Neighbourhoods Development and Sharing Meeting

30th April 2019
“Communication is key, the right hand has to know what the left hand is doing.”

“It’s all very well someone saying this or that is in place but you do feel anxious.”

“I need to be kept in the loop and up to date, this is my life at the end of the day.”

“Who are these people coming in and out each day?”

“Living in your own home is part of being normal, being surrounded by your own things.”

“Communication is key, the right hand has to know what the left hand is doing.”
What do we mean by neighbourhoods

Our health and care teams are working in 5 Neighbourhoods areas in Salford
We are developing our Integrated Health and Social Care Neighbourhoods.

People at the Centre

Joining up care

Early intervention / prevention

Using different skills in communities

Timely access aligned with GP networks
Previous neighbourhood workshops

8th August 2018, 17th October 2018, 10th April 2019, have informed direction

Looking lively at the Salford Together event today. Community staff, GPs, Salford Healthwatch, voluntary sector and social care coming together to talk neighbourhood

@SalfordCVS @SalfordCCG
@SalfordRoyalNHS @SPCTogetherCiC
@HWSalford #neighbourhoods #integration
• This year we are bringing five core neighbourhood groups together to provide leadership for the delivery of neighbourhood health and care integrated working:
  - includes Community Nurse, GP, Social Worker, VCSE lead, Mental Health lead and AHP Lead.

• These core leadership groups have met monthly January to April 2019 to:
  - Have a common understanding of the assets, needs & demands within their neighbourhood
  - Identify potential priorities and projects to provide innovative solutions to neighbourhood problems
  - Ensure community assets and VCSE sector are embedded in neighbourhoods
We will be working together on our neighbourhood priorities today.
Neighbourhood plans for 2019/20

• AQUA are facilitating a leadership development programme from June 2019

• A project from our agreed neighbourhood priorities will be led through this programme over the next year

• We will hold at least two more events in 19/20 to:
  • Share feedback from the projects
  • Contribute to the further development of our neighbourhoods
Neighbourhoods Development and Sharing Event

30th April 2019
Aims

To increase and share understanding of neighbourhood working

To increase understanding of the Assets in our Neighbourhoods

To define neighbourhood health and social care priorities and understand what matters to us in these priorities
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00</td>
<td>Welcome and introduction</td>
<td>Tara Kearney</td>
</tr>
<tr>
<td>9.20</td>
<td>Applying behavioural insights to health and social care integration</td>
<td>Eva Kolker</td>
</tr>
<tr>
<td>10.00</td>
<td>Working with VCSE and wellbeing matters</td>
<td>Bruce Poole</td>
</tr>
<tr>
<td>10.20</td>
<td>Group work outline</td>
<td>AQuA</td>
</tr>
<tr>
<td>10.30</td>
<td>Refreshment Break</td>
<td></td>
</tr>
<tr>
<td>10.50</td>
<td>Neighbourhoods: The current and future state</td>
<td>AQuA</td>
</tr>
<tr>
<td>11.20</td>
<td>Defining our Priority areas and Measures of Success</td>
<td>AQuA</td>
</tr>
<tr>
<td>12.30</td>
<td>Feedback from neighbourhood group work</td>
<td>AQuA</td>
</tr>
<tr>
<td>12.45</td>
<td>Next steps</td>
<td>June Roberts</td>
</tr>
<tr>
<td>13.00</td>
<td>Lunch</td>
<td></td>
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</tbody>
</table>
APPLYING BEHAVIOURAL INSIGHTS TO HEALTH AND SOCIAL CARE INTEGRATION

Eva Kolker
Applying behavioural insights to health and social care integration in GM

Summary of BIT Scoping Report
Agenda

- Introduction to behavioural insights and BIT: North
- Introduction to the project
- Key themes
- Recommendations for other GM areas
- Next steps
Introduction to behavioural insights and BIT: North
The term behavioural insights incorporates multiple disciplines.
BIT: North

BIT North:
BIT’s regional office in Manchester
- Opened in 2016
- Founding partners: Greater Manchester Combined Authority & Greater Manchester Health & Social Care Partnership

BIT HQ:
Global headquarters in London
- Jointly owned by UK Government, Nesta & Employees
- Over 100 in-house behavioural science experts
- World-class research & evaluation team
Introduction to the project
Overview

- Across GM, places are setting up ‘neighbourhood teams’. These teams vary in composition, but cover populations of 30-50,000 people and include staff from community health and social care.

