onenortherndevon

Partnership programme

OCTOBER 2022

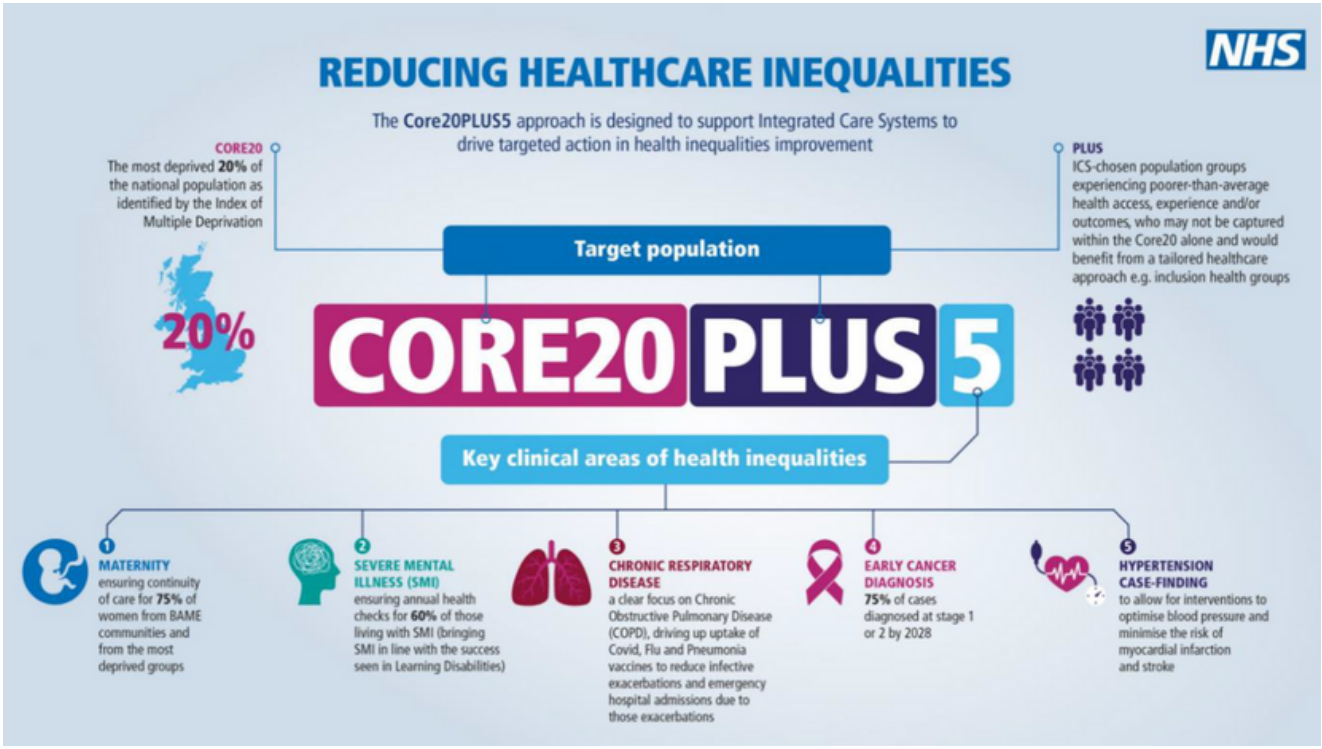
Reducing health inequalities

1. Developing North Devon's health inequalities strategy
2. Core 20 Plus Connector pilot
3. Tackling fuel poverty together
4. Reducing non-attendance rate in areas of deprivation
5. Supporting under-served communities to access health services
6. Cost of Living Crisis - local framework for a local response

Prevention & population health

1. Healthy Ageing North Devon (HAND) programme:
    a) Live Longer Better
    b) Tackling loneliness with transport
    c) Enhanced health in care home
    d) Anticipatory Care Service Specification development
    e) Frailty beds and virtual wards
2. Promoting healthy weight and physical activity
3. Active Travel
4. Wellbeing at Work
5. Dependency Forming Medication

Exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes is the NHS's goal for reducing healthcare inequalities.



The Core20PLUS Connectors programme is part of the support framework for progressing the goals of Core20PLUS5, a national NHSE/I approach to support the reduction of health inequalities at both a national and system level.

The programme builds on other community-based initiatives and experience from other volunteer roles which support health improvement and reducing inequalities. These include Community Champions, Vaccine Champions, Link Workers, Peer Advocates, and the extensive network of (salaried) Social Prescribing link workers.

Whilst healthcare services may only impact partially on wider health inequalities, it's vital the NHS is doing all it can to narrow the gap in major clinical areas of disparity in healthcare outcomes for excluded and disadvantaged communities – especially in maternity care, severe mental illness, respiratory disease, cancer, and cardiovascular disease. These conditions all have clear evidence of disparities in ill-health, healthy life expectancy and mortality – linked to social and economic deprivation and other aspects of exclusion and discrimination.

The Programme is managed by South Central and West CSU, Healthwatch England, National Voices, and The Health Creation Alliance working with the Health Inequalities Improvement team at NHS England on one element of the strategic focus on reducing healthcare inequalities, the Core20PLUS Connectors programme.

The programme funds Integrated Care System (ICS) and place-based initiatives to recruit, mobilise and support influential community connectors to take practical action to improve health and reduce inequalities across the five clinical priorities outlined in the Core20PLUS5 approach. Devon is one of the Wave 1 pilots focussing on two different geographies: Ilfracombe and North Dartmoor.

