

North East Lincolnshire Building Choice Releasing Community Capacity (RCC) Programme

Annual Report 2014/15



Let's get
better
together



Introduction

The population of North East Lincolnshire (NEL) is ageing with more people living longer with poor health which is generally worse than the England average. Deprivation is higher than the average and approximately 8,500 children live in poverty. Life expectancy for both men and women is lower than the England average. There is a 12.7 year gap for men and 9.3 years for women in the most deprived areas of NEL than in the least deprived. Health inequalities are the 'differences in health status or in the distribution of health determinants between different population groups and these differences arise due to our social determinants such as where we are born, grow up, live and work. Some health inequalities are the result of natural biological differences or free choice; however others are beyond the control of individuals or groups and can be avoided. The burden of ill health and deprivation not only has a financial cost but a human one as well. The lifestyle choices that people make can lead to disease/illness and in England the cost of treating illness and disease as a result of health inequalities has been estimated at £5.5 billion per year and by halving the health gap between the least deprived fifth of the population and the rest would save 1543 premature deaths, resulting in an average extra 1.3 life years per person.

Commissioners and service providers can help reduce social inequalities and improve health inequalities. However, traditionally service providers and commissioners have approached such problems with a 'find it, fund it, fix it model' or a 'deficit model' or a 'one size fits all' approach. Through the 'top down' approach the commissioners set Key Performance Indicators (KPI's) and outcomes. They can assume they know what the community needs are. However they can forget the actual voice and the needs of the community.

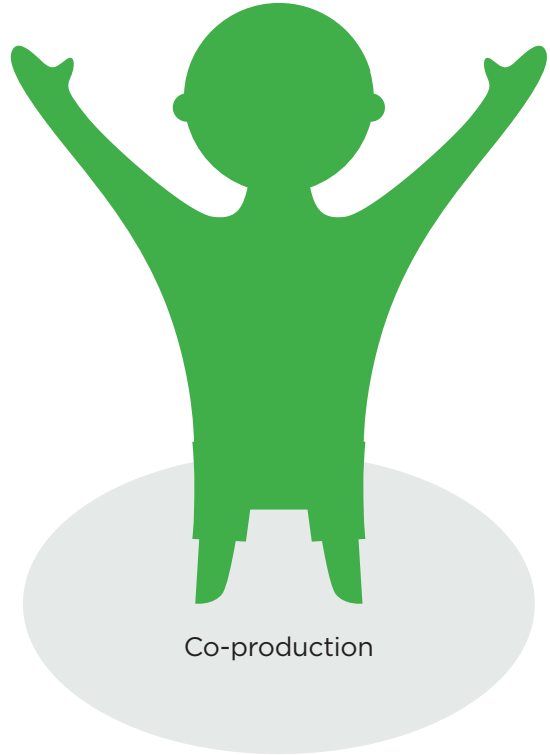
'The **wisdom** of the community always exceeds the **knowledge** of the expert'

The 'top down' approach can set a 'red tape' attitude and can dilute passion within the community, but this can be changed by working collaboratively to 'release or build community capacity'.

Building Community Capacity can be visualised through Figure 1 (see page 3)

It describes a broad range of approaches that sustain strong, supportive communities to grow as well as release local social capital. Social capital describes the pattern and intensity of networks amongst people and the shared values that may arise from those networks. The greater interaction between people generates a greater sense of community spirit, and opens up new opportunities as public resources are able to tap into and release skills, talent and energy of local people. This is crucial with the current financial challenges.

Figure 1: shows the many approaches used to build community capacity



Chapter 1

An assets based approach



‘What’s strong, not what’s wrong’

Asset Based Community Development (ABCD) or strength based approach is one of the approaches used to develop sustainable community development. It is concerned with facilitating people and communities to come together and achieve positive change using their skills and lived experience of the issues they encounter in their own lives. Research suggests that outside resources such as funding will be much more effectively used if the local community is actively engaged in using their existing skills, abilities and resources to build upon their strengths as well as address their problems and this is the basis of the ‘asset-based approach.’ Many community strengths are not immediately obvious, and it takes some creativity to discover what skills and abilities are available in the community, and how they might be used.

For many this can be a laborious and time consuming task, especially when service provision has been ‘top-down’ and service providers have been asked to focus on:

- a. What is missing in a community
- b. What is lacking
- c. What problems need to be dealt with or that need to be fixed

As a result they may forget that people in challenged and underserved communities are well aware of what is wrong with the community and don’t need to be reminded. What they do need to be shown is that their community has

good people and there are many places they can access help to enhance their lives. This can lead to an increase in aspiration which itself goes a long way to improving health and wellbeing.

Once we have connected community assets together we are able to support community and service providers to network with each other.

Networking can improve socioeconomic well-being of communities. Research shows that the structure of social networks and related diversity of individuals’ relationships is strongly correlated with the economic development of communities therefore effective networking is important as it helps to minimise duplication and maximise efficiency.

By supporting the strength based approach and facilitating networking within the community we are now able to work with them co-productively.

Co-production “People are the solution, not the problem”

In times of difficulties there needs to be an effective way of strengthening communities. Co-production is an opportunity to form a partnership between citizens and government to tackle a social problem. By listening to the obstacles a community may face and then releasing opportunities to improve way of life we are able to help residents build a stronger community where they are empowered to help themselves.

This method is very different from the traditional models of service provision and has been described as ‘barely fitting’ the standard shape of public services that we have developed as it fundamentally alters the relationship between service providers and ‘users’ as it emphasises people as active agents; through this it can lead to better, more preventative outcomes in the long-term.

Health and Well-being

The meaning of health and wellbeing varies for each individual although evidence suggests that most people value ‘health’ and seek to be healthy. Health can be grounded in personal and social realities which in turn help to determine their attitudes, behaviour, choices and lifestyles which in turn impacts wellbeing.

It is not easy to use a ‘one size fits all’ approach here as evidence suggests there are numerous factors that impact upon health. Dahlgren and Whitehead’s representation of the wider determinants of health (Figure 2), these models suggest that creating better opportunities for an individual can improve their health and wellbeing which in turn helps to build stronger, empowered and resilient communities.

The Building Choice Releasing Community Capacity programme has made a significant contribution to widening appreciation of the effects of the wider determinants of health on local residents. Helping people with the opportunity to make better choices we are able to create the environment for them to become empowered.

Figure 2: Dahlgren and Whitehead’s representation of the Wider Determinants to Health (1992)



Chapter 2

Releasing Community Capacity



“Community resilience is a measure of the sustained ability of a community to utilise available resources to respond to, withstand, and recover from adverse situations.”

