

Northern Integrated Neighbourhood Team (INT)

Face-to-Face Workshop – Meeting Notes

Date: 28 April 2026

Location: Litchdon Medical Centre, North Devon

Purpose: Align partners on the vision, priorities, and next steps for Integrated Neighbourhood Teams (INTs) in North Devon

Attendees

- **Primary Care:** Dr Ed Bond (Chair), Sharon Bates, Caroline Sanford, Dr Oliver Hassell
 - **Secondary Care - RDUH:** Katherine Allen, Andrea Beacham, Simon Rapsey, James Lander, Lynsey Webb (Online)
 - **Mental Health - DPT** Kerry Durkin
 - **ICB:** Nicola Dalgleish
-

1. Purpose and Context

- Primary Care providers met in advance to agree a **consistent GP/PCN position** on neighbourhood working.
- Aim: avoid fragmented engagement with secondary care and ensure a **single, coherent primary care voice** across North Devon.
- Workshop intended to align **Primary Care, Acute, Mental Health, VCSE, Local Authority and ICB** perspectives on INT development.
- **Using the “Discover, Define, Develop and Deliver” approach**

Documentation saved here: [Neighbourhood Health - One Northern Devon](#)

- Agenda: [OND-Neighbourhood-Health-Workshop-agenda-28.04.26.pdf](#)
 - Background Slides: [Northern-INT-Workshop-Slides-28th-April-2026-bkgrd-reading.pdf](#)
 - Collective barriers: [OND-Neighbourhood-Health-Barriers-and-Opportunities.pdf](#)
 - Objectives of Neighbourhood Health – identified by North Devon stakeholders: [Neighbourhood-Health-Objectives-identified-by-North-Devon-stakeholders.pdf](#)
 - Healthwatch Insight Report: Digital Healthcare Access and System Complexity in Devon: [HWDPT Digital Healthcare Access Insight Report FINAL VERSION.pdf](#)
 - Design principles – [Design principles of Neighbourhood Health identified by North Devon stakeholders-1.pdf](#)
-

2. Key Messages from Primary Care Workshop

Strong consensus that collaboration at scale is:

- Necessary, achievable, and desirable
- Supported by **mature, trusted relationships** across North Devon

Why working at scale matters

- Stronger system influence and negotiating position
- Reduced duplication and improved patient flow
- Better use of workforce and shared data
- Clearer engagement with commissioners and partners

Governance

- Agreement to pursue a **Community Interest Company (CIC)** model:
 - Devon-wide GP Provider CIC already approved
 - Intention to establish a **North Devon GP Provider CIC** once Devon CIC is live
 - Purpose: hold contracts, funding, governance, and bid for larger system contracts (including competing with acute trusts where appropriate)

Identified Risks

- Balancing collaboration with **practice autonomy**
 - Limited leadership/headroom within practices
 - Ongoing national policy uncertainty
 - Risk of reduced GP influence without a formal organisational vehicle
-

3. Agreed Priority Workstreams (initial)

Aligned to system commissioning intentions:

1. **Frailty**
2. **End of Life**
3. **Urgent & Acute Care / Patient Flow**
4. **Mental Health**
5. **(Cross-cutting)** Data, digital enablement, and information sharing

Health Inequalities described as a “golden thread” running through all workstreams.

4. Secondary Care Perspective (Royal Devon)

Vision for Neighbourhood Health

- Shift from system-centred pathways to **person-centred, holistic care**
- Focus on prevention, population health, and reducing avoidable admissions

- Increased support for vulnerable populations

Key Initiatives Highlighted

- **Community Flow / Concierge model** (holistic support, admission avoidance)
- **Frailty MDTs** (evidence of significant admission reduction)
- **End of Life pilot** (ACP completion ↑ from 40% to 80%, reduced hospital deaths)
- **Health & Wellbeing Days** (VCSE + GP + community services)
- Exploring targeted MDTs for:
 - Respiratory disease
 - Core20PLUS5 populations

Challenges

- Financial constraints and workforce pressures
 - Variability across PCNs
 - Significant **data sharing and IG delays** (e.g. DPIAs taking months)
-

