

Public Health Integrated Commissioning Market Engagement Event 4: Putting residents at the heart of how we work

6 September 2023



Market Engagement Event 4 | Putting residents at the heart of how we work

Topic	Lead(s)	Timing
1 Welcome, introductions and purpose of today	David Pinson	10am
2 Understanding future service provision from a resident's perspective case study	Charlotte Parkes & guest	10:10am
3 Our approach to resident engagement	Charlotte Parkes	10.30am
3 Embedding co-production into the fibre of future Public Health services	David Pinson	10:40am
Break/networking		11:15am
4 Co-developing a model for continuous improvement	David Pinson	11:35am
5 Next steps	Charlotte Parkes	12:20pm
6 Networking	All	12:30pm

Today

PURPOSE OF THIS SESSION

- Opportunity to keep building and **strengthening relationships**.
- Discussing good practice on how the **voice of residents** shapes services
- Shaping how **continuous improvement** can be built into the future of Public Health

THE WAY WE'D LIKE TO WORK TOGETHER

- Today our focus is on sharing our ambition and putting **residents at the heart** of how we work. Let's keep residents at the centre of all our thinking and conversations.
- We welcome **your views and challenge**, so please share your **honest reflections** with us and each other.
- This is **part of the procurement process** for future services. We will capture the key points from the session to inform our future approach and relevant information will be shared in future engagement sessions.

Today | Putting residents at the heart of how we work

This is the fourth event in a series of six, all of which are part of our pre-procurement market engagement process. So far, we have focused on our vision and ambitions and have begun to work together to design our new ways of working, delivering holistic services that are based around people not buildings or services, that are outcome focused. Today we focus on the voice of the resident.

Public Health Integrated Commissioning Market Engagement Event 1 Our Vision

Public Health Integrated Commissioning Market Engagement Event 2 Our Principles

Public Health Integrated Commissioning Market Engagement Event 3

ALIGNING OUR STRATEGIC PRIORITIES

Our Plan

Our Greenwich is a plan for the next four years that focuses on the changes we collectively want to see in our boroughs. It is centred around five themes, and will

Commissioning has a significant role to play in the delivery of Our Greenwich, and the Healthier Greenwich Partnership. Some of

Feedback from providers on what will help achieve our commissioning ambitions

- Flexibility to adapt to change according to resident need
- Shorter waiting lists for residents, with intermediate support whilst they wait
- Joint working between providers
- Strong and stable workforce with a focus on skill-sharing
- Comprehensive appointments, shared record system, speaking to other boroughs
- Innovation, pilots of new ideas as the world changes

Activity 1 Summary | What does a population health approach mean to providers?

- Holistic service integration:** Providers view a comprehensive, one-stop shop as essential, reducing the redundancy in sharing patient information and ensuring local services are connected and seamless.
- Collaboration beyond boundaries:** The current structure often restricts providers to specific contracts. There's a shared sentiment to encourage broader collaboration, especially in sexual health services.
- Data-driven insights:** Providers highlight the necessity of robust data analysis and its dissemination to professionals beyond data experts, ensuring effective identification of unmet needs.
- Community insight:** Providers value faith and community-based support.
- Cultural sensitivity:** Providers emphasize the importance of understanding and respecting diverse communities.
- Building trust & deeper trust with residents:** Providers stress the need for transparency and consistent communication.
- Systematic Oversight:** Providers call for structured oversight to ensure quality and safety.

OUR VISION FOR COMMISSIONING IN GREENWICH

We want to ensure that in Greenwich, people's health, care, learning, wellbeing and relationships support them in living their best lives. To do this we need to be commissioning for transformational change in the way we deliver our services for people, neighbourhoods and place.

Public Health Specification | How it all fits together



What providers think 'good' looks like for residents

- Access and Join-up could be supported through community wellbeing hubs, or better touchpoints in community spaces such as schools and clinics. These must be made visible to residents.
- Services should be shaped by the community and able to adapt to changing needs. This requires greater flexibility in contracts that are more outcomes-focused, with less rigid KPIs.
- More needed including the local authority.
- Providers need to new expertise and improve support.