The Releasing Community Capacity Programme (RCC) has been set up by the Health and Wellbeing Board as the single vehicle to release community capacity and by doing so to improve community resilience as safer and stronger, more cohesive communities are proven to be better able to tackle ill health and deprivation.

The RCC programme is a true commitment from the council,

NHS and third sector to build upon what already exists in communities encouraging and supporting people to become active citizens and play a greater role in their community at the same time as creating a platform for communities to identify issues and to work to tackle them. £150,000 has been invested by the Health and Wellbeing Board to support community-level action that strengthens social capital and tackles these issues.



People in challenged and underserved communities are well aware of what is wrong with the community and don't need to be reminded. What they do need is to be shown that their community has 'good' people and 'good' places to help enhance their lives. The RCC programme works across two levels:

- 1. emphasis on self-care, community level support and signposting to stimulate activity in the community at no or low cost through an assets based approach.**
- 2. changing the traditional culture within existing service providers (statutory and/or non-statutory) to recognise the contribution the community can make – co-production.**

These are achieved by a series of interventions which include a three tier training programme, one to one interventions and support to groups and organisations. As the emphasis of the health and wellbeing element of the RCC programme is on Making Every Contact Count everyone in North East Lincolnshire whether employed or not is regarded as a potential 'Collective Workforce'.

The programme has built capacity in the Collective Workforce by offering a wide range of asset-based training for everyone to identify their own skills, to refresh them, build on them and share skills and experiences, and this has been delivered by three levels of training and skill development.

3 Tiers of Development

- 1. Light touch – overview – larger numbers – awareness raising**
- 2. Targeted skills development – individual focus – slightly smaller numbers.**
- 3. In depth – knowledge and skills development – focus on action not awareness – smaller numbers – intensive, project support.**



The programme has helped people to develop practical approaches and real solutions through change and improvement by supporting their development and implantation, small collaborative test ideas have been carried out for new services.

The Change Champions course was originally designed as an intensive skills development programme for key people who were currently working in community development with an aim that these participants would be active in the communities and have extensive skills in community activity. By participating on this course there would be an opportunity to update their skills within protected time to plan and develop initiatives. The 180 Change Champions are able to bid against the £150,000 for grants of up to

£10,000 and can also support other community groups who haven't been through the Change Champion programme to set up initiatives and bid for funding. 23 applications were approved at a total cost of £120,000 and they form the results in the case studies section.

Through the RCC programme support and infrastructure has been provided to all through a range of resources, toolkits and information where people have been shown what is available locally to empower them to make health and wellbeing everyone's responsibility. By supporting the local residents of North East Lincolnshire we have been able to measure what has been spent and what we have gained as a result, this is also known as Social Value and Return on Investment.



Chapter 3

Social Value & Return on Investment



“Social Value”

Social Value is the benefit that stakeholders experience through changing the lives of community. Some, but not all of this value can be captured with a monetary value. This can allow stakeholders to make a comprehensive and informed assessment about value for money, build capacity that aims to help organisations improve as well as prove their effectiveness and also frame the discussion on where these outcomes are relevant to the investor - the social return on investment.

The Public Services (Social Value) Act 2012 describes social value as **“Improvement to the economic, social and environmental well-being of an area.”** The Act also stipulates that social value should be **“relevant”** and **“proportionate”** to the subject matter.

Social value asks the question: **“If £1 is spent on the delivery of services, can that same £1 be used to also produce a wider benefit to the community?”**

This involves looking beyond the price of each individual contract and looking at the collective benefit to a community. Often commissioning decisions are based solely on activity and outputs (numbers) and less about the wider benefits to communities which may be bringing benefits elsewhere in the system to unrelated services as the service user finds their circumstances improving. These benefits may not be quantifiable in the short – term but can be identified in the longer term as overall health and wellbeing is improved.

The concept of **“Value”** is not confined to the narrow definition that cheapest price is best. Calculations of value for money are increasingly refined to cover whole-life cycle costs including social, economic and environmental matters. For example by working collaboratively with partners to get communities back into work we are effectively making a saving to the public purse in terms of reducing the benefits bill.

Furthermore, there is also strong evidence to show that social value can have pronounced health benefits. For example, by getting long term unemployed people back into work this results in less poverty which in turns results in better health and less demand for health services such as GP’s and hospital admissions. Other examples include stipulating only low emission vehicles in a transport contract. This will help to meet sustainability targets and create less pollution which in turns makes for a healthier environment.

Perhaps one of the most persuasive arguments for building community capacity is the financial one. As part of the Building Community Capacity project, Professor Martin Knapp and colleagues at the London School of Economics investigated community building initiatives and found that they could be cost effective. The research aimed to investigate whether investment in community initiatives has the potential to prevent or delay the need for social care and generate cost savings.

The use of case studies is designed to exemplify the real impact of the service, enabling us to address some of the weaknesses inherent in social value and cost benefits methods.

Social value and savings estimates can be extrapolated back to macro levels to give an indication of potential savings, but real value lies in examining the real stories of people using the services.

Many of the community projects do not collect detailed numbers on use, and they do not have detailed evaluation methodologies to look at the impact on individual service users' well-being.

The Programme is facilitating project to provide significant major social value to service users and their carers or partners, and hence will be impacting on deferred using of NHS/ Social care services and their related costs. However this has not been quantified at this stage.

Calculating financial savings resulting from a preventative intervention is always difficult. However numerous studies have attempted this using a variety of approaches. By studying case studies in detail and comparing it to the larger population of service users, we are able to estimate the total savings achieved, or at least costs avoided, as well as placing a social value cost on the impact on people's well-being. There is no standardised approach to costing services and it is possible to use NHS and Social Care Reference costs from the PSSRU and information from the Social Care Institute for Excellence in some instances.

It is also possible to account of costs calculated in a number of other studies. Even using conservative estimates, assuming that the default will be to keep people living in the community except in extreme situations, and attributing a value according to the likelihood of an occurrence and the extent to which the intervention influenced outcomes, significant value is usually demonstrated for well-being projects. From the case studies collected by participant organisations it is evident that this is the case for this Programme.

