



Partnership Engagement Network (PEN)

Report of Conference held on 9 March 2021

Background

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

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

Introduction

On 9 March 2021 representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust along with public, stakeholders, partners, and voluntary, community and faith sectors came together for the first virtual PEN Conference of 2021. There were over 80 participants in total.

Participants heard a presentation on the 2021 Census and an update on work on equalities in Greater Manchester.

Participants also heard a presentation on progress with the Covid-19 vaccinations programme in Tameside & Glossop.

Facilitated Workshops

Seven facilitated workshops took place to gain input on the development of options, emerging ideas and specific issues and challenges currently facing the local area. The approach to the workshops was flexible with the workshop leads invited to facilitate the workshop in the way which worked best for the topic they were delivering. Each had an appointed scribe to record the discussion. Key points and notes of these discussions are available at Appendix 2 onwards.

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

- Active Tameside
- Health Improvement Service
- Spiritual Care Strategy

- Community Cohesion
- Digital Inclusion
- Census 2021
- Future of Local Fundraising at T&G Integrated Care Foundation Trust

The discussions and feedback captured during these workshops will be used to provide data, information, evidence and insight to the development of public services in Tameside and Glossop. The full notes of each of the workshops are included in the attached appendices (2 to 9).

Post Conference Feedback Survey

All participants were invited to take part in a post-conference feedback survey. Their key findings of the results include:

- 100% of respondents said they would attend another virtual PEN Conference in the future
- All respondents either rated the organisation of the event as very good (56%) or good (44%)
- Half of respondents rated the presentations as very good, and the other half rated them as good
- Participants were invited to comment on the presentations. Some key points were:
 - Clear and concise
 - Informative
- Just under half (44%) rated the workshops overall as very good, and the other 56% as good
- Participants were asked to give their thoughts on the workshops. Some of the comments were:
 - More participation time is needed and less time for presentations
 - Some reported that there was less time for workshop 2
- Participants were asked what topics they would like to see at future conferences. Some of the suggestions were as follows:
 - Tackling poverty and inequalities
 - Employment post-Covid
 - Digital inclusion – should be included again
 - Mental health support in communities
 - Funding of GP surgeries
 - Include comfort break at future PEN Conference
 - Inequalities experienced by people with disabilities

- The majority of those who responded (80%) said they did not experience technical issues during the sessions

A full breakdown of the responses can be found at Appendix 10

Appendices

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Workshop notes; Active Tameside
- Appendix 3 – Workshop notes; Health Improvement Service
- Appendix 4 – Workshop notes; Spiritual Care Strategy
- Appendix 5 – Workshop notes; Community Cohesion
- Appendix 6 – Workshop notes; Digital Inclusion
- Appendix 7 – Workshop notes; Census 2021
- Appendix 8 – Workshop notes; Future of Local Fundraising at Tameside & Glossop ICFT
- Appendix 9 – Post Conference Feedback Survey Findings

Appendix 1



Tameside & Glossop
Partnership Engagement
Network (PEN)



Date: Tuesday 9 March 2021

Time: 2.00pm to 4.35pm

Venue: Zoom

AGENDA

1.	Welcome & Housekeeping – (Adrian Bates, Equalities Strategy, Greater Manchester Combined Authority)	2.00pm - 2.05pm (5 minutes)
2.	Opening Remarks and Scene Setting – (Councillor Brenda Warrington, Executive Leader, Tameside Council and Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust)	2.05pm – 2.10pm (5 minutes)
3.	Census 2021 – (Graham Thomas, Census Engagement Manager Tameside)	2.10pm – 2.20pm (10 minutes)
4.	Equalities in Greater Manchester – (Adrian Bates, Equalities Strategy, Greater Manchester Combined Authority)	2.20pm – 2.30pm (10 minutes)
5.	Breakout Sessions – Round 1 (See overleaf)	2.30pm – 3.15pm (45 minutes)
6.	Feedback from Breakout Session 1	3.15pm – 3.25pm (10 minutes)
7.	Covid-19 / Vaccinations update – (Jessica Williams, Director of Commissioning, Tameside & Glossop CCG and Debbie Watson, Assistant Director of Population Health, Tameside Council)	3.25pm – 3.35pm (10 minutes)
8.	Breakout Sessions – Round 2 (See overleaf)	3.35pm – 4.20pm (45 minutes)
9.	Feedback from Breakout Session 2	4.20pm - 4.30pm (10 minutes)