Ways of providers working together | That will make real change for residents

- Joint vision & outcomes:** A culture of joint working, all singing from the same hymn sheet
- Flexibility to adapt to change in need:** Utilise population health data and flexible contracts to adapt to resident need
- Collaboration & strong communication:** Shared oversight and terms of communication
- A human, person-centred approach:** Act as if we're providing a service to a loved one
- Robust infrastructure:** To support a 'can-do' approach
- System-wide sharing of risk:** Organisations & the system flexing to meet the need and share risk, positive risk taking
- Awareness of our strengths & limits:** Each provider should know their strengths and limitations, learning culture
- Service user engagement & co-production:** Residents at the heart of decision making and service design

Activity 2 Summary | Strong and stable workforce with a focus on skill-sharing

- What practical things need to be in place to achieve the ambitions?**
- Cross-specialism information sharing:** Staff should be equipped with training and opportunities to interact with other specialties.
 - Coordination & communication:** Commissioners will need to play a pivotal role in coordinating efforts across the workforce. This will also need to champion alignment in workforce.
- What will be the role of providers and commissioners?**
- Professional development:** Various mentoring, lunch-and-learn sessions can be promoted. This could be supported by a training fund for providers.
 - Inter-disciplinary cooperation and learning:** Emphasis on different ways of working, promoting cross-disciplinary cooperation and learning between providers.

Activity 3 Summary | What has been helpful?

- Honest conversation:** Providers have shown a keen interest in collaboration which has led to productive and honest conversation with a view to improving service delivery.
- Shared vision & experience:** Commissioners are listening and incorporating provider experiences to cultivate a shared vision.
- Community-centric design:** Emphasis on keeping community/resident voices central in the design process.
- Group learning:** Providers feel they are learning a lot from group discussions.
- Collaborative understanding:** Recognising the importance of collaboration and understanding the available resources and tools.

Guest speaker

What is needed in relation to future service provision from a resident's perspective



Our approach to resident engagement



Our methods of engagement

In order to maximise our engagement with residents we have developed a diverse approach to engaging the public.

Over the past six months we have:

- convened a monthly resident engagement task and finish group comprising of all our community engagement leads across Public Health and NHS.
- synthesised outputs from interviews with each community engagement lead, to inform our engagement plan.
- ensured our work links closely with the neighbourhood development work in Greenwich currently underway.
- co-designed a resident survey and through the use of our community champions and yourselves we hope to distribute it far and wide.

Details of any learning from previous resident engagement work

Details of current or upcoming resident engagement work taking place in Greenwich for us to link in with

Event	Timescale	Contact
Community Connect		
Disabled People's In		
Thamesmead event		
Groundwork-funds		
General Gordon Sp		
Thamesmead Super		
Woolwich Riverside		
Blackheath/Charlton		

Any further specific information that could help inform the resident engagement plan

Information/research

- Community Grants report & survey results, including impact evaluation
- Insight pack from last Thamesmead Superzone meeting

Next steps

Activity	By when	By who
1 Resident engagement survey to undergo final amendments with comms before sign-off by elected members	Before 28 July	CPJT/DP/Comms/Clrs
2 Resident engagement survey to go live on Commonplace	28 July	JT/HM
3 Remaining RESG, Contract Managers and other key contact 1-1 interviews to be completed	21 July	BL/NDP/RESG
4 Listening Tool follow-up workshop	Late July	BL/NDP/JT
5 Finalise DPIA	Late July	JT
6 Diarise special RESG meeting to co-produce plan for resident engagement	w/c 7 August	NDP/JT
7 Provider workshop focused on co-production	5 September	J/DP/CPJT/IMPOVER
8 Next RESG meeting – roles & responsibilities for delivering resident engagement plan/approach	21 August	RESG
9 Resident engagement survey closes	8 September	HM
10 Co-producing plan for resident engagement	15 September	RESG/IMPOVER

