

NOTES OF THE ONE NORTHERN DEVON MEETING

Held in the Chichester House Boardroom, NDDH at 10 am on Wednesday 1st May 2019

PRESENT:

Andrea Beacham (AB)	Partnerships Lead, NDHT
Toby Davies (TD)	Devon & Cornwall Police
Simon Jones (SJ)	NEW Devon CCG/ND GP Collaborative Board (Acting Chair)
Gary Patch (GP)	Devon County Council/NDHT
Hannah McDonald (HMCD)	One Ilfracombe
Janet Williams (JWi)	Torrige District Council
James Wright (JWr)	CCG / health in North Devon
John Finn (JF)	CCG
Sam Shortridge (SS)	Partner Wooda Surgeries
Jeremy Mann (JM)	North Devon Council
Tracey Polak (TP)	Devon County Council

APOLOGIES:

Andy Ibbs (AI)	North Devon Healthcare Trust
Chris Burford (CB)	Devon Partnership Trust
Jennie Stephens (JS)	Devon County Council
Jenny Wallace (JWa)	Torrige District Council
Jon Worsley (JWor)	Devon & Somerset Fire & Rescue Service
Andy Moore (AM)	DPT
Mark Rostock (MR)	Director of Neighbourhoods, North Devon Homes
James Szymankiewicz (JSz)	ND GP Collaborative Board/Devon Nature Partnership
John Womersley (JWo)	One Northern Devon, NEW Devon CCG
Katherine Allen (KA)	Northern Devon Healthcare Trust
Steve Seatherton (SS)	One Ilfracombe
Fran Giblin (FG)	Children's Social Care

IN ATTENDANCE:

Kate Winter	PA to Chief Executive and Director of Finance (NDHT) – for minutes
Katherine O Halloran	PA Consulting

20/19 Apologies

The apologies were noted.

21/19 Introductions

The Acting Chair asked everyone present to introduce themselves.

Katherine O'Halloran from PA Consulting explained that she was in attendance to observe the meeting as PA Consulting had been commissioned by the CCG to review leadership within the CCG.

22/19 Notes of the Meeting Held on 13th March 2019

The notes of the meeting held on 13th March 2019 were approved.

23/19 Matters Arising

The action grid was reviews and updated.

Options for Legal Structure of OND (Min No: 04/19)

The Board were reminded of previous discussions on legal status. JF reported that in terms of working in the ICS and a Local Care Partnership there are no plans to make a legal entity. It was noted that Local Care Partnerships have no statutory responsibilities therefore any requirement for legal status would be questioned.

The previous meeting had discussed the benefits of having a legal structure and reviewed the structure of One Ilfracombe which benefits from being able to apply for funding and works with fewer governance restrictions. AB considered that the benefits would also include developing a different culture focussing on population health and wellbeing.

TP expressed concern that if a Local Care Partnership is formed there is a risk that each Partnership will be different. JF suggested that as part of the framework development for the ICS, discussions will need to take place on whether there is a requirement for a Local Care Partnership to deliver the aspirations of health and social care but this would not have legal status within the constitution of the ICS. GP suggested a further discussion in three months once the ICS has developed. AB highlighted that the STP system does not include external partners to health such as police, fire, housing etc, however they are part of One Northern Devon. JF considered that the partnerships within One Northern Devon should continue however there would be no legal status.

JF considered that all agencies need to come together in partnership to deliver care through partnership working and suggested that coming together in partnership is more important than being a legal entity.

SJ referred to the funding and accountability of One Northern Devon which will develop through the identity of the Group and JF suggested exploring this further through facilitation. AB referred to a facilitator who has been working with the Torrige PCN who could provide support (David Rolfe) and JF and SJ agreed to explore how this could take place and present an update to the next meeting.

Options for Legal Structure of OND / Neighbourhood working (Min No: 04/19)

JF considered that One Northern Devon is pivotal for Northern Devon as the majority of health and social care will be through the One footprints and the responsibility of the Local Care Partnership will be to support care through this. It was noted that the One Northern Devon Board is also well ahead compared to other areas.

