

# NOTES OF THE ONE NORTHERN DEVON MEETING

Held in Barnstaple Police Station at 1:15pm on Wednesday 12<sup>th</sup> June 2019

## PRESENT:

John Womersley	Chair NHS Devon CCG
Andrea Beacham (AB)	Partnerships Lead, NDHT
Toby Davies (TD)	Devon & Cornwall Police
Gary Patch (GP)	Devon County Council/NDHT
Janet Williams (JWi)	Torrige District Council
James Wright (JWr)	Head of Commissioning Northern NHS Devon CCG
John Finn (JF)	Assoc Director NHS Devon CCG
Jeremy Mann (JM)	North Devon Council
Tracey Polak (TP)	Devon County Council
Duncan Buckley	Transformation and Engagement Lead NDHT
Katherine Allen	NDHT
Sheon Sturland	Devon & Cornwall Police
Andy Moore (AM)	DPT
James Szymankiewicz (JSz)	ND GP Collaborative Board/Devon Nature Partnership

## APOLOGIES:

Simon Jones (SJ)	NEW Devon CCG/ND GP Collaborative Board
Hannah McDonald (HMCD)	One Ilfracombe
Sam Shortridge (SS)	Partner Wooda Surgeries
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
Mark Rostock (MR)	Director of Neighbourhoods, North Devon Homes
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
Charlotte Burrows	CCG

## 32/19 Apologies

The apologies were noted.

## 33/19 Minutes of the Last Meeting

The minutes of the meeting held on 1<sup>st</sup> May 2019 were agreed.

## 34/19 Matters Arising

The action grid was reviewed and updated.

## 35/19 Northern Devon 10 Year Wellbeing Strategy

AB presented the progress report reminding the Board of the objective to have a 10 year wellbeing strategy.

A small working group has been formed and has agreed a set of recommendations on the framework and a meeting has been held with engagement leads from the CCG and NDHT so that there can be joint engagement.

The working group considered that the strategy should focus on the following areas:

- *Opportunities for Collaboration* – it was suggested that this should be a high priority as collaboration will make organisations more efficient. GP supported this and suggested putting an information governance agreement in place for the sharing of data. JF asked whether there is also a partnership and it was agreed that this should be amended to '*opportunities for collaboration and partnership*'. **AB**
- *Reducing Health Inequalities* – KA felt that this could be a whole plan in itself so will need to be manageable. It was suggested that this should be an overarching ambition. A number of suggestions were made and it was agreed that this should be amended to '*improving wellbeing of the population while reducing health inequalities*.' **AB**
- *Prevention and Wider Determinants of Ill Health* – TD suggested that the strategy should be more focussed rather than having broad statements. AB suggested amending to '*prevention and understanding the wider determinants of ill health*.' **AB**

AB agreed to present the areas of focus for the working group back to a future meeting. **AB**

AB referred to the objectives of the Marmot report which were agreed to be used as the template to be framed under the following headings:

- What is the vision?
- Who is it aimed at? General population and targeted cohorts?
- What is the size of the problem? Population / Impact.
- What are the factors that contribute to the issue?
- What is already taking place to alleviate the issue?
- What are the gaps?
- Recommendations for policy or joint action.

The Marmot's six policy objectives to reduce health inequalities are:

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

TP referred to employment and good work for all and suggested that this is age restrictive and does not take into account the voluntary sector.

GP suggested that each group member take a lead in writing a vision for each objective. AB advised that part of the work required will be to talk to the various groups for the areas that are being addressed.

JWi asked how this work links to the Devon Health and Wellbeing Strategy. JM advised that the draft strategy does not prescribe down to this level and highlighted that employers are missing from the discussions. The group discussed work being undertaken by other organisations and ONDs role in this to align priorities to gain positive outcomes. GP provided an example where a large cohort of people with learning disabilities had been housed in Ilfracombe which resulted in a disproportionate amount of care being required in this area.

AB considered that many issues are due to the lack of access to services and suggested that that the size of the population and impact need to be considered.

