

Workshop 2: Consultation/ The Way Forward (FLIPCHART notes)

Bolsover Group

1. Need a focused coordinator
2. Linked with existing programmes and partners
 - WFH focused local coordinator- currently got a 0.25WTH post/DCC Countryside Service
 - Need to link with rights of way network-WFH
 - Data- to PCT, CIF not to national WFH database
 - Like voluntary accreditation BUT in liaison with volunteers
 - Community transport works as an incentive
 - Volunteer expenses to be considered?
 - Research a variety of funding opportunities
 - Make better links across e.g. Green exercising WFH etc.
 - Poor referral rates for mental health users
 - Split tier WFH for mental health users
 - Workforce development- mental health awareness
 - Need “moving on” walking activity ‘suitable for conditions eg. mental health....
 - WFH- prevention- early referral mental health.

Derbyshire Dales Group

Views on structure: (County “Best Practice” group) (County Management Exec Group)

- Communication required through whatever structure
- Executive group would be good value as clearly join up is required
- Unsure if the county group is the right forum for local walk leaders- time, usefulness
- Exec would add benefits in terms of £ and monitoring district/programmes outcomes
- A co-ordinator locally is vital
 - presents questions over funding?
 - where does this come from?
 - how is it sustained?
- ___(flip chart ripped) to identify NEW PARTICIPANTS is needed.
- To make a significant difference, **coordination** between agencies delivering walks is needed if we are to really make an impression on the 5x30 level of participation

- Volunteer management/co-ordination does take time to do effectively, local schemes need support
- Links to all “physical activity” based programmes.

Chesterfield and North East

- Very good current work but gap at entry level = WFH definition support of a ‘dedicated’ worker has many advantages if volunteer led model with no worker
- Need for mapping and better communication as to varied provision/providers in area
- Need to review marketing and promotion of walking for health in Chesterfield and North East Derbyshire, e.g. Health trainers, health referral etc.
- Innovative ways needed to communicate with seldom heard and hard to reach and sedentary and inactive
- Mapping of varied activities
- Good work going on already
- Key formula for success for health model.
 - PRO of having a worker
 - good communication
 - coordinating
 - support of volunteers
 - publicity
 - training
 - liaison with agencies/volunteers/funding
 - more clout
 - important to maintain entry level walks
 - volunteers get fitter and move onto longer walks
 - Cons
 - need for moving on walks (Chesterfield and NED do this)

South Derbyshire

Exec Group role:

- Support volunteers
- updating information
- mentoring
- needs to be rep from each district, pref coordinator
- funding
- training
- problem solving
- good idea

Annual networking event including walk leaders

- Dedicated coordinator (paid post) to drive the project, reach the new targets and support the volunteers
- Exec group good idea- meet quarterly annual network event to include walk leaders

Model

Pros

- opportunity to branching out
- innovative ideas

Cons

- funding
- support for volunteer coordinator

Would Need:

- dedicated officer- presently small part of the officer's role. eg. Like a netball out officer
- sharing posts across two districts (hosted by Active Derbyshire) - given the target - a lot to ask a volunteer coordinator to deliver
- successful schemes to mentor new schemes

Amber Valley /Erewash

Pros

- Secure funding
- staff in post
- centralised point
- coordinated approach
- training available when required
- support for volunteers

Cons

- (if) no continued funding
- lack of staff

What needs to be established ?

- Walks to be graded
- Funding for local/county coordinator (sustainable)
- Re-location of the organisational duties/ responsibilities to undertake co-ordinator role

High Peak

What needs to be established?

- Walks to be graded
- Funding for local/county coordinator (sustainable)
- Re-location of the organisational duties/ responsibilities to undertake co-ordinator role

Key challenges to expanding WFH in the High Peak area

- Lack of dedicated Walking for Health coordinator resource (NB Paul Evans considering recruiting possible new “apprentice” coordinator?)
- Lots of walks happening, but limited number of “true” entry level health walks
- Lack of accessibility to health walks (linked to transport issues – not easy to get people to one place, particularly if coming in from remote areas)
- Geography of the High Peak makes it difficult to offer many easy terrain walks! (NB. Need to review definition of “easy” walks – the term “easy” may differ)
- Reluctance of GPs and GPs surgeries to take up the WFH approach (this was 2 years ago and will need to be revisited)
- Limited mobile communications in some parts of the High Peak makes it difficult to keep in touch or report problems on some walks

Recommendations:

- Set up separate working groups made up of people from the exec committee or network group to focus on specific issues such as e.g. “moving on”