

Report to:	HEALTH AND WELLBEING BOARD
Date:	10 March 2016
Executive Member / Reporting Officer:	Ben Gilchrist, Chief Executive, Community and Voluntary Action Tameside (CVAT)
Subject:	UNLOCKING TAMESIDE'S COMMUNITY ASSETS TO IMPROVE HEALTH OUTCOMES AND REDUCE HEALTH INEQUALITY
Report Summary:	<p>This paper outlines proposals for how CVAT, Healthwatch and local voluntary and community organisations (VCOs) can be full and effective partners in Care Together and contribute to the Locality Plan's aim of transforming the relationship between the population and the health and social care system.</p> <p>Thanks to Care Together, Tameside is the perfect place to develop this innovation and showcase new approaches to demand reduction that also foster community resilience and achieve better outcomes for patients.</p> <p>The proposal sets out examples of how that can be achieved with investment focused on the following themes:</p> <ul style="list-style-type: none"> a) Reduce demand and support empowerment; b) Improving health outcomes through co-production; c) Connecting with the business sector. <p>CVAT and Healthwatch are keen to scale up the offer from the voluntary sector and develop our strategic role within Care Together to work together to unlock the potential within Tameside's communities.</p>
Recommendations:	The Health and Wellbeing Board are asked to consider and endorse the proposals set out within the paper, with the recommendation that the proposals are developed further via the Care Together work streams.
Links to Health and Wellbeing Strategy:	This programme contributes to the Asset Based Community Development principle in Tameside's Joint Health and Wellbeing Strategy.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: (Authorised by the Section 151 Officer)	<p>The report details examples of proposed projects within the borough to reduce the cost and demand on health and social care within the borough. Investment in different models of service provision would be required but the report does not include any costings or suggested funding allocations for each project at this stage.</p> <p>If the Health and Wellbeing Board endorses the development of the proposals set out in this report, CVAT would be required to provide the associated project costings. A further report would then need to be presented to the Health and Wellbeing Board.</p>

It should be noted that there is no provision for any potential additional expenditure within the Council's Medium Term Financial Strategy or within the Stronger Communities and Public Health Directorate revenue budgets.

Section 3.7 and **Appendix 4** contains CVAT income generation initiatives which include working with the business sector, sponsorship, fund raising events and increased opportunities to attract grants. This income is not quantified but it may be possible to use it to fund or partly fund the proposed projects in this report to reduce the cost and demand on the health and social care provision within the borough.

Legal Implications:
(Authorised by the Borough Solicitor)

This report clearly sets out the value provided by CVAT, Healthwatch and VCOs in supporting residents to be more resilient and self-sufficient. There needs to be some clarity as to how this can be funded and delivered effectively.

Risk Management :

Continuing work will take place to strengthen the proposed approaches to this work. Failure to develop and deliver this work will weaken voluntary sector involvement in Care Together and the outcomes that can be achieved. Risks will be managed across the Care Together workstreams with a lead role identified for the Healthy Lives and Locality workstreams.

Access to Information :

The background papers relating to this report can be inspected by contacting Ben Gilchrist, Chief Executive of CVAT.



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1. WORKING TOGETHER TO DEVELOP LOCAL COMMUNITY LED INNOVATION SCHEMES

- 1.1 Following discussion with a range of senior public sector leaders this proposition outlines practical examples of how CVAT and Healthwatch think that Care Together can better connect and lever in the assets of Tameside's community and voluntary activity to improve health outcomes. We want to ensure that the voluntary sector can be a full and effective partner in Care Together and contribute to the Locality Plan's aim of transforming the relationship between the population and the health and social care system. This is not intended as a fully costed proposal but to outline the areas that we believe have the greatest potential to be enhanced through Care Together.
- 1.2 The ultimate aim of the proposal is to seek opportunities where CVAT, Healthwatch and local voluntary and community organisations (VCOs) can better align with health priorities, combine our collective intelligence and know-how, evaluate effectively using robust evidence frameworks and demonstrate where there is potential if scaled up for a return on investment.

2. TAMESIDE'S COMMUNITY ASSETS

- 2.1 There are over 1000 local volunteer led community organisations (VCO's) in Tameside employing 1200 people (FTE) and benefitting from the time of 26,200 volunteers. Together they help people to stay healthy, promote mental and physical wellbeing, provide peer support to help people manage and prevent escalation of health conditions, and help people address the wider determinants of health. Many of these groups also work with particular communities of interest that help to reduce health inequalities. It is these groups that are catalysts for change from within communities and naturally connect and empower local people to be active citizens and take greater control of their lives. The support provided by these community organisations contributes to reducing the demand on health and social care services and achieving better health outcomes.
- 2.2 The voluntary, community and faith sector brings considerable strengths to the table which are complementary to those of health and social care commissioners and providers. These strengths are in enabling people and communities to become agents in identifying and maximising local assets; enabling them to create solutions to the barriers and problems they face; in creating and growing social networks; in ensuring the prevention of and recovery from disruptive events such as episodes of ill health, unemployment, homelessness etc; and in supporting people to live independent, fulfilling lives despite long term physical or mental health conditions. Voluntary and community action is founded on peer support, mutualism, long-term relationships and flexible responses to individuals.
- 2.3 As part of this Healthwatch has a database of over 1000 local people who are interested in managing their health and contributing to better health outcomes for other Tameside patients or service users. Healthwatch Tameside collects patient stories and local research and works with local health and social care providers to inform them of the independent voice of local people. We use a range of engagement mechanisms to reach local people and collect their views on health and social care provision across Tameside. Healthwatch is well placed to tap into the views of patients that are seldom heard and conduct qualitative research that captures local intelligence on patient experiences.

3. THE PROPOSITION

- 3.1 Tameside's VCOs are a valuable but untapped asset to the local health and wellbeing economy. They are trusted and are firmly based in their localities or within their communities of identity and interest. However, these small organisations are often not

linked into health and social care systems so their potential impact is limited. They are also fragile in the current funding environment with the reduction in small grant funding availability in particular.

- 3.2 Investment is needed to unlock the untapped potential within communities and safeguard VCO sustainability and growth in order to contribute to Care Together's ambitions. Also critical to our shared success would be developing further the strategic relationship with Care Together partners. Working together and leveraging in our resources both in kind and funding will enable us to attempt something genuinely innovative and pave the way across Greater Manchester for this creative partnership working.
- 3.3 CVAT can provide a framework that makes a two way connection to these VCOs straightforward, effective and good value, harnessing our unique brokerage role. Acting as 'supply chain manager' CVAT can lead tested approaches within the Care Together programme and lever in financial resources, volunteering capacity, connections, community know-how, community based resources and trust. This will help the health and social care system make connections to communities and people and create pooled resources that can be utilised for maximum benefit to further our shared objectives. This joint work will be underpinned by good evaluation allowing us to test the objective of shifting demand and identify where there is scope for scaling up or a return on investment.
- 3.4 Projects that would be in scope would reduce cost and genuinely reduce demand on the health system (rather than shift it) by:
- Directing needs that do not require health and social care service interventions to appropriate support delivered in and with Tameside's VCOs.
 - Working with communities and local organisations to help people identify their solutions to create good health. Developing more community led peer support, social networks and volunteering opportunities.
 - Developing and testing new and innovative ways of tackling health inequalities working with local people to create solutions that demonstrate better citizen outcomes and value for money.

