

onenorthern**devon**

**A PLACE-BASED,
PERSON-CENTRED,
SYSTEM PARTNERSHIP**

**RURAL SERVICES NETWORK
RURAL HEALTH & CARE
SEMINAR**

**16 NOVEMBER 2022
ANDREA BEACHAM**

ABOUT NORTHERN DEVON

- Two tier local authority
- Covers two district councils
- Rural, coastal, market towns

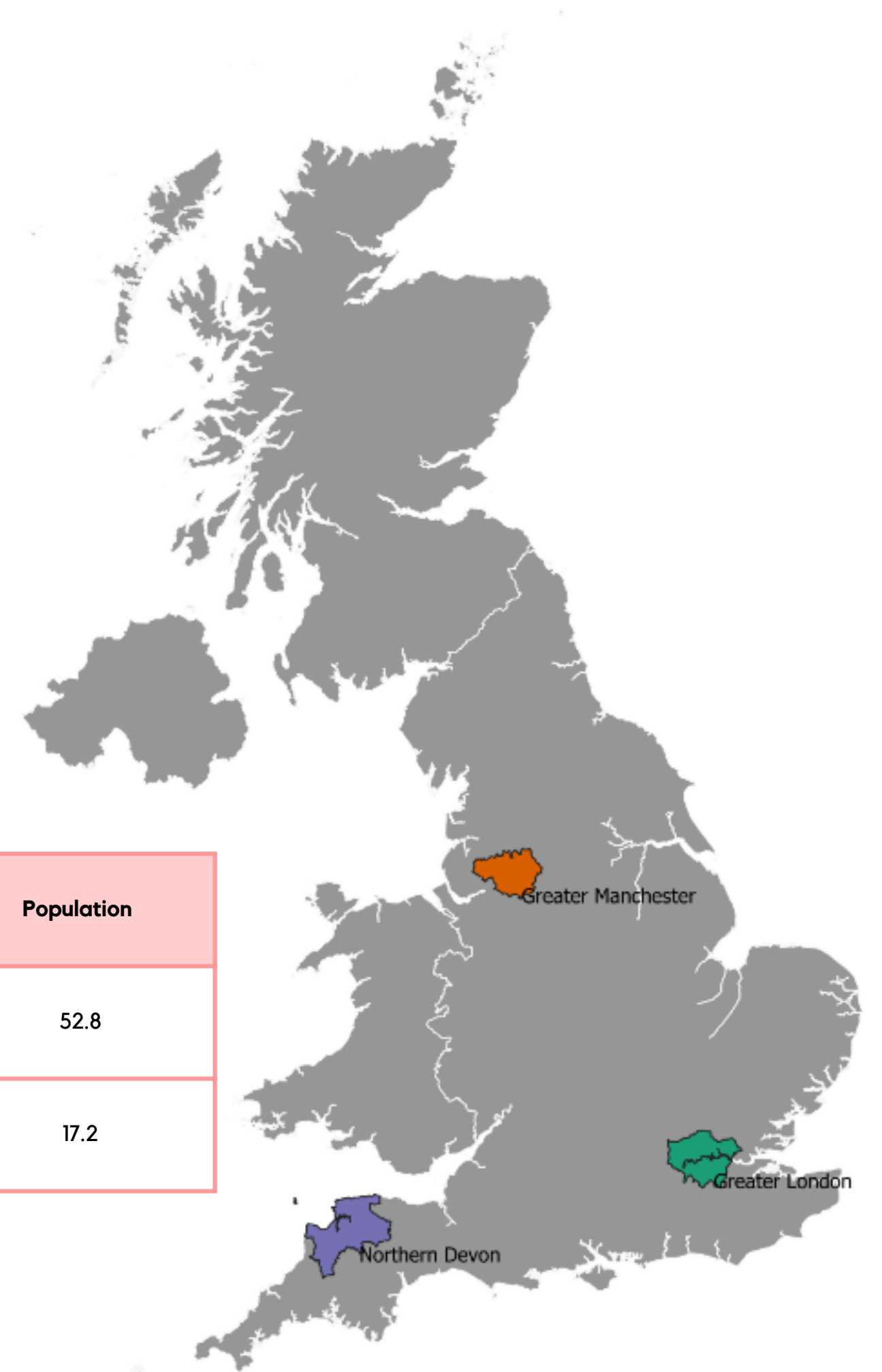
Challenges

- Ageing population
- Workforce shortage
- Large health disparities
- Low wage economy
- Large area, dispersed population

