

Notes of the One Northern Devon Communities Meeting

Held in the Conference Room, Litchdon Medical Centre, Barnstaple at 9:30 am on Thursday 14th February 2019

PRESENT:

Andrea Beacham (AB)	Partnerships Lead, NDHT
John Womersley (JWo)	Chair of the Northern Locality Board-NEW Devon CCG
Rachel Raper (RR)	One Bideford
Janet Williams (JWi)	Torrige District Council
Hannah McDonald (HMcD)	One Ilfracombe
Simon Jones (SJ)	Barnstaple GP, One Barnstaple
Sandra Guard (SG)	PSG, Torrington
Rodney Donavan (RD)	Chair One Ilfracombe
Carol McCormack (CMc)	One Barnstaple
Tony Inch (TI)	One Bideford / Torrige District Council
Sharon Bates (SB)	One Barnstaple
Roger Byrom (RB)	Livewell, Braunton
Steve Seatherton (SS)	One Ilfracombe
Karen Evans (KA)	CEO, NDVS
Paul Huxtable (PH)	Torrige Voluntary Services
Matt Wills	Combe Practice
Sam Shortridge (SS)	Practice Manager Torrige Health
Sarah Williams (SW)	Ilfracombe GPn CCG Social Prescribing Lead
Gill Garret (GG)	Barnstaple District Nursing
Sandra Crawley (SC)	Chair, Torrington Care Forum

APOLOGIES:

Rebecca Harty	NHS Devon CCG, Head of Integrated Care Model- Northern and Eastern Locality
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IN ATTENDANCE:

Kate Winter	PA to Chief Executive and Director of Finance and Performance NDHT
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01/19 Introductions

JWo welcomed everyone to the first One Northern Devon (OND) Communities Meeting and explained how One Northern Devon is being closely viewed by the rest of Devon as an

alternative model. It was also noted that this is an iterative process and the Group is likely to expand.

Everyone present was asked to introduce themselves and JWo outlined the remit of the Group which is to spread the function of the Communities meeting back to each respective area and agree what can happen locally.

02/19 Notes of the Development Session Held on 23rd November

JWo provided an overview of the development session which had concluded that the OND Board needs to be strategic and high level with an overall view of Northern Devon. Various other Groups will need to work with OND Board including the A&E Board, the Planned Care Board, the Overview and Scrutiny Committee and the OND Communities Group which all need to feed into the Out of Hospital Group.

The function of each meeting will need to be established and the OND Communities Group will develop a terms of reference and liaise with other Groups, specifically the OND Board. JWo agreed to Chair the OND Communities Group to provide continuity as he is also the Chair of the OND Board and will therefore be able to provide an active voice for the OND Communities Group.

JWo sought views for a nominated Vice Chair and suggested SS who had attended the last OND Board and who has been involved in One Ilfracombe and therefore has knowledge of the concept of Ones. This was supported.

JWo outlined the function of the OND Communities Group and explained how areas can learn from each other and share projects that work well. The OND Board agreed that the offer available to communities needs to be equitable to all areas and it was suggested that a list of ideas be developed so that communities can choose what they would wish to take forward in their areas. It was also suggested that a core set of principles be developed across Northern Devon to allow the public the opportunity to avail themselves of good wellbeing outcomes.

JWo considered that OND is about allowing the population to be as well tomorrow as they are today.

JWo welcomed views on how to engage other areas to make a difference. A community conference had been held in 2018 to promote the One concept but there had been insufficient support from the OND Board to support communities to progress in a meaningful way.

03/19 Update on Integrated Care System Development Across Devon

JWo gave a presentation on Integrated Care System (ICS) Development across Devon and key points were noted as follows:

- The CCG currently commissions healthcare services excluding GP primary care services and dental services which are commissioned by NHS England.
- NEW Devon CCG will become NHS Devon CCG and will be a single CCG across Devon.
- NHS Devon CCG will commission secondary care services and have oversight of whole system. A separate Committee will be the decision making body for GP services with all decisions then being ratified by the Governing Body.
- Progress is being made to move towards joint strategic commissioning with local commissioners e.g DCC, Plymouth and Torbay and a single ICS will be formed in the Autumn 2019. Organisations will maintain separate budgets initially but share ideas. Better care funding is available for this group to access.
- The OND Board allows all organisations to address issues that can benefit each other.
- JW outlined the NHS long term plan – the CCG are required to provide a one year plan +4. The long term plan asks the NHS to consider plans to improve health and wellbeing.
- JW outlined changes within GP practices including GP networks. NHS Devon CCG will be given a budget to engage GP networks who will have to declare their network pattern with a clinical GP Director in each network. They will employ pharmacists and be joined by social care and voluntary services.
- Within GP contracts there will be personalised care which includes social prescribing.
- A requirement of a GP network will be to analyse the needs of the population and to act on it to change societies and communities.
- There are currently four networks that need to make geographical and workforce sense and work in a collaborative way. The networks are Ruby Country, Torridge Health, Barnstaple Alliance and Optimum.
- It is recognised that the challenge for communities will be social prescribing e.g walk for health and identify what can be available to everyone.

