



E3M IMAGINE

**Social Economy Models for the
Future of Public Services**

E3M



E3M Imagine: Social Economy Models for the Future of Public Services explored innovative ideas and models to improve public services. It took place at the People's History Museum, Manchester in July 2024 ahead of new public procurement rules now due to come into effect in February 2025.

More than 90 participants attended: public service commissioners from local authorities, the NHS and other organisations; social enterprises and co-operatives; funders and social investors. We brought their perspectives together and created new connections between stakeholders committed to innovation, quality, and new ways of relational working with the social economy.

Participants worked in mixed groups. They considered how to address challenges including growing financial pressures and demand, poor outcomes for many in need of support, and some public services which are unable to meet people's needs. How can we scale up successful partnerships and delivery models involving social enterprises and co-operatives?

Commissioners from across England set and informed eight challenge areas:

- **Children's services: Transitioning from care in England and Addressing placement sufficiency for looked after children**
- **Domestic abuse:** Perpetrators leaving the home they shared with their victim
- **Elderly care:** Co-operative models and technology

- **Homelessness:** Reduction and prevention
- **Mental health:** Strengthening communities through social investment
- **Primary care:** Community models for health and wellbeing
- **Supported housing market:** Creating sustainable solutions

Participants received comprehensive briefing information before E3M Imagine. On the day they worked at facilitated tables to develop ideas; discuss potential partnerships and opportunities under the new procurement rules; consider how social investment can catalyse ideas; and agree how to move forward.

E3M Imagine highlighted the importance of collaboration, innovation, and social investment in transforming public services. Commissioners left with new ideas and relationships with organisations that could take them forward. This report summarises participants' ideas.

Jonathan Bland,
E3M.



Participants considered how to address challenges including growing financial pressures and demand, poor outcomes for many in need of support, and some public services which are unable to meet people's needs. How can we scale up successful partnerships and delivery models involving social enterprises and co-operatives?

Organisations represented

Altus Education Partnership	Heard Consulting	Provide CIC
BeActive Urmston	Here: Care Unbound Ltd	Public Services Lab LLP
Better Society Capital	Herring House Trust	Redcar & Cleveland Council
Big Issue Invest	HM Prisons and Probation Service	Rotherham MBC
Bolsover Council	Ideas Alliance	Royal Greenwich Council
Bolsover Woodlands Enterprise	Leading Lives	Sheffield Council
Bridges Outcomes Partnerships	Lighthouse Pedagogy Trust	Social & Sustainable Capital LLP
Bryson Group	Lloyds Bank Foundation	Social AdVentures
Catch22	Local Solutions	Social Enterprise Scotland
Charity Bank	Locala	Star Procurement
Community Leisure UK	London Boroughs of Richmond & Wandsworth	Stone King LLP
Co-operative Party	Manchester City Council	Suara
Co-operatives UK	Manchester Institute of Innovation Research	The Change Coefficient
Cornerstone Place	Merthyr Tydfil County Borough Council	The Health Creation Alliance
Cranstoun	Oldham Council	The Key Fund
Cwmpas	OPCC - Leicester, Leicestershire & Rutland	The Well Centre
Essex County Council	P3	Trafford Council
Family Psychology Mutual	Plymouth Council	United Response
Feathers Futures	PossAbilities CIC	Warrington & Halton Teaching Hospitals NHS FT
GM Alternative Provider Collaborative	Prince's Trust	Westminster City Council
GMCA		Westmorland & Furness Council
GMCVO		Women's Aid Federation of England
Halton & St Helens Voluntary & Community Action		Zurich Municipal

Key takeaways and learning points

Pages 6 to 19 of this report cover each challenge area. We have summarised some common themes here:

1. Collaboration is crucial:

Effective public service reform requires partnerships based on “public value purpose alignment,” between social enterprises, co-operatives, commissioners, and social investors. E3M Imagine drew on learning from partnerships including the Plymouth Alliance; Stockton’s Spark of Genius; the Lambeth Alliance; Hull’s Preston Road model; Gainsborough’s housing joint venture; and considered new partnerships within all eight challenge areas. Collaboration models need to be developed, disseminated and systemised, including for Innovation Partnerships, alliance contracts, community projects and relational contracts.