Advantages

- Exceptional natural environment
- Community spirit
- Relationships
- Innovation

x bigger than Northern Devon	Area	Population
Greater London	0.76	52.8
Greater Manchester	06.2	17.2



ABOUT NORTHERN DEVON

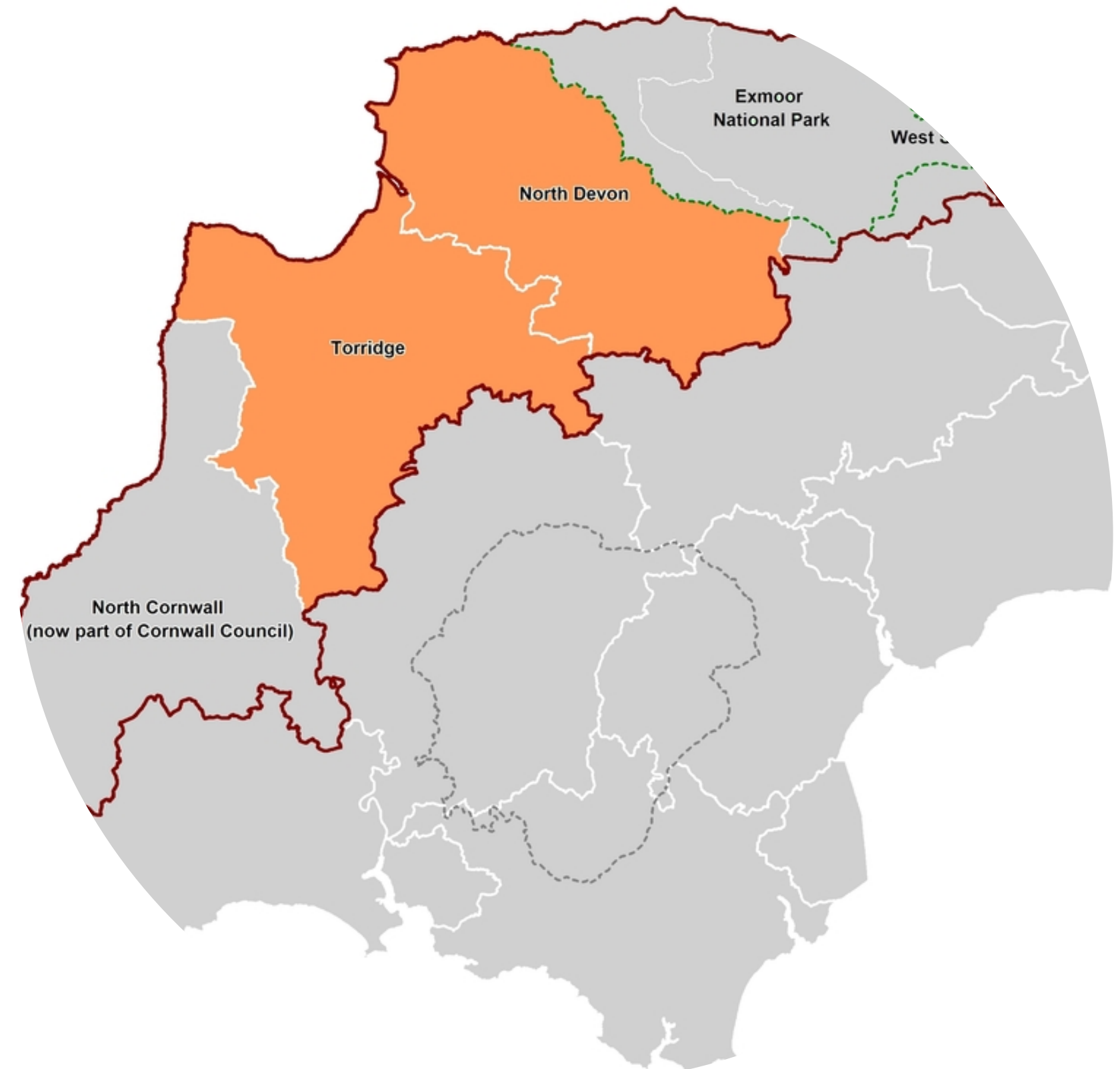
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One Northern Devon is a partnership of organisations who contribute to the health & wellbeing of the people of Northern Devon

