



Partnership Engagement Network (PEN)

Report of Conference held on 4 February 2019

Background

The Partnership Engagement Network (PEN) was established as part of a multi-agency approach to provide public and partners with an identified and structured method to influence the work of public services and to proactively feed in issues and ideas.

The approach ensures that the structures exist to have ongoing conversation with the public and stakeholders and creates forums for people and organisations to get their voices heard, but also to hear about and contribute to the development of public sector programmes and work.

Introduction

On 4 February 2019 representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust along with public, stakeholders, partners, and voluntary, community and faith sectors came together for the first PEN Conference of 2019. There were over 70 participants in total.

Participants heard presentations on the Tameside & Glossop Strategic Commission Corporate Plan and the Living Life Well Mental Health project. These were followed by a whole room 'Living Life Well – Mental Health' engagement activity the outcomes of which can be found at appendix 2.

Participants also took part in two rounds of a choice of five facilitated workshops focussing on specific issues/challenges, followed by a Partnership Engagement Network development session. A full agenda for the day can be found at appendix 1.

Facilitated Workshops

Five facilitated workshops took place to gain input on the development of options, emerging ideas and specific issues and challenges currently facing the economy. The approach to the workshops was flexible with the workshop leads invited to facilitate the workshop in the way which worked best for the topic they were delivering. Key points and notes of these discussions are available at appendix 3 onwards.

Participants were invited to take part in a choice of two of the following five workshops:

- Loneliness
- Greater Manchester Moving Local Delivery Pilot
- Corporate Plan (Tameside & Glossop Strategic Commission)
- Building a Social Movement around Community Wellbeing
- Social Prescribing and Asset Based Community Development

The discussions and feedback captured during these workshops will be used to provide data, information, evidence and insight to the development of public services in Tameside and Glossop. The full notes of each of the workshops are included in the attached appendices (3 to 7)

A PEN development session was also undertaken during which participants were invited to provide feedback on PEN including what aspects are working well and any improvements that can be made. The findings of this session are available at appendix 8.

Post Conference Feedback Survey

All participants were invited to take part in a post-conference feedback survey. A total of 26 responses were received. The key findings of the results include:

- Of those who responded to the survey, all participants rated the PEN Conference as Good (68.0% Very Good, 32.0% Good).
- When asked about the organisation of the event, 96% gave a rating of either good or very good (64.0% Very Good, 32.0% Good) with 4% stating poor.
- The majority (85%) rated the presentations overall as good or very good (42.3% Very Good, 42.3% Good), while 15% rated poor or very poor (Poor 11.5%, Very Poor 3.9%).
- Participants were invited to give comments about the presentations. The key points that were raised in the comments were:
 - General positive comments – informative; enjoyable
 - The sound quality in the room is not adequate. Some had trouble hearing presentations, even with the microphone.
 - The slides are sometimes difficult to read e.g. print is too small or there is too much information on them.
 - Some would like to see more information on the papers beforehand.
- All participants rated the workshops positively – almost two thirds rated the workshops 'very good' (62.5%) and over one third rated them 'good' (37.5%).
- Respondents were invited to give comments about the workshops. Some of the key themes in the comments were:
 - PEN is helpful in terms of finding out about current campaigns and how to get involved in them.
 - Informal nature of workshops encourages people to speak.
 - More time would be better – enough to cover material.
 - General positive comments – informative and interesting, enjoyable, benefits of sharing ideas, different to previous conferences
 - Participants would benefit from clear descriptions of the workshop content.
 - It would be better to focus on fewer topics and have more thorough discussion.
- 88.5% of those who responded said that they felt they were given enough opportunity to express their opinions. 11.5% did not feel they were.
- Respondents were asked for their thoughts and opinions on the Partnership Engagement Network. Some of the key themes were as follows:
 - PEN is a good thing and should be more widely advertised
 - Publicise / promote PEN more.

- Encourage more groups to participate
- PEN is useful – it is a good networking opportunity, an excellent platform to share ideas and provides opportunity to have a voice in different topics you wouldn't normally engage in.
- The event would benefit from more representatives from the Glossop / Derbyshire area.
- PEN is valuable for organisations and for involving the public.
- PEN needs more representation from different groups and backgrounds e.g. BAME, veterans, people with disabilities etc.
- Workshop discussion needs to be more evenly balanced. For example all members encouraged to have their say and the discussion directed away from stories on personal experience.
- More information is needed about each conference before it takes place.
- Participants were asked about what topics they would like to see covered at future conferences. The key points from the responses are as follows:
 - Small groups/organisations e.g. how we can increase them and generate interest; how they can secure funding; promoting the work of smaller organisations
 - Mental health – including impact of welfare reforms on mental health
 - Life in General Practice
 - Youth work
 - Education
 - Accessing help for long term health conditions
 - Transport
 - Long term health conditions
 - Achievements of PEN
 - Carers
 - Social prescribing
 - Performance indicators on public health in Tameside
- Participants were given the chance to make any other comments about PEN more generally. The key themes:
 - More publicising / promotion of PEN conferences
 - General positive comments about PEN – enjoyable, hope PEN continues, provides good opportunities for networking.
 - Any opportunities to explore more informal venues

A full breakdown of the responses can be found at Appendix 9

Future PEN Conference Dates

25 June 2019, 9.30am-2.00pm

16 October 2019, 9.30am-2.00pm

Appendices

The following appendices are attached:

- Appendix 1 – Conference Agenda

- Appendix 2 – Workshop notes; Living Life Well (101 Day Mental Health Project)
- Appendix 3 – Workshop notes; Loneliness
- Appendix 4 – Workshop notes; Greater Manchester Moving Local Delivery Pilot
- Appendix 5 – Workshop notes; Corporate Plan
- Appendix 6 – Workshop notes; Building a Social Movement around Community Wellbeing
- Appendix 7 – Workshop notes; Social Prescribing and Asset Based Community Development
- Appendix 8 – Workshop notes; Partnership Engagement Network Development Session
- Appendix 9 – Post Conference Feedback Survey Findings

PARTNERSHIP ENGAGEMENT NETWORK CONFERENCE

Date: Monday 4 February 2019

Time: 9.30am–2.00pm (Registration from 9am, lunch and networking from 1.10pm to 2pm)