2. Community involvement:

Service recipients, their communities, and local organisations know what is needed. Co-designing services and leveraging knowledge can enhance the effectiveness of public services. For example, Leicestershire County Council previously sourced children’s residential care through a traditional framework, but poor market sufficiency meant that (like many local authorities) it often needed to purchase off-framework at a higher price, with care packages dictated by the market rather than the child’s care plan. The council developed a Children’s Innovation Partnership with Barnardo’s, involving co-design, co-production, co-investment and co-delivery. The result: better outcomes for children.¹

3. Innovative models:

The public benefit sector should be recognised as a driver of reform and innovation. Social enterprise and co-operative models can address challenges and improve outcomes. For example, Social Enterprise UK and the Institute of Voluntary Action Research found social value in health and care commissioning increases opportunities to deliver on local priorities, addresses health inequalities, is

a force for integration between areas and sectors, and supports local economies.²

4. Policy, Procurement, and the new Act

Commissioners don’t have to be bound by procurement approaches which are better suited to buying goods than services. E3M has published a large body of work demonstrating why the law should be an enabler, not a barrier, to innovation, including 2016’s ‘The Art of the Possible in Public Procurement’³ and 2023’s ‘Vitalising Purpose.’⁴ Julian Blake, partner at Stone King LLP who specialises in social enterprise and public benefit attended E3M Imagine. Blake notes that the new Procurement Act (due to come into force in February 2025) has consolidated processes into a ‘competitive flexible procedure’. “The essential word is ‘flexible’ and this must be understood to be consistent with collaborative engagements,” says Blake. “Commissioning should be seen as the stewardship of public services, using a range of methods, not limited to purchasing service contracts.”

5. Financial sustainability:

Financially sustainable solutions are essential. Mature social enterprises are viable and sustainable. Their structure and governance brings longevity and sustainability: their long-term vision and purpose is aligned with commissioners’ goals and they are not subject to a short-term focus on profitability which can impact on services. Research⁵ by the University of Northampton, commissioned by E3M, examined the survival rates of social ventures in comparison with PLCs over a 30-year timeframe. It found that social ventures – including social enterprises and trading charities – were no more likely than PLCs to cease operating or fail to repay investment.





6. Social investment:

Social investment can unlock and enable new service delivery approaches and help to overcome financial barriers. Finance directed by what people need may meet social and financial criteria at the same time, without one compromising the other. E3M Imagine participants discussed how social investment has been secured into a diverse range of social, community and public partnerships; its impact; and its potential to support ideas in each challenge area.

7. Scaling successful approaches:

Successful models exist. E3M has covered many, in our book 'Vitalising Purpose: The Power of the Social Enterprise Difference in Public Services,' on our website, and in vignette presentations at this E3M Imagine event and previous Alchemy events. But these models need to be scaled urgently to meet broader needs, ensuring that effective solutions can benefit more communities.

E3M Imagine also included:



An opening address from Andy Burnham, Mayor of Manchester City Region.

Watch here: https://www.youtube.com/watch?v=0kjuDc_0qVM



A panel discussion with Baroness Glenys Thornton, Cheryl Barrett (chair, Co-operatives UK), Sandra Hamilton (strategic public procurement advisor and researcher at the Manchester Institute of Innovation Research) and Edna Robinson (executive chair, The Greater Manchester Alternative Provider Collaborative).