CORE20PLUS CONNECTOR //

OCTOBER 2022

Exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes is the NHS's goal for reducing healthcare inequalities.

The role of the co-ordinator is to recruit, co-ordinate and support a team of 20 volunteer community connectors based in Ilfracombe to help understand and contribute to the reduction of health inequalities in the national and local priority areas.



The volunteer community connectors/groups will be embedded in and engage with local communities acting as a 'bridging' role to ensure understanding of current barriers experienced by users and how this can be mitigated.

Ilfracombe has now recruited a Connector - Holly Stevenson - who will be employed by Encompass South West and work closely with One Ilfracombe for 20 hours per week.

T**he Core20PLUS Connectors concept:**

➢ Community connectors are people who are part of those communities who are often not well supported by existing services, experience health inequalities, and who then help change these services to support their community better. This approach recognises that people and
communities often know what they need and what would work, and that the NHS needs to hear from these communities

➢ The Connectors programme will develop and support community-based roles to impact on the goals of Core20PLUS5 - acting as a voice to focus on barriers and enablers to reduce health inequalities and connect people with decision-makers.

➢ This will include taking practical steps locally for health improvement in excluded communities experiencing healthcare inequalities, with focus on the five priority areas (maternity care, severe mental illness, severe respiratory disease, cancer, and cardio-vascular disease) and other locally identified priorities. For the purpose of this role the excluded community will be Ilfracombe.

The dynamic, interactive relationship between the wider health and care system (ICS / Place / Provider Collaboratives / PCNs) and Connectors is key to the role – connecting both as a bridge between communities and health and care services and connecting within communities to improve health with focus on the five health inequalities priorities in Core20Plus5.

SUPPORTING UNDER-SERVED COMMUNITIES TO ACCESS HEALTH SERVICES

// OCTOBER 2022



PUBLIC HEALTH COMMUNITY OUTREACH TEAM

Helping make public heath related support more accessible to the most vulnerable, disadvantaged and disconnected. Funded until March 2023.

The service has been has developed from targeted community testing for covid and our recent focus has been to increase covid vaccine rates amongst people who are homeless and those with complex lives. We have facilitated setting up clinics in trusted locations in Ilfracombe (Belle's Place), Barnstaple (Pannier Market), Bideford (Harbour community Café), South Moton (YMCA).
We have learnt that people accessing vaccines also need and value access to other support in the same trusted places and have worked with partners to facilitate other support being available from community spaces as part of a wider holistic offer than just vaccines.

What has worked well:

- Bringing Covid vaccine in to trusted community spaces and aligning with local projects and other outreach services. This has resulted in 27 people receiving 1st doses and 65 people receiving their 2nd dose.
- Creating a space for oral health to delivery an outreach service as part of the clinics. Resulted in 30+ oral heath interventions. We have had examples of people coming for a vaccine and then also receiving important oral health support.
- Working with Hep C to provide space for them to operate / meet people. Resulting in 36 Hepatitis C screenings.
- Working in partnership with the Together drug and alcohol to deliver a pilot needle exchange support service in Bideford (from our multi-role vans) in-conjunction with a community space providing free meals. Four sessions in September have resulted in 46 needle kits being provided with 3 referrals to Together.

Gaps:

Access to podiatry and more advanced dental care - regular issues for the complex lives groups.

Next steps:

- Understanding if other partners can offer outreach service provision in trusted community settings for inclusion health groups.
- Creating connections between trusted community projects and services so they can pull on support directly.
- Developing contacts and relationships within gypsy, roma and traveller communities.
- Reviewing the impact of the needle exchange pilot and considering next steps.
- Reviewing how the service can support a wider cost of living response within DCC and with partners.

SUPPORTING PEOPLE WHO ARE MOST AT RISK OF POOR HEALTH

PROJECT UPDATES
AUGUST 2022

The Pathways Homelessness Needs Assessment

The Pathways Homelessness Needs Assessment (to inform hospital discharge pathway) continues in data collection phase with support from the locality, ensuring a broad range of stakeholder input. NB learning from the Community Flow project should be considered alongside these findings once published.

The Pathways Assessment will be accompanied by a broader light touch inclusion health needs assessment (being undertaken by Public Health) to understand the needs and gaps in support in Northern Devon for those most marginalised groups of society including those who are homeless.

A Homelessness Stakeholder online meeting and Refugee, Asylum Seeker and Resettlement Stakeholder meeting have taken place and data is being collected and analysed and themes have been shared back to stakeholders for feedback.

This will inform the corporate needs assessment. The vision and aim of the work is to inform and coordinate system-wide commissioning decisions from 2023 onwards, where a number of short term funding (Contain Outbreak Management Fund, COMF etc) will come to an end and substantive health contracts are due to be reviewed.

This work will also be replicated in the other localities with a view to inform place based decisions alongside opportunities for system-wide commissioning.

Lead for Northern Locality - Charlotte Pavitt, DCC Public Health

Next steps:
Recommendations an an action plan are due to be made in October and shared more broadly for comment. The Vulnerable Migrants stakeholder group has asked to keep in touch with meetings every 2 months initially.

Northern & Eastern NHS Commissioning Homelessness Needs Assessment – this focuses on hospital services for homelessness.

Interviews have been completed and Pathway are writing up the draft report for sharing with stakeholders.