10.	Close - (Adrian Bates, Equalities Strategy, Greater Manchester Combined Authority)	4.30pm – 4.35pm (5 minutes)
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BREAKOUT SESSIONS	
A	Active Tameside - (Annette Turner, Programme Manager for Physical Activity & Robert Sharpe, Population Health Programme Officer, TMBC)
B	Health Improvement Service – (Sarah Exall, Consultant Public Health, TMBC & Linsey Bell, Contracts & Commissioning Officer, TMBC)
C	Spiritual Care Strategy Consultation – (Mohamed Seedat, Lead Chaplain, Tameside & Glossop Integrated Care NHS Foundation Trust)
D	Community Cohesion – (Rev. Joanna Farnworth, & Terry Finn, Community Cohesion Officer, TMBC)
E	Digital Inclusion – (Kelly Gray, Digital Inclusion Officer, TMBC & Louise Clark, Information Services Librarian, TMBC)
F	Census 2021 – (Graham Thomas, Census Engagement Manager Tameside, Office of National Statistics)
G	Future of local fundraising at T&G ICFT – (Kate Leadbeater, Head of Fundraising, Tameside & Glossop Integrated Care NHS Foundation Trust)

Workshop notes; Active Tameside

Active Tameside is a charitable trust that manages leisure services on behalf of Tameside Council. The current financial position of Tameside Council and the impact of the Covid-19 pandemic means the current leisure and sports model of delivery is not financially sustainable.

Tameside Council, in partnership with Active Tameside, have conducted a Sport and Leisure Review across the leisure estate, including financial performance and usage of facilities, and developed cost-saving proposals aimed at achieving financial sustainability.

Participants were given an overview of the current consultation proposals to review the Active Tameside leisure estate.

Q1. Does the closure of any of these centres impact you or your family directly? If yes, how?

- None of the PEN members reported being users of the facilities.

Q2. If yes, would you access any other facility?

- Comment made on Wellness Centre not being far from Oxford Park but the pricing structure there was not comparable. The reduced rate membership at Oxford Park is not available at the wellness centre, however Live Active Pricing is available across all centres.
- Concern where people with a disability would go given that some might access facilities over the border in Oldham, which may also be facing closures.
- The biggest impact for service users would be a reduction in choice
- Comments agreed that need is beyond minor efficiencies and more big scale solutions are required

Q3. Can you think of any alternative options, suggestions or ideas of how the leisure estate could be managed in a different but financially viable way?

Oxford Park:

- Look at the marketing – many local people are not aware of the facility or feel it isn't aimed at them.
- There should be more competitive promotions, for example taster days and introductory offers
- Product proposition, address the 'municipal' image of the centre and align with a more prestige offer.
- Look at existing marketing to existing catchment area and consider easy read, multi-language communications
- Look at the under-utilisation of the outdoor facilities and expand on those
- Change to a rehab centre
- Encourage members of the local community to volunteer
- Create more 'what's on' materials and promote more heavily

Active Longdendale:

- Forest school usage and links to surrounding greenspace
- Outdoor education, adventure centre
- Reintroduction to nature and camping
- A broader wellness offer and move away from sport/fitness
- Blended offer between the indoor and outdoor spaces and more activities on the periphery
- Young adults/youth offer including music and fun
- Cost barrier for local people hence under-utilised by people 'on the doorstep'
- Questions on what other facilities there are locally if this one is removed
- Need to reshape the appeal to hyper-local people

Closing thoughts:

- There is a need to balance social outcomes with commercial offer
- Needs to be attractive for the closest people
- Need to have more promotion so people know what's there
- Need to signpost to other nearby facilities
- Need to ensure we continue to support vulnerable people and pricing policy has to reflect that
- Need to strike while the iron is hot as the marketplace opens back up to people wanting to re-join gyms as we emerge from lockdown
- Offer from housing association to assist in dissemination of the promotional materials

Observations:

- No specific comments made regarding the Etherow Centre
- Seems that people are less aware of the social outcomes work, hence drawing comparisons to private gyms
- People are possibly not seeing themselves reflected in the marketing literature and hence are not noticing it

Overall Themes were recorded to be:

- Marketing, Pricing, Positioning, Promotion
- Focussing on local people first
- Blended offer with indoor/outdoor and broaden appeal

Workshop notes; Health Improvement Service

Participants heard an overview on the current consultation on the health improvement service contract. The contract is due to expire and the service is currently looking to change the offer as well as recommissioning the service. The new service will have some similarities and differences to the current structure, and is made up of smoking cessation and community wellness (including healthy diet and weight management).

Participants were asked for their thoughts on the proposed new aspects of the service:

Stop Smoking Service:

- Some people are not keen on telephone assessments
- Education is important – some powerful stuff in the Brief Advice Training which planted seeds in my mind to quit smoking
- Make use of some of the training, even the hardened smokers find the messages around impacts on smoking really powerful
- Stress/Anxiety can have an impact on quitting smoking – makes it more difficult
- Pennine Care (current providers of the service) – one of the strengths of the service is that we offer support with other things i.e. stress and what is causing people to smoke.
- Pennine Care – we have found that virtual platforms are welcomed by service users
- Is it worth talking to people to understand the barriers of accessing services i.e. equipment, technology, accessibility
- People are missing physical contact due to restrictions
- Effort needs to be made to target schools - educate children about the impacts of smoking
- Crowds of young people on borders of college who are smoking – offer some training in colleges
- Opportunity for college to work with service – support positive messages

Wellbeing Service:

- One participant reported having used this service and accessed both a group and one to one sessions. Group settings great to motivate each other but one to one sessions are equally great, it is down to the individual.
- Consider funding voluntary sector for some of this work. Public charities lean on voluntary sector but they see nothing to support the voluntary sector to do the work. VCS help organisations to step up and increase capacity and are uniquely placed to get people on board.
- Offer a mix of group/one to one/virtual sessions.
- Timing of support needs to be considered as some people are out at work during the day
- Co-design – involve the public in developing the service to ensure it is meeting needs
- Needs more work to get information about the service out to the public
- Branding is key
- Campaign from council, volunteer drive to encourage people to engage. This does not have to be done by qualified health person

- Group/One to one support – great to have a range of methods available
- Practical partnerships or developments bringing communities together locally
- Concern about people having to use I.T, for lots of people face-to-face contact is more important to them.
- Education is important
- Hold local forums for people to attend, include young people
- Prevention work - some efforts should be directed at people who are not overweight or smoke
- Groups great because they encourage people.
Opportunities to offer funding to small groups in neighbourhoods to host people in their own home to lose weight, offer fruit, juice.
- Need to address mental health issues
- I.T is not accessible to everyone

Workshop notes; Spiritual Care Strategy

Background

The workshop lead outlined Chaplaincy and the development of the ICFT Spiritual Care Strategy. MS explained that as the hospital goes into an integrated care model the need of this has to be reflected in the ICFT's Chaplaincy service.

Workshop discussion centred on the following questions:

- What does Spirituality mean for you?
- Can Spirituality help you in your illness/ hospitalisation?
- Do you feel that clinical staff can adequately address your spiritual needs?
- Identify gaps in service provision – service already available in the hospital, where else should we have chaplaincy support?
- What would you like to be in a Spiritual Care Strategy?