Our vision is that people in Northern Devon live happy and healthy lives in safe, clean and connected communities where people are supportive of one another and aspirations are achieved through equal access to the best education & employment, whilst living in decent homes and enjoying our world-class natural environment.



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Who are we?

One Northern Devon is a partnership of public services, businesses, voluntary & community groups

What do we do?

We **collaborate** together, influence policy & **work over the long term** to improve the quality of life, protect our shared natural environment and address local inequality

Why do we exist?

We exist because **concerted, systematic action** is needed across **multiple fronts** to address the causes of health & social inequalities. We need to work as **ONE system** to tackle complex, multifaceted factors involved

Our strength:

Our strength is in being able to **bring organisations and communities together** to change things for the better

Our approach:

Collaboration is key - there are things we can only do and problems we can only solve if we work together.

A SYSTEM NOT SECTOR STRATEGY

“Interventions to tackle health inequalities need to reflect the complexity of how they are created and perpetuated, otherwise they could be ineffective or even counterproductive. Evidence shows that a comprehensive approach can make a difference. This includes, but goes well **beyond, the health and care system.**” - King’s Fund

“**We need a vision & mission which brings together local effort** with specific goals to narrow the gap. It will mean **new partnerships with other public services, with the community and voluntary sector and with industry.** We are watching with interest the government’s ‘levelling up’ agenda ... focusing on the links between health and economic development, to understand and develop the considerable opportunities in this area” – NHS Confed, Feb 2020

OUR MOTIVATION

Based on factors often outside their direct control, people in England experience **systematic, unfair & avoidable** differences in the opportunities they have to lead healthy lives. (Marmot Review Feb 2020). In Northern Devon, people in the most deprived communities can expect to die 15 years earlier than those in our most affluent.

Our partners have come together out of a moral and social duty to address this inequity.

**Now part of the Integrated Care
System infrastructure**

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Three programmes of work



PERSON

One-to-one support for individuals

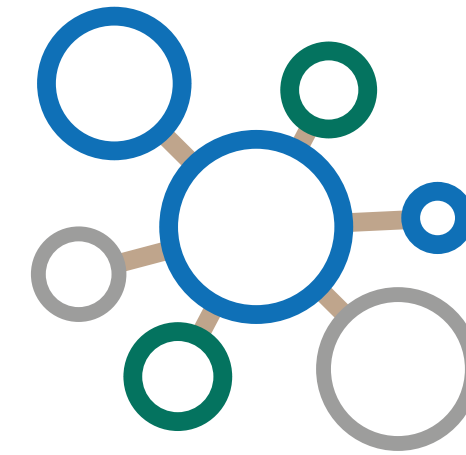
Person-centred services where understanding what matters to the service user is prioritised and a team is pulled in to support them taking into account their circumstances and past experiences.



PLACE

Whole population support to communities

Services commissioned and delivered in a 'place-based' way, taking into account the individual needs and assets available in a place and supporting system infrastructure at community level. Just as context matters on an individual level, so it matters on a community level.



SYSTEM

Organisational support for system co-ordination

Organisations work together and co-ordinate their activities so that people didn't have to try and piece them together themselves.



PROGRAMME 1: PERSON-CENTRED



WHERE IT STARTED

Heartbreaking scenes on BBC One's Ambulance as paramedics tend to suicidal man pining for missing dog

The patient said: "If can't get my dog back I don't want to live any longer."

