

# EXECUTIVE SUMMARY

<b>REPORT TO:</b>	One Northern Devon Meeting
<b>DATE:</b>	8 <sup>th</sup> June 2018
<b>AGENDA NO:</b>	1.2
<b>AGENDA ITEM:</b>	Minutes of the Meeting held on 27 April 2018
<b>SPONSOR:</b>	Andy Ibbs, Interim Chief Executive NDHCT
<b>PREPARED BY:</b>	Geraldine Garnett-Frizelle, PA to the Chairman
<b>PRESENTED BY:</b>	Andy Ibbs, Interim Chief Executive NDHCT

## Purpose

The purpose of this paper is to present the notes of the ONE Northern Devon Meeting held on 27<sup>th</sup> April 2018.

Decision	x
Approval	✓
Receive	x
Ratify	x

## Supporting Information

The notes are attached

## Controls and Assurance

The minutes of the meeting are considered by the ONE Devon Meeting for accuracy. Following discussion, amendments may be recorded as appropriate. The minutes are then formally approved.

# NOTES OF THE ONE NORTHERN DEVON MEETING

Held in the Chichester House Boardroom, NDDH at 9:00 am on Friday 27 April 2018.

## PRESENT:

Andrea Beacham (AB)	Partnerships Lead, NDHT
Hilary Burr	Chief Officer, NDVS
Toby Davies (TD)	Devon and Cornwall Police Officer
Andy Ibbs (AI)	Interim Chief Executive, Northern Devon Healthcare NHS Trust
Lorraine Loveden (LL)	Live Well, Braunton
Hannah McDonald (HM)	Project Co-ordinator, One Ilfracombe
Andy Moore (AM)	Devon Partnership Trust/One Ilfracombe
Gary Patch (GP)	Assistant Director H&SC, NDHT
Paul Shaddick (PS)	SWAST
Rachel Raper (RR)	One Bideford & Integr8 Wellbeing Centre
Jennie Stephens (JS)	Chief Officer for Adult Care and Health, Devon County Council
John Womersley (JWm)	Chair of the Northern Locality Board-NEW Devon CCG

## APOLOGIES:

Rod Donavon	Chair, One Ilfracombe
Jamie Hollis	Senior Solicitor, Torrige District Council
Simon Jones	
Paul Keedwell	Director of Nursing, Devon Partnership Trust
Jeremy Mann	Head of Environmental Health & Housing, North Devon District Council

## IN ATTENDANCE:

Geraldine Garnett-Frizelle (GGF)	PA to Chairman – for minutes
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## 28/18 Apologies

The apologies were noted.

## 29/18 Minutes of the Meeting held on 14 March 2018

The minutes of the meeting held on 14 March were agreed subject to the following amendment:

Minute 20/18 – North Devon Partnership to be amended to read North Devon and Torrige Community Safety Partnership.

**Minute Secretary**

## 30/18 Matters Arising

The action grid was reviewed and updated.

JWm suggested and AI agreed that all action holders be written to two weeks before each meeting to request updates.

**Minute Secretary**

## 31/18 Update on NDHT Leadership

AI gave an update on NDHT leadership, the key points of which were:

- Following the announcement in November 2017 Alison Diamond's intention to retire as Chief Executive of NDHT, there had been considerable discussion regarding her replacement. A number of different options had been considered, including like for like replacement. It had been decided that the system needed more time to decide what was the best option, so it had been agreed that NDHT and the RD&E would look at how they could work more closely together in the future. All parties are clear this is not about a takeover, but rather relates to one strategic and one operational issue.
- The strategic issue relates to medical workforce capacity in NDDH. The outcome of the Acute Services Review last year was that there had to be elements of stroke services, consultant led maternity services and emergency services in Barnstaple but the review did not indicate how to achieve this and how it could be afforded. In the current establishment there are 18 consultant physician roles, eight of which are vacant. Clinical networks have been developing, however the vacancy rate across the region is reaching a critical point which for the Trust means the ten consultants in post are working above and beyond their contract but cannot carry on indefinitely and the Trust has overspent by £2.5m in the last financial year on locum staff. It is felt that a more formal working arrangement with the RD&E may help to address this issue.
- There is also an operational issue relating to deterioration in performance over the last two years, predominantly because of capacity issues.
- The current situation is that the senior teams of the two organisations are in

discussions about support and there was a press release towards the end of March which indicated that it was hoped to have agreement by May. However, this process has taken longer than anticipated in part because of the Easter break which has meant that key personnel were not available.

