



## Part 1: Report Covering the last 12-18 months

As well as fulfilling the requirements specified by Lyme Regis Town Council as part of the Council's Funding Agreement and the more broadly-based requirements of West Dorset District Council, LymeForward continues to act as guardian of the Local Area Partnership's Community Plan, with the previously-agreed priorities of community economic issues and matters of health and wellbeing being the focus of work during the past year. LymeForward also maintains its role of facilitating community engagement in consultations likely to impact locally.

### Key Achievements include:

#### 1. Economy

##### 1.1 Coastal Communities Fund (CCF) Round 4

The LymeForward Coastal Community Team gained significant funding from their bid as part of Dorset Coast Forum's portfolio Round 4 application to the CCF, most notably £246,000 for upgrading the River Lim Path linking Lyme Regis and Uplyme. The team project-managed the work which is now almost complete.

As well as channeling well over £200K into the local economy, this has resulted in a much-improved walking link between the two neighbouring communities to provide easier access of benefit to visitors and residents, potentially easing Lyme Regis parking problems and encouraging economic gains. It is already becoming very well-used, even before all the signage and accompanying leaflets are in place.

##### 1.2 CCF Round 5

The LymeForward CCT spent some 9 months gathering and refining ideas for a Round 5 bid that would draw together Lyme Regis seafront ideas with the Charmouth Seafront Enhancement Project. Once application process opened, they worked with Dorset Coastal Forum to develop a focus for a smaller portfolio bid which was submitted on time. Decisions on who proceeds to the second stage (or not!), expected late June/early July, have not yet been made public.

Even if the bid is not successful, the process of identifying joint projects has in itself been cooperative as well as developing a "shopping list" for which further funding can be sought from other sources.

##### 1.3 Coastal Revival Fund

When a 7-week window of opportunity to bid for this fund opened in May, LymeForward CCT firstly ensured that likely bidders were made aware and then worked with the four bidding organisations on crafting their applications to maximise Lyme's chances of gaining much-needed funding for four of its historic buildings.

#### 2. Health & Wellbeing

Since it was formally constituted in May 2017, the Health & Wellbeing Group (H&WG) itself has worked strategically, whilst its chair has worked with LymeForward's short-term Administrator to deliver much needed practical help and support.

##### 2.1 Strategic Work

A key focus has been the Dorset Clinical Commissioning Group's Primary Care Commissioning Strategy, covering the future arrangements for providing both GP/medical services and Community Health Services in the LymeForward 'patch' from 31 January 2019, with vital implications for the area.

LymeForward CIC is a Community Interest Company No 10381732. Registered Address: The Town Mill, Mill Lane, Lyme Regis, DT7 3PU  
Contact: 01297 441224 \* [lymeforward@gmail.com](mailto:lymeforward@gmail.com) \* [www.lymeforward.co.uk](http://www.lymeforward.co.uk)



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Starting by getting as many residents as possible to take part in the CCG's 'Engagement Event' in June 2017 to discuss its plans, the H&WG has put in an incredible number of hours and:

- worked closely with the CCG Primary Care team and locality Primary Care Programme Officer to influence the CCG's process;
- researched and documented the services currently provided to understand the strengths, weaknesses and gaps in current provision, compiling three documents (Data, Gaps and Weaknesses, Recommendations) given to the CCG in January 2018; this has been supplemented by a recent online data survey among residents;
- maintained contact with similar developments across the border in East Devon;
- held information and influencing meetings with senior managers and providers of current services, for example, Dorset Healthcare, Exeter RD&E and Bridport Hospital / Hub, Public Health Dorset;
- kept residents and Sir Oliver Letwin informed of developments;
- worked to strengthen local Patient Participation Groups.

[The CCG has yet to announce its re-commissioning decision, which has been postponed several times.]

## **2.2 Practical Support**

Here there is a two-pronged approach:

- firstly, if support groups (both volunteer- and professional-led) exist nearby (eg Bridport or Axminster), they are encouraged and assisted to maintain a base in Lyme itself - so for example, REACH, the professional drug and alcohol treatment and advice service now operates in Lyme.
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- Secondly, LymeForward itself directly runs or assists (with the support of many volunteers) monthly Memory Cafés and community lunches, weekly foodbank sessions, a mental health support group, a newly-formed Cancer Support group, cookery classes for men, and a Befriending Scheme.