ADDRESSING FUEL POVERTY

// OCTOBER 2022



The strength of the OND Fuel Poverty group is its cross-functional, multi-organisational approach to tackling the issue. The team includes members from OND, NDVS, NDHT, NDC, TDC, 361 Energy, North Devon Homes, 4 x Primary Care Networks and Public Health Devon

01 PROGRESS SINCE LAST UPDATE:

Lead organisation: 361 Energy

Input into the report from: North Devon Council

Summary of outcomes from 361 Energy

The table below includes a summary of all the outcomes for the home visits and telephone advice calls 361 Energy CIC completed throughout the months of August and September. This includes projects such as the North Devon Fuel Poverty Crisis Intervention Program, Local Energy Advice Partnership, North Devon Council and Redress Warmer Homes project.

The news headlines on energy prices and their contribution to the cost of living crisis were constant over the summer period. Despite the warmer weather the energy advice requests kept flowing in right through the summer.

We continue to encounter many people with complex financial issues and we rely on a diverse network of local partners to support local residents with both financial and non-financial help in this very difficult period.

North Devon Fuel Poverty Crisis Intervention project with PCNs

Northern Devon Primary Care Fuel Poverty Crisis Intervention Programme – Programme running to timeframe. Bid has been written proposing an extension and expansion of this project through the 2022/23 Better Care Fund

INPUTS

3.5 FTE Warmer Homes Advisors
1.0 FTE Warmer Homes Co-ordinator

£133,739 Redress
£60,000 NDC
£875,000 LAD 2
£82,887 CCG

ADDRESSING FUEL POVERTY

// AUGUST 2022



Summary of outcomes from 361 Energy advice visits
August/Sept 2022

		361 Energy advice
Clients seen		116
Potential annual savings made by installing small energy efficiency measures		£ 3,578
Potential annual savings made if all behaviour change suggestions are implemented. Includes defrosting freezer, boiling only water that's needed, switching off lights, washing clothes at cooler temp, turning thermostat down by 1degree etc.		£50,113
Financial assistance	Includes debt write-offs, benefits referral, WHD/PHD, Water tariffs, top-ups	£32,171
Heating systems	(value of successful grants)	£7,000
Other help	Includes council tax help, loan access, white goods,	£450
Gifted/ loaned items for warmth	(radiators, dehumidifiers, throws, curtains)	8
Onward referrals	Financial	20
	Crisis support	3
	Health, safety & wellbeing	8
	Safeguarding	0
	Housing needs (incl adaptations)	4
	ECO measures	28
	Sustainable Warmth Fund	35
	Added to PSR	38
Retrofit opportunities identified		
		-
	Total benefit (financial only) to clients	£93,312
	Average per client seen	£804.41

Retrofit schemes for energy efficiency measures



Sustainable Warmth Fund (Cosy Devon)

361 Energy has been referring eligible local residents (with EPC of E, F or G and Household Income of under £30,000) to the Cosy Devon Sustainable Warmth grant scheme to help with larger energy efficiency measures for their homes. 35 applications were made on behalf of Northern Devon households in August/September taking the total to 95 since May. The installation of the resulting insulation measures and new heating/power solutions will take place over autumn / winter, which will make a massive difference to keeping these households safely warm and their bills affordable.

Green Homes Grant Local Authority Delivery 2 (GHG LADS2)

361 Energy made 25 last-minute referrals for EPC D properties to EON and City Energy under their extended GHG LADS 2 project. By the final deadline of 30 September 2022, 9 of these households had been successful in receiving insulation and Solar PV installations.
GHG LADS2 is now closed and the final report on volumes and impacts is being prepared.

ECO / ECO Flex

The government's Energy Company Obligation scheme is in a transition period between ECO3 (ended 30th June) and ECO4 (runs until March 2026). NDC hasn't been in a position to approve any ECO flexibility declarations for this period. Whilst NDC is committed in the delivery of ECO4, it is currently reviewing the final Local Authority Delivery Guidance which was published 20th September and considering the amended roles, responsibilities and mechanism needed. ECO4 introduces changes to eligibility, with alterations to qualifying benefits and overhaul of flexible eligibility (LA Flex) to provide 4 routes that can be used by a local authority:

- ·Route 1 – Household income
- ·Route 2 – Proxy targeting
- ·Route 3 – NHS referrals
- ·Route 4 – Bespoke targeting

Warm Up Grants

None have been approved by NDC for this period. However, NDC has made a commitment for these grants to be used to incorporate into Sustainable Warmth funding.