AB referred to the workstreams across Devon that will overlap with work being undertaken in One communities and which will need to be aligned. JF suggested that in 6 months discussions can be held on a model of care for Northern Devon including how this will be implemented – through local care or primary care? GP highlighted that any discussions will need to take into account the agenda of different partners e.g police, fire and housing so that there can be focus on the common needs. TP considered that although One Northern Devon will be under an overall structure, it has sufficient independence and therefore needs to influence the overall infrastructure to gain support.

SJ summarised discussions in that JF and SJ will discuss a facilitated session to explore the identity of One Northern Devon in line with the developing ICS - how does the ICS develop in North Devon taking forward the work being undertaken by One Northern Devon? An update will be provided to the next meeting and this will replace actions 3 to 7 on the action grid

JF/SJ

AB asked for the views of JM, JWi, SS and TD:-

JWi considered that it is a new world and each partner organisation wants to engage and OND is the perfect forum for this. JWi considered that although North Devon and Torrige are very different there is expertise between both.

TD highlighted that previously the Health and Wellbeing Board had no police involvement and OND is an opportunity to get everyone together with a positive level of energy from the local authority and police. TD felt that his presence reflects the amount of value coming out of OND which has been positive.

JM referred to housing policies that have been tested at OND whereby health views have not previously been sought and welcomed further debate on policies currently being developed. JW_i suggested also considering links into planning and JW_r agreed that there needs to be input into planning from health.

TP referred to the agenda for alcohol and vulnerable people as an example which aligns to the work of the police and it was suggested that a policy was required outlining how each partner can influence each partners policies. SJ referred to a detailed chart on stakeholder priorities and noted that this forms part of the 10 year strategy. TP suggested undertaking deep dives on complex cases to see where each individual had contact with each organisation and assess the difference made or difference that could have been made.

24/19 Northern Devon 10 Year Wellbeing Strategy

Progress Report

It had been agreed that a 10 Year Strategy should be developed and put in place by the end of the year. The Strategy will be based on 6 key objectives around the Marmot Report which were noted as follows:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

The Board noted that the Strategy and objectives will be informed by:

- North Devon & Torrige public health needs analysis – *AB agreed to circulate public health analysis report.* **AB**
- Partner agencies' strategies and priorities – *these will feed into the 10 year strategy.*
- Strategies and priorities of our communities – *these may be different for each community and will involve engagement with each community.*
- Marmot's six policy objectives to reduce health inequalities.
- Individuals most affected by health inequalities.
- Organisations who support those most affected by health inequalities.

AB sought views from all present including whether anything was considered to be missing in the 10 Year Strategy. JWi highlighted that the 10 year timeframe was longer than local authority strategies, therefore the 10 Year Strategy may change over time.

AB outlined action that will need to be undertaken including partner organisations engaging with communities. Consideration will need to be given to how this can be achieved and a meeting has been arranged to align this in North Devon. TD suggested that any engagement remain focussed rather than communities asking for a wish list. AB referred to terms of reference that will be drafted for each One which will provide a better understanding of each Ones public health needs and what matters to the community. The Board supported engagement with Ones.

JF reported that engagement on the Long Term Plan will be taken through the One Groups.

25/19 Placed Based System Infrastructure and Support

Minutes of the OND Communities Meeting held on 13th March 2019

The minutes of the OND Community Meeting held on 13th March were circulated to the Board for information.

OND Communities Progress Report

Updates from each community were received as follows:

One Ilfracombe

- HMCD has taken up the role of Community Partnerships Development Manager and will provide support to the One towns. The support provided will include partnership and collaborative working, identifying funding streams, how to link with others and engage.
- One Ilfracombe are working closely with DCC on a learning disabilities review. This is a joined up process and will be undertaken as a community.
- Work has been undertaken with the local GP practice following IBCF funding. This includes a social prescriber being located in the GP surgery which has generated a significant increase in referrals. The social prescriber also has a focus on the environment and how they can get people using the natural environment.

Holsworthy

- A meeting has been held with the Mayor and Town Clerk to discuss the creation of a One town.