Resident Engagement Sub-Group

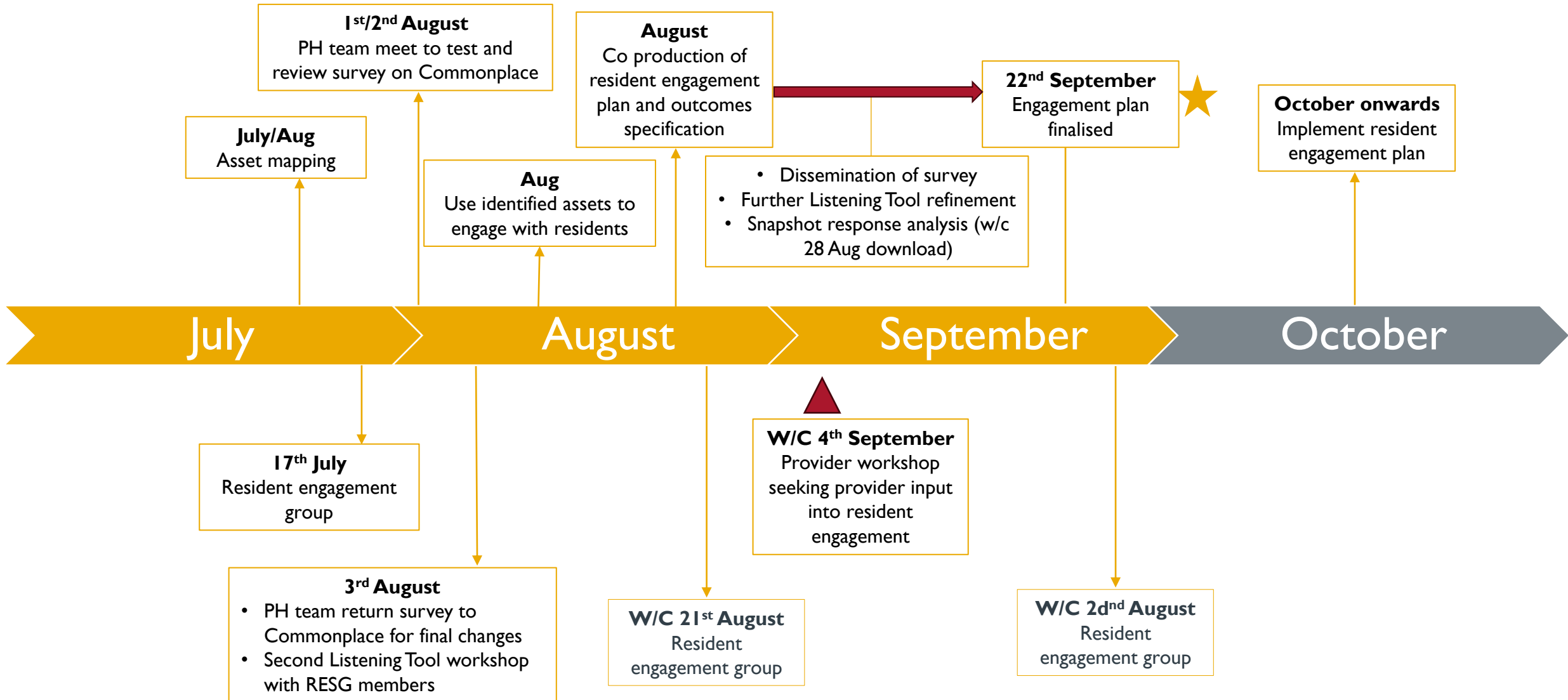
17th July 2023

South East London **Our proposal for neighbourhood development** **ROYAL GREENWICH**

Our proposition is to use neighbourhood development as a way of connecting people, priorities and places to better enable community ownership and joined up public services

- We are supporting people (staff, patients, residents, etc.) to work together to solve problems for themselves.
- We are offering our role from "watcher" to "connector" to "partner" and coach.
- We are supporting the delivery of the plan through the use of the 'watcher' role to ensure the plan is delivered as intended.

