

EXECUTIVE SUMMARY

REPORT TO:	One Northern Devon Meeting
DATE:	2 nd February 2018
AGENDA NO:	1.2
AGENDA ITEM:	Minutes of the Meeting held on 11 th December 2017
SPONSOR:	Alison Diamond, Chief Executive, NDHCT
PREPARED BY:	Kate Winter, PA to Chief Executive and Acting Director of Finance, NDHCT
PRESENTED BY:	Alison Diamond, Chief Executive, NDHCT

Purpose

The purpose of this paper is to present the notes of the ONE Northern Devon Meeting held on 2nd February 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 1 pm on Friday 2nd February 2018

PRESENT:

Andrea Beacham (AB)	Engagement Lead, NDHCT
Hilary Burr	Chief Officer, NDVS
Toby Davies (TD)	Devon and Cornwall Police Officer
Alison Diamond (AD)	Chief Executive, NDHCT – Chair
Jim Gale (JG)	Devon and Cornwall Police
Ian Hobbs (IH)	Senior Manager, Social Care, DCC (representing Jennie Stephens)
Paul Jones (PJ)	Devon and Cornwall Police
Paul Keedwell (PK)	Director of Nursing, Devon Partnership Trust
Jeremy Mann (JM)	North Devon District Council
Steve Seatherton (SS)	One Ilfracombe
Janet Williams (JWi)	Torrige District Council
John Womersley (JW)	Chair of the Northern Locality Board-NEW Devon CCG
James Wright (JWr)	Head of Planned Care and Programmes, NEW Devon CCG
Lorraine Loveden	Live Well, Braunton

APOLOGIES:

Steve Boucher	SWAST
Rod Donavon (RD)	Chair, One Ilfracombe
Martin Dowdall (MD)	LIA Lead, NDHCT
David Hastie (DH)	Local Risk Manager, Devon and Somerset Fire & Rescue Service
Jamie Hollis (JH)	Senior Solicitor, Torrige District Council
Simon Jones (SJ)	General Practitioner
Hannah McDonald (HM)	Project Co-ordinator, One Ilfracombe
Ali Lander	Devon and Cornwall Police
Andrew Moore (AM)	Consultant Psychiatrist, One Ilfracombe
Virginia Pearson (VP)	Chief Officer for Communities, Public Health, Environment and Prosperity, Devon County Council
Rachel Raper (RR)	Integr8 Wellbeing Centre
Jennie Stephens (JS)	Chief Officer for Adult Care and Health, Devon County Council
Jon Worsley (JWo)	Group Commander, Devon and Somerset Fire & Rescue Service

IN ATTENDANCE:

Sonja Manton	NEW Devon CCG
Kate Winter	PA to CEO and Acting Director of Finance – for minutes

01/18 Apologies

The apologies were noted.

02/18 Minutes of the Meeting held on

The minutes of the meeting held on 11th December 2017 were approved.

03/18 Matters Arising

The action grid was reviewed and updated.

Min No: 027/17 – Revolving Door A&E Patients with Mental health Needs (Action: 26)

PK reminded the Group of the changes previously reported in respect of individuals being detained under Section 136. PK agreed to circulate Section 136 performance data to the Group for information. It was noted that there are three dedicated places of safety, two of which are available 24/7 and one in North Devon which is available 9 am to 5 pm Monday to Friday. The North Devon unit had recently re-opened following refurbishment. Discussions are ongoing regarding centralisation of places of safety in Devon. A two bedded facility in Exeter has been suggested however this would be dependent on agreement of funding from NEW Devon CCG.

PK

PK confirmed that A&E departments are still considered places of safety as each acute Trust has access to psychiatry liaison services.

JG referred to the business case previously discussed referring specifically to intensive care treatments and sought clarity on progress in other areas. PK advised that urgent care pathways are being reviewed which includes crisis care and accommodation which are subject to separate workstreams. PK agreed to give a presentation on this to the next meeting.