Some of the key points raised during the discussion were:

- *“Spirituality is what is in my heart and what gives me meaning”*
- We need to be able to differentiate the meaning of religion and the meaning of spirituality -this needs to be communicated well so patients/staff and relatives are aware of the differences and what this can mean to them.
- There is a need for clear communication regarding the difference between religious support and spiritual support. There needs to be awareness raising amongst staff so they are able to advise and signpost people.
- Chaplaincy is not just about religion
- Communicate the role of the chaplain and that it isn't just about death
- Chaplaincy isn't just about religion it's about sitting with someone and listening to them.
- Although people may not be of a religion or faith they may still class themselves as spiritual and want spiritual support and comfort, this needs to be communicated in a better way.
- Regarding dementia patients, staff should be aware of what the spiritual beliefs are of the person living with dementia as well as the spiritual beliefs of the relative, often relatives of dementia patients are not supported enough.
- Chaplaincy needs to be extended widely into our communities not just in a hospital setting
- Given that this is newly developing strategy we would like to see commitment from the ICFT in terms of investment and resources.

What about patients when they are discharged into the community, there are several models of community chaplaincy across GM in particular across a Primary Care setting. Research is currently underway working alongside the T&G Strategic Commission looking at how this might work in Tameside and Glossop. There will be a focus on one practice from each Primary Care Network area due to capacity, and there will also be follow up questionnaires and tools to measure the impact of this project. This ICFT should be aware that this is current piece of work and may want to link in.

In round two of the workshops, some of the key points raised during the discussion were:

- There needs to be better communication about what the chaplaincy service is and what it has to offer
- Chaplaincy services need to be extended across the whole community not just in a hospital setting – including people who have had stillbirths.
- Clinicians need to be well informed and know how to signpost to the chaplaincy service as well as understanding what it has to offer.
- Be aware that sometimes the family want the support more than the patient
- Clinicians cannot meet religious and spiritual needs but they need to be able to have the conversation so they are able to raise awareness of the service and what it has to offer.
- During the current pandemic it would be interesting to look at what the take up was of this service by staff and what support was there for them. Maybe this needs to continue in the future.
- As well as a face to face offer, consider other options e.g. phone line, virtual conversations etc.

Workshop notes; Community Cohesion

The Community Cohesion workshop was led by Reverend Joanna Farnsworth and Terry Finn

Presentation

The workshop opened with background to community cohesion work at a national level going back to 2001.

'Community cohesion' becomes part of language – Richard, Clarke, Ouseley and Cantel Reports.

Discussion revolved around the following:

- What is cohesion? There are many opinions and definitions (Google search = 36,500,000 hits).
- What do you think?
- What are your opinions and experiences?
- Barriers to cohesion?
Ability of all communities to function and grow in harmony rather than in conflict.
- It is what must happen for different groups to get along together.
- Viewed from outside a cohesive community is one in which people will want to live and invest.
- Understanding and tapping into local communities. How and why?
- Joining up strategy and delivery.
- Public participation.
- Can we make it sustainable?
- Can it be measured?
- *“Community cohesion lies at the heart of what makes a safe and strong community. It must be delivered locally through creating strong community networks, based on principles of trust and respect for local diversity, and nurturing a sense of belonging and confidence in local people. Effectively delivering community cohesion also tackles the fractures in society which may lead to conflict and ensures that the gains which changing communities bring are a source of strength to local areas” – LGA2004*
- Next steps: Voice and experience (emerging communities such as Eastern Europeans, established communities, PEN/Champions), data and statistics, benchmarking.

Q&A (Session 1)

- A sense of belonging.
- Shared sense of values, especially in regards to culture. Constant process of reiteration and improvement.
- It's not just about race. Education, housing, general policies of local authorities (built-in inequalities), age and poverty. Not just about big cities, can be an issue in small towns.