SHARE     COMMENTS

By [Katie Fitzpatrick](#) Showbiz and TV writer
21:09, 1 NOV 2018 | UPDATED 21:52, 1 NOV 2018

Enter your postcode for local news and info

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Go

In    YourArea



Hard-hitting BBC One documentary Ambulance showed paramedics tending to a man threatening to take his own life after his dog went missing.

An ambulance was sent out to help the man, known as David, following reports he had a carving knife.

The show showed the crew taking David to A&E for a mental health assessment. And it was explained that David was a frequent caller.

One call handler said: "He used to have it all, lost it. Used to be fairly highly-functioning member of society. All he's got left now is his boat and his dog." When one of the crew encouraged 'if you can crack this alcohol problem you'll be able to get yourself back on the road' he replied: "I don't want to get back on the road. I can't do it again. "If I've lost me dog.. he s everything. I'm sorry but he really is, when I say my life, I mean my life."

Medical dispatchers later received another call about David from a worried passer-by. With no mental health specialist to assess him on scene at his barge, paramedics - a different crew to the one who had tended to him earlier - had no option but to take him back to hospital. They were stunned to learn he had absconded after setting off the fire alarm.

WHAT MATTERED TO DAVID?



- **Finding his dog**

WHAT DID WE DO?

- Took him to A&E for a mental health assessment
- Multiple times

WHY?

- That's all we had to offer



We don't have the tools to respond to what matters to people like David.

WHAT IF

We could talk to people about what is important to them ...

... and then be able to support them with those things?

High Flow tested this approach with the 15 most frequent service users across the system.

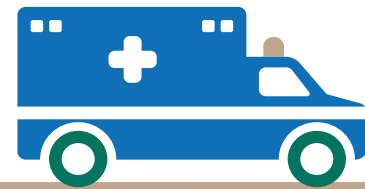
We agreed a number of principles to address problems identified by people with complex needs.

VALUE

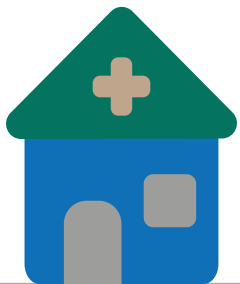


Northern Devon Healthcare Trust
-£ 42,150.00

South Western Ambulance
Service -£ 23,331.92



Police
-£ 36,382.00



Primary Care Network
+£180.00

Devon Partnership
Trust -£ 2,148.00



Total Reduction
-£ 103,831.92



REDUCTION IN DEMAND

In one year, six clients on the High Flow programme resulted in a reduction in demand of £103,831.92 across all the partner services.

These were: Northern Devon Healthcare Trust, South West Ambulance Service, Police, Primary Care Networks and Devon Partnership Trust.

The annual delivery costs are £42,500 therefore the return on investment is 1:2.4 i.e. for every £1 spent, £2.40 is saved.

PROGRAMME 1: PERSON-CENTRED SERVICES

Why needed?

People most in need of support are least likely to receive it. Many describe feeling ‘bounced around’ services telling their story again & again. People feel distanced from the professionals that support them as they get referred to multiple services.

