



One Northern Devon Board Business Meeting Action Notes

Date: 26th November

Time: 1.30 - 4.30pm

Location: Microsoft Teams / MTG Ltd, Torrington.

	Agenda Item
1.	<p>Welcome and introductions.</p> <p><u>Present:</u> Katherine Allen (Co-Chair), Peter Morrish (Co-Chair), Kay Brennan, Andrea Beacham, Gavin Dix, Ken Miles, Toby Davies, Tim Jones, David Richardson, Ken James. <u>Via Teams:</u> Marie Gould, Lou Higgins, Oliver Hassall, Sonja Manton, Kurt Hintz, Beki Sharples, Gemma Nield.</p> <p><u>Apologies:</u> Tom Mack, Nicholas Child, Steve Hearse, Marc Rostock, Simon Chant, Alan Dykes, Lynsey Webb, Julia Brown.</p> <p>It was noted this was the first meeting of the new co-chair arrangement.</p>
2.	<p>Action Log</p> <p>All actions were updated. Any further updates, please send to gemmanield@nhs.net</p>
3.	<p>Financial Update</p> <p> 24-25-OND-Budget-Report-Apr-Oct.pdf</p> <ul style="list-style-type: none"> - £8K issue resolved. - Forecasting slight underspend. <p>The group discussed ringfencing the underspend and next year making sure funding streams are split and protected.</p>
4.	<p>Investment proposal for Health Inequalities</p> <p> Proposal-to-OND-Board-for-ICB-Localities</p> <p>AB discussed some of the principles around proposals and outlined each scheme (attached above): Scheme 1 – Continuing high flow – focus on prevention. Optimistic funding will be available.</p>

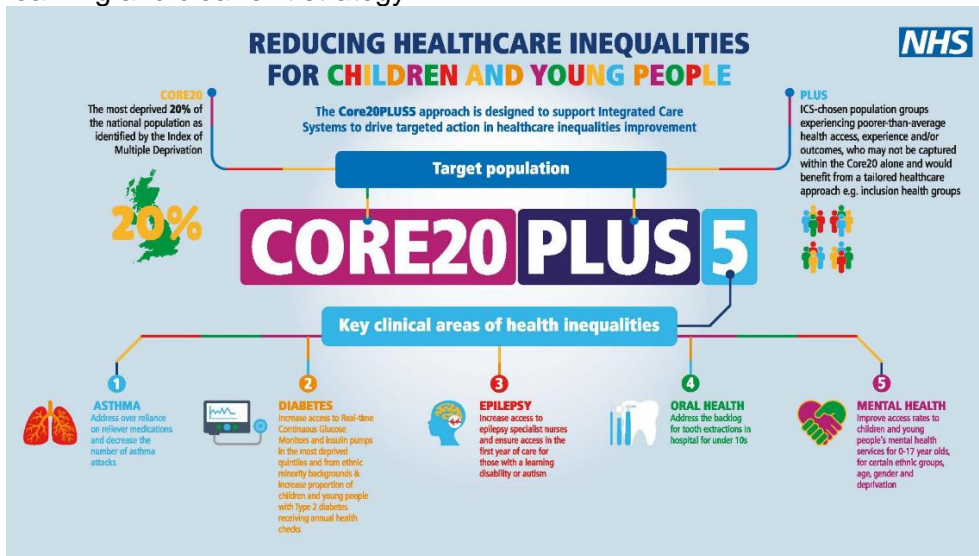
Scheme 2 – School mental health provision (£10K) – obvious benefit and high need, good outcomes (no referrals into children’s mental health service).

Allocating £7,500 to continue mental health provision in Ilfracombe Junior School for a further year whilst a business case is developed.

Allocating £2,500 to do a needs and gaps analysis across Northern Devon junior schools to ascertain whether the need is similar in other schools.

The group discussed the scheme and the following comments were made:

- Query regarding the overlap / interface with school mental health teams.
- Gap analysis may have already been done – ask the right people?
- Involve headteachers in discussions.
- Inequity of Ilfracombe against other schools, however Ilfracombe is only disadvantaged town.
- If business is needed for the governance of funding, align with core20plus, opportunity for learning and clear exit strategy.



- Ilfracombe headteacher – advocate for learning and developing project.
- Encourage initiative / innovation.

Action 14 - DR to find out which professionals are linking with each school and ask about the mapping of need that has been supplied by CFHD.

SM provided a list of local North Devon primary schools.

The Board were not fully supportive of this scheme – still many questions to resolve.