- It's about inclusion, finding common ground and a focus for communities to develop and share
- Acceptance and understanding. Promotion of Community Champions important.
- Agree not just about race. The pandemic has brought neighbours closer together than ever before. Cohesion is about looking out for people wherever possible. Danger now is going back to collective attitude of apathy after pandemic. Community Champions shows deliverable examples of how community cohesion can be promoted going forward.
- Mutual respect, understanding and open mindedness. All human first. Agree that pandemic has brought neighbours closer together. Need to reduce tensions from blaming large groups of people collectively for problems.
- How will this work in Glossop? (Terry to link in with representative in Glossop and share issues and best practice). There is a willingness to increase tolerance and understanding, but need confidence and support to create conversations.
- Different people might value different things when it comes to diversity and cohesion. Example: some might want to find a mixed school so their children have experiences of different people and cultures.
- People can have different experiences.
- Need to drill down what's causing tension in Denton is probably not the same as what's causing it in Mossley? Need to take community groups with us on journey to put strategic priorities into action.
- Agree that how people feel is very much about their local area and that is a small area normally
Respect, and acceptance combined with the acknowledgement and celebration of difference
- Where we get issues is when there is misunderstanding and/or fear - young people and older people. Sexuality, dress sense - religion, how affluent you are or aren't. Just some examples of what can cause barriers to community cohesion.
- Comment raised over the success of Pride event in Stalybridge.
- Understanding of context and holistic approach required. What else is going on in the world that might influence local work on community cohesion? Need to get people and stories out there to combat negative coverage.
- Importance of involving people – need to do things “with” people instead of “to” them. Investment and engagement is essential to success. Pandemic has shown importance of bottom-up approach and uniting around a common purpose. What we delivered is what people on the ground said they needed and wanted. Missed opportunity in Tameside with People's Forums to give residents a voice. People will come to worst possible conclusion in absence of information.

Q&A (Session 2)

- Importance to emphasise again community cohesion is not just about race – any difference could cause barriers. (housing, education, health, employment etc).
- Some participants reported never personally having dealt with community cohesion personally or professionally. Launched a campaign #OneChat to have a conversation with somebody you wouldn't normally have a conversation with. Recent Harry and Meghan interviews shows ignorance still exists at highest levels of society. Using social media to break down barriers and build a grassroots movement.

- Tameside has experience with doing this kind of work; especially intergenerational (children and families etc). Can we build on this? Need to understand people's beliefs and values, and be community spirited.
- Concrete grassroots action is required. Map out organisations that exist in Tameside and give them one thing to do. Decide ten key indicators and compare to register progress.
- People don't know centres exist, don't know how to report a hate crime or don't know what constitutes a hate crime.
- Can we work together with community groups to raise awareness of hate crime?
- Need to recognise disproportionate effect that coronavirus has had on some communities. Need to support their recovery as well as supporting them to regain their community cohesion.

Workshop notes; Digital Inclusion

This workshop is part of a strategy to directly engage with residents who experience digital exclusion to further understand the barriers they face. The workshop discussions were around the causes of digital exclusion, how to increase digital inclusion and how to achieve this.

Session 1

- There is a serious lack of training for older people.
- What about those who need to start from the very beginning? And those with reading/learning difficulties? Training needs to be from a very basic level.
- Something community based where people share their skills would be good
- Access – some people can't get into places (e.g. libraries – Hyde Library mentioned).
- Drop-in centres with sessions can also work well.
- Organisations like the Council still need to have some non-digital provision
- Good organisation of information is needed or 'gatekeepers' to help people find correct information.
- Guides on how to use things, such as Zoom.
- Help building confidence with internet security needed.
- Infinity Initiatives support asylum seekers who have struggled due to Covid-19 without access to public machines such as in libraries.
- Information overload is a problem, people find it difficult to pinpoint exactly what they need but can't find a phone number on website in order to speak to someone.
- Lots of people don't have equipment and data.
 - Getting set up from scratch with PC or laptop, and broadband account is a big barrier for many.
 - Need a lot of motivation to be able to undertake this as a beginner.
- Banking are pushing digital.
- People need somewhere to go / someone to ask when they get stuck.
- Printing out what you need and keeping devices up to date can be an issue.
- Do a better job of promoting what is available such as Libraries, for example a Borough Roadmap of what is available, where, when and run by whom.
- Wider access to reliable free WiFi would be good such as in cafes and public areas like parks.
- Community digital champions with individuals and groups.
- Library roadshows of digital resources going to groups, cafes and supermarket
- Solicit donations of equipment from individuals and businesses.
- Look for 'quick win' motivators to get people engaged
 - Family history
 - Recipes
 - Knitting patterns etc. for craft groups

