

EAST DEVON DISTRICT COUNCIL

Report of the East Devon Local Strategic Partnership held in the Council Chamber, East Devon District Council on Wednesday 15th July 2010

Present:	Councillor Jill Elson (Communities Portfolio holder)	East Devon District Council
	Councillor Sara Randall Johnson	East Devon District Council
	Councillor Bob Buxton	East Devon District Council
	Councillor Brenda Taylor	Devon County Council
	Peter Jeffs (Culture)	East Devon District Council
	John Golding	East Devon District Council
	Matt Dickins (Planning)	East Devon District Council
	Ali Eastland	Devon County Council
	Rev. Peter Brain	Faith
	Elli Pang	AGILE, Ottery Later Life Forum, & Ottery Health and Care Team
	Liz Wood	Devon Learning Disabilities Health & Social Care Partnership
	Lucy O'Loughlin	NHS Devon
	Roger Trapini	Senior Council for Devon (Seaton & Area branch)
	Sue Parkinson	Secretariat

("Sitting in" – Cllr Ray Bloxham and Debbie Meakin)

Presentation by: Ann James, Chief Executive NHS Devon accompanied by
Richard Anderson, Deputy Assistant Director, Eastern Devon (NHS)

The meeting started at 9.30 a.m. and ended at 10.45 a.m.

***39 Welcome and Introductions**

Cllr Jill Elson welcomed all present and gave a special welcome to Ann James (Chief Executive of NHS Devon) and Richard Anderson (Deputy Assistant Director, Eastern Devon (NHS) who had been asked by the LSP to attend and to seek their commitment and assistance in pressing the 'good health and wellbeing' agenda, in addition to answering a variety of questions, and to give the LSP Members an opportunity of putting their own questions forward.

***40 Election of Chairman**

Peter Jeffs called for nominations:

Appointed as Chairman Councillor Jill Elson
(Proposed Councillor Sara Randall Johnson and seconded Elli Pang)

The Chairman thanked all present for voting for her.

***41 Election of Vice Chairman**

The Chairman thanked Ann for her very informative talk and asked Members of the LSP to put their questions to Ann.

Questions and Answers:

1) Rev. Peter Brain said Ann's presentation was very helpful and asked if the memory cafes run out of Ann's budget, and was it intended that they may run in partnership with the voluntary bodies?

Ann replied that she knew some voluntary bodies who would like to get involved.

Devon County Council provided the funds and the NHS and DCC work closely together on this. She said there was a particular need for older people with dementia wanting to get access but that there was a good building block now. However with some bigger issues – sense of social isolation – need to develop support through the third sector to address needs.

Richard said the running of memory cafes was varied in that the Exmouth group is sponsored by a community worker on Richard's team. The Axminster cafe run a day treatment service and have always run carers groups.

2) Elli asked if the new GP commissioning group would look like the PCT?

Ann said there were 4 clusters covering East and Mid Devon which work well as "4 groups". Expect from white paper an implementation plan as need to know what sort of population they are going to cover – probably around 150,000 to take on all of the responsibilities. Need to wait and see what happens. The 4 groups are working well together but there will be new focussed ways of working. She added that the white paper is very committed to delivery services and that part of the GPs contract will be to participate in local issues. However renegotiating GPs contracts is not a quick and easy thing to do. She added that the other driver is about quality and equity and the challenge will be huge.

3) Matt said that, from a planning perspective, one of the challenges in organising the Council's strategies was getting information about future needs from other bodies, e.g. from a health perspective. Could Ann highlight some of the principles to which white paper will be taking us?

Ann replied that it will make a difference and will be relevant to local people. The real drive is to break down the barriers that have stopped us working together before. It is common sense to work together (e.g. co-location). She said that thinking about LDF developments – what type of access will we need to the third sector and finding easier ways re health and wellbeing? Ann said how do you develop a locality in the community whilst thinking about the practicalities and economics. A problem with timescales – all work to different timescales. Richard added by saying that locally the work with GPs never went away and that they meet around the table with all the consortia in East Devon and that they have local cluster managers who can feed into health needs.

He added that locally there are integrated care teams, nurses, matrons, social work staff, voluntary workers. Meetings are held once a week where the needs are assessed. Similar system with the RDE whereby we looked at 17 patients that wanted to come out of hospital and by getting together the integrated care teams we managed to get 15 patients home – loads of support including GPs. So joined up savings are a reality.

4) Lucy highlighted "examples of good practice" that have been happening in East Devon whereby organisations had come together to look at future development and highlighted "housing/health" impact assessments for Cranbrook.