PK

TD explained how North Devon has to work differently as there is no place of safety out of hours and advised that demand is disproportionately higher than other areas. TD felt that many issues are being picked up by other health services and was concerned that there was focus on a second place of safety in Exeter when there is an issue of provision in the North. PK agreed that further work needs to be undertaken to examine the true demand.

AD referred to 'distressed' people and asked how they are being treated equitably if they are in NDDH A&E. PK outlined work that had been undertaken around people in crisis and the support they require and suggested that the terms of reference for the Devon Emergency Mental Health Steering Group may need to be revisited.

SM referred to a proposal which had been made for people in distress who present themselves in physical healthcare settings to have their needs met differently. Unfortunately without funding there has been little progress. The STP have been challenged to assess whether there should be focus on specific segments of the population and this will feature in operational delivery plans. AD highlighted that this is being undertaken at strategic level and changes need to be made locally. Individuals need to be placed onto the right pathway and AD suggested reviewing data to assess whether changes can be made using existing services.

TD welcomed an additional level of support under Section 136.

AD referred to the local Crisis Concordat Group but TD felt that there was a gap as issues in North Devon are not feeding in at strategic level. To enable North Devon to be treated equitably and be part of transformation going forward SM agreed to speak with Simon Tapley and Jo Tearle to consider as part of the Emergency Mental Health Steering Group going forward.

SM

04/18 Diversion and Support Team

TD explained that due to the increasing demand on services with less resources available, Devon and Cornwall Police had reviewed whether PCSOs could support the demand. It was noted that if a young individual is at the start of their offending journey there is statutory support and if individuals commit a high number of crimes, rehabilitation services provide support however there is no support in the middle. It was agreed that PCSOs could use their professional judgement to assess individuals and work with them to stop them preventing further crime. There has been significant success with a number of individuals and TD suggested considering this approach as a whole system.

PJ provided two stories (via video) of individuals, each of which had been a demand on services.

PJ outlined the role of the Diversion Support Team which seeks to convince individuals to voluntarily engage. Each individual undertakes a needs assessment to identify their vulnerabilities and agree where support is required. The Team aims to provide individuals with structure which can include providing support at appointments, health and safety work assessments, volunteering, mentoring or transport costs. There are currently four PCSOs in the team who cover Devon and Cornwall. The Team also works closely with partner organisations including NHS, housing and employment.

To date there has been a 61% engagement rate (74 individuals had voluntarily engaged out of 122 referrals) which has resulted in a 57% reduction in re-offending. This equates to £590k

in cost savings within the wider community based on the average cost of each crime. Positive feedback has been received from individuals and partner organisations and the scheme has had a positive impact on frequent attenders to A&E. PJ explained that overall the scheme is multi-agency with investment to save.

TD explained that the Team is under threat as resources need to be directed to other areas and asked whether partner organisations could share their resources to provide the signposting service which impacts on the demands of all services.

AB asked whether there is involvement with the families of individuals and was advised that the focus is on the client unless the family is part of solution, which is then used positively.

JM asked whether the outcomes are sustainable and was advised that there are 48 closed cases and that the scheme works for the vast majority.

IH considered the positive impact of someone staying with an individual to provide support to navigate them through the system. TD felt that with austerity organisations are only focussing on key individuals.

HB referred to previous discussions on social prescription and schemes across Devon which will be reviewed and a bid which had been made to the Life Chances Fund. IH advised that by the end of April it is hoped to determine whether there is a business case across the STP to identify support through social prescribing.

TD explained that there is some concern that just the police are providing the service which has an impact on all organisations. SM commended the service model and asked whether the service requires PCSO skills or whether there is there a generic skill set.

AD asked whether the presentation could be made to the NDHT Executive team as she considered that a business case for resources could be developed using health care assistants in A&E (training may be required). TD explained that one of the benefits for the police was the increase in trust that the scheme had brought to offenders who had previously only had negative encounters with the police, therefore from a police point of view it was valuable to have PCSOs as the link person.