Session 2

- Ashton Pioneer Homes are installing BT OpenReach broadband fibre into their tower blocks.
 - Tenant groups supporting this in the community
 - Working with suppliers on the availability of affordable packages
 - Find that once people have it they use it.
- TOG Mind have seen a growth in mental health support via digital.
 - But there are inequalities of provision and support.
 - Affordability of data and devices is an issue.
 - Once people realise how important it is they will want to do it.
 - People from ethnic minority communities tend to prefer face to face approach.
 - Get out and talk to people to gain insights on the barriers faced as people are surveyed-out.
 - Use existing community champions.
- Lots of different systems and passwords can represent a barrier for many.
- Language can be an issue if not someone who speaks English
- Community-based digital skills groups would be good to help people improve.
- Trust – many people don't have confidence in online systems.
 - Or do not have confidence in their own skills.
 - Scams information may help.
- Three main barriers.
 - Some people cannot afford it.
 - (High speed) connectivity not actually available in all areas.
 - Some people cannot do things without help from another person
- Sell the benefits with things people do want to do
- For example, we can help you video call your family, trace your family history, set up a Whatsapp group for your knitting circle.
 - 'Did you know your phone could...?'
 - Make age appropriate
- How do we get people to talk to us – is our website mobile-compatible as many people only use the web via their phone.
- Partnerships – could mobile providers recommend the best phones to use for beginners?
- Easy to use phones
- Standardise help sheets
- TOG Mind – Feel inspired to introduce digital into our mindful walks by getting participants to take pictures on their phones and post them online.

Workshop notes; Census 2021

The workshop was led by Graham Thomas, the Census Engagement Manager for Tameside. The workshop provided an overview of why the Census is important and sought input on how best to support residents by raising awareness, ease concerns about privacy and reaching out to under-represented groups.

Discussion centred on the following questions:

1. How can we ensure census messages reach specific groups?

- Active Tameside has a broad reach across the key groups and are happy to contribute. Active Tameside app downloaded 15k times along with other channels.
- Vaccination centres have been sent posters
- Foodbanks have been placing leaflets in food parcels to reach low income communities. Anthony Seddon Trust is also supporting.
- Jigsaw are proving difficult to engage with, but other housing associations have been supportive.
- Local football clubs are continuing with their active engagement including groups like youth football clubs, e.g. Stalybridge Celtic youth football club has mental health support groups etc.
- Make sure that community mental health teams are aware of the census and can support service users- can also link in with supported accommodation providers so that residents can be advised to look out for correspondence. Four community mental health teams in Tameside. Those with early stage dementia still living at home would need support- ensure that social services are aware and can provide support
- Does the letter make clear how to request a paper copy? Yes.
- Normal avenue of family help isn't available due to coronavirus restrictions
- Need to make sure that people know that they have time to complete the questionnaire, even after census day.
- Concern that there hasn't been very much promotion of the census- it hasn't been promoted enough and many people may not be aware.
- W/c 15th March is British Sign Language week.
- The message should come from the right people e.g. faith leaders and trusted organisations. For example, Muslim community in Hyde has radio systems to hear announcements from mosques- could raise awareness in Friday prayer

2. How do we promote the census support service to those who are digitally excluded?

- Schools and colleges could send letters to parents. Many schools have also sent laptops home for children without access
- Golf clubs