- It is likely that the outcome will be along the lines of a management agreement where the CEO of the RD&E will manage the two organisations with some additional management support and hopefully part of the agreement will be a means of addressing the medical workforce issues.
- Part of the discussions with the RD&E is how to protect the sense of place in Northern Devon.

JWm gave the CCG perspective, with key points being:

- There can be no public announcements yet, as discussions are ongoing.
- Quality and performance has been a challenge across the whole NHS, but is far greater in Northern Devon because of size.
- Clinical networks, ie sharing clinicians across organisations, is definitely the way forward for the future. There are already 28 shared provision arrangements in place in Northern Devon, however the size of the problem and workforce issues mean this now needs to be looked at more formally with a longer term plan.
- The CCG anxiety relates to how to ensure local services are maintained.
- A strong, local, cohesive voice will be able to express what is needed for Northern Devon and this Group may be able to contribute to this.
- The CCG and the system are developing local care partnerships, and there have been discussions with local councils, Healthwatch etc to help the development of a strategic outcomes framework. There are approximately 30 areas that need to be measured, for example readmissions, patient opinion etc.

It was noted that the Group would benefit from discussing these issues as decisions may impact on other services.

AM asked if there was an idea of whether it takes more or proportionately the same amount to provide services, mental health or acute, in a geographically isolated area. JWm responded that it is well recognised that it takes more money and workforce and understanding of scale is needed. AI added that the principle is accepted, however the precise level of how much more has not been agreed.

## 32/18 Northern Devon Wellbeing Strategy

AB advised that Simon Jones was unable to attend. It was noted that the title of the strategy should be North Devon and Torrige or Northern Devon, rather than North Devon.

The position statement for the Group said that it would ensure that the strategies and plans of the local public and voluntary services are joined up, with an overview of the whole system of services in Northern Devon and create a holistic plan.

The actions to deliver this would be:

- One Northern Devon would get a system overview. There are still some gaps in membership, eg education, skills and employment and it is important to recognise that they are an important part of the system.
- System coordination
- Understand system opportunities, eg examples in One Ilfracombe of how that happens.
- Co-dependencies, eg managing risks to one part of the system from actions or lack of action from another.

There are national policies, Devon-wide policies, strategies and plans and these need to be translated into what is appropriate for Northern Devon. In order to do this, it is necessary to understand the needs and the assets of Northern Devon and this will help formulate a One Northern Devon Wellbeing plan. Although there are many workstreams and partnership groups doing good work they are not joined-up with other parts of the system or looking at the wider determinants of health in a coordinated manner.

AB listed the areas where groups in Northern Devon are already working:

- Prevention – North Devon Health and Wellbeing Delivery Board could be useful in getting coordination around prevention activities in communities. The Group also has representation on this through NDVS and TVS. The Delivery Board is council-led, with councillors from North Devon and Torridge; there is a plan for Northern Devon although the momentum and drive to carry this forward is not as focussed as it has been in the past. AB said that this could be used for delivery of some of the plan and that Simon Jones is keen to take this forward.
- Health and Social Care – there is the emerging LCP, the IDM and other focussed work on delivery. Jwm said that the IDM is split into two functions, one of which is quality and performance review and the other is a system delivery group. GP said that it was necessary to look at the currency that binds together through use of common language, which will help the public services and voluntary services and added as an example this had been done using the frailty score by health and social care and other services (eg fire service), to follow a person around the whole system. AB added that deprivation was also a significant factor to be considered. AI asked if the Locality Management Board for domiciliary care would sit under this heading and AB confirmed it would, as well as under the prevention work.

- Housing and Environment – district councils and local authorities have plans that could be built into this.
- Community Safety and Place – North Devon and Torrige Community Safety Partnership covers this. JS confirmed this sits under Virginia Pearson at DCC under the Safer Devon Partnership.
- Economy and Skills – education. AB asked if North Devon Plus still coordinated economy and skills and HB said that she did not believe they did. RR said that Positive People are part of Pluss, and the Project Search initiative and individual one to one work are also part of their remit. There used to be a forum North Devon Plus managed to coordinate economy and skills. JS confirmed that Virginia Pearson is the lead for economy and skills at DCC.

