

1	<p>What is the CCG view on the value of the zero suicide approach to people referred with mental health concerns and, if positive, do they have any plans to promote it in this area?</p>
2	<p>What is the CCG view on the value of GP prescribing (such as exercise, books, engagement with nature, welfare advice) and do they have plans to promote it in this area?</p>
3	<p>Virtual Care through internet technology - The NDHT reported at their AGM that 2,500 people are received care in their own homes at any one time, and the recruitment of carers is an ongoing problem. Additionally statistics reveal that 60% of patients would like to die in their own homes with 50% currently dying in hospital.</p> <p>With the advancement of superfast broadband in our rural communities in recent years, is it possible to develop a “hospital hub” or “virtual hospice” as set up in Airedale NHS Foundation area and in Cumbria, which both experience the same rural challenges as Northern Devon. There is also the “Gold Line” model where patients in the last year of life have a dedicated phone line to clinicians backed up by an internet visual link. This would allow carers to flex up at times of need, and maintain contact through a virtual presence to allow patients reassurance and connectivity as necessary. This could allow patients to remain where they want to be and could also cut emergency admissions to A&E.</p> <p>Has the Trust investigated this option?</p>
4	<p>Care Closer to Home - “spot purchasing” of nursing beds in Residential Care Homes</p> <p>There are no longer any in patient community hospital beds within Torridge. It was reported at the NDHT AGM that medical recruitment is “extremely challenging”, which reflects the national picture, and despite bringing in foreign nurses to fill vacancies there is likely to be an ongoing shortfall of nursing cover of around 30 in the NDHT area.</p> <p>Statistics reveal that people want to be in their own homes, or failing that be as close to their home as possible both in location and environment, which also allows for the ease of visits for friends and relatives with transport difficulties and the added potential for pets to remain close which would not be possible within a clinical hospital.</p> <p>Mindful that any plan to reopen any community beds within Torridge area is going to be (as reported at the AGM) “difficult and challenging”, what investigation is being done into the spot purchasing of beds in Residential Care Homes that can be utilised as nursing beds by the utilising of community nursing and doctor cover?</p> <p>This would allow patients to remain close to home, and would allow bed numbers to be flexed as demand required which would be more economic that having a fixed number of inpatient beds in multiples of 8.</p>
5	<p>Orthopaedic Surgery within Northern Devon</p> <p>The NDHT AGM reported that waiting times for orthopaedic surgery were increasing with anecdotal evidence of patients waiting around 10 months for knee and hip replacements. Delays have been reported in getting assessed to get on the waiting lists. The Trust accepts that waiting times are increasing and some patients are electing to go to Shelton Mallet for surgery, some at their own cost.</p> <p>There have been instances where one knee has been replaced and the other left for some considerable time which has prevented the patient getting mobile again. One constituent has told me that a spouse has become “virtually immobile” because of the wait and this has led to depression due to the deteriorating physical condition, which adds to the financial cost of</p>

	<p>treatment.</p> <p>As the Trust recognises this problem is it prioritising recourses to this area and what additional methods can be used to shorten the waiting lists? (Eg utilising private medical cover such as BUPA).</p>
6	<p>Mental Health priorities</p> <p>Depression is reportedly the leading cause of people visiting their GP. Suicide is a tragic and avoidable loss of life with over 100 cases a year in Devon alone (with additional number of undetermined cause of death which may be suicides) and within Devon, which has an elevated suicide rate above the national average, Northern Devon is a hot spot within the county. Superintendent Toby Davies from Barnstaple reported that he had over 80 reports linked with people threatening to jump off Taw Bridge in Barnstaple alone.</p> <p>People with chronic mental health issues can deteriorate which can impact on other people and agencies - over 40% of Police call outs are for mental health issues.</p> <p>Accepting that Andy Ibbs reported at the NDHT AGM that half those who take their own life have no contact with the health service, and that there are staffing shortages within Health Care, how can the Trust reduce the 18 week plus waiting times and give longer periods of positive intervention to protect and continually monitor vulnerable people with severe needs?</p>
7	<p>NHS National Funding Formula</p> <p>Alison Diamond reported in March 2017 that Devon received only half the money for preventable health care than average. Mindful of the increasing number of homes being built in Northern Devon as evidenced by the recently adopted Local Plan, and by the increasingly large cohort of elderly residents as identified in the JSNA.</p> <p>For the first time the life expectancy of Devon's residents has begun to fall after rising in recent years at a rate of four hours per day. Doctors lists are rising to 3,000 plus in places and the Trust is only achieving a surplus due to saving on staffing costs caused by a shortage of doctors and nurses.</p> <p>Do the health agencies here today believe that National Funding Formula disadvantaged Northern Devon and if this is the case how can Devon's case be best advanced?</p>
8	<p>It is accepted that health is a partnership between the individual, Local Authorities and the NHS, with only 10% of health outcomes are the responsibility of the NHS. Living for a long time in good health is the most positive outcome, and 60% of health determinates being socio/economic, with deprivation being a key negative factor. Nationally one child in three is obese by the age of eleven, asthma is costing the NHS £2 billion per year. The world is "slowing down" - people need to take more exercise and lead healthier and active lifestyles.</p> <p>As this is hopefully a major step forward in partnership working with all the medical agencies getting round the table at the same time, how can we (the Councils) help the clinicians get the best outcomes for our residents?</p>