

# OND Board Meeting

**Date:** 21<sup>st</sup> December 2021

**Agenda item:** Appendix 1.2

**Title:** OND Board Meeting – 26<sup>th</sup> October 2021

**Prepared by:** Kate Winter, PA to Chief Executive Officer and Chief Financial Officer

**Presented by:** John Womersley (Chair)

**Action required:** To Approve

# OND Partnership Board Meeting

Minutes of the meeting of the OND Partnership Board Meeting held via MS Teams on  
26<sup>th</sup> October 2021

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| <b>10/21</b> | <b>Opening Business</b>   |
|              | <b>Introductions, Apologies, Declaration of Interests &amp; Any Other Business</b>  |
|              | <u>Introductions</u><br>JW welcomed everyone to the meeting.  |
|              | <u>Apologies</u><br>Apologies were noted for Alex Coull, Toby Davies, Mark Rostock, Rob Passmore, Kay Brennan and David Richardson who would be arriving late.  |
|              | <u>Declarations of Interest</u><br>There were no declarations of interest to note.  |
|              | <u>Any Other Business</u><br>AB reported on changes to the OND team. Simon Jones (GP and Chair of OND Barnstaple) had returned to his full time GP role and the OND Partnership Board acknowledged and thanked SJ for his significant contribution to the OND agenda and his work on developing the OND Strategy. Hannah McDonald is also leaving the OND team. She had been instrumental in developing the OND Communities initiative and had a significant impact in developing OND. The Chair thanked HMc on behalf of the Board for her contribution.   |
|              | <b>Minutes of the Previous Meeting</b>  |
|              | The minutes of the meeting held on 24 <sup>th</sup> August 2021 were agreed as a correct record.  |
|              | <b>Actions from the Previous Meeting</b>  |
|              | The action grid was reviewed and updated.   |
|              | <b>Arts and Culture Group Update</b>  |
|              | MW introduced the report following work that had been undertaken by Simon Jones to establish an Arts and Culture Group. An Arts Council funded case study will be undertaken which will enable the cultural sector to link to the Quality of Life Strategy. MW advised that Beaford is England's longest established rural arts initiative and is also North Devon's only national portfolio organisation of Arts Council England. The Council has two values, intrinsic and instrumental value of arts and MW outlined a number of the Groups achievements and projects.   |
|              | CG outlined the scope of her work and introduced the Culture Health and Wellbeing Project. CG explained that arts and health are a different discipline to arts therapy which is clinical although they have similar benefits. Arts and health can be undertaken at population or individual level and CG outlined a number of positive examples. The culture health and wellbeing case study project has developed from the OND Arts and Wellbeing Culture Group after it was identified by a community developer that culture was not included in the Northern Devon Quality of Life Strategy. Funding of £25k has been received from the Arts Council to progress the case study to test how the OND network can work with the creative and culture sector to improve the population's health and wellbeing. Four age groups are being targeted who are considered to have been most affected by the pandemic – these are 16 to 24 years old (experiencing increased anxiety and depression), young families with school age children (who have lost employment and income), isolated older people and people of any age (with impairments and long term conditions). Funding has been secured to commission an artist to work within each OND community to co-design a creative project |

to take place between January and March 2022. CG explained that the outcome of the case study will enable a longer term project to be developed.

MW advised that Arts Council England have defined 54 priority places across England where the aim is to improve the level and quality of its investment between 2021 and 2024. MW asked the OND Partnership Board whether a Board member could be appointed as a point of liaison to meet with Beaford and the Arts Council to explore the possibility of securing longer term funding to continue with the project.

JW considered the arts to be of value supporting the initiative and asked for anyone with an interest in the project to come forward as the OND representative. KM offered to provide support to the project and reported on discussions to explore the priority places.

AB referred to the mental health survey that had been undertaken and the feedback which supports arts groups. There is a barrier to people attending arts groups however as some people find it difficult to find someone to attend with and secondly that there is a need for an arts group that understands mental health issues so that they can provide support to individuals at the group. CG confirmed that some funding has been built in for access adaptations and support workers to enable people to take part. Funding has also been included for training although artists will be commissioned where possible who have experience in working with vulnerable groups.

SM sought clarity on how Petroc could contribute to the project and asked CG to make direct contact outside of the meeting.

CP asked whether this could be linked to future prescribing work.

JW thanked MW and CG for providing the report and welcomed future updates.

