

NOTED OF THE ONE NORTHERN DEVON CONFERENCE – 30TH NOVEMBER 2017

Attendance: Please see Appendix A

1. Welcome and Introduction (Andrea Beacham, NDHT)

AB welcomed everyone to the conference acknowledging the good level of attendance.

AB outlined the context of the conference:

- To bring organisations and communities together as a Northern Devon community.
- To share progress within communities and at Northern Devon level.
- To have connections and build partnerships amongst public, private and the volunteer sectors.

2. What is Placed Based System of Care (Andy Moore, DPT)

AM introduced himself to the audience. AM is a Consultant Psychiatrist working with community teams in Lynton, Ilfracombe and Combe Martin.

AM gave a presentation on 'What is a Placed Based System of Care' and headlines included:

- Places and systems can be combined to help the citizens of North Devon in work and everyday life. The audience were encouraged to complete a grid during the break.
- The number one challenge is complexity. This is due to the accelerating expansion of knowledge with people living longer with more complex conditions and requiring more support.
- This is considered to be the century of the system.
- Systems are currently fragmented and complicated with people working in silos.
- Placed based systems of care offer reconciliation of complexities but need to consider how big a system should be and who should be included e.g health and social care, police, fire, voluntary services.
- The NHS is the top ranking healthcare system in the world but when it comes to outcomes it is near the bottom due to the influence on health and wellbeing – a small fraction comes from the healthcare system and the rest is influence from social aspects and the environment we live in (wider determinants of health).
- Place based systems of care have the potential to pull together key services at a chosen level and at a chosen place.

- NHS regulators and the NHS blue print urges Trusts to move in this direction – more information on placed based systems of care (Kings Fund) can be found here :- <https://www.kingsfund.org.uk/publications/place-based-systems-care>
- Place based systems of care are only achievable with the support of all partners and system leaders to enable barriers to be removed.
- The secret of getting ahead is getting started

The audience had no questions.

3. Introducing One Northern Devon (Alison Diamond, NDHT)

AD introduced herself. AD is CEO at NDHT which provides healthcare services in Northern Devon excluding mental health services.

AD gave an overview of One Northern Devon.

AD presented scenarios that can affect individuals and which are being resolved on a daily basis to provide a balance in life. People need to have that balance in their life and we need to assess what communities can do to provide this.

AD explained how a number of public services have been brought together to discuss how communities can be brought together.

AD introduced the One Northern Devon Group which is made up of many different groups, some of who are facilitating the conference tables. Each facilitator was asked to introduce themselves:

- Alison Diamond – CEO, Northern Devon Healthcare NHS Trust
- Andrea Beacham – Partnerships Lead, Northern Devon Healthcare NHS Trust
- Andy Moore – Consultant Psychiatrist, DPT
- Toby Davies – Superintendent, LPA Commander North and West Devon, Devon and Cornwall Constabulary
- Simon Jones – GP, Barnstaple
- Jeremy Mann – Head of Environment Health and Housing
- John Worsley - Group Commander, Devon and Somerset Fire and Rescue
- Hilary Burr – Chief Officer of North Devon Voluntary Services
- John Womersley – Chair of Local CCG Commissioning Body
- Jamie Hollis – Senior Solicitor, Torrige District Council
- Steve Seatherton – One Ilfracombe

The role of One Northern Devon is to share work and collaborate when required. The STP works across the whole of Devon which has seven areas of focus. This has provided One Northern Devon with a framework to look at different projects and to measure success of these. AD explained that One

Northern Devon is in development and will continue to grow. The meeting also provides opportunities for communities to seek advice and be provided with contact information should communities wish to seek support.

Ian Hobbs (Senior Commissioning Manager, Market Management & Quality Assurance) advised that Jennie Stephens represents Devon County Council on One Northern Devon but was unable to attend today.

4. Examples from Communities

One Ilfracombe (Steve Seatherton and Hannah McDonald)

SS outlined the role of One Ilfracombe which had started as a pilot project to develop a not for profit company to enable partners to have a say. The local partners, hosted by the Town Council, aim to improve health, the area and prosperity of the town.

SS explained that due to issues of health and inequality in Ilfracombe, One Ilfracombe wanted to put the community at the heart of decision making and enable the community to take responsibility for the decisions made.

The three themes to One Ilfracombe include:

- Living Well - hold monthly meetings.
- Town Team - available on radios throughout the town to enable action to be taken as soon as possible.
- Ilfracombe Works

SS outlined how One Ilfracombe has been funded. Although the majority of funding has been received from the Town Council, funding has also been received from partners and through grants.