It was noted that prevention runs through all the areas listed, so change Prevention heading to public health. **AB**

It was agreed that there was a piece of work One Northern Devon could undertake to draw together a wellbeing plan that is right for Northern Devon and this could be shared with these groups. JS suggested that children and young people need to be explicitly included in this and she added that a representative of childrens' services, the Locality Director for Northern Devon, will be attending future meetings.

JS also suggested that Virginia Pearson or someone from her team needs to attend meetings, as they cover planning, communities, public health, community safety and trading standards. AB confirmed that Virginia Pearson is invited to every meeting; it was agreed that someone from her team should be invited to attend. **JS**

AM commented that mental health also runs through all these areas. He also queried whether mental health services were involved in the delivery board meetings and JWm confirmed that DPT were part of this.

AB took the Group through one example of how this could work in practice:

#### Suicide Prevention

- Each of the following groups have plans around suicide prevention - STP Prevention Workstream, STP Mental Health Workstream, Safer Devon Partnership, Devon Health and Wellbeing Board, and the Devon and Torbay Suicide Prevention Alliance. These plans then get translated for Northern Devon through the Local Care Partnership, which will take on the STP aspects of the plans. The CSP already has suicide prevention work going on. There is a Devon Suicide Prevention Plan that has come from the Health and Wellbeing Board, and there is also the Suicide Prevention Alliance

- These are all slightly different but overlapping strategies. If they were all brought together into one Northern Devon plan, it would probably be much more effective and more focussed.
- The One Northern Group could start looking at all these strands to test out whether they could be pulled together.

It was agreed that:

- Establish a small working group to look at mapping all the work currently being undertaken and how the plans could be pulled together. AB to contact the STP Programme Lead, Phil Norrey. TD suggested this could include the Community Safety Lead from the Police, as well as the Community Safety Manager from the District.
- AB to contact Marie Ash.

AB

GP asked what other areas One Northern Devon could look at, eg homelessness and frailty and AI suggested that an item be added to the agenda for June to discuss other areas for future work.

## 33/18 Roundswell

AB advised that this related to a community building in Roundswell, however she had now been informed that this had been delayed for two years.

## 34/18 One Ilfracombe Update

HM provided an update on latest activities in One Ilfracombe:

- One Ilfracombe have undertaken a project on mental health awareness and had held a Mindful Fair on 30 April which had been attended by 400 people, with 35 stands. There were a number of attendees from DPT, as well as other organisations and groups, such as Musical Memories which is a Dementia Group.
- Part of the project has been running mental health awareness training for frontline staff, including reception staff from the GP practice, fire officers and police officers, as well as volunteers who run groups in Ilfracombe.
- Working with North Devon Homes on mental health awareness.
- Engagement work with schools in Ilfracombe, as there has been a great deal of feedback about young people's mental health.
- Working with Petroc with a Shaping the Futures event planned. Ilfracombe is a "cold spot"

for higher education and this event would be aimed at people in their twenties to show them what options there are.

- Community connector – work undertaken with GP practice to trial a leaflet to be handed out with the new patient registration form. There has also been training with the reception staff at the GP practice to promote the services to patients.
- School gates running programme
- Working with Ilfracombe Academy who need new computers. One Ilfracombe is looking at whether they could get computers which could be community use computers, particularly in light of the introduction of universal credit being introduced later this year. Training courses with the Department of Work and Pensions are being explored.
- Home from hospital programme with NDHT has been piloted. There have only been four referrals so far, but the added value to the people involved has been significant. It has been difficult to get the referrals from the wards. HB commented that this was a more general issue, as the British Red Cross and Barnstaple Age Concern run a similar service, but also struggle to get referrals from the hospital. AI suggested that he discuss with Jill Canning, Interim Director of Operations, to agree how best to promote this service
- The project coordinator will shortly be leaving as her funding has finished.

AI

AM added that there is also the rolling programme of living well meetings, which have been very useful for making the networking connections.

## 35/18 Crime and Safety

This item was pulled forward on the agenda as TD had to leave the meeting.