Some examples of this include:

3.5 **Reduce demand and support empowerment**

In order to reduce demand on the health and social care system people in communities need to develop the confidence and skills to better manage their own health and seek support through informal channels. There is untapped potential to link people into the social and emotional support provided by VCO's and to develop this support further. Alongside support from services, individuals and groups in communities can offer practical and emotional support to enable people to manage their health better.

Examples
<p>Social surgeries</p> <p>Social surgeries set up in localities with GPs, which are staffed by volunteers, and are connected into the local community and broker support from local VCOS. These community connectors based at the GP practices would be a source for self-referral or social prescription by the GP to link up the patient with social support in their local community and with communities of interest. It would increase the quality of information, co-ordination and facilitation to enable a greater number of people to access Tameside's community assets which, in turn, will improve their health and wellbeing. This responds to recent evidence that GPs spend a fifth of consultation time on non-health problems.¹</p>

¹ <http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/gps-spend-fifth-of-consultation-time-on-non-health-problems/20009996.article>

Investment is needed into developing this model of work aligned in particular with the Locality workstream plans especially around the Locality Community Care Teams with ideally activity in each locality.

Success would be based on practice led evidence of demand reduction, improved patient experience on their health and wellbeing and appropriate redirection of support. A recent evaluation by Sheffield Hallam University of one of the largest and highest profile such initiatives in the UK, covering 2012-2015 found that:

- An overall trend that points to reductions in service users' demand for urgent care interventions after they had been referred:
 - non-elective inpatient episodes reduced by 7 per cent;
 - non-elective inpatient spells reduced by 11 per cent;
 - Accident and Emergency attendances reduced by 17 per cent.
- When Service users aged over 80 are excluded the changes are more marked:
 - non-elective inpatient episodes reduced by 19 per cent;
 - non-elective inpatient spells reduced by 20 per cent;
 - Accident and Emergency attendances reduced by 23 per cent.
- People with long-term conditions who were referred experienced improvements in their well-being and made progress towards better self-management of their condition. After 3-4 months, 82 per cent of these Service users, regardless of age or gender, had experienced positive change in at least one outcome area. Importantly, when the results were broken down by category they showed that progress was made against each outcome measure.
- The estimated total NHS costs avoided if the benefits identified are fully sustained after five years could be as high as £1.1 million: a return on investment² of £1.98 for each pound (£1) invested. The value of service user's well-being outcomes were calculated³ at between £0.57 million and £0.62 million in the first year following engagement which is greater than the costs of delivering the service.
- Patient quote: *'I have slept 7 hours for the first time in 15 years.'*

CVAT's involvement:

- Manage the volunteering programme providing the framework for support and supervision of volunteers ensuring appropriate access to training and local intelligence to connect to the local community.
- Draw on existing capacity building support to work with the local groups/organisations to enable them to develop the social support that is available and match it to identified needs. This would draw on our experience of working in the Public Service Hub in Denton – see **Appendix 3** for a review of this work including public service cost saving calculations.
- Promote and support access to the online directory and referral tool (see below) e.g. all practice staff having this 'map' of community assets available using tablets in waiting rooms.
- Project manage, evaluate and provide a single point of contact for the GPs.
- We can draw on our sister organisation's experiences of such models of work to quickly adopt developed and evaluated processes.

² A useful summary of wider return on investment evidence from the Kings Fund and Local Government Association can be found at <http://www.slideshare.net/kingsfund/making-the-case-for-public-health-interventions>

³ Using financial proxies and techniques associated with social return on investment (SROI) analysis

Social prescribing⁴/community referral information systems

An online directory and referral tool could enable the health and social care system to identify, assess and tap into the support on offer across the borough. A partnership web portal incorporating the JSNA and the current Partnership Information Portal (PIP) for Tameside and Glossop is planned to bring the statutory JSNA, PNA and JSAA together onto one innovative, easy to access and user friendly website. The website will hold high quality and timely data and intelligence for anyone to access and use in creative and inspiring ways. The intention is for this to:

- help commissioners across Tameside and Glossop make evidence and knowledge based decisions.
- enable residents understand health and wellbeing where they live, while giving them insight into how to make better decisions about their own health and wellbeing and where they might get help and support.
- incorporate links that will signpost residents to the help they may need.

An online referral tool could be designed to work with this website, along with current referral systems, as part of the system wide resources and tools available to professionals and the public to enable residents to improve their personal health outcomes. Working in partnership as part of Care Together a joint strategy in how this is developed and managed can be prioritised to ensure it is fit for purpose and utilised across the system. This would ensure the data collection is fit for purpose and refreshed as needs change/ demand increases. This approach could work within any part of the health and social care system and evidence would be gathered on the impact on demand and patient experience and outcomes.

CVAT's involvement:

- There are a number of examples available from CVAT's sister organisations meaning the development of this work could be quick and cost-efficient.
- Manage the database required and support 'under the radar' groups (those that offer informal, locally advertised support) to upload their info to it.

3.6 Improving health outcomes through co-production

Working with Pennine Care and local community organisations our sister organisation Voluntary Action Oldham (VAO) has project managed a pilot to gather intelligence on end of life choices for Pakistani and Bangladeshi residents and to increase the take up of cancer screening from across these communities. The project achieved its objectives and provides a model of supply chain management that can be scaled up.

Examples

People powered solutions

Under the Healthy Lives workstream focus on Asset Based Community Development⁵ and building resilient communities to tackle key health priorities Care Together work would focus on:

- Increasing participation and work with local people to facilitate their involvement in shaping services that tackle health inequalities.
- Strengthening the self-help support available within community groups and connect and develop new peer support mechanisms – putting a framework in place to support

⁴ See **Appendix 1** for an introduction to terminology

⁵ **Appendix 5** provides a summary of the recent Public Health funded Valuing Our Communities work in Tameside on asset based approaches and outlines a scope of how we can develop and embed this into a systematic plan. This information has been presented to the Care Together Models of Care Steering Group and the Healthy Lives Workstream.

people to be more resilient.

This will be critical for achieving the £10 million of savings targeted under this heading in the Locality Plan and would place Tameside as a leader in devolution work on this topic. Resilient people are socially connected and have the internal resources they need to live full and happy lives. Resilient communities need resilient community support and resilient VCOs that help people to stay well and manage their ill health better. The Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) outlines this position in their recent report 'Community Capital - The Value of Connected Communities'⁶. Some key findings⁷ from this work in seven locations across England over the last five years were:

- Investing in community capital by supporting interventions that support social relationships produces measurable social value: greater wellbeing and empowerment, enhanced opportunities for employment and training, and the potential for savings in public service expenditure.
- People who said that they feel part of a community were the most likely to report high subjective wellbeing. People who said there was something stopping them from taking part in their community were the least likely to report high subjective wellbeing.
- Relationships are the key to wellbeing – more so than social status or life circumstances. People who lack certain kinds of social relationship – such as knowing somebody in a position to change things locally, or having somebody who can offer practical help – were more likely to report low subjective wellbeing than people who have a long term illness, are unemployed, or are a single parent.
- Access to community capital is uneven – 60 percent of people in the RSA study reported that they did not know anybody who can influence others or change things locally.