Venue: Hyde Town Hall, 10 Corporation Street, Hyde, SK14 1AL

A G E N D A

1.	Welcome - (Councillor Brenda Warrington, Executive Leader, Tameside Council and Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust)	9.30 – 9.35am
2.	Introductions – (Maggie Murdoch, Lay Member for Public Participation, NHS Tameside & Glossop CCG)	9.35 - 9.40am
3.	Corporate Plan – (Sarah Dobson, Assistant Director Policy, Performance and Communications, Tameside & Glossop Strategic Commission)	9.40 – 9.55am
4.	Living Life Well (101 day Mental Health Project) – (Pat McKelvey, Head of Mental Health and Learning Disabilities and Arianne Whitley, Commissioning Project Manager Adult Mental Health and Learning Disabilities, NHS Tameside & Glossop CCG)	9.55 – 10.15am
5.	Living Life Well – Whole Room Engagement Activity	10.15 - 10.55am
6.	Feedback – 1 key point from each table	10.55 - 11.00am
	BREAK (15 minutes)	11.00 – 11.15am
7.	Breakout - Workshops – Round 1 (See overleaf)	11.15 - 11.55am
8.	Feedback – 1 key point from each table	11.55 - 12.00noon
9.	Breakout - Workshops – Round 2 (See overleaf)	12.00 - 12.40pm
10.	Feedback – 1 key point from each table	12.40 - 12.45pm
11.	Partnership Engagement Network development session	12.45 – 1.05pm
12.	Close - (Maggie Murdoch, Lay Member for Patient and Public Participation, NHS Tameside & Glossop CCG)	1.05 - 1.10pm
	LUNCH AND NETWORKING	From 1.10pm

	WORKSHOPS
A	Loneliness – (Angela Wild, Public Health Programme Officer, Cathy Ayrton, Southway Housing and Ruth Madden, Action Together)
B	Greater Manchester Moving Local Delivery Pilot – (Annette Turner, Programme Manager, Public Health)
C	Corporate Plan – (Jody Smith, Policy and Strategy Service Manager, Tameside & Glossop Strategic Commission)
D	Building a Social Movement around Community Wellbeing – (Kerry Bertram, Self-Care Project Manager, Person & Community Centred Approaches, Tameside and Glossop Integrated Care Foundation Trust)
E	Social Prescribing and Asset Based Community Development – (Kirsty Fisher, Community Wellbeing Programme Manager, Action Together and Charlotte Leonhardson, Community Wellbeing Projects Manager, The Bureau)

Workshop notes; Living Life Well (101 Day Mental Health Project)

Co-producing a new Model for improving Mental Health in Tameside and Glossop

Question 1:

What are your thoughts on the proposed new mental health neighbourhood development?
Are there any specific things you feel need to be considered to best meet people's needs?

- ❖ Overdue, great idea. Clear need in T&G. Prevention is key to this model
- ❖ Seems the right thing to focus resources on
- ❖ It's about time!!
- ❖ Ensure good access to cheap/ free options of support
- ❖ Reach people through physical health problems too
- ❖ Buddy/mentor will make this model work glad to see it has been recognised
- ❖ Employ local people to work / volunteer in this service, people respond to real people
- ❖ Need to tackle stigma in our own work place/ CCG/Council parity of esteem is not achieved here
- ❖ Waiting times must be managed and consideration to missed appointments needs to change- currently it's too strict
- ❖ Telephone sessions would be helpful too
- ❖ STRONG communication and promotion required
- ❖ Peer support is KEY
- ❖ Online access to appointments, variety is needed for people who are struggling
- ❖ Equip people in the community to develop coaching skills e.g. taxi drivers, barbers, hair dressers etc.
- ❖ Clear access – make it easy for someone to access and receive support
- ❖ Current services – clinicians need to be on board GP's / A&E staff and Mental Health staff
- ❖ Good idea in theory but would like to see it in practice
- ❖ What is being done about those who self-medicate e.g. drugs & alcohol as usually when this issue comes up the person is sent off and no one service will take responsibility for them
- ❖ Age 16 +, understand the need for this but more needs to be done in schools prior to this. Better information on mental health and drugs and alcohol needed.
- ❖ Families need support!! They need education and awareness to support them in supporting their family member whilst maintaining their own wellbeing.
- ❖ Must not just be Monday to Friday 9am-5pm service!
- ❖ Support with transport?
- ❖ Inclusive of all communities and people (BAME, MEN, childcare , working age, housebound individuals, socially isolated individuals, AUTISM and LEARNING DISABILITIES, visually impaired etc.)
- ❖ Worried about demand being overwhelming
- ❖ Family / carer support integral
- ❖ Link with existing resources- don't reinvent the wheel!
- ❖ Feel like you are punished if getting better as all service and support STOPS!

Question 2:

Reaching men is a priority in this new development. Do you have any suggestions on how we can help support men more effectively?