- Holsworthy has been working with the CCG and have a Holsworthy Community Involvement Group in place which has undertaken a survey and local engagement. It was considered that the Community Involvement Group may evolve into a One over time although GP suggested that there may be an opportunity to develop a One alongside the community group.
- JWi highlighted that the community has links with Cornwall which may provide opportunities and JWr confirmed that he was currently engaging with Kernow CCG to explore opportunities.
- JWi said their links are with Cornwall so will need to see if there are opportunities coming from that. JWr said he is engaging with Kernow CCG to explore opportunities.

Torrington 100

- HMCD had attended a recent meeting which had focussed on the social prescribing bid and the bid to IBCF.
- It was noted that Torrington 100 has close links with the Plough Art Centre in Torrington.
- AB recently attended the Torrington Health and Social Care Group and suggested that they had similar objectives to Torrington 100 and an overlapping membership. The Health and Social Care Group supported merging with Torrington 100 as the 'One' town once it is more established.

South Molton

- South Molton will be approached and there are good links in this area.
- South Molton Hospital also has an active League of Friends.

One Bideford

- JWi reported that the next meeting will not be held until after the local elections.
- AB reported that One Bideford has a police, fire and council focus however there is now a sub group which will focus on health and wellbeing.

One Barnstaple

- This continues to be an active group with three meetings held to date.
- Engagement has been undertaken by the voluntary services.
- The main focus of the group is around social isolation.
- The group has received and presented public health information which was well received. It has also been agreed that the geography of public health reporting will remain as reported by public health.
- Work is being undertaken for the official launch of One Barnstaple.
- A strapline has been agreed – Connecting Our Communities.

HMCD explained that part of her role will also look at membership of each of the One groups and suggest who should be invited.

26/19 Collaborative Commissioning of Activities Where Funding Can Be Sourced to Deliver Wellbeing Strategy

Progress Report on OND Social Prescribing Pilots

AB referred to funding that three One towns have secured.

A social prescribing model will be piloted through One Barnstaple. The pilot will involve initial conversations being held with individuals and support from other agencies then being pulled in rather than referring the individual between agencies. The voluntary sector have offered to provide support for this pilot.

The meeting discussed the roles of social prescribers and link workers. Link workers will be a new role which will need to be funded and will need to link in with the social prescribers. JF referred to link workers who are already in place in primary care networks. JF suggested that the strategy be based around the primary care network to avoid duplication and suggested that this be tested over the next 6 months.

AB referred to the proposed model which is being piloted and which had been presented to the acute therapy teams who agreed that models needed to be rationalised. The therapy teams had questioned how they will know that individuals are signed up to the model process and AB had explained how the pilot will build incrementally. A workshop will be held on 10th May to take the pilot forward and will help connect the system.

TD highlighted capacity issues in support agencies throughout Northern Devon and suggested that dedicated time may be required by agencies to take individuals to relevant appointments and AB advised that the wellbeing co-ordinator will be able to co-ordinate this. The Board discussed how the model can be managed and AB referred to the learning required from the model to understand whether this system is more cost effective for complex individuals in the longer term. It was noted that this will be a one year pilot which will provide an understanding of what people need and whether the current system effectively meets that need.

27/19 Co-ordinated Joined Up Flow Between Devon ICS System Through to Community systems

Progress Report

AB referred to initiatives for high frequency users and links that have been made between primary care networks, OND communities, ICM North and East and Hubs. JF highlighted that there is an aspiration for a model of care within Northern Devon and all of these contribute to this. A culture needs to embed where all agencies can talk to each other and if this can be achieved a positive difference will be made.

AB explained that principles for person-centred, place based working have been agreed by OND and agreed with JF that they could be part of a Northern Devon model of care involving all OND partners.

28/19 Wellbeing Performance Dashboard

Progress Report

AB referred to a workshop which discussed 'how will we know if the system is well and what are indicators/dashboard?' AB suggested that this could be based on individuals, as a system or individual agency performance targets.

SJ reported on discussions with AB and HMCD on health and wellbeing outcome measures and referred to the STP wide prevention priorities. It was important to support the Devon wide priorities in addition to supporting local priorities. OND needs to feed the priorities down to communities and they need to feed up their priorities to OND. TP suggested using the health and wellbeing outcome measures which are monitored by public health. These measures are prepared at district level (not town level). TP suggested that it was important to use information that is already available otherwise if a tailored set of measures are created, it will be difficult to provide comparisons.

