition for Wellbeing Exeter.

3. Wellbeing Exeter current commissioning arrangements

The Requirements of the Overarching Agreement

The current (1st April 2022) agreement managed by ECC, provides a grant to DCF to deliver Wellbeing Exeter for a further 2.5-year programme. The agreement also states that in January 2021, the strategic funding partners agreed on a review of Wellbeing Exeter and the **development of a new 3-year strategy**. The impact of COVID-19 on the programme, ongoing uncertainty of long-term funding and the withdrawal of a key local delivery partner led to the Wellbeing Exeter Steering Group itself undertaking a review with DCF.

The Steering Group review highlighted several **key development themes** as part of a proposed re-design of the current Wellbeing Exeter Programme. The themes were:

- As part of COVID-19 recovery, develop work across the programme to support and encourage individuals and communities to take steps to improve their wellbeing as restrictions lift;
- Growing the team of Community Connectors to ensure a universal offer across the city while further locating and embedding the Community Connector team in targeted local communities & populations;
- Re-engaging with primary care as the Covid-19 landscape shifts, to ensure that the Wellbeing Exeter offer remains embedded in primary care and is able to respond to emerging health and wellbeing needs;
- Expand referral routes in to the programme to increase referrals, embedding it into other key parts of the health and social care system, ensuring the programme is available to those individuals who can most benefit and expanding the capacity of the programme to play a preventative role;
- Integration and alignment with the NHS Population Health Management Programme and the emerging Local Care Partnership;
- Work in partnership with Exeter Leisure to develop and enhance opportunities for those residents who aren't currently active;
- Review and redesign of the governance;
- Review of monitoring and evaluation;
- Review internal and external communication and engagement.

In addition to these themes the development plan agreed with DCF states that **core elements of the Wellbeing Exeter** programme will continue to be developed, these being community building, community connecting and physical activity organising.

The agreement highlights the expected outcomes as follows;

- Better connect people to community life
- Support more thriving and active communities
- Improved individual wellbeing

The measurements for the programme are as follows;

- Successful community connections
- Case studies of Community Connecting
- Case studies of Community Building
- Number of residents moved into action
- Number of new initiatives supported
- Number of events/activities hosted/taken part in
- Number of residents listened to
- Individual wellbeing questionnaires

*the programme also contributes to wider system measurement via the Active Lives Survey² – social and community development / mental wellbeing and physical wellbeing.

Another requirement of the agreement is to ensure that: “Council Members will be invited to twice-annual briefings where updates will be provided on the progress of Wellbeing Exeter, its ongoing impact and an opportunity for discussion with Members on how they can engage with the programme.”

Wellbeing Exeter Reporting

Wellbeing Exeter is meeting the current expectation for reporting as set out in the ECC/DCF grant agreement. Monthly dashboards that have previously been produced are now quarterly and provide all the information (and much more) requested for measurement in the agreement as set out in the table in Appendix 3.

The annual report is being reviewed in line with the Wellbeing Exeter development plan.

It is not clear how the re-design plans are being formally reviewed but from this research it is evident that there is much work in progress.

Updating Councillors may have taken place informally but no evidence of regular and formal briefing was provided for this review.

² The Active Lives Survey is a Sport England-led survey, which provides information about the physical activity levels of people in England. There are separate surveys for adults (a bi-annual report) and for children (an annual report). The survey has been running since 2015 and replaces the Active People Survey.

4. The listening and Learning

This section is a summary of current practice reflections, the detailed responses and learnings can be found in Appendix 4. The evidence comes from interviews with 47 Wellbeing Exeter stakeholders, the review of documentation and research of other place-based models of community wellbeing and is set out under four broad themes, starting with the **leadership and governance**, then the **model and scope, evaluation** and finally **communications**.

What does Wellbeing Exeter mean to you?

The initial interview question was to understand the observed breadth of Wellbeing Exeter, some stakeholders view one of the most beneficial aspects of Wellbeing Exeter being it's work with individuals (community connecting), for others, it's the benefits of a collaborative partnership bringing the Voluntary and Community Sector together alongside health social care and the local authorities. However, the dominant descriptive is its ability to build social capital. See Appendix 4 for a summary of the phrases and words used to describe Wellbeing Exeter used in interviews.

Theme 1 Leadership and Governance Headlines

- The absence of Wellbeing Exeter Commissioning Board meetings since the pandemic, has left commissioners feeling that the strategic connection has been lost and that they have no say in Wellbeing Exeter. This has fuelled the perception that there is little strategic interest in Wellbeing Exeter.
- Partners feel there is no clear direction from commissioners other than ECC and there is perception that the Wellbeing Exeter team are being "left to get on with it".
- Commissioners feel there is a lack of accountability from ECC which adds weight to the perception that "it's very much an ECC project".
- A lack of clarity on ownership of Wellbeing Exeter is causing confusion about decision making mechanisms.
- There have been four senior personnel changes in Wellbeing Exeter, this has had a negative impact to continuity and robustness and has been compounded by personnel changes in the key commissioning bodies.
- The current structure is seen by some as top-down.
- Strategic influence within the NHS is limited.
- It was always planned that Wellbeing Exeter would one day become robust enough to become its own entity, there is strong feeling from many stakeholders that now might be that opportunity.

Action needed:

- Reconvene Wellbeing Exeter Commissioning Board Meetings
- The Commissioning Board to consider the future form and function of Wellbeing Exeter, including the potential creation of a new social enterprise.

Theme 2 Model and Scope Headlines

- The original objective of Wellbeing Exeter to reduce dependency on health and social care and increase interdependency -is this vision still shared across the whole alliance?
- The Wellbeing Exeter partnership is very strong, Wellbeing Exeter is well connected both internally and externally, it is an enabler of collaboration within the Voluntary, Community and Social Enterprise Sector (VCSE) but also across sectors.
- The breadth of Wellbeing Exeter means it has the ability to be flexible and adaptable to be responsive to local needs.
- Wellbeing Exeter is approachable and reliable.

- Many interviewees raised the usefulness of creating the opportunity for Wellbeing Exeter to host drop-ins for partners, potentially co-ordinated in a range of existing community 'hubs'.
- Despite the communication difficulties with Primary Care, there is clearly a desire for Wellbeing Exeter to co-exist and work closely with Primary Care Network (PCN) Health and Wellbeing Teams. They have different roles; it could host a network for all social prescribers to share knowledge and learning and also be a bridge between PCNs and communities.
- People and organisations want to be a part of Wellbeing Exeter, staff retention is high.
- Wellbeing Exeter would be in an excellent position to convene a VCSE sector/ statutory learning forum, it holds huge amounts of intelligence it collates, all of the learning it does and the expertise it has.

Action needed:

- Wellbeing Exeter Commissioning Board to review vision and strategy (with careful consideration to language) with particular attention to referral routes and the Wellbeing Exeter model, including new opportunities or developments such as drop-ins at community hubs, more group work, developing informal volunteering and community champions, relationships with PCN teams, Exeter Connect and Exeter City Futures.
- Commissioning Board to consider on-boarding new commissioners e.g., Devon Partnership Trust (DPT)
- Wellbeing Exeter Commissioning Board to consider the opportunity to facilitate a Wellbeing Forum for community conversations, sharing learning and systemic change.
- Wellbeing Exeter Operational Team to bring the wider Wellbeing Exeter delivery staff together specifically to make the Community Builder, Community Connector and Community Physical Activity Organiser relationships stronger and include the young people connector team more.
- The partners should explore opportunities to build on Wellbeing Exeter scope for leading innovative approaches to delivery or supporting others to as they doing at Wellbeing Enterprises in Runcorn³.

Theme 3 Evaluation Headlines

- The Wellbeing Exeter grant agreement sets out a development plan that includes a review of evaluation and there is a working group (DCF/ Coordination team/ GP clinical support) formulating a plan that will include additional evaluation elements/ partnerships.
- There was an existing Evaluation Framework and initially an Evaluation Sub Group attached to the Steering Group. However, this this group has dissipated in favour of evaluation meetings with the Sport England LDP Evaluation and Data Team. Prior to the development plan, the original Wellbeing Exeter Evaluation Framework had become lost with no clear strategic decision making or ownership.
- The original pilot under ICE, included the use of pseudonymised patient data to track the impact of a referral to Wellbeing Exeter people's NHS and Social Care usage, which presented an exciting opportunity to test out the hypothesis in the original Wellbeing Exeter vision. However, access to this data became lost when the ICE programme ended in 2017. (Recently Public Health Devon, who spearheaded this work in 2015 as part of ICE, is now re-opening the possibility of accessing this data.
- This has resulted in some commissioners feeling that evaluation is no longer robust or detailed enough despite meeting the expectations of the delivery agreement.

Action needed:

- Wellbeing Exeter Commissioning Board to invite Public Health Devon to re-join and fully exploit the opportunity to utilise patient tracking data as part of the evaluation framework.
- Wellbeing Exeter Commissioning Board need to provide clarity on the outcomes driving the approach and the expectations of data collection and outcome measurement.

³ Wellbeing Enterprises in Runcorn mobilise the skills and talents of people and assets and resources locally, to bring about better outcomes, reduce demand on services and create sustainable social change through co-designing or delivering services. [For professionals | Wellbeing Enterprises](#)

- Wellbeing Exeter Commissioning Board need to develop a strategic engagement plan and be clear about who needs sight of Wellbeing Exeter outcomes and activity reporting.
- Wellbeing Exeter Commissioning Board to explore the development of new evaluation relationships and techniques and the resource needed to facilitate this.

Theme 4 Communications Headlines

- Wellbeing Exeter sits below some important radars and not enough time has been invested in communications, there are missed opportunities to showcase Wellbeing Exeter raising awareness locally and outside of Devon.
- The Wellbeing Exeter Development Plan states that there will be a review of how the programme communicates and engages internally and externally, this work has begun.
- Wellbeing Exeter has plenty of amazing stories to tell.
- There are insufficient influential relationships within the NHS Local Care Partnership and DCC to champion Wellbeing Exeter.

Action needed:

- An outcome of the communications review should be to develop a framework for involving all partners in communications and set up a central place to collate evidence.
- Lines of communication, partnership and strategic engagement need to be considered in any new development, along with resource needed to support this.
- See above re Wellbeing Exeter Commissioning Board developing a Strategic Engagement Plan.

5. Future Commissioning and Funding

This section refers to both conversations with current commissioners and looks at potential sources of funding in the future. In the past the pooled funding has proved very useful to ensure that Wellbeing Exeter is seen as a whole, that is, not four distinct elements that are funded separately and brought together. This is important in terms of the ethos of Wellbeing Exeter being that introducing people to activities can only happen in communities that have social capital. Any new developments in terms of funding arrangements and structure will need to bear this in mind.

Current Funding

Funding requirements for 2023/24 are set out in the table below and at the time of writing all partners except DCC have been able confirm their funding for this financial year. A £230,000 contingency is being held for transition funding but this will need to be utilised should DCC be unable to commit to funding for this year.

WELLBEING EXETER PROGRAMME FUNDING Required for 2023-24	
Income, source, period	2023-24
SELDP Accelerator £1759000 (2019-2024)	£289,000
SELDP Core & Evaluation Programme Development Manager Apr 21-Mar 25	£30,741
ECC CIL (Community Builders) 2% cost of living rise included in 22-23 and 23-24	£270,157
DCC match funding with ECC for 23/24 to be confirmed (reduced down from previous FUDNING of £350,000)	£270,157
TOTAL (including DCC funding to be confirmed)	£860,055

Future Funding

When considering future funding it is helpful to contextualise the significant investment that has been made in Wellbeing Exeter to date and how extremely rare it is for projects of this nature to be funded over such a period. Over the six-year period: 2018/19 to 2023/24:

- Exeter City Council investment will total approximately £1.6 million
- Devon County Council investment will total approximately £1.9 million
- Sport England investment will total approximately £2 million

Commissioners need to consider carefully what will be lost without Wellbeing Exeter should long term funding not be agreed upon, or secured through other means, to allow for Wellbeing Exeter to continue to thrive.

