



E3M

E3M Imagine: Social Economy Models for the Future of Public Services

2025 REPORT

It is a pivotal moment for public services, which face increasing demand and record pressures. Resources are stretched, 'dysfunctional' markets have failed many people-centred services, and extractive practices are minimising resources and creating bigger problems for vulnerable people and service providers. We need to reimagine public service delivery.

E3M Imagine took place on 7 May 2025 at the People's History Museum, Manchester and brought more than 100 participants together to explore innovative ideas and models to improve public services. It followed the success and impact of E3M Imagine 2024, which led to new relationships, initiatives and demonstration projects to transform public service delivery and scale-up successful approaches.

Participants included public service commissioners from local authorities, the NHS and other organisations; social enterprises and co-operatives; funders and social investors (see [page 23](#)). They worked in mixed groups at facilitated tables to address the following 'challenges' in public service delivery, which were set and informed by commissioners:

- **Children's services** – reimagining supported accommodation for young people in care
- **Health (preventative approaches)** – using Social Outcomes Contracts to finance and scale preventative health interventions
- **Health (social investment)** – unlocking innovative solutions to tackle health challenges and reduce health inequalities
- **Local growth** – doubling the size of the social economy at a local level
- **Older people** – harnessing shifts in commissioning, partnership models and technology to create co-operation and provide better outcomes for those who are ageing
- **Skills and employment** – social economy routes into employment for people with complex needs
- **Social care** – improved outcomes for young autistic people
- **Social care** – supporting people with learning disabilities as they age

Social enterprises, co-operatives, mutuals, leisure trusts, employee-owned businesses and trading charities can deliver high-quality public services that meet communities' needs.¹ Imagine is part of E3M's ongoing work in this area. This report, which will also inform our response to the Government's consultation² on social value and procurement reforms, summarises E3M Imagine participants' ideas.



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E3M

¹See E3M's work on this: e3m.org.uk/data/, e3m.org.uk/cases

²Cabinet Office consultation, "Public Procurement: Growing British industry, jobs and skills," published 26 June 2025: www.gov.uk/government/consultations/public-procurement-growing-british-industry-jobs-and-skills-consultation-on-further-reforms-to-public-procurement/public-procurement-growing-british-industry-jobs-and-skills-html

Emergent themes

Several powerful themes emerged consistently across all challenge areas

Person-centred and co-produced approaches:

every challenge area emphasised the need to move beyond transactional relationships to truly person-centred, co-produced services. Participants consistently highlighted that effective solutions must be designed with rather than for service users, incorporating lived experience.

Breaking through silos:

a recurring challenge across all sectors was the problem of siloed working. Participants identified the need for better integration between children's and adult services, health and social care, education and employment services, and central and local government; and between sectors and organisations. The most innovative ideas emerged when participants explored 'purpose-aligned' partnerships and how to create coherent strategies that cut across traditional departmental boundaries.

Long-term versus short-term approaches:

every table grappled with the tension between immediate pressures (and addressing urgent need) and long-term strategic planning, including the difficulty of funding preventative work. Participants recognised that sustainable solutions require long-term investment and commitment, but current systems often incentivise short-term fixes.

Evidence and emotion:

some participants called it 'logic and magic' while others described it as data and storytelling: the need to continually gather quantitative data and evidence of outcomes along with emotive, powerful stories of transformative impact. These must be shared effectively, so stakeholders see and understand them. E3M's work developing case studies, data, evidence and other materials, in a variety of formats, is core to this.



The social investment lever:

social investment is a crucial enabler, not only as a funding mechanism but to align incentives, share risk, drive innovation and bridge the gap between traditional public funding and innovative service delivery.

Social value:

can be a barrier to, or an enabler of, purpose-aligned partnerships. It should take account of the intrinsic social value which is core to organisations which exist for public benefit. Too often, social value scoring is used as a box-ticking exercise in procurements, incentivising some bidders to 'game' the system by projecting fantasy aspirations with no accountability while ignoring the intrinsic social value of purpose-aligned organisations. [There is an urgent opportunity to inform the government's consultation on social value and procurement reform.](#)

Trust and relationships:

commissioners and social enterprises have suffered when partners could not deliver. Imagine participants identified trust as crucial for effective co-production and delivery and, when absent, as a significant blocker to innovation. Building trust between commissioners and providers, services and users, and the multiple organisations or departments which can be involved in supporting people is fundamental to creating effective partnerships and delivering better outcomes.

E3M Imagine 2025 also included:

An opening address from **Paul Dennett**, Mayor of Salford and Deputy Mayor of Greater Manchester, about creating a '*society that works for everyone, a city region where prosperity is shared, a future where public services are not surviving but flourishing and transforming lives.*'



Watch here:
youtu.be/SyZM_bYgNpg

An address from **Rose Marley**, CEO of Co-operatives UK, about the size, scale and purpose of co-operatives; how they 'punch above their weight' and the procurement changes needed to unlock better commissioning and replication.

A reception address from **Andy Burnham**, Mayor of Manchester City Region.