Examples of avoided/deferred costs

Residential Costs

PSSRU: **£493** per week
SCIE: **£37388** annually



Falls: **£2000**



Hip trauma: **£3577** (SCIE)



GP appointments: **£45** (PSSRU)



Emergency hospital admissions: **£1739**



Delayed discharges
- up to 4 days: **£1056**
(Bed blocking charge is £120 per day)



SCIE mental health issues: **£2142**



PSSRU Home care: **£2142** per week



PSSRU Changes to care package:
up to **£11076**



Well-being Costs

Isolation: **£780**



Loneliness: **£900**



Anxiety: **£2538**



PSSRU 1 hour social worker time: **£226**



Research by the Council's Public Health Department also identified the impact of reducing the cost of social isolation for older people using known treatment costs on the NHS to show possible savings (The Second Half Foundation)

The impact of reducing the cost of social isolation for older people using known treatment costs on the NHS to show possible savings (The Second Half Foundation)

Hospitalisation from osteoporosis – Cost per patient: **£12,000-£28,000**

(Fall Prevention April 2012 Issue 234) Average cost per patient: **£20,000**

Assumes just ten people avoid fractures from regular exercise: **£200,000**

Preventing cognitive decline in ten regular users: **£120,500**

Preventing re-admission into hospital in ten regular users: **£40,021**

Reducing visits to the GP in half of our regular users by at least once per month: **£170,500**

Preventing at least five ICP case reviews: **£1,380**

Preventing ten diagnoses of depression: **£20,850**

Preventing one TIA: **£1,628**

Reducing excess day tariff in ten regular users: **£2,250**

Improve Mental Wellbeing

– reducing contact with mental health services: **£90,000**

- **Analysis by Social Finance 2013 suggests that effective intervention to reduce isolation among a cohort of 1,000 older people could lead to a cost saving of over £1 million a year.**

- Evidence shows that befriending services are effective in reducing depression and are cost-effective when compared with usual care. The economic impact of befriending interventions

estimated by Knappe et al, 2010 shows that in the first year, a typical service costs around **£80** per older person but with a **£35** savings in reduced need for treatment and support. With this savings likely to continue into future years and taking into consideration the improvement in quality of life due to a reduction in depression, this savings is estimated to increase to **£300** per person per year.

Chapter 4

Impact on Communities Individuals Organisations & Public Partners



Impact Assessments

Impact Assessments measure the impact and/or the effectiveness of organisational activities and judge the significance of the changes brought about by those activities. Being able to assess and articulate impact is a powerful means to being able to demonstrate positive and negative, intended or unintended results and is seen as the contribution of the intervention to the overall goal.

Impact assessment comes down to

- a. Asking if the intervention met the real needs and**
- b. Training for the appropriate people**

It is concerned with making judgements about the effect on beneficiaries of people in communities (see Figure 4).



The case studies below give an idea of the impact that the Programme has had on organisations and networks locally. In the final analysis next year, we will gather testimonies from people who

have benefitted from the services and groups developed out of the Programme, and the impact that it had on the organisations themselves.

The case studies, produced in the groups' own words show what it has meant to them and the people that they work with. The studies are also simply drawn from those groups that have received funding, while there is a wider network of groups and individuals who have become Change Champions and initiated activity without funding. New partnerships and co-operative approaches developing innovative and sustainable activity, and people joining a variety of groups, reducing their isolation, anxiety and improving their well-being. Some of these relationships take time to come to fruition, and span well beyond the Programme. Indeed without interviewing all participants it would be impossible to picture the full reach of the Programme. For example, the Cycle Hub recently announced the setting up of cycle cafes across the area working with the transport and Healthy Communities teams – this has in part grown from relationships established on a Change Champions Programme.

The Programme has impacted on the Council, CCG, Focus and VCS Organisations. While there is still some way to go for the approach to be fully integrated in the cultures of the organisations, the RCC approach can be seen in various projects now, and in commissioning exercises.

Presentations have been made to, and work carried out with a range of teams and we have presented to the Council's Leadership Team on the challenges. Through the Programme we have contributed to the NHS Quality Programme locally, the Council's Information and Advice Project, Implementation work on the Care Act, contributing challenge or toolkits to a range of projects, including the Healthy Communities, Healthy Workplaces, and Healthy Schools work.

Impact can be seen as more projects take on board the principles of RCC and seek discussions that show recognition of the contribution that the Programme can make in embedding the principle in to their projects. Community members working with Focus have commented on changes in approach following our work with Focus' staff. Staff from

the Council, Focus and CCG are now Change Champions.

We have provided informal advice and support to a range of VCS organisations, challenging them to think differently about their approaches, the services they deliver and how to make these sustainable. We have advised several on how best to take issues and ideas forward with the statutory agencies. We have promoted new approaches to partnership working, building trust and putting co-operation ahead of competition. This is reflected in the fact that the new VCS Forum requested that we support their development and act as "critical friend" to the initial development of the Forum, and in the request to our Programme Board that we continue to support the development of the Good Neighbours Project.

Good Neighbours – Reducing Isolation and Loneliness in Older People

The Good Neighbours project has impacted on culture locally promoting partnership working, finding new ways to do things, and challenging organisations to place the desired outcomes and objectives of the Project ahead of their organisation's activities. It has begun to challenge the thinking of the statutory organisations over how they work with the community, and the roles that they take within such

arrangements. It has also helped organisations look at how they might deliver support when there is little finance by changing the way that they act, and to model the behaviours that we are promoting through the Programme. It has also promoted debate over alternative sources of funding, how best to pursue these, and the implications for individual organisations of partnership funding applications.

Chapter 5

Case Studies Summaries



This section contains the summaries of work resulting from the Change Champions Programme.

There have been 21 funded projects and many that did not ask for funding but that have been supported in other ways. Tracking progress and impact of the various projects has been difficult as there has never been a requirement for the groups to report and reporting has been patchy and ad hoc. The diversity of the initiatives has also made it difficult to report in a collective way. However, it has been possible to capture some of the results and these are listed here.

If the RCC was to continue then we would recommend some standard reporting being required with any funding grant.

Only a handful of the projects is able to count contacts and over the last 12 months there have been 11,258 contacts made with the public and the participating projects. If each of these contacts was given a consistent health and wellbeing message then the impact would be noticeable.

RCC 1 – Making Shibashi Style Tai Chi sustainable in the community.

This team of Change champions was awarded **£2,300** to train additional volunteers to take Tai Chi Sessions in the community. In the past **12** months they have had in excess of **200** people joining the new sessions. There are **89 over 50's practising Tai Chi** who have never done it before and there are now **6** additional Tai Chi instructors covering **50** social clubs and at **21** wellbeing collaboratives. Each volunteer gives an average of **7 hours per week** and from an initial investment of **£26** per trainee there is a return of **£18,840** per annum in time in kind. Even at a conservative estimate, the social value of this increased activity is in excess of **£60,000** without accounting for

the reduced likelihood of falls, admissions to hospital or reduced GP appointments for example.

The service is now sustainable and some of the trainers have done a Preparing to Teach in the Lifelong Learning Sector (PTLLS) adult teaching course to enable them to train others.

RCC 2 – Telephone Befriending (Friendship at Home)

Volunteers have identified the need for additional telephone befriending as new members waited for volunteers to become available. Each volunteer spent approximately 30 minutes with the older people and they give an average of 10 hours a week. According to the national volunteer rate, costed this over the year, this is an additional value to the service of £5,280.