The Chairman added that in Exmouth they want to provide more services locally but the hospital is not fit for purpose for the 21st century. GPs are saying need to plan in the LDF for a new hospital and ideally get the Hospital and Doctors on one site.

The Chairman said that if that were to be achieved the help of the PCT was needed, so should we as a planning authority reserve any land. The Chairman felt this was a real issue and help was needed from the PCT on 'future proofing'.

Ann said that this was a real important point – needs discussion and to work through the priorities – need also to be aware of how rapid services are changing and developing. Richard said that in Seaton they were very blessed with money in the League of Friends – we have looked at options to spend in the community and people getting care at home.

5) John said the Council had been working with Devon County Council to provide extra care homes and had been looking at models which he felt had a heavy health presence. John asked Ann to what extent did she see NHS Devon being involved in this?

Ann replied by saying that models do work well and suggested talks between NHS Devon and EDDC to see how services are run now and what can be done in the future. Need to target resources and must not re-invent.

6) Alli asked how will GP's be monitored for the quality of service delivery?

Ann replied that the funding of services that GPs currently refer patients to will be undertaken by GP commissioning consortia in partnership with local authorities. Every GP practice will have to join a consortium — there is no choice. Each consortium will have to have a sufficient geographic breadth to be able to take responsibility for agreeing and monitoring contracts for locality-based services. The consortia will also need to be of sufficient size to manage financial risk and allow for accurate allocations. These GP consortia are to take full financial responsibility by April 2013. She added that a new NHS Commissioning Board will be set up to fund and oversee the GP consortia. LINKs would become 'Health Watch' and 'Care Quality Commission' as overseers of that group as well as having responsibility for quality assurance of the service delivered. This will be a lean and expert organisation, free from day-to-day political interference, with a commissioning model that draws from best international practice. However, it will be funded by, and responsible to the Department of Health. Ann said it is very much a separation of finance and quality with a very strong drive around quality and will need to avoid postcode lottery.

7) Cllr Brenda Taylor said she was pleased to see money going into mental health and hoped this would not drop back. Cllr Taylor asked where do the local health forums sit in this and was Ann going to be doing presentations to them?

Ann replied that local health forums were really important and that she was happy to give presentations to them.

8) Cllr Bob Buxton felt that there had been a downturn in work on consultation between NHS Devon and local authorities and wanted a guarantee that there would be in future be "proper consultation" before any cuts are made.

Ann replied by saying that firstly the whole drive around the "white paper" is to engage people in the discussion of providing services and secondly the health service was in the fortunate position of having some resources. We have to develop community based services which will mean some changes but we should not think of them as cuts. Need to move money closer to the needs of the individuals but there will be some difficult choices to make.

9) Liz Wood said that one of the groups not mentioned was those with "learning disabilities" and wondered how those people would be represented?

Ann said that that was a really important point and learning disabilities do have some areas of good practice although not entirely systematic. NHS Devon need to have a further look at that.

Ann asked Liz how she felt we ensure that people with learning disabilities are targeted and ensure that all services are accommodated and would welcome Liz's help and thoughts on this. Liz replied by saying that we need to look at this systematically but she would try to assist.

10) Roger Trapani said it was difficult to visual how the health service will be administered in Devon in the future, what effect would the white paper have on our hospitals and major operations?

Ann said it will not affect hospitals' core business even if the GPs are in charge of commissioning. The changes will be in peripheral with the hospitals e.g. outpatient appointments. There is a need to get our services working closer to people's homes and really important that we have the right service in the right place and done perhaps in the community rather than hospitals. She added that hospitals will change.

11) Cllr Sara Randall Johnson thanked Ann for her presentation. She mentioned dementia and felt this needed tackling earlier rather than later. She also said that more health screening was needed. She added that the biggest problem for the future is obesity and needed to educate more and tackle manufacturers for fat content.

Ann thanked Sara for her comments and said they were all good points.

Richard referred to a new combined model of health risk factors which shows the NHS those patients most at risk. He said that these patients are picked up and work done with them before they have a major health event. He said that Devon NHS was leading the country in this work.

The Chairman thanked Ann and Richard and requested that elected representatives were kept involved as NHS Devon seemed distant in that local authorities did not get to hear about restructuring services. There was a need to communicate.

Ann replied that she hoped this would improve in the future and would do all she could to ensure close communication between NHS Devon and Local Authorities.

***46 East Devon Sustainable Community Plan**

Peter said that there had been a few amendments made to the Sustainable Community Plan, although kept in its current format but in line with the LDF. He requested that the Plan be formally adopted by the LSP.