Watch here:
youtu.be/xz-Cg07u5Nk



Paul Dennett, Mayor of Salford

An address from **Sandra Hamilton**, Public Sector Transformation, Stone King, on '*Distinguishing market purchasing from system stewardship.*'

Vignette presentations on creating the UK's largest urban farm and eco park (**Anna De Silva**, Northern Roots, Oldham); '*Risk and opportunity*' (**Matt Hardwick**, Zurich); and social impact investment (**James Westhead**, Better Society Capital and **Joe Prendiville**, AllChild).

A panel discussion with **Jonathan Bland** (E3M), **Lisa Wilson**, (Royal Borough of Greenwich), **Matt Smith** (Key Fund) and **Rachel Law** (PossAbilities) which drew together insights from all the tables and challenge areas.



Watch here:
youtu.be/YArIItPkg9s



The following pages present **key ideas** and **insights** from each challenge area covered at **E3M Imagine**.



Challenge area: children's services – reimagining supported accommodation for young people in care

Summary and objectives

Young people leaving care in the UK face a range of challenges as they transition to adulthood, often without the consistent support networks others might take for granted. Their outcomes are frequently poorer than those of their peers across multiple domains, including mental health, criminal justice involvement, substance use, and employment.

Ahead of E3M Imagine, challenge owners identified three discussion topics: reassuring stakeholders and the public that supported accommodation with differing and appropriate levels of support can be a safe, positive option (and ensuring those young people who need more support are effectively identified); additional support for higher-need young people; and how to increase the number of charities and social enterprises providing these services.

Imagine participants on two tables unpacked the challenges further, noting issues of throughput and blockages; capacity and capability; 'stand-offs' between adult and child services; issues in which some providers are unregistered and others are inconsistently assessed by Ofsted; funding constraints; upfront capital requirements (the provision of children's residential care is capital intensive, which is partly why it is dominated by private equity owned vehicles); and the (unmet) need to equip young people with skills.

Challenge owners and supporters

Two tables addressed this challenge:

Table 1

Scott Darraugh, *Social AdVentures*
Tom Morrison, *Stone King LLP*

Table 2

Sophie Clarke, *Juno*
James Westhead, *Better Society Capital*

Ideas

Diversify, disrupt and stimulate provision

Both tables sought to 'stimulate the market' (which could be better described as a system) to encourage more, and more diverse, provision. Ideas included pilot programmes with different commissioning models (including commissioning packages of support in partnerships), moving from traditional block contracts to more flexible arrangements, and creating innovation partnerships that bring purpose-aligned public and VCFSE partners together.

Inspiration

Participants noted the impact of organisations including Juno CIC (Liverpool City Region), Lighthouse Pedagogy Trust (Sutton), Local Solutions (Liverpool City Region and North Wales), and Living Well UK (Birmingham), as well as Social AdVentures itself. All are delivering innovative models and boosting life chances for young people.

Integrated service packages

Participants proposed the co-commissioning of comprehensive packages, combining accommodation with (appropriate) wraparound support, including social prescribing, education, health and wellbeing, and employability support services. Instead of 'buying' activities, commissioners would enable and co-invest in outcomes, in recognition that young people need individualised and co-ordinated support.

Alliance / consortium model; joint ventures

An alliance model would enable multiple providers to join together and work with public authorities. Joint venture partnerships with social enterprises, social investors and local authorities could also use local authority properties and assets.

Extending support networks

Both tables emphasised moving beyond concepts of independence to 'interdependence' – building genuine communities around young people. Ideas included foster care until 21, peer mentor networks run by social enterprises, and regional care co-operatives that provide ongoing connection and support.

Quality and innovation

Participants stressed the importance of maintaining quality assurance. They proposed learning from Ofsted assessments while noting discrepancies in the system: some providers are unregistered; some are assessed by Ofsted as providing 'care' but others, 'support'. Regulatory approaches need to enable rather than constrain innovation while protecting young people.

National fund to enable capital raising at scale

Given that the provision of children's residential care is so capital intensive, a national capital fund created with a blend of sources – from government grant through concessional to institutional scale capital, and possibly in partnership with local authorities – could enable high quality, socially motivated providers to develop and thrive, and mission-aligned social enterprise providers to compete with private equity backed providers.

Further to E3M Imagine, in July 2025 the UK government announced a £500m social outcomes fund dedicated to supporting vulnerable children and their families. The Better Futures Fund will be delivered by the Department for Culture, Media and Sport, run for 10 years and aims to support up to 200,000 children. It will invest in social outcomes partnerships. It is important that these partnerships are designed properly.

Voice, involvement and co-design

Young people's voices, wants and needs should drive service design. Both tables emphasised that care leavers must be involved in developing new models of support and providing feedback as new models are tested.

The appropriate, supportive use of apps and other tech

Many E3M participants have learned about how Suara Cooperativa is innovating in this area, and apps may build community and communication between young people and support workers.