People's wellbeing and the capacity of communities to support its members will be paramount to preventing further burden on health and social care services and support recovery from the devastating global pandemic, alongside the renewed financial pressures caused by the recession. Wellbeing Exeter is vital infrastructure that keeps the community cogs turning and supports people to access what they need from within those communities. Despite resourcing pressures, now more than ever, Wellbeing Exeter needs to continue to be supported by all sectors and alliance members.

Without a sustainable future for Wellbeing Exeter there will be a loss to:

- Growing and changing communities: The significant investment in community development in Exeter will lose its impact, there are so many excellent examples of community builders working alongside community to build social capital but as the city changes and grows, there is much more that can be done.
- Relationships: Wellbeing Exeter facilitates flow and builds a bridge between local primary care and communities and embeds this approach directly into what already exists.

- Social connection: Community Connectors have worked with more than 5000 people directly and thousands more indirectly through the work of Community Builders and the Community Physical Activity Organisers to introduce people to community activities.
- The Voluntary, Community and Social Enterprise sector (VCSE): The collaborative delivery model with multiple providers employing staff working within a single operating model bringing a range of added value benefits including flexibility, reduced duplication, local determination and resilience.
- System leadership: placed-based whole system approach with a parallel focus on support for individuals (Social Prescribing through Community Connectors) alongside support for communities (ABCD through Community Building).

This unique model underpinned by Asset Based Community Development principles, demonstrates the need for taking a long-term view and “holding your nerve” to allow time and space for building trust, insight and collaboration with individuals, within community and the system.

Sport England have been a major investor in Wellbeing Exeter having committed nearly £2 million in the programme over the last 5 years. However, in order to be able to access further funding from Sport England they have fed back through this review that they would want to see significant increase in physical activity referrals and outcomes. Also, more evaluation through compelling stories and narrative linked to the mapping of people’s journeys to physical activity and changes to systems and community resulting in more active lifestyles for the target populations.

Exeter City Council pioneered Community Building in the City in the early 2010’s through the use of has New Homes Bonus funding and the employment of two Community Organisers in the City. Since 2018 ECC has ring-fenced a proportion of the 15% Neighbourhood CIL⁴ to pay for the Community Building of Wellbeing Exeter and has realigned its Community Grants programme in support of the Wellbeing Exeter underlying principles. Wellbeing Exeter features very prominently in the city’s Corporate Plan 22-26 which is a positive sign in terms of investment and support.

Devon County Council initially funded the early piloting of Wellbeing Exeter through the ICE programme funded by a dedicated Transformation Challenge Award from Central Government. On-going funding in the region of £395,000 per year was granted in 2018 from the Better Care Fund⁵ and has been recurring until this financial year where there is a reduced grant request, as a result of reserves created during Covid for £270,000 for the forthcoming financial year. There is doubt about securing this funded as DCC is, at the time of writing, (Feb 2023) consulting on plans to cut spending which includes the historic grant to Wellbeing Exeter.

Funding from government to the NHS for social prescribing in Primary Care was initially pooled by local practices into Wellbeing Exeter but this funding was withdrawn in 2022/2023. The four Exeter PCNs have now set up their own in-house health and wellbeing teams but really want their team to work alongside the Wellbeing Exeter team. Feedback from one PCN is that keeping the work in-house gives them more oversight and accountability for the work. There is an opportunity here to continue to work together with Wellbeing Exeter being both a bridge between the community and PCN Health and Wellbeing teams and also host a network for all social prescribing in the city.

⁴ *Neighbourhood CIL is a charge that local authorities can set on new development in order to raise funds to help fund the infrastructure, facilities and services. [Community Infrastructure Levy \(CIL\) - What is the CIL? - Exeter City Council](#)*

⁵ *Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.*

Wellbeing Exeter has never had direct funding from any part of the NHS other than Primary Care. NHS funding is complex: the newly emerging Integrated Care System brings various levels of commissioning and provision together around population health. There is some confusion from outside this system as to where decision making takes place.

However, there is a long-term gain to be had from remaining connected with the NHS, there is recognition that in terms of prevention (and the associated difficulties with monetising impact) -it's the NHS that needs to change to become more invested in prevention rather than just saving money on existing services. Eastern LCP has a priority looking at loneliness and social isolation through prevention.

Locally the NHS/ DCC/ RDUH are important funding partners that have shaped Wellbeing Exeter thus far, the loss of their support either strategically or financially would shift focus. The Wellbeing Exeter Commissioning Board will need to review this position as funding decisions for 23/24 are made.

NHS Charities Together

This grant of £50,000 over 2 years awarded to DCF specifically supports community connecting in diverse communities and currently funds a Community Connector within Inclusive Exeter. It is unlikely that this funding will continue beyond 23/24 and there will need to be an alternative source of funding or a redistribution of existing connector funding to support this vital role when the funding period is over.

Potential Future Sources of Income

Local funders or supporters

Referral routes into Wellbeing Exeter have already expanded, this needs to be reviewed anyway but without financial support from DCC/NHS then Wellbeing Exeter may need to look to other agencies locally for funding and potential referrals. In other areas these include pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations, criminal justice system, other VCSE organisations.

Housing Associations/Providers are another developing referral route for Wellbeing Exeter. Housing and neighbourhood conditions are widely acknowledged to be important social determinants of health, through three main pathways: (1) internal housing conditions, (2) area characteristics and (3) housing tenure.

There are opportunities in the housing system for referrals to Wellbeing Exeter this could be a funding opportunity. Exeter YMCA estimate that 40% of housing tenants would benefit from a referral to and the support of Wellbeing Exeter. LiveWell and other Housing Associations have also indicated that they would like to be able to refer. Exeter City Community Trust and Exeter YMCA already provide housing related support in other programmes they deliver.

Housing conditions could be linked with retrofitting homes and the net zero plan.

Exeter Net Zero Plan

In 2019, ECC declared a climate emergency, with the aim of becoming a carbon neutral city by 2030. The ECC Corporate Plan states it wants to *expand community energy schemes: "...collaborating with Exeter Community Energy and Wellbeing Exeter to design and test hyper local energy efficiency partnerships to understand and overcome the practical barriers to delivering renewable energy and reducing fuel poverty in key areas of the city."* During 2022 Wellbeing Exeter has been working with Exeter City Futures and other stakeholders developing a business case for a community energy project targeted at the most financially vulnerable households in the city. In support of this agenda the Wellbeing Exeter Community Building team have received

training in carbon literacy. There could be a role for Wellbeing Exeter in embedding the net zero agenda in communities. External investors are actively being sought to support this work.

External and Charitable/Philanthropic Funding

This is a great opportunity for the Wellbeing Exeter Commissioning Board to “hold its nerve” and keep Wellbeing Exeter afloat so a long-term future can be found. With a renewed vision and a clear “levelling up” (reducing health inequalities in old money!) agenda aimed at ensuring everyone benefits from the continued growth of the city, the Board is well placed to design and publish an exciting investment prospectus (with a renewed focus on evaluation and return on investment) that will be attractive to a range of funders at national and local level. With a clearly targeted strategy Wellbeing Exeter is likely to be of interest to statutory, charitable and private philanthropic bodies all looking to invest in and learn from the powerful social movement that Wellbeing Exeter has the potential to become.

6. Summary of recommendations and next steps

Having a strategic development plan in place, underpinned by the whole alliance and funding secured to maintain the status quo for the financial year 23/24, will allow for the unique collaborative and co-design approach to commissioning and delivery to be reinvigorated. The focus of this work will enable commissioners and providers time to set a new vision for the future with a final output from this work being the publication of an investment prospectus, hopefully by June 2023.

Action	Aim	By When
Reconvene Wellbeing Exeter Commissioning Board	a) Provide feedback from this review b) Agree vision and commitment to Wellbeing Exeter c) Establish funding commitments for 2023/2024	9th February 2023 -complete
Bring Wellbeing Exeter partners together with Wellbeing Exeter Commissioning Board Chair	a) Share feedback from review b) Share feedback from Commissioning Board meeting c) Feedback from Wellbeing Exeter team re: review and development plans	21 st February 2023 -complete

These 2 meetings have now taken place as part of this review, attendees are recorded in Appendix 1.

Highlights from the Commissioning Board vision and commitment discussion are below;

Vision (Why we are doing it) must:

- resonate with strategic objectives of commissioners: Suggest Exeter 2040 Vision statement⁶ signed up to by Exeter Place Board
- focus on reducing health inequalities and upstream prevention
- support people to live happy and healthy lives

Mission (How we will do it) must:

- meet commissioners needs and to enable leverage of funds
- be community-led
- build on what we know already works
- utilise, sustain and build community/social capital
- work alongside people/communities
- listen and learn from communities

Outcomes (What changes we want to see by doing it) must:

- link to reductions /delays/ demand on statutory services and social return on investment
- sustain and build community resilience

Measurements (What will we monitor to see to what extent we are achieving the vision) must:

- utilise both qualitative and quantitative data
- themed around story telling (Exeter designated City of Literature)
- track individuals' narratives over time
- be capable of identifying systemic responses/change
- use community voices

⁶ Exeter 2040 Vision Statement

By the time they are an adult, a child born in Exeter today will live in a city that is inclusive, healthy and sustainable - a city where the opportunities and benefits of prosperity are shared and all citizens are able to participate fully in the city's economic, social, cultural and civic life.

Language (how we describe what, how and why we do things)

- Need to be careful about the language used and the meanings attached to common phrases (e.g. Social Prescribing) and their relevance going forward

The group reviewed at the current Theory of Change and the following working draft Theory of Change was agreed to support discussions going forward;

If Wellbeing Exeter works alongside people in the most disadvantaged areas of the city, and together with residents and partners, we collectively grow and invest in more resilient communities, then we will help tackle inequality, improve health outcomes and foster community cohesion across our neighbourhoods now and into the future.

NB. Feedback from Wellbeing Exeter Partnership Meeting highlighted the use of deficit language in this Theory of Change, to be reconsidered in the next design session.

Next steps following the review

Action	Aim	By When
Follow up meeting with commissioning organisations not in attendance at Commissioning Board	Establish funding commitments for 2023/2024	March 2023
Wellbeing Exeter Commissioning Board	a) Agree final vision and theory of change- see draft in Appendix 5 b) Agree governance arrangements for next 12 months including new Commissioning Board members and strategic engagement.	March 2023
Wellbeing Exeter Commissioning Board and Wellbeing Exeter partners collective design sessions	Commissioning Board members and Wellbeing Exeter delivery partners hold a series of workshops to plan; 1. What changes are needed to the delivery model to achieve the vision? (Appendix 4 and Appendix 5) 2. What will need to be measured to see if the vision is being achieved? 3. How does Wellbeing Exeter tell its story (community and strategic communications)? 4. What form does Wellbeing Exeter take to best deliver the vision? (Appendix 6 sets out identified points for consideration)	March-April 2023
Development and Mobilisation Plan 23/24	Setting out the next steps over 12 months to achieve agree a co-designed plan as above 1-4 leading to a Mobilisation Plan following the publication of the Investment Prospectus (below) and the appointment of a lead organisation to seek investment partners.	April-May 2023
Create and publish investment prospectus	Setting out a sustainable mission and proposition for Wellbeing Exeter with a supporting funding and engagement strategy	June 2023

7. Conclusion

There is no doubt about the benefits of having Wellbeing Exeter embedded the city and 'it's a better place because of it'. The outcomes for individuals, for communities and for some systems within the city are evident. Over the last couple of years communities have faced a difficult time, the impacts of the global pandemic and the recession are all around us: extraordinary levels of anxiety and isolation need gentle support to recover. Wellbeing Exeter is able to do that it has repeatedly demonstrated its ability to flex and adapt to support the building of community resilience. There is no doubt that Wellbeing Exeter is very well placed to support the needs of the community at this time.