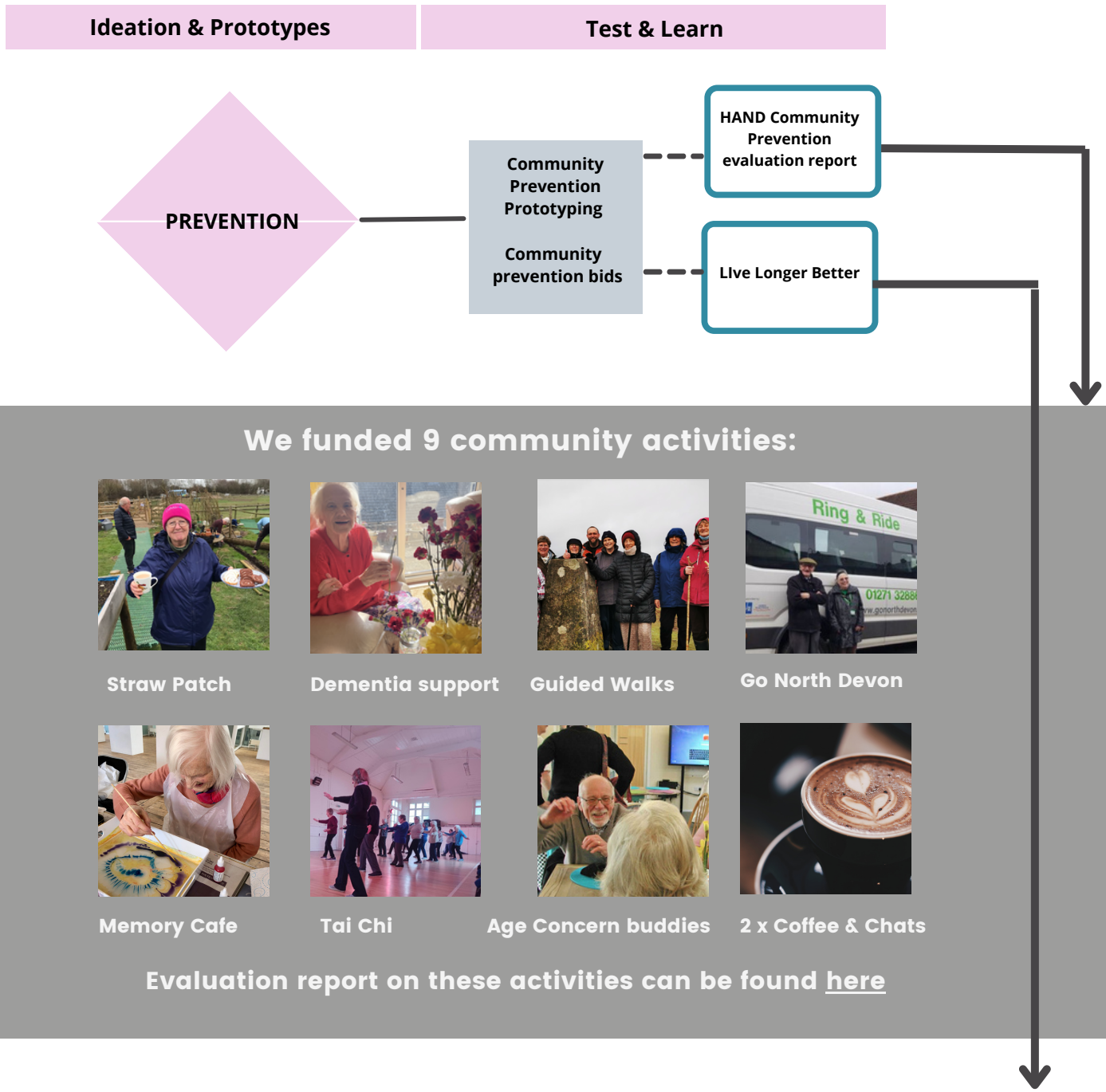
Healthy Homes Grants

NDC continues to use this grant to assist households to ensure the health, safety and welfare of the occupier and recent approvals have included replacement boilers and thermostat provisions.

02 ISSUES WE NEED TO FIND SOLUTIONS FOR

- Cosy Devon fund will soon be fully allocated. We need to work out the mechanisms and routes for residents to get funding from ECO4 (including ECO flex) to maintain a route for lower income households to access funding for energy efficiency improvements.
- We have no realistic grant funding route to secure energy efficiency measures for listed buildings.
- 361 Energy needs more Home Energy Adviser resource to cope with the number of residents needing advice and support. (We are starting to recruit for this although funding is not 100% secure.)

Progress in Prevention theme - Community activities and Live Longer Better



We funded 9 community activities:

Straw Patch

Dementia support

Guided Walks

Go North Devon

Memory Cafe

Tai Chi

Age Concern buddies

2 x Coffee & Chats

Evaluation report on these activities can be found here

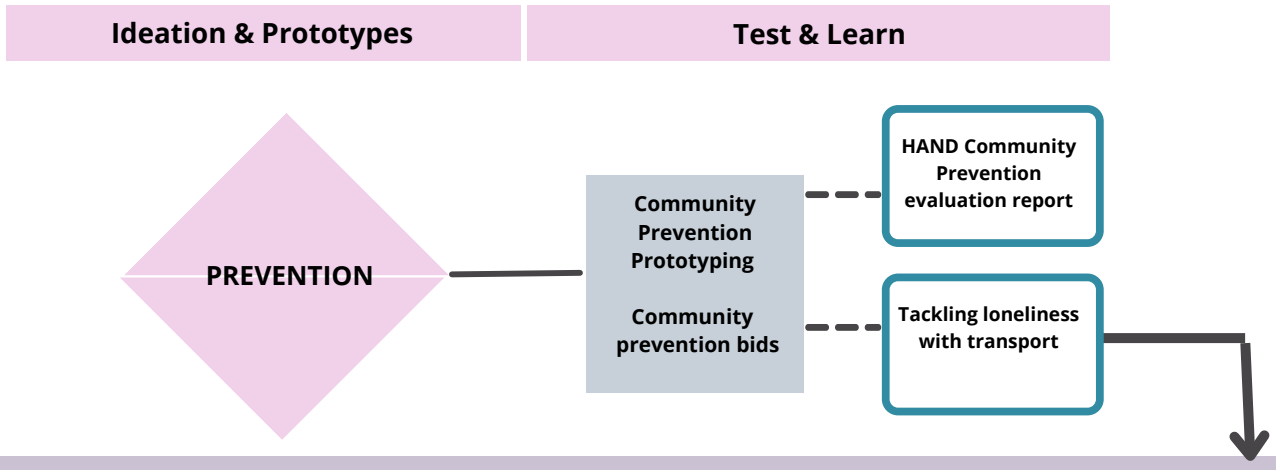
Live Longer Better



Active Devon hosted a Live Longer Better conference in September with Sir Muir Grey and Lincoln Sergeant as key speakers. The LLB learning programme licences allocated for North Devon through the HAND funding have very nearly all being distributed and an evaluation survey has been sent out to all who signed up. DPT, Talkworks, The community Mental Health Alliance, Devon Recovery Centre, The Stroke Association and all 4 PCNs are some examples of those embracing the 'cultural revolution'.

Next steps: evaluate interaction with the programme to inform future plans

Progress in Prevention theme - Tackling Loneliness with Transport





Connecting You (Tackling Loneliness with Transport)

£50,000 has been awarded to One Northern Devon from DCC to deliver projects across Northern Devon.

Programme:

- Nature on Prescription, building a social prescription by offering links to nature including Active Walks, and activities, ensuring transport is included in the prescription for communities of North Devon and Torridge
- Tarka Line Creatives, engaging harder to reach beneficiaries with wellbeing through creative activities using the Tarka rail line.

Key Partners:

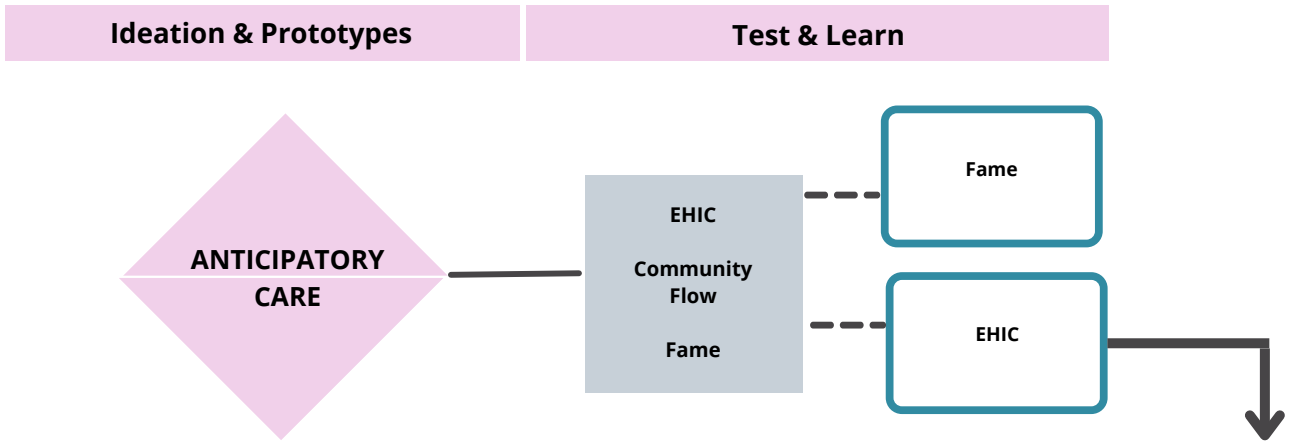
- One Ilfracombe
- Tarka Line Creatives
- Devon and Cornwall Rail Partnership
- Devon County Council

Progress Updates:

- Initial NOP type activities have been planned and will be put out for referral to start in October
- Specific focus on activities that will appeal to men.
- Tarka Line Creative project has been enhanced to include two more cohorts
- Kingsley school Bideford very keen to support the TLC projects with 6th form art student volunteers
- Media planning has started with One Voice Media who are leading on this via DCC
- Ongoing work with One communities, PCNs, Social Prescribers etc to identify potential individuals to take part

Next steps: referrals into the project & get the activities booked. Slot on Social Prescribing Network meeting. Quick Guide to NOP for SPs.

Progress in Anticipatory Care theme - Enhanced Health in Care Homes





Enhanced Health in Care Homes

The EHCH Reconditioning Initiative is aimed at increasing activity in care home residents to reduce deconditioning. Care Homes receive regular visits from our Activity Facilitator who engages with residents, family members and staff. The Activity Facilitator gives guidance on basic personalised exercises for residents and supports family and staff to assist. The Activity Facilitator also signposts to relevant activities in the community and online and makes links with voluntary and other organisations that may benefit residents. He also educates staff, patients and families on the importance of staying active. Care Homes can also apply for funding to purchase equipment and access programmes/ opportunities that meet the needs of the Care Home and residents. A Project Co-ordinator supports the care homes to apply for the funding, collects data for outcome measures and supports the Activity Facilitator. We also provide free online training to care home staff on activity in older adults and encourage engagement with the "Live Longer Better" approach. The project also involves training and support for care home teams working within local Primary Care Networks to help prioritise activity and address deconditioning in care home residents.