To enable us to tap in to and further develop such potential community capital a **joint grants programme** (combining our resources) could be developed to invest in innovation from groups that currently offer some social support and health and social care in their communities and who can also:

- identify solutions to, often intractable, health or social “problems”;
- help people to more appropriately access services within community settings;
- develop new ways to support self-management and offer peer support.

The programme would ideally be implemented over 3 years, have clearly defined outcomes and build in a framework for evaluation and re-design. Examples of the type of outcomes would be:

- reducing isolation and loneliness for over 85s in key geographic areas;
- improved access to healthy food. Good nutrition is a major wider determinant for improving life expectancy e.g. targeting communities with greatest prevalence of diabetes and using data from the Child Health Measurement Programme;
- reduction in demand from defined cohorts of patients / population groups e.g. older people, complex dependency;
- improved patient experiences and outcomes.

CVAT's involvement:

- CVAT could draw on our grant management experience and act as programme manager.
- Our development service would help people and organised VCOs in communities to develop innovative solutions.
- CVAT are connected with a national programme of support for self-care and peer

⁶ www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

⁷ See **Appendix 2** for the full executive summary

support and will host and co-facilitate the first 'community of practice' to explore this work in Greater Manchester in April.

3.7 **Connecting with the business sector**

To address the health inequalities in the borough will require not only stronger connections between the public and voluntary sector but also much better links to the business sector. Such three way connections have been shown⁸ to be essential for developing resilient economies and communities.

Example

Tameside 4 Good (T4G) is a CVAT initiative to strengthen voluntary, community and faith groups by making it easier for businesses and people to help local good causes through the giving of time and skills, money and resources (see **Appendix 4** for more introductory details). By providing a focal point and now well recognised brand the ability to approach companies to promote corporate social responsibility, employer supported volunteering, pro-bono support, and giving of resources back to the community has been increased.

HWBB support for the development of a T4G organisational membership scheme would significantly strengthen the sustainability of this activity which already includes grant funding work for projects benefitting people's health and can further connect with wider Care Together priorities.

Benefits of joining T4G as an organisational member:

Profile

We have a unique reach across Tameside to raise members' profiles. We will acknowledge contributions to Tameside 4 Good via our:

- strong relationship with the local press and radio;
- 3771 twitter followers;
- average of over 2000 website visitors a month;
- parent charity publications which reach over 1000 individuals in Tameside.

Participation

Tameside 4 Good membership is a simple but effective way for members to demonstrate their commitment to corporate social engagement and to boost staff motivation and loyalty. We will help members to make a real difference to local communities in Tameside in a variety of ways including:

- teaming you up with a local community organisation to complete a 'team challenge' – enabling staff development or team building whilst completing a community project;
- raising awareness about and sponsorship for the Tameside 4 Good fund which provides grants to young people aged 5-25 and to groups helping disadvantaged people in Tameside.

Partnership

Tameside 4 Good is uniquely positioned to support access to new contacts. Membership enables new connections, whether it's via our community engagement work or via one of our regular business-charity networking events. We are growing the '4 Good' family across the country and have already successfully made links for businesses in Tameside to other regions. We also link members to partners who promote those committing to Tameside 4 Good to acknowledge their support.

Key features

⁸ See <http://www.cles.org.uk/wp-content/uploads/2011/01/Resilience-for-web1.pdf>

Members of Tameside 4 Good receive:

- A named partnership manager.
- A 'get to know your community' briefing session.
- A team building day.
- Opportunities to develop staff skills.
- Free entrance to Tameside 4 Good networking events.
- A primary route to recycle unwanted/unused office items or other equipment that can be of use to communities. Free window sticker and a stamp and logo to use to display support.
- Prime slot/named partner for the annual Tameside 4 Good Paint it Pink fundraising extravaganza.
- Logo in our annual report and on our website.
- Member of the week features on social media.
- A feature in our newsletter, ebulletins and press releases.

Proposed membership fees:

Number of employees	Membership price
1-10	£500
11-50	£1000
51-100	£2000
101+	£4000

HWBB support requested:

- For partners to join as T4G members.
- To promote T4G membership to business contacts.
- To update procurement processes to lever business engagement with T4G and encourage membership particularly linked to social value expectations. This could form part of a wider social responsibility charter model that encompasses areas such as living wage commitments.

4. CONCLUSION

4.1 CVAT and Healthwatch are keen to scale up the offer from the voluntary sector and develop our strategic role within Care Together to work together to unlock the potential within Tameside's communities. Within the example opportunities above we can ensure any contract management is independent from front line delivery, utilise our reach into and understanding of VCOs across the borough and build on our long track record of facilitating partnership working.

4.2 Developing such exemplar work would contribute to reducing demands on the health and social care system whilst also empowering local people to find their own solutions to their health and care needs. Thanks to Care Together Tameside is the perfect place to develop this innovation and showcase new approaches to demand reduction that also foster community resilience and achieve better outcomes for patients.

AN INTRODUCTION TO SOCIAL PRESCRIBING

Public health policy has highlighted the need for increased self-care for people with long-term conditions and the provision of support for people to take care of their own health. Social prescribing is a way forward in providing additional support to individuals. Social prescribing is defined as a “*mechanism for linking patients with non-medical sources of support within the community*” (CentreForum 2014:6). The voluntary sector is recognised for contributing to individual and community health (South et al 2008) and with health care resources being under financial strain, it is envisaged that the voluntary and community organisations will be called upon more to supplement health service and support requirements. Over the last several years well-known models of social prescribing have emerged and these include: exercise referral schemes; prescription for art; and healthy living schemes. A recent review of community referral schemes has found benefits of social prescribing to include: increases in self-esteem and confidence; a sense of control and empowerment; improvements in psychological wellbeing; and positive mood (Thomson et al 2015). A social prescribing pilot project with GP practices and local Age UKs involved GPs referring older people with mild to moderate depression or who were lonely and socially isolated to Age UK services and this was seen as a successful model of partnership working between voluntary sector and general practitioners (Age UK, 2012).

APPENDIX 2

COMMUNITY CAPITAL: THE VALUE OF CONNECTED COMMUNITIES⁹ - EXECUTIVE SUMMARY

Since 2010 the RSA and its partners at the University of Central Lancashire (UCLan) and the London School of Economics (LSE) have been working with communities in seven locations in England to research and strengthen relationships within communities. The vision of 'Connected Communities' is one in which people are embedded within local networks of social support; in which social isolation is reduced and people experience greater wellbeing and other benefits from the better understanding, mobilisation and growth of 'community capital' in their neighbourhoods.

The Connected Communities programme explored this vision by surveying residents in ward-sized localities, analysing this data for insight into local social networks and wellbeing, and then working with local people to build projects that support social connections. In the wake of severe austerity in public services and no sign of a more generous public funding settlement on the horizon, policymakers are increasingly looking to communities to play a bigger role in contributing to public life. From the Big Society to the NHS Five Year Forward View, the UK government has expressed the desire to see resilient communities that are better able to support themselves and reduce pressures on public services.