It is clear that Wellbeing Exeter is a vital component of Exeter Vision 2040 and can help to achieve that vision through reducing inequality, improving health outcomes and fostering community cohesion across our neighbourhoods. It is clear from the review that there is too much at stake to lose Wellbeing Exeter, it is embedded in communities and provides a flexible and adaptable partnership that supports the city.

This review has established the support and commitment to a future Wellbeing Exeter that, once again, has a shared vision, clear leadership and effective governance. It is a good opportunity to reflect and be reminded of previously presented learning from the early years of bringing the Wellbeing Exeter alliance together as it is very much still relevant today.

The success criteria⁷, identified more than 5 years ago, fell into six different areas, clarity of purpose, definitions and language, monitoring and evaluation, collaboration and trust, system Leadership and cost and sustainability. This review feedback clearly resonates with this criteria for success and going forward these consideration are essential to the next stages of planning and implementation.

These areas have all been explored in this review report but one area stands out as most important at this time: collaboration and trust. Collaboration and trust have been key to the development of Wellbeing Exeter and is vital to its future growth and success. Collaboration between commissioners, between delivery partners, the whole alliance of commissioners and partners holding the vision, impact and communication together and collectively alongside communities, evaluators and new funders. Successful collaboration will result in broadening funding, shared ownership, more creative systemic change and will enable Wellbeing Exeter to continue to support people to live happy and healthy lives.

⁷ The success criteria are taken from a number of presentations given by Wellbeing Exeter strategic and operationally leads in 2017 and 2018.

Reading list and References

Link	Area of research
How commissioning is supporting community development and community building Local Government Association	Plymouth Live Well
Lancaster District Community Conversations KeepConnected	Lancaster Community Conversations
A citizen-led approach to health and care: Lessons from the Wigan Deal The King's Fund (kingsfund.org.uk)	Wigan Deal
A citizen-led report final (19.6.19).pdf (kingsfund.org.uk)	
New Operating Models: An emerging practice for the future of local government Nesta	Local Government collaboration
‘It’s a beautiful thing’: how one Paris district rediscovered conviviality France The Guardian	Paris-Neighbourhoods
Social Action Advice Surgery – Community Southwark	Southwark -Social Action Advice Surgery
Understanding ground-up community development from a practice perspective – Russell – Lifestyle Medicine – Wiley Online Library	ABCD Approach
One City Plan 2021 (bristolonecity.com)	Bristol City Plan
The 12 Domains by Nurture Development – Issuu	ABCD Approach
The Community Paradigm: Why public services need radical change and how it can be achieved – New Local	Local Governance
iipp_welfare-state-5.0-report_hilary-cottam_wp-2020-10_2020-09-15_final_web.pdf (ucl.ac.uk)	Systems
GCC_PB_wee_green_grants-FINAL2.pdf (gcph.co.uk)	Glasgow, green grants
Communities vs Climate Change: the power of local action – New Local	Local action is the ‘missing piece’ of plans to fight climate change.
Radical Health – Hilary Cottam	Systems
Vibrant Communities – Paths for All Paths for All	East Ayrshire
Hilary Cottam: Social services are broken. How we can fix them TED Talk	Systems
Social Prescribing – two good and two bad – Power to Change	Social Prescribing
Life after lockdown: how do we best recover from the pandemic? Mental health The Guardian	Community recovery
Centre for Climate Change and Social Transformations (CAST) – School of Psychology – Cardiff University	Putting people at the heart of the transformations required to tackle climate change.
Green Social Prescribing for sustainable healthcare Centre for Sustainable Healthcare	Nature, housing
The NHS as an anchor institution (health.org.uk)	System
SP for young people evaluation final report for publication.pdf (uel.ac.uk)	What is SP good for- a YP evaluation
XX-Building-our-social-infrastructure-FINAL.pdf (powertochange.org.uk)	Why levelling up means creating a more socially connected Britain
A radical new vision for social care – The Health Foundation	Systems

Videos – Health Connections Mendip	Mendip Working with volunteers
The Community Organising Framework – Community Organisers (corganisers.org.uk)	Community organising framework poster
SAH-framework-FV.pdf (corganisers.org.uk)	Social Action Hubs
What are community hubs? – MyCommunity	Community Hubs
Community Partnership Hub Regional Engagement University of Exeter	Exeter Uni Community hubs
Community-Hubs-Report.pdf (localtrust.org.uk)	Understanding survival and success
Exeter Community Alliance	Exeter -Climate action
Climate Action Hub Exeter	Exeter -Climate action
NHS England report template-add icon	Social prescribing
A framework for NHS action on social determinants of health – The Health Foundation	Systems
NHSPS’ social prescribing hubs helping ease pressure on primary care UK Healthcare News (nationalhealthexecutive.com)	Hubs and warm spaces
Community-centred and asset-based approaches – Knowledge & Library Services (koha-ptfs.co.uk)	ABCD Approach
Community champions programme: guidance and resources – GOV.UK (www.gov.uk)	Community Champions
Levelling Up the United Kingdom White Paper (publishing.service.gov.uk)	Policy
Health-Inequalities-and-non-direct-mental-health-impacts-of-COVID-19-pandemic-.pdf (onenortherndevon.co.uk)	Health inequalities
How to fix Social Prescribing? Manchester Community Central	Social prescribing
What is social prescribing? The King’s Fund (kingsfund.org.uk)	Social prescribing
Unmet-needs-London-Sport.pdf (londonsport.org)	Physical activity
Our Projects & Services – The Active Wellbeing Society (theaws.co.uk)	Birmingham Social Prescribing
Social Prescribing ecosystems report 2020 – Ageing Well Torbay rolling out social prescribing - september 2020 final.pdf (nationalvoices.org.uk)	Torbay
Social Prescribing ecosystems report 2020 – Ageing Well Torbay rolling out social prescribing - september 2020 final.pdf (nationalvoices.org.uk)	Social Prescribing
Connecting with the health system: Building meaningful relationships and aligning and integrating physical activity for shared ambitions (activepartnershipsevents.org)	Calderdale LDP
NHS England » Social prescribing and community-based support: Summary guide	Social Prescribing
Putting it into practice (sportengland-production-files.s3.eu-west-2.amazonaws.com)	Physical Activity
Volunteer with us Community Action Network (can100.org)	Poole Wellbeing Buddy
PowerPoint Presentation (kingsfund.org.uk)	Brighton and Hove
Befriending Support & Schemes Sussex – Together Co	
Cost of living support – Warm spaces and community facilities – Exeter City Council	Exeter Warm spaces
People Powered Health Programme Nesta	Community Led
Creative Councils Nesta	Lessons for local authority innovators
About – Bromley by Bow Centre (bbbc.org.uk)	Bromley by Bow

A200-Annual-report-and-Financial-statements-2022-SV-LLP.pdf (bbbc.org.uk)	
Government Innovation People Power Nesta Creating the conditions for a more people-powered future: What is the social infrastructure we need? Nesta Introducing CIVIC SQUARE – CIVIC SQUARE Department of Dreams – CIVIC SQUARE	Civic infrastructure
DEAL (doughnuteconomics.org)	Social Action
Eleven Principles for Creating Great Community Places (pps.org)	Eleven Principles for Creating Great Community Places
Health and wellbeing systems Local Government Association	Support for HWB -LGA
Councils Census 2021 data analysis – Google Sheets	Census
Must Knows for Elected Members: Prevention Local Government Association	Prevention -LGA
Mental health & family support – Lancaster City Council	Lancaster Hotline
Community hubs – VSF (cornwallvsf.org)	Cornwall Community Hubs
Mental health & wellbeing Early Intervention Foundation (eif.org.uk)	Schools
What Covid-19 Has Done to Our Well-Being, in 12 Charts (hbr.org)	Lessons from the pandemic
Youth Index 2021 Research, policies and reports About The Trust The Prince’s Trust (princes-trust.org.uk)	Young people
Corporate Plan 2022-2026 – 2d – Net zero carbon city – Exeter City Council Download the Net Zero Exeter 2030 Plan – Exeter City Futures	Exeter Net Zero Plan
Exeter Vision 2040 – Exeter City Council	Exeter Vision
corporate-plan-2022.pdf (exeter.gov.uk)	Exeter Corporate Plan
Social prescribing – Integrated Care System for Devon (icsdevon.co.uk)	Social Prescribing
Build-Back-Stronger.pdf (demos.co.uk)	Policy
How commissioning is supporting community development and community building Local Government Association	ABCD Approach
Community Wellbeing Service - Gloucestershire County Council	Gloucester
Health and wellbeing - Community Works (bhcommunityworks.org.uk)	Birmingham
What Next? Priorities for Britain - Demos	Policy
For professionals Wellbeing Enterprises	Runcorn -Chris Drinkwater
Leadership & Governance Manna Community CIC	Governance
How is Ways to Wellness set up? About Ways to Wellness Ways to Wellness	North East and North Cumbria
Choosing your legal structure NCVO	Structures
Home - One Northern Devon	One Northern Devon
Funding - Calouste Gulbenkian Foundation — UK Branch Grants Esmée Fairbairn Foundation (esmeefairbairn.org.uk) What We Fund – Lankelly Chase Strengthening Civil Society - The Baring Foundation Programmes - Barrow Cadbury Trust Funding programmes The National Lottery Community Fund (tnlcommunityfund.org.uk) Social outcomes Big Society Capital Explore The Henry Smith Charity Grants JRCT - Home How to apply - Tudor Trust BA Better World Community Fund - Funding for All	Funding

Appendix 1

People consulted and included in discussions.