CMc considered that people are often unsure of where their services come from but felt that social prescribing will make people feel that they are in partnership and JWo confirmed that it is about making it easier for people to access wellbeing - to educate and improve the wellbeing of the population earlier.

04/19 Overview of OND Communities Development

As wellbeing is now contracted AB explained that structures need to be established to meet contractual arrangements across Devon.

AB provided an overview of the development of OND communities highlighting that areas do not have to be called a 'One' e.g Livewell in Branton. AB outlined the concept for public and community partners to act together with one voice, understanding the assets of the community and developing and delivering a plan.

Initially One Ilfracombe had received funding and focussed on wellbeing whereas One Bideford received no funding and initially focussed on the town. It will be important to assess and understand with all partners what the community needs as this is not undertaken at strategic level.

AB explained that a One community will need to understand the needs of the community. There are assets within some communities that can be provided to the voluntary sector including use of buildings etc. The communities will have a route into the OND Board who have oversight of their local staff.

The first pilot for a One concept was One Ilfracombe who secured funding which was spent on employing people establish partnerships. They now have funding to employ two people to help the remaining towns to deliver their plans.

It has been confirmed that HMCD will provide full time support for one year to help communities develop partnerships. There are currently three established One partnerships with interest from other areas which HMCD will support to develop. HMCD explained that support will be tailored to each individual area using tools and experience from One Ilfracombe. TI outlined work already being undertaken in Bideford and considered that it is a matter of sharing resources to help improve services and reduce duplication. AB advised that support will also be given to communities to apply for funding and there is an element of funding available to develop web sites. JWo considered that collaboration and co-ordination will be major part of the One communities with each community taking learning from each area.

SJ was keen for the One Community Group to formalise arrangements to enable communities to ask for resources and make their knowledge and resources available to the wider group as sharing of information will be key.

JWo referred to support that can be provided by the voluntary sector and highlighted that the offer of support to areas needs to be equitable. RD highlighted issues in managing volunteers which can be labour intensive. Although the activity they provide is free, they need support and an infrastructure in place to ensure that those receiving the service get the service they expect. It was also highlighted that things that are spot purchased come to an end and need to be aware of this.

05/19 Update from Integrated Care Model Lead – how does this relate to the work in the One Communities

It was noted that this had already been discussed in detail. The STP, CCG and health system are looking at many areas such as end of life care and long term conditions and there is a workstream within the CCG to look at this. There is also recognition that communities are equal partners in this to make communities more resilient.

JWo reiterated that this approach is not a medical model and is about a holistic social prescribing model.

06/19 Overview of Each One Community

Each One area was asked to provide a brief summary of their respective areas as follows:

One Ilfracombe

- A Living Well Group (LWG) meets monthly and includes representatives from different agencies who receive presentations from different groups to publicise initiatives.
- The LWG is valuable for networking with other partner agencies and enables contacts and relationships to already be in place when projects are set up.
- One Ilfracombe will hold a second diabetes event in March.
- A monthly cancer support group has been established in Ilfracombe as the Seamoore Unit were aware that local people were less likely to attend support. This is funded through Macmillan and there is a second group for carers.
- A school gates running programme has been set up which is aimed at parents although anyone is welcome to attend.
- One Ilfracombe has been successful in securing improved better care funding to expand the community connector service which has been in place for four years – the connector receives around 300 referrals per year. The funding will also provide a community development officer to look at what services are available in the

community including the local environment.

- The police have commissioned One Ilfracombe to look at mental health in the town and other agencies will be engaged. Work continues on mental health and self-esteem building.
- An energy event will be held to look at fuel poverty and coastal fuels will support this.
- CCTV will be improved which has been lacking in the town as anti-social behaviour affects wellbeing.
- The out of the blue cadet programme has seen 180 students go through the programme and is aimed at raising aspirations and creating better relationships with emergency services.

HMCD explained that the majority of work undertaken is around inequalities and listening to what the community wants including holding forums where people can come and talk to One Ilfracombe.

There is a town team who regularly meet and includes Devon County Council staff, highways, police, fire service, street cleaning and environment links and discuss anything in the town. There is also a radio network throughout the town to enable issues to be resolved quickly.

SS asked how various groups are promoted in the local community. HMCD explained that there is an established mailing list which goes out to various sectors and partner organisations, through networking and through word of mouth. One Ilfracombe also utilises social media for public meetings as this keeps costs down.