Resident Engagement - Timeline



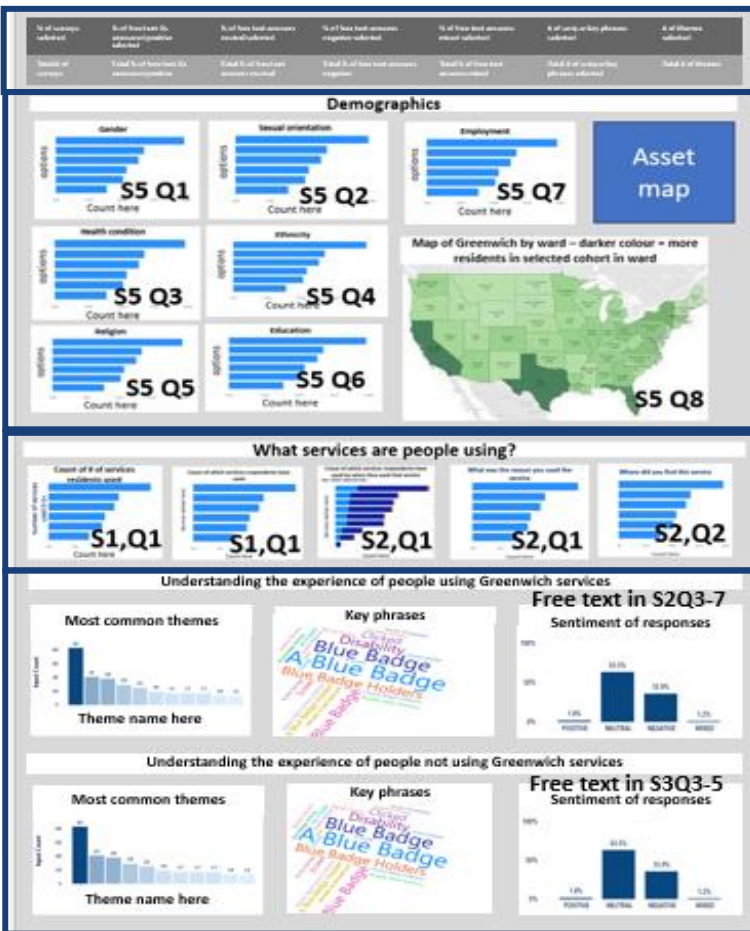
Overview of the listening tool

In addition to co-design with residents, in order to maximise the understanding of the results of our resident survey we have commissioned a digital solution called the The Listening Tool to analyse the quantitative and qualitative information provided by the surveys.

- The Listening Tool is a **computer programme** used to support the **analysis of written text**. It can be used to draw out **specific insights or answer specific questions** by using **text analytics and machine learning** to group and theme feedback from residents.
- The Listening Tool uses **natural language processing** to quickly synthesise thousands of pieces of text-based data to identify key themes and sentiment from the text.
- As part of our Public Health re-commissioning resident engagement, RBG will be inputting the results of a **resident questionnaire** into the Listening Tool, in order to pull out key themes to help guide decision making.
- The tool uses **computer software** to create an **overview** containing graphs, charts, wordclouds of **key themes and sentiment**.
- This overview does not provide all the answers to our research. Instead, it creates a **springboard for discussion** and deeper **analysis of themes**.

A look at the Listening Tool summary outputs

The Listening Tool will be invaluable in helping us to recommission Public Health services in RBG in a way that truly reflects the needs and voices of residents. It will enable us to capture a wide spectrum of perspectives on key public health areas such as substance misuse, sexual health, smoking cessation, and healthy living services. **In practicality, below is a demonstration of what it will look like:**



Banner along the top summarising the number of responses received and the sentiment in responses

Demographic information of respondents, covering all demographic info gathered. Clicking on a piece of demographic info will filter responses to show that group e.g. clicking on one ward *We could use a mix of bar graphs and other graphs to make more visually engaging*

Graphs summarising which services are being used. First on left showing how many services respondents selected e.g. 0 services, 5. Others capturing which service used and why and how that service was found.

Grouping together all free text responses for those who have used council services then below all of those who haven't used council services. Showing the themes in their responses, key phrases and sentiment
Giving an overview of the experience of those using services vs not

The tool's capabilities for filtering by themes, demographics, or services make it easier to focus our analyses.

Additionally, its feature to compare two different cohorts provides a richer, more nuanced understanding of our community's needs which will help shape our commissioning process.

The standardised visualisation of questions ensures straightforward comparisons between groups, which will be particularly useful for analysing outcomes for seldom-heard voices.

Resident Engagement Survey

Our survey went live on 15 August 2023 and will close on 22 September 2023.

Please could you share the survey with anyone who comes into contact with the services you provide:

<https://greenwichpublichealthfeedback.commonplace.is/>

Embedding co-production into the fibre of future Public Health services



What do we mean by ‘co-production’?

“Co-production is an approach where people, family members, carers, organisations and commissioners work together in an **equal way, sharing influence, skills and experience** to design, deliver and monitor services and projects.

Co-production acknowledges that people who use social care and health services (and their families) have **knowledge and experience** that can be used to help **make services better**, not only for themselves but for other people who need them, which could be **any one of us** at some time in our lives.