Watch here: <https://www.youtube.com/@e3m500/videos>

¹ Leicestershire's Children's Innovation Partnership. E3M Procurement to Partnership Toolkit. Available at: <https://e3m.org.uk/leicestershires-childrens-innovation-partnership/>

² Full description of this research, and many complementary case studies in our book, Vitalising Purpose: <https://e3m.org.uk/vitalising-purpose-book/>

³ <https://e3m.org.uk/the-art-of-the-possible-in-public-procurement/>

⁴ <https://e3m.org.uk/vitalising-purpose-book/>

⁵ 'Who lives the longest? Busting the social venture survival myth', University of Northampton, 2014: <https://www.pioneerspost.com/news-views/20140610/who-lives-the-longest>

Challenge Area: addressing placement sufficiency for looked after children – transforming in-house provision and exploring innovative partnerships

Challenge owners:

Amy Buddery, *Head of Commissioning, Children and Families, Sheffield City Council*

Lindsey Knight, *Assistant Director, Children and Families, Sheffield City Council*

Challenge supporter:

Julian Blake, *Partner, Stone King LLP*

Challenge summary:

Sheffield is experiencing the challenges reflected nationally in relation to placement sufficiency and stability, due to market failure and increasing complexity of need. Sheffield has a range of existing in-house residential provision and short breaks provision, however significant issues related to workforce and recent inspection outcomes exist which are impacting on sufficiency of residential placements for our children with the most complex needs and provision of overnight short breaks. In addition, the existing estate is not fit for purpose or sufficient and a lack of available capital investment further inhibits development.

Sheffield is interested in exploring potential opportunities and partnerships, specifically with the voluntary sector and social investors to secure the best possible experience and outcomes for our looked after children and young people.





Ideas:

1. Participants **explored examples** of relevant initiatives working elsewhere, including:
 - a. Somerset County Council's work with Shaw Trust
 - b. Hull's repurposing of former council housing stock as children's homes
 - c. Spark of Genius Limited Liability Partnership in Stockton on Tees
 - d. Work in Gloucestershire
 - e. Juno Wirral Community Interest Company (which levered £1m in social investment)
 - f. Cranstoun's "Here for Youth" activities using spare capacity
 - g. Greater Manchester, Together Trust and Catch22; GM Fair Care Alliance
 - h. Leeds City Council / White Rose
2. **Build a network of stakeholders** with relevant expertise, including social enterprises, the VCFSE sector, and local businesses.
3. **Consider new procurement and commissioning routes**, including Direct Award; Co-investment; Alliance contract; Innovation partnership; limiting the providers to appropriate group or single provider. This will require changes in mindset, process and approach.
4. **Develop a new, internal, commissioning training programme** to enable (3).
5. **Develop** a role for the council as a 'regional manager' of more providers.
6. **Make use** of other local authorities' spare/ excess capacity by developing regional connectivity.
7. **Increase** council's expectations of its partners (some have a limited understanding of children's journey).
8. Consider "**Public Value Imperatives**" or "**Social Value Imperatives**" as a prerequisite to be a provider/partner.
9. **Explore social investment / housing** to address capacity / lack of housing. Participants discussed blending government grant with investment to lever maximum impact of government grants for eg homelessness and how this could be invested into a new, joint venture with a purpose-aligned partner, leasing children's homes/facilities through a registered social landlord.
10. Develop or investigate an **Alliance Model** involving providers. A "network of stakeholders" with appropriate expertise and experience and the right governance.

Table participants explored risks, enabling factors and potential partnership opportunities and will focus on applying these ideas to "short-break" children's services first.



Challenge Area: Children transitioning from care

Challenge owners:

Emmanuel Akpan-Inwang, *Founder and Director, Lighthouse Pedagogy Trust*

Hannah McCowen, *Head of the National Leaving Care Benchmarking Forum, Catch22*

Challenge supporter:

Amelie Montague, *Investment Director, Better Society Capital*

Challenge summary:

Participants explored challenges that children transitioning from care in England face, including reductions and changes to support at 18, 21 and 25. Outcomes for many children who leave care remain poor, with high levels of homelessness, criminalisation, unemployment and/or economic instability. The consequences also add a significant cost to the welfare system and other public services. In addition, care leavers are more likely to have their own children taken into care. The cost of living crisis, housing shortages and pressure

on local authority finances have added to these challenges.