The discussions highlighted that reimagining supported accommodation for young people in care requires a fundamental shift from transaction-based relationships to genuine partnerships that recognise care leavers as assets to their communities.





Challenge area: health – using Social Outcomes Contracts to scale preventative approaches to improve health outcomes in local areas

Summary and objectives

This discussion explored how Social Outcomes Contracts (SOCs) can be used to embed and scale preventative health interventions that improve outcomes and reduce health inequalities in local communities. The UK health system spends significantly more on treatment than on prevention, resulting in poor health outcomes for many with some communities and groups facing disproportionately worse health outcomes. In parallel, the government is placing emphasis on three fundamental shifts within the health system and is reviewing the role of private and impact capital in contributing to these shifts:

1. from treatment to prevention
2. from acute care to community care
3. from analogue to digital

Impact capital has already supported the development and delivery of several successful health interventions using SOC, including diabetes prevention, mental health support, and social prescribing. Building on this experience, E3M Imagine participants on this table explored how we can expand the use of SOC and ensure they are designed in ways that work for the NHS and local systems.

Challenge owners and supporters (table 3)

Alice Birch, *Better Society Capital*
Jonathan Copping, *Stone King LLP*

Ideas

While unpacking the challenge area participants noted that the NHS and local systems experience siloed working and short-term funding cycles, and the difficulty in identifying **i) future savings from preventative work** and **ii) the level of unmet need**.

Inspiration

Participants noted the impact of community-based social outcomes models such as Healthier Devon; and of Ways to Wellness, a social prescribing intervention in West Newcastle upon Tyne targeting people aged 40-74 living in areas of high socio-economic deprivation who have long-term health conditions.



Evidencing prevention value

The table recognised the challenge of demonstrating return on investment for preventative interventions. In common with table 4, participants on table 3 sought to capture both immediate and long-term impacts

Addressing system barriers

Key blockers identified included a lack of data, limited bandwidth for long-term thinking, limited knowledge of and ability to make use of SOC's and social investment in general, government accounting rules that don't align with long-term strategy, and reluctance from some key players, particularly within the NHS. But the current government appears committed to address barriers; local systems can draw on 'willing participants' and increasing examples of success nationally.

Flexibility in specifications

Instead of rigid service specification, SOC's can give service providers flexibility in how they deliver outcomes, allowing for a more user-centred approach and greater scope for service adaptation and innovation over time.

Partnership opportunities

Participants noted that existing networks via Better Society Capital, the Government Outcomes Lab, and the Department for Culture, Media & Sport's Public Service Partnerships team offer opportunities to develop wider partnerships.

Social investment opportunities

Participants identified specific areas including diabetes and obesity interventions, child dentistry, intermediate care, mental health services, and health screening programmes.

This table's discussions are **complementary** to discussions from table 4 (see next section).



Challenge area: health – how can social investment unlock innovative and sustainable solutions to tackle major health challenges and reduce health inequalities?

Summary and objectives

This discussion explored how different forms of social investment – including equity, debt, social outcomes contracts and blended finance – can support new and scalable solutions to persistent health challenges. It focused on where social investment can best catalyse preventative, community-led, and system-wide health improvements, particularly to address inequalities.

The UK faces a worsening health crisis with more patients living with chronic conditions, worsening inequalities and rising pressure on the health system. Impact capital for social outcomes contracts has already supported the development and delivery of several successful health interventions, including diabetes prevention, mental health support and social prescribing. Building on this experience, this table investigated how to expand their use and ensure they are designed in ways that work for the NHS and local systems.

Challenge owners and supporters (table 4)

Paley Sweet, *Better Society Capital*
Matt Hardwick, *Zurich Municipal*

Ideas

While unpacking the challenge area, table 4 participants noted that the public health community has ‘lost its voice’ and how divergent leadership priorities plus firefighting and short-termism lead to multidirectional, unstructured services and a lack of goal alignment. ‘Drive-by efficiency’ and treating issues, not individuals, comes at the expense of effectiveness. They proposed **creating structured time and opportunities for local leaders** to come together and consider bigger picture challenges and solutions.

Evidencing prevention value with data and storytelling

Like table 3, this table highlighted the challenge of evidencing the investment return (or impact) of preventative care. Table 4 participants proposed developing case studies using data and storytelling to build the case for investment and communicate with government and commissioners.

Community health assets

Discussions covered the innovative use of community resources, particularly green spaces, as health assets.