£9,643 of financial support to underpin several of these activities has been raised in this period, in addition to the many donations in kind, and huge amounts in volunteer time.

## **3. Community Cohesion and Consultations**

The following LymeForward public consultations have been held:

- *26th June 2017*: In association with Dorset CCG, an 'engagement event' to discuss initial plans for re-commissioning services. Around 60 people attended, by invitation.
- *3rd July 2017*: Public 'workshop' to discuss ideas for CCT funding bids. 58 people attended.
- *30th October & 1st November 2017*: Drop-in consultations in Lyme Regis and Uplyme for comments on plans for the River Lim Path, attended by over 60 people, produced favourable responses.
- *23rd November 2017*: open public meeting under the auspices of the U3A for the Health & Wellbeing Group to brief residents on the outcomes of the group's research into current services and to collect comments on its draft proposals for submission to the CCG.
- *Members of the Health and Wellbeing Group* (either collectively, as sub-teams or individually) have between them during the year ending 31 March held nearly 70 meetings with commissioners, a wide range of service managers and providers, and clinical or care practitioners.

In addition, LymeForward tries where possible to digest some of the larger consultation documents and then by email, on our website and in the local press try to highlight the implications locally. The most recent examples have been the Proposed Police Force Merger, the Boundary Commission proposals, and currently the Local Plan Proposed Options.

## **Part 2: Report on future work**

### **1. Economy**

The focus will be on funding the projects put forward in Round 5 of the CCF. If the DCF portfolio bidders are asked to progress to Stage 2, the efforts of LymeForward's CCT will be concentrated on developing the necessary planning and documentation.

If they are not successful, the CCT will concentrate its efforts on gaining alternative funding for the identified projects. Before that however, in the next 3 months, LymeForward's new Manager, Chris Tipping, will be using the vehicle of updating the CCT Economic Plan to visit as many key stakeholders as possible, thus making himself known, getting some idea of their priorities, and taking the opportunity to sign them up if not already LymeForward members.

## 2. Health & Wellbeing

### Strategic Work

The H&WG is ready to act as soon as the CCG's commissioning decision is known. A meeting is booked for 26th October with Dr Phil Richardson (the CCG's Chief System Integration Officer leading development of the Integrated Care System) and Sally Sandcraft (the CCG's Director of Primary and Community Care). This will clarify issues in the implementation phase, enabling the group to use its contacts with major providers to good effect.

The H&WG has established a link with its Bridport equivalent; together they plan to work together on issues that are Locality-wide.

### Practical support

The H&WG is developing its work with individual support groups into an over-arching 'Care Links Lyme' model. This involves

- detailed mapping, already under way, of health and care services, whatever their nature, for clinical and public information (part of the 'social prescribing' agenda)
- systematic explanation in accessible language, for public consumption, of how particular aspects of health and care 'work', and what people are entitled to expect: for example, a summary of 999 Ambulance response has already been published, and similar work on hospital discharge arrangements is in hand
- establishing Home-Start volunteers in Lyme and Charmouth as a partial response to reductions in statutory services for children and families
- developing Patient Participation Groups to ensure participation
- using the Frome Model of Care as an exemplar of how 'prevention at scale', 'social prescribing' and 'integrated care' can be delivered locally in a straightforward way.

## 3. Consultations

As stated above, unless completely diverted by preparing a Stage 2 proposal for the CCF, Chris Tipping will be out and about consulting key stakeholders in Lyme, Charmouth and Uplyme.

The Health & Wellbeing Group hold themselves ready to digest and consult on any CCG or other decisions which may become public; And LymeForward will respond to any other consultation that might impact on the local area by endeavouring to enable local people to understand the likely local impact and to respond if they wish. **A key area of concern is of course how local issues are to be taken into account once "local" government moves ever further away from ordinary people.**