- In Manchester, these teams are known as Integrated Neighbourhood Teams.

- Our exam question was:

  “How can we use behavioural insights to make it easier for staff in INTs to work in a more integrated and collaborative way?”
What did we do?

Our research had four components:

- Fieldwork in three Manchester INTs
- Fieldwork in four other areas of GM
- Academic literature review
- Two workshops with frontline and strategic staff (one at the start to shape the scope, one at the end to sense-check and challenge our recommendations)
### Where did we do our fieldwork?

<table>
<thead>
<tr>
<th>Area</th>
<th>Team name</th>
<th>Membership</th>
<th>Co-located since</th>
<th>Line management</th>
<th>Integration type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Manchester South</td>
<td>Gorton INT</td>
<td>✓</td>
<td>✓</td>
<td>2016</td>
<td>Separate</td>
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<tr>
<td>Manchester Central</td>
<td>Patch 2</td>
<td>✓</td>
<td>✓</td>
<td>Not yet</td>
<td>Separate</td>
</tr>
<tr>
<td>Manchester North</td>
<td>Manchester Community Response North</td>
<td>✓</td>
<td>✓</td>
<td>2016</td>
<td>Shared</td>
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<tr>
<td>Greater Manchester</td>
<td>N/A</td>
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<tr>
<td>Bury</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Greater Manchester</td>
<td>N/A</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Rochdale</td>
<td>Littleborough INT</td>
<td>✓</td>
<td>✓</td>
<td>May 2017 nurses &amp; social care, Sept 2017 physios &amp; others, Nursing &amp; physio shared Social care &amp; others separate</td>
<td>To be determined</td>
</tr>
<tr>
<td>Tameside</td>
<td>Locality West</td>
<td>✓</td>
<td>✓</td>
<td>2015 for social care, 2016 for non-health &amp; care, May 2018 for nurses</td>
<td>Separate</td>
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<tr>
<td>Greater Manchester</td>
<td>Integrated Community Services - Wigan Central</td>
<td>✓</td>
<td>✓</td>
<td>2016</td>
<td>Joint</td>
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</table>

*Wigan's Service Delivery Footprints (SDF) include a wide range of non-health and social care staff co-located with Integrated Community Services.*
Key themes and ideas
We identified three key themes:

- Improving team meetings
- Increasing trust and social contact
- Improving systems and processes
Improving team meetings

- Most teams we observed had a mix of huddles, MDTs, handovers and other multi-disciplinary meetings.

- The distinctions between these different meetings weren’t always clear.

- The behavioural science of meetings is an emerging field, with interesting findings about how the structure of meetings can dramatically influence their output.

- This section applies some of these findings to MDTs and other multi-disciplinary meetings.

Ideas

1. Rotate the chair of MDTs each meeting to disrupt traditional power imbalances.

2. Review the different types of meeting and refocus handovers, huddles and MDTs on their distinct, primary purposes.

3. Create a clearer separation between MDTs and huddles by requiring all participants in the MDT to bring only one or two cases to discuss.

4. Run MDTs in a way which reduces the risk of group-think.

5. Embed good planning techniques into huddles and handovers.
Increasing trust and social contact

- Throughout our project (in our initial workshop and fieldwork) staff highlighted a lack of understanding between staff from different professional backgrounds.
- In more concrete terms, this could lead to insufficient or inappropriate referrals, repeat assessment and lack of coordination.
- Co-location will help, but it won’t increase ‘incidental’ communication as much as you might expect.
- We think social contact should be ‘designed in’ to INTs.

**Ideas**

1. Set up joint visits or shadowing opportunities between staff in different professions.
2. Remove referral forms and processes within the INT (encouraging in-person handover).
3. Create opportunities for staff to have more informal conversations.
4. Help staff understand the role of other professions.
5. Increase trust by creating a system for team members to say thank you to colleagues from a different service.
6. Move to an induction process which includes ‘deep cultural learning’.
Improving systems and processes

- It is easy to think that fiddly or less-than-perfect systems and processes are small details.

- However, our environment plays a surprisingly large role in shaping our behaviour. Small details (like the layout of a form or the friction involved in getting onto an IT system) therefore shape our behaviour more than we expect.