Local health innovation partnerships

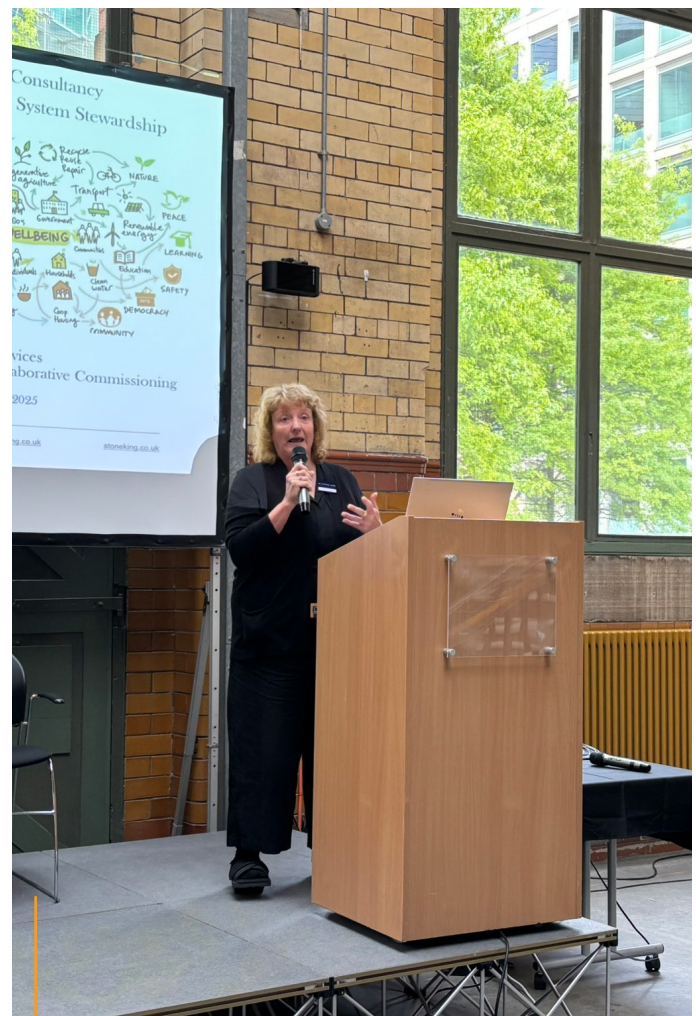
A key proposal was establishing **local health innovation action groups** that bring together commissioners, providers, universities, social investors and communities to identify social investment outcomes, align incentives and spread good practice. Participants discussed what is needed to create them, and involvement in equivalent groups where they exist already. Participants stressed that third sector organisations' longevity and long-term vision are crucial to such partnerships; as are social investors with lower expectations for financial return but an alignment with the partnerships' long-term vision.

Place-based initiatives

Such partnerships are place-based and address localities' specific needs while retaining 'civic identity'. Combining resources and expertise of health and social services could be an enabling factor. Participants highlighted Live Well integrated health and social care services as an example of community-led community support networks that address health and wellbeing holistically. The table explored how bite-sized innovation initiatives can subsequently scale, backed by strong leadership and consistent messaging. They recognised that effective scaling requires an appetite for change from local leaders and returned to the concept of 'logic and magic' – using both data-driven evidence and compelling storytelling to create emotional connections and drive change.

Social investment

Collaboration between all appropriate partners, including councils, NHS bodies, social investors and third sector organisations, is vital. The table explored how a strategic shift to supporting individuals, not issues, enables the potential for social investment to support multiple departments.



Sandra Hamilton's vignette presentation on distinguishing market purchasing from system stewardship

Table 4 discussions also covered international examples of **effective practice**³ and **Wales' Future Generations Act**.

³E3M has explored this through our Suara knowledge exchange programme: <https://e3m.org.uk/co-operation-innovation-and-participation-e3m-and-suara-learning-exchange/>



Challenge area:

local growth – doubling the size of the social economy at a local level

Summary and objectives

How can we significantly grow the social economy to create a fairer, more resilient, and sustainable economic model that benefits people, communities, and the places where they live?

Despite the proven resilience and benefits of the social economy, it remains a small proportion of the overall economy. Barriers such as access to finance, awareness, and policy support limit its growth. A failure to scale the social economy could result in missed opportunities for communities to tackle social and environmental challenges, particularly in areas experiencing economic decline or high levels of poverty.

Imagine participants considered challenges related to finance, regulation, skills and public awareness; the role of local authorities, national government, and international best practices; how councils and public bodies can support social economy growth through procurement, partnerships, and local economic strategies; and what can be learned from high-growth examples and innovative funding mechanisms.

Challenge owners and supporters

Two tables addressed this challenge and included a focus on Oldham as a specific case:

Table 5

Jonathan Downs, *Oldham Council*

Tej Dhami, *The Change Coefficient*

Table 6

Matt Smith, *Key Fund*

Eddie Finch, *Buzzacott LLP*

Ideas

E3M Imagine participants unpacked the challenges and noted issues around 'culture, confidence, capability, capacity and capital' – and limited collaboration between entities – as obstacles. Some commissioners' (or their colleagues') limited understanding, risk aversion and contracting practices also limit social economy growth.

Inspiration

Participants discussed the impact and critical success factors of projects and organisations including Plymouth's Alliance⁴; Meanwhile Space projects in Tyneside (a cinema), Plymouth (Guildhall), Hastings and Penistone; Foodworks and Regather in Sheffield; Settle's community-owned hydroelectric energy scheme; Energise Barnsley; Humshaugh Community Solar Farm / Net Zero; Doncaster Refurnish and Wheels to Work. Social investment and community-led approaches have catalysed these projects.