Volunteers have been trained and have therefore also gained new skills and experiences which are transferable and increase employability. Service has successfully worked with 40 elderly and vulnerable people in the last year and 211 calls have been made. Through offering this alternative service it has enabled services to reach more isolated people than before.

“When you’re feeling down it’s so nice to have somebody to talk to – to get things off your chest”.

“I appreciate you checking in – it really cheers me up”

£3,650 has been allocated to the group from the RCC health and wellbeing fund and so far £2,703 has been spent. The funding has enabled the initial set up and the service is now self – sustainable.

RCC 3 – Foresight Older People’s Services

Initially allocated £1,000, the plan was to record some stories for isolated people to listen to in their own homes. The initial plan was to engage an isolated lady who had experience in this sort of recording as a way of providing a therapeutic way for her to help others. Unfortunately this plan had to be changed as the lady backed out mid – way. The funding was switched to develop a social group for people in the area. The group has been established and is continuing to gain confidence in expressing views and opinions and listening to their own voices. The host has been motivated to visit a local sheltered housing scheme (one that has lost its warden service) and encourages the residents to meet in their shared space and stimulates conversation. The group have now bought a mobile phone and tablet and are learning how to use them. 8 people in the group have benefitted from sharing time and skills and learning new skills especially IT skills. The residents of the sheltered housing scheme are also beneficiaries due to the increased confidence and drive of the woman who visits them.

This project is related to a number of linked projects that have been developed by one of the first cohort of Change Champions including an active Time Bank in Scartho, social clubs and lunch clubs in St Michaels and St Aidens and plans to develop the old Scartho library.

Using the same conservative approach, this has a social value in excess of £102,000 as well as its impact on reduced health and social care demand. Lynne Smith who made the initial application has continued to develop a new working relationship with the Older People’s Health and Wellbeing Collaborative who she met on the Change Champions course. The Collaborative team have worked with Lynn sharing their expertise and knowledge in how to set up social and lunch clubs and they are now working on an innovative new project in Immingham which will provide day services in a different way to the traditional approach integrating residential and care home premises.

As part of her employment with Foresight Lynne has completed an application to the Big Lottery, Reaching Communities Fund to develop a health hub in Scartho incorporating the library, the church and the community halls.

RCC 4 – The Sewing Club

This group was awarded £10,000 from the RCC fund. In the last 12 months the group has had contact with 3200 people. Volunteers work an average of 3 hours per week (£880 in kind per week) a total of £35,200 in kind contribution in the year.

The funds enabled us to set up a further 5 free sewing clubs. Following the funding, we are now a **small social enterprise**. Today, The Sewing Club provides 7 weekly free “pop up” sewing workshop, plus 1 weekly “premium “Sewing Café Evening” when we buy in the services of a highly qualified tutor to inspire our volunteer leaders and customers. (Individual clubs cover their costs with teas, coffees and raffles).

Volunteer Investment: 12 volunteer leaders and supporters invest regularly up to 80 hours a week working in the project. Some volunteers 3 days a week, at several locations. According to the national rate for volunteers @ £11/hour this investment equates to £880 per week.

Members’ engagement has gone from 50 to between 70 to 90 people each week. We have been able to develop our “premium” sewing café club at Open Door Health Centre and a new stylish “Sewing Room” at Centre4, Nunsthorpe, both in some of our most challenging neighbourhoods in NE Lincolnshire.

Members Empowered and run their own Sewing Clubs: Our workshops are now run by members who are now leaders. We have invested in a tutor and gained other funds from our local authority to run professional tutor-led workshops. This has developed confidence in our leaders. Some now perform demonstrations in front of a dozen people, when before, they were extremely shy and had low self-esteem.

Improvement in Skills and Employability: 2 members who are young mothers (one of 6 children and the other with one child) are now taking fashion and textile courses at our local university, inspired by being involved with The Sewing Club. One volunteer club leader for one year is now working to Level 3 in Textiles to enable her to do her PGCE next year. They say they would not have considered this without The Sewing Club. One lady in her 60s started her own catering business as a result of baking cakes to sell in the sewing club. Other ladies are now selling their handmade crafts, using new skills they have learned at the club.

RCC 5 – Family Training Courses

Awarded £9,780 to train local families in topics which, will increase their resilience and will promote healthy relationships? The programme creates opportunities for them to help themselves and others in the area. The team which is comprised of parents, volunteers and workers from the Broadway Children's Centre, have spent £7,360 of the allocated funding. The majority of the funding was spent on Crèche fees, along with stationery and providing training for 15 people in attendance for Domestic Violent and a further 24 people attending a First Aid Course in two locations across the local area.

The course has now been delivered in the Broadway Children's Centre area, and the plan is to deliver the course across the local area and also engaging new parents and extended family, for example, grandparents. We have also trained one volunteer to deliver the programme with prospects of future training to improve their employability; to deliver in the near future. We are also supporting 2 volunteers to co-deliver the programme.

We are engaging with parents working towards improving lives and education of safeguarding for both adult and children.

Our evaluations illustrate we are helping families to develop harmony in their families. The work we have done through this funding has also helped us to secure and develop relationships with parents.

As a result of our consultations and feedback, the course name has been changed from 'Positive Relationships' to 'Keep Calm Love Your Family'.

Working together across our neighbourhoods with these funded programmes has helped our staff teams form even stronger and more valuable assessment of the programmes. It has enabled improvements to be made as the courses progress and improved results.

We are excited by the potential that the courses have opened up to allow to see what is needed next to provide our parents with the tools to be even safer, healthier and happier.

The programme will be sustainable across other children's centre areas as volunteers have been trained to deliver it.

RCC 6 – Sleep matters

A service for people with dementia and their carers affected by sleep disturbance.

Sleep disturbance is the most significant factor in the decision to change a loved one's care package. Most people with dementia suffer some form of sleep deprivation and this can have an impact on the carer and is often cited as the reason for carer burnout. There is only currently one way for sleep disturbance to be managed and this is by the prescribing of psychotropic medications.

The sleep matters project is a pilot approach, delivered by trained volunteers, to test out whether non-pharmacological techniques can improve sleep for the carer and the client.

The pilot has 5 volunteers and each volunteer has up to four clients that they work with. The programme consists of 3 visits to the client's house,

- 1. To set a baseline, establish current sleeping patterns and see the bedroom.**
- 2. To discuss sleep options with the client and carer**
- 3. To review progress and evaluate interventions.**

If the pilot is successful it could save prescription costs, reduce the referrals into care homes and make life easier to bear for the carers.

The pilot was slow to start and didn't get the promised support from the

nominated practice. The results from the pilot of 17 people show.

