Activity 4 – What do we need to make it happen and who should be involved? Full Summary

1. **What next?**

- Make it a strategic choice – LA, districts, CCG, public sector, Third sector, charities – alignment of thinking and priorities
- High level buy in (health and wellbeing board) – tasked with stakeholder buy in
- Pick out key messages from today – recurring themes
- Growing into – what we learnt today will help shape the model
- We all think we are doing something now
- Agree a model – look at different areas from around the country – create an ideal model
- Who do we want to target?
  - Trial – learn from doing / information first
  - Working groups – Task and finish groups
  - More meetings like this one – keep networking
  - Tell the public – change the nature of the conversation about health
  - Spread the word – ensure inclusion and integration
  - How do we promote it – tell people who don’t know about it
  - “Campaign day” – start April /May
  - Draw together pockets of activity – map provision
  - Mapping of community assets
  - Linking into organisations already established
  - Consider transport and access
  - Understand local context
  - Diversity of population – anything developed should be appropriate
  - Think about what we do now in terms of health benefits
  - Community Development
  - Shared information on the community
  - Knowledge and resources is key
  - Exercise on prescription & GP referrals – where have these schemes gone? Where’s the money gone?
  - Need prime funding initially – DoH or any more funding applications?
  - Funding & sustainability, where next?
  - Resources / funding
    - Funding from NHS – CCG’s interest in prevention with voluntary sector – already work in prevention (strategic joint commissioning)
    - Resources – existing stakeholders / health investments / bid for grants / sponsorship? – Bet 365, JCB etc
    - There are not enough amenities – how can people succeed in spite of the system... Strategic choice
    - DFG – Disabled facilities grants
    - GP practices – early adopters (ones that are enthusiastic and willing)
    - Get all GP’s on board – but it’s not only about GP’s
    - Build on local GP’s
    - GP hubs sorted out – sensible, working together / realignment
    - Centralised but have localised that feed in
    - Locality centric – 2 pilots
    - Somewhere with strong community (possibly in less developed community)
- Based on a neighbourhood locality (ask MCM)
- Social prescribing co-ordinator
- New roles - secondments
- Start service Sept/Oct
- Scale out plan (over 5 years)
- Evaluation
- Robust evaluation framework
- Data – ethics process, plan
- We’ll give it a go if THEY will (they =GP practices, primary care)

2. Who else should be involved?
- Big effort and commitment to get here today – measure of appetite for this work
- Key partners to drive this forward
- STP – as why it’s not supported? / getting it county wide
- Health and Wellbeing – are they involved?
- Ask GP’s what their views are
- Can we involve practice managers in this process?
- Must be patient centred model – Consult with patient groups
- Patient participation groups
- PPG’s
- Health watch
- Providers
- Specialist provider for one thematic area
- Local medical committee
- Get into medical schools – what have we got already
- GP Federation
- Alliance board – provide more holistic services (reshaping)
- Local authority / social care
- Third sector providers
- CCG
- Combined Healthcare – particularly disability
- Public Health
- Community (public) and groups
- Community
- People – (patients) – complex needs, the most vulnerable and work with them
- Talk to community groups / people waiting at GP’s / focus groups – take them through from the start
- DWP
- Faith Groups
- Pharmacy
- Broader organisations – SCC, Fire and Rescue Service, Police, Support services
- Stake holders – GP’s, social care, hospital, VCS. Schools, police, parish councils
- The whole system includes town planning, environment & open spaces
- Education
- Local arts rep – on steering group
- Steering group – who else can be involved – ECS hub – be here / research / GP’s different types (federation) / Third sector
- Dedicated team to lead
| • Comms team – social media strategy, local comms |
| • Researcher / data - University |
| • Everyone |
| • |