The Connected Communities programme demonstrates that community-led action and targeted interventions can indeed strengthen local communities, and that substantial benefits can be derived as a result. The process of achieving these benefits is difficult and cannot be assumed to arise spontaneously. Instead we call for a strategic approach on the part of public service providers and others who have an interest in developing resilient communities. Furthermore the effects of social networks and the results of intervening to strengthen them are locally specific, unpredictable and non-linear. Overly idealistic or one-size-fits-all approaches will achieve little; but deliberative, intelligent and participatory engagement with communities can generate significant advantages for all involved. Context is key, and bespoke local engagement is required to successfully facilitate the growth of community capital.

Social relationships have a value. The activities and research presented in this report demonstrate that through working with communities this value can be grown by connecting people to one another in their local areas. We argue that investing in interventions which build and strengthen networks of social relationships will generate four kinds of social value or 'dividend' shared by people in the community:

1. **A wellbeing dividend.** Social relationships are essential to subjective wellbeing and life satisfaction - indeed, our research suggests that social connectedness correlates more strongly with wellbeing than social or economic characteristics such as long term illness, unemployment or being a single parent. In the course of our primary research we found increases in the wellbeing of participants who strengthened their social networks through community-led initiatives. In a survey of 2,840 people, the variable most consistently associated with having higher subjective wellbeing was 'feeling part of a community', and the variables most negatively associated with wellbeing were identifying something or somewhere locally that you avoid or something that stops you from taking part in a community.
2. **A citizenship dividend.** There is latent power within local communities that lies in the potential of relationships between people, and it can be activated through the methods that we advocate in this report. However, access to this power is uneven, and many people do not enjoy the full benefits of active citizenship: for example 60 percent of people we surveyed at the beginning of our research could not name anybody they knew who had the power or

⁹ www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

influence to change things locally. Conversely, our method of working with people to reflect upon their social relationships and the under-used assets in their communities and social networks has led to substantial positive effects on personal empowerment, higher levels of civic participation and individual and collective agency.

3. ***A capacity dividend.*** Concentrating resources on networks and relationships, rather than on the 'troubled' individual as an end-user can have beneficial effects which ripple out through social networks, having positive effects on people's children, partners, friends and others. This 'positive contagion' has been evidenced in those activities which increase the capacity of social interventions to create greater benefits. In all areas there are certain individuals - our previous work has called such people 'ChangeMakers' - who are particularly adept at influencing change through networks. Interventions that identify and target these individuals and seek to work strategically with networks around them can generate greater efficiency and carry positive effects through a population more quickly than would less strategic approaches.
4. ***An economic dividend.*** Researchers at LSE have supported our research by analysing the economic impact of several of our interventions, quantifying the potential of social relationship-based interventions for notional savings in public finances as well as contributions to the wider economy. There is evidence that investing in interventions which build social relationships can improve employability, improve health (which has positive economic impacts) and create savings in health and welfare expenditure.

These dividends can be derived by a managed approach to unleashing the value of community capital. Like other forms of capital, community capital can be increased, reserves of it can be unlocked, and putting it to use can bring about great social, economic and personal benefits. All communities, social networks, and individuals have assets that can help to create community capital and generate social dividends. Here we present models of engagement that can help funders, civil society, public service providers and all those trying to drive social change to utilise these assets to the benefit of people and their communities.

APPENDIX 3

Review of Tameside Public Service Hub from the Voluntary, Community and Faith Sector

1. Introduction

This report outlines a review of the voluntary, community and faith sector working with the Public Service Hub (PSH). The report covers the period January 2015-January 2016. Since January 2015 Community and Voluntary Action Tameside (CVAT) has had a member of staff based in the PSH. This post delivers a liaison function between cases referred into the PSH and support available through the voluntary, community and faith sector.

2. Experiences of working within the PSH

We have found there to be a number of benefits to working within the PSH including:

- Improved communication between public services and VCFOs.
- Improved access for VCFOs to information about the individuals they are supporting.
- Increased awareness of VCFOs and their services with Public Service staff teams.
- Improved quality of referrals and greater numbers of appropriate referrals to VCFO support services.
- Better access to support for complex and vulnerable children, young people and families from VCFOs
- Increased opportunities for the voluntary sector to “do things differently” to respond to new and emerging need.
- Ability to test out a ‘spot purchasing’ model around early intervention and prevention support.
- Increased opportunities to gather evidence around the impact of early intervention and prevention support.
- Improved intelligence to the sector about the levels and types of need, which have informed grant and trust applications.

3. Direct Case Work

The CVAT Hub staff member has worked directly with 154 cases referred into the Hub in this period which has included:

- 79 cases have received direct referrals to 111 VCFO support service interventions – in most cases this has included intensive work around engagement, including home visits and support to access services.
- 75 cases signposted to 127 VCFO support services and activities.

4. Demonstrating Impact

In this reporting period a number of VCFOs have been evaluating the impact that they have had on the outcomes for the children, young people and their families that they have supported following a referral from the PSH. These organisations were funded by the Local Authority to deliver a range of early intervention and prevention projects. Each project has provided a number of case studies which highlights the impact of this work, an overview summary of the combined information is below:

What were the needs/issues presented by the children, young people and families?

- Truancy / poor attendance at school
- Non conformity in school / behaviour issues at school
- ASB
- Criminality
- Very low levels of achievement / lack of aspiration
- Low in confidence and self esteem
- Poor levels of educational attainment
- Poor numeracy and literacy skills
- Victim of prolific bullying
- Anger issues

- Drug and alcohol use – including, cannabis, cocaine, legal highs
- Low parenting skills / capacity
- Poor behaviour and relationships at home
- Parents who have had children removed due to mental health and neglect issues
- Missing from home
- Family bereavement
- Domestic violence victims
- At risk of or victim of child sexual exploitation
- Poor mental health of young person
- Impact of poor mental health of parents
- Suicidal ideation / history of suicide attempts
- Prolific self-harm
- Young carer (parents have complex medical issues)
- Language barriers

What interventions took place?

- Conducting consequential thinking exercises
- Illustrating alternative approaches and taking small steps to make small changes in approach
- Undertook a range of exercises and motivational interviews to highlight ways in which they could reach their targets
- Referral to Branching Out (young people's substance misuse service) and supporting specialist service engagement
- Attempts to refer to specialist agencies
- Work around understanding child development
- Work around understanding the emotional needs of a child and how to parent effectively
- Practical support around caring for a baby's personal care – hygiene and feeding
- 1-2-1 mentoring
- A range of talking therapies including counselling
- English and maths support
- Positive activities including - drama and film making, canoeing, day walks, trampolining
- Outdoor / activity sessions
- One to one guidance and support
- Issues based group work (sexual health, sexuality, bullying)
- Support to become a volunteer
- School readiness sessions with children and parents