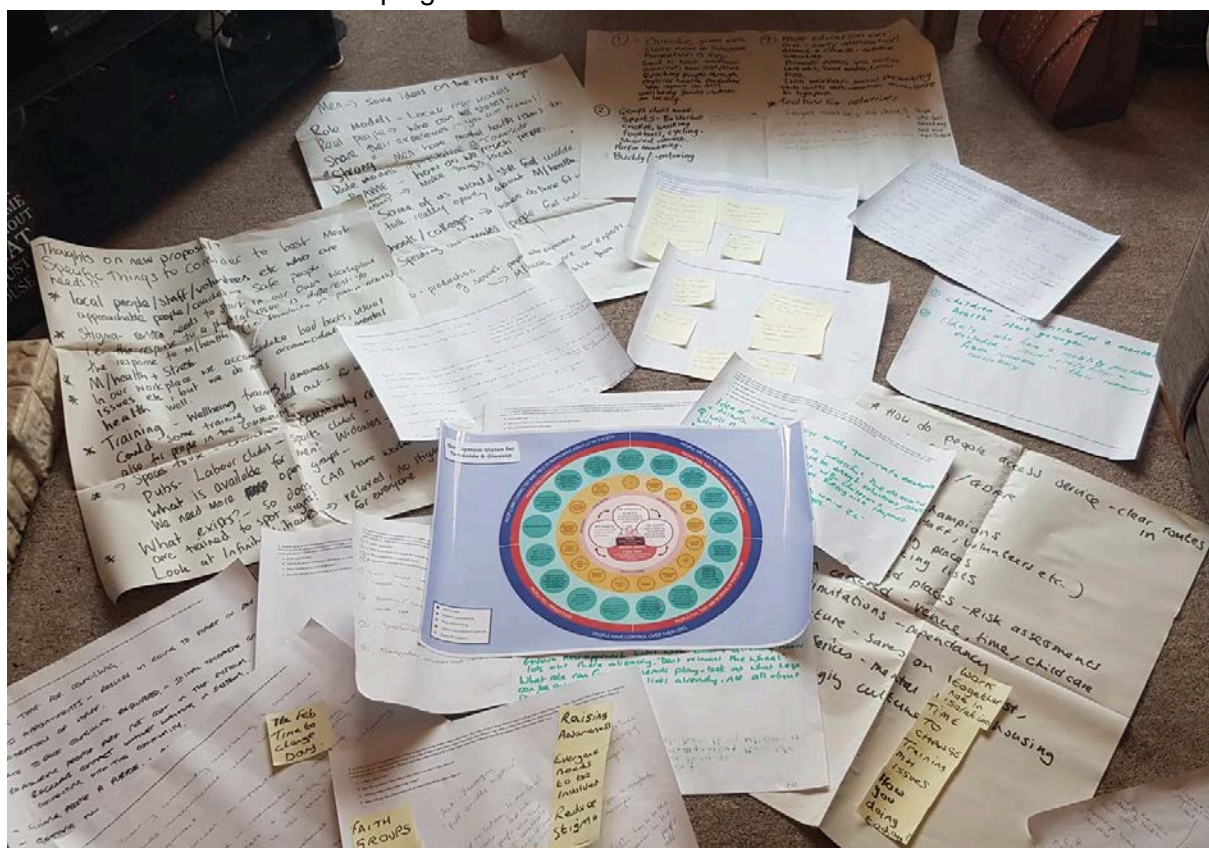
- ❖ Groups don't always work- ensure variety. 1:1 coaching options with peers sounds fantastic
- ❖ Reach men through activities/sports
- ❖ Local role models- celebrities?
- ❖ Share real stories- MENTEL / TASC/ Anthony Seddon/ Moving Forces/ Active Tameside / Football clubs/ Curzon Ashton
- ❖ "Strong" men have mental health needs too
- ❖ Get them young- schools/ colleges/ criminal justice system
- ❖ Keep coproducing services – ask us what we want
- ❖ Social media
- ❖ Male only sessions
- ❖ Men in Shed- really good to get these involved & The Anthony Seddon & Infinity Initiatives
- ❖ Share recovery stories far and wide
- ❖ Share messages with women about where men can get support

Question 3

Another focus of this development will be to support mental health stigma reduction. One way we want to do this is to work with people in places they want to go – not just in clinical settings. Our ambition is to see people for sessions/appointments in a range of spaces and places across Tameside and Glossop. e.g. cafes, community centres, GP practices and libraries. We want to create a network of informed spaces and places – these places will have a shared understanding of mental health and the challenges people struggling with their mental health face.

- **Is this a good idea?**
- **How do we decide what places and spaces we use for this service?**
- **What considerations need to be made?**
- **How else can we raise awareness of mental health to reduce stigma?**
- ❖ More education on mental health needed
- ❖ Should be accessible courses to attend to raise awareness and understanding on different levels of mental health need
- ❖ Promote events via ; radio, leaflets, social media, local press
- ❖ Ensure the mental health front door 'hubs' thrive with quality information
- ❖ Tool box of mental health awareness and support for relatives of those struggling
- ❖ Everyone should be invited for a mental health check- bring mental health into NHS health checks
- ❖ Some good stuff already going on (Anthony Seddon, MIND, HWBC)
- ❖ Spaces and places
 - Churches
 - Community centres

- Infinity Initiates
- Anthony Seddon
- Active Tameside
- Age UK
- Libraries
- Art Gallery
- Portland Basin
- Health & wellbeing college
- Labour clubs/ pubs?
- Football clubs
- Cricket clubs
- Snooker clubs
- ❖ Make sure spaces available for confidentiality and safety for both person and staff member
- ❖ Lone working policies need to be in place to keep staff safe
- ❖ Share recovery stories far and wide
- ❖ Co-design and co-produce ALWAYS
- ❖ Mental health community champions- START A MOVEMENT!!!
- ❖ Female only support sessions available
- ❖ Need Anthony Seddon in Glossop
- ❖ Somehow share that the negative conversations that are so unhelpful ; “pull yourself together” “cheer up” “some people have real problems to worry about”
- ❖ Promote “it can happen to anybody” messages
- ❖ Keep listening to those who have been through it
- ❖ Promote recovery messages and lifestyle management
- ❖ Do some decent campaigns – Tameside council



Workshop notes; Loneliness

Causes of Loneliness/Social Isolation

Anyone can experience loneliness at different times of their lives. Working together in partnership with key agencies – Public, Private, 3rd Sector to understand the barriers and issues surrounding older people and how they can help to improve their lives.

Below are many of the causes of loneliness/social isolation -

- Bereavement
- Breakdown of relationships
- The feeling of not belonging – having to be something you are not
- Men are not as socially connected as women
- Depression – withdrawing from communities activities
- Mental Health issues – not linked to any services due to loss self confidence
- Anyone can experience loneliness at different times of the lives. Not just an older people's issue
- Identity – feeling confused
- No hobbies or interests
- Financial issues/ Universal Credit
- Retirement – no plans in place

How do we identify people who are lonely and socially isolated?

- Many services ask “How can we reach the hard to reach people”.
- Services are not looking out of the box and people usually access the following services -
 - GP Practices
 - Health Visitors
 - Job Centres
 - Supermarkets
 - Places of worship
 - Pubs and Clubs
 - Friends of community group members
 - Pharmacies
 - Welfare Rights/DWP
 - Local community shops

Work together with the above services to help identify older people. Asking 3 simple questions – not via an assessment –

1. Do you have any family who live near you
2. Do you have any friends that you see regularly
3. Are you involved in any community activities/groups

If the older person answers no then this is when the person should be linked into what options are available in their communities using My Life in Tameside & Glossop Website and passport.

What can we do to reduce Loneliness and social isolation? Solutions?