Outcomes

- Improvements for person with dementia
- Reduced daytime naps, leading to being able to sleep at night
- Lowering of blood pressure
- Use of light box helping to stay awake in the day
- Less confusion of finding way back to bed
- Overall improvement in sleep patterns

The pilot team has branched out to working with Navigo staff in order to train them in working with people with dementia.

A second pilot is being planned to establish if the effects are consistent with a larger group and Salford Health and Wellbeing Board have picked up the pilot and are investing in the programme in their own area, working with the North East Lincs social enterprise that developed it.

RCC 7 - Basketball Club

The basketball club received £8,456 from RCC Programme. The aim of the application was to set up an extra 3 hours of training per week and also train some of the current young people to become coaches, table officials and referees so that there is the capacity to begin this process and then make it possible for it to be sustainable in the long term. These young people once trained will then volunteer to run sessions outdoors in parks, which would be low or no cost and open access.

The sessions are aimed at those who would not normally get a chance to join in sport activities like basketball and attract many young people from challenging backgrounds who are often known to the police and social services yet when at the training are controlled, enthusiastic and disciplined; knowing the boundaries of attendance and behaviour when there.

Many of the young people are unable to afford the £2.00 per session subscription but they are not prevented from joining in, rather the club and personal finances subsidies these individuals knowing the benefit they will gain in the long run.

We now have 128 members in our clubs as the funding enabled us to support a further 20 young people. Some of them have progressed so well they are now playing in a high league.

All of our newly qualified members continue to be committed volunteers in our practise and league games. (Qualifications can be proven by certificates and award bodies).

3 Members Awarded Basketball Coaching Qualifications

Following the funded training and coaching, two of our current members achieved level 1 Basketball Coach Certification and one other person achieved Level 2, which is the highest level for their age group.

2 Members Awarded Basketball Referee Level 1 Qualification

2 Members Awarded Level 2 Table Official Certification.

Due to high levels of demand, we were able to form a new club for under 12 years - Rugrats.

We are developing regular new venues and exploring others for the players. New sports hall used at the new Grimsby University Centre and in negotiation with another venue;

Evidence will be through membership forms held by the club

We have an active Facebook account (Grimsby Basketball Club) and publish our activities on a regular basis.

High Individual Successes with National Leagues: Two of our members have had particularly good success. One of the players has gone on from being an ordinary player to a national league and is moving towards playing in a professional league. In addition, we have one 13 year old who has recently played for Yorkshire County League and has now had an England trial. Without the high level coaching, additional games and encouragement provided by the funding, this might not have happened.

RCC 8 – YMCA Community Games

Received £8774 from the RCC Fund.

The programme was intended to provide affordable physical activity from a range of different venues and events across the North East Lincolnshire area.

A community youth worker engages with young people from a range of different organisations and establishes what activity is needed. Young people taking part in the activities can go on to gain sporting qualifications with other providers.

The organisations that have approached us for event support in 2015 include, North East Lincolnshire Cycle Hub, Shalom, Grimsby Rugby Club, Sports Development, St John & St Stephen's Church, local Scout groups, student groups and Union, just to name a few.

What we achieved!

Total number of beneficiaries from our activities so far in 2015 = 3850!

Over the course of this year YMCA has continued to support a number of Community Games activities, through lending out equipment, providing volunteer support and providing small grants of funding. In addition to the fact there is still some monies left in the budget the following will ensure sustainability into next year and beyond.

- The Tug of War event held at Weelsby Summer Fayre and set up by residents of the Weelsby Estate was such a success that the resident group is planning to hold a bigger event next year, which following requests from children from the area will include a tug of war for youngsters as well as adults.
- An Equipment Hire Service is to be developed. In 2016 more advertising will be done to promote use of equipment. Up to now equipment has been lent out to community groups without charge. This will ensure use of this equipment continues and benefit more community members.
- The Soup Kitchen is continuing, although this was set up to occur once a week it has been so popular that now it continues with 2 days for food each week and 2 days where coffee mornings are held. 40 people in need of support attend these events and this project to date will have supported in the region of 300 different people and will continue into the future.

Continued...

- The Beach Event was attended by 500 people and the businesses from the North promenade end of Cleethorpes commented on how much trade they had done as a result of the event. Traders have therefore agreed to work with event organisers to build on this year's event in 2016.
- The purchase of the equipment provided a storage security risk, therefore we asked if some of the Change Programme funds could be used to develop a storage unit. This ensures that the investment will be protected and gives us an opportunity to maintain the equipment in good condition and order for future hiring. We are delighted with this and it provides more opportunities for volunteers and local organisations.
- The Soup Kitchen Project – The soup kitchen project has been a revelation! In April £250 was provided to help a group from Shalom set up a food day once a week for homeless people and residents struggling to get by. Although this was set up to occur once a week it has been so popular that now it continues with 2 days for food each week and 2 days where coffee mornings are held. 40 people in need of support attend these events and this project to date will have supported in the region of 300 different people and will continue into the future.

RCC 9 - The Handyman Scheme

This project unfortunately ended soon after it started. The team was awarded £9,745 of which they used £2000 on IT equipment. The balance of their grant was returned to the fund. Conversations are currently underway

to investigate whether it is possible to resurrect the programme under new management. The IT equipment is currently being held until decisions are made, but may become available for re-allocation.

RCC 10 - The Dementia Group

The group, who are all volunteers, applied for and received £2,631 to raise awareness of the issue of dementia in the community. They planned to hold outreach sessions in community venues, engaging the public in conversations about dementia and how to spot it and where to go for help.

What we achieved

- 9 members of the team have become Dementia Friends.
- Steering group meetings are held regularly
- We have designed and tested note pad stickers.
- We have had 132 meaningful discussions with community members and sign posted to the most appropriate services.
- 203 hours worked on this topic by our volunteers, giving talks, attending events and actively leafleting to achieve our marketing aims.

Engagements & Signposting Totals for Year to September 2015

Events Attended	18	
	Male	Female
Browsing/leaflet Taking	9	48
Direct Contact	34	189
Signposting to GP	16	36
Signposting to Alzheimer's	18	30
Signposting to Dementia Friends	2	7
Signposting to Admirals Nurse	3	23
Signposting to Memory Cafes	10	79
Volunteer Hours	68.65	

The team are supported by the health collaboratives infrastructure who offers them help and advice and a place to store their materials. They report the feeling of empowerment that running the programme brings.

As they work very closely with Dementia organisations in Grimsby and they are all volunteers, they anticipate that they will be able to sustain the project with little future investment.