Hannah McDonald provided an overview of One Ilfracombe projects which included:

- Community Connector – prescribing and sign posting service. Lots of referrals from local GPs. The post has seen 55 clients with 780 different issues since February 2015 and referrals are increasing.
- Town Team – the team work to keep Ilfracombe clean and safe. Issues can be reported through a radio network and the team includes volunteers.
- Out of the Blue – 10 week emergency cadet service which helps young people learn life skills. 135 cadets have completed the course which includes sessions with the lifeboat, fire service and first aid.
- Health Promotion Initiative – included 42 different agencies and over 1000 Ilfracombe residents attended.

- Mindful Community – there are a high number of residents with mental health issues and awareness training has been provided.
- Commissioned Health Work – this resulted in a central point of contact – community connector. Work on diabetes is also being undertaken and wellbeing clinics are being run.
- Education and Employment – work continues with local schools and academies.
- Connect Online – where students have helped older residents connect to the internet.
- Dementia Friendly Ilfracombe – achieved dementia status with Alzheimer’s society.

The audience were invited to ask questions which were as follows:

Audience Question – How are frontline staff paid or are they volunteers? If paid how much are they paid?

Answer – funding has been received through awards for all mindful community projects. Frontline training has been offered to anyone within the Living Well team (includes NDHT, Fire, Police) for a small fee to enable volunteers to receive training for free.

Audience Question – Are they trained but they don’t have a salary? 43 frontline staff for mindful community and 250 for dementia project.

Answer – they are paid members of staff from partner agencies.

Audience Question – The government have said the emphasis is on mental health – they should not have got rid of 6000 mental health nurses since 2010?

Answer – One Ilfracombe does not get involved in politics and focusses on the population and community.

Audience Question – What is One Ilfracombe’s greatest success and what would people in Ilfracombe say?

Answer –people coming together and talking to each other and all partners around the table being able to resolve issues together. It needs to be sustainable with the emphasis on people in the community. The Living Well team meet monthly and includes varied representation and talks about health issues affecting the town. It is about swapping ideas and sharing initiatives such as suicide prevention, food banks etc to enable people around the table to offer the services to the people they see.

Audience Question – Deprivation indicators have not changed so what impact has the Living Well team had on statistics?

Answer – This is the start of such a system and evidence from other areas indicates that it is 5, 10 or 15 years before you see any impact.

Audience Question – What have you learnt in terms of funding achieved so you can pull information together for wider funding issues and where will funding come from?

Answer – This has been considered for the past four years. The Town Council support One Ilfracombe but also have to get grants, work with partners to combine projects and commissioned work is

undertaken to keep projects going.

TD described how 15 years ago Ilfracombe had been very challenging but was now one of the safest areas to live as crime per population is very low. Working with partners has helped achieve this.

One Bideford (Rachel Raper)

RR introduced herself and explained that Bideford faced similar issues to Ilfracombe.

One Bideford is further behind than One Ilfracombe but a group of partners have been identified who will work together to explore funding. Policies have been written and One Bideford is working in partnership with agencies, schools, health, public services and residents. Further information can be found on the One Bideford website at www.onebideford.co.uk

Key headlines of the presentation included:

- Networking through social media and a facebook page has been developed which is used to advertise events.
- Local residents have been sought to volunteer.
- One Bideford works closely with a number of partners including the chamber of commerce and also has links with the job centre and housing.
- There is an understanding that residents and clients who use the service may move around Northern Devon.
- There are 14 volunteers and 150 residents have received help.
- Funding was secured and a minibus was purchased which is loaned out to partner organisations
- Advice and support is offered in a number of areas including mental health and emotional wellbeing, addiction and recovery, advocacy, homelessness and housing need, life skills, community safety, suicide prevention training, practical support.
- A pride and diversity festival was held.

The audience were invited to ask questions which were as follows:

Audience Comment (from the Chair of Northern Devon Tourist Board) – the conference is talking inward rather than looking outward. The area has incredible things to offer – funding is required and the area is currently under performing in tourism by 11% on the national market and 20% in UK. Healthcare is improved by people’s livelihoods and therefore you need to think bigger, need to join up. One Devon is doing that but when thinking of funding, you need to think how to put more money back into the region and how you can bring more investment into the region which will fund these projects.

Answer – RR said this was why she joined the chamber of commerce. The Ilfracombe Works Team also work with local employers and understand the importance of the economy of the town.

Audience Comment – I had been asked to find out about the Mayflower and then I was told about Grenville which is as big as the Mayflower. We also have training camps for D Day in North Devon which are not advertised. These projects run across communities and could generate funding for projects.

Braunton (Dr Susanna Hill)

Dr Susanna Hill introduced herself and explained how Braunton is at the start its journey. SH explained that she also works for Macmillan and there are ongoing discussions on how to support people at home at the end of life.

SH outlined a patient story whereby an elderly resident lives alone and although they have five children, they all live out of the area. The patient has long term health conditions and is very lonely and feels useless. SH considered that the patient needs company and be given a sense of meaning.