Participants unpacked issues, acknowledging the “postcode lottery” effect of local authorities with different care provision and support; the diversity of care leavers; their low social inclusion, financial education and wellbeing after leaving care; the high turnover of professionals including personal advisors, social workers, commissioners; the high costs of housing and services in cities.

Ideas:

1. **Commissioning and procurement:** local authorities could use the power of their procurements to support care leavers – for example, social value could take into account care leavers hired.
2. **Commission continuity services** for long-term contract and relational support via a stable workforce:
 - a. **Scale up housing and support organisations** (social enterprises, charities, VCFSEs) – eg Hope Into Action Charity – a house is rented for a careleaver and is supported by a faith charity – this could be any kind of community and not faith based – see also circles of support and accountability.
 - b. Make better use of the **third / VCFSE sector:** for example, broker partnerships between care leavers and their community of destination; link to work opportunities.
 - c. Consider **consortium models** to convene stakeholders.
3. Local authorities: offer **more jobs and apprenticeships** (eg in repairs, construction) to care leavers. Act as a good corporate parent: **offer interview opportunities** to care leavers.
4. Consider models of leaving care that **promote building community as well as providing housing**, for example the National House Project.
5. **Reduce and underwrite financial and social isolation risks for care leavers:**
 - a. Develop in-person and virtual **care leavers hubs** – it's unlikely that local authorities could fund hubs; participants discussed the **conversion of empty high street properties**, and funding via **social investment** and **outcomes-based contracts** (this could mitigate the risk that the long-term savings on improved outcomes for care leavers could go to national departments rather than the local authorities which invest in support). There is a need for hubs in cities where many care leavers are living “out of area”, for example a London hub for care leavers from any local authority.
 - b. Care leaver hubs could offer **financial wellbeing** education and support.
 - c. Investigate and promote **financial inclusion** and wagestream-type services (early access to monthly salary).
 - d. High street could support care leavers' financial wellbeing training.
 - e. Launch an app for care leavers – could be supported by corporate partners with startup **social investment**.
 - f. Provide financial education during care.
6. Create new **peer mentor networks** (care leavers supporting prospective care leavers) run by social enterprises. Also consider regional care cooperatives.
7. **Enable people to will their assets** to care leavers, which could be used towards **house deposits** to replicate the “bank of mum and dad.” Potentially, also consider whether **Dormant Assets** can be used to support care leavers in this way.

Participants also acknowledged a need for more research into 1) a holistic care leaver offering and 2) the costs of poor lifetime outcomes.

They emphasised it is imperative that care leavers' user voices, experiences and needs are embedded into any ideas. They also referred to National Leaving Care Benchmarking Forum surveys.





Challenge Area: Domestic abuse perpetrators – leaving the shared home with the victim

Challenge owners:

Gaynor Sproul, *Commissioning Manager, Children & Families Commissioning, Essex County Council*

Challenge supporter:

Fiona Sheil, *CEO, Heard Consulting*

Challenge summary:

Domestic abuse has profound implications that extend beyond the immediate physical and emotional harm to victims. The economic, human, and societal impacts are far reaching. Perpetrators who wish to leave a home shared with their victim are often unable to do so.

A lack of comprehensive exit strategies that provide housing, employment opportunities, counselling, and continuous monitoring hinders perpetrators' progress into living non-abusive lifestyles. Perpetrator support is crucial to support both victims and perpetrators in preventing further instances of domestic abuse.

E3M Imagine participants examining this challenge area acknowledged that this is an undervalued and sensitive area of work and there's a need to educate politicians and social investors. To date there has been poor data sharing, a lack of evidence, little cohort understanding and segmentation. There's a need for more understanding of what perpetrator "early help" looks like and effective routes to support families.