AD asked how the success of the Team is being celebrated as other organisations are not seeing the positive impact that the service is providing.

IH referred to voluntary sector workers that could provide support but asked whether focus is on offending or a wider application. TD advised that focus needs to be reducing the demand on services.

TD agreed to discuss further with IH and JM outside of the meeting in terms of support.

TD/IH/JM

AD agreed to liaise with TD to present to the Trust to sell the success of the service and TD/AD explore support that can be provided by NDHT.

05/18 Homelessness Reduction Act

JM presented three papers which had been circulated:

- Homelessness Reduction Act 2017
- Provision of Temporary Accommodation
- The Development of Disabled Facilities Grants and other NDCs Services to secure Disabled Adaptations and Improvements in Residential Property

JM explained that there is an opportunity to increase the provision of temporary housing accommodation. To enable this, a significant capital programme is being established to purchase local properties. To achieve this there had been challenging discussions with Councillors as money was directed away from social housing. The scheme will enable the purchase 5 or 6 houses for temporary accommodation.

The paper on the Homelessness Reduction Act 2017 sets out the Councils direction of travel in the form of a statement of intent. The Council will intervene early and work collaboratively to consolidate routes into the service. One statutory assessment of eligibility and needs will be undertaken going forward.

The Council had been challenged to adapt services to meet local needs in the form of grants to make disabled adaptations and improve residential property. The final report sets out the new direction of travel in terms of efficiency and collaboration with North Devon Homes. There is also a proposal to allocate resources to North Devon Homes to meet the needs of clients in their property. The Council is currently looking at the possibility of a home improvement agency with North Devon Homes to help people procure home improvements that are to a good standard. There will also be a loan policy to support people across the entire social gradient. The loans will be directed to increasing housing supply and procurement of temporary accommodation to help people maintain public independence. There will also be support for landlords to help homeless clients.

JM confirmed that the documents are a new tranche of housing policies developed with collaboration. JM was confident that a material difference will be made to the community with the collaboration of everyone.

AD asked whether an update could also be provided on action being taken in Torrige and JW agreed to take this forward and present a briefing back to the next meeting.

JWi

06/18 Developing the One Northern Devon Vision and Principles Statement of Purpose

AB presented the updated Position Statement

AB outlined the partnerships and organisations within One Northern Devon and the strategies that come from each of the organisations.

All organisations within One Northern Devon bring different aspects which translate into a One Northern Devon Policy which will then be delivered.

JG suggested further mapping be undertaken on the groups that feed in to One Northern Devon and JW referred to mapping against safer partnership work and agreed to forward the details to AB. AD sought views on whether a second piece of work was required to map out national strategies however it was felt that it would be difficult to maintain this as national policies keep changing.

JW

SM sought clarity on 'strategic responsibility' and AB explained that there had been no group that was able to bring together various strategies and initiatives relating to health and wellbeing at strategic level for Northern Devon. AD explained that One Northern Devon has no governance responsibility and is a collaboration of goodwill. A database of the STP key priorities had been developed and showed that there are many groups doing similar pieces of work.

It was recognised that there are various statutory functions relating to health & wellbeing that are discharged by the Community Safety Partnership.

JW suggested changing wording to strategic rather than collaborative.

AB

IH questioned how One Northern Devon works as a system and asked whether it is right for the population. AD confirmed that this is one of the STP principles and is included.

JM suggested a forum to engage with politicians and wider stakeholders and AD suggested creating a presentation/video to inform them of the progress of One Northern Devon. AD asked AB to take this forward.

AB

SM suggested engaging with politicians informally and AD asked IH and JS to give some

IH/JS

thought to this and provide feedback to the next meeting.

The Group discussed the level of support offered to organisations through One Northern Devon.