- We know these problems are difficult to address. In this section we concentrate on short-term changes which can be implemented straight away.

<table>
<thead>
<tr>
<th>Ideas</th>
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<tbody>
<tr>
<td>1. Automatically identify and connect staff working with the same person.</td>
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<tr>
<td>2. Set up a dedicated staff resource for managing integration</td>
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<tr>
<td>3. Fix the small stuff quickly to give staff a positive early experience of integration.</td>
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<tr>
<td>4. Make it easier for staff to contact their colleagues from other professions.</td>
</tr>
<tr>
<td>5. Remove visible signs of previous team boundaries.</td>
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</tbody>
</table>
We make two sets of recommendations

Recommendations for Manchester

These recognise the specific organisational context in Manchester at the moment. They are grouped into two parts:

1. Changes the LCO should implement without testing
2. Changes the LCO should implement and evaluate

Recommendations for other areas of GM

Since different areas of GM are at different stages of the integration journey, we provide other areas with a list of points to consider as they design and implement neighbourhood care models.
Key points for other GM areas
<table>
<thead>
<tr>
<th>Integration design &amp; planning</th>
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<tr>
<td>● Think about the specific staff behaviours you would like to change following integration. Do you want more shared assessments, fewer repeat visits or more informal discussion of cases? Consider how you could measure these behaviours.</td>
</tr>
<tr>
<td>● If there isn't a shared IT system (even in the short-term), <strong>try and minimise the hassle of having separate systems</strong>. For example, set up a system to notify staff when another professional starts working on the same case.</td>
</tr>
<tr>
<td>● Consider <strong>how the building/office layout may encourage or discourage unplanned interactions</strong> in places like corridors or kitchens (known in the literature as ‘collisions’).</td>
</tr>
</tbody>
</table>
Teams about to co-locate

- Begin introducing teams to each other a few months before co-locating, for example through joint team meetings. Run a ‘deep’ induction programme which includes exercises like perspective taking when the teams first move into the same building.

- Consider hiring someone (or allocating time to a group of existing staff) to manage integration activities like induction and logistics. Evidence from private sector mergers suggests that dedicated ‘merger teams’ are important to success.

- Make sure that the move to the new office goes as smoothly as possible, e.g. have enough desks and entry fobs for the building on the first day and make arrangements for parking. These details can frame the team’s early impressions of ‘integration’ and what it means for their day-to-day.
Key points for other GM areas (3)

Teams who are already co-located

- **Find ways to encourage regular, informal interactions between staff** (e.g. by randomly pairing staff with a new person to meet once a fortnight or by setting up a cross-profession ‘buddy system’). Don't assume this will happen naturally in a shared office.

- **Optimise meeting structures.** This includes making the differences between huddles, handovers and multi-disciplinary team meetings clear. In addition, consider approaches to encourage better problem-solving in meetings, such as rotating the chair or nominating sub-groups of staff to challenge the consensus decision in a meeting.

- **Systematically collect feedback from residents about the impact of both integration and the role of specific professions** and share this with staff. This is likely to boost morale and productivity and also give staff a clearer understanding of each person’s role within the integrated team.
Next steps
There are a few things we could do next

1. **Develop a training package on the findings of the INT report** (and behavioural science for OD more generally) which is available as a 'package' for areas to draw down as needed.

2. **Test the impact of ‘auto-connecting’ staff in teams across several GM localities.**

3. **Develop a 'behaviourally-informed/place-based induction’ and test it.**

4. **Test the impact of removing referral forms and processes within integrated teams (encouraging in-person handover).**

5. **Support GMCA and the Partnership to think about how to evaluate the new approach**, in particular by identifying neighbourhood-level measures which could underpin an evaluation.
Thank you
Salford CVS
and
Wellbeing Matters
in your neighbourhoods

Bruce Poole
Salford Together VCSE Partnerships Lead

Wendy Ryan
Wellbeing Matters Programme Manager
Salford CVS is the city-wide infrastructure organisation providing support for the voluntary, community and social enterprise sector. Our services include:

- Funding support
- New groups
- Information, advice, and guidance
- Admin support – including DBS checks
- Finance support – including payroll
- Grants and Investments
- Mailings and forums
- Training
- Volunteer Centre
- Advertising and promotion
### Salford State of the VCSE Sector 2017 report

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Details</th>
</tr>
</thead>
</table>
| 46,800 volunteers | • Giving **115,400** hours each week  
• Valued at **£104.4** million p.a. |
| 1,513 VCSE organisations | making a difference in Salford |
| 5,300 total employees (3,500 FTE) | • Valued at **£111.2** million p.a. |
| 50% specifically support health and wellbeing outcomes | |
| Enabling **2.4 million** interventions | with beneficiaries in the past year |
What can we do for you in your neighbourhood?