Ideas:

1. Collaboration with **housing providers, drug and alcohol services, and the VCSE.**
 - a. Participants considered successful approaches in Hull (Preston road / WISH model, supported by social investment) and provider engagement in Wigan and Lambeth.
 - b. Understand and address 1) how to remove perpetrators from shared tenancies 2) how and where to house victims and perpetrators. Women and families want to stay in their homes.
 - c. Talk with developers and housing providers: their motivation will include utilisation rates; developers are also seeking to influence the council regarding home building.
2. **Recreating innovation** which took place during the Covid-19 pandemic:
 - a. Commissioners, providers, stakeholders, partners brought resources together via a more relational approach – often similar to a co-operative model.
 - b. Enable the VCSE to flex and innovate by taking an outcomes-led approach.
 - c. Build VCSE capacity so it can invest and upskill.
3. Consider a **pilot social enterprise model** with perpetrators in shared / staffed house or distributed units with integrated support.
 - a. An assets / strengths-based / appreciative approach.
4. **Outlawing tenancies:** participants considered an “inverted Maslow” model; restoring family ties; support coupled with accountability; trauma recovery.
5. Address **perpetrator motivation:**
 - a. Segment cohorts and focus on areas of biggest impact
 - b. Priority: focus on young people in toxic relationships
6. Pilot a service model of **trauma-informed practice** co-located at treatment services.
7. Seek an innovation partner for early help work.
8. Housing is the largest cost; rents are high in Essex; but this means there are opportunities for social investment.
9. Participants acknowledged how they could apply learning from **Multi-agency Tasking and Coordination (MATAc)** into an early help model (MATAc identifies the most harmful abusers of domestic abuse and provides multi-agency interventions to prevent re-offending). They also referred to research by King’s College, the European Network, the International Learning Alliance and work in Australia.
10. Ideas must be **user-led**; safety must underpin everything.

Challenge Area: Elderly care – co-operative models and technology to enable modern, local, purpose driven care and support for those who are ageing

Challenge owners:

Lisa Wilson, *Integrated Director of Commissioning, Adults, Royal Greenwich Council*

Kit Collingwood, *Assistant Director, Digital & Customer Services, Royal Greenwich Council*

Challenge supporter:

Nicole Reed, *Senior Associate Solicitor, Stone King LLP*

Challenge summary:

The social care system is in crisis, often leading to poor outcomes for care recipients, their families, and care workers. Much of the market is dominated by business and delivery models which can appear extractive. Private social care companies generate large profits at the expense of high quality services and wages. There are also challenges with affordability for councils and the NHS to pay rates for care which support recruitment and

retention of local workers; competition with other sectors such as hospitality and retail exacerbates these challenges. We have an ageing population as well as an ageing workforce. How can we enable community based, socially motivated organisations to develop so they can meet the changing needs and expectations of our ageing population? When we co-design new models, how can we ensure they are modern, tech-enabled and sustainable?

Ideas:

1. A simple and focused **mission-led** approach (participants considered models in Finland and Japan).
2. Approach needs to succeed for elderly people, investors and workers.
3. A co-operative model with families, carers and workforce as members.
4. A secondary co-operative; **commissioning to facilitate**.
5. Moving from "impact evaluation" to co-operative "process evaluation".
6. Using wide-range pilots which scale this approach rather than scaling up an organisation or service. Co-design and test new models rather than only adapting existing ones.
7. Supporting 50+ people to continue working longer / do different types of work.
8. The need for a **mixed economy** in accommodation (eg owners, renters) and for the option to live in communal / shared accommodation with others with wider needs, or in a mixed community.
9. Such a model can offer career growth, better pay, rewards and recognition to workers; value for money and consistency for commissioners; security, control, choice, autonomy, wellbeing and happiness for elderly people – it's a "triple win."