Interviewees

Amanda Kilroy	Joint CEO and Director of Social Innovation	Co-Lab
Cllr Andrew Leadbetter	Cabinet Member for Children's Services and Schools	Devon County Council
Andy Moreman	CEO	Young Devon
Andy Stapley	Cabinet Member for Children's Services and Schools	NHS-Nexus PCN
Andy Wood	Clinical Director	NHS Outer Exeter PCN
Carly May	Community Engagement Officer	Exeter City Futures
Ceri Goddard	CEO	Devon Community Foundation
Dan Barton	Partnerships and Projects Lead	Space
Danny Harris	Head of Wellbeing and Inclusion	Exeter City Community Trust
Darin Halifax	Lead for the VCSE at NHS Devon	ICS/NHS
Dawn Rivers	Programme manager-Communities	Exeter City Council
Dinah Cox	Chair	Devon Community Foundation
Ed Shaw	Community Physical Activity Organiser	Exeter City Community Trust
Eleanor Tomlinson	Wellbeing Exeter Programme Manager (Maternity Leave)	Devon Community Foundation
Ella Sadler	Wellbeing Exeter Coordinator	Co-Lab
Ellie Veasey	Community Connector	Exeter Community Initiatives
Emma Green	Clinical Director	NHS-West Exeter PCN
Emma Hoerning	GP	NHS
Felix Elsen	Community Connector	Young Devon
Gail Mistlin	Wellbeing Exeter Community Connections Manager	Co-Lab
Gareth Sorsby	Joint CEO	Exeter YMCA
Gary Head	Wellbeing Exeter Programme Manager (Maternity cover)	Exeter City Council
Ian Blackwell	Partnerships Lead	Devon Community Foundation
James Bogue	Active and Health Lives Lead	Exeter City Council
Cllr James Mcinnes	Cabinet Member for Integrated Adult Social Care & Health	Devon County Council
James Watmough	Strategic Lead (Place)	Sport England
Jamie Vittles	CEO	Exeter City Community Trust
Jeff Chinnock	Associate Director of Policy and Partnerships	Royal Devon University Healthcare NHS FT
Jo Yelland	Director	Exeter City Council
Jon-Paul Hedge	Director	Exeter City Council
Karime Hassan	CEO and Growth Director	Exeter City Council
Kate Galliford	Centre Manager	The Beacon Centre
Kate Hannan	Trustee	Inclusive Exeter
Laura Robinson	Wellbeing Exeter Community Builders - Project Manager	Exeter Community Initiatives
Lee Baxter	Assistant Director Community Health and Social Care	Royal Devon University Healthcare NHS FT and Devon County Council.
Lou Higgins	Locality Director N&E	North and East Locality Team

Maria Koutsoumanis	Wellbeing Exeter Data & Information Lead	Co-Lab
Cllr Martin Pearce	Portfolio Holder for Communities & Homelessness Prevention	Exeter City Council
Neomi Alam	Director	Inclusive Exeter
Nicola Frost	Interim Programmes and Development Lead	Devon Community Foundation
Cllr Phil Bialyk	Leader	Exeter City Council
Rebecca Harty	Deputy Locality Director N&E	North and East Locality Team
Richard Lockwood	Local Pilots and Priority Places Manager	Sport England
Simon Chant	Consultant	Devon Public Health
Simon Kitchen	Head of Communities	Devon County Council
Steven Chown	CEO	Exeter Community Initiatives
Will Barrett	Head of Charity Development	Exeter City Community Trust

Wellbeing Exeter Commissioning Meeting -Review Feedback Workshop

Attendees

Andy Wood	Clinical Director	NHS Outer Exeter PCN
Ceri Goddard	CEO	Devon Community Foundation
Gary Head	Wellbeing Exeter Programme Manager	Exeter City Council
Ian Blackwell	Partnerships Lead	Devon Community Foundation
James Bogue	Active and Health Lives Lead	Exeter City Council
Jo Yelland	Director	Exeter City Council
Jon-Paul Hedge	Director	Exeter City Council
Cllr Martin Pearce	Portfolio Holder for Communities & Homelessness Prevention	Exeter City Council
Nicola Frost	Head of Learning	Devon Community Foundation
Rebecca Harty	Deputy Locality Director N&E	North and East Locality Team
Martyn Barnard		Devon County Council
Dawn Rivers	Programme Manager-Communities	Exeter City Council

Wellbeing Exeter Partnership Meeting -Review Feedback Workshop

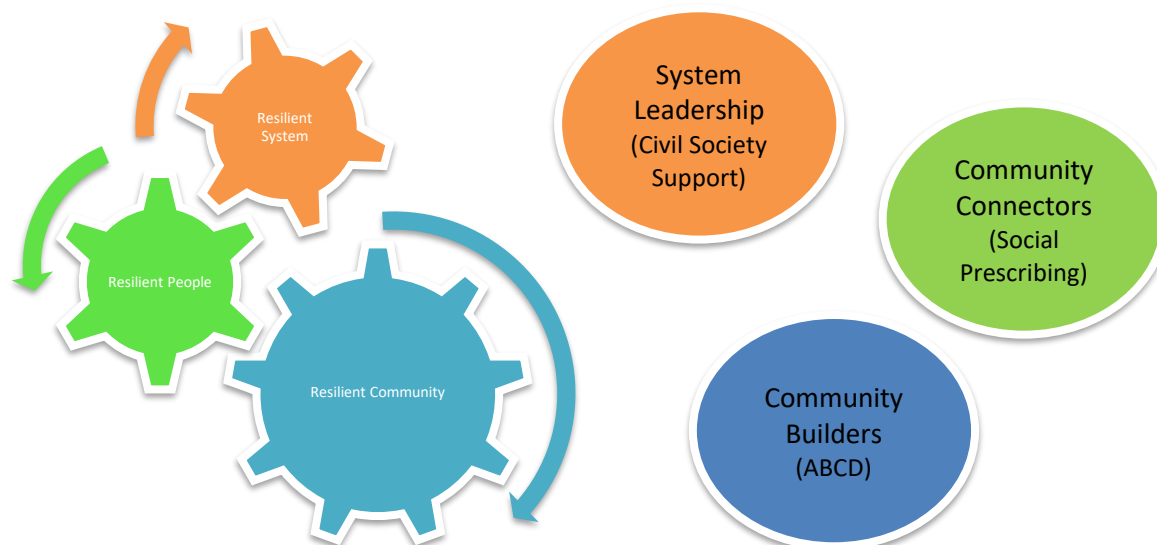
Amanda Kilroy	Joint CEO and Director of Social Innovation	Co-Lab
Dan Barton	Partnerships and Projects Lead	Space
Danny Harris	Head of Wellbeing and Inclusion	Exeter City Community Trust
Ella Sadler	Wellbeing Exeter Coordinator	Co-Lab
Gail Mistlin	Wellbeing Exeter Community Connections Manager	Co-Lab
Sam Thomas	Community Projects Manager	Exeter YMCA
Kate Galliford	Centre Manager	The Beacon Centre
Steven Hudson	Chair of Trustees	ISCA Community Enterprises
Laura Robinson	Wellbeing Exeter Community Builders - Project Manager	Exeter Community Initiatives
Carole Pilley	Development Manager	Exeter Community Initiatives
Katie Holland	Chief Executive	Exeter Community Initiatives
Daisy Binnie	Family Resource Manager	Exeter Community Initiatives

Jamie Keyse	Manager	Young Devon
Nicola Frost	Head of Learning	Devon Community Foundation
Gary Head	Wellbeing Exeter Programme Manager (Maternity cover)	Exeter City Council
Ian Blackwell	Partnerships Lead	Devon Community Foundation
James Bogue	Active and Health Lives Lead	Exeter City Council
Ruth Gidley	Community Participation Officer	RAMM
Jo Yelland	Director	Exeter City Council

Appendix 2: Wellbeing Exeter Model

Wellbeing Exeter was established as a single structure for encouraging preventative behaviours by individuals and promoting “resilience” within the system and across communities. In practical terms this means offering a range of community-based options to targeted individuals, to enable them to access what they want to maintain health and wellbeing, reducing the need for statutory care services now and into the future. There were three main ingredients to the approach:

1. Resilient people: social prescribing
2. Resilient Communities: community building
3. Resilient System: network support and co-ordination



Resilient People

People are at the heart of this model, increasingly aware of what exists in their local community to support them, as-and-when they need it. In a healthy, resilient, community people are living healthy lives, connected, independent and meaningfully occupied. And when they are not, each person is aware and able to access a range of facilities, positive activities or services that exist to help them recover, maintain health and wellbeing encourage social connections, and develop new skills and capacities. In a resilient community, local resources are being harnessed to help people help themselves, resulting in improved satisfaction rates, as their sense of wellbeing and quality of life is good.

Resilient Communities

In order to deliver these opportunities to individuals, there is a network of independent individuals and organisations that connect people to the services they need to help them identify what they can do for themselves, and what professional support or guidance may be needed when the time comes (Community Connectors and Builders.) These roles have a holistic view of the network of support to ensure it is responsive to the needs of the individuals and direct resources into community-based organisations, thereby increasing the resilience and capacity of both. The ambition is to generate a long-term solution to addressing some of the most pressing current and predicted needs and challenges by investing in the development of a resilient community. To achieve this, and to achieve system change, the aim is to build community capacity, promote connectivity and generate evidence of impact from the outset.

A Resilient System

Civil Society Support: offering brokerage, development and facilitation within the system to ensure that the needs and aspirations of individuals are being responded to effectively. That ‘Connectors’ and ‘Builders’ are receiving the training, supervision and support they need. Communities and healthcare work together effectively, and evidence of impact is being collected and reviewed to drive continuous improvement.

Appendix 3: Wellbeing Exeter Activity and Performance Reporting

Community Building	Community Connecting
<p>Examples of; Community listening Work with organisations Community events Profiles of Associational Life have been updated recently.</p>	<p>Referral numbers and routes Referral reasons and waiting times Quarterly referral breakdown: open and closed and Non engagement reasons Wellbeing indicator -5 ways to wellbeing and Obstacles to improving wellbeing Introductions made -numbers/ organisations and category Individual stories</p>
Community Physical Activity Organisers	Networking and Events
<p>Referral numbers and routes Examples of; Community mapping, Community listening Community events Work with organisations</p>	<p>Events attended by team members WE partnerships and networks</p>
Learning and Development	Quarterly focus areas and other reports
<p>Training delivered and planned</p>	<p>These are areas of work currently being focused on, e.g., Cost of living, zero carbon aims There are also ad hoc reports created as, e.g., covid report, cost of living, community building See here</p>

Appendix 4 Listening and learning from Interviews and Research

The following tables contain the result of interviews with Wellbeing Exeter (WE) stakeholders, the review of documentation and research of other place-based models of community wellbeing.

What does Wellbeing Exeter mean to you?

People and Community		Partnership
Community led programme focused on people of Exeter at a personal level.	Umbrella safety net for population -got used to it being there	WE is very attractive in terms of strategic appeal and delivery
Embodies prevention/ Empowering people to help themselves -rather than relying on GP	Gap in services and WE exists to tackle that for families and individuals that need stuff	A convener /all working together around wellbeing /Enabler of helpful conversations to wellbeing
Supporting residents to achieve some of their aspirations	Addressing the disconnect that people in disadvantage communities feel	Flexible / Flexible and different to what else is on offer- we are not Social Services
Not prescriptive	Opportunities to build stuff in the community	A collaborative partnership keeps people working together
Non patronising	Umbrella to bring people together	Adaptive /Unique -very responsive and adaptive to change
Addressing health inequalities	Sees wellbeing in the round.	Great connectivity
Supporting people to be well/ Getting back to wellness	It's the way we listen and the way we escalate ideas	Well embedded partnership
A one stop shop for wellbeing- the place that people go -both physically and metaphorically	Since the great work done in covid -WE have been about supporting recovery	To connect people and organisations and health together, an enabler of connection - helps to build patient/ practitioner and practice relationships
Bringing people together around interests and community	Giving people other things to support, connect and to feel better	An opportunity to talk about the health gap
Encourages people who have a difficult time who need help and assistance to improve their health and wellbeing	Trying to get people from surviving to thriving	City can be proud of this flagship programme for the city and partners to support health and wellbeing for people who need it most
Getting people out of crisis	Builds on ABCD ⁸	WE is a very reliable and trust worthy SP -with comprehensive coverage
Learn how to play and be creative	It addresses the need for people-what's going on for them but also helping the system	Diverse and rich experience in the partnership
Reduces dependency	Inclusive	Different organisations sharing expertise-peer to peer support

⁸ Asset Based Community Development (ABCD) is an approach to sustainable community-driven development. Beyond the mobilisation of a particular community, it is concerned with how to link micro-assets to the macro-environment. Asset Based Community Development's premise is that communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognised assets. Thereby responding to challenges and creating local social improvement and economic development. [ABCD Training and Resources - Nurture Development](#)