Key issues highlighted were:

- Bitesize briefing sessions on suicide prevention, modern day slavery, dementia awareness. These are provided for any frontline staff.
- Three areas being looked at by a Specialist Problem Solver. These are mental health, building partnership around county lines (particularly relating to drugs), homelessness and begging in Barnstaple.
- Diversion support team – work on demand reduction for frequent flyers. There are lots of pieces of work going on and this may be an area that would benefit from getting the right people together for a coordinated approach looking at the top five cases.

AI commented that the Trust is developing a business case relating to diversion of frequent flyers.



## 36/18 One Bideford

RR provided an update on One Bideford activity:

- The structure of One Bideford differs from that in One Ilfracombe, in that well-being and mental health is managed through Integr8, whilst housing and debt are managed through One Bideford with the town Council and Devon County Council and the voluntary sector.
- RR has met with Nikki Kennelly from Health and Social Care who is very keen to join One Bideford.
- A drop-in service is provided for anyone who needs help and support; this could be assessing their need and pointing them to the right service to support them or one of the volunteers at the Drop-In centre providing advice and support.
- There are a number of people who use the Drop-In service most days for support.
- One Bideford works closely with the foodbank and housing services.
- One Bideford now has three vehicles including a community car and a 17 seater disabled minibus.
- There is a mental health and social inclusion football group
- One Bideford is working with Positive People and is a specialist provider for them; if they have someone who is over 25 and on benefits, they can arrange driving lessons to help improve their chances in the job market.
- Five volunteers provide benefit advice and support. JWm asked if there were town council employees who had dedicated time for One Bideford and RR responded that there is town council support for One Bideford, with two specific employees who come in for a few hours each week. The Mayor also visits weekly to see if there are any issues he needs to be aware of or visits he needs to make.
- Mental Health First Aid Training is being run, including for practitioners, for example from schools and childrens' centres.

HB asked how the distinction between Integr8 and One Bideford worked, both in terms of governance and funding, and RR said that there were three people who do commissioned work and the other 20 volunteers are attached to One Bideford and have specialist areas that they work on.

AM commented that the difference between Ilfracombe and Bideford was that Ilfracombe was predominantly working with the town council, whilst Bideford was working with Integr8 with monitoring and support from Bideford town council, however both models work. AB said that Bideford Town Council had a different model of working, whereby it commissions others to undertake work for it, rather than having staff to do the work.

JWm asked if there was a role for One Northern Devon to oversee and encourage One Bideford and other groups. It was noted that all the different localities have very different needs and therefore different approaches. JS asked how the Group could make sure that the good work that is being done in Bideford and other local areas is being promoted. AM suggested that for him the role of the Group is to recognise and support the local groups, acknowledging that the work can be done in different ways and then advocate this in other areas. JS commented that there was also a need to be able to say what has changed as a result of the work that has been done in the local One groups.

LL said that at the last One Northern Devon meeting the Group had discussed the Communities Conference and whether there should be another one, as this would be one way of networking between the groups and promoting what is happening in different communities.

AB said that One Northern Devon has a role in to play in this which is in its position statement; this can be broken down into two parts.

- firstly ensuring that there are representatives from all public services involved (eg police, community nursing, fire etc)
- secondly supporting communities that have not already a version of the One initiative, eg Barnstaple. However, it was noted that significant resource was needed to support communities to develop a One approach.

JS said that the role of the local county council member had been used very effectively in East Devon to become involved in moving projects along and they have a small resource that they can spend, however this has not really been developed in Northern Devon. RR said that the Devon County Councillors for the Torrige area are quite involved.

AI suggested that an item be included on the agenda for the next meeting to look at how to support communities and promote/market the One town initiatives.

AB

## 37/18 North Devon Integrated Diabetes Service Project – Co-Production, Place-Based, Integration

AB advised that a different approach had been taken with this piece of work, so that instead of starting from a place-based point of view, it has started by looking at the problem and a developing a systems approach to it.