Key elements of Flow



Personalised support – not one-size-fits-all



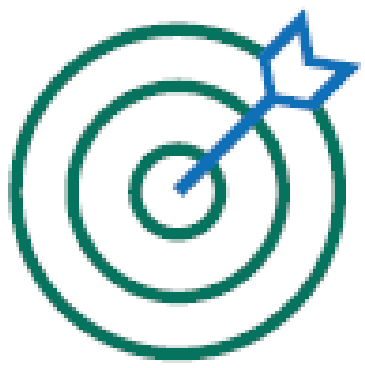
Team approach, including the individual



Pulling in support – not referring on



Understanding what matters



Focussing on goals as well as needs



Co-produce a plan

Flow Projects

FLOW PILOT

The OND Flow pilot focused on service users in one town -Barnstaple

YOUTH FLOW

Supported young people to overcome barriers to work

HIGH FLOW

Supported the highest intensity service users across the system

COMMUNITY FLOW

Supporting people to access community & voluntary support

SECONDARY CARE FLOW

Supporting patients with multiple needs in primary care

PRIMARY CARE FLOW

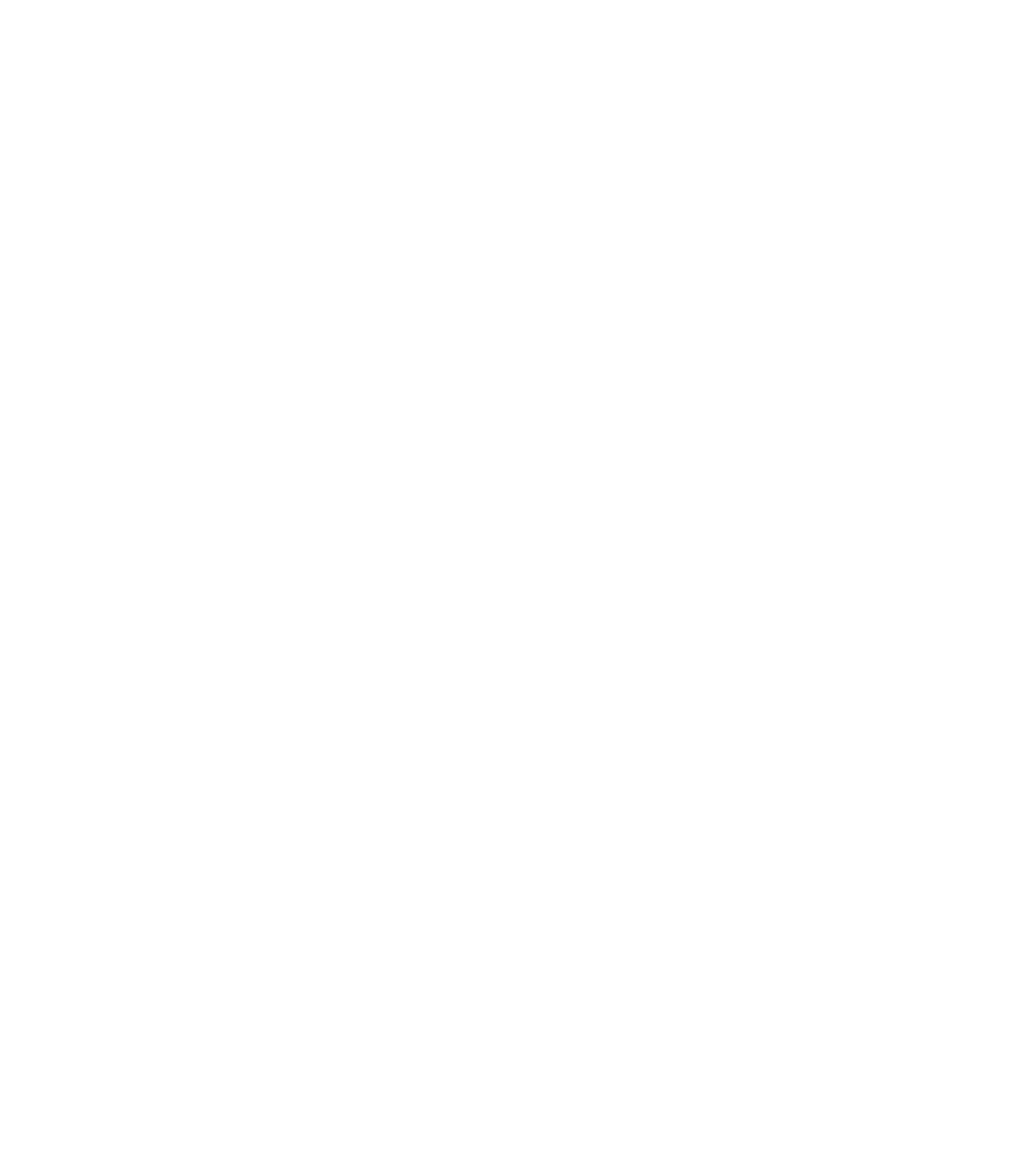
Supporting patients with multiple needs in primary care

COMNITY MENTAL HEALTH FLOW

Supporting people discharged from mental health wards



PROGRAMME 2: PLACE-BASED





Chair: Cllr Rod Donovan
Community Developer: Charmain Lovett



Community priorities:

The priorities identified by One Ilfracombe following engagement with Ilfracombe residents and considering the local public health data are:

- Increasing life expectancy
- Enabling older people to remain independent longer
- Helping our young people to reach their potential
- Increased growth of local business
- More Ilfracombe residents in work
- Improving town image
- More residents feeling proud



Chair: Annemarie Shillito
Community Developer: Michelle Harding



Community priorities:

The priorities identified by Torrington 100 following engagement with residents and considering the local public health data are:

- Create a forum that allows all local stakeholders to have a say in the continuing development of their community, related to wellbeing involving: Residents and the public, voluntary, community & private sectors
- Be part of the wider Devon Integrated Care System (ICS) and in particular One Northern Devon
- Build Community Capacity by delivering sustainable activities, projects and services to meet peoples' needs.



Chair: Dr Susanna Hill
Community Developer: Sophie Brookes



Community priorities:

Live Well in Braunton is a community resource helping people to live healthier and happier lives. Our aim is to make the village more connected and build social equity across the community'

We are a team of local people who are engaged with most of the voluntary and statutory organisations across Braunton. We support existing projects, help identify gaps within the community and bring people together to fill them. We also work very closely with our local GP Surgery at Caen Medical Centre providing 1 to 1 support for individuals via our social prescriber.



Community priorities:

The priorities identified by One Atlantic following engagement with local residents and considering the local public health data are:

- Increase the health & wellbeing of our communities in Bideford and surrounding areas
- Work closely with our local social prescribing team to identify the needs of the community and develop projects to meet these needs.
- Use our community engagement to identify projects such as mental health issues and physical activity need and work together to develop projects.

Chair: Dr Ruth Tapsall
Community Developer: Lizzie Bauer



HOLSWORTHY & DISTRICT COMMUNITY FORUM

Community priorities:

Community Engagement underway, which, alongside joint strategic needs assessment data for Holsworthy will form the aims and objectives for HCDF.

The Forum will meet as often as it needs to develop and implement local action plans based on their needs and assets.

It will assess it needs through:

- Engaging residents and businesses
- Understanding their public health needs using the Joint Strategic Needs Assessment (Devon County Council)
- Engaging local service providers
- We will develop a joint action plan to meet these needs

Chair: Geoff Cusick
Community Developer: Alyce Barber



Chair: Louise Flagg
Community Developer: Ella McCann



One Barnstaple priorities

1. Funding and future planning
2. Create a local Mental Health Network
3. Create a volunteer bank
4. A connected community
5. A physical community hub
6. Media and Comms coordination
7. To become a food network
8. A virtual hub



Community priorities:

The priorities identified by One South Molton following engagement with South Molton residents and considering the local public health data are currently being finalised.

Aims

To enable individuals and the South Molton Community to improve and promote their own health and well-being.

To support families and vulnerable members of the community with the effects of the pandemic, including food support


To work closely with the South Molton Social Prescriber to identify community need and develop projects and support to meet these needs

Chair: Alison Verney
Community Developer: Jess Twydall



ONE COMMUNITIES

COST OF LIVING CRISIS




Food insecurity & poverty

Assisting people in households who are unable to afford sufficient food for a healthy diet.




Fuel & energy & housing

Supporting people in fuel poor households, where energy costs are in danger of pushing them beneath the poverty line.



Health & Wellbeing

Rising costs of essentials are combining with existing disadvantage and vulnerability to put many at greater risk of both immediate hardship and poor health and wellbeing