All agreed that the revised East Devon Sustainable Community Plan be adopted.

***47 Proposed Dates of future meetings**

The Secretariat's proposed list of dates for future meetings was agreed.

Dates agreed:

Wednesday 27 th October	9.15 a.m. for 9.30 a.m.	Committee Room
Wednesday 26 th January 2011	" "	Council Chamber
Wednesday 27 th April	" "	Committee Room
AGM Wednesday 27 th July	" "	Committee Room

***48 Any other business**

There was no other business.

***49 Date of next meeting**

It was noted that the next meeting of the Local Strategic Partnership would be held on Wednesday 27th October 2010, 9.15 a.m. for 9.30 a.m. start in the Committee Room, Council Offices, Knowle, Sidmouth.

Signed

Date

Chairman LSP – Councillor Miss Jill Elson

**Briefing paper for East Devon District Council Local Strategic Partnership Meeting
Thursday 15 July 9:15am, Sidmouth**

PREVENTION

Q. Are there any models of good practice, and what is your commitment to the preventative agenda?

A. Our commitment to the preventative agenda is through the strategic partnership infra-structure. We are aiming to make an impact in terms of outcomes through public policy. We use the LAA infrastructure/DSP framework to promote the health improvement agenda, alongside our work around healthcare and treatment.

We have strong involvement in partnership working. Structures are two way - bottom up from localities to county level partnerships. Health and wellbeing groups, local children's trusts, community physical activity and sports partnerships, and community safety partnerships at locality level link into county-wide theme groups and ultimately the Devon Strategic Partnership. Health and wellbeing groups are the local process to maintain 2 way communication around the tackling health inequalities and health improvement agenda.

Memory Cafes for people experiencing memory problems or dementia and their carers are now in place or have an imminent start date in each of the market coastal towns in East Devon. These offer very local preventative support to reduce carer stress, reduce social isolation and identify problems early so that they can be dealt with in a timely manner. DPT CPNs attend each of these to offer professional advice and support. Start up funding has been provided by DCC.

Q. How are you working with other agencies (including district councils) to generate better health and wellbeing?

A. Strategies are developed with the involvement of a wide range of stakeholders, which identify the wider determinants and benefits from healthier public policy to improve health. For example, the physical activity strategy emphasises the public health impact of increased walking and cycling. We therefore link into the development of the Local Transport Plan to ensure opportunities for walking and cycling are maximised through this process. We work with district partners to undertake health impact assessments in growth points, to ensure such opportunities are maximised within new housing developments. We work within the local community sport and physical activity networks to join resources and align activities to maximise impact within the community, ensuring new developments- such as the Active Villages programme, support the needs of the least active, most vulnerable citizens. Our work in this regard has been recognised and applauded by the Department of Health and Strategic Health Authority peer Review process.

Working with DCC and District Councils in terms of their infrastructure planning for new communities and LDF development to ensure a joint service delivery / and co location service model and better up stream working.

A regional government email has recently been recognised. DCC and Devon PCT joint infrastructure planning was commended as fundamental to building in health (and especially Joint Needs Assessment) into emergency core strategies and new development proposals

Q. How are you advocating for the public health agenda across the County?

A. I (Ann James) chair the DSP Delivery Board and Virginia Pearson chairs the Healthier and Stronger Communities Partnership

Heads of Health Improvement work within localities- offering a key officer role-, linking into partnerships, joining up and aligning resources, influencing the development of local priorities and policy, ensuring strategies focus on evidence based approaches, using implementation plans and reporting mechanisms to evidence impact.

PRIMARY CARE

Q. In the north there is an example where GPs go out to the Villages once a week. Is there a reason why this should not happen in East Devon?

A. Within Devon there are some Practices that operate branch surgeries within villages and smaller towns. In addition there are some examples of specific identified need where local GPs have decided that the best way to meet patients needs is to visit specific locations, for example a large nursing home, on a scheduled basis rather than patients visiting the Practice. However in both cases it is usual that the full range of services now provided by GPs and their team would not be available under such arrangements. Clearly as commissioners of healthcare it is important that the Trust balances ease of access for patients to clinicians with the ability to make available as full a range of services provided to a high standard as is possible. Within East Devon we feel that General Practice is configured in such a way that it is well placed to continue to achieve this balance and to be able to react to the future needs of the population.

Q. What are you doing about improving mental health services?

A. **Working with GPS**

NHS Devon now has a locality commissioning structure that enables regular planning and performance tasks to be delivered involving practice based commissioners.