Key issues noted were:

- Diabetes UK has said diabetes is the most potentially devastating and fastest growing health crisis

- The complications can include heart disease, stroke, blindness, kidney disease and amputation
- 10% of the NHS budget is spent on treating diabetes, with the majority being spent on treating the complications
- 4 out of 5 amputations are avoidable
- 7% of the population of North Devon has diabetes, just above the national average, however there are far more amputations in the South West than the rest of the UK
- Amputation rates have dropped in North Devon over the last year, which may partly be as a result of the development of vascular surgery networks
- An approach is needed that achieves outcomes for individuals and value for the system
- Diabetes UK had said that what was needed was something to join up the whole care pathway
- All parts of the system need to work together, overcoming organisational barriers, including funding arrangements
- The project was initiated by an inspirational leader, Dr Alastair Watt, who died in December 2017. The project team agreed that they would carry on his work. He was a diabetes consultant at the Trust and he felt that by the time he got to see patients all he could do was help them prevent further deterioration, as the specialist team had little input into helping patients manage their diabetes well so they prevented complications. He wanted to support primary care with prevention and support patients better.
- The project team asked GPs if the system was working as well as it could and they responded that it was not. Of particular note was that there needed to be better understanding of the foot pathway.
- Lifestyle was identified as an area that more assistance was needed with.
- Patients were also asked for their opinion on what would make the service work better for them and some examples of their responses were that they would like more frequent appointments and more time to ask questions and get their checks, as well as knowing who to approach with regard to questions about diet and feet
- It was agreed that the approach would be co-produced, with main stakeholders and patients, primary care, secondary care and commissioners
- There is a patient representative on the project group and there have been two focus groups held, 22 patient interviews and 163 patient questionnaires.
- There were seven main themes from patients:
  - a supportive spouse is very important
  - diabetes education makes a difference to how they manage their health
  - practice nurse review is very important, although there was a great deal of variation across North Devon in frequency and length of these reviews
  - motivational support
  - peer support help – the North Devon Peer Support Group currently operates in

- Barnstaple
  - psychological support
  - more responsive advice
- Primary care was also involved, with two GPs attending the monthly project team meetings, four practices were visited to interview GPs, attendance at the GP Forum and GP Provider Group three times and four Primary Care Workshops were held with 72 people in attendance from 13 of the 19 GP practices.
- The GP themes were similar to those of patients:
  - more responsive support from specialists
  - more support for complex patients, particularly those with multiple conditions
  - more support regarding newer medications
  - opportunity to discuss patients not sure about
  - better understanding of referral pathways
  - QOF targets do not necessarily include patient care
  - where in the pathway/in the area the problems were regarding the foot pathway
- After 6 months of engagement a hypothesis was developed – that optimal diabetes management requires the best practice medical management and support for lifestyle change. The Group decided that all needed to be involved in supporting the lifestyle changes as this will make the most difference for patients.
- 8 projects have been developed to look at the areas identified, although there is a great deal of overlap
- First project related to making specialist support more available to primary care.

AI commented that there was compelling data on the mental health impact of long term conditions and asked if this had been looked at. AB confirmed that it had and a service had recently been commissioned called Talking Health with DPT. AM confirmed that this is for chronic conditions including obesity, diabetes and COPD.

- Specialist support service for primary care set up – includes patient advice, annual support visit designed with input from four practices, access to ongoing training opportunities, create a single diabetes management plan and an audit of the practice to establish what the outcomes were.
- Podiatry – there was a need to improve access to community podiatry services. Diabetes transformation funding was received across Devon, with Northern Devon receiving the highest proportion because of the greatest need and this has been used to employ more community podiatrists and purchased additional technology.
- Diabetes FRAME training which is free has been made available for domiciliary care providers. This training relates to diabetic foot screening.
- Access to healthy lifestyles support – needs to be sustainable. Looking at lifestyle group work with patients.

- What matters to me project – a workshop was held to look at how to make clinical interactions more focussed on what matters to the patient and how to develop a plan that the patient can own and achieve. A template is being developed for each practice to allow those conversations to take place with patients at their appointments.
- Ensuring the same standard of diabetes care at home – people that were housebound were not receiving the same level of care and there is work planned to look at this.
- Place based support – discussed testing a diabetes well-being model in Fremington, Ilfracombe and Torrington. One Ilfracombe were commissioned to undertake the work in Ilfracombe and Torrington.
- Signposting patients to good quality educational resources targeted to them, rather than generic.

AB confirmed that these projects were in the implementation stage, which will last 9 months. Feedback from practices visited on the specialist advice being made available had been very positive.

JWm said that he had been asked by the patient stakeholder network representative about health and wellbeing hubs in North Devon and he queried whether One Northern Devon has a role in the development of hubs. GP said that this could feed into the various One town initiatives as something they could actively be involved in developing and JS agreed that the One Northern Devon group could help as an enabler rather than being in control of developing hubs. AI suggested that this be added to the Agenda for the next meeting to explore in more detail. However, as AB would not be in attendance at the next meeting, this was deferred for a month.

