NORTH DEVON COUNCIL

Minutes of a meeting of Policy Development Committee held at Barum Room - Brynsworthy on Tuesday, 15th October, 2019 at 10.00 am

PRESENT: Members:

Councillor D. Spear (Chair)

Councillors Hunt, Jenkins, Mack, Walker and York

Officers:

Also Present:

Councillors Mackie and L. Spear.

17. <u>APOLOGIES</u>

Apologies for absence were received from Councillors Campbell and Roome.

18. DECLARATIONS OF INTEREST.

There were no declarations of interest received.

19. <u>NATIONAL HEALTH SERVICE - LONG TERM PLAN</u>

The Committee welcomed John Finn, Associate Director of Commissioning, Northern Devon and Eastern/Planned Care and Cancer, NHS Devon Clinical Commissioning Group.

The Associate Director of Commissioning, Northern Devon and Eastern/Planned Care and Cancer, NHS Devon Clinical Commissioning Group advised that the National Health Service (NHS) Long Term Plan set out the direction for the NHS over the next five years, explaining how it would spend the £20.5 billion additional funding to meet rising demand to deliver the national standards specified in the Long Term Plan.

He added that there would be a shift in focus to address determinants of wellbeing and improve population health through collaboration in planning and delivery at place. These determinants were split into the following areas:

- Health and care integration.
- Prevention and early support.
- Health inequalities.

- The wider determinants of health.
- Giving children the best start.
- Living well in older age.

He explained that the inclusion of housing was a notable and welcome addition from the NHS together with an acknowledgement of the wider determinants of health and the role of other statutory organisations. The plan signalled continuity rather than change and balanced the national direction with local autonomy. This was set out over three broad areas:

- Improving quality and outcomes.
- New service models.
- More action on prevention and health inequalities.

He advised that Devon along with every other area would have an integrated care system in two years' time, which would be focussed on population need. Devon would also shape its own local long term plan by the autumn. As part of the Sustainability and Transformation Partnerships, Councils and the NHS had identified the following challenges in Joint Strategic Needs Assessment and other information:

- An ageing and growing population.
- Balancing access to services in both urban and rural localities.
- Complex patterns of deprivation linked to earlier onset of health problems in more deprived areas (10-15 year gap).
- Housing issues (low incomes/high costs/poor quality in private rental sector).
- Giving every child the best start in life and ensuring children were ready for school.
- Poor mental health and wellbeing, contributed by social isolation and loneliness.
- Poor health outcomes caused by modifiable behaviours.
- Pressures on services (especially unplanned care) caused by increasing longterm conditions, multi-morbidity, mental health and frailty.
- Unpaid care and associated health outcomes.
- Shifting to a prevention and early invention focus.

He outlined the Joint Health and Wellbeing strategy priorities for Devon, Plymouth, Devon and Torbay together with the common areas of priority between the strategies, which were:

- Common vision around reducing health inequalities and addressing wider determinants of health.
- Mental health across the life course.
- A focus on communities, housing and the built environment.
- Giving children the best start in life.
- A focus on living well, encouraging health lifestyles and prevention.
- Maintaining independence and good health into older age.

He explained the significant opportunity for district and city council influence putting their work on the wider determinants of population health at the heart of Devon's long term plans. There would be a refresh of the Devon Joint Health and Wellbeing Strategy, which was the process by which the systems would work together. The Joint Health and Wellbeing Strategies across wider Devon were key pieces of evidence that set the system priorities and dictated where the focus needed to be. He explained the engaging and influencing opportunities, which covered the areas of cancer, digital and urgent care together with building on system progress through partnership working. He outlined the collaborative work through democratic elected member contribution, system leadership, leadership in communities and engaging partners.

The Committee asked questions of the Associate Director of Commissioning, Northern Devon and Eastern/Planned Care and Cancer, NHS Devon Clinical Commissioning Group and discussed the future plans for Northern Devon.

RESOLVED:

- (a) that there was to be no reduction in any of the services within the Northern Devon area that were currently provided by the NDDH;
- (b) that a recruitment drive be held to attract potential employees to NDDH with the emphasis being on promoting great confidence in its future;
- (c) to support the campaign to fully reinstate nursing bursaries;
- (d) that an opportunity be created for senior representatives of Councils and health bodies to discuss the social determinants of health related to housing, education, transport, employment and the police authority;
- that there be a greater emphasis in relation to mental health services in young people to address the shortfall in services and resources for the younger demographic in society;
- (f) that local health authorities and the government look into the lack of resources into mental health services for adolescents;
- (g) that education play an active role in the One North Devon partnership;
- (h) to place greater emphasis on healthcare for those marginalised in society;
- (i) that efforts be doubled to improve digital services to rural areas;
- that the Associate Director of Commissioning, Northern Devon and Eastern/Planned Care and Cancer, NHS Devon Clinical Commissioning Group do everything within his powers to improve

mental health funding for the Northern Devon area; and

(k) that the Associate Director of Commissioning, Northern Devon and Eastern/Planned Care and Cancer, NHS Devon Clinical Commissioning Group and his appropriate colleagues be invited to attend a future meeting of the Committee to discuss the work that had been undertaken within the areas of mental health and social care together with a comparison of pilots that were currently in operation across the county focussing on how joint working and joint funding was impacting upon the population of Northern Devon.

The Associate Director of Commissioning, Northern Devon and Eastern/Planned Care and Cancer, NHS Devon Clinical Commissioning Group thanked the Committee for the opportunity to attend the meeting.

Chairman

The meeting ended at 12.18 pm

<u>NOTE:</u> These minutes will be confirmed as a correct record at the next meeting of the Committee.