JM referred to private sector dwellings being made free of hazards, which is a good measure compared to the others.

TP outlined life expectancy expectations and disability - healthy life expectancy is included in the measures monitored by public health.

TD questioned whether data can be broken down and TP suggested that if specific measures are chosen, focus should be on children and turning some of those measures from amber to

green.

SJ referred to headline public health data that will be circulated to each of the towns. Each town will be asked to review the data to see if it's correct and whether it reflects the town. JWi suggested that if data is provided to the towns they should also be made aware of what support is available.

JF referred to high levels of migration away from communities that needs to be addressed.

TP referred to life-long mental health which is modelled on activity rather than need and JF referred to a 2 year plan for psychological services to address what is required in the community.

Although each town will discuss measures and KPIs, AB suggested that OND use the health and wellbeing measures monitored by public health under the following headings:

- Children Young People and Families
- Living Well
- Good Health and Wellbeing in Older Age
- Strong and Supportive Communities
- Life Long Mental Health

AB referred to the OND workshop that had discussed service performance targets and asked the Board whether it would be useful to know if each partner is meeting key targets. JF suggested measuring mental health attendances at A&E which has an impact on services, referral to treatment positions and delayed transfers of care. AB asked for individual representatives to identify their key measurements for further discussion at the next meeting. JM referred to homelessness demand and success in preventing homelessness which is an indicator to wellbeing of the community and the ability to provide homes. JWi suggested receiving information on disabled facility grants as this supports people being able to stay in their own home.

ALL

SJ advised that he will circulate the STP prevention list and suggested that JM re-engages the group to support the housing agenda. SJ and JM to discuss this further outside of the meeting.

SJ
SJ/JM

29/19 Any Other Business

Integrated Model of Care

JF suggested providing a report on the integrated model of care to the June meeting including **JF** and how this supports an emerging model of care.

Gateshead Model of Care

AB referred to a model being run by Gateshead Council Housing Team similar to the model being piloted by One Barnstaple. AB said Mark Smith who leads it has agreed to talk to OND about the model and asked if the OND would like to invite him to the June meeting by Skype. **AB** It was agreed that AB would invite Mark Smith and circulate a link to a presentation that they had given at a recent event.

30/19 OND 2019/20 Project – Supporting Frequent Users of Services

TD outlined the approach being taken to scan and speak to individuals to identify issues and analyse whether there are any gaps. Each agency has their own processes but there are a number of similar groups – frequent flyer group for A&E and mental health, an integrated offender management group, housing hub meetings for homeless and outreach, early help practitioners and an early help Board. All of these groups discuss frequent users and TD suggested that some of these relationships should be brought together.

TD reported on current processes which are risk adverse and work being undertaken on a new model which will empower staff. TD suggested that the measures on the dashboard will make a difference.

31/19 Date and Time of Next Meeting

12th June at 1.15 pm in Henry Williamson Room, Barnstaple Library

ONE NORTHERN DEVON ACTION GRID AS AT 1ST MAY 2019

		Action	Comments	Lead	Outcome	
2	041/9	Review Draft OND Principles	JWo to liaise with STP Comms Team to review Principles and see if they need to be reworded.	01.05.19 there was uncertainty on whether JWo had discussed with the STP comms team therefore an update will be provided to the next meeting.	JWom	Ongoing
3	04/19	Options for Legal Structure of OND	JWom to liaise with Paul O'Sullivan and Sonja Manton to gain clarity on how the ICS will support Neighbourhood working	01.05.19 This has taken place and the CCG would like to present at the June meeting 01.05.19 replaced by action 20	JWo	Closed
4	04/19	Options for Legal Structure of OND	Add to next Agenda view from system on options.	13.03.19 JWo reported that OND Board was not yet in a position to form its own legal structure. 01.05.19 replaced by action 20	JWo	Closed
5	04/19	Options for Legal Structure of OND	Steve Seatherton to create paper outlining what happened within One Ilfracombe regarding their official status.	13.03.19 SS is currently working on the paper and agreed to circulate within the next two weeks 01.05.19 replaced by action 20	SS	Closed