Wellbeing and Access Teams provide access to a wider range of mental health services, e.g. for common mental health problems through to psychosis and self harm. GP's have fast access to these teams, which also respond to self referrals.

Improving Access to Psychological Therapies (IAPT) is being underpinned by an increase in funding in Devon from around 750K at the beginning of 2009 to a minimum of £3.3m in 2010-11. The funds are being used to train a workforce in the most modern evidence based interventions. These are mostly based in cognitive behaviour therapy and aimed at maximising people's own resources and resilience. The service will be fully staffed by the end of 2011.

By the end of this financial year, improvement in care pathways will reduce the period to assessment for both people who use mental health services and carers to a maximum of 4 weeks.

NHS Devon recognises the importance of considering people's needs in the round, including people's physical and emotional needs. Services are being improved at the RD&E in both A&E and on the wards through the provision of a mental health liaison service. This will cover self harm as well as the mental health needs of older people.

Local specialist eating disorder services have improved our ability to respond to the needs of people within Devon. A similar approach is being taken with specialist personality disorder services. These involve both DPT and an independent provider and include a new hospital facility located a short distance from East Devon (in Crediton).

A new service for the provision of assessment, diagnosis and treatment for adults with autistic spectrum conditions (and Attention Deficit and Hyperactivity Disorder) has been commissioned by NHS Devon and DCC and will be operational within the next 4 months. The design of a community support service (for ASC and ADHD) will also take place over the next 6 months and include people with ASC and their family supporters.

In relation to OPMH we are developing community services to support people better at home and reduce reliance on hospital admissions where these are inappropriate. See memory cafe info above. Crisis resolution services previously only available to people under 65 will now encompass older people and rapid response services are being developed to ensure people with dementia have support to remain at home

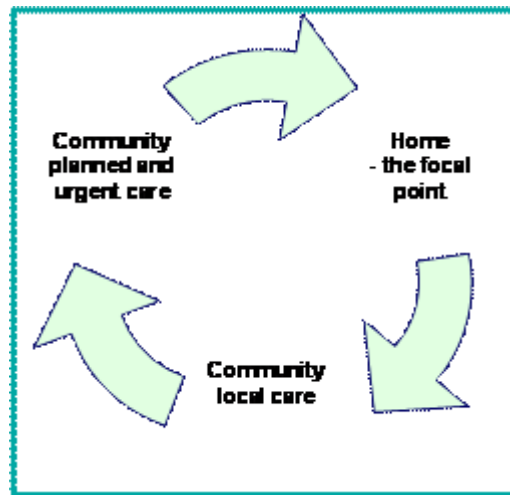
COMMUNITY SERVICES

Q. What do you see for the future of community hospitals?

A. Community service that support people in their own homes, and access to community hospitals and other local services, will play an important role in the future health and integrated health and social care in Devon. NHS Devon has previously stated in The Way Ahead, the value of community hospitals and the opportunity to make the most of these assets.

The vision described is that community hospitals will manage and host a range of services, potentially from different providers, to deliver the most comprehensive care possible across Devon. This will mean carefully considering the services mix and quality that will be needed across the county to achieve maximum health impact and value for taxpayer's money.

To get this right we need to be prepared to shift our thinking about the possibilities of community hospitals of the future.



Q. Services – what do you see for the future of community hospitals and how will you tackle the large growth in population but constrained hospital sizes?

A. The remit of community hospitals will change as we respond to new treatment approaches and changing health needs. Our annual Joint Strategic Needs Assessment gives a detailed analysis of the population health need and we are also linking with District Councils Local Development Frameworks to ensure we have a longer term understanding of plans and proposals for the area. We therefore have very sound planning information. Our knowledge of population growth means we must start now to future proof our services.

Lengths of stay in hospital are shorter overall and there are procedures such as blood transfusion, which in the past mainly took place in hospital and now increasingly take place in people's own homes. There are new approaches - some we are now testing locally such as virtual wards and early supported discharge that will help people return home earlier with the right support. Changes to the population with the rising numbers of older people and increased long term conditions mean that learning from other areas in relation to national and international practice will be important.

There are local variations the way hospitals are presently used, and through best practice implementation for care pathways, admissions, length of stay and other factors, our emphasis will shift from the more traditional bed based approaches to models of care that enhance services and improve experiences of care.

Now is the time for us to move from the strategy and make the step towards bringing Devon's community hospitals to the forefront of future models of care. We will be working with GP's providers and communities to take this next step.