Scheme 3 – Primary Care Outreach at Belle’s Place, Ilfracombe



Belles-Place-evaluati
on-final-.pdf

The Board made the following comments:

- Inequity across patch.
- Other outreach across North Devon
- Maintaining sustainable future
- BS mentioned pilot in Bideford – working with vulnerably housed / homeless and talking to them re accessing primary healthcare.
- Looking at 20% most deprived in Ilfracombe. Some may be out of the town.

- Look how North can be self-sufficient as probably no additional funding. However ICB are having live discussions re the future of outreach.

Action 15 – LH to explore funding primary care outreach in future (as primary care commissioning team).

If Belle’s Place doesn’t get funded it will close. No sustainable funding available (small funding pots only). Needs a plan for the future and a more strategic link to housing. Important Belle’s Place does not close as genuine need. Need to understand what else is being invested in the North (to improve scheme approval process).

The Board discussed breaking down cultural barriers – people going to Belle’s Place rather than nearby Combe Coastal practice.

Scheme 4 – Well Leg Flow – more work to do on this. Started late so another 6 months needed.

Scheme 5 – Closing the gap clinical leadership (Health Inequalities)

Scheme 6 – Closing the gap clinical leadership (physical activity)

KB and OH stepped out of the meeting whilst the above two schemes were discussed. ICB previously funded clinical sessions. This arrangement is coming to an end and will be delivered centrally. Losing locality provision. Clinical leadership roles key for project.

- KB’s role key for liaising with health and care professionals and engaging them in referring patients for physical activity.
- ICB new structure will have clinical leadership for medical prevention (CVD, etc).
- Need to decide on health inequalities leadership and whether it needs to be clinical.
- Two roles will not continue as they have but develop Closing Gap project.

Scheme 7 - Closing the Gap Partner Transformation Fund – For partners to test approaches, expedite work, etc. Need to decide whether Poverty Truth could bid for funds. Distributed funding model.

Ideas include:

- Could be used for engaging with staff / comms.
- Workshops – venues
- Co-design.
- Longer appointments in GP surgeries for certain patients.

The Board made the following comments:

- Good for supporting innovation.
- Strategic process needs to be thought out.
- Not just about money but bringing partners together to work collaboratively.
- Needs to align with criteria – improve access, outcomes of 20%, etc.

KB updated the board on her new long-term condition’s clinical role for North. GP, Cath Sheppard is lead for East. They will be looking at prevention, health inequalities and wider holistic care. KB will step down from OND programme group and vice chair role on OND Board.


Scheme 8 - Expert facilitation support – would need to know background to project.

Scheme 9 – Long Term Condition prevention using target community prevention. Could be THIPA funding available too.

Decisions:

The Board suggested more clarity on many of the schemes.

They agreed with funding Belle’s Place for the next year (from April) whilst a sustainable plan for the future of the service is created. District Council will provide funding for Dec to end of March.

	<p>Summary: Schools' mental health provision – Find out whether it duplicates something already in train for schools. Ask Children & Family Health Devon as commissioner whether they would support. If no, OND could fund anyway. Primary Outreach – LH to ask Primary Care Commissioning team re-funding support / plan for future.</p> <p>More information needed to allow the Board to decide on other schemes.</p> <p>Action 16 - Board to gather further information and score each scheme before January meeting.</p>
<p>5.</p>	<p>Closing the Gap project</p> <p>AB shared the 'Closing the Gap in health inequality in Northern Devon' programme – requests to the Board:</p> <ul style="list-style-type: none"> - The Board discussed the programme name but will review it further. - The Board agreed on the vision and mission of the work programme. - Change mission to read 'what THEY need' – Action 17 – AB to amend. - The Board discussed draft comms messaging (version from OH below): <div style="margin-left: 20px;">  <p>Closing the Gap Draft Comms.docx</p> </div> <ul style="list-style-type: none"> - The Board discussed health inequalities. <p>Next steps:</p> <ul style="list-style-type: none"> - Agree that each OND partner organisation will take the following steps before the next OND Board meeting (28th January). <ul style="list-style-type: none"> o Share vision and mission statements and comms message with your organisation (leadership team and wider) and get feedback. o Please investigate the current position in your organisation as to: <ul style="list-style-type: none"> ▪ What services do you provide that are in scope? Do you have any services you don't believe are in scope? ▪ Do you have an understanding of the proportion of your service users that are within the 20% most deprived groups? If yes, what are you using to define this? ▪ If yes, do you have an understanding of whether there is a disparity in access or experience between that group and the other 80% of your service users? ▪ Do you have any policies or guidance that relates to disadvantage groups? ▪ Could you identify a lead within your organisation to help drive this work operationally? <p>Action 18 - Board members to action the above next steps prior to the next Board meeting on 28th January.</p>
<p>6.</p>	<p>Partner Strategic Updates</p> <p>KM discussed 'levelling up' – possibly up to £20m. Waiting to find out further details.</p>
<p>7.</p>	<p>How OND and NDF can work together</p> <p>The Board co-chairs discussed the document, outlining:</p> <ul style="list-style-type: none"> • OND workplan – agree outcomes of programme of work.