**Action:**

- **KM to support the Culture and Health and Wellbeing Project on behalf of OND.**
- **CG and SM to discuss support that can be provided by Petroc to Arts.**

**11/21 Business**

**Finance Report**

AB presented the finance reporting highlighting key aspects:

- The forecast deficit has reduced.
- Funding has been received from DPT to fund the OND Community Mental Health Flow Navigator Role for 18 months.
- There is a shortfall in funding for community developers in Torridge.
- A plan is in place for community developers to undertake work on elderly living with frailty.
- There is currently no recurrent funding identified for 2022/23 for the OND projects with the exception of Home from Hospital (2 year funding) and DPT Community Mental Health Navigator Role (18 months funding).

AB explained that with the departure of HMc, the OND budget can no longer be managed through the One Ilfracombe bank account therefore as NDHT already holds an element of the OND budget, it was suggested that NDHT manages all OND funds going forward. KA advised that an open book approach would be applied to this arrangement to provide transparency to all partners.

SM supported the proposal which will provide professional support and could be beneficial when seeking funding.

The OND Partnership Board supported the proposal for NDHT to manage the OND funds.

JW highlighted the decision that needs to be made for funding projects going forward as not all projects have recurrent funding in place. AB explained that previously funding has been made available from partners who benefit from individual projects however consideration also needs to be given to OND core staffing costs and suggested a funding model which partners contribute towards. JW asked whether NDHT expertise could support the development of a funding strategy. KA suggested considering the currency for this such as discretionary support provided by individuals rather than financial.

CP referred to a public health grant (£25k) ear marked for North Devon which could contribute towards the forecast deficit if the OND Board agrees that the community developers are adding benefit to the local community. Going forward there is also a locality budget which allocates public health grants.

JW considered the current financial position to be unfair in terms of providing security to staff therefore partners need to consider whether they support projects and whether they should be sustained.

SM highlighted the balance of priorities for investment and suggested an allocation framework to support the allocation of funding and investment.

EJ referred to the person centred programmes and suggested that any exit programme would need to have realistic timescales for exit.

TG felt that the OND Partnership Board needs to agree its priorities and understand each partner's position in terms of funding streams and suggested that in the longer-term partner contributions will be required to allocate to priorities. This would need to be implemented as part of organisational planning rounds and should be discussed at the OND development session.

Ann-Marie Shillito outlined the benefits of the community developers and the scope and value of their work to support the local communities. Members of the Board agreed that if partner organisations are able to see the benefits of the OND partnership they would be more likely to consider funding as part of their organisations financial planning process.

SM highlighted resource that could be provided by students from Petroc to support the wellbeing programme.

AB summarised that a decision needs to be made on funding the new partnership roles and if they are considered of value, how they will be funded going forward.

## **12/21 Link Between Health and Prosperity**

TJ reported on the work being undertaken to link health with prosperity that has been brought into focus during the pandemic. The most recent national reports indicate that poor health has cost £300bn in terms of lost economic output annually and this excludes direct health costs.

Work has been undertaken to explore life expectancy which is in reverse in many parts of the UK. In areas of lowest health life expectancy more than 33% of 25 to 64 year olds were economically inactive due to poor health or disability.

TJ explained how local government is trying to make a positive impact to this and suggested that

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|              | <p>local businesses should have a part in addressing the wider determinants which would have a powerful impact. An exercise is being undertaken to add the letter H to the ESG agenda to send a clear message to local employers and the supply chain.</p> <p>JW highlighted how a healthy workforce would be more productive and the importance of the wider determinants.</p>   |
| <b>13/21</b> | <b>OND Partnership Programmes</b>   |
|              | <p><b>Flow Project</b></p> <p>AB reported on the Youth Flow project which is due to end this month. Discussions will be held with DPT around the complex needs hub. This will be a one year programme and DPT investment has been received for mental health flow which has made the project sustainable in the short term. PCN funding has also been received to expand primary care flow which evidences that organisation see the benefit of flow.</p> <p>OH reported on the commitment from three out of four PCNs to fund a flow co-ordinator and project management time for a 12month pilot of primary care flow. The intention is that the pilot will help 60 primary care clinicians take a patient through Primary Care Flow. The pilot will evidence the outcomes to enable the PCNs to make a decision on whether they wish to take flow forward and employ their own flow co-ordinators.</p> <p>SM referred to the complex needs forms and asked whether there is national data to demonstrate the positive impact that flow co-ordinators can have. OH explained the difficulty in gathering data for complex interventions.</p> <p>AB advised that the higher the complex needs score the more value you get from the investment. AB also referred to a flow co-ordinator role in the pain team at NDHT, which will be able to provide supporting evidence on benefits.</p>  |
| <b>14/21</b> | <b>Place-Based Programme – draft report and plan for sustainability</b>   |
|              | <p>JL outlined the purpose of the report that will seek to evidence the overall impact of the One Communities to date so as to enable partners to understand the strategic and operational value. JL asked for feedback on the report so that it can become a collaborative report with input from all partners. It was also proposed that the report should reflect the impact if the One Communities ended.</p> <p>AB referred to the executive summary which outlines work undertaken with community partners to date and the value of this. AB asked the Board if the content of the report will enable partners to make a decision on funding or whether further evidence such as KPIs should be included. AB advised that all OND partners will receive the report.</p> <p>JW asked the Board to consider the value of community developers and how they help organisations to achieve their goals in serving the population.</p> <p>SH referred to the level of knowledge on ONE within the community and was unsure whether there was sufficient knowledge to attract funding. KM referred to funding required for Community Developers (£200k) and felt that it was unlikely that this level of funding could be secured from the district councils, although it was more likely that a contribution could be proposed for the following financial year.</p> <p>Ann-Maire Shillito suggested that the conversation for funding should start before current funding</p> |