One Bideford

- Funding has been secured to run the out of the blue cadet programme in Torrington in addition to Bideford.
- There is a town team in place which representation from the same agencies as Ilfracombe.
- One Bideford runs a wellbeing centre which is open 5 days per week – this provides counselling and psychotherapist support and has 18 volunteers who provide benefit advice, appeals support, advocacy from ESA and disability and support for universal credit.
- There are two mini buses which are loaned out to different agencies.
- Work is undertaken with Together who use the mini bus all over Devon county.
- One Bideford Board includes social care and the voluntary sector, highways, environment agency but needs representation from a local GP practice. SS referred to Torridge Health which has 6 practices who could provide support.
- One Bideford has not received funding like One Ilfracombe and RR had taken on the responsibility for the point of contact role.

- There is focus on mental health, addiction, homelessness and disability and One Bideford undertakes contracted work with the NHS and DCC to support independent living.
- A Bideford job club has been set up to get people back in to work when they have been out of work for a long time. This was set up as there was a gap in provision. The club secured funding and now employs a co-ordinator who runs the club every Wednesday. One Bideford is also looking to expand the club to other towns where there are gaps. The club is about wellbeing and building confidence and the co-ordinator running the programme has previously been supported to get back into work so has first-hand experience and knowledge.
- IntaGR8 has received confirmation of £50k funding to run a youth mental health project for 13-25 year olds which will start in March.

Livewell Braunton

- Livewell are taking a steady approach to decide what the group want to do in terms of social prescribing.
- A website has been launched (<https://livewellinbraunton.co.uk/>) which provides links to all community organisations in the village including contacts.
- A free book has been produced which mirrors the website. Copies are located at the GP practice so that they are able to hand copies to patients. They also have the website details on their computer systems to refer patients to.
- Livewell has applied for charity status.
- Livewell has held its first AGM and appointed Trustees.
- Funding has been granted and Livewell are discussing the employment of a community connector. Braunton parish council are funding a desk for the connector and will pay for the hub (base) for one year.
- Both rotary clubs and the U3A have provided funding and a Livewell day will be held in the parish hall and community centre where community groups will be invited to promote what they have on offer. A number of businesses publicised on the website such as yoga teachers, will be asked to provide some free sessions.
- A survey has been undertaken to seek views of what the local public want from Livewell.
- A lottery grant has been submitted.
- The next step is to advertise for the community connector role.

CMc asked how much work is undertaken with the Parish Councils. RB confirmed that Braunton parish council is supportive.

One Barnstaple

- Barnstaple is a medium sized town with some of the largest inequalities. One

Barnstaple has been a health focussed group which has made it difficult to initially engage the council.

- Last summer a well attended meeting had taken place followed by good voluntary sector meetings.
- A second successful Board meeting was held with support from all key agencies including the voluntary sector.
- In terms of priorities, the voluntary sector have been asked what they feel is important and they confirmed that it is loneliness and isolation.
- There has been a successful pilot bid to appoint a wellness and project co-ordinator and interviews were held earlier this week which is starting to create a strong infrastructure.
- One Barnstaple is hoping to host a website on the town council website as their involvement is crucial.
- There are discussions with the town council and library to have a physical presence in town.
- A wider public launch event will be held in May.
- The group is considering how it can assess whether outputs are successful.
- The group will link in with environmental work similar to that undertaken by One Ilfracombe.
- The group is seeking the long term plans for the town so that it can influence the planners with the wider health and wellbeing agenda.
- Work with GP practices over the coming months will be important for social prescribing. SB advised that primary care practices have been looking at social prescribing individually and this needs to be brought together so as not to duplicate and to share resources.

RD highlighted that One Ilfracombe has representation from the church which he considered to be important and public realm which is important to public wellbeing e.g tidying up local areas. Ilfracombe has a transient population which makes it difficult to engage in schemes and there are also issues with landlords housing people from out of the area with no support in place.

07/19 Has Work Been Done in Each Community to Identify Local Priorities?

SJ outlined the JSNA process and information available on the Devon County Council website. The website includes a large amount of data and the public health team have asked what the communities want to focus on. SJ provided an example of public health information which had been provided for combe coastal. Producing reports is time intensive therefore the

public health team want to produce what is useful to the communities.

SJ highlighted inequalities in spend across Devon and it is important to agree how to focus resources on this in coming years. It will be important to have equity so support and resources are not focussed on specific areas. Learning could be taken from well-motivated communities and used in other areas. It was noted that there is an inequality on health funding in North Devon it was therefore important to identify those within the community that need support and share learning to those areas not represented at the OND Community group. SJ considered that if groups continue to challenge and look at inequalities, it can be addressed.