07/18 Follow Up to Communities Conference

AB presented feedback which had been received following the Communities conference. Five out of seven responses indicated that they would welcome a follow up conference and the majority of feedback found the conference informative in their own communities and a number had provided details of partnership working in their communities.

It was felt that the rural communities were not adequately catered for.

AB explained that the objective of a follow up conference would allow communities to come back to see what work has taken place and explore any barriers.

JW suggested that a second conference should include learning from each area.

AD advised that as the needs in each area are different, there needs to be local ownership. Areas need to share good practice and AD considered that if there is only focus on towns it will deny rural areas the opportunity to develop. AB referred to work being undertaken in other rural areas and suggested that they be invited to present at a second conference. JW suggested focussing on loneliness and end of life and IH felt that change needs to be generated before a second event is held. AB suggested including wider determinants in a second event

TD suggested that communities need to sign up to the principles and have a lead for each area - if a conference has a theme TD considered that people will be expecting to have updates on specific items.

AD suggested targeting specific areas as the vast number of areas have the skill sets required. One Northern Devon can then identify what support is required and tailor a workshop.

IH advised that as part of life chances work there will be a resource repository to will help people.

The meeting discussed different forums that are available to enable One Northern Devon to engage with rural communities.

AB agreed to initially contact each area to assess the level of support required.

AB

08/18 Local Care Partnerships

AD referred to the document on Local Care Partnership which she agreed to circulate for feedback to SM who will act as conduit back to the centre.

AD

The three aims of One Northern Devon are to share strategies, work towards STP priorities and support place based set ups. It was agreed that governance arrangements should not be established until there is a need and until the STP structure had been confirmed.

A decision was made at Devon wide level to collaborate more formally at Accountable Care System level – key stakeholders from health and social care will ensure stakeholders deliver the aims of the STP document. A decision has been made that there will be a strategic commissioner for Devon e.g there will be one purchaser of services across Devon. Beneath this there will be providers of care in the North, East, South and West with one speciality area for mental health services covering the whole of Devon. Two CCGs in Devon are working towards a joint Executive arrangement.

Although there has been further work to explore the commissioning structure going forward there are pressures to deliver savings across Devon. The provision element is therefore being drawn up in parallel with the commissioning element so governance will need to be reviewed to consider how local footprints can feed into a central point.

Discussions have been held to consider when any new arrangement should be implemented. AD outlined two existing meetings which could take the new arrangement forward. One Northern Devon which focuses on health aspects and wider deterrents and NDHT's regular performance meeting with the regulators (IDM) which is in three parts - performance, quality and finance.

JW outlined the role of One Northern Devon and the role of the IDM which is an operational delivery group. JW considered that a degree of openness needs to be established to take responsibility for all issues across the system e.g A&E targets are the whole systems problem to resolve. Northern Devon will be responsible for delivering the STP 2018/19 Plan and the Integrated Care Model.

AD sought feedback on the paper in respect of the wider deterrents to health and suggested that over time One Northern Devon and the IDM will need to merge.

HB outlined voluntary sector input when designing new models of care.

SM explained that local care partnerships have to come together to deliver outcomes within the funding available.

AD agreed to circulate the aims of the NDHT IDM meeting so One Northern Devon members can provide feedback. **AD**

IH explained that as there is already integrated health and social care in place it needs to align and work closer.

09/18 STP Prevention Workshop Discussion Document

AB referred to the presentation which had been circulated with the agenda and highlighted the six key areas of focus:-

- Alcohol
- Lifestyle Service
- Long Term Conditions – Diabetes
- Frailty and Falls
- Children and Young People: Emotional Health and Wellbeing
- Public Mental Health

In terms of diabetes the public have been asked, what they need to support their lifestyles – feedback has been that place-based support offers such as local wellbeing clubs and peer support groups are worthwhile.

10/18 Actions Arising from the Meeting

Actions will be captured within the minutes and action grid.

11/18 Any Other Business

There was no other business.