Theme 1 Leadership and Governance

Listening/ learning	Reflection and Action
<p>There have been no governance meetings since the pandemic. This has left commissioners feeling that connection has been lost and that they have no say in WE.</p> <p>It has also meant that partners feel there is no clear direction from commissioners other than ECC (where conversations have remained regular).</p> <p>This also has left commissioners feeling a lack of accountability from ECC which adds weight to the perception that –“it's very much an ECC project”</p>	<p>This needs to be resolved immediately. The result of a lack of collective strategic input has resulted in;</p> <ul style="list-style-type: none"> • Partners feeling there is little strategic interest in WE. • A sense that WE is being left to get on with it. • A lack of ownership of WE • confusion about decision making mechanisms <p>Need to reconvene WE Commissioning Board Meetings ASAP</p>
<p>The ECC Lead Director went on extended sick leave, the VCSE sector lead for WE left DCF in September 2021; the Operational lead for WE left in April 2022 and the Programme Manager went on maternity leave in August 2022. These changes in management of Wellbeing Exeter over the last year has resulted in two overwhelming feelings amongst partners and commissioners;</p> <ol style="list-style-type: none"> 1. That the partnership doesn't feel so robust 2. There is a loss of a clear sense of direction 	<p>This presents a significant change in management. Two of these roles have been replaced but the roles have changed.</p> <p>There is bound to be a period of adjustment to new management and some people are confused about the change in roles.</p> <p>The 'sector' lead has not been replaced – see Strategic relationships with the NHS. This needs to be explored.</p>
<p>The two previous points have also led to some confusion about “who is in charge here” and that no one (or no group of people) is personally driving it.</p> <p>This also plays out in the observation of many about who is now making the decisions.</p>	<p>WE's development and success to date has been founded on relationships and a deep sense of trust that has built up over many years. The founding strategic lead (previous ICE Director and ECC Director) went on extended sick leave in November 2020 and did not resume her WE role until 2022 and this loss of continuity in leadership is clear.</p>
<p>One commissioner points out the difficulty in maintaining enthusiasm for the collective leadership and vision -it wains overtime -that it needs a new sense of energy and potentially some parts of the design. 'Innovation is very shiny but it does get people excited.'</p>	<p>A 'new' collaborative commissioning Board meeting to agree a new vision for WE -should re-ignite enthusiasm. Reconvene Commissioning Board Meetings.</p>
<p>Some people felt that the current model feels very top down and not very collaborative (there are many more people who felt that it was a very collaborative model -but that depends on where you sit).</p> <p>This also give cause for a couple of people to feel that WE is beginning to feel like a transactional relationship, that it now felt like contract management - particularly around designing new elements of WE. Examples given were around PCN withdrawal of funding and the new Ukrainian Connectors.</p>	<p>This will be explored when talking about a new structure for WE</p>

<p>There was so much collaboration in Covid (feeling that people mattered and systems didn't so much) but the barriers have come down and we are working in silos again.</p>	<p>More cross alliance work needed</p>
<p>The programme team link very regularly with the ECC team and relationships are good but there are many demands of the ECC manager with operational responsibility for WE and this results in delays in decision making, meeting planning, which in turn creates more delays.</p>	<p>Consider the decision-making mechanisms and operational responsibility.</p>
<p>The Sport England LDP impacted on WE in a number of ways. It is the major funder for the programme now but some people feel that the LDP has "created a long shadow over WE".</p>	<p>Sport England have been a big supporter and major funder to WE over the last 4 years but the LDP has inadvertently made changes to WE that have caused confusion or deviation. This is in regard specifically to the governance and the evaluation.</p>
<p>There is a deep sense of responsibility for the programme from DCF and if the form changes then the DCF team would like to remain involved</p>	<p>The DCF team should remain central to the development of any new reiteration of WE, potentially remaining as a Trustee going forward.</p>
<p>Relations with and strategic influence within the NHS WE is not as ingrained in Primary care as it could be.</p> <p>The DCF partnerships led is the Co-Chair of Preventing Social Isolation Working group with Eastern Local Care Partnership but WE is not visible at a strategic level within the Eastern LCP and this needs to be addressed.</p> <p>The strategic lead for WE is on the Eastern Locality Forum (ELF) but attendance has been intermittent The VCSE sector lead was on the ELF but is now not in post.</p> <p>There are some good relationships with a couple of GPs but others don't even know about it.</p> <p>Some practices have been specifically asked to not refer to WE.</p> <p>Other Social Prescribing Programmes have more parties committed to it at a strategic level than WE has; specifically One Northern Devon was highlighted.</p> <p>There is a fundamental problem with WE aligning to the whole of Exeter and that Primary Care no longer has a relationship across the whole of Exeter. This means that relationships need to be separate and individualised to each PCN as each PCN wants a very local offer.</p>	<p>In the early days, WE had a champion within primary care whose voice was influential</p> <p>The ECC Director (JY) used to attend the GP forum</p> <p>Commissioners and partners worked very hard to make sure there was support in the NHS.</p> <p>The WE programme team worked very hard to back this up on the ground linking with practice managers and GPs.</p> <p>Should have clinical directors on the commissioning team not just a clinical lead.</p>
<p>The programme management facilitated by DCF has enabled WE to get where it is today, DCF has been the link between commissioners and delivery partners. There has always been an aspiration that when WE 'came of age' it could be robust enough to become a standalone organisation. Without a global pandemic, WE may well have already become it entity but the timing was not right. Many partners mentioned the future opportunity for WE to become a standalone organisation.</p>	<p>Secured funding to support the existing structure and development work for 12 months will be the first step. This time will then give all delivery and commissioning partners an opportunity to participate in the development of new organisation and funding strategy.</p>

Theme 2 Model

Area	Listening/ learning	Reflection and action
Scope and purpose	<p>The WE model was created 7 years ago (ICE days) but many things have change since -pandemic, austerity cuts and cost of living crisis.</p> <p>WE can't be all things to all people, it can't solve some of the problems in society but we need more clarity about what it is focusing on.</p> <p>The inequality gap just got bigger.</p> <p>Should we try to fill the gaps in services that are just not there?</p> <p>Prevention needs to be done at place level- driven by Population health management -i.e. Fill this gap and money will follow.</p> <p>WE should be at the heart of the ICS but the focus isn't there</p>	<p>Does the model still fit now? Is the vision still the same?</p> <p>The original objective of WE to reduce dependency on health and social care and increase interdependency -although this is clearly the vision for some people. Overtime it has become less discussed, is this vision shared across the whole alliance?</p> <p>Keep prevention and early intervention</p> <p>WE needs allies in Primary Care and across the ICS: re –engagement strategy</p>
Working together as a partnership- the good and the bad	<p>The WE partnership is very strong. These are just a few of the things about the partnership that were picked out by partners:</p> <ul style="list-style-type: none"> • Shared vision between partners • Shared training • WE is very well connected in the sector and the community • Teams are even more connected and aligned since the pandemic • There is so much added value of working with experts - the non WE staff members in partner organisations • Working more with the statutory sector • WE connects more to the community • CCs are very happy being in the partnership. • Partnership is really strong -the way the VCSE come together and support each other • People want to be a part of WE, organisations want to join • Communication between partners and supporting small organisations to be a part of WE -proactive in preparing us to be a partner • Staff retention is high • Partners like being part of it • Team member more affiliated to WE than to own organisation 	<p>There is no doubt that the WE partnership is strong, this has enabled collaboration within the VCSE.</p> <p>There is definitely appetite to maintain these close working relationships and clearly the co-ordination team and the creation of a connector manager holds the collaboration.</p> <p>When thinking about any future model, it will be worth reflecting on whether direct contracting delivery organisations is considered as this was raised by several organisations.</p>

	<ul style="list-style-type: none"> • The WE brand can negate the value of the delivery organisation • Sometimes information trickles out through the network -this can be uncomfortable -when Programme Manager has only just told you but your teams already know, sometimes there are internal communication issues • There are lots of part-time workers in WE which sometimes limits capacity/ resources • WE ask more of organisations than other partnership in terms of input and meetings • Direct contracting with organisations may create better impact and efficiency • When a manager is not in post/ paid for by WE, there is not enough management time paid in management –one organisation stated they are hosting WE roles at a loss • The model can feel like an ‘extra layer’ for little benefit • Making decision about new developments, it’s not always clear whose decision is it. • Dynamic and diverse set of partners • Opportunities and requests are thrown at WE- it is very flexible and agile (see more below) • It's open -anyone can join • Gives organisations a chance to transform the way they think about working with community • It’s great to be working in a broader space and exploiting opportunities • Team connections are great -particular mentions are relationships between connector teams, there are an increasing number of examples of connectors working with CPAOs, builders and CPAOs and connectors and builders (see dashboard and quarterly magazine) • Sharing expertise through peer- to-peer support 	
As a learning/ sharing platform	A number of people talked about a Health and Wellbeing Board (HWB). There is no requirement to have one but there is appetite for a platform for people to come together to talk about H and W.	WE would be in an excellent position to convene the VCSE sector/ statutory and the community. WE is well placed to do this because of the huge amount of intelligence

		<p>it collates, all of the learning it does and the expertise it has.</p> <p>When it comes to wellbeing, it's about place and a collaboration of this nature would create a more inclusive city, support the identification of barriers or issues people and communities face with a view to systemic change.</p> <p>It would also make sure that small organisations providing wellbeing support are included in the wider city picture.</p> <p>It would be an opportunity to discuss wellbeing in the round and bring together information around wellness/ community activity that could then be shared on a range of websites and other platforms i.e., ECC website / GP/ PCN Health and Wellbeing teams</p> <p>A great example of this is in Lancaster's Community conversations: <i>Our vision is for a community united by respectful listening where everyone feels they can influence what happens locally to make our District a happier and healthier place to live and work</i> Lancaster District Community Conversations KeepConnected</p> <p>Bristol has a lot of learning about how a Health and Wellbeing Board can bring about systemic change. One City Plan 2021 bristolonecity.com</p> <p>Brighton and Hove learning Health and wellbeing - Community Works (bhcommunityworks.org.uk)</p>
Place - Building/hub	WE doesn't have a base or a place to come together- a hub. This doesn't need to be a building that houses teams but could be the	WE could co-ordinate a range of support to in existing hubs.