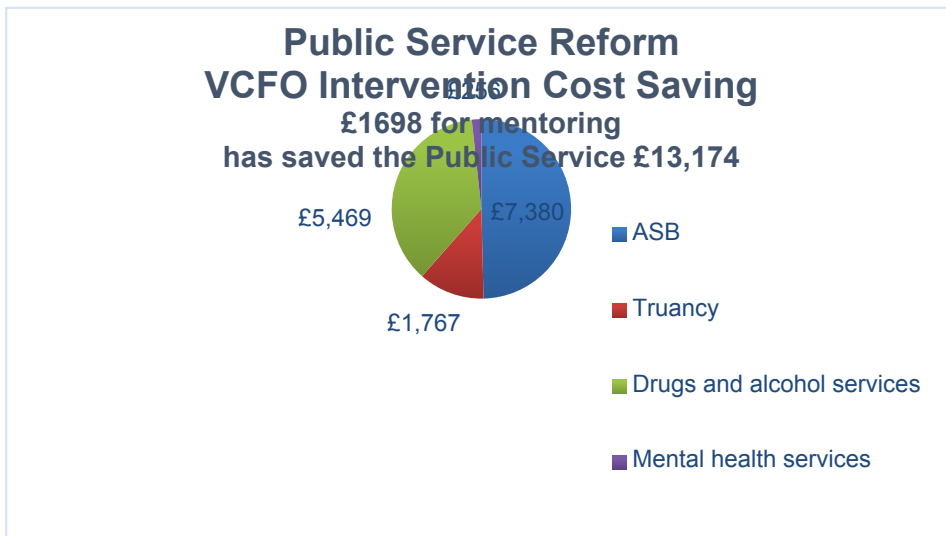
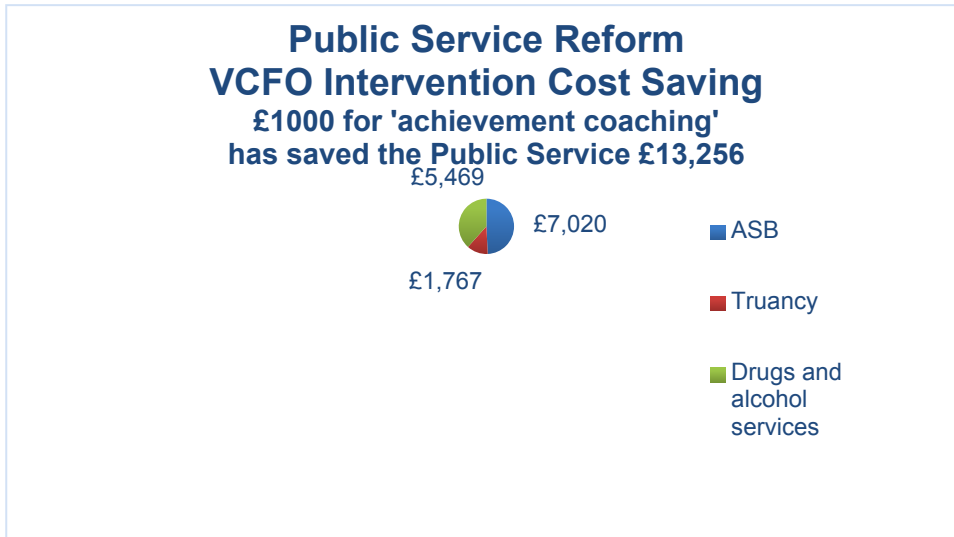
What outcomes were achieved – what was the impact for the individuals and families?

- Reduction in instances of exclusion from school
- Improved school attendance and timekeeping
- Increased aspirations – completing college applications and a change in self-belief
- Accessing other specialist services e.g. Branching Out and the Careers Service
- Parents say they feel more confident with their son
- Behaviour changes – no longer involved in risky behaviours
- Improved mental health
- Reduced self-harming and reduced the risk of suicide
- Increased confidence and self esteem
- Increased communication and social skills
- Respite from caring for parents
- Improved relationships with peers
- Improved relationships at home
- Increased resilience with the impact of bullying
- Increased contact with parents
- Removal from school report / behaviour sanctions
- Improved mental health so has been able to maintain employment

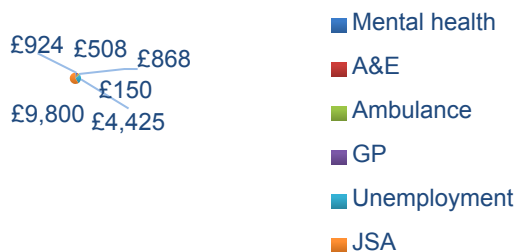
- Improved managing emotions including anger management
- Improved readiness for school
- Improved parenting capacity

Public service cost savings

Using the Troubled Families Cost Saving Calculator the following calculations have been made regarding three different payments to VCFOs for interventions:



**Public Service Reform
VCFO Intervention Cost Saving
£438 for counselling
has saved the Public Service £16,237**



Full details of the case studies these calculations are based on are available from CVAT.

5. Future Commitment to the Public Service Hub

From CVAT's experience of working in the PSH we are convinced that the engagement and involvement of the voluntary, community and faith sector is critical to the success of Public Service Reform and the future development of the voluntary, community and faith sector. To this end we are fully committed to continued direct involvement in the developing integrated models of service delivery. The current capacity for CVAT's staff member to be based in the PSH has been dependent on the financial support of Tameside Council's Children's Services. As this is reviewed alongside the work of the PSH the ability of CVAT to resource such work will need to be discussed at an early stage. CVAT highly value the PSH model and the learning from this work for our services and the voluntary sector. We have championed this approach with partners and Greater Manchester colleagues and are focussed on continued ways to pool resourcing to enable the impact that the PSH has had. We recommend early engagement with the voluntary sector to co-design the next stage of developments for the PSH and other integrated and multi-agency working. CVAT are keen to support this dialogue and planning process and look forward to further discussion of the contents of this report.

6. More information



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APPENDIX 4

BACKGROUND INFORMATION REGARDING TAMESIDE 4 GOOD

1. INTRODUCTION

Tameside 4 Good has made a huge impact within the borough since its launch in September 2012. We have been overwhelmed by the generosity of businesses locally, of all sizes, and of local people. The success of Tameside 4 Good has reinforced our belief that businesses care about their communities, and would help more, if collectively we made it easier for them to give and contribute. There is now the opportunity to build on a strong, recognisable brand that helps encourage and support local giving of time and skills, money and resources to local good causes.

2. BACKGROUND TO TAMESIDE 4 GOOD

2.1 The history

Tameside 4 Good has been set up as an initiative of Community and Voluntary Action Tameside (CVAT) in 2012 to establish a tax-efficient local mechanism for individual and corporate giving relationships and partnerships. The development of Tameside 4 Good was achieved through the use of national government 'Transforming Local Infrastructure' funding. This provided the initial resources to 'kick-start' the initiative including the development of the brand, marketing and staffing.

Dormant charitable trust funds held and managed by Tameside Council were also released (working with the Charity Commission) to establish a means to be able to 'give back' to communities, the results of fundraising and other activities of Tameside 4 Good.

The main aim of Tameside 4 Good is to make it easier for local charitable giving, of time, money and resources by providing a focal point and brand to be able to approach the general public and companies to promote corporate social responsibility, employer supported volunteering, pro-bono support, and giving of resources back to the community.