RCC 11 – The Gymnastics Club

The aim of the application was to increase the level of skills offered by providing British Gymnastics Level 2 training and certification for the club's 2 main coaches. This was to enable the teaching of certified workshops from pre-school age to young adults. We would like to develop our club to be able to offer services throughout North East Lincolnshire and support young people to develop their health and fitness as a family, at schools and community centres, from a young age.

Two of our main coaches have successfully achieved Level 2 Certification in Coaching Gymnastics. As a result of this and other certification, they are able to effectively plan, conduct and evaluate coaching sessions of all ages.

The club is now going from strength to strength with many young people involved, from pre-school to young adults.

In September 2015, one of our young Gymnasts, Phoenix, competed in his first Yorkshire Championship and placed 5th overall and as a result of this has been selected to represent Yorkshire at the National Finals which is being held in Birmingham in November. (Please see photograph below).

Sustainability

Families pay for our classes which run on our North East Lincolnshire gyms. We are keen to continue development through coach training and securing new equipment.

RCC 12 – CreativeStart Arts in health

Received £9,438 from the RCC fund.

The Creative Arts in Health is an arts workshop designed to aid and support those in recovery and their affected other, the project uses a peer support structure that helps break down stigma and focuses on trust and personal development. The belief is to give its members a purpose by involving them in all aspects of the project. Through this programme 67 members have benefitted from the project and successfully delivered weekly support that is member led and have developed an abstinence recovery focus group.

The members have produced in excess of 80 pieces of artwork and recently seven members have essential roles within Creative Start where they have provided support for those affected by social isolation and mental health issues.

The project is now a Community Interest Company and is planning how to spread and sustain the project in conjunction with the delivery partners.

It is featured in the latest Change Champions newsletter.

RCC 15 - Bridge Friends

Awarded £9,859 the team which is all volunteers provides outreach support for vulnerable women. It is also featured in the Change Champions Newsletter.

Moving into the new office had a significant impact to BRIDGEfriends, service users and partner agencies. Met with and assisted a number of sex workers and vulnerable women; by providing a drop in and appointment service 2 days a week and have seen increased number of service users in the office.

We have set up a bay for volunteers and have begun weekly computer training sessions with one of the beneficiaries, who is learning Excel work and how to use e-mails, a marked improvement in confidence and self-esteem is already noticeable.

Expenditure on capital items had been kept to a minimum due to donations, the only capital major item that has been purchased with RCC funding is larger printer/copier, which has been essential for the printing needs of the service users as well as their own.

The stationery on the original proposal has been printed and paid for with RCC funding. The brochures have helped to raise public awareness and the profile of BRIDGEfriends as well as providing key stakeholders, other agencies and businesses with details and overview of the service referral.

We were able to assist a Romanian lady who had been trafficked after she took a BRIDGEfriends handout and contacted 1 week after the evening outreach, caseworker studies will demonstrate the level of assistance that was provided through the daytime outreach.

There is still work needed before core statistical information can be extracted in a recordable format from this Database, currently anticipating finalisation after next training session. This will be a huge benefit to as currently extracting information from excel sheets manually, has proved to be time consuming. Our goal is to be able to extract statistical details of age ranges, drug use, etc, easily, not just for our own research, but for other partner agencies who may find these details useful.

Evening Outreach

Evening outreach has increased from monthly to bi-monthly (weekly during December) personal alarms have been issued to some most vulnerable service users. Met with and assisted an increased number of sex workers, trafficked women and other non UK sex workers in Grimsby.

Establishing our office, increasing the number of evening outreach sessions and the growth of our volunteer base from 5 - 12, have all contributed to BRIDGEfriends delivering an effective and enhanced service to those that we assist.

Continued...

Fundraiser

Cabaret evening was a success and raised just over £4200, which has been 'ring fenced' towards a new outreach vehicle to replace Ford Galaxy People Carrier.

There were 130+ in attendance, including the Mayor, dignitaries, councillors, stakeholders, other agencies, friends and supporters from local churches attended. During the evening we did a PowerPoint presentation of the work of BRIDGEfriends and were able to speak about the impact that the NEL RCC funding has already had on the local community.

Questionnaires were filled out during the evening, with excellent feedback and due to its success planning for another similar cabaret event at the Humber Royal on 16th October 2015.

2 Volunteers have arranged to do a 10 hour sponsored silence on the 7th March at the Warehouse in Freeman Street, with over £500 already pledged.

On 28th February another volunteer has advertised a coffee morning event in the community room of Tesco in Cleethorpes, hoping to raise awareness by talking to locals about BRIDGEfriends as well as raising money from the sale of refreshments.

Volunteer base has increased from 5 - 12. With 2 waiting to train. Key skills of new volunteers include: Legal expertise in family and law and immigration, counselling, social care and family, nursing, public relations and special needs expertise. Additional volunteers have enhanced our existing services greatly; especially the legal input which has benefitted 2 of our service users since October!

RCC 16 – The Falls Project

Awarded £9,950 to develop falls resources packs for the use in sheltered accommodation where there is no longer warden support.

We produced 2500 packs in conjunction with local residents and these have been given out to people who are most at risk of falling.

We also produced a commercial which has been shown in Freshney place to reach a larger audience.

We have had a number of social events to launch the packs and to encourage networking of the people in sheltered accommodation who may also be lonely or isolated.

RCC 17 – Sensory Room at West Marsh Community Centre

Awarded £1995.40 by the RCC grant. The funding was originally intended to provide a reminiscence facility at the West March community Centre for the use of the older members. The Centre has failed to provide information on activity levels.

The reminiscence facility became a sensory room and the funding was matched by the heart well group. The room is available for over 50s to come and spend quiet time and de-stress. In order to sustain it the community centre are investigating the possibility of hiring out the room.

RCC 18 – Healthy Eating courses at the children’s centres.

Awarded £9,300 – spent nothing yet as it hasn’t started

To create an extensive 3 month programme of life, health and wellbeing and confidence enhancing courses for 20 parents. The workshops will lead with low intensity

healthy eating guidance and progress to teachings to support health, finance and relationship management and improving self-esteem.

The programme has been very slow to start. Courses will start in September 2015.

RCC 19 – Dementia friendly area in a GP surgery

Awarded £2,000. A joint application between the Alzheimer's Society and Keepsake for Life (a social enterprise) to improve a GP surgery to make it Dementia Friendly.

It was difficult to identify an appropriate GP surgery as the original one backed out. The group are now working with the Surgery in Laceby where the practice manager is supportive.

Soft colours now provide a peaceful atmosphere. We installed patterned curtains and a large clock so that sufferers will easily see the time. We purchased functional signs with both pictures and writing to decrease misperception of instructions.

Partnership work with a local youth scheme enabled us to engage the support of young volunteers to complete the paint work in the waiting room.

There were multiple additional benefits to this small project. The young people reported an increased awareness of the problems and solutions for improving life for people with dementia.