- By working together in partnership, including older people is the way forward.
- Loneliness is everyone's responsibility.
- Loneliness Steering Group key outcomes have started to reach people who are lonely through:
 - Take a Seat Campaign
 - The Silver Cord Befriending Scheme
 - My Life in Tameside & Glossop Website (more important the passport paper version)
- Encourage positive language via social networks, advertising, leaflets.
- Local Community groups to be more inclusive of older people
- Buddying/Befriending
- Volunteering opportunities
- Look at engaging more with carers who have valued skills to offer
- Drop in sessions with the neighbourhoods
- Local Community radio geared up more to support older people
- Local Housing providers supporting more
- Better hospital discharge packages to focus on social interventions where people don't meet the criteria for care
- Employers identifying those employees – HR awareness sessions
- Building partnerships with the LGBT community groups

Outcomes from the PEN

- 11 people from the PEN have signed up to be part of the Loneliness Steering Group or Sub-Group

Actions next steps -

- Everyone will be contacted who have expressed an interest in supporting the Steering Group and the work to tackle barriers
- Arrange for everyone to meet and discuss how they can
- Loneliness Steering Group's Terms of Reference will be shared for discussion and amend if required
- Discuss the objectives of the Loneliness Steering Group and how the participants feel they can support
- How much time can the participant spare to support the steering group.
- Do the participants have other ideas of reducing loneliness/social isolation

Workshop notes; Greater Manchester Moving Local Delivery Pilot

In Greater Manchester people are not as physically active as they could be, impacting on their physical/mental health, and overall wellbeing. GM Moving is an ambitious plan to encourage residents to be more physically active with the aim of getting 75% of people active by 2025. As part of this programme of work, Greater Manchester has £10million in funding to help, encourage and enable people to reduce their levels of inactivity, and start reaping the benefits of being more active. The funding comes from Sport England as part of a Local Pilot Scheme, and Tameside and Glossop are one of the 12 areas selected to take part in the UK, and will receive a share of that funding.

Participants were advised that these workshops are the beginning of public engagement on the local proposals. Information was provided on the funding principles, before allowing participants to share their own experiences, thoughts and suggestions about how to approach reducing physical inactivity together.

Please note: The workshop was for the Tameside aspect of the programme. Separate engagement events will be held for Glossop residents, led by High Peak Council.

An exercise took place to create, at a glance, the participants' home and family life situation, establish whether they were active already, what they did for fun (in order to link physical activity to their other interests as a hook), and something about themselves wasn't obvious just by looking at them. This was to uncover things like underlying long term conditions for example, but also uncovered hidden talents, skills and past achievements that could be tapped into.

Thematic analysis of the output from this exercise will take place to identify common barriers and enablers of physical activity, as well as examining key life events that positively or negatively impact on people's ability to participate.

Common themes were that people liked their activity to be social, preferably with family, friends and sometimes animals. Walking and dancing were popular and 'sport' per se was barely mentioned, although the majority of participants in the groups were female and therefore may have influenced this.

Work will also take place to identify whether any workshop participants fit the description of the target audiences for the programme of work and whether any participants wish to take part in further interviews, or potentially ask to be 'mystery shoppers', keep photo diaries or get involved in the co-design work for future projects.

Creating positive associations and non-threatening, non-competitive yet social opportunities to move more during the formative years would potentially help embed positive behaviours for life. Further engagement and co-design work will be taking place in the near future.

Workshop notes; Corporate Plan

Our People, Our Place, Our Plan: Corporate Plan for Tameside and Glossop

Background

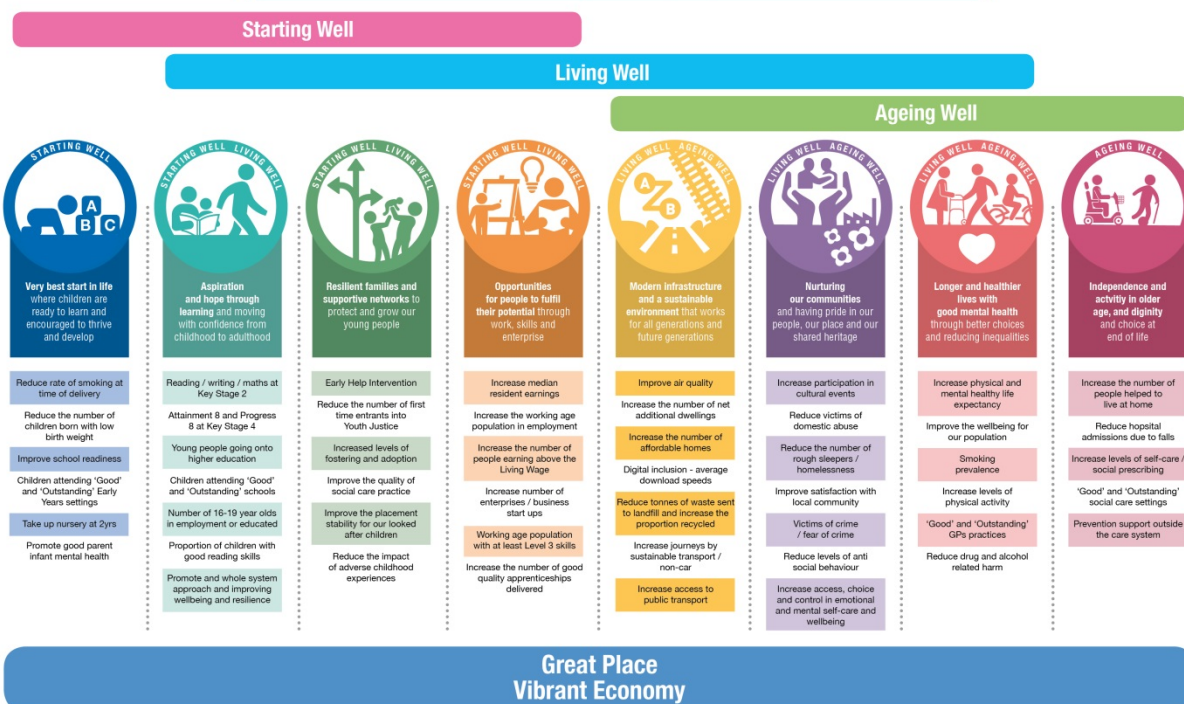
Tameside Council and NHS Tameside & Glossop CCG have come together to form one organisation – Tameside & Glossop Strategic Commission. We have developed together a new corporate plan that reflects the priorities and guiding principles for our joint work in the borough. This is the first corporate plan to pull together the objectives of the Strategic Commission.

‘Our People Our Place Our Plan’ outlines our aims and aspirations for the borough, its people and how we commit to work for everyone, every day.