2.2 Vision, Mission, Aims and Principles

Tameside 4 Good has **the vision of everybody helping to make Tameside a great place to live and work by supporting local good causes.**

Tameside 4 Good **mission** is to strengthen voluntary, community and faith groups **by making it easier for businesses and people to help local good causes through the giving of time and skills, money and resources.**

The **aims** of Tameside 4 Good are:

1. To improve mechanisms for businesses and individuals to 'give something back' to communities.
2. To increase local giving by establishing a local tax efficient fundraising initiative.
3. To strengthen local voluntary, community and faith organisations through increasing their ability to fundraise.
4. To build better relationships with businesses and local communities.
5. To raise the profile of local good causes.

What makes Tameside 4 Good unique, is that it is about more than money. Tameside 4 Good follows a set of key **principles**:

- It's so much more than money. 'Tameside 4 Good' celebrates, promotes and encourages the variety of ways in which we 'give' including time, skills and resources which can often be as valuable as money to local good causes.
- Building better relationships is the key to building better lives and communities.
- It's all about keeping it 'local' by giving people the channels to donate to those smaller, under the radar but valuable causes on their doorstep.
- Everyone has something to give. 'Tameside 4 Good' enables people to make it possible for individuals and businesses to 'give' easily and meaningfully.
- Collaboration not competition – 'Tameside 4 Good' works *with* local community, voluntary and faith organisation to improve their capacity and wider mechanisms to raise money and secure resources.
- Maximising giving – using gift aid, recycling unwanted materials.

2.3 Key Services and Activities

Tameside 4 Good creates and reinforces relationships between **local causes, communities** and **businesses** in four key ways:

1) Time

- Micro-volunteering – providing short, one off activities for local people to give their time but not commit to formal volunteering role.
- Encouraging Employer Supported Volunteering (ESV), including encouraging and co-ordinating team challenges for businesses.
- Undertaking fundraising activities – encouraging local people to give up time to participate in events (and raise money at the same time). This may be to fulfil lifetime ambitions, build team morale or develop new skills and confidence (e.g. sky dive, sponsored silences, bake sale etc).
- Becoming a volunteer 'Tameside 4 Good' Charity Champion to promote the initiative, recruit more supporters and organise local events in their neighbourhood.
- Promoting formal volunteering opportunities locally.

2) Skills

- Establishing a 'talent pool' to facilitate and promote local employees and residents to donate their skills to help others (for example a finance manager in a local company donating their time to help a small community group with their accounts; a joiner repairing a fence; or a marketer helping a local good cause raise awareness of its positive impact).
- Working with local charities to identify skills gaps on their boards of trustees and advertise trustee vacancies via the Tameside 4 Good communications links.

3) Money

- Increasing local giving and donations to local good causes through organising a range of Tameside 4 Good community fundraising activities including sponsored sporting events, holding stalls at community events and encouraging individuals to undertake personal sponsored challenges (e.g. sky dive, head shave) for Tameside 4 Good.
- Promoting and establishing payroll giving schemes for employees.
- Developing an online 'shop' to encourage people to spot purchase particular local good causes (e.g. buy a lunch for an older person; buy a sheet of music for a local choir group).
- Match funding—helping charitable groups to seek a wider range of grants through offering to match fund a proposal.
- Encouraging young people, through schools and colleges, to undertake a fundraising challenge – building entrepreneurial skills at the same time as raising money Tameside 4 Good.
- Working with Tameside Council to release dormant charitable trust funds to establish a Tameside 4 Good Grant scheme as a mechanism to give back to local good causes including allocating the monies raised through the Tameside 4 Good.

4) Resources

- Co-ordinating the recycling of surplus items from businesses to be re-housed with a local community, voluntary or faith organisation in need of the items (e.g. office furniture, IT equipment).
- Identifying needs and opportunities between local good causes and businesses to donate resources e.g. cement to create a smooth and safe path for disabled access to a community facility.
- The Tameside 4 Good virtual / online 'shop window' encourages the 'give locally' message and helps small organisations without their own online presence to attract online donations / giving, and to 'market' specific resource or funding needs in innovative ways (for example "buy a hot meal for vulnerable person for a year for £100" [raising money for a local luncheon club]).

APPENDIX 5

VALUING OUR COMMUNITIES – AN ASSET BASED APPROACH

1. DOCUMENT PURPOSE

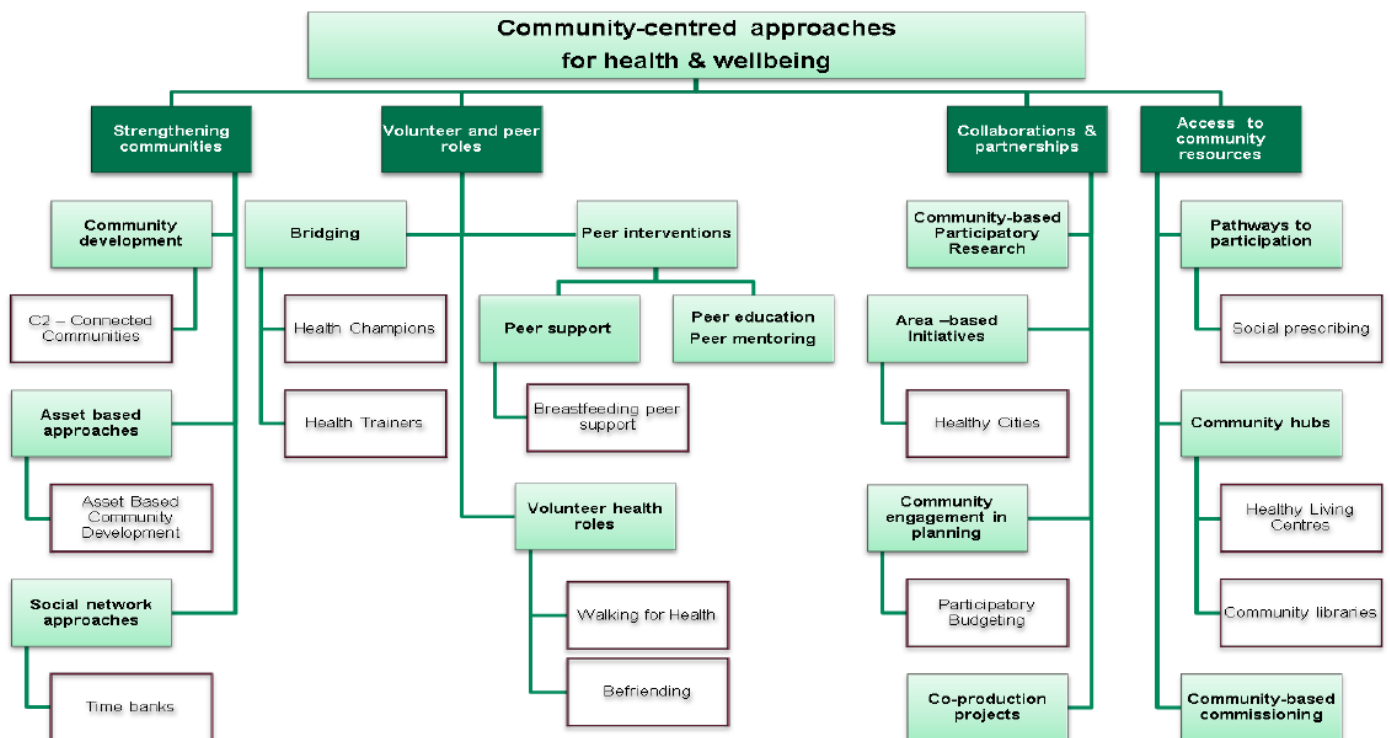
1.1 This report provides a summary of the recent Tameside work on asset based approaches and outlines a scope of how we can develop and embed this into a systematic plan.