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|              | <p>ends.</p> <p>TG felt that the responsibility was for all partners to provide funding if the work of the Community Developers was considered important. Costs could be apportioned based on size of the organisation.</p> <p>AB reported on the intention to approach all of the Town Councils as the Community Developers support their residents and the roles need to be built into a sustainable model. KA outlined a cohesive approach that could be taken to benefit all communities.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>OND Partnership Board to provide feedback on the draft report and the plan for sustainability.</b></li> </ul>   |
| <b>15/21</b> | <b>System Programmes</b>  |
|              | <p>AB reported on the OND Health Inequalities Team and the proposal to refresh the OND Inequality &amp; Wellbeing Strategy.</p> <p>The Board were asked to break out into groups to discuss four specific questions and provide feedback. The questions were noted as:</p> <ol style="list-style-type: none"> <li>1. How do inequalities manifest themselves in the services you deliver?</li> <li>2. Where are the greatest inequality issues and risks in terms of a) access to your services and b) outcomes?</li> <li>3. Having heard back from partners, what areas might make the most difference to the people of Northern Devon if we worked on them together?</li> <li>4. How do inequalities manifest themselves in the services you deliver?</li> </ol> <p>Feedback from the groups was noted as follows:</p> <ul style="list-style-type: none"> <li>- Youth flow – the housing situation for young people is dire. Young people are being made homeless.</li> <li>- High Flow – there have been a number of deaths due to poor health. Should we put more health support in place for people with complex needs.</li> <li>- Mental ill health and substance abuse (specifically alcohol) – need is growing and disparities are increasing so need to shift focus to preventative measures such as licencing and availability. Also the impact on family units and impact to children.</li> <li>- Education is difficult due to the housing difficulties. COVID is also impacting the ability of young people to interact with others resulting in increased safeguarding reports and increased anti-social behaviour.</li> <li>- There is a lack of transport, preventing people from getting to support. There is also a lack of digital support and they lack skills to access this or have health issues that prevent them from accessing. There a lack of communication between communities.</li> <li>- Some small rural parishes don't have the opportunities of larger communities, including transport.</li> <li>- There is a requirement to understand what is meant by inequality. Need to consider the green agenda and the benefits as access to the benefits can be difficult.</li> <li>- Overall the main issue was mental health and the fact that people have lost confidence.</li> <li>- From a police perspective the main issue is mental health due the increase of people in crisis and the lack of support based in North Devon.</li> <li>- There is a correlation between wealth and health inequalities and there is an increased risk of mental health within primary care setting and it is forecast that issues of economic deprivation will increase.</li> <li>- As roles change in primary care and as GPs are left with more complex patients the traditional model of providing primary care is not fit for purpose and alternative models of care need to be explored to provide an holistic approach.</li> <li>- Inequalities with young carers as they don't have the same opportunities and they are not</li> </ul> |