	<ul style="list-style-type: none"> • The NDF partnership – 5 action groups • Align themes – generate clarity. • How to bring together and work closer • How we operate to deliver more • Place and culture very important. <p>PM will share the document and obtain feedback from the NDF Board.</p>
8.	<p>AOB</p> <ul style="list-style-type: none"> • LH discussed the NHS 10 Year plan led by NHS Devon with Healthwatch. QR code for feedback on plan and will be hosting in-person workshop in North Devon. LH will share information when available. • KH mentioned the free adult education courses available. Details on Petroc website - Free Adult Courses - Petroc College. • Ilfracombe healthy homes project – purchasing and reletting homes. • GD to give Active Devon update in January on major investment from Sport England / National Lottery. • KA – waiting for result of hospital programme. NDDH will be using local trade. • The council are standing up skills thematic group. <p>Close.</p>

Membership			
Name	Organisation	Role	Contact
Katherine Allen	RDUHT	Director of Strategy	katherine.allen@nhs.net
Peter Morrish	CMTG Ltd	Technology and Customer Support Manager / Chair of NDF Board	peter.morrish@cmtg.com
Lou Higgins	NHS Devon	Locality Director/Interim Board Chair	louise.higgins1@nhs.net
Glen Allaway	Primary Care	Chair NLCP Exec/GP	glen.allaway@nhs.net
Kay Brennan	NHS Devon	Interim Board Vice Chair, GP	kay.brennan@nhs.net
Andrea Beacham	RDUHT	Health Inequalities Lead, RDUHT (North), Programme Manager, OND	andrea.beacham@nhs.net
Nigel Blacker		Finance Business Partner	nigel.blacker@nhs.net

Sonja Manton	DPT	Director of Strategy and Partnership	sonja.manton@nhs.net
Tony George	DWP		tony.george@dwp.gov.uk
Lynsey Webb	RDUH		lynsey.webb@nhs.net
Toby Davies	Devon and Cornwall Police	Local Area Commander	toby.davies@devonandcornwall.pnn.police.uk
Graham Thomas	Devon and Cornwall Police		graham.thomas@devonandcornwall.pnn.police.uk
Tim Jones	Business Council and North Devon Biosphere Foundation	Chair SW Business Council	tim@plymouthoffice.co.uk
Steve Hearse	Torridge District Council	Chief Executive	steve.hearse@torridge.gov.uk
Beki Sharples	TTVS	Chief Executive	beki@ttvs.org.uk
Simon Rapsey	RDUH	OND Service Manager	simon.rapsey1@nhs.net
Kurt Hintz	Petroc	Principal and CEO	Kurt.hintz@petroc.ac.uk
Oliver Hassall	Primary Care	GP, Northern Devon Collaborative Board	oliver.hassall@nhs.net
Simon Chant	Devon County Council Public Health	Public Health Consultant	simon.chant@devon.gov.uk
Paul Shaddick	SWAST		paul.shaddick@swast.nhs.uk
Solveig Wright	Devon County Council	Deputy Director of Integrated Adult Social Care	solveig.wright@devon.gov.uk
Alan Dykes	North Devon Plus	Chair	alan.dykes@tdk.com
James Lander	RDUHT	One Communities Support Manager	james.lander2@nhs.net
Marie Gould	NDVS	Chief Officer	chief.officer@ndvs.org.uk
Phil Harris	Devon Mind	Community Development Lead	philip.harris@devonmind.com
David Relph			dcjrwork@gmail.com
David Richardson	DPT	Clinical Director	davidrichardson1@nhs.net
David Clayton	NDC	Deputy Leader	David.clayton@northdevon.gov.uk

Gareth Dix	Active Devon		gareth.dix@activedevon.org
Ken Miles	North Devon Council	Chief Executive	ken.miles@northdevon.gov.uk
Ken James	Torridge District Council	Leader	ken.james@torridge.gov.uk
Marc Rostock	North Devon Homes	Director of Neighbourhoods	marc.rostock@ndh-ltd.co.uk