⁴ Case study: <https://e3m.org.uk/plymouth-alliance-contract-supporting-people-with-complex-needs>

Building on existing assets and mapping the social economy

Both tables emphasised starting with what already exists rather than creating new structures. In Oldham's case, this means giving entities space and authority to progress, while building engagement opportunities through projects like Atom Valley. There remains a need to map the scale of existing, local social economies – and to map concentrations of local purchasing power and wealth creation.

Public purchasing power

Both tables also discussed using the procurement spend of anchor organisations such as universities and colleges as a catalyst for local social economy growth and considered where this is currently being done well. This approach is central to 'community wealth building.'

Develop the evidence base, showcase success

In line with the point above, participants want to collate, share and celebrate both data and case studies about effective approaches.

Alliance contracting

The tables explored innovative approaches to service delivery, including alliance contracting, which can provide longer-term security for social enterprises and lever social investment.

Social value and training

Re-training commissioners in social value and public benefit will give them confidence and capability in using the flexibilities and opportunities under the new procurement act. Table 6 noted how education enables culture change and can secure political backing.

Be within

The opposite to 'build it and they will come': when commissioners and public authority officers are active and visible in communities they reduce barriers to engagement with local VCSFE organisations, building transparency, understanding and trust.

Partnership development

Identifying shared priorities across multiple organisations, including with the private sector, will provide long-term traction.


Innovation and sandboxing

The social economy offers valuable research and development tools to public authorities and can – if enabled with a safety net – test and learn from highly innovative, disruptive approaches as long as there is a 'dare to fail' mindset.

Social investment opportunities

Both tables noted the long-term net gains that social investment offers to areas, generating investment which is recycled within local economies. The social economy is uniquely able to lever this. Beyond traditional social investment, E3M Imagine participants on both tables discussed how social economy growth can be supported through the use of Community Investment Tax Relief (CITR); community share offers into community benefit societies, and other forms of crowdfunding; matched funding; corporate CSR; and finance via the Public Works Loan Board. Some of these funding sources could support social economy provision underpinned by community asset transfers or purchases.





Challenge area:

older people – how to harness shifts in commissioning, partnership models and technology to create co-operation between authorities, providers and the people themselves to provide better outcomes for those who are ageing

Summary and objectives

This challenge focussed on how we can work together to enable community based, purpose driven, socially motivated organisations to develop and thrive so they can meet the expectations of our ageing population. Expectations over what local, good quality services look and feel like are evolving. People are becoming used to personalised, relational, modernised, technology-enabled and digitally advanced offers. Commissioning and procurement practices have not yet evolved at the pace needed or in ways which reward the very things which our populations are looking for: value-based, ethically run organisations they can trust, where resources are available to support staff, staff and people have a say over decisions which matter to them, and surpluses are invested back in to providing high quality offers or transforming them for the greater good rather than personal or corporate gain.

Many social problems in local government stem not from a lack of wealth but from its unequal distribution. Greenwich has recognised the co-operative movement offers a compelling alternative, aiming to share wealth and power while empowering communities to control

their economic futures. With the social care system in crisis nationally, often leading to poor outcomes for care recipients, their families, and care workers, this discussion followed the move by Greenwich council to adopt a 'strength-based' approach to adult social care to improve outcomes. This was complemented by a new integrated commissioning approach. The council is also supporting community micro-enterprises in health and care. It recently published the outcome of the Co-operative Commission undertaken in Greenwich, providing the framing to move forward in working in new ways for commissioning purpose-driven, local care models. The table discussed what shifts are needed (in commissioning and ways of working); new structures, relationships, resources and investment approaches; and how to apply the co-operative values and principles to this work.

Challenge owners and supporters (table 7)

Lisa Wilson, Royal Greenwich Council
& **Emma Back**, Equal Care Co-operative
Julian Blake, Stone King LLP

Ideas

Ahead of E3M Imagine, participants reviewed insights from exploratory work on 'mission-led procurement' in Camden; outputs from the UCL Institute for Innovation and Public Policy's Mission Critical programme; work by Newcastle Business School on 'commissioning in complexity'; and examples such as the Equal Care Co-op in Yorkshire, which demonstrates how shared ownership and personalised care can improve outcomes and promote fairness.

During Imagine 2025 they unpacked the challenge further, noting barriers including fixed, traditional payment models, communication deficiencies between system services, 'failure demand' (rather than prevention), underfunded providers, and a lack of trust and integration across the whole health and care system. The recommendations of the Co-operative Commission, including a commitment to health and social care integration, and the work undertaken as a result of Imagine 2024, give the council energy and enablement to develop a person-centred co-operative model.

A ten-point plan to developing an 'Equal Care Co-operative Model'

Participants refined a plan which is summarised here:

1. Co-operative model of social care.
2. Personal ownership of own care via personal budget ownership / management, starting from each individual – people with need lead.
3. Data – one record available to all: combined electronic patient/person records accessible to all providers will reduce duplication.
4. Integrated service transformation requires blended roles and funding.
5. To overcome the blockers of different perspectives, institutional mindsets, use shared outcomes frameworks to drive collaboration.
6. Develop a multi-sector, multi-stakeholder community partnership to make better use of resource envelopes.
7. Use 'Public Value Imperatives' (PVIs) to ensure partner / provider quality and alignment, and purpose-driven open book accounting.