Challenge Area: Homelessness – moving on from temporary accommodation

Challenge owners:

Mark Leaver, *Strategic Lead, Commissioning, Manchester City Council*

Challenge supporter:

Tom Morrison, *Partner, Stone King*

Challenge summary:

How to support people to move from homelessness temporary accommodation and supported accommodation to their own homes. While temporary accommodation meets immediate needs its quality can be variable. It can take years to meet urgent housing needs and families face significant upheaval when they move.

Ideas:

1. Participants acknowledged Gainsborough's successful housing joint venture, backed by social investment; and the success of the Innovation Partnership model in Leicestershire.
2. **Reform** the temporary accommodation market: rather than forcing families to move on, change accommodation status from temporary to general needs tenancy.
 - a. This will encourage collaborative approaches to providing accommodation.
 - b. A purpose-aligned partnership could own or lease properties which can be used for any purpose; as a property moves to general tenancy the partnership would replenish properties in temporary accommodation.
3. **Procure a collaborative partnership** to be a good landlord – procurement would seek ideas; the process would enable dialogue and iterative design.
4. The new **competitive flexible procedure** (under the Procurement Act) can be used to invite ideas, shortlist and then refine/develop them. Such procurement would emphasise values and importance of public benefit. Creative procurement:
 - a. Allows for iterative design
 - b. Allows smaller organisations to participate; promotes local suppliers
 - c. Can include below threshold processes and grants
5. **Social investment** into the partnership body would enable it to buy new properties. Participants noted social investment into council, social and community-led ownership structures eg Fair Share, Grimsby, and East Marsh Estate.
6. The Council could transfer stock and use enforcement action powers under the Greater Manchester Good Employment Charter to acquire stock from bad landlords to replenish properties. This will also incentivise landlords to improve properties.



Challenge Area: Mental health – strengthening communities through social investment in services

Challenge owners:

Jonathan Downs, *Corporate Policy Lead, Oldham Council*

Karen Ahmed, *Director of All Age Commissioning, Trafford Council*

Challenge supporter:

Hannah Kubie, *Partner, Stone King LLP*

Sandra Hamilton, *Strategic Public Procurement Advisor and researcher at the Manchester Institute of Innovation Research*

Challenge summary:

Two mixed groups of E3M Imagine participants addressed this challenge area. Their discussions sought to explore the transformative potential of social investment in mental health services, focusing on innovative funding models, community empowerment, and the development of sustainable mental health initiatives that meet the diverse needs of our communities.

They acknowledged significant problems in the market, with poor quality providers dominant and a lack of good provider options. Providers have high staff turnover; spot purchasing is supporting (not disrupting or shaping) the current market. Genuine co-production is not happening and commissioners often feel it's necessary to "procure everything". Much provision is time and task based, not outcome focused.

Participants discussed the potential for alliance contracting (E3M Imagine included a vignette presentation by Gary Wallace, Public Health Specialist of the Office of the Director of Public Health at Plymouth City Council, about the Plymouth Alliance Contract⁶). They acknowledged the discomfort with pooling budgets across traditional organisational boundaries and the pros and cons of partnering with a bigger and much more powerful public sector actor.



Ideas:

Trafford

1. Develop partnerships (including with Manchester City Council) to deliver wrap-around, co-produced services.
2. Use values-based commissioning.
3. Engage with preferred providers – including new VCSE providers – to co-produce new services.
4. Engage early with trusted navigator(s).
5. Listen to and draw on lived experience.
6. Award based 100% on quality.⁷
7. Learn from the German supportive community model; extend the carers' resilience model into mental health services.
8. **Vision:** a model co-produced with people and their families, which:
9. Responds to individual needs,
10. **Creates** supportive pathways and **thrive and recovery** models.
11. This represents a **human-centred** approach and a move from market purchasing to system stewardship.
12. Will also require **housing** – social investment opportunity, especially if housing is VCSE-owned.
13. Lifecycle costing models may also help secure long-term investment.