The plan is structured by life course – Starting Well, Living Well and Ageing Well, underpinned by the idea of ensuring that Tameside & Glossop is a Great Place, and has a Vibrant Economy. Within each life course we have identified a set of goals that set out what we want to achieve for people in the area throughout their life.

The plan is supported by a list of our public service reform principles that define the ways of working we will take on to achieve those goals. The principles are a Greater Manchester-wide idea that we have adopted locally and will redefine our relationship with residents – doing with, not to.

The aim of the workshops at the PEN Conference was to understand the priorities of the people of Tameside and Glossop and encourage them to give their views on how we can translate the Corporate Plan into reality.



Delivering on Our Plan

Delivering the vision, aims and priorities of the Corporate Plan will be supported by a number of enablers and ways of working:

A **new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.

An **asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.

Behaviour change in our communities that builds independence and supports residents to be in control

A **place based approach that redefines services** and places individuals, families, communities at the heart

A stronger prioritisation of **well being, prevention and early intervention**

An **evidence led** understanding of risk and impact to ensure the right intervention at the right time

An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

Workshop 1:

Starting Well

- Prioritise funding for 0-3 year olds as this is the most important stage of development
- Schools should be the mechanism of developing skills for children
- Parents should have a choice of schools for their children's education regardless of the child's individual physical or mental health
- Ensure schools are equipped for the physical and mental needs of the children who attend them
- We need to educate parents to raise and teach children in the right way
- We need to take into consideration the needs of young carers
- Women need to have choice in how they give birth
- We must emphasise the spiritual wellbeing of children
- We need to improve the oral health of children. There needs to be education about healthy eating
- We need to try and break cycles of poor parenting
- We need to educate teachers about children's mental health
- There needs to be community safety for young people in terms of protecting them from the anti-social behaviour and violence of other young people
- The impact of social media on young people needs to be considered
- We should limit screen time for children before bed
- Educating parents about their children's physical and mental wellbeing
- In Glossop, there is a problem because of the lack of overlap between T&G health services and Derbyshire County Council services
- There is a lack of provision in Glossop in general

Living Well

- Income and skills levels in Tameside are low and have been for a long time
- We should subsidise transport for under 24s to allow people in Tameside to access more job opportunities, better skilled job opportunities and better paid job opportunities
- There needs to be better online access to employment resources, and also health services
- Social isolation issues are not addressed for working class people
- Social isolation is not just about loneliness
- Part-time work is difficult for working mothers
- How are employers supporting people?
- School has too much emphasis on GCSEs, academics, instead of life skills, mental health, cooking, social interaction etc.

Workshop 2

Ageing Well

- We need affordable accommodation, bungalows for elderly people who are looking to downsize
- Communities need to be clean, safe, people need to know their neighbours, identify people who are on their own, Councillors need to get more involved
- Invite people to play bowls or other sports and recreation activities
- Initiatives like bin swap are difficult to communicate to people with dementia
- There needs to be compassion for people in difficult situations when implementing changes to how services are delivered
- There should be a list of sports, leisure, voluntary activities for people who are retiring
- Advertise social prescribing more
- Educating a person about voluntary opportunities that are available when they are retiring
- Eventbrite and websites are inaccessible for people with visual impairments
- Volunteering, keeping active, taking part in activities is important
- The people on the lowest income face the highest costs in terms of society, i.e. interest on bank loans, cost of accessing things like the internet
- Sheltered accommodation can be key for people remaining in social contact

Living Well

- Living wage should be compulsory
- Eliminating zero hour contracts
- Community projects to regenerate town centres should be led by councillors
- Without town centres there is no hub for the community, so communities decline
- We need investment in Hyde and Ashton market
- We need to lower business rates
- Without employment, individuals and places spiral
- Tameside needs to excel in something specific; this will bring businesses and people in. What is Tameside's unique selling point?
- People working 60-80 hours a week due to low-income have no time for leisure, or learning or social activities, perhaps even time for family
- Subsidised transportation for people on low income allows them to seek and attend work

Workshop notes; Building a Social Movement around Community Wellbeing

What does Social Movement mean to you?

- Change, change, change
- Wellness not illness
- Strong profile and awareness
- Better connections
- No hierarchy, equality, same page
- Groups of people flourishing
- 'Be the Change you wish to see'
- Integration and togetherness
- Moving forward
- Community uniting
- Being part of it/part of something big
- Learning to live better together
- 'Just do it'
- Grass roots putting pressure on the system
- Sharing and pooling resources
- Real peoples input, everybody together
- Being part of community action
- We are doing it!
- A feeling with an action

Paper Aeroplanes as a symbol for social movements

- Made by a person
- Low cost, accessible material, simple to create
- Vehicle for a message
- Flight and movement
- The harder you throw, the further it will fly
- Fun, memorable and participatory

Aeroplane thoughts - To create change we need...

- Political awareness around the impact of decision making on peoples wellbeing
- To be honest about the commitment we can give and follow through with that commitment
- Decisions based on people
- To share knowledge
- Information
- Drive, commitment, people, common goals and message, resources, to empower people
- Planning and buy in
- More people-advertise this
- To change!
- Help from within the system

- Commitment and honesty about commitment
- Commitment, honesty, support, funding, time
- Support from other workers, money, resources
- To continue to be 'in the loop'
- To be able to react, respond and follow through
- To be told what I can do and be inspired
- Relevant information on how to bring in the change
- Support from all, money
- Buy in
- Vision and enthusiasm, uplifting
- Sharing and learning from each other, empowerment and support

We need to tackle...

- Apathy from those higher up in a hierarchy, often grass roots ideas and initiatives are not supported
- Risk adverse culture, 'always don't do it'
- Assumptions, false perceptions and views
- Time, resources shortages
- Medical model tackling mental health
- Entrenched systems, views and institutions
- Apathy, negativity
- Support for all- how do we do they want us to deliver that?
- Hierarchies, medical models, doctors as experts
- Political issues, culture needs to change, old school thinking, and fear of risk
- Money and politics
- Rigid institutions and tradition, inequalities
- Stigma, funding, local issues

I am activated when...

- I am angry, I want things to change
- It is something new and exciting
- I can see change happening, not just seeing more of the same thing that already exists
- I see injustice
- With and by community, everyone involved
- People are taking note and participating in what is happening
- I am always active; I have a passion to improve services for vulnerable people
- Through my work
- I see a need; I see something needs doing differently
- I am supported, when my ideas are acknowledged and when I am listened to
- I feel passionate about something
- I can see change
- I am valued
- I feel involved – I have something to input
- When I can visualise the 'end good'
- I am socially aware

- New/exciting/change
- I feel strongly and crave change

I can offer...