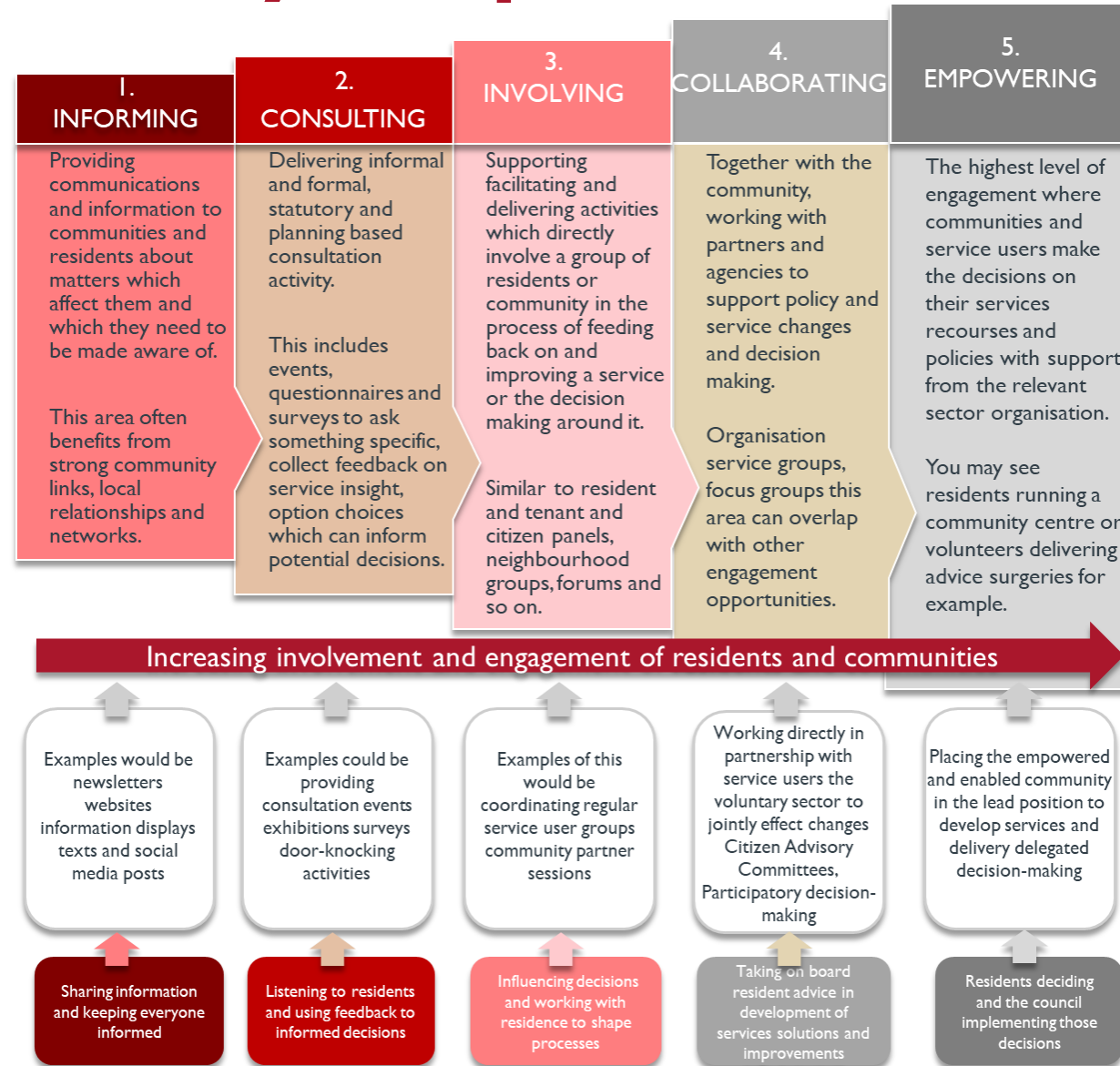


Real co-production means that people are **truly involved in planning and designing** services from the **very beginning**”

-The Co-production Network

What do we mean by 'co-production'?

Corporate Community Engagement Ladder of Engagement



At your tables, please take 30 mins to discuss:

1. What are the **best ways** that you've seen co-production work?
2. **How** can we make sure that the **voice of residents** is heard through the work we do?
3. What can we do **collectively** – as **commissioners** and **providers** – to make sure that our services are **responding to residents' needs**?

Table I

What are the best ways you've seen co-production work?

- Utilisation of surveys for feedback on websites which facilitate updates to services.
- Embracing co-design, testing, and acknowledging failures as a comprehensive approach to enhancing our website offerings. This iterative process tailors solutions to service user needs.
- Training and supporting service users, including B&I screening documentaries that are tailored to their preferences.
- Recognising and adapting to changing demographics.
- Noting that previous commissioning processes did not engage service users effectively, leading to misaligned questions.

How can we make sure the voice of residents is heard through the work we do?

- Engaging proactively through on-the-ground outreach activities.
- Developing services with a focus on the service users and fostering a genuine collaborative network.
- Ensuring mindful and tactful involvement by using:
 - Culturally appropriate language.
 - Strategies to overcome stigma associated with services.
 - Addressing language barriers.
- Implementing a peer mentor system, where advocates (preferably with lived experience) bridge the gap between professionals and service users.
- Setting up resident engagement platforms like websites with keyword functionality for easy service access.
- Ensuring sustained efforts to raise public awareness.
- Enhancing accessibility, especially for those unfamiliar with available services.