AB asked the Board whether they were supportive of the framework.

TP asked whether outcomes should be included under the vision and CB asked whether any financial information should be included. AB suggested including details of who commission the service and how much it costs. **AB**

AM highlighted that there is currently no financial leverage. GP suggested that before this stage is reached, organisations should collate all ideas as there will be common themes that organisations need support with.

TD suggested that rather than rewrite new strategies OND should link in to those that already exist. The Board discussed and considered that before this happens OND Board will need to identify its priorities and agree how information can be shared to take action such as fuel poverty, providing funding for insulation to prevent deaths and illnesses.

AB asked for all organisations to forward areas where they think collaboration will make a positive difference. It was agreed that two frameworks should be developed and presented back to the next meeting. KA suggested focussing on fuel poverty as it affects many organisations and there is funding available to address. AM suggested presentations from each organisation on their high level strategy to identify where collaboration needs to take place. **ALL**

AB advised that rather than the 10 year strategy, joint initiatives could be addressed within the one year plan

AB referred to collaborative commissioning of activities where funding can be sourced to deliver wellbeing and JF referred to the Local Enterprise Partnership who should be consulted as they have funding that would support this. JW suggested that AB invite them to attend a future meeting. **AB**

JW summarised discussions asking all partners to identify areas where they consider that collaboration will make a difference.

## 36/19 Placed Based System Infrastructure and Support

Minutes of the OND Communities Meeting held on 1<sup>st</sup> May

JW presented the minutes OND Communities meeting.

It was noted that the communities are developing and the majority of Northern towns are now

covered.

Finance is available to develop the communities and mapping is being undertaken to identify support that is required.

It was noted that PCNs are developing and appointing social prescribers who will progress work. AB also advised that a social prescriber network has been developed to share learning.

JSz asked how PCNs are linking in with community work and was advised that this was happening with OneBarnstaple and Torrington 100 and One Ilfracombe but not yet with the other areas.

AM asked whether the PCNs should provide a presentation to the OND Board as it may raise other opportunities for collaboration. JSz suggested that there is an appetite to innovate therefore if a model can be developed there is funding available. JSz suggested asking the PCNs whether they are fully engaged with their Ones.

AB referred to Appendix 2 of the progress report which provides a summary of activity from the Community Ones.

## 37/19 Co-ordinated Joined-Up Flow Between the Devon ICS System Through to Community Systems

JF reported on a recent meeting advising that Local Care Partnerships are central to the health and wellbeing strategy. To achieve this in Northern Devon there needs to be organisational form to support the delivery and it was suggested that OND can manage the wellbeing strategy. JF suggested holding a facilitated event on where OND could be in 3 years' time including what action needs to be taken to enable the right decisions to be made.

JW advised that the STP had not yet determined the structure of LCPs however there will need to be a local function to deliver what health and social care requires. JW suggested developing Executive oversight of the A&E Board, Planned Care Group and ICM Group to also ensure that STP requirements and the NHS Long Terms Plan is delivered. This will provide capacity for communities to work collaboratively.

GP was concerned that if One Northern Devon is too health and social care focussed it will be dominated by health when it needs to take on board the priorities of all organisations. JF felt that the STP considered that the OND is a developing LCP however AM agreed that OND needs to be sighted on work of other organisations. GP asked JF to share information on the **JF**

function of the LCP. JW considered that OND is a wellbeing collaborative however the STP considers that the role of an LCP is to deliver the one year plan and delivery of the NHS long term plan. JW suggested that the LCP Executives will monitor mandatory organisational targets but will also need to link with the OND.

KA suggested considering the concept of a pooled budget which could benefit Northern Devon and provided an example e.g if there was funding for more PCSOs it could also have a positive effect on health.

AB agreed that a facilitated session to discuss the future form of OND and LCPs would be beneficial.

JSz felt that OND is reactive over 12 month cycles however an LCP will rapidly dominate business and will move to 12 and 3 month targets.