The surgery, which was quite an old building, benefitted from a little updating.

We opened the new area with a launch in June to help to further improve dementia awareness locally.

There has been good feedback at the surgery with people commenting that the environment is nicer, more relaxing and homely.

Continuity

We are now exploring ways to encourage more GP surgeries and larger medical centres to take our lead and make some improvements to improve the lives of more dementia patients and increase awareness locally. Following our experience with finding surgeries to embrace this project, we anticipate a challenge from some, particularly the larger medical hubs, who may need to consider their resources, in view of recent investments in newer centres.

RCC 20 - Suicide Bereavement Group - Saf haven

This is a group of four volunteers who have been personally affected by loss by suicide. The group was awarded £4,460 from the RCC fund to set up a telephone helpline and website.

So far the group has a brand and identity for the service which is not

provided elsewhere, a partially built website and a telephone line and telephones.

Because the group are all working full time and have experienced some personal difficulties the progress has been slow.

RCC 21 - British Lung Foundation Training

Awarded £1994 by the RCC fund.

With the funding we managed to have 2 people trained to level one to instruct and direct the British Lung Foundation Level 1 Course. This has enabled us to offer more courses to more volunteers and sufferers. It has also provided the new instructors with the knowledge and training to lead on our "Rehabilitation Plus Classes".

We are now able to offer an extra session a week for working people in the evenings. By offering classes at different times, we can support more people to have greater access to our courses. This increases sufferers' chances of continuing to work and improve their ability to work.

We charge for the classes, and the additional money from teas and coffees at the workshops ensures these are sustainable

The ongoing benefits are that we will continue to provide a wide range of weekly maintenance sessions for post rehab patients, as well as facilitating social groups such as our Piscatorial Codgers Fishing Club, Grouchy Old Men's Club and Hope 4 Your Lungs Support Group, and offering Tai Chi and chair-based exercise classes in the local community.

The additional training and workshops will help to ensure that our clinic, community and home bases services continue to grow. This means that we will continue to support the reduction of emergency hospital admissions, A&E attendances, raise further awareness of COPD and improve the quality of life of more sufferers.

During the last twelve months we have also undertaken some specific focused pieces of work to support the development of the approach:

Good Neighbours – Reducing Isolation and Loneliness in Older People

In 2013 North East Lincolnshire Council was invited by the Big Lottery to apply for funding to reduce loneliness and isolation in older people – the Ageing Better Fund. A partnership and structure was developed to write the application for £6million to change the way that services for older people are delivered. The approach was to promote 'good neighbourliness' as the route to promoting inclusion, reducing barriers to services, responding to immediate needs for support and developing a system where older people no longer feel lonely or isolated and that they can contribute to defining what is provided for them in their own community.

A structure, anticipating the funding, was setup with an Ageing Better Board, a Lead organisation and a partnership group of nearly 300 people who were used as a reference group for the application. The RCC Board became the parent board for the application as the delivery partners were asked to lead the

setup of the structure, conduct the beneficiary consultation of over 2000 older people and to write the application.

Unfortunately the application was unsuccessful and once the initial disappointment had subsided the Ageing Better Board made a commitment to continuing the work without the Big Lottery funding and to finding alternative funding as they all valued the work that had gone into the application. From out of this decision the Good Neighbours programme was born.

Good Neighbours is an ambitious project which is designed to engage older people in their own areas in defining what is needed and helping to deliver it. The six areas where the majority of older people live in North East Lincolnshire were identified using data from Focus Independent Social Work Practice and the Single Point of Access and Joint Strategic Needs Assessment documents.

Continued...

Apart from having older people they are also areas where a lot of support from the Focus team is placed. Areas identified were not the areas where investment is normally made such as East and West Marsh. They are Humberston, Haverstoe, Croft Baker, Scartho, Waltham and Park.

Initially, there was no funding to support the work but the Council made a small donation of funding to pay for venues, catering and volunteer expenses. As there was already some interest in developing the programme in Humberston and links already had been made, the project started there.

Since May there have been in excess of eight events to gain information, provide activity tasters and to obtain membership of a Humberston Good Neighbours scheme. Older People are encouraged to sign

up to membership and in return they benefit from offers which are only available to members such as discounted meals at the local pub and golf club. There are currently 80 people signed up in Humberston.

The RCC Board has permitted the delivery partners to attend and support the Good Neighbours Board, developing strategy and a plan to roll the approach out across North East Lincolnshire. The bulk of the promotion and provision of the taster sessions have been led by the Older People's Health and Wellbeing Collaborative team and the RCC delivery partners have contributed to these events.

The challenge for the Humberston partnership is how to turn it into an older people's forum linking into a central older people's forum.

The challenge for the Good Neighbours Board is how to move into the next priority area.

- **Elected Members:** Two training courses were held for Elected Members to promote understanding of Well-being and to link it to their Community Leadership role. Issues identified were fed into the Members' training programme
- **Briefing sessions** were developed and materials shared on the implications of the Care Act for the community and voluntary sector
- **Focus** bespoke half day training courses were delivered to social workers on changing working

approaches and developing asset-based assessments that help people seeking support to address what they can do and to develop their own solutions to the problems that they face

- **We have worked with the new VCS Forum** to support its early development in implementing appropriate governance and approaches learning from developing practices elsewhere

Continued...

- **Engaging GP Practices** in the Programme has been one of the most significant challenges, where even the CCG has had limited impact – During recent months we have worked with identified GP Practices to look at the opportunity to support new approaches around social prescribing, new approaches to engaging patients, to involve Practices in referring people to the Good Neighbours Project, and on improving joint working between GPs and their PPGs to promote well-being. We have made limited progress and have still not been invited to talk to the Council of Members
- **Working with the Council's Healthy Communities Team** to link RCC together their health promotion work, and to develop the Change Champions training materials so that the team can utilise the elements in their work and can themselves deliver Change Champions training
- **We are assisting Get Hooked on Positive Activity** to develop its business planning, to clearly identify its contribution to achieving well-being objectives and to improve its sustainability
- **We have also met with community organisations** to contribute to their plans to develop a range of community facilities including taking over a local library, developing a new centre for older people and creating a new Well-being community facility at Saint James House in Grimsby town centre

Chapter 6

The **CHALLENGES** to the RCC programme



CHALLENGES to the RCC programme

There have been a number of challenges to the Releasing Community Capacity programme in the last three years and this is to be expected in a large scale change programme such as this.

Professor Helen Bevan of the NHS Academy for Large Scale Change tells a story relayed by Karl Weick to demonstrate the complexity of Large Scale Change and the basic steps to make it work.