- Sharing my knowledge
- People-through the groups I am involved with
- A community day to involve people
- Talking about this through GPs and patient groups
- My views and to share others views, discussing widely
- A room to meet and discuss how to move this forward
- Liaison, help with DWP issues
- Advice, involvement, encouragement
- Support to people with mental health issues in my area to get involved
- Knowledge of how to overcome isolation in elderly people
- Physical building and information
- Strength in numbers
- Life skills, people skills, support from me!

I will...

- Engage and be open
- Think about my personal wellbeing first –walk more
- Network with likeminded people about joining the movement
- Engage 100%
- Ask!
- Continue to think about this
- Speak to my colleagues more about societal change
- Work hard for change, help me find who else will help and we can join forces
- Change support for Hyde
- Continue to network and link in with local groups
- Ask more questions
- Find out about wellbeing connectors

To see the change we need...

- Active listening and acting on ideas
- Look outside of the obvious
- More people involved
- Understanding, shared vision, challenge
- Affordable equipment to help people get involved and come forward
- Real change to see
- People with shared ambitions
- To communicate, to tell each other and others about change seen
- Supportive management
- To listen to those in need first
- Many ethnic minorities involved
- Trust and real involvement

- The reverse of 'issues to tackle' a new generation of workers to tackle old thinking
- Political awareness of the change and support of it – Impact of MPs decisions understood
- Understanding and awareness



Workshop notes; Social Prescribing and Asset Based Community Development

Social Prescribing is a programme which links people with long term conditions to non-medical support, enabling them to improve their wellbeing. An Asset Based Approach to community development aims to build the capacity and resilience of local people and agencies to improve their local community together.

These schemes have been implemented across Tameside and Glossop and participants were invited to help reflect on the lessons learned so far, prepare future goals and next steps, and consider how these schemes fit into the neighbourhood plans and bigger picture of Community Wellbeing in Tameside and Glossop.

Participants were given an overview of the programmes, which included and provided a case study of Social Prescribing and Asset Based Community Development and community investments.

The groups discussed how these programmes will ultimately strengthen communities and empower people to “self care” and reduce strain on traditional health services.

More specifically participants discussed:

- What the key challenges are and how these programmes fit in with locality working
- Their own experience of Social Prescribing/Asset Based Community Development & how does it impact on/interact with their role and the people their service supports
- Their suggestions/ideas for things that could be done differently and connections that could be made.

Other points raised included:

- The need to make good links and connections to services and organisations across Tameside and Glossop to ensure maximum collaborative working to support individuals and the community
- The need to effectively share information on what is happening in Tameside & Glossop and different ways to do this: Action Together service directory, the new community wellbeing website, meetings, strong working connections between professionals.
- The need for more access to support outside normal office hours - evenings and weekends – a workforce with the option of being more flexible to fit around the individual's needs.
- Increased awareness for GPs - participants seemed to feel that GPs are not informed enough about the offer.
- Financial support to take up some of the offers, and example was made about walking groups, to have a budget to access that helps them buy equipment such as walking shoes.

Workshop notes; Partnership Engagement Network Development Session

What do you think are the aspects of the Partnership Engagement Network that are working well?

- Getting the correct people in the room
- Opportunity to network – workshops and share ideas
- Finding out loads of information
- Lots of chances to network
- Workshops run smoothly and good network and contacts
- Finding out what's out there and feeding back opinions and ideas
- Creating 'networks' and sharing ideas meeting and talking to people
- Finding out who offers what and when it is being offered
- Giving the chance of putting points of view to others and knowing you are heard
- Good to see what plans are being developed
- Opportunities to see what is going on in the community
- Communicating ideas/ sharing what is going on
- Information and a chance to influence
- Good to get experience from other services / providers
- Networking opportunity
- Sharing best practice
- Meeting people who are involved in such good things

How do you think we could get more local community groups involved in Partnership Engagement Network events?

- Ask them!
- Ask them to bring their issues/work to PEN and do a workshop
- Let them know that PEN is for them
- Use Action Together and the Bureau to help get the message to these people
- Let them come along and give an update and/or host a workshop and support them to do so
- Less Jargon – use real words both in the invites and workshop descriptions and in on the event itself
- Advertise it in community venues such as the Grafton Centre
- Go round community groups and talk to them about it
- The community wellbeing officers and community navigators could mention it to groups and stick posters up in community spaces all through T&G – also get people to sign up to your PEN family

What do you think the barriers are for joining the Partnership Engagement Network? If so, what are they?

- Not advertised well enough. We are in the Heart of the BME Community, but there are no representatives here.
- Busy Schedules
- Not knowing if it is for you
- Visual Impairment - people are not aware of PEN and cannot use Eventbrite

- Transport for lay members
- Far too focussed upon the so-called professionals paid to work in these areas – very poorly aimed at or towards non-professionals i.e. community groups
- Understanding whether you are the correct person from your organisation to attend
- Jargon – presentations could be simplified
- Relevance; who is the target audience
- Lack of being promoted to local people
- Mainly aimed at professionals in the health field
- A general lack of awareness with the public
- Lack of information and narrow areas of contact – more to contact
- Daytime event; it would be good to have evenings or weekends so that education sector and public can attend.
- Advertisement of the event – people are not aware

How do you think the Partnership Engagement Network could be improved?