It was agreed that after a facilitated session there will be a clear view on how the system will work around OND. It was agreed that JF and JW will arrange a facilitated day.

JF/JW

AB referred to the draft Northern Devon Model of Care which brings together the strategies for improving wellbeing. This has been based on an individual and population based approach.

## 38/19 Collaborative Commissioning of Activities Where Funding Can be Sourced to Deliver the Wellbeing Strategy

### Progress Report on OND Social Prescribing Pilots

AB reported that the only funding sourced to date is to fund social prescribing pilots.

Northern Devon now has a patchwork of pilots that are partly linked to the PCNs. It is hoped that this can be rolled out across the whole of Northern Devon to link with the social prescribers.

GP asked whether a bid can be made to fund community developers and AB explained that funding will be sought to increase the number of community developers to cover the whole of Northern Devon. JSz advised that the STP are looking at how IBCF funding can link to the PCN work. AB suggested submitting a proposal to seek whatever funds are available to recruit the remaining developers that are required. JSz referred to the successful bid from Torrington which had used templates from One Ilfracombe and AB and HMCD were asked to support each One Group develop a bid for funding using the One Ilfracombe template.

AB/HMcD

### Gateshead Experience

AB referred to a You tube video of a social prescribing pilot that had been circulated which is similar to the flow project in Barnstaple. It was agreed that the presentation will be deferred to a future meeting.

## 39/19 Wellbeing Performance Dashboard

AB reminded the Board of the objective to identify key wellbeing indicators for Northern Devon. Each organisation has KPI reporting and it had been suggested that each organisation put forward key KPIs for wellbeing of the population. To date KPIs have been received for housing, NDHT and DCC which have been circulated. GP suggested requesting high level metrics rather than detailed information.

AB asked for a process to identify what should be reported to monitor service delivery in Northern Devon and asked how services are reporting and getting key items/service delivery outcomes. AB suggested forming a small working group to discuss what is required and develop a report of 15 overall KPIs. JF asked why the information is required and KA explained that it will help to understand the context and shared effort of each organisation. TP also suggested calling out for agenda items so that organisations can add items to the agenda.

AB suggested that there are incidents that affect a number of organisations and CB therefore suggested following a patients journey to identify their touch points with each organisation.

JW advised that the dashboard will be made up of objectives for each project which will then be monitored. JW asked all organisations to identify their key targets for service delivery and performance alongside the objectives of the agreed projects and forward to AB. **ALL**

## 40/19 Supporting Frequent Users of Services

TD reported on a small minority of high intensity users coming back to the same services. To date there has been silo working and TD had been tasked to go out and find out where work is being undertaken in this area.

TD had attended several meetings and groups to find out what action they are taking, whether things can be done differently and whether the OND Board can provide support.

TD outlined the role of the various groups that he had attended and reported on a number of



proposals and pilots such as the flow project in Barnstaple. This is currently still in the scoping phase however some feedback has been received and consolidated into a report.

Comments received include:

- A lack of multi-agency overarching sense of direction.
- Gaps around the table at meetings.
- Silo mentality and not working together.
- Links to flow pilot – agency focussed.
- Same individuals being discussed at each meeting.
- Lack of communication between agencies.
- Agencies not wanting to step outside of protocol.
- Austerity.
- Capacity of agencies.
- Funding of opportunities – need a joined up approach.
- Common themes and barriers but where do you take them?
- Level of empowerment at meetings – need to create and agree solutions?

TD reported that more meetings are planned to understand the different organisations involved and a workshop is planned for July with front line practitioners to understand their views on how things can be improved.

TD highlighted four areas where there may be opportunities for OND:-

- Where are gaps for individuals that are not being supported and where are the agency gaps?
- Are we offering a joined up holistic approach?
- Are we sharing good practice e.g joined up approach to funding?
- When there are issues and barriers where do they go when there is a multi-agency approach?

JW sought clarity on the size of issue and TD explained that it depends on the threshold but there are currently 20 frequent attenders which are high intensity.

