









One Northern Devon Board Business Meeting Action Notes

Date: 29th October 2024
Time: 1.30 - 4.30pm
Location: Microsoft Teams

| | Agenda Item |
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| 1. | <p>Welcome and introductions.</p> <p><u>Present:</u> Lou Higgins (Interim Chair), Alan Dykes, Katherine Allen, Glen Allaway, Annie, Raine, Andrea Beacham, Phil Harris, Cllr Peter Leaver, Toby Davies, Ken Miles, Marie Gould, Gareth Dix, Oliver Hassall, Kurt Hintz, Simon Chant, David Richardson.</p> <p><u>In attendance:</u> Jody Le Bredonchel, John Stammer, Claire Fisher, Liz Cirusuolo, Nikki Fuller.</p> <p><u>Apologies:</u> Marc Rostock, Bill Blythe, James Lander, Steve Hearse, Tony George, Lynsey Webb, Graham Thomas, Beki Sharples.</p> |
| 2. | <p>Action Log</p> <p>Any updates on actions please send to gemmanield@nhs.net</p> <p>AB gave an update on options appraisal re making OND a legal entity. Recommendation from working group to work towards becoming legal entity. Costs to register are low. Legal fees re obligations of stakeholder.</p> <p>Action 08 - To discuss conclusion at November's OND Board meeting.</p> |
| 3. | <p>New OND Chair Succession</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Expression of Interest Form re Chair Role v2</p> </div> <div style="text-align: center;">  <p>Peter Morrish CV 2024 Final.pdf</p> </div> </div> <p>KA stepped out of the meeting as chair arrangements were discussed.</p> <p>The Board supported the co-chair arrangement and endorsed Katherine Allen and Peter Morrish taking the co-chair roles. This will be the new chairing arrangement from now on. LH will meet with KA and PM for a handover.</p> |

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| <p>4.</p> | <p>Health Inequalities in Action</p>  <p>OND Presentation.pptx</p> <p>Jody Le Bredonchel presented the above slides and asked the board to consider the following:</p> <ul style="list-style-type: none"> - To consider using £7,500 of its 25/26 locality health inequalities budget to fund the school's contribution to the specialist provision (to improve social and emotional health of young people) to enable it to continue for another year. - Support in preparing a business case to ensure its long-term sustainability, particularly in view of its reduction in demand on children and young people's mental health services. Plus upscaling to other schools in Ilfracombe. <p>Action 09 - LH to share presentation to within ICB mental health and CYP colleagues.</p> <p>Action 10 - JB to send more information to Cllr Peter Leaver who will escalate to council colleagues (proof that investment in provision for those at risk of exclusion would save money compared with provision for excluded children).</p> <p>Action 11 – AR to put JB in touch with family learning at home team colleagues.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> - Early intervention is key. TD suggested building the same approach with other schools across North Devon. - DR and KA offered support with the business case. - Suggestion on contacting local secondary school to see whether they would invest in provision as primary school children would be transitioning to them. - Equity suggestion for Ilfracombe – targeted support to address level of need. - Proposal to be considered by health inequalities team along with other cases for funding. Proposal to then be discussed at OND Programme Group then taken to the Health Inequalities Group. LH shared the presentation to the chair of the Health Inequalities Group. |
| <p>5.</p> | <p>Finance Update</p> <p>Finance update within board papers. Change in expected balance at end of year. Showing minus £2K due to invoice from previous year. This is being investigated and will be resolved before the next meeting. If overspend invite accountant to meeting and ask how we mitigate this.</p> |
| <p>6.</p> | <p>Mental Health in North Devon – Stocktake</p>   <p>LCP mandate for MHPG.DOCX Northern LCP Mental Health Partnership Gr</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> - Insufficient provision to meet needs of the population. Need to articulate gap at each level (community, primary care, secondary care, etc) - Devon Mental Health Alliance – could help build resources at community level (for low level needs within communities) - A Community Mental Health Framework should be developed that includes VCSE colleagues, primary and secondary care to co-ordinate mental health provision (prevention / low level need to secondary care provision for serious mental health problems) - Board to develop Mental Health Partnership group to help build up mental health provision for North Devon population. |

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| | <ul style="list-style-type: none"> - PH discussed the current partnership group with VCSE sector. Need to think of ways of bringing the VCSE together so they feel they are supporting needs of community and being part of the wider picture. - Further discussion to be had re coordinating mental health in place. - Discussion on capacity and allocation of resources to meet local need. - Pulling data from different areas of system (needs analysis). <p>The Board were in favour of DR's proposal.</p> |
| <p>7.</p> | <p>Current Winter Priority</p>  <p>Winter Plan Summary - LCPs Oct :</p> <p>LH discussed the current winter priority regarding ED demand.</p> <p>Action 12 – SC to link with Nicola Dalgleish and Mike Rogers from BI re data.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> - Proximity to ED – behaviour change needed, right messaging, right choices (personal responsibility) - Look at data at practice level. - Look at time of day (RDUH colleagues are getting this information) - Look at demand and capacity around GP services. |
| <p>8.</p> | <p>SCAA (System Change Action Alliance) In attendance – Claire Fisher, Liz Cirasuolo, Nikki Fuller, John Stammers.</p>  <p>Copy-of-SCAA-LCP- MARMM-Presentatic</p> <p>CF introduced the SCAA team and introduced the learning from supporting high flow individuals. The team outlined the partnership proposal – creating a safe space for learning and action for people with complex needs through a collaboration model. JS highlighted the key themes including confusion on what's available, fragmented care, long waiting lists, lack of relapse prevention, housing support issue, peer support and overall continuity of care. The SCAA offer to the system is a multiple disadvantage journey mapping exercise. It was noted that this overlaps with Poverty Truth Commission.</p> <p>The Board agreed that they would be happy to work with the SCAA and follow the process outlined which was that a case would be identified where there were multiple system failures. The SCAA would facilitate the journey mapping process with the staff members involved. Once completed, this would be brought to the Board with a set of recommendations.</p> <p>Action 13 – Nikki Fuller to send further information on the SCAA (below) – Completed.</p> <p>If you are interested in finding out more about becoming a SCAA member and/or this particular piece of work, please do contact Nikki Fuller on n.fuller@encompass-sw.org.uk Nikki is able to meet with you on a 1:1 basis also should you wish to discuss anything further.</p> |

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| | <p>If you'd like to become a SCAA member, and get involved with any of the meetings and/or receive SCAA correspondence please complete our SCAA membership profile: https://forms.office.com/e/rGap7qusFN</p> <p>As Liz mentioned, we currently have a couple of offshoot conversations coming up on Gender Informed Men's Services and Creative Health. We are also starting to plan our SCAA Conference which will be taking place in June 2025.</p> <p>You can also view our SCAA website here: Systems Change Action Alliance - SCAA</p> |
| 9. | <p>AOB</p> <p><u>Unesco Shared Outcomes Project</u> (for information)</p>  <p>Shared-Outcomes-Project-One-Northern-E</p> |

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