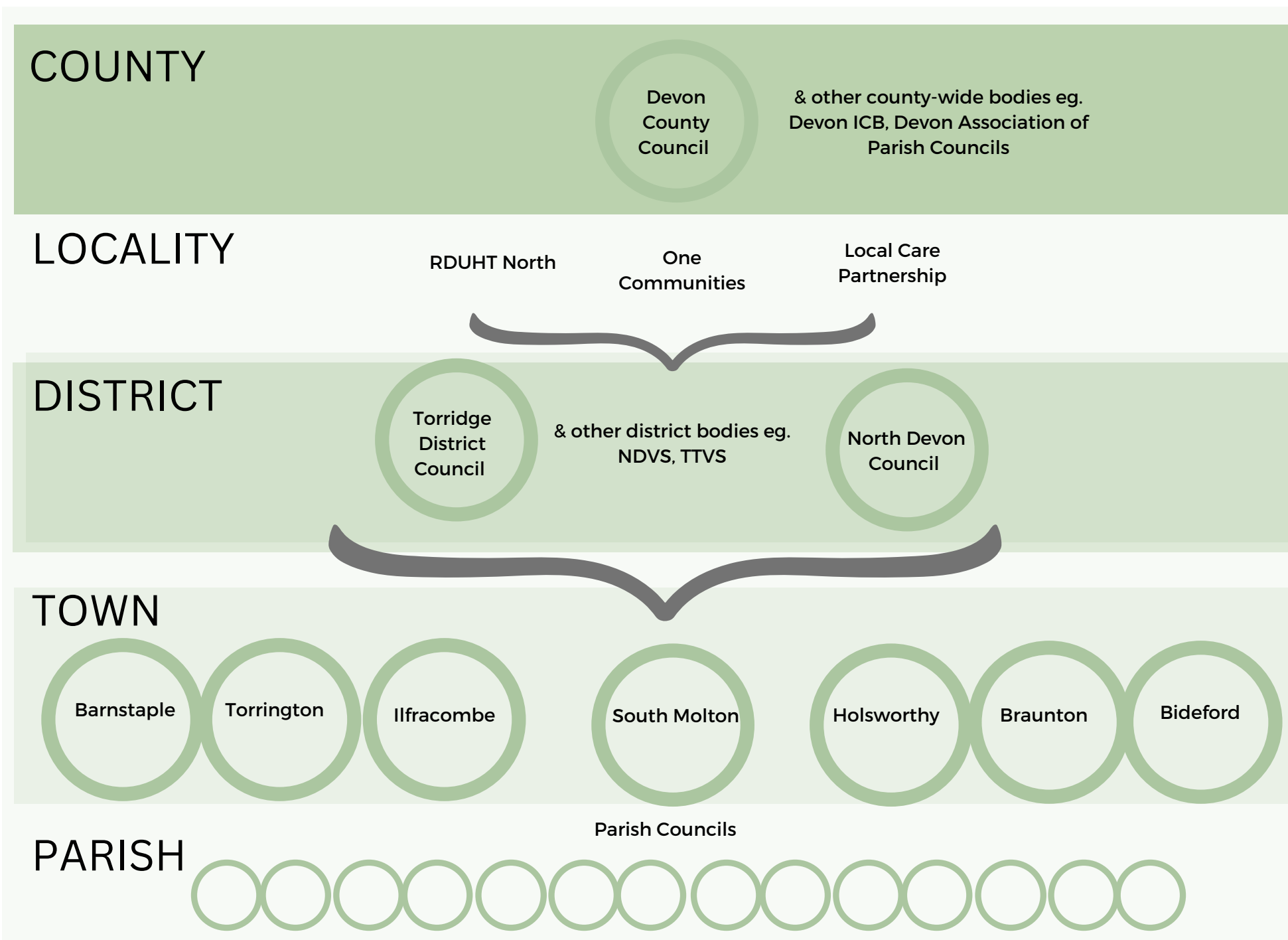
Money & Debt

Addressing the financial insecurity and hardship and supporting people who are finding themselves in increasing debt.



Skills & Employment

Supporting residents with employment and skills programmes that can lead to higher skilled, higher paid wages in growth economies.



A LOCAL RESPONSE TO A NATIONAL CRISIS

The Covid pandemic demonstrated that national emergencies require both a national and local response and that both can be effective in alleviating the impacts on individuals and communities. The cost of living crisis being experienced by millions in the UK has any of the features of the pandemic. It disproportionately affects those in lower socio-economic groups, it could have a devastating effect on the live of millions and it requires a joined up response at both local and national level to alleviate the impact.