- New groups
- Grants and Investments
- Training
- Mailings and forums
- Information, advice, and guidance
- Volunteer Centre
- Link to community and voluntary groups
- Communication and Engagement
Wellbeing Matters
City wide programme that includes a social prescribing model

Wendy Ryan
Delivery model

**Workstream 1** — building a neighbourhood infrastructure with 5 anchor organisations, each hosting a FTE Community Connector

**Workstream 2** — developing capacity in local community groups to support volunteering and activity around wellbeing via 5 FTE Volunteering Development Workers

**Workstream 3** — embedding a social value approach to achieve wellbeing outcomes across the VCSE, businesses and health / social care system via 1 FTE Social Value Development Worker
Outcomes

VCSE activities

Healthy life choices, feeling less lonely, taking part in physical activity, reduced anxiety and depression, self care of long term conditions

Feeling connected to people and their local neighbourhood, shared strengths and assets, increased community resilience, empowered communities

Reduced obesity, improved mental and emotional health, increased confidence, self management of asthma, diabetes, cardio-vascular disease, improved healthy life expectancy

GP visits avoided, reduced emergency admissions, reduced attendance at A&E, reduced permanent admissions to care, less medication waste and reduced cost of medication

Personal outcomes

Community outcomes

Population health outcomes

System outcomes

Outcomes

Feeling connected to people and their local neighbourhood, shared strengths and assets, increased community resilience, empowered communities
The VCSE Anchor Organisations

Scott Darraugh – Social Adventures
Bernadette Elder – Inspiring Communities Together
Bernadette Conlon – Start Inspiring Minds
John Phillips – Langworthy Cornerstone

On behalf of Salford Third Sector Consortium
“We are calling them `community anchor organisations` because of the solid foundation they give to a wide variety of self help and capacity building activities in local communities and because of their roots within their communities.“

David Blunkett

“Community anchors are independent community-led organisations. They are multi-purpose and provide holistic solutions to local problems and challenges, bringing out the best in people and agencies. They are there for the long term, not just the quick fix”

CLES 2018
Wellbeing Matters Anchor Organisations

5 VCSE Anchor organisations through the Salford Third Sector Consortium

- Langworthy Cornerstone (Ordsall)
- Inspiring Communities Together (Swinton)
- Social Adventures (Broughton)
- Unlimited Potential (Irlam)
- Start (Walkden and Little Hulton)

- Each of these organisations is home to the Wellbeing Matters Community Connector

- Each Anchor organisation is the expert in your neighbourhood and beyond
ICAN is a person centred support service commissioned by Salford CCG. Social adVentures were asked to develop a level 1+ service to support local people living with long term health conditions across the city. This has been extended until 2021. No referral is needed it is a universal services with 4 health coaches across the city.

Healthy Living Centre commissioned by Salford CCG Resources for Salford people including free 121 weight loss support, exercise classes, free personal training sessions, days out, walking groups, healthy eating and nutrition advice, art classes and, much more...

Garden Needs is based at the North of the ward and has been delivering a wide variety of mental wellbeing services since 2012. We delivery a Green Care service for people living with mental ill health using Horticulture and Conservation, Woodland Wellbeing groups for Older People and a community larder project in local schools.
Our Impact

- **20%** of people that take up our services would recommend our services to a friend or family member.
- **100%** of our staff.
- **£1** spent on our services we've returned.
- **£10.12** worth of social value.
- **80%** of a GP's time.
- **90%** of GPs would like to be able to offer 'social prescriptions' to patients.
- We grew our turnover by **75%**.
- We gained **190** new members.
- We're delivering **3x** as many services than we did in the NHS and we haven't spent more money.
START work within all neighbourhoods to provide the following creative programmes:

- **Arts on Prescription** - for those referred from primary & secondary care
- **Start Over Fifty** - community sessions for older people
- **Creativity in Care** - for those in care homes, sheltered or extra care facilities
- **Additional projects** - targeting groups such as the homeless, refugee & those in substance misuse recovery services
- **Open Sessions** - for anyone wanting to experience the therapeutic benefits of creativity
- **STARTforward** - a work programme supporting those with mental health problems
- **Mental Health Drop in Groups** - to provide ongoing guidance & peer support
- **Captain Confidence** - a schools programme aiming to increase resilience in children
- **Reach Out Start to End Suicide** - a suicide prevention and awareness project
Within Walkden Shopping Centre START have created a community hub called THE MAKE SPACE.