In Weick's story a Hungarian military detachment was sent out on a reconnaissance mission in the Alps during World War Two. Unexpectedly, there was heavy snowfall on the mountain; the soldiers got lost and found themselves in a hopeless situation. They expected to die. Then suddenly despair turned to hope because one of the soldiers found a map of the mountains in his pocket. The map created a sense of calm amongst the group. The soldiers set up camp and withstood the snowstorm. They used the map to work out their bearings and walked down from the mountain. As a result of the map, they were all saved. On their return, a closer inspection was made of the map. The soldiers were astonished to find that it was not a map of the Alps but of the Pyrenees.

What this illustrates is that having a 'MAP' (the theory of Large Scale Change) to pin activities to helps people within systems to better understand the change programme

and to make the necessary changes to achieve the desired outcomes.

The RCC programme was commissioned with a set of aims and early activity focused on developing the approach which included developing and delivering the training programmes and working in a bespoke way with staff in statutory agencies to help them focus on their interaction with the clients they serve.

The change required to bring about the RCC programme is classified as Large Scale Change (LSC) as it has three acknowledged dimensions,

- It is Transformational in that if someone left the area and came back in 10 years-time they would notice a difference in how services and clients interact, professionals commission services, how the community responds to gaps in services and how everyone has health and wellbeing at the forefront of their minds.
- It looks at systems through a complex systems lens - that is it recognises that in order for long-term sustainable change you have to change the processes, systems, cultures and behaviours across the whole system and not just deliver piecemeal changes around the edges.
- It requires change to be adopted at the extremes of three dimensions of change **Pervasiveness, Depth and Size.**

The LSC map is a blue print for the approach undertaken and contains some key elements.

- Leadership – key people in organisations need to buy into the change and to see the validity of it to be able to promote it within their organisations.
- The structure of the programme, where it fits in the strategic health and wellbeing agenda and who the sponsors are needs to be clear.
- A clear vision that everyone is signed up to.
- A plan that lays out where the project is going and enables the deliverer to stay focused on delivery and not to be side-lined.
- A model and process by which the change happens
- Evaluation whether small scale, informal, formal, process or outcome.

The LSC map was laid out in the initial RCC project plan and was discussed, developed and adopted at the RCC steering group.

Some Challenges:

- **Leadership** – There is no single sponsor for the RCC programme and whilst in theory it is a sub-group of the Health and Wellbeing Board it has not been used as such. Opportunities to present the results of the RCC programme to the Health and Wellbeing Board have been limited and requests have had to be made by the RCC board. When opportunities to present have come up there has been limited time to display the results. Due to various reasons the RCC Board has had variable attendance from members. There has been consistent attendance and support from the community members on the Board who value the programme however not always the case for the statutory representation. This has led to delays in decision making and a lack of promotion in those board members' own organisations. Stronger sponsorship is needed.
- **The structure of the programme** – The structure is clear in that the RCC programme has a Board which meets on a monthly basis and the delivery partners operate between the board meetings. The board members understand the relationship to the Health and Wellbeing Board and the relationship with the Good Neighbours board.

Continued...

- A **clear vision** that everyone is signed up to – The issue lies in the lack of vision of the strategy for prevention, as identified in the LGA Peer Review. This means that the principles of RCC are not necessarily built into all approaches as a matter of course, and those potentially competing projects / initiatives can be launched without having a clear overarching picture. The vision for the RCC programme itself is clear but it sometimes is lost when it comes into conflict with other local agendas such as the Preventative Services Management Board. There is an issue that there are still people within partner organisations that don't know about the RCC or that don't see its relevance to their work. More support is needed to share the vision and promote the programme by all the partners on the RCC board.
- A **plan** - is agreed and the delivery partners agree the subsequent year's activity at the end of the previous year.
- A **model and process** by which the change happens – there are various models and processes in place within the RCC programme and they are applied where appropriate. For example we use the PDSA approach in the Change Champion training and we use Total Process Planning approaches and Soft Systems Methodology and Systems Thinking within the development of the individual programmes.
- **Evaluation** whether small scale, informal, formal, process or outcome. – Evaluation takes place within the training, it is taught on the Change Champions course and it takes place at interim and year end reports.



Chapter 7

Next Steps for the final year 2015 - 2016



The final year of the programme October 2015 to September 2016 is intended to be the year to plan the sustainability of the programme going forward.

There are a number of activities that we need to address in the coming 12 months.

- 1.** Revisit the leadership of the programme and its relationship with the Health and Wellbeing board (HWBB). The programme needs to be adopted fully by the HWBB in order for it to take its place as the deliverer of local strategic health and social care intentions. Partners on the HWBB need to take responsibility for understanding the RCC, what it has delivered and where it can progress health and social care in NE Lincolnshire. They should be responsible for ensuring their own organisations incorporate it into their planning processes. The vision for the RCC programme is that it becomes the sole vehicle for routing funding for community developments and that grant and commissioning funds are linked to attendance on the Change Champions programme so that there is a consistent approach to community development skills across the borough.
- 2.** Revisit the membership and terms of reference for the RCC Board. To sustain the RCC programme it was identified early on that the RCC Board may need a new constitution which could involve setting the Board up as a social enterprise or an enterprise with different governance arrangements. Board members should take responsibility for the promotion of the RCC programme in their own organisations and beyond.
- 3.** Promotion of the RCC Programme. We need to build a sustainable approach to promoting the RCC programme using a mix of website and social media approaches. This will be able to be handed over to another organisation for them to manage once the delivery partner contract is finished.

Continued...

- 4. Change Champions** - there are 180 Change Champions at the end of year three and the priority for this group is to maintain support until they can manage their own network. Two Change Champions network events have been held in the last year as a way of offering them a couple of hours to share learning across their projects. A Change Champions Network newsletter has been produced following the events to share learning across the network. A roadshow is planned for the Change Champions to go to different venues to promote the RCC programme.
- 5. Health and Wellbeing** - The health and wellbeing aspects of the RCC programme need to be revisited to give them greater prominence and to build health and wellbeing into the staff induction and training of partner organisations.
- 6. Return on investment** - it is our intention that we will report on the overall effect of the programme on the local system for the final report.
- 7. Good Neighbours** - there is need for additional planning and delivery on the Good Neighbours programme in order for it to be delivered across the whole of the borough.

Future: - there is £30,000 left in the grant funding pot and this now needs to be invested in achieving change in areas of priority. Using the data provided by the Single Point of Access and the intelligence gathered from the council and the CCG of services they can no longer fund we will use the Change Champions approach to test interventions to address these priorities.

North East Lincolnshire Building Choice Releasing Community Capacity (RCC) Programme



Let's get
better
together



**Unique
Improvements**

Managed by Unique Improvements Ltd (UNI).
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