8. Develop an ongoing narrative of collaboration, covering purpose / roles / input / expectations / governance / community and actual operational relationships.
9. Co-operativise workforces.
10. Co-operativise governance.

Demonstrate success

In Greenwich, community organisations are more trusted than the council by some communities. Since the cooperative care compact will be co-produced with Greenwich residents, including lived experience participants, there's an opportunity to demonstrate the success of a small model, such as a home care patch-based model of ageing and disability support with partners.

Direct communication from person to carer

Technology (apps, chat) can enable providers to give person-centred support faster than when prescriptive referrals are made to providers by service specification. While recognising the potential to enhance services, the discussion emphasised that this must be people-led rather than technology-led, focusing on how digital tools can support better outcomes.

Contract flexibility and other commissioning methodology

The table spent time discussing the flexibilities enabled, but seldom used, under procurement and other legislation; the need for flexible, person-centred contract specifications and that co-operation must be written into contracts.

Workforce development

This approach will address skills shortages and support the development of a skilled, valued, and properly rewarded workforce. Discussions also emphasised how to ensure staff have a voice in decisions.

Social investment

Discussions also covered how the council can invest into community organisations and lever social and other investment; subsidising start-up initiatives to then replicate; and how the co-operative principle of commonwealth delivery would apply to the overall strategy, applying or redistributing surplus to areas of need across the system.



Challenge area: skills and employment – social economy routes into employment for people with complex needs

Summary and objectives

Current mainstream work readiness programmes do not often meet the needs of people with 'complex needs'⁵ who are furthest from the jobs market. The funding for work readiness programmes does not support equity in delivery, resources or reach within existing community organisations already working with people furthest from the job market.

Using lived and learned experience to inform commissioning, how could a social economy model support more joined up working with community organisations in the design of more holistic services that are more likely to get people into meaningful work to support them and their community?

This challenge is about accessing and retaining 'good and fair employment' – one of the Marmot Principles – a framework for reducing health inequalities and improving quality of life for all. Participants discussed opportunities to enable greater access and retention to good and fair employment for people with complex needs; new ways of designing and resourcing services so that people with complex needs get the support they need, when they need it and in ways that work best for them; how to ensure 'softer outcomes' are also valued; how to ensure funder or commissioner expectations avoid driving negative feedback loops in the system through 'comfortable counting'; involving lived and learned experience and addressing root causes of complex needs rather than their symptoms.

Challenge owners and supporters (table 8)

Harriet Ballance, *Lloyds Bank Foundation*
Tom Murdoch, *Stone King LLP*

Ideas

Participants noted issues in funding, deficit-based labelling/excluding; how some providers game the system; the prevalence of a short-term, crisis-mode approach; poor communication and that many jobs are often not good and fair.

What's working elsewhere

Participants considered critical success factors of initiatives including Plymouth's learning exchange.

Local employer partnerships

Participants discussed developing local employer partnerships focused on good practice sharing, particularly with large organisations. Collective purchasing could amplify impact. Partnerships can also be strengthened by developing coherent strategies across local authorities' economic development teams and asset-based service provision, and considerations of social value.

⁵In this instance we refer to complex needs as a combination of physical, mental, social, economic or environmental challenges that affect a person's opportunity to access good and fair employment.



Build on the willing

A 'coalition of the willing' – employers and organisations ready to try new approaches – can demonstrate success and build momentum for broader change. Start small and scale from where we know we can secure partners. This enables co-design too.

Innovation and experimentation

The table advocated for defining initiatives as experiments, allowing for learning and adaptation rather than demanding immediate perfection.

Contract length

If commissioning organisations use longer-term contracts it will enable partners to lever social investment.

Social investment opportunities

The table discussed how pooling funds (given the large spend) would maximise resources, and that supporting people to develop their own social enterprises creates additional routes into employment, so investment in parallel funding of innovation spaces is key.



Challenge area: social care – improved outcomes for young autistic people

Summary and objectives

Autistic young people face significant challenges and are more likely than the general population to experience poor mental health. The absence of effective and adapted support increases the risk of severe mental health issues, often resulting in admission to inpatient services. The economic and social impacts are significant.

How might we co-create solutions with young people and professional providers that will result in improved outcomes for autistic people and prevent/reduce the risk of institutionalisation?

Challenge owners and supporters (table 9)

George Martin, Essex County Council
Ciara Campfield, Stone King LLP

Ideas

This table's participants identified challenges including funding silos, defensive cultures, competing agendas, rigid services not serving complex needs, the complexity of the systems involved and the need for more agility.