What can we do collectively – as commissioners and providers to make sure that our services are responding to residents' needs?

- Engage with key partners and providers effectively.
- Facilitate information sharing about services to ensure interconnectivity.
- Employing co-location strategies to enhance collaboration and user experience.

Table 2

What are the best ways you've seen co-production work?

- Collaborative services through partnerships with other organisations.
- Incentivising individuals for their contributions.
- Entrusting members with decision-making power in projects.
- (Note: Advancing can sometimes be challenging).

How can we make sure the voice of residents is heard through the work we do?

- Understanding what motivates various demographics to enhance their involvement and voice.
- Providing accessible information: Clarifying terms like "public health" to make them understandable.
- Empowering individuals to have a significant stake in the initiatives.
- Implementing structured programmes like the 'Youth Leaders Programme'.
- Ensuring engagement strategies target the appropriate audience for optimal involvement.
- Prioritising service user-led initiatives.

What can we do collectively – as commissioners and providers to make sure that our services are responding to residents' needs?

- Continuous assessment and incorporation of feedback into contracts.
 - Promoting knowledge-sharing opportunities.
- Establishing both formal and informal co-production processes without redundancy.
- Emphasising the personal relevance of involvement to engage stakeholders.
- Expanding reach through in-person events beyond traditional surveys.
- Facilitating sessions with trusted individuals.
- Committing to investing in and honing specialised skills, possibly through peer-to-peer methods.

Table 3

What are the best ways you've seen co-production work?

- Collaborative reopening of the Day Centre post-lockdown involved co-production with service users, especially the homeless. Initiatives included:
 - Hosting an informal gathering instead of a traditional meeting.
 - Offering rewards for participation such as food, money, and vouchers. Collaborative efforts with artistic organisations in the borough also played a key role.
 - Conducting one-on-one meetings with residents before group discussions to provide support and encourage involvement. Though resource-intensive, this approach was deemed highly valuable.
- Tailoring services to specific cultures by involving community representatives to reach out to targeted groups, such as utilising faith group connections.
- Leveraging insights from the COVID vaccination campaign.
- Regularly collecting feedback from service users post-session or programme to capture their perspectives.

How can we make sure the voice of residents is heard through the work we do?

- Gather feedback during and post sessions or programmes.
- Initiate pilot schemes to identify core themes.
- Homeless services update residents through Christmas card outreach.
- Conduct 6-month follow-up calls post 'discharge,' although they can be resource-intensive.
- Offer a platform for staff to share insights gathered from residents.
- Utilise residents to survey their peers for more authentic feedback.
- Organise focus groups to train caseworkers, ensuring interview techniques are suitable for all, including those on the autistic spectrum.
- Collaborate with co-production specialists.
- Long-term contracts can foster deeper community ties and ensure residents' voices are continuously heard.

What can we do collectively – as commissioners and providers to make sure that our services are responding to residents' needs?

- Dedicate time and resources to monitor long-term outcomes and maintain consistent dialogues with residents.
- Create a shared feedback mechanism for providers to discuss broader concerns.
- Offer the flexibility to adapt services based on immediate needs.
- Establish safe channels to report issues to the council and amongst providers.
- Integrate facilitation within the service specification.
- Implement more adaptive frameworks.

Table 4

What are the best ways you've seen co-production work?

- Engage residents from the outset and that there is a joint approach to generating new ideas and decision-making.
- Ensure a diverse spectrum of voices is considered.
- Collaborate with residents in idea development.
- Prioritise inclusion, ensuring even those who aren't frequent service users are heard.
- Address constraints set by commissioners affecting co-production.
- Discuss areas where providers, such as NHS services, might fall short in co-production.
- Emphasise the importance of Service User (SU) feedback. Ensure a diverse array of voices, filtering out over-represented 'activist voices'.
- Implement varied feedback methodologies – online methods, touch point feedback (e.g., smiley faces).
- Recognise potential limitations with NHS co-production – feedback isn't always actioned due to contractual or strategic limitations.
- Aim for a 'no limits, no barriers' approach, free from undue restrictions.
- Build capabilities within services to collect and share feedback effectively.
- Provide incentives for feedback, especially from marginalised groups or those underserved locally.
- Avoid top-down co-production, ensuring lived experiences and service user insights play an active role in strategic and operational deliberations.

How can we make sure the voice of residents is heard through the work we do?