HMCD referred to lifestyle measures data which had been useful for One Ilfracombe as some projects were designed around the results such as smoking and promoting activities in the local area.

JWo asked how long it will be until an impact from JSNA is seen and AB understood it to be 10 years. AB highlighted that there has however been a positive change to life expectancy in Ilfracombe last year which is less than 10 years. HMCD advised that much of social prescribing is preventative and long term – put resources in now to see benefits later on.

SJ suggested that if communities have a concern for one specific thing e.g alcohol, then public health can explore this area in more detail for them.

SJ asked communities to feedback on what data they are interested in receiving for their specific areas to give community groups ownership of inequality issues.

ALL

It was highlighted that there can be issues in receiving accurate admissions data from the acute Trust and SJ suggested that links with North Devon data should be followed up.

AB

CMc suggested how the JSNA can be useful as it can provide data to enable the communities to feed in to town council plans such as housing and vehicle emissions and the impact it has on health.

08/19 Questions for OND Communities to Develop and Agree

A number of questions were presented to the Group as follows:

Q1 – How do you feel you interrelate / want to interrelate to the ICM Group?

It was noted that the ICM looks at out of hospital care and needs to have a community view that can feedback to this group. SB sought clarity on the level of commitment required and it was noted that it would be a monthly meeting initially. HMcD offered to attend the meeting (temporarily for 6 months and then review) as she attends all of the One meetings. This was supported.

AB

JWo suggested developing ToR for the OND Communities group and presenting to the next meeting.

Q2 – How do you want to be represented at OND Board?

JW asked whether SS should continue as the representative for the next 6 months and this was supported.

Q3 – What involvement do you currently have with your GP practice? Patient Participation Group?

SG suggested holding PPG meetings in different settings to enable young people to attend. Need to also consider the time of day to get people on board and go to the community rather than them coming to the practice. SB suggested connecting the PPGs together to share ideas on how to work. CMC advised that there is already a PPG network in Northern Devon.

It was noted that none of the communities currently have PPG representation on their groups. There was discussion around how not all PPGs were as active as others and so needed developing. AB considered that it was for PPGs to decide how they develop but each community partnership should agree how it will involve their local PPG as the official practice patient representatives. It was suggested that engagement needs to go further than the PPGs and include school nursing now that children's services are back in the NHS.

AB

Q4 – Are there issues / barriers you would like to raise with OND?

SJ suggested that future meetings receive feedback from the OND Board and it was suggested that the minutes of that meeting be circulated to the OND communities group. JW agreed to consider how feedback can be provided to future meetings. A repository of information was suggested rather than sending numerous emails and it was suggested that minutes, presentations and information from the various communities be uploaded to the OND website. A regular bulletin was suggested and it was agreed that this should be explored in future. It was agreed that the minutes of this meeting will go to the OND Board.

AB

Q5 – How do we take this concept to cover all of Northern Devon?

10

JWo sought views on whether a further conference should be held with the target area being any area that do not have a One. HMCD outlined the scope of the first conference which had generated enthusiasm and had value and it was suggested that a second conference could receive presentations from those Ones that are now established. TI highlighted the large rural area which also needs to be captured as they are potentially being left out and HMCD reported on pockets of enthusiasm being seen in these smaller areas. After further discussion JWo asked HMCD to develop a plan for a second conference and present this back to the next meeting after which roadshows and individual support will be explored.

HMCD

09/19 Any Other Business

One Barnstaple Launch event

It was noted that the launch event will be held on 30th, 31st May and 1st June at the library. Statutory services will be attending to engage with the public. At least 6 voluntary organisations will be attending each day to showcase what they do to influence wellbeing in addition to other displays.

10/19 Date and Time of Next Meeting

9.30 am on Wednesday 13th March in Room 3A, Barnstaple Library

ONE NORTHERN DEVON COMMUNITIES METING ACTION GRID AS AT 14TH FEBRUARY 2019

Action				Comments	Lead	Outcome
14th February 2019						
1	07/19	Has work been undertaken in local areas to identify priorities	Communities to provide feedback on what public health data they are interested in receiving for their areas		ALL	
2	07/19	Has work been undertaken in local areas to identify priorities	Follow up issues with accurate acute admissions data being received		AB	
3	08/19	Questions for OND Communities to Develop and Agree	Terms of reference to be developed and presented back to the next meeting		AB	
4	08/19	Questions for OND Communities to Develop and Agree	Communication to go out asking communities to consider whether the PPGs need representation		AB	
5	08/19	Questions for OND	Minutes of the OND Commuities Meeting to go to OND		AB	

Action				Comments	Lead	Outcome
		Communities to Develop and Agree	Board			
6	08/19	Questions for OND Communities to Develop and Agree	Develop a plan for a second community conference and present back to the next meeting		HMCD	