5. Mental Health Update (DPT)

System Pressures

- Devon is an **outlier with very low mental health bed capacity**
- High risk of out-of-area placements
- National mandates + local constraints create tension

Strategic Focus

- Address the “**mental health gap**”:
 - Patients too complex for primary care but below secondary care thresholds
 - Often high users of ED and acute beds
- Strong emphasis on **VCSE-led interventions** with clinical backup

Key Projects

- Relocation of **Crisis Café** to North Devon Hospital site (by Sept 2026)
 - Integrated mental health pathways pilots (Ilfracombe, Bideford)
 - Dementia Strategy (recently signed off)
 - Capital bid for **24/7 Mental Health Neighbourhood Centres**:
 - Year 1: South Devon
 - Bid submitted for **North Devon (Year 2)** – includes short-stay beds
 - Strong interest in **shared platforms (e.g. Accurx)** for asynchronous MDT working
-

6. INT Footprint & Geography

- Primary Care strongly supports **PCN-based footprints (~50,000 pop.)** for North Devon:
 - Reflects established relationships and operational reality
 - Acknowledgement that:
 - East Devon may take a different approach
 - North Devon's rurality and deprivation profile is unique
 - Social Care interfaces acknowledged as a key design consideration
-

7. MDTs – Emerging Consensus

- MDTs demonstrably effective but **current synchronous models are inefficient**
 - Strong interest in:
 - **Asynchronous MDT models**
 - Digital tools (e.g. Accurx, NHS email groups) to reduce meeting burden
 - Agreement to:
 - Review what MDTs already exist
 - Identify what works / doesn't
 - Avoid duplication
-

8. Data & Information Sharing

Major recurring barrier

- Multiple platforms (One Devon, Nebula, Epic, dashboards) do not align
- VCSE not fully integrated into NHS data sets
- Risk that system-wide datasets become performance baselines before being fit for purpose

Actions Discussed

- Need clearer ICB steer on:
 - Preferred data platform(s)
 - Use for planning vs performance
 - Request for future session/demo on:
 - One Devon Data Set
 - Population Health tools
-

9. Barriers to Progress (Agreed Themes)

- Fragmented pathways and repeated handovers

- Limited visibility of services / directories of support
 - Workforce and capacity constraints
 - Data sharing, IG and digital barriers
 - Cultural differences and risk tolerance between organisations
 - Commissioning, funding, and contracting uncertainty
 - Inequalities and exclusion (agreed as a **cross-cutting priority**)
-

10. Community & VCSE Involvement

- Strong agreement community voice must shape neighbourhood design
 - Use of:
 - **One Community Partnerships**
 - VCSE Infrastructure bodies
 - Emphasis on:
 - Asset-based approaches
 - Closing feedback loops with communities (“you said – we did”)
 - VCSE seen as essential, especially in mental health and prevention
-

11. ICB / System Update

- Chris Reid appointed Place Director
 - NAPC (National Association of Primary Care) are supporting creation of a **drafting paper titled ‘Cluster approach to neighbourhood places**
 - 2026/27 seen as a **development year**
 - Key asks:
 - Agree neighbourhood footprints
 - Align with Health & Wellbeing Boards
 - Explore funding streams including the **Better Care Fund (BCF)** which is currently overspent
 - Evidence reductions in admissions and improved flow
-

12. Agreed Next Steps / Actions

1. **Refine and share a clear narrative** for neighbourhood health (Primary Care-led)
2. Develop **Terms of Reference** for the Neighbourhood Health Steering Group
3. Progress governance work towards **North Devon GP Provider CIC**
4. Explore **asynchronous MDT models** (incl. Accurx pilot learning)
5. Position **Health Inequalities** as a core cross-cutting principle
6. Share existing **population health analysis** across partners
7. Arrange future session on **data platforms & IG solutions** (incl. ICB input)
8. Schedule next **face-to-face steering group meeting**

Overall Conclusion

- Strong alignment across Primary Care, Acute, Mental Health, VCSE and ICB
- Shared ambition to move from reactive care to **integrated, person-centred neighbourhood support**
- Key enablers identified: governance, data, culture, and trust
- Momentum acknowledged – emphasis on maintaining pace and avoiding further fragmentation