- Establish a feedback loop: when changes arise from feedback, inform residents.
- Implement peer-led feedback sessions.
- Balance power dynamics to ensure equitable representation.
- Consider setting up a dedicated co-production fund, with projects initiated by residents.
- Prioritise residents' voice in strategic planning.
- Address challenges in reaching more elusive community members.
- Employ various communication and engagement methods, tailoring to specific audience preferences.
- Ask residents how they prefer to be engaged.
- Cater to the diversity of the community, targeting specific community groups/forums such as faith groups, cultural groups, LGBTQIA, etc.

What can we do collectively – as commissioners and providers to make sure that our services are responding to residents' needs?

- Stay curious and proactive.
- Regularly reflect on strategies, practices, and service delivery.
- Adopt a flexible approach, allowing for creative changes as residents' needs evolve.

Break



Co-developing a model for continuous improvement



Introduction

- One of the things we've discussed at these events is how to achieve a good balance between leaving enough 'room' for innovation in future contracts, and accountability
- Today, we want to explore this further, especially through the lens of how we can support innovation and continuous improvement in any future contract – learning from what goes well, and what doesn't go so well, to make sure our services continue to be responsive to support people to achieve the best outcomes for them

A model for maintaining quality and continuous improvement

At your tables, please take 40 mins to discuss:

1. In relation to **maintaining/improving continuous improvement**, what are the **approaches** you take to engage with service users?
2. What role do they have in **developing new approaches** to service delivery and **overseeing quality** of your service provision?
3. What do you need from **other providers** and **commissioners** to make this work?

Table I

In relation to maintaining/improving continuous improvement, what are the approaches you take to engage service users?

- Adapting approaches based on aspects like gender identity.
- Gathering feedback through surveys.
- Investing in roles that prioritise the voice of service users, ensuring that feedback is both heard and acted upon.
- Debating whether additional capacity is needed or if it should be an intrinsic aspect.
- Exploring the potential of training staff for service users and understanding its value proposition.
- Incorporating user perspectives from the service's inception, like through secret shopper initiatives.
- Possibly implementing a shared quality framework.
- Encouraging commissioners to adopt a more hands-on, collaborative approach, emphasising innovation.
- Recognising that partnerships can amplify the voices of residents.
- Drawing inspiration from models like the Fast Track Cities – with a primary goal and flexibility in achieving it, fostering innovation, adaptability, and learning

What role do they have in developing new approaches to service delivery and overseeing quality of your service provision?

- Service users play a crucial role that should be acknowledged to prevent superficial involvement.
- Engaging residents in various processes such as audits, interviews, and team meetings, even in a high-paced service environment.
- Remaining open to innovative approaches, shedding outdated methods, and adapting to societal shifts.
- Considering user-generated questions during the tendering process.

What do you need from other providers and commissioners to make this work?

- Encouraging commissioners to understand and collaborate across services.
- Ensuring flexible contracts from commissioners that allow for innovation.
- Facilitating information sharing, raising awareness, and promoting networking.
- Prioritising essential services like tests through dedicated allocation of resources.
- Recognising the value of events that connect providers.
- Understanding the significance of MDT wording.
- Organising regular meetings to discuss services and offers, suggesting the creation of an ongoing network.

Table 2

In relation to maintaining/improving continuous improvement, what are the approaches you take to engage service users?

- Offering incentives.
- Collaborating with schools and youth councils to deliver and adapt sessions for campaigns.
- Implementing individual impact surveys:
 - Setting a baseline and analysing the impact across various demographics.

What role do they have in developing new approaches to service delivery and overseeing quality of your service provision?

- Employing a holistic family approach, promoting community-level access and referral pathways, e.g., through Community Hubs.
- Reporting capacity and feedback issues to Public Health and other providers. Managing quality issues can be more intricate.
- Organising workshops based on feedback.
- Conducting general satisfaction surveys to gauge service quality.
- Quantifying service impact using service user feedback, which then contributes to annual reviews and subsequent workshops, creating a feedback loop.
- Sometimes, it can be challenging to discern the precise impact of a service, especially within comprehensive systems.

What do you need from other providers and commissioners to make this work?

- Cross-collaboration among workforces, especially during crises like COVID.
- Platforms for sharing challenges and proposing solutions.
- Joint forums for both positive and negative feedback, including areas for development.
- Engaging in discussions about overarching mechanisms to spot trends.
- Piloting initiatives to address urgent needs.
- Engaging key stakeholders like schools, health and social services, and the police.
 - Offering a constructive environment for collective feedback.
- Flexibility in adapting strategies during crises, like pivoting to lateral flow clinics during COVID while utilising the same resources.

Table 3

In relation to maintaining/improving continuous improvement, what are the approaches you take to engage service users?