2. DEFINITION

Community centred approaches and an asset based approach

2.1 Public Health England (PHE) and NHSE published, "A Guide to Community Centred Approaches for Health and Wellbeing" (February 2015). Professor Jane South led the work and the report summarises the research and learning on community centred approaches. It provides guidance for a case for change, key concepts, varieties of approach and sources of evidence. Figure 1 shows the family of family of community centred approaches. The term community centred rather than community based is used because these approaches draw on community assets and are non-clinical.

2.2 Figure 1: The family of community-centred approaches with examples of common UK models



Source: South, J (2015) A guide to community-centred approaches for health and wellbeing: Full report

2.3 There is an impetus to shift to a more people and community centred approach to health and wellbeing. The core concepts that underpin this are:

- Voice and control – Power and participation matter at an individual and collective level.
- Equity – a decrease in avoidable inequalities.
- Social connectedness leading to healthier, cohesive communities.

2.4 Community centred approaches do not tend to deliver neat, simple solutions. Desired outcomes are often connected to improvements in mental and physical wellbeing. When interventions are working well these outcomes are reinforced by supportive processes so there is sustainable social action. Asset based approaches are not a prescriptive set of operations that can be easily 'scaled up' or 'rolled out' but are forms of engagement and relationship building that enable strengths, capacities and abilities to be identified and developed for positive outcomes. They all share the key features of valuing the positive capacity, skills and knowledge and connections in a community:

- Assets are the strengths, skills, capacities and resources which enhance the capability of individuals and communities to sustain health and wellbeing.
- An asset approach involves refocusing from an approach based on the deficits that produce illness to an approach based on the factors that produce health.
- This includes how we describe, assess, evaluate and improve health through policy, practice and intelligence. We can identify assets through asset mapping, appreciative enquiry and participatory appraisal; create a Joint Strategic Assets Assessment (JSAA) to complement and/or integrate with an area's Joint Strategic Needs Assessment (JSNA) which supports assessing what approaches and services are available locally, so our citizens can make informed decisions and choices about their health and wellbeing.
- Community assets are the assets that exist within a community that people within it say are important to their health and wellbeing. Assets can be mobilised by asset based methods such as asset based community development (ABCD), time-banking, co-production, social prescribing (or community referral), participatory budgeting.

3. HEALTH OUTCOMES AND EVIDENCE

3.1 There are inherent difficulties measuring assets and their relationship to wellbeing. Evaluating asset based approaches is therefore challenging. Much of the evidence available is case study based and a significant number of these may have been retrospectively labelled 'asset based'. Outcomes cannot always be predetermined.

3.2 The National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering. The current evidence base does not fully reflect the rich diversity of community practice in England. Cost-effectiveness evidence is still limited; nevertheless research indicates that community capacity building and volunteering bring a positive return on investment.

4. LOCAL EXAMPLES OF ASSET BASED APPROACHES

CVAT: Valuing Our Communities: (February 2014-March 2016)

4.1 The Steering Group (made up of representatives from the Public Health Team, Neighbourhood Services, Community and Voluntary Action Tameside (CVAT) and the Community Audit and Education Centre of Manchester Metropolitan University (MMU)) identified a number of key steps to further strengthen a partnership approach to embedding asset based approaches within community development (ABCD), as per the Healthy and Wellbeing Strategy. These include:

- CVAT mapped local examples of asset based community development in Tameside that had previously been delivered via other programmes. These include local time-banking schemes delivered by the Volunteer Centre in Tameside in partnership with New Charter Housing Trust; and participatory budgeting work. In Tameside, CVAT

have used participatory budgeting techniques in the You Choose Scheme, and also in the 'I love Hyde' Grants Scheme. Within the South Partnership area (the initial focus of the project); Hyde Community Action has good case studies and evaluation of the Bengali's Women Programme (2011-2014) and the Young Voice of Hyde youth-led research project. Further information on these local case studies can be found on the CVAT website: www.cvat.org.uk/valuing-our-communities

- Training of local residents to become community researchers to help create a framework for measuring the effectiveness of ABCD in Tameside.
- MMU researched how best to identify changes in community resilience and social value in the context of wellbeing. This learning was then developed into an evaluation framework that is responsive to local community application and changes in the external environment. It also builds on and complements a number of on-going initiatives within Tameside:
 - Joint Health and Wellbeing Strategy
 - The Tameside Wellness Offer
 - Strategic Neighbourhood Partnerships
 - Social Value

The evaluation framework is designed to be used at a strategic borough wide and area level, and with individual projects. See the end of this report.

- Building on the initial asset mapping exercise carried out by the Neighbourhood Teams to help inform Neighbourhood Plans. The aim is to produce a JSAA, initially for the South Neighbourhood, to complement and/or integrate with the JSNA. The JSAA will be a web based portal that residents can access and gain information about health and wellbeing in their area and what help, advice and community assets are available to support them.
- Established a network for practitioners, including volunteers, working directly with local people and groups to help build stronger and more resilient communities in Tameside. The network will provide the opportunity for workers to meet one another, exchange ideas and tackle common issues, access learning, and identify new ways of working and resources to help facilitate asset based community development.
- Training for Managers (09.12.14) and front line staff (January – March 2015) on asset based approaches. Frontline staff undertook small scale appreciative inquiries themselves within their local localities as part of their action learning. The longer term aim is to use appreciative inquiry methods to build relationships with communities and support them in developing their understanding of what is good and positive within their community (i.e. assets) and what they can do to build on those to create stronger and more resilient communities.
- The learning from the appreciative enquiries was used to underpin a Participatory Budget (PB) process delivered in December 2015. PB is a further AB method that engages community members directly in deciding how to spend part of a public budget. The funding was provided in the main by the Office of the Police and Crime Commissioner (OPCC), matched by the Valuing our Communities programme, as well as some funding from New Charter Housing. Local community groups could apply for up to £500 for local initiatives based on themes that would support stronger and more resilient communities. Members of the public were encouraged to attend a voting event where they were able to ask questions of the groups and then voted for who should be funded. Funding was allocated in rank order of number of votes and 89 groups across Tameside received funding.

Specification For The Provision Of An Asset Based Community Development (ABCD) Programme (May 2015)

- 4.2 Public Health, TMBC have written a specification for the provision of an ABCD programme. The aim was to contract with a Provider to develop and operate a flexible, innovative ABCD Programme that was focused on increasing community resilience and supporting the communities of Tameside in using their own assets to tackle the issues that affect their lives. This was intricately linked to the work on developing a Wellness Service. However due to national and sudden decision to make in year savings in the Public health Grant the tender was withdrawn. Public Health is currently awaiting its allocation for 2016/17.