Co-producing services; a 'bottom-up' approach

The table called for a co-produced approach based on human systems integration. Community voices and priorities should be central. There needs to be

investment in local wisdom, with power given to those with lived experience to design and govern services intended for them. It's essential to build a model based on collaboration, inclusion, and responsiveness. By embracing co-production, and focusing on strengths-based, preventative approaches, we can build systems that not only reduce the risk of institutionalisation but also empower autistic young people to thrive in their communities.

Creating conducive environments

There is a need for more environments that work for neurodivergent people, including in schools, workplaces, or community settings. This involves training advocates and developing guidance on reasonable adjustments for workplaces, with the aim of creating cultures that are positive, empowering and inclusive. We need to advocate for inclusive, low-stress environments in schools, homes, and clinics, reducing sensory overload and social pressure that can trigger crisis so that young autistic people can thrive.

Small supports, big Impacts

Participants recognised that small, person-centred interventions can prevent larger, more costly problems later. There is a need to better evidence the impact of these supports, not only in a financial sense but in a human sense. All too often decisions are made based primarily on financial risk, but we must also consider the human risk.

Unbundling

Autism and learning disabilities are often bundled together in strategic planning. They are not the same: there is an overlap, but a lot of difference. There needs to be a recognition that different support requires different needs. The risk is that by bundling them together, we don't serve either group; support systems should be based on actual needs, not administrative convenience.

Conducting

Participants discussed the idea of having a 'conductor' in each organisation – especially in complex environments involving multiple departments, funding streams, and policy areas. This role holds transformative potential for breaking down silos and aligning efforts. This person would weave together what are often treated as separate fabrics: operations, policy, funding, community engagement, evaluation. They would create cross-functional collaboration by facilitating regular conversations between stakeholders who don't normally connect and by making

visible the interdependencies (e.g., the impact of late or misdiagnosis of autism) and perhaps translating between different languages (finance, policy, service delivery). Their full system view would ensure that every player sees how they contribute to the bigger picture, momentum isn't lost in the complexity, and purpose remains centred.

Aligning funding with mission

Funding is often fragmented—grants, contracts, philanthropy, core funding—and tied to narrow goals. There should be more focus on the power of pooling funds to serve shared priorities, reducing competition and increased coordination among programmes and preventing funders from working at cross-purposes.

Partnerships

The table recognised how fragmented and siloed the 'system' is for autistic people, and there is a need to draw things together to make services more accessible and avoid duplication and confusion. This could mean a shift to commissioning partnerships rather than traditional transactional commissioning.

Participants also discussed:

- Flexible and early interventions
- Better use of AI and data as an enabler
- Collective ownership
- Better procurement and commissioning; moving from transactional contracts
- Impact-led finance





Challenge area: social care – supporting people with learning disabilities as they age

Summary and objectives

To identify the best pathways and support for people with learning disabilities to enable them to age well and as independently as possible. Croydon has one of the highest number of residents with learning disabilities being supported in residential and nursing care, as measured by the Adult Social Care Outcomes Framework (ASCOF, 2E).

Its transformation programme is seeking to address this through discussions with residents and professionals and identifying opportunities to 'step-down' into more independent settings. There is also work to support decision-making around new residents supported by Adult Social Care services. Croydon Council is also looking at early intervention, prevention and enablement, and how this prevents more restrictive settings being used, and enables independence as early as possible.

The table explored how to support these individuals to achieve more independent living, covering enablement interventions to support people to become more independent; opportunities for investment into Croydon to provide more independent living options; how the council can support the system and leveraging social investment. The ultimate aims are to reduce residential placements and increase the number of people supported to live in their own homes independently or with floating support.

Challenge owners and supporters (table 10)

Shadab Ahmed, London Borough of Croydon

Sandra Hamilton, Stone King LLP

Ideas

This cohort of E3M Imagine participants unpacked challenges to the objectives, including Croydon's organisational context; the need for a range of person-centred services; the market being dominated by private providers; insufficient housing stock; overly paternalistic practice; and risk aversion. Participants also suggested:

'Liberated Method'

Participants noted the success of enabling and move-on services offered by PossAbilities CIC, Salford CVS' collaboration model, the Leading Lives model, and (like other tables) the 'Liberated Method' of designing and implementing relational public services.

Least restrictive principle

Asking 'what is the least restrictive option?' and working systematically towards more independent options.

Prevention and earlier intervention

Enable people to remain in their own homes for longer, support parents and carers as they age, make better use of short breaks for families and of carers' networks, to enable carers to continue caring for longer.

Building a new model of care for Croydon, with good governance and an asset lock

Lead with principles and move from a privately dominated marketplace to an effective person-centred community-based model. Participants suggested Croydon should commission a self-advocacy group of learning-disabled residents to lead and co-produce a strategy. This could lead to the formation of a residents' board, again led by people with lived experience (including carers).