12/18 Date of Next Meeting

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

- Wednesday 14th March @ 2 pm
- Friday 27th April @ 9 am
- Friday 8th June @ 1 pm
- Wednesday 18th July @ 9 am
- Friday 31st August @ 9 am
- Wednesday 10th October @ 9 am

- Friday 23rd November @ 1 pm

ONE NORTHERN DEVON ACTION GRID AS AT 2ND FEBRUARY 2018

22 June 2017		Action	Comments	Lead	Outcome
6	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	Ongoing

			Action	Comments	Lead	Outcome
6	016/17	Public Health Suicide Prevention Work Continued.....		Feb 18 - presentation by Nicola Glassbrook deferred to meeting being held on 14.03.18	AB	Ongoing
14th August 2017						
26	027/17	Revolving Door A&E Patients with Mental Health Needs	Assess action being taken across the STP in terms of Place of Safety and provide an update to the next meeting	<p>Nov 17 – changes to dealing with 136 detainees were noted. Those under the age of 18 cannot be detailed in cells and cells will be a last resort for adults as support will be required from healthcare professionals. It was agreed that the business case for the place of safety will need to be amended to reflect the changes. AM agreed to obtain the latest version of the business case. There was concern that A&E attendances will increase as an alternative to the place of safety. AD agreed to make contact with PK to seek clarity in light of changes to 136 and to escalate to the Place of Safety Lead. AD agreed to draft a letter and circulate to the Group. TD referred to national guidance which indicates a 50 mile radius for place of safety and felt that consideration should be given to those areas not within the 50 mile radius.</p> <p>Dec 17 – a comprehensive discussion was captured in the minutes.</p> <p>AM agreed to confirm to AD the contact details of the Chair of the mental health Group.</p>	<p>JS Paul Keedwell/AM AD</p> <p>AM</p>	Ongoing

			Action	Comments	Lead	Outcome
				AD to contact Chair of Mental Health Group re: response times in A&E. JG agreed to provide a further update on the changes to the Act to the next meeting 02.02.18 there was a comprehensive discussion (captured in the minutes) and actions agreed as follows: Section 136 Performance data to be circulated to the Group Provide presentation to next meeting on urgent care pathways and workstreams Liaise with Simon Tapley and Jo Tearle to address ND issues at a strategic level	AD JG PK PK SM	 Ongoing Ongoing Ongoing
11th September – Workshop						
34	034/17	Public Health Resource	Tracey Polak to provide more detail around some of the areas of high need and interventions that have evidence of success in particular alcohol, diabetes, self-harm and suicide.	Nov 17 – AB agreed to follow up the action Feb 18 – AB agreed to follow up the action	TP/AB	Ongoing

		Action	Comments	Lead	Outcome
50	055/17	Communities Conference – Debrief	Circulate draft conference notes to attendees with presentations	Feb 18 – included on the agenda	KW Closed
2nd February 2018					
51	04/18	Diversion Support Team	Discuss support that can be provided by DCC and NDC		IH, JM, TD
52	04/18	Diversion Support Team	Present the service to NDHT Executives and explore support that can be provided by NDHT		AD, TD
53	05/18	Homelessness Reduction Act	Provide an update to the next meeting on action being taken in Torridge		JW
54	06/18	OND Vision and Principles Statement of Purpose	Provide details of safer partnership work to AB		JW
55	06/18	OND Vision and Principles Statement of Purpose	Develop a video or presentation to share with local politicians the progress of OND		AB
56	06/18	OND Vision and Principles Statement of Purpose	Consider how OND should engage with local politicians		IH/JS
57	07/18	Follow Up to Community Conference	Contact each area to assess the level of support required from OND		AB
58	08/18	Local Care Partnerships	Circulate document on local care partnerships to OND		AD
59	08/18	Local Care Partnerships	OND to provide feedback on local care partnerships to SM		ALL
60	08/18	Local Care Partnerships	Circulate aims of NDHT IDM meeting to OND		AD