It was recognised that there are lonely people lacking social support in Braunton and SH referred to Health Connections undertaken by Mendip. SH had invited partner organisations to a meeting in May and asked them to think about issues and how they can be addressed in Braunton. It became apparent at the meeting that people did not know each other within their community and that they work in isolation. A Further meeting was held in September with over 60 people attending to hear about the work of Mendip and share ideas. A Committee is now in place to progress ideas and Braunton is keen to have a co-ordinator post and is looking for funding.

SH referred to a bid for funding made through Aviva for the co-ordinator role. A supporting statement was included and £100 was awarded which will be put towards web design.

SH suggested that the audience watch Bills Story on You Tube (a Hospice Story).
<https://www.youtube.com/watch?v=5tJGaWjRZk>

The audience were invited to ask questions which were as follows:

Audience Question – how important was Aviva community funding? Was it essential and was it the insurance company?

Answer – it was important as it helped to disseminate what we were doing across the community. We were awarded £100 which will pay for web site design or a competition with the school. It is more about getting the word out there.

Audience Comment – The Co-op have approached Ilfracombe League of Friends. The Co-op nationally are providing funding to local voluntary groups through blue cards. £1300 went towards a scanner. This year the Co-op have said the League Friends and two other organisations were being collected for so it may be useful approaching supermarkets for funding.

Audience Comment – *the idea of working together is a great thing and a new thing. We have been doing this for longer in Ilfracombe and Partnership working is in our DNA. There is concern that the reason for bringing people together is political. The fact that the system, certainly the health service, has been fragmented is why we are having to come together in order to deal with something that was brought about by political change which is why it is complex. We have created complex systems and now we are trying to find a patch to deal with them. The community connector is a worthwhile role as it connects people with all issues but it is there because of the extent of fragmentation. Whilst providing a sticking plaster don't pretend you are doing it purely for working together, this is financially based and we should be fighting that as well as coming together.*

Community Unity (Mike Felstead)

Mike Felstead introduced himself and gave a presentation on the project, which included:

- Community Unity is a project that started in March and is designed to support Devon and Cornwall Police's Citizens in Policing Programme.
- The project is funded by the police and commissioners and is currently working in Holsworthy, South Molton and Lynton and Lynmouth.
- The mission is to inspire and support communities to be thriving, resilient and inclusive.
- The project has a deep rural reach and work has introduced people to co-operative schemes, use of village halls, neighbourhood plans and supporting development of emergency plans.
- The project is currently asset mapping, holding ideas factory events, developing action plans, time-banking, crowd-funding and emergency planning.
- Community Unity will aim to establish projects and hand them back to the local community to run.
- Further information can be found at <http://communityunitydevon.org.uk/>

The audience were invited to ask questions which were as follows:

Audience Question - *how are you funded?*

Answer – we are a charitable company and a small amount of money is received through an SLA with Devon County Council. We also seek funding where it fits well with work and have done Healthwatch Devon, village halls funding came from the Big Lottery and we seek grants.

5. Northern Devon – what does data tell us? (Tracey Polak)

TP introduced herself and referred to the joint strategic needs assessment (JSNA). The data helps to focus on issues in specific areas and indicates that Devon is better than average but some areas within Devon are struggling.

All projects talked about today will be able to access the public health data and need to focus on wider detriments. JSNA can also be accessed through the Devon County Council website and public views have been sought for the information on the website.

TP explained that people are retiring into Devon and may have different social networks compared to younger people. TP emphasised that living to an old age is good. The population profile by age indicates an older population and the data indicates that life expectancy in Ilfracombe central is improving.

TP highlighted rural deprivation and funding that does not cover deprivation or address the journey time for the population to access services. There are risks to living in rurality e.g higher cost of living, fuel poverty, transport, occupational and environmental risks.

TP outlined health related behaviours that public health monitor such as alcohol use and advised that public health are also beginning to quantify the effects of loneliness.

TP highlighted that Devon is overall better than other parts of the country but resources need to target those areas that are not quite so good.

It was agreed that questions would be asked later in the conference.

6. What re the Tools Available for Communities?

A table top exercise was undertaken and the audience were asked to consider:-

- Are there any steps you would like to take forward from today?
- Agree a question for the panel.

The Panel were asked to take their seats.

North Devon Council (Jeremy Mann)

AB introduced Jeremy Mann who presented the focus of NDC including key functions of housing services. This year 200 families will approach the council with a homelessness risk. 100 additional individuals will be at risk of rough sleeping and 200 people will approach the council for disabled facilities. Work is ongoing to increase housing supply with 300-400 new houses being released into the market place. This is the responsibility of North Devon Council and Torrige District Council.

JM explained that NDC will seek to reduce the imbalance of the housing market, have intervention to increase housing supply and interventions to reduce demand. The aim is to maximise on areas of social benefit.