- Deploy a dedicated team member within a Multidisciplinary Team (MDT) to oversee improvements, providing an overarching view without being tied to a specific contract.
- Organise weekly meetings for staff to address informal concerns raised by patients.
- Promote a culture that values informal feedback.
- Encourage feedback through questions like, “What should we start/stop/continue doing?”
- Utilise insights from safeguarding issues or serious incident reports for learning and improvement.
- Foster an environment of transparency and open communication.
- Monitor overarching influences like governmental policies that can affect success.

What role do they have in developing new approaches to service delivery and overseeing quality of your service provision?

- Conduct end-of-service reviews and gather feedback through surveys.
- Prioritise capturing emotional responses.
- Frame inquiries around specific and relevant lived experiences.
- Recognise and reward participation.
- Emphasise capturing experience over mere outcomes.
- Equip staff with the necessary skills to ask appropriate questions in an empathetic manner.
 - The manner of inquiry is as vital as the content.
 - Prioritise staff training.
- Empower service users to define 'quality,' which often centres around active listening and nurturing interpersonal bonds.

What do you need from other providers and commissioners to make this work?

- Establish a central hub for feedback, compliments, and complaints, with periodic reviews.
- Enable hub feedback through team communication channels.
- Consult with organisations to frame Key Performance Indicators (KPIs) around ongoing improvement before finalising the specifications.
- Adopt a Multi-Disciplinary Team (MDT) approach for serious incident reviews to enhance learning and proactive measures.
- Incorporate feedback mechanisms in bid queries.
- Share anonymised long-term data about service users, such as hospital visit or arrest statistics.
- Capture qualitative feedback, acknowledging even non-tangible positive interactions with a service.
 - This underscores the significance of 6-month follow-ups and the drawbacks of a solely target-based payment model.
 - Emphasise capturing feelings and emotional responses.
- Promote data-sharing across organisations.
- Benchmark against community, local, and national statistics.
- Cultivate an open culture where staff freely provide feedback.

Table 4

In relation to maintaining/improving continuous improvement, what are the approaches you take to engage service users?

- Address complaints with understanding and an action plan.
- Value informal feedback and respond accordingly.
- Use tools like text-back or online surveys.
- Initiate quality improvement projects.
- While feedback can be captured, it's not always actionable – consider constraints like weekend clinics.
- Employ platforms like Care Opinion to track feedback.
- Periodically review feedback, collaborating with service users for improvements.
- Strive for a balance in surveying: adequate insights without overburdening residents.

What role do they have in developing new approaches to service delivery and overseeing quality of your service provision?

- Foster active co-production groups, incentivising participation through training, feedback loops, and co-production funds.
- Leverage lived experience groups to help shape strategies.
- Emphasise qualitative analysis.
- Promote peer mentoring to avoid power imbalances.
- Integrate service user involvement in innovative ways, such as mystery shopper initiatives.
- Collaborate with providers accessing different resident segments to diversify insights.

What do you need from other providers and commissioners to make this work?

- Seek clarity on desired outcomes, avoiding ambiguity.
- Be included in the early stages of ideation and decision-making.
- Promote intelligence and feedback sharing to collaboratively address changing needs or barriers.

Feedback



Next steps



Q&A



We will take any questions from these sessions and collate an ongoing 'FAQ' document, which will be shared via ProActis along with the session output after each of these meetings.

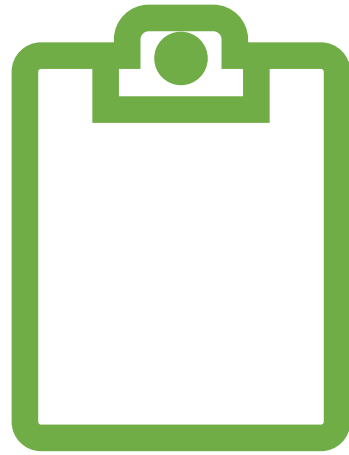
If you have any questions in the meantime, please email procurement@royalgreenwich.gov.uk

Next Steps

- We will use the information stemming from today to contribute to the codesign of a comprehensive resident engagement plan for the next 12 months
- The outputs from today will be collated, written up and shared via ProActis
- Our forward plan of market engagement events is below – contact procurement@royalgreenwich.gov.uk if you or someone you know would like any further info about them, or to RSVP:

Market Engagement Event		Date
1	Our vision	16 June
2	Our principles	5 July
3	Our language	16 August
4	Our outcomes	6 September
5	Collaboration	12 September
6	The journey so far – what have we achieved together?	21 September

Feedback



Please take 2 minutes to tell us how you found today,
and what we can improve on for future sessions



Thank you