GP referred to prototype work in Barnstaple on older people which evidences that there is no single oversight by one person and no knowledge on where individuals touch each organisation. It was considered that there are different high users for different organisations and GP felt that an information governance agreement was required to share information on high intensity users however TD advised that there had been no issue in sharing of information at the meetings he had attended.



The group discussed the difficulties in getting a single data set and AM asked whether this is a workstream within the NHS Digital roadmap. JMz advised that each of the groups visited will have protocols in place for sharing of information and SS referred to the Serenity model being run by NHSE and mental health which has an information sharing agreement which could be built upon.

GP agreed to speak with Simon Chant on information governance agreement.

AM asked whether there are benefits in pursuing this. TD considered that there are some simple activities that can be undertaken to address the barriers that each individual group is experiencing as you need to take into account that there is no funding.

## 41/19 Northern Devon Long Term Plan for Securing Future Hospital Services in Northern Devon

KA reported that NDHT is the second most remote Trust in the country therefore there are issues in terms of the workforce and attracting key clinical specialties. To address this, the Trust entered into a Collaborative Agreement with RD&E to stabilise the acute services and plan for the future form of the organisation from June 2020 at the end of the agreement.

KA explained that it was evident that an acute hospital was required in Northern Devon and there will be public engagement to ascertain what is important to the public and what could be improved. Once feedback has been received by the public, KA will present this back to OND to gain wider stakeholder involvement. **KA**

KA explained that once sustainable services have been addressed the final phase will be to identify future organisational form.

TP asked how this linked to the clinical cabinet and KA explained that it links to the acute services review and the clinical cabinet are aware of the action being taken.

JMz asked if the model implies services will be at different locations and KA explained that it means providing services and keeping them accessible.

JF advised that the programme will need to link into the STP strategy which is looking at a number of areas including specific orthopaedic procedures that will not be undertaken in some Trusts. KA advised that the workforce challenges will drive models to be delivered differently.

KA confirmed to TD that mental health services were not included. TP suggested that although it does not affect DPT there are a lot of mental health patients who have co-morbidities which need to be considered therefore issues around access to services has to be a priority. TD highlighted that A&E is also holding individuals who should be in place of safety.

AM considered that psychologically and culturally a formal merge with RD&E is significantly different as the local identity could be lost.

KA advised that the view of the Trust Board is that future organisational form needs to be informed by the clinical drivers to provide stability.

KA advised that feedback will also be sought from patients who have used the services.

JF advised that the role of the commissioner in North Devon is to ensure there is equal access to services.

GP sought clarity on the plan for public engagement of the options. KA explained that the Trust is currently in a pre-engagement phase to understand any impact and understand what is important. Scenarios will then be developed and link with the STP workstreams to join a consultation although it should be noted that not all options require a consultation.

KA was asked to provide a further report to the next meeting.

## 42/19 Any Other Business

### OND LOGO

AB sought views on a draft logo for OND. It was agreed that the OND should not lose sight of partner organisations and councillors are not supportive of corporate branding. It was agreed that a logo will be considered at a future date.

## 43/19 Actions Arising from the Meeting

- All partners to forward their key KPIs/issues.
- Prevention Strategy/List – SJ to circulate report from STP.
- Finances to be included in the Strategic Plan.
- All partners to suggest areas where collaboration will improve wellbeing.
- AB to contact Tim Jones regarding the LEP and invite to the next meeting.

- Hold a facilitated session in September.
- AB and HMCD to develop a proposal for community developers across the whole of Devon.
- Obtain the information governance protocol from ICE and Serenity **AB**
- Present patient and clinical user feedback back to the next meeting on future acute services.

## 44/19 Next Meeting

24<sup>th</sup> July @ 9.30 am in Barnstaple Fire Station.