All panel members were asked to outline what the conference means to them.

John Womersley – NEW Devon CCG

JW introduced himself and explained that the CCG has responsibility for the whole population needs. They have to plan services, buy those services and ensure they are cost effective and of quality. To date health has not been joined up but it is becoming joined therefore we need to work together to achieve good outcomes. Today is about starting to have a healthy community which leads to healthy people. We need to reduce the need for health services by increasing community support and be part of a system that helps all statutory bodies work together. We want less contracts so patients have better individual care and find it easier to access care when they need it. We need to have a better sense of healthiness and wellness.

Toby Davies –Devon and Cornwall Constabulary

TD explained that funding is being cut and threats are changing. The danger is that all organisations will go into silos but there are better outcomes when we work together. There is good work being undertaken together to reduce demand to services. We need the courage to start the partnerships.

Phil Norrey – Devon County Council

PN considered there to be an increased sense of confidence that collaboration is the way in which organisations should work. Initially work has focussed on preventing hospital admissions and will move to focus on the longer term to improve the conditions of families and individuals, partly through changing behaviours. PN considered that public services tend to standardise everything but one size does not fit all so we need to work with communities. We need to identify and agree what the issues are before putting funding into any area. We need to develop a target for ourselves that means something to the community.

Alison Diamond – Northern Devon Healthcare NHS Trust

AD explained that many people come through the hospital doors who don't need to be there if things had been done differently. There are lots of opportunities to enable communities to address wellbeing issues without the involvement of services.

Audience Question – *how are you going to connect a person who is very lonely and is getting more sick and more disconnected – how will you connect them to the fantastic wealth of talent in this room?*

Answer – AD explained that this was not answerable at the current time which is why the conference is being held. PN referred to the Community Connector who has an essential role to connect individuals to services and this model is being used in Exeter. The Wellbeing Exeter Community Connector won a national award at the HSJ awards. The role is being implemented and rolled out but not everywhere.

Audience Comment – *is there a clear structure so as time goes on we avoid duplication between One Northern Devon and One Ilfracombe.*

Audience Comment – we need a long term vision including funding opportunities to break out of short term cycles of funding which means long term visions are harder to implement.

Audience Question – in terms of sustainability, many people are in a position where they are recruited to a role e.g community connector - if that persons circumstances change, what are the skill sets required to appoint to that post again?

Audience Question - When is One Northern Devon coming south of Barnstaple?

Answer – AD confirmed that One Northern Devon has representation across the patch. One Bideford and One Ilfracombe having spoken at the conference. We are also looking at providing support through an information pack and not reinvent the wheel. It will not be the same solution for each area. There is something about generating a community vision and One Northern Devon cannot do that for communities but it can provide expertise to the communities to steer communities in the right direction to support you.

Audience Question – how can attendees contact each other? Can these details be provided? How do we overcome the fear of when things go wrong when there is a fear of litigation?

Answer – JW explained that in terms of arranging health services it is around natural populations around GP practices. The aim is for 4 local care partnerships in Devon which would be natural areas. The GP practice is probably the central point for each area – as commissioners would look to have outcome based budgets through the 4 areas which means Northern Devon would take responsibility of how a virtual budget should be managed in the area. The 4 local care partnerships would need to decide how they would spend the money to address local needs. An opportunity to give influence to local areas.

Audience Question – if the Community Connector is such a crucial role how do partners foresee paying for it and how should it be funded and what can be measured in communities to show that things are working?

Answer – JW explained that funding is difficult as there is no more money in the system so we have to be smarter or do things differently. There are funding pots to provide local connectors to larger areas and if we can show that there are benefits to various partners in the system we would look to fund internally. To fund across all of Northern Devon area we would have to agree not to do something. There is a plan to roll out the connector roles for a year but in the long term we need to agree how we can make the roles sustainable to show benefits.

Audience Question – with regard to services stopping outside of geographical boundaries, how could you deliver effective services bearing in mind those boundaries?

Answer - AD explained that meetings like this unlock those boundaries and identify the relevant contributions of community or staff and how they can deliver those services. There will be boundaries at some point in social care. This is about being more creative in our approach to working together.

Audience Question – *Should responsibility for setting up these services lie with one particular body?*

Answer – it was explained that for it to work well we all need to work together. We will develop local care partnerships which will need to develop all these groups. To buy care we will be starting a local partnership and One Northern Devon is effectively a local care partnership. TD explained that if it is mandated it would not have the same outcome so we need to understand the issues in the community. AD supported TDs views and agreed that the level of enthusiasm will be different in each area.

7. Conclusion

AD thanked the audience for the phenomenal turnout and welcomed feedback.

AD considered that more consideration needs to be given to look at the rural communities between towns.

Audience Comment –a patient representative thanked everyone who had attended the conference which was necessary for the people on the ground.