From here START deliver a number of projects, and this is where our Connector is based.

The space is available to other services and partners, providing an easily accessible, non medical location to deliver local provision and target specific members of the neighbourhood.
Our role in Swinton – Age Friendly

Tech and Tea, active ageing, falls prevention and eating well, wellbeing conversations, Social Prescribing – Delivered across community assets: care homes, libraries, community centres, sheltered housing schemes, GP Practise

Outcomes

- More people connected to community assets to help reduce loneliness
- Building a volunteer movement which supports health and wellbeing message givers
- People have skills, knowledge and confidence to play an active role in managing their own health and wellbeing
- More people supported to stay well and live in own home as long as possible
- Reduce number of falls in older age
Volunteer wellbeing champion - I had experienced a number of personal issues in my life which meant I started to suffer from depression and anxiety. When my daughter started nursery I was not sure what to do with my life. I thought about going back into work but the idea of it was very scary, I knew I needed to build my confidence and some-one suggested volunteering. Volunteering has improved my wellbeing, it has given me a structure. It’s about me and my development, building relationships, improving my confidence in talking to people. My whole volunteering experience has involved being scared of starting something new but coming out of the other side.

Eating well social lunches - M lives in East Salford and was interviewed for the BCC programme food, truth, scare. she told her story how she was admitted into hospital with severe weight loss and hydration, M said “When Andrea came to ask me if I wanted to come to the Lunch and Learns I was very scared and frightened that I wouldn’t know anyone because I don’t mix with a lot of people I was pleasantly surprised everyone was so nice and friendly the sessions are very helpful”. M has continued to attend the month sessions gained weight and made new friends.

Falls prevention – I am finally able to cook freely in my kitchen as I have decluttered it and it has given me the freedom and manoeuvrability I need within my own home: I have recently purchased two new pairs of shoes to improve my comfort and stability; I bought a pair of trainers as well as a pair of sturdy boots that support my ankles: I have taken up doing some exercise: I have shared my learning with others.

Tech and tea - Bob recently had stroke and as a result is having to relearn how to speak. “The course taught me how to use a laptop which means I have another way of communicating with companies like British Gas, I can email rather than struggle on the phone.” Bob has also made friends with a couple on the course who he now socialises with and goes out on day trips.
Current examples of work

• Dadly Does It – positive fatherhood
• Elephants Trail – tackling severe disadvantage
• Empower You – physical activity by disabled people
• Breath Stars – children’s asthma
• Autistic people into meaningful employment
What commissioners say

• “rooted in the local community, but with academic rigour and methodology ... an unusual combination.”

• “working with people, supporting them to achieve what they want to achieve; they really live that and show it in the work they do.”
IT NEXT STEPS
Tuesday 10am-12noon

IT BEGINNERS
Tuesday 1pm-3pm

Langworthy Cornerstone Association

IT SERVICES
- Support to use computers
- Training
- Technology setup and troubleshooting

ACTIVE AGING
- Taster sessions
- Health and well-being activities

FREE 8 Week courses

FOODCyle Salford Langworthy

What our guests say:
- "It shows me the way that other people are willing to help those down on their luck."
- "One of the best projects in Salford for getting the community together."
- "I am incredibly grateful to the amazing wonderful people at FoodCycle."

Our impact:
- 72% guests eat more fruit and vegetables
- 76% guests feel more part of their community
- 88% guests meet people from different backgrounds
- 81% guests feel safe and secure

Thank you to all our volunteers and supporters for a brilliant year!
General Enquiries  bruce.poole@salfordcvs.c.uk
Wellbeing Matters  wendy.ryan@salfordcvs.co.uk
Volunteering  volunteer@salfordcvs.co.uk

www.salfordcvs.co.uk
Neighbourhood Group work set up

• The current and future state (30 minutes)

• Defining our Priority areas and Measures of Success (60 minutes)
We want to offer more services that help and support people in their own communities and neighbourhoods.