- More representation from non-professionals/experts
- Open it up to anyone
- Spread the word, involve more agencies and members of the community from all backgrounds
- Invite guests along to talk about their success stories- from whatever service or organisation
- Not everyone can or has access to websites apps etc.
- Invite more people who have lived experience in the topics being discussed
- Train the presenters to make better presentations
- Finding out who is in the room 'section'
- Encourage more groups and different services to attend
- More representation from Glossop and Derbyshire County Council
- Information about PEN available in other formats for visually impaired people
- Why is there no representation from 'other communities' need to understand if proposals work for all communities
- People in other services use different systems we use different words to describe without thought
- More ordinary patients or people attending not just professionals
- Attendance from GPs, Practice Managers and Social Workers

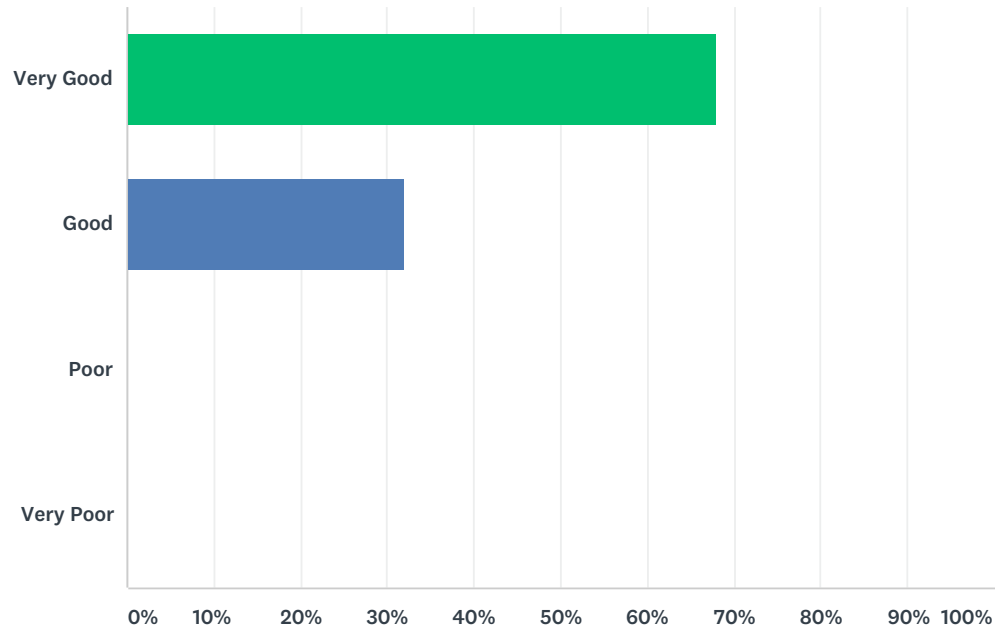
Do you have any ideas for topics to be discussed at future Partnership Engagement Network events?

- Mental Health and Wellbeing in the community outside of the 'professionals' - for example, community groups – individual activists
- Health and Wellbeing – focus on prevention
- Obesity prevention
- Mental Health and Wellbeing adult education courses they can attend both to learn and socialise – previously had this
- The impact of welfare reforms such as universal credit, bedroom tax, ESA, council tax support etc. upon mental health and wellbeing
- GP practices and PPG's in relation to Universal Credit /Employment Support Allowance the need of GP's to write proper supporting letters for free without charge, on behalf of their patients claiming these benefits emphasising how their medical condition affects their ability to work.

- Mental Health and Wellbeing and the source – origins of its stigmatisation and what to do about it?
- Dementia friendly communities and services
- Services for children and young people
- Supporting school/education settings
- Young people's PEN network
- Developing local role models
- Transport
- Disabled people's services

Q2 How would you rate the Partnership Engagement Network Conference overall? (Please tick one box only)

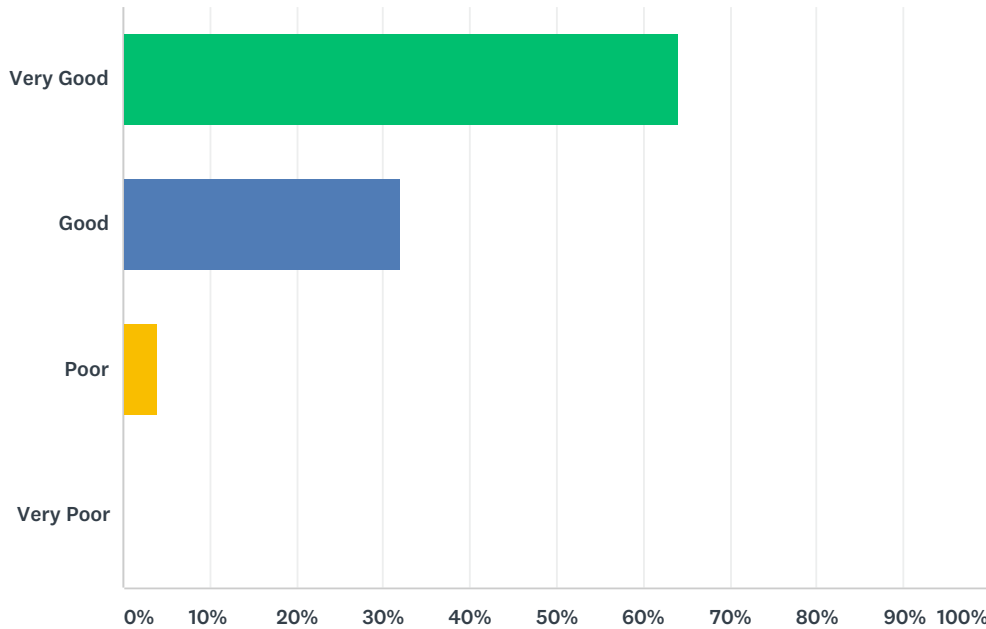
Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very Good	68.00%	17
Good	32.00%	8
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		25

Q3 How would you rate the organisation of the event? (Please tick one box only)

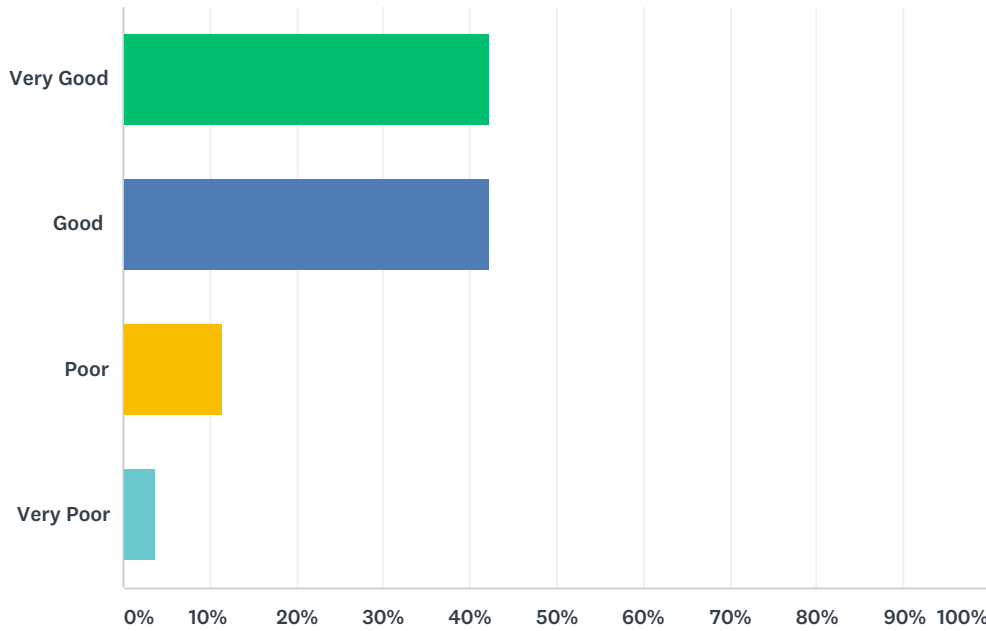
Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very Good	64.00%	16
Good	32.00%	8
Poor	4.00%	1
Very Poor	0.00%	0
TOTAL		25