		Action	Comments	Lead	Outcome
6	04/19	Options for Legal Structure of OND	JWom to introduce Andrea Beacham to Paul O'Sullivan to discuss the status of Collaborative organisations in other areas	01.05.19 replaced by action 20	JWom Closed
7	04/19	Options for Legal Structure of OND	Action: JWom to discuss One Northern Devon status with Tim Golby and John Finn	01.05.19 replaced by action 20	JWom Closed
8	05/19	Northern Devon 10 Year Wellbeing Strategy	Circulate copy of Collaborative Group priorities to Group	01.05.19 this was included on the agenda	SH Closed
9	05/19	Northern Devon 10 Year Wellbeing Strategy	Andrea Beacham to recirculated document with all workstreams updated.	01.05.19 this was included on the agenda	AB Closed
10	05/19	One Northern Devon Membership	AB to liaise with MM regarding membership for One Northern Devon Meeting	01.05.19 it was agreed that the membership should remain under review. It was agreed that the Chair of the Northern Devon Headteachers be invited to the meeting.	AB Ongoing
10	05/19	One Northern Devon Membership	JWo to review overall membership of group	01.05.19 as above	JWom Closed
11	06/19	Prioritisation Criteria &	AB to circulate list and prioritisation	13.03.19 included on the agenda	AB Closed

		Action	Comments	Lead	Outcome
		List of Priorities	criteria.		
12	06/19	Prioritisation Criteria & List of Priorities	Group to critique list and bring back with comments	13.03.19 included on the agenda	ALL Closed
13	06/19	Prioritisation Criteria & List of Priorities	Add Criteria to next meeting Agenda	13.03.19 included on the agenda	Agenda Closed
14	06/19	Prioritisation Criteria & List of Priorities	Partners to pick a priority that they want to take forward	13.03.19 included on the agenda	ALL Closed
15	07/19	Rollout plan of local system partnerships	AB, JW r & JWom to meet to discuss how people are employed.	13.03.19 included on the agenda	AB, JW r, JWom Closed
16	07/19	Links to Wellbeing Service	Action TP to send AB details for Tina Henry	01.05.19 action carried forward	TP Ongoing
13th March 2019					
17	12/19	ND 10 Year Wellbeing Strategy	AB, TP, SJ and JW r will begin working the content of the strategy	01.05.19 included on the agenda	AB, TP, SJ, JW r Closed
18	13/19	ND One Year Plan, Focus for Improving Wellbeing 19/20	AB will meet with TD and his team to bring an outline plan back to the next meeting.	01.05.19 included on the agenda	AB, TD Closed

		Action	Comments	Lead	Outcome
19	17/19	Wellbeing Performance Dashboard	AB, JW and TP to draft a first list of suggested KPIs to be discussed at the next OND meeting	01.05.19 included on the agenda	AB, JW, TP Closed
1st May 2019					
20	23/19	Matters Arising / Facilitated Session to Explore Identity of OND	JF and SJ will discuss a facilitated session to explore the identity of One Northern Devon in line with the developing ICS - how does the ICS develop in North Devon taking forward the work being undertaken by One Northern Devon? An update will be provided to the next meeting		SJ/JF
21	24/19	ND 10 Year Wellbeing Strategy	Circulate Public Health Analysis Reports		AB
22	28/19	Wellbeing Performance Dashboard	All representatives to identify their organisations key measurements for further discussion at the next meeting.		ALL
23	28/19	Wellbeing	Circulate STP prevention list to		SJ

		Action	Comments	Lead	Outcome
		Performance Dashboard	OND		
24	28/19	Wellbeing Performance Dashboard	SJ and JM discuss how to re-engage with OND on the housing agenda		SJ/JM
25	29/19	AOB / Integrated Model of Care	Present report on integrated model of care to the next meeting		JF
26	29/19	AOB / Gateshead Model of Care	Circulate presentation given by Gateshead Council Housing Team and invite them to skype the next meeting		AB