	<p>creation of a number of hubs (in existing spaces or activity) across the city where teams can come together to meet more community members.</p> <p>The importance of drop-ins, the vast majority of interviewees mentioned drop-ins. Post covid, anxiety is rife, people need opportunities to get out of the house and to build their confidence.....</p> <p>Regular drop-ins offer opportunities to/for;</p> <ul style="list-style-type: none"> ▪ listen and be heard ▪ be available for people who are not connected to statutory services or people from diverse communities ▪ provide a place for people to go ▪ a one stop shop for wellbeing ▪ build relationships ▪ meet the WE team ▪ have a conversation- like the welcome call. ▪ broader coverage across the city ▪ a cup of tea and biscuits – a café is a great way to engage people. <p>Inclusive Exeter would like to be able to expand drop-in opportunities for people to just turn up, currently this is only available Tuesday and Wednesday for a couple of hours for appointments -need more accessibility -also this is not at an accessible time of day for restaurant workers.</p>	<p>A great example of a ‘hub ‘approach is in Southwark Social Action Advice Surgery - Community Southwark</p> <p>Also some interesting learning from Community Organisers around Social Action Hubs SAH-framework-FV.pdf (corganisers.org.uk)</p> <p>What are community hubs? - MyCommunity NHSPS' social prescribing hubs helping ease pressure on primary care UK Healthcare News (nationalhealthexecutive.com)</p> <p>Having a presence in these locations would be a start. Cost of living support - Warm spaces and community facilities - Exeter City Council</p> <p>Learning from Cornwall who claim you are never more than 20 miles from a community hub. Community hubs - VSF (cornwallvsf.org)</p>
Roles and teams	<p>There is some confusion about roles and relationships; Some people felt that the triangle of CB, CC and CPAO should work much more closely, there is evidence of this beginning to happen but it could be much more effective.</p> <p>Some roles are still unclear to others in the partnership but most people felt strong links were being created within and between teams.</p>	<p>Clarity around roles -some still unclear and how they interact</p> <p>Needs an organisational chart and terms of reference</p>
Language	<p>There is an ongoing issue with language, particularly around the term social prescribing.</p> <p>Many partners are confused about whether they should describe WE as social prescribing.</p>	<p>The term social prescribing is emotive (should someone have the power to prescribe community to another?), you can either choose to ignore that as use the term as a descriptor of the programme and hope that people know what you mean.</p>

		<p><u>NHS England » Social prescribing</u> here is a definition</p> <p>The term has always been contentious within WE and there has always been a need to take time to define what you mean by social prescribing.</p> <p>This is more important than ever, with the PCN link worker role also being defined as social prescribing it is not surprising there is confusion.</p> <p>This needs to be addressed to ensure that commissioner and partners alike are agreed on what the community connecting strand of WE is.</p>
<p>Being agile, flexible and adaptable</p>	<p>The breadth of WE means it has the capacity and scope to be responsive to local (and national/global!) needs. Its ability to flex and adapt is vast. Some excellent examples</p> <ul style="list-style-type: none"> • Responding to Ukrainian refugees: 2 connectors in post • The response during the Covid pandemic is well documented, in particular is highlight the that working group was brilliant. • The partners talk about freedom to grow in response to needs as they emerge and they are ‘allowed to get on with it’ -an example of this is opening up of referral routes <p>For this reason, WE</p> <ul style="list-style-type: none"> • has a good reputation, people envy it - embraces everything thrown at it • is a useful partnership for statutory agencies - A great place to deliver national priorities: Covid, levelling up, COL, refugees. 	<p>For this reason, WE really does have the scope to lead, get involved with systemic change opportunities through taking innovative approaches to delivery or supporting others to.</p> <p>An example of this working elsewhere is in Runcorn where they work with both people and communities and professionals to create new opportunities. <u>For professionals Wellbeing Enterprises</u></p> <p>This is an opportunity for income generation.</p>
<p>Approachable/reliable.</p>	<p>WE can be depended on as reliable and approachable.</p> <ul style="list-style-type: none"> • There is always someone to speak to • Low turnover of staff • There have been 20 complaints about SP in Devon- none in Exeter • People trust WE- it’s person focused-responsive to the needs to people • Staff are very impressive • Integrity of CCs and CBs 	

	<ul style="list-style-type: none"> • CCs and CBs are good people • There is a lot of personal investment from all teams 	
Community	There were some people interviewed that didn't feel that WE was community led enough- not bottom up but an imposed structure.	The very nature of the community building strand of WE is community led. The community connecting strand is person led but there are more opportunities for involving communities in the design and scope of WE.
Monitoring delivery	A question was raised about whether delivery organisations were monitored enough and a query about how different levels of quality in delivery were addressed.	<p>Performance and line management has always sat with each individual delivery organisation.</p> <p>There is a model of working and code of conduct within WE that brings all teams together, this is particularly pertinent in terms of the community connectors as they work across a wide group of seven organisations. (The builders and the CPAO team all work in one organisation).</p> <p>Joint working protocols aid the oversight of delivery and the balance of responsibilities from the central WE team and each organisation. The coordination / SPOR team do spot checks of CC work on CLOG to review practice and recording.</p> <p>The induction/ training is being refined.</p> <p>In the event of a performance issue- there is a 3-way conversation with WE connector manager, the line manager and the team member. Line managers sometimes have limited time and understanding of the way WE works due the scope of the management fee.</p>
Community Connectors	<p>Having a connector manager has made a big difference to all the connector teams (creating a community to create a community). The connectors feel very connected to each other and they are beginning to work more with all teams.</p> <p>The Inclusive Exeter connector work, working specifically with diverse communities, has been slow to get off the ground due mostly to</p>	

	<p>difficulties in gaining trust. It's only received a few referrals from GPs and schools (through the SPOR) but the work is ramping up now.</p> <p>Generally introductions were initially more service based but now there is more balanced in terms of community based activities and (statutory) service referrals.</p> <p>Young people referrals are lower than expected - one factor in this is that whilst those roles were being funded by PCNs, referrals could only come from GP practices (young people do not present at GP practices in the same way adults do unless accompanied by parents) Also the reality of these referrals is that it's taking nine months to work with young people due to increasing anxiety issues, typically meeting them six times – and closure is one of the most important parts of the support – making sure you don't finish too soon and the young person is ready.</p> <p>Everyone likes that the use of 5 ways to wellbeing within practice and reporting.</p>	
<p>Group work and introducing people</p>	<p>Lots of partners were talking about group work. WE are very aware of the benefits of introducing people who are referred to other people for friendship. People want to be connected but are scared off by 1 to 1 interaction. The WE team tried to formalise the process of introducing people to people but it wasn't useful. These interactions need to happen organically. Group work or events are a great way to encourage the building of these relationships.</p> <p>Especially one-off events when people are not ready to be introduced to a 'group' yet but they are willing to attend an event (e.g., RAMM, the library, the cathedral events)</p> <p>One connector* has been particularly active in supporting people to come together as new friends</p> <p>Work has already begun in talking to the RDUH about neighbours supporting neighbours.</p> <p>Many people felt that it would be good to build interest groups, specifically the following groups/activities were mentioned;</p> <ul style="list-style-type: none"> • Nature 	<p>Post pandemic group work is more important than ever to build confidence and get people out.</p> <p>It is clear there is much value in group work that is specifically about supporting people building relationships - a wellbeing group turns into friendship group. It would be good to further share training around building positive relationships. This training could be offered to a wider audience than just WE.</p> <p>It would be useful to embrace introducing people to people more as a way of reducing dependency on paid workers and growing social networks. More could be learnt from the connector* around this.</p> <p>In Frome (Mendip) the Community Connector model does this. hcm-foldout-A5.pdf http://healthconnectionsmendip.org</p>

	<ul style="list-style-type: none"> • Gaming • Evening activities for YP that don't involve drinking alcohol (YP unemployment is low and people are often busy in the day) • People- led new activities • Offer women only sessions/ activities - specially for women from diverse communities where men are sometimes seen as gatekeepers • Creating opportunities for people experiencing barriers to relationships- not just language but confidence • Opening up opportunities for people from diverse backgrounds • We need to do what we can do to support people to do their own thing • Bringing mums together to talking about domestic challenges including violence 	<p><i>Community Connectors are members of the community who know what's out there and signpost friends, family, colleagues and neighbours to support in their own community. Community Connectors are very effective at integrating with their local communities – providing a bridge between local people and other services and building community knowledge.</i></p> <p>There are very little opportunities for people to become connected with organisations or others in the city, whether that be informal introduction or more formal volunteering. The central co-ordination team could play a part in co-ordinating the matching of people and volunteers and have already identified this is really needed at this time.</p> <p>There are opportunities to explore volunteering connected to WE with students (Exeter University/ College) and corporate / business staff teams.</p> <p>There is also learning here in the Levelling up Community Champion Roles <u>Community champions programme: guidance and resources - GOV.UK (www.gov.uk)</u></p> <p>And from Poole's Wellbeing Buddy Scheme <u>Volunteer with us Community Action Network (can100.org)</u></p>
Community activities	<p>There is plenty of stuff to introduce people to in the community (free and paid for) but for some groups of people the pandemic saw the demise of their community activities.</p> <p>Many people also lost friends in the pandemic and everybody talked about the predominant issues for people is their anxiety levels. (see point above about engaging 1 to 1 or in formal groups) Connector teams have also been working to create/ bring about workshop/ groups to address</p>	

	<p>this as a stepping stone to reduce anxiety -which are community led (e.g.-graffiti/ cooking).</p> <p>COL support; many people can't afford to pay for activities/ gym/ even a coffee when they are there or transport. For some people this is not a reality yet but they are pre-empting the COL crisis and opting out of activities accordingly.</p> <p>The cost of food is already impacting -significantly more people are going to foodbank/ accessing food vouchers compared to 2018.</p> <p>Transports and mobility issues are impacting people accessing community and physical activities -particularly those on the outskirts of Exeter.</p>	
<p>SPOR and welcome calls</p>	<p>The SPOR is now fully embedded in the central team at Co-lab.</p> <p>The welcome calls are working really well and enable an understanding of what the issues are for people. They present a real opportunity to raise attention to issues happening on the ground and having a sense of trends.</p> <p>This information goes into reports, to ECC via the Live and Move team, to Co lab, WE operations meetings, quarterly reporting, into wider picture VCSE through CEOs attending VCSE Reference Group etc</p> <p>The SPOR is not working so well for YP connecting.</p>	<p>There is an opportunity here to further collate, share the learning with a view to creating systemic change with referring agencies.</p> <p>This needs further exploration.</p>
<p>Team development and learning</p>	<p>The coordination team have been looking at the wellbeing of staff.</p> <p>Peer to peer support sessions for teams are an opportunity to share with each other, e.g. One session focused on 'closing'.</p> <p>Connector training and development is good – there is a considerable budget in place to make sure this happens. However, Community Connectors are expected to be very knowledgeable in many aspects of supporting people in the community. This is putting pressure on the connectors.</p>	

	<p>It was suggested that it would be good to do more 'Community of Practice' work with our YP CCs so they felt more of a wider YP CC team.</p>	
<p>Community Building</p>	<p>There is lots of support for the community building strand of WE. Asset Based Community Development practice is strong within the work they do. Commissioners highlight that building capacity in communities as one of the most important aspects of WE.</p> <p>There is also positive feedback from councillors about community building but some recognition that some areas are more active than others. This could be, and is, for a variety of reasons associated with that place. *St Thomas is mentioned many times in feedback as a very vibrant active area and that the CB is at the heart of that community.</p> <p>A number of people suggested that it may be better to focus current resources on the more deprived areas of Exeter**, where more engagement is needed. The question was raised as to whether CB reaches the places it need to in the time it has. Some places need more CB time or engagement (Countess Wier/ Wonford). **Following Covid the inequality gap just got bigger between communities.</p> <p>Council members now have relationships with each CB rather than the manager. In the past, some politicians have been known to describe a community builder as their 'coordinator'- this is unhelpful for the community and the work of WE. This is being addressed and is happening less now.</p> <p>Community builders are now completing their 2nd round of PALs (profiles of associational life).</p> <p>Community builders work in small clusters with CB where they can offer peer support and learning.</p> <p>If is thought that community building does not seem to work alongside young people as much as it could.</p> <p>Interviewees really welcomed community builder updates in reporting and social media (dashboards/ Facebook) about what's on and activities.</p>	<p>What can be learnt from the highly praised community building in some areas. More shared learning/ a spotlight on activity.</p> <p>All the builders (12) are managed by one manager, this is a big job, and opportunity for sharing and developing practice are not maximised. Could a builder take on a role to developed practice in some areas where less engagement is happening or where places are changing considerably (i.e., Alphington).</p> <p>How do WE work more closely with ECC (in particular) around community voice without compromising impartiality?</p>

