

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

1.	What next?
	<ul style="list-style-type: none"> • Make it a strategic choice – LA, districts, CCG, public sector, Third sector, charities – alignment of thinking and priorities
	<ul style="list-style-type: none"> • High level buy in (health and wellbeing board) – tasked with stakeholder buy in
	<ul style="list-style-type: none"> • Pick out key messages from today – recurring themes
	<ul style="list-style-type: none"> • Growing into – what we learnt today will help shape the model
	<ul style="list-style-type: none"> • We all think we are doing something now
	<ul style="list-style-type: none"> • Agree a model – look at different areas from around the country – create an ideal model
	<ul style="list-style-type: none"> • Who do we want to target?
	<ul style="list-style-type: none"> • Trial – learn from doing / information first
	<ul style="list-style-type: none"> • Working groups – Task and finish groups
	<ul style="list-style-type: none"> • More meetings like this one – keep networking
	<ul style="list-style-type: none"> • Tell the public – change the nature of the conversation about health
	<ul style="list-style-type: none"> • Spread the word – ensure inclusion and integration
	<ul style="list-style-type: none"> • How do we promote it – tell people who don't know about it
	<ul style="list-style-type: none"> • "Campaign day" – start April /May
	<ul style="list-style-type: none"> • Draw together pockets of activity – map provision
	<ul style="list-style-type: none"> • Mapping of community assets
	<ul style="list-style-type: none"> • Linking into organisations already established
	<ul style="list-style-type: none"> • Consider transport and access
	<ul style="list-style-type: none"> • Understand local context
	<ul style="list-style-type: none"> • Diversity of population – anything developed should be appropriate
	<ul style="list-style-type: none"> • Think about what we do now in terms of health benefits
	<ul style="list-style-type: none"> • Community Development
	<ul style="list-style-type: none"> • Shared information on the community
	<ul style="list-style-type: none"> • Knowledge and resources is key
	<ul style="list-style-type: none"> • Exercise on prescription & GP referrals – where have these schemes gone? Where's the money gone?
	<ul style="list-style-type: none"> • Need prime funding initially – DoH or any more funding applications?
	<ul style="list-style-type: none"> • Funding & sustainability, where next?
	<ul style="list-style-type: none"> • Resources / funding
	<ul style="list-style-type: none"> • Funding from NHS – CCG's interest in prevention with voluntary sector – already work in prevention (strategic joint commissioning)
	<ul style="list-style-type: none"> • Resources – existing stakeholders / health investments / bid for grants / sponsorship? – Bet 365, JCB etc
	<ul style="list-style-type: none"> • There are not enough amenities – how can people succeed in spite of the system... Strategic choice
	<ul style="list-style-type: none"> • DFG – Disabled facilities grants
	<ul style="list-style-type: none"> • GP practices – early adopters (ones that are enthusiastic and willing)
	<ul style="list-style-type: none"> • Get all GP's on board – but it's not only about GP's
	<ul style="list-style-type: none"> • Build on local GP's
	<ul style="list-style-type: none"> • GP hubs sorted out – sensible, working together / realignment
	<ul style="list-style-type: none"> • Centralised but have localised that feed in
	<ul style="list-style-type: none"> • Locality centric – 2 pilots
	<ul style="list-style-type: none"> • Somewhere with strong community (possibly in less developed community)

	<ul style="list-style-type: none"> • Based on a neighbourhood locality (ask MCM)
	<ul style="list-style-type: none"> • Social prescribing co-ordinator
	<ul style="list-style-type: none"> • New roles - secondments
	<ul style="list-style-type: none"> • Start service Sept/Oct
	<ul style="list-style-type: none"> • Scale out plan (over 5 years)
	<ul style="list-style-type: none"> • Evaluation
	<ul style="list-style-type: none"> • Robust evaluation framework
	<ul style="list-style-type: none"> • Data – ethics process, plan
	<ul style="list-style-type: none"> • We'll give it a go if THEY will (they =GP practices, primary care)
2.	Who else should be involved?
	<ul style="list-style-type: none"> • Big effort and commitment to get here today – measure of appetite for this work
	<ul style="list-style-type: none"> • Key partners to drive this forward
	<ul style="list-style-type: none"> • STP – as why it's not supported? / getting it county wide
	<ul style="list-style-type: none"> • Health and Wellbeing – are they involved?
	<ul style="list-style-type: none"> • Ask GP's what their views are
	<ul style="list-style-type: none"> • Can we involve practice managers in this process?
	<ul style="list-style-type: none"> • Must be patient centred model – Consult with patient groups
	<ul style="list-style-type: none"> • Patient participation groups
	<ul style="list-style-type: none"> • PPG's
	<ul style="list-style-type: none"> • Health watch
	<ul style="list-style-type: none"> • Providers
	<ul style="list-style-type: none"> • Specialist provider for one thematic area
	<ul style="list-style-type: none"> • Local medical committee
	<ul style="list-style-type: none"> • Get into medical schools – what have we got already
	<ul style="list-style-type: none"> • GP Federation
	<ul style="list-style-type: none"> • Alliance board – provide more holistic services (reshaping)
	<ul style="list-style-type: none"> • Local authority / social care
	<ul style="list-style-type: none"> • Third sector providers
	<ul style="list-style-type: none"> • CCG
	<ul style="list-style-type: none"> • Combined Healthcare – particularly disability
	<ul style="list-style-type: none"> • Public Health
	<ul style="list-style-type: none"> • Community (public) and groups
	<ul style="list-style-type: none"> • Community
	<ul style="list-style-type: none"> • People – (patients) – complex needs, the most vulnerable and work with them
	<ul style="list-style-type: none"> • Talk to community groups / people waiting at GP's / focus groups – take them through from the start
	<ul style="list-style-type: none"> • DWP
	<ul style="list-style-type: none"> • Faith Groups
	<ul style="list-style-type: none"> • Pharmacy
	<ul style="list-style-type: none"> • Broader organisations – SCC, Fire and Rescue Service, Police, Support services
	<ul style="list-style-type: none"> • Stake holders – GP's, social care, hospital, VCS. Schools, police, parish councils
	<ul style="list-style-type: none"> • The whole system includes town planning, environment & open spaces
	<ul style="list-style-type: none"> • Education
	<ul style="list-style-type: none"> • Local arts rep – on steering group
	<ul style="list-style-type: none"> • Steering group – who else can be involved – ECS hub – be here / research / GP's different types (federation) / Third sector
	<ul style="list-style-type: none"> • Dedicated team to lead

	<ul style="list-style-type: none">• Comms team – social media strategy, local comms
	<ul style="list-style-type: none">• Researcher / data - University
	<ul style="list-style-type: none">• Everyone
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