If you need help, information, advice or assistance

CLICK HERE



PROGRAMME 3: SYSTEM CO-ORDINATION

What are we doing to reduce health inequalities?



Health Equity Strategy Co-design

One Northern Devon held its second Health Equity Stakeholder workshop on 8th November 2022 with guest speaker Professor Sir Michael Marmot.



Professor Sir Michael Marmot FRCP
Director, UCL Institute of Health Equity
www.instituteoftheequity.org

The multi-sector workshop began work on the insights gathered from the health inequalities engagement over the past 6 months which had highlighted six key challenges:

- Poor transport infrastructure
- Lack of affordable housing
- Poverty
- Mental ill-health
- Geographic remoteness & rurality
- Access to healthcare

In addition, participants - following system design methodology - further defined the design principles that each partner would need to commit to, to enable the conditions for system change.

These fundamental principles of 'how we work' will be shared with all partners in the next few months with a request that these are used and barriers reported back.

Latest engagement results

Between April and October 2022, One Northern Devon held conversations in communities and with service providers to better understand the challenges that people across Northern Devon are facing. The findings from this will support the development of One Northern Devon's revised Health Inequalities Strategy.



6 key challenges

- Poor transport Infrastructure
- Lack of affordable housing
- Poverty
- Mental health
- Geographical remoteness and rurality
- Healthcare services

Who took part?

104 citizens completed the survey

74 citizens were interviewed

3 young people took part in a film

73 people from organisations completed the survey

30 organisational representatives were interviewed

166 PCN staff took part in the PCN survey

**The final report
is [here](#)**

KEN MILES



To view video from PDF click [here](#)

What is the problem?

Lack of Affordable Housing
Lack of private rental
Rents too high
House prices too high
Affordability
Too many second homes
Air BnB
Housing conditions
Fuel Poverty
Homelessness
Lack of supply
etc

Implications

- Health Issues
- Drop in living standards
- Increased calls on other sectors
- Increased costs
- Disruption
- Community cohesion
- Recruitment difficulties

REASON 3

We're attempting to address the conditions needed for meaningful change

TOWARDS CREATING A DESIGN BRIEF

FIRST DRAFT FROM COLLATING ALL TABLE DISCUSSION NOTES

DESIGN PRINCIPLE 1
PERSON-CENTRED
Provide person-centred services - focused on what matters to the individual, not service

DESIGN PRINCIPLE 4
CO-PRODUCED
Co-produce solutions with the people and communities affected

DESIGN PRINCIPLE 7
BUILD ON GOOD PRACTICE
Build on existing areas of good practice

DESIGN PRINCIPLE 2
CONSIDERS PERSON'S WIDER CONTEXT
Work in ways that support the 'whole person' including their wider circumstances

DESIGN PRINCIPLE 5
TARGET RESOURCES WHERE THEY WILL HAVE MOST IMPACT
Distribute resources equitably and where they will have the most impact

DESIGN PRINCIPLE 8
THINK LONGER TERM
Think longer term and ensure adequate resources are allocated towards prevention

DESIGN PRINCIPLE 3
WHOLE PLACE
Work in ways that support the 'whole place' and recognise rural and coastal challenges

DESIGN PRINCIPLE 6
JOIN FORCES & PROMOTE SHARED LEADERSHIP
Promote shared leadership and join forces across the system towards a common aim

DESIGN PRINCIPLE 9
COMMUNICATE
Get better at communicating with each other across the system

BARRIERS

To working in ways that promote health equity

- ✓ **BARRIER 1**
Communication
- ✓ **BARRIER 2**
Funding disincentives
- ✓ **BARRIER 3**
Access issues
- ✓ **BARRIER 4**
Risk aversion
- ✓ **BARRIER 5**
Power dynamics
- ✓ **BARRIER 6**
Policy/regulation
- ✓ **BARRIER 7**
Culture/behaviours
- ✓ **BARRIER 8**
Lack of capacity & skills to co-produce
- ✓ **BARRIER 9**
Top-down commissioning
- ✓ **BARRIER 10**
System silo-working



**THANKS FOR
LISTENING!**

ANDREA BEACHAM

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