## ONE NORTHERN DEVON ACTION GRID AS AT 12<sup>TH</sup> JUNE 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.		
			<p><b>01.05.19</b> there was uncertainty on whether JWo had discussed with the STP comms team therefore an update will be provided to the next meeting.</p> <p><b>12.06.19</b> the principles had been shared with the STP comms team and feedback is awaited. JW agreed to follow up.</p>	JW	Ongoing
10	05/19	One Northern Devon Membership	AB to liaise with MM regarding membership for One Northern Devon Meeting		
			<p><b>01.05.19</b> 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.</p> <p><b>12.06.19</b> AB had has sent an invitation to observe a future meeting.</p>	AB	Closed
16	07/19	Links to Wellbeing Service	Action TP to send AB details for Tina Henry		
			<p><b>01.05.19</b> action carried forward.</p> <p><b>12.06.19</b> details had been shared</p>	TP	Closed

		Action	Comments	Lead	Outcome
<b>1<sup>st</sup> May 2019</b>					
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	<b>12.06.19</b> It has proved difficult to find a suitable date in July so later dates are now being explored	SJ/JF
21	24/19	ND 10 Year Wellbeing Strategy	Circulate Public Health Analysis Reports	<b>12.06.19</b> it was noted that the reports had been circulated	AB Closed
22	28/19	Wellbeing Performance Dashboard	All representatives to identify their organisations key measurements for further discussion at the next meeting.	<b>12.06.19</b> this was included on the agenda for discussion	ALL Closed
23	28/19	Wellbeing Performance Dashboard	Circulate STP prevention list to OND	<b>12.06.19</b> AB agreed to circulate this to the OND Board	SJ Ongoing
24	28/19	Wellbeing Performance	SJ and JM discuss how to re-engage with OND on the housing	<b>12.06.19</b> GP and JM are in discussion over a piece of work being developed which will be reported to the	SJ/JM Closed

		Action	Comments	Lead	Outcome	
		Dashboard	agenda			
25	29/19	AOB / Integrated Model of Care	Present report on integrated model of care to the next meeting	meeting in future. As housing policies are developed that will also be shared with the Board.	JF	Ongoing
26	29/19	AOB / Gateshead Model of Care	Circulate presentation given by Gateshead Council Housing Team and invite them to skype the next meeting	<b>12.06.19</b> the presentation had been circulated.	AB	Closed
<b>12<sup>th</sup> June 2019</b>						
27	35/19	ND 10 Year Wellbeing Strategy	Amend strategy focus to: <ul style="list-style-type: none"> <li>- opportunities for collaboration and partnership</li> <li>- improving wellbeing of the population while reducing health inequalities</li> <li>- prevention and understanding the wider determinants of ill health</li> </ul> and present back to a future meeting.		AB	
28	35/19	ND 10 Year Wellbeing	OND strategy to include details of		AB	

		Action	Comments	Lead	Outcome
		Strategy	who commissions services and the cost		
35/19	ND 10 Year Wellbeing Strategy	Identify areas/barriers where collaboration can make a positive difference		AB	
35/19	ND 10 Year Wellbeing Strategy	Invite the LEP (Tim Jones) to attend the next meeting		AB	
37/19	Co-ordinated Joined Up Flow Between the Devon ICS System and Trough to Community Systems	Share information on the function of the LCP		JF	
37/19	Co-ordinated Joined Up Flow Between the Devon ICS System and Trough to Community Systems	Arrange facilitated session to discuss future form of OND and LCPs	<b>11.07.19</b> date confirmed for 30.08.19 and invitation circulated to those able to attend	JW/JF	Closed
38/19	Progress Report on Social Prescribing Pilots	Support each One Group to develop a bid for funding using the One Ilfracombe template		AB/HMcD	
38/19	Gateshead	Presentation to be made to a future		AB	

		Action	Comments	Lead	Outcome
		Experience meeting			
39/19	Wellbeing Performance Dashboard	All organisations to identify their key targets for service delivery and performance alongside the objectives of the agreed projects and forward to AB.		ALL	
41/19	ND Long Term Plan for Future Hospital Services	Present a further report to the next meeting including patient and clinical feedback		KA	
43/19	Actions Arising from Meeting	Obtain information governance protocol from Serenity and ICE		AB	