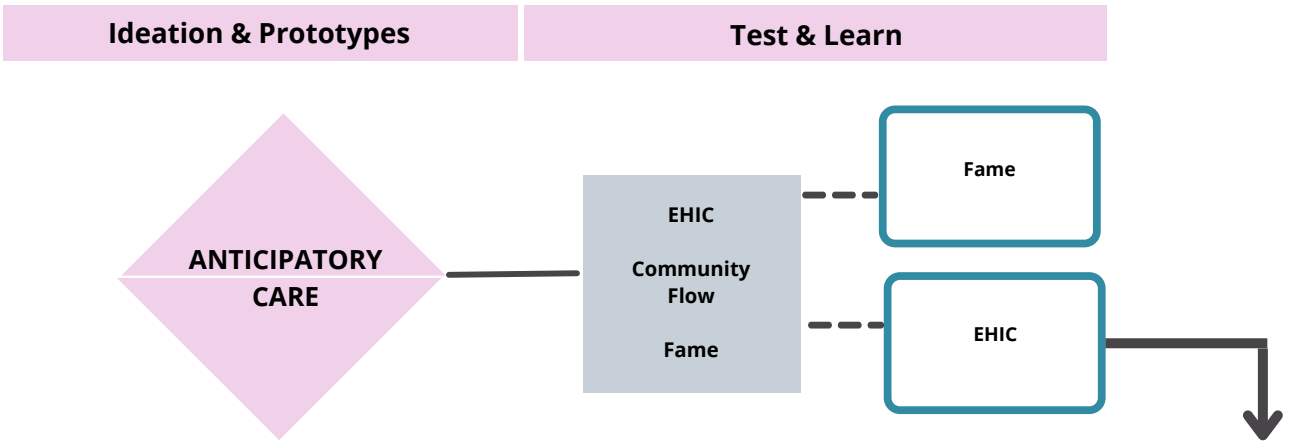
Project Leads: Dr Fiona Duncan, Caroline Sanford.
Project Co-ordinator: Liv Sanford
Activity Facilitator: Andrew Jeffery

Summary of progress to date:

August 2022:
Co-ordinator and Activity Facilitator recruited and in place.
Baseline activity surveys complete
Funding granted to some Care Homes, others being supported in bids
Online training resources shared with Care Home managers/staff.
Regular engagement with Care Home managers.

September 2022:
The first meeting of the newly combined Devon Strategic Care Partnership Meeting on 29th September bringing together the operational weekly meeting with care home providers and the strategic commissioning monthly meeting. Engagement meetings with the Care Home Forums in North and East regarding the EHiCH taken place in September.

Progress in Anticipatory Care theme - Enhanced Health in Care Homes





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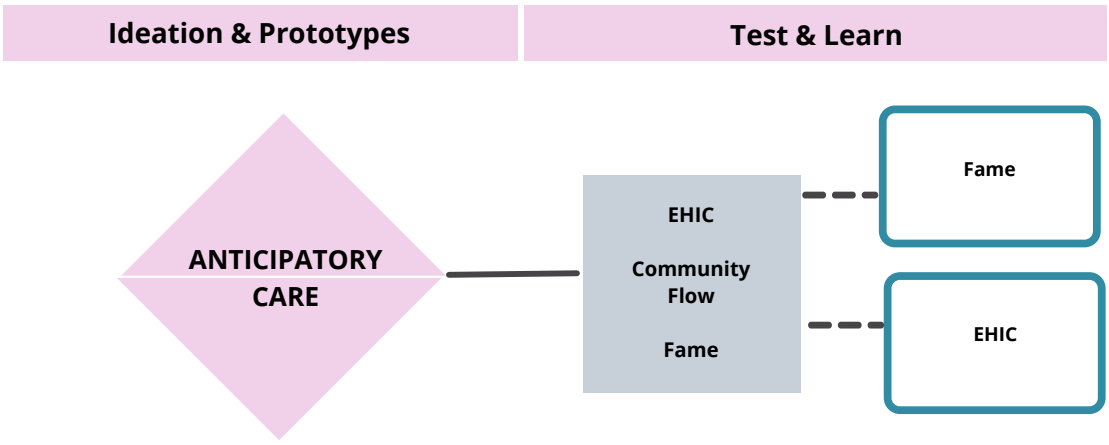
Progress in Anticipatory Care theme - NHS Long Term Plan for anticipatory care



NHS Long Term Plan

What is Anticipatory Care?

Anticipatory Care is an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care for a targeted subset of individuals living with multiple long term conditions (MLTC) who could benefit most, delivered through multidisciplinary teams (MDTs) in local communities. The Anticipatory Care national framework excludes those living in care homes.

Six Core components of the Anticipatory Care framework:

1. Case identification
2. Holistic assessment
3. Personalised care and support planning
4. Multidisciplinary working
5. Co-ordinated care
6. Interventions and support

What are our aims?

To create an Anticipatory Care model for North Devon, which follows the national framework whilst attending to the needs of our local population and best using our local resources. All four Primary Care Networks (PCNs) will follow the same model but there will be flexibility to allow for differing needs across the PCNs. There will be a collaborative approach with the ICS.