We are investing in services closer to people’s homes – to help those with physical, mental health and social care needs.

Hospitals will still be there when people need them – Care in hospitals will be available when a person needs specialist care that can’t be provided in the community or at home.

We want to support those who are healthy and well keep active and busy so they stay healthier for longer and support those who have care needs to manage their own conditions to improve their quality of life and independence.

We have three aims to:

- Deliver better health and social care outcomes for people, Improve the experience of service users and their carers, make better use of limited resources
April 2022......

It's now 2022, the Neighbourhoods are working together effectively as a system and individually.

• What does this look like?
• What does this feel like?
• What things happen?
• What doesn’t happen?
• How do people know its working? (staff, citizens, patients)
• What’s our measures of success in our neighbourhoods?
Our Neighbourhoods .... Where are we now?

- What’s already working well and why?
- What’s getting in the way?
- What needs to be started/put in place?
OUR PRIORITY AREAS
What makes a good priority?

• It will make a direct difference to the health and wellbeing of your neighbourhood population
• It is within your control and influence to change
• You will see the impact in the next 6, 9 or 12 months
• The impact is measurable
• It will appeal to the people of your neighbourhood (staff, patients, citizens)
Establishing and refining top priority for the neighbourhoods

- Each neighbourhood group to pitch for the 5 priority areas developed on 10th April
- Citizen’s/ wider team members add- What matters to me?
- Suggest something different is ok

Prioritise down to 3
- Decide/refine measures of success for the priority areas
- What measures are needed – how will we know it’s working?
- What key things need to happen?
- Who needs to make it happen?
- Who will own the actions? How and when these will be reported on?
Measures of Success

- Decide/refine measures of success for the priority areas
- What measures are needed – how will we know it’s working?
- What key things need to happen?
- Who needs to make it happen?
- Who will own the actions?
- How and when these will be reported on?
Evaluation: Top tips

- It is never too early to start thinking about evaluation, ideally this should be done before a project gets underway.
- Establish your project aims and objectives - these will enable you to think about the outcomes which you need to measure.
- Developing a logic model for your programme will help to establish your evaluation questions. These show the expected relationships between activities and results > What you expect to happen, and when.
- Consider who the stakeholders of your evaluation are (e.g. patients, staff, commissioners etc) and how you can involve them.
- Try to collect a range of process, outcome and impact measures.
- Plan evaluation time into your project and think about who will lead on this.
- AQuA can help with evaluating your neighbourhood projects.
Evaluation: Template

<table>
<thead>
<tr>
<th>1. Core Evaluation Questions</th>
<th>2. Indicators / Criteria</th>
<th>Sources</th>
<th>Data Collection</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do we want to know?</td>
<td>How will we know it?</td>
<td>Who will have this data /info /knowledge?</td>
<td>How/when will we collect these data?</td>
<td>What tools do we need to develop? (e.g. staff)</td>
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Coffee Break
FEEDBACK ON GROUP WORK
Neighbourhoods Development and Sharing Event

30th April 2019
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>May 19</td>
<td>develop the priority project proposal</td>
</tr>
<tr>
<td>June 19</td>
<td>start leadership programme</td>
</tr>
<tr>
<td>June 19 – Feb 20</td>
<td>take forward project priorities and leadership programme throughout 2019/20</td>
</tr>
<tr>
<td>Sept / Oct 19</td>
<td>Wider sharing /development meeting</td>
</tr>
<tr>
<td>March 20</td>
<td>Evaluate programme</td>
</tr>
<tr>
<td>March 20</td>
<td>Wider sharing/ development meeting</td>
</tr>
<tr>
<td>2020/21</td>
<td>Programme to align with Public Sector Reform and Place developments</td>
</tr>
</tbody>
</table>
Longer term vision: Moving to Place Based Approach

- Expanding and joining with wider public sector
- Learning from council neighbourhood pilots
- Link to wider determinants / wider sector services for holistic planning
COMING TOGETHER IS A BEGINNING.
KEEPING TOGETHER IS PROGRESS.
WORKING TOGETHER IS SUCCESS.
THANK YOU