Oldham

1. Use the relationship with **Upturn** to facilitate better partnerships with good local social enterprises.
2. Leverage **Northern Roots**.
3. Explore new measurement methodologies – eg Warwick and Edinburgh, Wellbeing Tool, Rockford, Ripple Effects Measurement.
4. Consider collective agreements on shared metrics for success / value.
5. Establish co-operative principles – for example, across and through a network (as demonstrated successfully within Plymouth).

Sandra Hamilton and Julian Blake are collaborating to design and deliver demonstration projects to advance mission-led governance, building on Blake's work on public benefit commissioning, procurement, 'the Art of the Possible' and relational contracting and on Hamilton's Human Learning System for Public Purpose Social Value, which places VCSE knowledge at the heart of the system intelligence.

⁶ Case study about the Plymouth Alliance contract: <https://e3m.org.uk/plymouth-alliance-contract-supporting-people-with-complex-needs/>

⁷ Read Sandra Hamilton's chapter in Vitalising Purpose for an example and her work on Priceless Procurement: <https://e3m.org.uk/vitalising-purpose-book/> and Hamilton, S.G., 2022. Public procurement – Price-Taker or Market-Shaper? Critical perspectives on international business, Special Issue: UN Sustainable Development Goals 18, 574–615. <https://doi.org/10.1108/cpoib-08-2020-0116>



Challenge Area: Primary care – community models for health and wellbeing

Challenge owners:

Scott Darraugh, *CEO, Social AdVentures*

Edna Robinson, *Executive Chair, The Greater Manchester Alternative Provider Collaborative (GMAPC)*

Challenge supporter:

Helen Sharp, *Ideas Alliance CIC*

Tilden Watson, *Head of Education & C&SO, Zurich Municipal*

Challenge summary:

Two mixed groups of E3M Imagine participants addressed this challenge area. Their discussions sought to explore different models in funding and delivery for primary care in England. Many people are finding A&E more accessible than traditional general practice. Why? How can primary care better meet the needs of this cohort? Is the Labour Party manifesto concept of 'Neighbourhood Health Centres' a solution? Does the current partner model in general practice (with centralised funding) limit innovation; if so, could social enterprise and cooperative models be the antidote?

Participants acknowledged factors driving avoidable A&E attendances; the cost to the NHS; the impact of the independent contractor model of General Practice; predictions for a "mass exodus" of GPs and trainees in the UK; barriers to more inclusive models; alternative models working well in the UK or beyond, eg The Singaporean Polyclinic, Mastercall Healthcare, SPCT, Swedish Primary Care; barriers to partnerships with other public health agencies; and other interventions or services could be used to reduce demand on A&E.

Further obstacles include poor data; the lack of integrated care records; digital inequalities; language barriers; low agility due to the standardisation of primary care.



Ideas:

Social AdVentures

1. Neighbourhood models via community centres; hub models via social housing.
2. Relabelling leisure as the NHS.
3. No wrong door model (to access the system through a trusted mechanism).
4. Reach out approaches, eg GPs in foodbanks.
5. Specific training for GPs.
6. Predictive health modelling (which has been trialled in Liverpool).
7. Managing GP diaries better.
8. Alliance partnership networks.
9. Social investment to set up new GP practices

The Greater Manchester Alternative Provider Collaborative

1. Partnerships with universities, medical and dental schools.
2. Alliances between GPs to connect and share ideas.
3. The group considered lessons from Bevan Healthcare and NUKA (a family-based approach in Alaska).
4. Create a social medicine approach; social investment into a co-operative provider of social medicine.
5. Make bespoke offers to GP providers to become co-ops / mutualise.
6. Roll out social prescribing across families and Children/Young People.
7. Undertake a feasibility study; involve all stakeholders including GPs and young people.