- Lateral flow testing centres
- GPs surgeries can send out texts to patients- may be able to point digitally excluded patients towards the support service
- People at testing centres or vaccination centres may not want to pick up leaflets etc
- Banners may be useful on railings at traffic lights
- Businesses might be able to reach out to their employees/customers - possibly go through the chamber of commerce
- Could make use of projection screens in testing/vaccination halls or TV screens in GP waiting rooms etc.
- Could promote through vaccination centres
- Would supermarkets and cash & carries etc. be receptive to posters? Diversity Matters North West will be distributing non-English posters in Hyde.
- Could communication be included in shopping deliveries from supermarkets
- Schools can send out electronic news letters to parents

3. Do you think residents are concerned about data privacy? How can we reassure residents that their data is secure?

- A lot of residents understand the census and know that it happens every ten years so are happy to answer the questions.
- People might think that the link on the letter might be a scam - people are used to receiving a paper questionnaire and won't trust a web address.
- Local groups know their communities better than anyone - make use of that trust to reassure people.

Workshop notes; Future of Local Fundraising at T&G ICFT

Scanner Appeal

Background:

- The scanner appeal was initially launched in September 2019. It is the intention to relaunch the appeal due to being detrimentally impacted by the Covid-19 pandemic. There is urgent need for another CT scanner – there has been a 25% increase in uptake. Have currently raised £140,000; however, need to reach £1 million.
- Currently put together two promotional videos, which are first not finished versions; seeking feedback on each. Aim to hit as large an audience as possible within a three week timescale. (Technical difficulties occurred, which meant that the videos were not shown during the breakout sessions).
- Most participants are unaware of the Scanner Appeal, although a small number were due to it being communicated to them by a local community champion.

Strategies for Success

- Contact local supermarkets that occasionally champion local causes. Cannot contact many places now due to the pandemic; supermarkets are only of the only options available.
 - Supermarkets have audio announcements – can be played over intercom system, potentially as subliminal message.
- Potential to consider leaflet drops once allowed to:
 - There is often a low uptake from leaflet drops, although it could be different due to it being NHS. People have increasingly valued the NHS through the COVID-19 pandemic; there may be an appetite to give something back.
 - Although leaflet drops may soon be allowed, there may be reluctance to have leaflets due to the pandemic.
 - Must be done in a unique way rather than just dropping a leaflet through the door – could be included with other post, e.g. official letter, e.g. council tax.
 - Make the leaflets useful so that they can be kept rather than thrown away, e.g. put calendar on the other side that may be used.
- The most effective and enjoyable campaigns are those that involve local communities.
- Involve co-design, e.g. involve college or university students, and ask them for their input.
- QR code on new poster, which takes through to the Just Giving page. Could possibly be linked to promotional videos.
- Messages being included on milk bottles; increasing usage of milk deliveries.
- Any local celebrities that could be involved with filming or promoting.
- Social media: Create a promotional Facebook page – can be linked to Just Giving page.
- Prospective challenges:
 - Weightwatcher groups – lose weight challenge to raise money for the appeal, e.g. 7.3kg. Or, walk 7.3km.

- Park runs are popular throughout Tameside – being launched on 12th April; expecting 500 on the first turnout, as more people have taken up running during the COVID-19 pandemic.
- Linking in with local schools and nurseries to create a challenge, although schools are difficult to contact currently.
- Involve residents in care/residential homes – charge minimal prices for a virtual game of bingo; funds will eventually mount up.
- There is lots of competition amongst local charities for fundraising. For local charities, there is the problem that the public are unaware of the organisations. Create an emblem that can be associated with the fundraiser that can distinguish it from other fundraisers.
- People need to know the benefit of CT scanners, how they may benefit from it personally. It will enable people to develop a relationship/attachment with the cause; an ownership of the fundraiser.
 - Needs to be made “real life” to people.
 - Provide real life stories.
 - Mandy Turner Scanner Appeal – the whole borough bought into that; there were charity football matches, gala dinners. This was premised on a personal story.
- Promotional videos are better when they are shorter; better to not do any longer than 1.5 minutes. Better to get messages in right at the start.