Develop a portfolio of options – and of new homes via an asset-locked partnership

Develop person-centred choices which span diverse housing options, with accommodation provided via the third (VCFSE) sector and or in partnerships involving the VCFSE. The table advocated to develop (and therefore invest in) appropriate new accommodation using reserves, by asset transfer of land (VCFSE organisations could lever social investment for build), by seeking homes which could be bequeathed by families to asset-locked entities, and in partnership with Registered Social Landlords. Over £3m of annualised savings are associated with building more housing e.g. Extra Care, which will grow to over £7.5m in five years if no further action is taken. Investment is required to acquire, develop or redevelop homes for people with care and support needs who do not need to be in residential care homes.

A pragmatic split

The group also re-emphasised the importance of separating tenancy agreements from care provision, to allow people to maintain their housing while care arrangements can be more flexible and person-centred. Suggestions were made around using this as an opportunity to onboard more VCFSE partners to provide services, including enablement, focusing on life skills and potential employment opportunities.





Baroness Glenys Thornton at E3M Imagine 2025. Read Glenys' subsequent article on 'social washing' here: www.politicshome.com/opinion/article/lets-end-rigging-public-service-procurement-repair-childrens-care-provision

Effecting positive change

E3M Imagine 2025 followed our successful 'Imagine 2024' event, which catalysed new initiatives in:

- The London Boroughs of Richmond and Wandsworth to create sustainable supported housing solutions by developing a co-operative collaboration model. The model will provide settled accommodation and support 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; and ensure local provision to avoid out of borough and spot purchasing.
- Elderly care in Greenwich – Imagine's 2024 work on developing co-operative models and technology to enable modern, local, purpose-driven care and support for those who are ageing informed the council's adoption of a 'strength-based' approach to adult social care, new integrated commissioning approach, and Co-operative Commission.
- Domestic abuse: commissioners in Essex are working with the charity Cranstoun to pilot a perpetrator housing project. The project is a partnership approach with local housing providers and private landlords to accommodate perpetrators alongside behaviour change support. The pilot will tackle the root causes of abusive behaviours, whilst working with the perpetrator away from the family home.
- Many other new partnerships and demonstration projects. In some cases, fully formed solutions emerged to seemingly irretractable issues, because of how Imagine brought expertise together.

Imagine 2024 also contributed to a supportive policy environment for social enterprises – E3M and our core partners drew on discussions to inform our input to the development of the National Procurement Policy Statement and the Social Value Procurement Notice, which reference the role of social enterprise and the idea of co-designing with communities.

Looking forward: ideas to action

The insights from E3M Imagine 2025 provide valuable evidence of what works and what is needed to create more effective, responsive, and sustainable public services.

Common themes emerged across all challenges, including the need for person-centred approaches, breaking down silos, long-term thinking, collecting and sharing evidence and stories, the leveraging effect of social investment, identifying real social value and building trust. Within this framework, specific ideas for innovative work and new partnerships emerged from each table, giving participants a framework for action.

As we note earlier, the government opened a consultation on social value and procurement reform in summer 2025. The work done at E3M Imagine will inform our response.

Social enterprises, co-operatives, mutuals, leisure trusts, employee-owned businesses and trading charities are essential partners in public service transformation. E3M Imagine participants will now turn the insights, ideas, commitment to innovations and new partnerships from the event into systemic change that improves outcomes for people and communities.



Left to right: Julian Blake, Jamie Veitch, Rachel Law, Jonathan Bland, Eddie Finch, Sandra Hamilton, Tej Dhani

Organisations represented at E3M Imagine 2025

AllChild	Consulting	Innovation Trust
ASC Learning & Development & Business	Juno	Public Health South Tees
BCVS/LBF	Key Fund	Resonance Ltd
Better Society Capital	LARCH/VONNE	Rotherham MBC
Beyond Empower	Leading Lives	Royal Greenwich Council
Bolton CVS	Legacy in the Community	Salford City Council
Bryson Group	Liverpool City Region Combined Authority	Sheffield City Council
Buzzacott LLP	Lloyds Bank Foundation	Shropshire Supports Refugees
Cartrefi Cymru	Local Solutions	Social & Sustainable Capital LLP
Charity Bank	London Borough of Croydon	Social AdVentures
City Health Care Partnership CIC	Manchester Local Care Organisation	Social Business International
Co-operatives UK	Mastercall Healthcare	Social Enterprise UK
Colligo Labs	NatWest Social & Community Capital	Stone King LLP
Cornerstone Place Ltd	NCA NHS Trust / Salford City Council	Talk Listen Change (TLC)
Department for Culture, Media & Sport	NHS GM/GM ADASS	Tameside MBC
Employee Ownership Association	NHS North Central London ICB	The Change Coefficient
Equal Care Co-operative	North East Combined Authority	The University of Manchester
Essex County Council	Northern Roots	Trafford Council
Family Psychology Mutual CIC	Oldham Council	Turning Point
GLA (Greater London Authority)	Plymouth Health Determinants Collaborative, Plymouth City Council	Unit M, The University of Manchester
GM Alternative Provider Collaborative	PossAbilities	Unity Trust Bank PLC
Gtd healthcare	Postcode	Westmorland & Furness Council
Jamie Veitch		Zurich Municipal



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.

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