	<p>Community building is highly regarded as the ears on the ground and there is much respect for those conversations. However, WE is missing out on opportunities for system change as not all organisational relationships in the WE partnership are as strong as they could be, more information/ opportunity would be shared if it was stronger.</p> <p>Feedback from community builders is that the roadshow for the Exeter Plan was not citizen friendly. Community builders could take a much more advisory role in community engagement in Exeter, of course, builders need to remain neutral but there are more opportunities for working more closely together around engagement/ hearing community voices.</p>	
<p>Community Physical Activity Organisers (CPAOs)</p>	<p>CPOAs have completed their mapping of the city.</p> <p>CPAO are beginning to work with individuals more taking referrals via the SPOR (a CC role) and some are getting referrals from CCs. CPAO are recruited for their specialist physical activity knowledge, this brings about a question of whether they have the skills to support individuals (e.g., supporting people who have poor mental health or people who may be at risk).</p> <p>There are limited relationship/ joint working between CPAO and community connectors.</p> <p>A lot of work has been done to understand the roles of builders and CPAOs and how they differ and how they work together- this is clearer now. CPAO and community builder team have good relationships now</p> <p>An identified difficulty with this role, it's a balance of galvanizing people into action and not 'doing to' or 'for'. It has been hard to truly take an ABCD approach to creating more opportunities for physical activity. A lot of energy is needed to work alongside people to get things of the ground and people then don't really want to formally volunteer to take on the managing of a whole group/ club. Then the activity falls down/ doesn't happen or needs far greater input from the CPAO.</p>	<p>Not sure how well CLOG is being used by CPAO, this needs further exploration.</p> <p>Exeter City Council Corporate Plan specifically states it will <i>Increase connections for people in communities to access local activities on their doorsteps through working with Wellbeing Community Physical Activity Organiser team.</i></p> <p>An opportunity that features quite heavily through this reviews feedback is much greater use of volunteers in the community is needed to increase activity, provide company etc but volunteering really needs to be reframed and made less formal.</p> <p>There is clearly a role for WE to play in that.</p>

	CPAO also get some referrals from the Live and Move team, and through the ECFC website.	
Referrals	<p>Pre pandemic referrals from Primary care were high, during the pandemic and now referrals from GP practices have reduced considerably. (See below for reasons for this decline).</p> <p>As both a consequence of this decline, the pandemic (ECC Customer Service Team) and changes in funding, referral routes have widened a great deal For Referrers Wellbeing Exeter Exeter and the WE team are working towards self-referral.</p> <p>Generally, there is a clearer understanding of the right referral for WE, when a referral it's not right these referrals are being dealt with efficiently.</p> <p>Family referrals tend to be for parents struggling with their children's anxiety/ autism or when parents have poor mental health and connectors become an advocate for parents. Without WE - problems would escalate, families would be lost out of the systems and unsupported with safeguarding issues.</p> <p>Family referrals are high compared to other age groups and there is only 50 hours of connector time and they are always at capacity 17-19 families and currently have a waiting list.</p> <p>Adult referrals tend to mostly be people in their 50s and 60s who are lonely and isolated and have no family. Community activities have stopped for them and people have lost friends.</p> <p>Young people referrals are mostly 11-16 year olds who are very anxious. There are also people referred who have speech and language needs or Are refusing to go to school or dropping out of education post 16. Self-referrals for YP would be great advantage these could be driven by parents too as this group weren't coming through Primary care referrals any post pandemic.</p> <p>Almost everyone who is referred has high anxiety levels.</p> <p>WE doesn't have a commissioning relationship with the CMHT but there is a short term pilot in place to look at the benefits picking up referrals</p>	<p>Self-referrals are certainly a route to supporting people to feel more in control of their lives, it fits the personalised care and prevention agendas.</p> <p>However, the opening up of referral routes does not appear to be something that commissioners are aware of. Given the current funding mechanisms it is imperative that commissioners are brought up-to-date as soon possible.</p> <p>Universal referral routes need to be agreed with commissioners as this will significantly change the focus of Wellbeing Exeter: consideration needs to be carefully given to the role WE should/could play in reducing inequalities</p> <p>Another issue with opening up referral routes is around capturing data. See Evaluation data section for more information but WE maintained referrals coming from Primary Care only (with a few small pilot exceptions) because of the collection of data using NHS numbers to map health and social usage pre and post referral.</p> <p>These new referral routes do not allow for this information to be collated so these referrals will not be included in the One Devon dataset.</p> <p>Conversations with the Mental Health Alliance and DPT need be brought into the Commissioning Board.</p> <p>See funding.</p>

	<p>from CMHT through the One Mental Health Team approach. Based on the pilot outcomes there are conversation of joint funding via Mental Health Alliance going forward.</p>	
Individual wellbeing and system change	<p>Community Connectors (CC) have 2 roles - individual support and strategic change through a feedback loop/ solution focused approach. For example; taking on the city's issues- i.e. transport and what can we do about them and support the two way flow of information to statutory bodies.</p> <p>It is very clear that senior leaders would welcome the opportunity for feedback about what's going on for people in communities.</p> <p>Only one interviewee felt that individual support more important than building capacity in communities.</p>	<p>Although a lot of this feedback/ data is written in reports/WE magazine more formal opportunities should be created to share people's experiences with a view to making a difference to people's lives through making changes to services or creating opportunities.</p>
Working with GP/PCNs	<p>Relationships with Primary Care have changed following the pandemic and the creation of Primary Care Networks. 88% of referrals last year 2021-2022, were still from practices but it's not consistent and despite best effort the WE team aren't able to keep practices up to date.</p> <p>Previously the coordinator and connectors had regular and good relationships and a lot of two-way contact with the majority of practices (there were always one or two that WE struggled to get in touch with / attend meetings with).</p> <p>During the pandemic connectors were no longer able to attend core groups / virtual groups or drop in leaflets within Primary Care these relationships/connections have been eroded.</p> <p>Changes in connectors -Westbank and Age UK left the partnerships and individual relationships were lost.</p> <p>Practices were also forming PCNs and their energies were going into creating them.</p> <p>Over the last year, WE have made multiple attempts to catch up, go over annual GP reports, update at team meetings on new offers and remind practices how WE can support patients, there has been some successful engagement with:</p> <ol style="list-style-type: none"> 1. Topsham Practice Nurses 	<p>Despite the communication difficulties with Primary Care, there is clearly a desire for WE to exist and work closely with PCN Health and Wellbeing Teams. There is clear recognition that WE is not just a social prescribing programme but one that successfully builds community capacity; it is acknowledged by PCNs that you can't have social prescribing without effective community infrastructure.</p> <p>This relationship and opportunity need to be explored in more detail but in brief WE could create a network for all social prescribers (EG. Bi-monthly group) to share knowledge and learning and also be a bridge between PCNs and communities.</p> <p>A number of interviewees raised geographic boundaries and expressed a view that they would be interested in a model and support wider than Exeter particularly with the Eastern Locality Care Partnership area. This should be explored.</p>

	<p>There are a few GPs who regularly referral and advocate for WE but there are quite a few GP that do not even know that WE exists.</p> <p>Feedback about letters send out after closing a referral is that they are not very useful- that they don't give an update but just says we've seen them. If feedback is going to be sent it needs to be more detailed and individual. If it can't be, then there is little reason to send the letters.</p> <p>Feedback about how great it is for GPs to be able to access WE and all the associated community intelligence 'you don't have time to find out about it -when you're struggling to help people move on with their lives'.</p> <p>Westbank practice are not happy WE cannot go out and see people face to face beyond Exminster.</p>	
Working with others	<p>WE and Exeter Connect⁹ could be working much more closely together. Interviewees have commented that it isn't clear how they link up/ work together.</p> <p>Community builders have received net zero training in carbon literacy -working with Exeter City Futures. This specifically feature in ECCs Corporate Plan <i>Encourage and support Community Builders working with communities keen to address local and city challenges of Net Zero.</i></p> <p>As highlighted above there is much scope for WE to be part of bigger conversations going on in the city, offering intelligence and practical solutions to highlighted problems.</p>	<p>There are lots of reasons for WE and Exeter Connect to work more closely.</p> <p>Exeter City Futures are working on a business case a Community Energy project ion partnership with Wellbeing Exeter. ECC and Exeter Community Energy for the ECC Director JY.</p> <p>Bromley by Bow are providing energy advice as part of their work. A200-Annual-report-and-Financial-statements-2022-SV-LLP.pdf (bbbc.org.uk)</p> <p>Opportunities for this are explored above in terms of a forum for</p>

⁹ Exeter Connect is a voluntary and community sector service funded by Exeter City Council, providing support and advice to help community groups in Exeter. [Exeter Connect](#)

		talking about health and wellbeing but also a wider agenda.
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Theme 3 Evaluation

Listening/ learning	Reflection and action
<p>The WE grant agreement sets out a development plan for WE that includes a review of evaluation.</p> <p>There is a working group (DCF/ Coordination team/ GP Clinical support) looking at evaluation.</p> <p>This includes working with public health on the One Devon dataset data, with Exeter University on SROI and SNAP (Wellbeing questionnaires) and qualitative work across the work streams.</p> <p>After a very busy time; new development with the SE investment and then the pandemic -there has been little opportunity to pause and reflect. This is the time.</p>	<p>This review is well timed and it needs to be brought together alongside the visioning exercise.</p> <p>.</p>
<p>There was an existing Evaluation Framework and there used to be an Evaluation sub group (to the WE Steering Group)., This group appears to have been abandoned in favour evaluation meetings with the Sport England LDP Evaluation and Data team. The Sport England investment complicated matters significantly, data collection and processes were changed but this has not resulted in Sport England getting the evaluation they would like to see (see below).</p>	<p>Although the evaluation framework still existed it became lost with unclear ownership, it also became detached from the WE Steering Group.</p>
<p>It is very sad that WE has not had access to the promised and expected NHS tracking data over the last seven years.</p> <p>The was very early doors research using this data and the results were very promising, indicating that this model was attracting the right cohort to realise the aim of reducing demand on health and social care services.</p>	<p>Had the data been available all the way through the programme - WE could have been using trends/knowledge in make adjustments/ improvements/ developments.</p> <p>Through reconvening the Commissioning Group there is a clear opportunity to re-open this data set with support from Public Health Devon (see below).</p>
<p>Simon Chant from Public Health Devon was involved at the start of WE, he is now not as connected as he would like to be but he is working with the WE Evaluation group now.</p>	<p>Consider inviting Simon to be a part of the new commissioning or Governance arrangements</p>
<p>The One Devon Dataset is now available for extraction of data relating to people who have been referred to WE and their health and social care use. Only 30% of Exeter GP practices have signed up to share their data. It is thought that GP practices probably will sign up but they are weighing up the potential impact vs the risk (which will be mitigated).</p> <p>The WE team are working with Public Health to make this happen.</p>	<p>30% robust data will be much better than nothing, the limited data will provide a snapshot.</p>

<p>NHS/DCC commissions and stakeholders are very clear regarding any future funding. Are the savings to the NHS quantifiable?</p> <p>They are very interested in the potential NHS data tracking and how WE can report in a more robust way.</p> <p>How is WE preventing anything (bean counting) “WE needs to better communicate its impact on the health and social care sector”</p>	<p>One Northern Devon has invested in software that will use their existing data to create more identifiable data for prevention- to evidence value for money. It might be useful to understand what this software is and what data it provides.</p> <p>There are a number of social prescribing programmes that are producing data claiming prevention and impact on health and social care. However, caution needs to be taken with attributions between cause and effect and comparing schemes which are very different in nature Here are some examples;</p> <ul style="list-style-type: none"> • Health Connections Mendip (Frome): 17% fall in hospital admissions over a 3-year period and 21% fall in healthcare costs compared • Focussed Care Greater Manchester: 50% reduction in ED attendances • Rotherham: 20% reduction in NHS system costs and ROI >150% over 3y • West London / Bristol (WellSpring): £2.80-2.90 social value per £1.00 invested • Doncaster: >50% reduction in GP visits for social prescribing cohort • Airedale 29% reduction in the rate of GP attendances and a 52% reduction in the rate of Emergency Department attendances. <p>(The quality and credibility of this data has not been reviewed by the reviewer.)</p>
<p>More data driven approach to needs is needed and ‘the money will follow’</p> <p>Useful data identified;</p> <ul style="list-style-type: none"> • NHS data (as above) • health inequalities data • the joint strategy needs assessment 	<p>Clarity about what current funders think WE is crucial to establish the right data collection and outcomes to be measured from both quantitative and qualitative sources.</p>