Developing the Wider Public Health Workforce (December 2015)

- 4.3 A local event took place facilitated by Public Health England that looked at the development of the wider public health workforce focussing on asset based approaches. Attendees came from the range of organisations represented by the Health and Wellbeing Board and the agenda covered an introduction to asset based approaches and ABCD. The aim was to further embed these approaches within organisational teams and in workforce development across the public and voluntary sector.

Vanguard: Health as a Social Movement (December 2015)

- 4.4 Social movements are a type of group action. They are large, sometimes informal, groupings of individuals or organizations which focus on specific political or social issues. In other words, they carry out, resist, or undo a social change. A submission for an expression of interest (EOI) for health as a social movement was made on behalf of Stockport (as the Vanguard site), Oldham Council and Tameside; and the EOI was successful in December 2015. Before this announcement NESTA offered funding to develop the idea and so both elements are being joined up in one project. The NESTA funding will be available beyond 2015/16, however the NHSE monies must be spent within this financial year.

Locality based Asset Based Approach Training

- 4.5 The Greater Manchester (GM) Devolution Programme, Public Health England, GM Public Health Network, Primary Care Transformation Programme, and the Innovation Unit have been working together to embed an asset based approach to primary care across GM. Staff training will be offered to a mix of professional groups and levels of responsibilities e.g. GPs, nurses, receptionists, pharmacists, dentists, opticians, health trainers, care assistants, social workers, etc.
- 4.6 Tameside and Glossop have been selected as one of five pilot sites across GM for this training. The aim is to equip primary care teams with the skills, techniques and tools to embed asset based approaches across Greater Manchester. The workshops, which will take place over two half days, will strengthen the skills of primary care teams across Greater Manchester to empower them to place 'assets' at the heart of every conversation.
- 4.7 There are a number of asset based approaches to primary care such as: 'Asset-based conversations between professionals and patients' e.g. care planning, coaching and shared decision making and 'Connecting individuals to community assets' e.g. peer support and social prescribing.

Greater Manchester Voluntary Sector Reference Group

- 4.8 CVAT have been involved a GM voluntary sector reference group which has agreed to prioritise leadership of this work. In summary there has been real commitment from the VCSE partners to support 'citizen-led social movements' that focus on a strategy to 'eradicate inequality in Greater Manchester by 2030'. They want to lead the delivery of the New Society vision and ensure that we can scale up what the VCSE sector and people do in particular through social action, active citizenship and creating solutions together. This would be about:

- Leading delivery of New Society;
- Identifying existing effective action;
- Spreading good local action;
- VCSE-led intelligent commissioning and resourcing;
- Drawing in academic and intellectual partners e.g. Professor Marmot.

5. STRENGTHENING ASSET BASED APPROACHES IN TAMESIDE

5.1 Successful implementation of an asset based approach involves:

- Organisational change.
- A vision, a permeating culture which values community assets, and coordination and building of mutual understanding at all levels of the system (including strategic, commissioning and ground level).
- Strong committed new models of leadership in organisations to achieve cultural change - to drive and respond to the fundamental changes in power sharing and the renewed focus on flexible, client-centred frontline relationships.
- Staff of public services being valued as an asset and enabled through their training, development and day-to-day working to work in an asset based way.
- People working for outside agencies should act as facilitators not drivers and should not try to second-guess what the assets could be; the focus should be on releasing capacity within the community.
- Adaptable working structures.
- Flexibility and creativity.
- Time and a long term approach.

6. SCOPE FOR AN ASSET BASED APPROACH STRATEGIC PLAN

6.1 The following is a content outline for a strategic economy plan for developing asset based approaches:

(a) Definition:

- Evidence base - Jane South PHE report.

(b) The Communities We Work With:

- Development of a JSAA;
- Community profiles.

(c) Key themes for system change:

- Tameside Locality Plan;
- Devo Manc : Vanguard : Health as a social movement;
- Opportunities and Barriers to system change: shifting power and co-production; to scale; risk mitigation e.g. third sector development.

(d) Commissioning for community centered approaches and social inclusion:

- Joint Commissioning Unit and ICO outcome frameworks;
- Inclusion of community centred approaches including AB in strategies and relevant organisational policies.

(e) Workforce Development:

- Wider Public Health Workforce;
- Local Community Care Teams (LCCTs);
- Primary care localities;

- Public Services Reform (PSR) and Neighbourhood Hubs.

(f) Governance

(g) Finance:

- Current and future funding sources;
- Return on investment commentary;
- Clarify expectation of £10m savings.

(h) Set out the direction of travel - short, medium, long term impact.

6.2 We need to use the family of community centred approaches to consider our options and understand our aims in this work. In co-designing services we strengthen communities. We also need to build the volunteer and public health workforce to act as agents of change. The bedrock of community action will be through grant availability, organisational support and commissioning volunteer led activities.

7. RECOMMENDATION

7.1 The Healthy Lives Workstream is asked to:

- consider and comment on the headline themes identified
- to comment on the scope for development of an asset based plan for the economy.

Tameside Valuing Our Communities Programme: Draft Evaluation Framework (developed by MMU (2015))

Outcomes	Indicators
1. Individuals' health and well-being is strengthened e.g. through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources	1 Local social networks 2 Local communication networks including use of social media 3 Physical health of local people 4 Sense of wellbeing of local people 5 Sense of purposefulness of local people relating to employment, volunteering, apprenticeships
2. Community networks, relationships and friendships that can provide caring, mutual help and empowerment are strengthened	1 Local social networks 2 Local communication networks including use of social media 6 Individual residents sense of connection with their community 7 Residents pride in their community 8 Engagement in activities and/or networks of vulnerable or isolated members of the community 9 Community events include all age groups and include the food/music/traditions of many different groups 10 Information about events is available in various languages of the community

<p>3. Community and voluntary organisations are flourishing and work well together</p>	<p>5 Sense of purposefulness of local people relating to employment, volunteering, apprenticeships 8 Engagement in activities and/or networks of vulnerable or isolated members of the community 11 Training and/or development activities to support local residents to participate in community initiatives 12 Range of opportunities to get involved 13 Volunteering levels 14 Range of local community groups 15 Diversity of people involved in community organisations, activities or events 16 Networks between groups 17 Collaborative projects and event</p>
<p>4. Communities are actively participating in and have greater control over resources in their community</p>	<p>18 Residents have power and authority to be involved at the same level as organisational decision makers in programme design, implementation and evaluation in local agencies and organisations 19 Residents have power and authority to be involved at least at the same level as other decision makers in decision making about resources for the community 20 Diverse range of groups within the community has access to influence use of community resources 21 Community events include all age groups and include the food/music/traditions of many different groups</p>
<p>5. Organisations working in communities actively embed asset based approaches in all aspects of their work</p>	<p>18 Residents have power and authority to be involved at the same level as organisational decision makers in programme design, implementation and evaluation in local agencies and organisations 20 Diverse range of groups within the community has access to influence use of community resources 22 Partnership delivery of services, bringing together local expertise 23 Organisations engage in strategic forums, consultations and collaborative impact measurement 24 Training and/or development activities to support local organisations to work collaboratively with communities 25 Organisations have plans in place to ensure continued support for and the sustainability of asset based approaches</p>