Q4 How would you rate the presentations overall? (Please tick one box only)

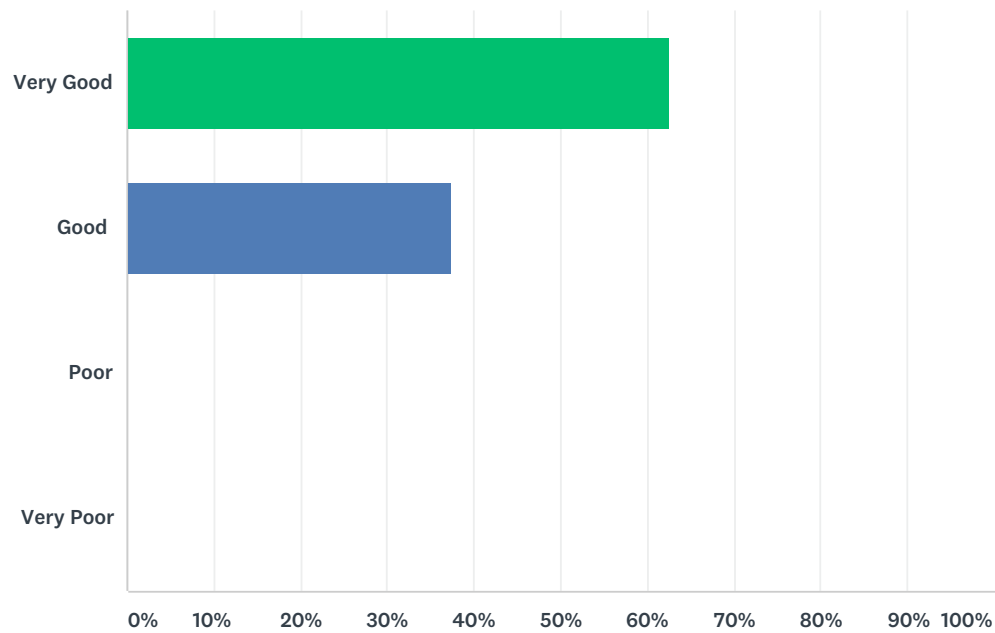
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	42.31%	11
Good	42.31%	11
Poor	11.54%	3
Very Poor	3.85%	1
TOTAL		26

Q6 How would you rate the workshops overall?

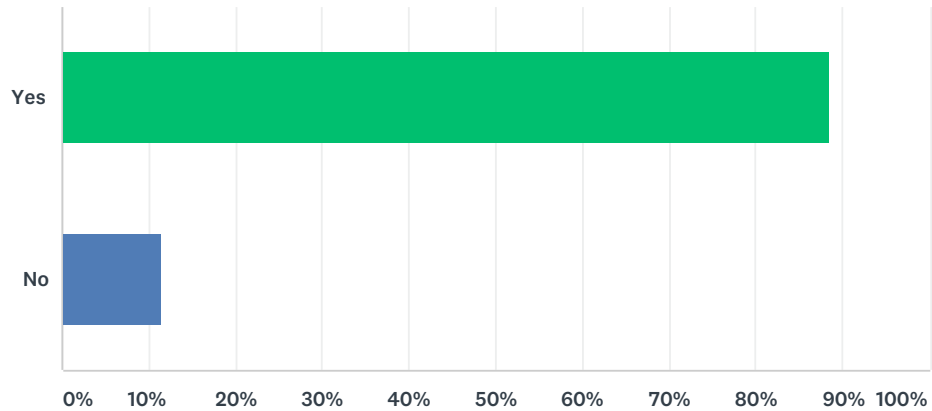
Answered: 24 Skipped: 2



ANSWER CHOICES		RESPONSES	
Very Good		62.50%	15
Good		37.50%	9
Poor		0.00%	0
Very Poor		0.00%	0
TOTAL			24

Q8 Do you feel you were given enough opportunity to express your opinions? (Please tick one box only)

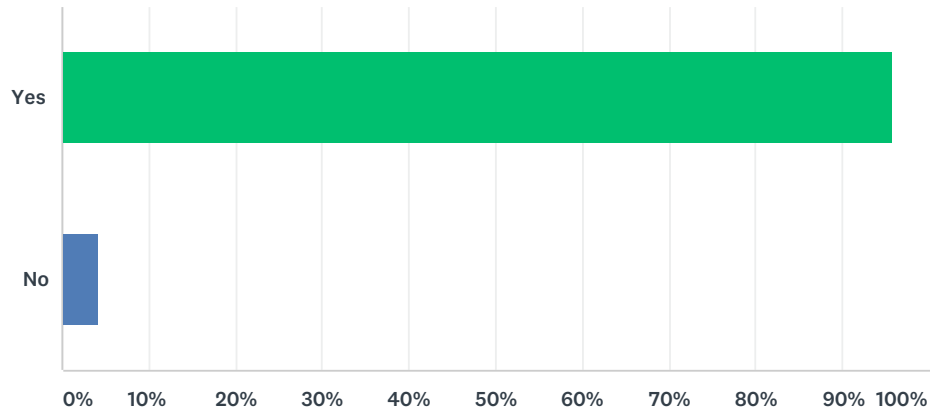
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	88.46%	23
No	11.54%	3
TOTAL		26

Q12 Would you like to be kept informed of the latest events and consultation activity in Tameside and Glossop?

Answered: 24 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	95.83%	23
No	4.17%	1
TOTAL		24