AB

## 38/18 Health and Social Care

### North Devon Performance Group

JWm informed the Group that this needed to be set up to include mental health and GPs. He added that at the last GP Collaborative Board he had suggested that part of that meeting could be used as a system delivery group. AI agreed that that would be suitable.

## 39/18 Public Health

This item was deferred as SJ had sent apologies for the meeting.

## 40/18 Economy and Skills

This item was not presented.

## 41/18 Any Other Business

LL said that Livewell Braunton is in the set-up stage and they are currently discussing the job description for the community coordinator role.

## 42/18 Date of Next Meeting

2018 – All meetings to be held in Chichester House Boardroom, NDDH

- Friday 8<sup>th</sup> June @ 1 pm
- Wednesday 18<sup>th</sup> July @ 9 am
- Friday 31<sup>st</sup> August @ 9 am
- Wednesday 10<sup>th</sup> October @ 9 am
- Friday 23<sup>rd</sup> November @ 1 pm

## ONE NORTHERN DEVON ACTION GRID AS AT 11 MAY 2018

		Action	Comments	Lead	Outcome
1	016/17	Public Health Suicide Prevention Work	Update to be brought to future meeting on what is being done locally in the Community Safety Partnership with regard to suicide prevention	TD	Closed

			Action	Comments	Lead	Outcome
				<p>be invited to provide a further update in Feb 18.</p> <p><b>Feb 18</b> – presentation by Nicola Glassbrook deferred to meeting being held on 14.03.18.</p> <p><b>Mar 18</b> – a briefing was included on the agenda.</p> <p><b>Apr 18</b> – this was on the agenda for discussion.</p>	AB	
<b>11 September 2017</b>						
2	036/17	AOB	Include IT and Information Sharing on future agenda's	<p><b>Nov 17</b> – AB explained that IT and information sharing will support the vision of ONE Northern Devon. JG agreed to provide an update on information sharing, specifically changes to legislation being implemented in 2018 and the requirement to have subject permission to share data.</p> <p><b>December 17</b> – a comprehensive discussion was captured in the minutes. JW agreed to make further enquiries in terms of the Digital Roadmap to confirm who can share information with who and report back to the next meeting.</p> <p><b>Feb 18</b> – JW advised that the digital roadmap currently includes health and social care. Software is currently being explored which will enable all health and social care systems to link with each other. A digital care record will come into force on 1<sup>st</sup> May 18 and JW</p>	JG	Ongoing?



			Action	Comments	Lead	Outcome
				<p>agreed to provide a brief summary to the next meeting.</p> <p><b>Mar 18</b> – action carried forward</p> <p><b>Apr 18</b> – JWm provided an update. Work ongoing to ensure appropriate funding and resources are in place. Key areas – GP online consultations, 111 online, digital end of life care plan &amp; platform for other shared care plans, Devon Care record with access to GP care &amp; ? community services information, video consultations, wifi for patients and staff. A company called DELT which the CCG and Plymouth County Council started some years ago to develop in house IT systems and they are expanding. The CEO will be coming to talk to local GPs about putting together back office functions. AM asked if this included mental health &amp; DPT and JWm agreed to check and feedback. JWm agreed to report back to future meetings any significant developments / changes.</p>	JWm	
<b>2 February 2018</b>						
3	05/18	Homelessness Reduction Act	Provide an update to the next meeting on action being taken in Torrige	<p><b>Mar 18</b> – although the approach in Torrige will be the same as for North Devon Council, a clear referral route is required.</p> <p><b>Apr 18</b> – AB to email them.</p>	JM/TR	Ongoing