Leads for this work:

Dr Fiona Duncan (GP and Specialty Doctor in Healthcare for Older People) and Caroline Sanford (Joint Lead Manager for Northern Primary Care Collaborative Board)

October 2022:

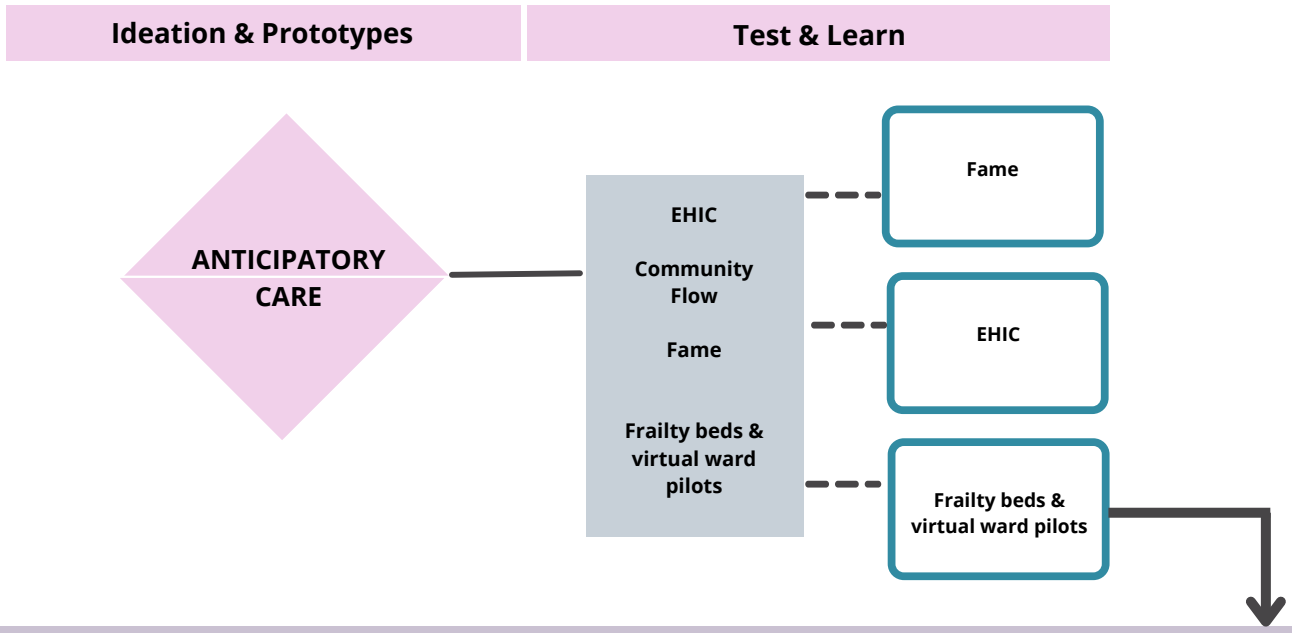
HAND group met with David Attwood (Strategic clinical adviser for older people in Devon ICS) and Tina Teague (Devon ICB adviser for primary care) to review the the Healthy Ageing Commissioning Handbook 2022 for the ICS in Devon and provided feedback.

Next steps:

Draft Anticipatory Care Model for Northern Devon to be discussed with stakeholders and Northern Primary Care Collaborative Board - Fiona Duncan

Suggest to David Attwood that we include a subsection in the Commissioning Handbook focussed on Prevention - Kay Brennan.

Urgent and emergency care theme - Frailty beds & virtual wards in NDDH



Frailty bed & virtual ward pilots as part of the NDDH Reset Week

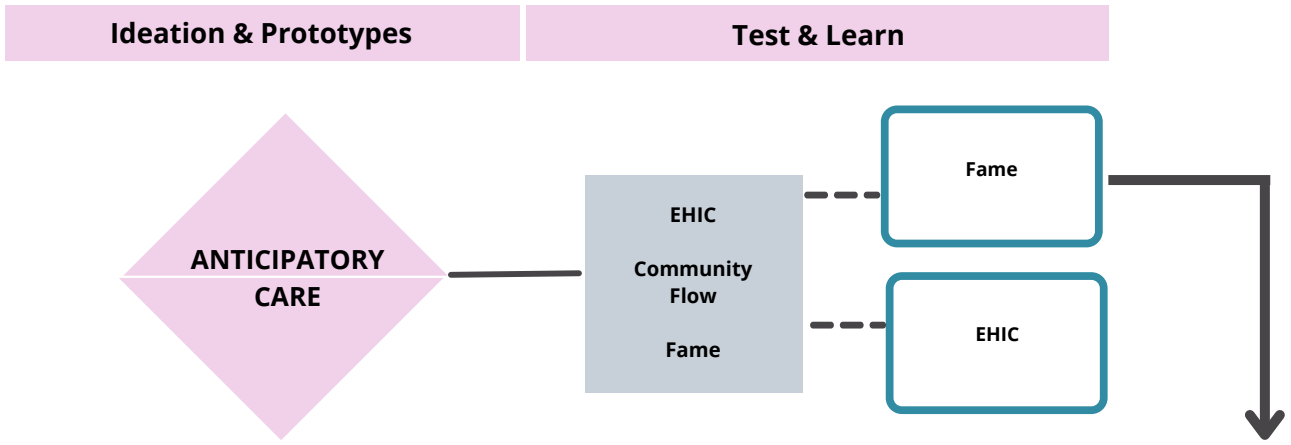
Frailty work at North Devon District Hospital:

a) pilot of frailty and short stay beds on Alex Ward. Frailty beds will be managed by an MDT which will provide comprehensive geriatric assessments and personalised care planning for these patients.

b) Virtual ward: funding has been received to provide a virtual ward for patients who would have been in an acute hospital bed but who instead are managed virtually in their own homes, this will include older people with frailty.