<ul style="list-style-type: none"> • WE dashboards • WE partners’ data i.e., YMCA have lots of in-house data about what YP are facing • Population health management not really got off the ground -pockets of good working examples. • CAB data 	
<p>Current reporting provides what is expected in the agreement but everyone is clear that it needs to be more robust and quantifiable. Some comments on reports;</p> <ul style="list-style-type: none"> • Interesting reports but not enough robust data • Data doesn't tell the story of prevention • Stories are not enough-need hard facts • unclear about reporting • Annual summary was not very in depth • Qualitative report is dry, nice stories but what about the impact • Reports do not look very professional – “a bit clip art” • Some SROI would be good • Not all partners are involved in reporting • Not sure how all the information is processed • Lovely stories but is it moving the dial? I can't take stories to the bank • reporting should be shared with all delivery partners before it is sent out • would like to know how much WE are in identified LSOAs • Quantitative Data does not focus on outcomes 	<p>The shortfalls in evaluation data have previously been identified and this will be addressed in a new evaluation plan.</p>
<p>Current reports are good but not they are not being shared widely enough; they are not getting to the right people.</p>	<p>This is covered in the strategic influence section -as part of the visioning exercise, the WE Commissioning Board need to be very clear about who needs to know about WE.</p>
<p>Many people talked about developing relationships with Exeter University and this is already underway. Suggested opportunities;</p> <ul style="list-style-type: none"> • Relationships with PHD students for example on SROI • University Innovation hubs • Exeter living lab? • A collaboration with RDUH 	<p>Robust research carried out by the University could result in much bigger opportunities to access funding both nationally and internationally and would provide opportunities for research to be presented globally.</p>
<p>A small minority of people commented that we know that WE is the right thing to do and truly measuring the value is really hard. They raised the question as to whether we really do need to do it, they are not worried about hard metrics</p> <p>Some funders are very focused on numbers and outcomes and some are really interested in qualitative differences that are made, it’s as much about the journey, how the system changes and the learning along the way.</p> <p>.</p>	<p>There is a balance but WE needs to do both, with clarity on expectations, this becomes much easier. Having clarity of purpose and on the outcomes WE is aiming for is essential to secure funding from a wide range of funders who will want to know what return they are getting on their investment. Different funders may want different types of outcomes which is why the re-</p>

	visioning work of the current commissioners is a critical next step.
WE should be a lens to look at inequalities and system change work. There doesn't seem to be local stories, how does it feel for X and how can we collectively change things for X.	This is picked up elsewhere in the report. This is happening but a process for doing this needs to be formalised.
WE need dedicated evaluation resource to; <ul style="list-style-type: none"> • Work alongside commissioners and WE partners to be clear on outcomes, outputs and indicators, • to bring together the expectations of all funders, partners and local data • to work with others (university, public health) • to analyse all of data WE collates -there is so much data an in-depth analysis of SNAP (Wellbeing questionnaires), CLOG (referral database). • To agree new measures of social capital 	Going forward there does need to be clearer leadership and ownership of WE evaluation.

Theme 4 Communications

Listening/ learning	Reflection and action
<p>It is clear from every conversation that WE sits below some important radars, that not enough time has been invested in communications, there are missed opportunities to showcase WE and raising awareness locally and outside of Devon. "WE doesn't spread the love about how good it is"</p> <p>Other similar programmes have much louder communications and reporting and are more influential with the Local Care Partnership in comparison with WE.</p> <p>However, it was also suggested that there is a culture of programmes such as WE pulling up the drawbridge in their place. That is to say they get on with it and don't let other know about it.</p>	<p>There are plenty of stories to tell but as highlighted in the evaluation section, more robust data will bring more opportunities for showcasing. E.g., Presenting at the British lifestyle medicine events or the Royal College</p> <p>In the past WE has had national attention but this takes time and resource. Even without the further evaluation, there are awards, blogs, conferences, research that WE can be a part of with the identified resource to do so.</p> <p>Examples: Personalised care awards Kings Fund Podcast</p>
<p>A number of people felt WE communications lacked direction, drive and ambition.</p> <p>There is a tension with WE communications that there isn't recognition of the contribution of everyone involved.</p>	<p>The WE Development Plan states that there will be a review of how the programme communicates and engages internally and externally.</p> <p>An outcome of the comms review should be to develop a framework for involving all partners in comms and set up a central place to collate evidence. This issue links into the proposed reconvening of the Commissioning Board.</p>

<p>The WE branding changed, many stakeholders didn't feel consulted.</p>	
<p>Communication lines do not always feel open to all, with DCF taking a programme management role linking WE partners to Exeter City Council and other commissioners. Some partners feel their voice is not always heard.</p>	<p>This will form part of the discussions around the new entity.</p>
<p>Most people feel WE has a strong brand in Exeter and identity, that people know it.</p>	<p>Over the last seven years a lot of work has been done to pull people together under a common brand.</p>
<p>There were a number of comments about the changed WE website;</p> <ul style="list-style-type: none"> • doesn't explain how it works/ what WE is- there is no roadmap • Needs to have a wider voice -sounds like an individual voice • Website doesn't tell the story of WE -we're too busy to tell the story especially in Covid • It needs to tell the story of prevention • Has lost the ownership and accessibility of the predecessor sight • Only one person thought the website is great 	<p>It was generally agreed that there isn't enough information on the website -no linked to learning reports etc, given that it is relatively new, it is perhaps not populated yet. This will need to form part of the comms review.</p> <p>Some of the links from the website also need to be reviewed. E.g., Links to the work of the builders takes you to the ECI website which is potentially confusing for a variety of reason but specifically because the bottom of the page refers to funding that related to ECI not WE.</p> <p>The old website is still available to access Wellbeing Exeter // Community Building but parts have been replaced. This needs to be reviewed.</p> <p>Links to the WE website from the ECC website were broken (due to the new website). This is now resolved but it would be worth checking with partner agencies/ referrers that links still work.</p>
<p>There is no dedicated resource for communications in WE, the website and social media are managed by the co-ordination team.</p>	<p>Resource should be considered in future developments.</p>
<p>Broader PR needed suitable for different audiences e.g. One Head of Commissioning doesn't know about WE.</p>	<p>See evaluation re mapping who? And then appropriate briefings can be agreed in terms of content, who will send them and who is responsible for communications with different audiences.</p>
<p>There is a monthly mail out that is shared with 700-800 people each month Wellbeing Exeter Monthly Mail out - Oct/Nov 2022 (mailchi.mp)</p> <p>There is also a quarterly magazine.</p>	<p>The mail out is a fabulous resource which people really value but it doesn't appear to be recognised for the asset it is.</p> <p>Both documents need to be explained in a new Comms strategy.</p>

<p>Many felt that WE should be more widely publicised. Suggesting:</p> <ul style="list-style-type: none"> • Link with Exeter College more • That Inclusive Exeter communications relies on word of mouth and Facebook (some people use email and phone but not many) but they would like to be able 'to paint the town red' with what WE offers. • There should be more advertising to the general public • assemblies in schools 	<p>It has never been necessary to promote WE to the public, as the only way people who access WE was through Primary Care -directing people to a GP practice in order to access WE seems counter intuitive to the original aims of the programme.</p> <p>This needs to form part of the next steps. Alongside agreement about vision, future referral routes and funding.</p>
<p>WE does not appear to be at every table it needs to be for example being represented at the Eastern LCP at a strategic level.</p>	<p>See strategic leadership This needs to be mapped at the next Commissioning Board meeting.</p>
<p>There should be more investment in accessibility. The website does not have an accessible toolbar and more needs to be done in terms of translating documents.</p>	
<p>There is currently no platform for citizen engagement in terms of what is offered by community connectors.</p>	<p>There needs to be a feedback mechanism here.</p>
<p>Data sharing, with the increase of referral routes, mechanisms for sharing data are reliant on individual consent not data sharing agreements between organisations.</p>	<p>It is suggested that data sharing and protection are reviewed as is good practice every six months.</p>

Appendix 5

Considerations for creating a sustainable entity for Wellbeing Exeter.

There is certainly appetite for transition of Wellbeing Exeter into a new entity once a potential sustainable investment plan is in place. The following points are elements to consider in the creation of a new entity that were identified in the interviews, research and workshops.

Reasons to do it

Identified issue	How a new entity will help to resolve
Governance, leadership and decision-making processes	The design and development of a new entity will be clarifying; good governance is essential for the success of any organisation. This process will clarify roles and responsibilities for all. It is an opportunity to collectively review strategy and vision.
Seeking Investment	Wellbeing Exeter is unlikely to be predominately funded by statutory agencies going forward. As a social enterprise, funding applications to charitable sources will be more straightforward. New avenues will open up.
Collaboration and trust across all alliance partners/ sectors not just the WE partners	Collaborative model which includes statutory as well as voluntary and private sectors would be ideal
A platform for sharing knowledge and learning	Be rooted in place shaping and clear about the how Wellbeing Exeter can play its part in supporting health and wellbeing across Exeter with a wider range of stakeholders.
Communications and marketing	A new independent organisation to be designed with communications, engagement and collaboration in its DNA
Evaluation and monitoring	Clarity of vision and mission; knowing what “good” looks like and understanding what it can deliver for investors/shareholders/trustees in terms of social capital and outcomes
More community involvement	Finding ways to build this into the design

Consideration will need to be given to;

- the relationships between this new organisation and existing commissioners
- who will sit on the Board, how is the collective responsibility shared across sectors and organisations?
- the type of organisation that is most fit for purpose for WE, that is likely to attract new funding/ investment (whether that be grants or loans, national government (big programmes such as the share prosperity, innovate UK). There are examples of organisations similar to Wellbeing Exeter who have adopted a range of models, see example models below.
 - Community Interest Company (CIC) limited by guarantee or shares.
 - A registered charity and company limited by guarantee or shares.
 - A registered Community Benefit
- the scope of the new organisation and its function -what will it deliver and what will it work with partners to deliver? Is it a central function with direct commissioning to organisations or does it host all roles. If not, will roles continue to be hosted within other organisations? If so, what does hosting look like?

- Financially sustainability in the future may include offering a range of services including a network for social prescribing, volunteering support, facilitating new solutions, holding collective community conversations, as a health and wellbeing consultancy etc

Example models.

Wellbeing Enterprises is a CIC limited by shares

[The Wellbeing Project now known as Wellbeing Enterprises - Case study - GOV.UK \(www.gov.uk\)](#) and [Home | Wellbeing Enterprises](#)

Ways to Wellness is a registered charity and company limited by shares

[How is Ways to Wellness set up? | About Ways to Wellness | Ways to Wellness](#)

The Active Wellbeing Society is a registered Community Benefit Society

[About us – The Active Wellbeing Society \(theaws.co.uk\)](#)

Bromley by Bow Centre is a registered charity

[About - Bromley by Bow Centre \(bbbc.org.uk\)](#)

Together Co is a registered charity and company limited by guarantee

[Befriending Support & Schemes Sussex - Together Co](#)

Wellbeing Exeter Strategic Development Review



Sarah Yelland

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