Challenge Area: Supported housing market – creating sustainable solutions together

Challenge owners:

Rachel Soni, *Director of Commissioning, London Boroughs of Richmond and Wandsworth*

Challenge supporter:

Laura Giles, *Senior Associate, Corporate & Commercial, Stone King LLP*

Challenge summary:

Registered Providers (of supported housing) have been impacted by the pandemic, building safety regulation and increasing costs. As a result many are devoting greater resources to maintaining their own stock, usually at the expense of reducing their development and new business activities. There has been a noticeable decline in associations wishing to acquire new affordable housing assets and in particular supported housing. In addition, some have reviewed their services and assets and decided to no longer deliver expensive non-core services and raise capital by disposing of some assets.

Hundreds of Adult Social Care service users are accommodated in Supported Housing schemes that Registered Housing Providers are seeking to dispose of over the next few years. This places a significant number of vulnerable residents at potential risk of homelessness. Supported

housing schemes are a key enabler in providing settled accommodation and supporting vulnerable adults to live as independently as possible in the community and avoid the use of more restrictive and expensive Residential Care to meet their needs. There will continue to be a growth in demand for Supported Housing over the next 5-7 years. The potential impact of RPs withdrawing from the Supported Housing sector is critical in some areas.

E3M Imagine participants unpacked these challenges further, discussing regulatory complexities; increasing demand; how general needs provision is seen as less risky for providers than supported provision; difficulties in getting planning approval for supported housing projects; conflicts of interest and limited funding to refurbish suitable empty properties. They also noted models developed by Resonance.

Ideas:

1. Leverage existing council assets for income generation to produce additional income for supported housing?
 - a. Eg rent out Council staff car parks out of hours.
 - b. Develop a comprehensive asset register to see opportunities for income generation
2. Improve incentives for investing in existing stock.
3. Consider how to better demonstrate the benefit when the council spends money investing in housing stock, which improves health outcomes, which benefits the NHS budget – eg a Plymouth-style model and/or Impact assessments.
4. Examine funding models with focus on cost savings / income surplus
 - a. Participants discussed **use of S.106 funding**; allocation of capital and revenue budgets; accounting rules.
 - b. Long-term rental offers and certainty of provision help with the business case for capital funding.
5. Lobby for policy / legislative change, eg planning permission deadline on completing works rather than on starting them.
6. Participants explored a **co-operative collaboration** model between stakeholders in which:
 - a. An SPV (special purpose vehicle, eg a coop or asset locked company limited by guarantee) buys properties from existing RPs / the council, using social investment.
 - b. Funding could come from the council contributing grant funding, eg S.106 or other monies; and/or council loan from PWLB; and/or commercial bank or social investors; and/or Local Government Pension Scheme (LGPS) investment – eg the Resonance Fund model, used to develop / deliver supported housing.
 - c. SPV offers long term collaborative contracts to care and support provider(s) for provision of services.
 - d. Long lease (e.g. 25 years) of property from SPV back to council, or long lease to care and support provider which the council guarantees.
 - e. Properties transferred FOC to Council once all debt repaid.
7. CPOs (compulsory purchase orders) may enable access to smaller sites that large RPs don't want.
8. Change obligation on council from getting best possible value in monetary terms for a site to being able to take social value into account.
9. Make it **easier for VCSEs to become RPs**.
10. Run **learning sessions** with social investors and commissioners
11. **Promote move-on options** and homeshare schemes – increased take up should free up supported housing stock.
12. **Set up an Expert Partner Group** to take these ideas forward.





E3M is a strategic initiative to support social enterprise innovation in public services led by Social Business International, working with three strategic core partners, Stone King, Buzzacott and Zurich.

Company number 7007166. Registered office: 8 Coldbath Square, London, EC1R 5HL.

www.e3m.org.uk

E3M Imagine was supported by Stone King LLP, Better Society Capital, Lloyds Bank Foundation and The Change Coefficient.

E3M

SK
STONE KING

**BETTER
SOCIETY
CAPITAL**


**LLOYDS BANK
FOUNDATION**
England & Wales

Buzzacott


ZURICH


social
business
international

 **THE CHANGE COEFFICIENT**