Lead: Hannah Hopkins

Progress in Anticipatory Care theme - FAME





FAME (The Falls Management and Exercise programme)

£84,000 has been granted from Devon ICS falls prevention fund to:

- Identify and train 4 L4 Postural Stability Instructors
- Run seven FAME 24-week programmes across Northern Devon – (one in each One Community) with 14 people at each session.
- Facilitate improved mobility along with social interaction for participants
- Work to ensure sustainable relationships and activities continue beyond the programme
- Leave a legacy of PSIs able to deliver FAME in Northern Devon.

Progress Updates:

- Vista Wellbeing will now be the primary leader for this with some support from Active Devon
- Active Torridge have joined to cover the Torridge area
- We now have four candidates for training
- PSI course is now scheduled for November with confirmed start dates
- This is now being integrated with the wider frailty work that is happening across Devon under the title “Steady On Your Feet”

Next Steps:

- A decision has been made to keep looking for more candidates for training as there is some in the budget for one, possibly two more - and we will also try to have a reserve list
- Work with PCNs, Community Health Teams to identify participants - ongoing
- Identify venues and book venues
- FaME Courses delivery, following PSI training is not expected to start until spring next year due to the time it takes to train and consolidate the required learning.

ACTIVE TRAVEL

// AUGUST 2022



Aim:

Create a safe cycling and walking network and improve walking and cycling routes in Northern Devon by bringing all interested parties together to establish proposals to support our healthy weight and physical activity objective.

Team members:

Joint Chair: Dr Kay Brennan, CCG Clinical Advisor
Joint Chair: David Relph, OND
Rob Passmore, OND
Andrea Davies, DCC Councillor
John Womersley, OND, CCG
Adrian Avery, Torridge District Council
Steve Pitcher, North Devon Cycling Campaign
Ricky Knight, Bikeabilty
Andy Bowman, ex Town PlCarolr
Chris Fuller, Economic Regeneration Torridge DC
Peter Leaver, Barnstaple Town Councillor
Philip Hackett, Torridge Councillor
Andrew Saywell, County Councillor
Robbie Mack, North Devon Green Party

Latest update

The public consultation for the Local Cycling and Walking Implementation Plan (LCWIP) runs from 21st September to 12th October with the Active Travel forum using its network to promote as wide a response as possible from stakeholders and the public.

WORKPLACE WELLBEING

// JUNE 2022



Research consistently demonstrates that organisations perform better when employees are healthy, focused and motivated. To put this in context, FTSE 100 companies that prioritise employee health and wellbeing outperform the rest of the FTSE 100 by 10%.
A company that prioritises health and wellbeing in the workplace will not only reduce absences, but also attract and retain talent, improve productivity and boost morale.

One Northern Devon is a partner in the North Devon Biosphere Community Renewal Fund programme.

£16,000 has been allocated from this fund. South West Business Council is our lead providers for this work.

Overall aim:

To reduce sickness rates and improve productivity in Northern Devon by supporting small and medium sized local businesses and organisations to improve the workplace wellbeing of their employees.

Objectives:

- To share the wellbeing resources available to the Northern Devon Anchor Institutions with smaller businesses and organisations.
- To create an Investors in Wellbeing scheme for businesses to work towards
- To create a network of Workplace Wellbeing champions who can cascade down the resources available to promote healthy lifestyles
- To increase mental health awareness amongst employers and employees

- First Workplace Wellbeing webinar has taken place with 9 people attending. (There were 28 Confirmed bookings)
- Following on from this there were two requests for a further meeting with Carly, the trainer, for additional workplace wellbeing input
- There have been 7 champion sign ups following the webinar and the first champion network meeting is on the 24th November - hosted by Seetec
- The next webinar is 13th October with 16 confirmed bookings so far.
- SAV report that there have been 53 Workplace Wellbeing connections on Linkedin
- Overall, 73 businesses have now been contacted by SAV regarding WWP and the webinars.

Latest report can be found here

POPULATION HEALTH MANAGEMENT

// OCTOBER 2022



DRUG DEPENDENCY FORMING MEDICATION PROGRAMME

Even when people are not getting clinical benefit, some medicines associated with dependence continue to be prescribed for various reasons, including concerns about the risk of unpleasant withdrawal symptoms or fear of worsening of the underlying condition.

Dependence is characterised by both tolerance (the need for increasing doses to maintain the same effect) and withdrawal symptoms. There is wide variation in the prescribing of medicines associated with dependence or withdrawal symptoms.

People with a dependence on prescribed medicines may be reluctant to seek help from their healthcare professionals because of a perceived stigma of dependence, which they may associate with illicit drug use or alcohol misuse.

NICE Guidance 215 focuses on providing evidence-based advice on how to avoid dependence and manage withdrawal from these medicines that are usually used for conditions that are chronic, complex and difficult to treat, such as anxiety and insomnia, chronic pain including neuropathic pain, depression and generalised anxiety disorder. NICE guidance 215 also covers medicines that were initially prescribed for acute pain but continue to be prescribed over a longer term. (NICE, 2022)

Progress so far:

Following the first meeting all 4 PCNs are signed up for participating, and 100% of Northern GP surgeries have signed up to the One Devon Dataset.

Currently working up questionnaires for staff and patients to gain local specific baseline information and recruiting a patient with lived experience to join the group.

Meeting with PCN Ops Managers in October to agree next steps