			Action	Comments	Lead	Outcome
				Carry forward.		
4	06/18	OND Vision and Principles Statement of Purpose	Provide details of safer partnership work to AB	<b>Mar 18</b> – action carried forward <b>Apr 18</b> - carry forward	JW	Ongoing
5	07/18	Follow Up to Community Conference	Contact each area to assess the level of support required from OND	<b>Mar 18</b> – AB advised that an e-mail had been sent to all conference attendees and there has been some interest. Further feedback to be provided to the next meeting <b>Apr 18</b> – 2 areas of interest from Barnstaple, one has been cancelled. Barnstaple are really keen to develop One Barnstaple, trying to coordinate with edge of care work but this is proving difficult. Waiting for Town Council to get back to AB. GP agreed to contact Ian Hobbs to ask for update for next meeting.	AB          GP	Ongoing
<b>14 March 2018</b>						
6	14/18	Homelessness Reduction Act	Provide referral guidelines to A&E Staff	<b>Apr 18</b> – no update available, AB to follow-up	TR/JM AB	Ongoing
7	17/18	Mental Health and S136 Issues	Provide a presentation to the next meeting on the Mental Health Acute Pathway	<b>Apr 18</b> – AM advised that PK had not been able to attend the April meeting, therefore carry forward to the next meeting.	PK	Ongoing
8	17/18	Mental Health and S136 Issues	Catherine Courtenay to be invited back to the meeting in 6 months' time to provide an update on the audit of patients taken to A&E	<b>Apr 18</b> – action due September 2018	AB/CC	Ongoing
9	19/18	Suicide Prevention Update	Nicola Glassbrook to be invited to provide an update to the next meeting	<b>Apr 18</b> – AB to follow this up with Nicola Glassbrook.	AB	Closed
10	20/18	North Devon Safety Partnership	Confirm that mental health services have been involved in the County	<b>Apr 18</b> – AB to follow up <b>04.06.18</b> – TD advised that MH services are getting	AB/TD	Closed

			Action	Comments	Lead	Outcome
			Lines referral process	briefings through various forums on County Lines, most notably Safer Devon Partnership and are invited to bitesize training sessions.		
11	21/18	Update from One Ilfracombe	Present an update / proposal to the next meeting following the advice and support event	<b>Apr 18</b> – on the agenda for this meeting.	AB	Closed
12	22/18	One Bideford	Forward contact details of the Positive People Programme to AB so that they can be invited to the next meeting	<b>Apr 18</b> – this will be done for the next meeting	RR/AB	Closed
13	23/18	Community Centred Approaches	Circulate the link to the map/tool with the minutes	<b>Apr 18</b> – circulated	AB	Closed
14	25/18	STP Update	Attend a future IDM meeting	<b>Apr 18</b> – AI will send details to GP	AI/GP	Closed
<b>27 April 2018</b>						
15	29/18	Minutes of the Meeting held on 14 March 2018	Minute 20/18 to be amended – North Devon Partnership to be amended to North Devon and Torrige Community Safety Partnership	<b>01.06.18</b> actioned	Minute Secretary	Closed
16	30/18	Matters Arising	All action holders to be written to two weeks before each meeting to request updates for the action grid	<b>01.06.18</b> reminder has been scheduled going forward	Minute Secretary	Closed
17	32/18	Northern Devon Wellbeing Strategy	Change heading from “Prevention” to “Public Health”		AB	Ongoing
18	32/18	Northern Devon Wellbeing Strategy	A member of Virginia Pearson’s team at DCC to be invited to join One Northern Devon meetings.	<b>04.06.18</b> discussed with Virginia Pearson who cannot release a member of staff to attend every meeting but will do on an issues basis	JS	Closed
18	32/18	Northern Devon	AB to contact STP Programme Lead, Phil		AB	Ongoing

		Action	Comments	Lead	Outcome
		Wellbeing Strategy	Norrey, to discuss mapping all the work currently being undertaken on suicide prevention and how it could be pulled together. AB also to contact Marie Ash of Suicide Prevention Alliance.		
19	32/18	Northern Devon Wellbeing Strategy	Item to be added to agenda for next meeting to look at other areas for discussion where plans could start to be drawn together, eg homelessness.	AB	Ongoing
20	34/18	One Ilfracombe Update	AI to discuss with Jill Canning difficulties experienced by Home from Hospital service (and British Red Cross/Age Concern) in getting referrals from the wards – to look at how best to promote the service to ward staff	AI	Ongoing
21	36/18	One Bideford	Item to be added to agenda for next meeting to look at how OND can support communities and promote/market the One Town initiatives.	AB	Ongoing
22	37/18	North Devon Integrated Diabetes Service Project	Item to be added to the agenda for the August meeting to look in more detail at how OND could be involved in the development of health and wellbeing hubs in Northern Devon.	AB	Ongoing