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|              | <p>recognised across professions. If identified, early preventative measures could be put in place to support them and result in a positive impact.</p> <ul style="list-style-type: none"> <li>- Social connections provide support in the community but where they are lacking it results in delayed discharges and poorer outcomes. Intervention is required to reduce poor outcomes.</li> <li>- Although digital access is the most efficient way of delivering a service this has also digitally excluded some people.</li> <li>- The workforce needs to be able to access other services quickly.</li> </ul> <p>The Board discussed prioritisation of the above issues but due to the importance of all, this was considered difficult to undertake.</p> <p>AB highlighted that there had previously been 10 priorities and consideration should be given to what will have the most impact on the population and where the partnership can collectively make the most difference. It was suggested that three priorities that can be achieved locally be presented to the next meeting.</p> <p>DH referred to the issue of fuel poverty and felt that this is an area that should also have focus.</p> <p>OH agreed to provide feedback to the Health Inequalities Group and report back to the OND Board.</p> <p>AB asked the Board to collect a case study of where one of their clients has been affected by the above issues to support the work of OND.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Three priorities that can be achieved locally to be presented to the next meeting</b></li> <li>- <b>Provide feedback to the Health Inequalities Team and report back to the next OND Board.</b></li> <li>- <b>Provide a case study where inequalities have impacted on each partners clients.</b></li> </ul> |
| <b>16/21</b> | <b>Programme Reviews</b>  |
|              | <p>AB referred to the report on Older People living with Frailty in Northern Devon and sought feedback from the OND Partnership Board. The report outlines the current level of carer support available to older people and work undertaken to highlight strengths, weaknesses and areas for improvement so as to develop a design brief to generate ideas and prototypes. Six main themes were identified as follows:</p> <ul style="list-style-type: none"> <li>- Keeping well</li> <li>- Workforce</li> <li>- Co-ordinated support</li> <li>- Loneliness</li> <li>- Access – services</li> <li>- Access – transport</li> <li>- Access – local</li> <li>- Access – digital</li> </ul> <p>To address the themes they have been split into four domains: Prevention, Anticipatory Care, Urgent and Maintenance.</p> <p>AB asked for continued engagement with this work to provide a greater diversity of views to develop the proposal to support older people.</p>  |
| <b>17/21</b> | <b>Reflective Learning from the Meeting</b>   |
|              | <p>JW considered the meeting had been productive and noted the positive work being undertaken. JW</p>   |

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|              | <p>asked JL to present the Plan for CD Sustainability to the next meeting to challenge the Board.<br/>DR asked whether there is possibility for a face to face meeting and although JW supported this it would be dependent on the COVID position.</p> <p>SM asked whether there were problem solving methodologies available to support the Board in making decisions and DR agreed to consider this for the next meeting.</p> <p>KA explained that she will focus on the key priorities and therefore asked for clarity on each partners priorities to be considered.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Present plan for sustainability back to the next meeting.</b></li> <li>- <b>DR to consider methodologies to enable partnership decision making.</b></li> </ul> |
| <b>18/21</b> | <b>Date and Time of Next Meeting</b>   |
|              | 21 <sup>st</sup> December at 2 pm  |

## ONE NORTHERN DEVON ACTION GRID

AS AT 26<sup>TH</sup> OCTOBER 2021

|                                     |          | Action                   | Comments  | Lead   | Outcome         |         |
|-------------------------------------|----------|--------------------------|---|--|-----------------|---------|
| <b>3<sup>rd</sup> February 2021</b> |          |                          |   |  |                 |         |
| 135                                 | 08/21    | Actions from the Meeting | Add standing agenda item for 'climate change and the environment' | <p><b>07.04.21</b> – No work programme for this yet. Leave as greyed out on agenda until councils let OND know how to begin to look at item.</p> <p><b>02.06.21</b> A Climate Officer had been appointed. It was suggested the new officer be invited to give a briefing at a future meeting.</p> <p><b>24.08.21</b> On hold until after the Development Day.</p> <p><b>26.10.21</b> the Board agreed that this action should be taken forward by North Devon Futures with regular reports back to the OND Board</p> | KW<br><br>AB/DR | Closed  |
| 139                                 | 07/04/21 | Business                 | HB and AB to discuss 'opportunities register'                     | <p><b>02.06.21</b> Not yet progressed</p> <p><b>24.08.21</b> a paper will be developed</p>   | AB / HB         | Ongoing |

|         |          | Action   |  | Comments   | Lead | Outcome |
|---------|----------|----------|--|--|------|---------|
|         |          |          |  | <b>26.10.21</b> this remains work in progress  |      |         |
| 140 (a) | 07/04/21 | Strategy | Request for OND collaborative involvement – AB to add to agenda for development day. | <p><b>02.06.21</b> No further update</p> <p><b>24.08.21</b> several items are included on the agenda for the development day. AB suggested using the October meeting for a development session (3 quarters development and 1 quarter business)</p> <p><b>26.10.21</b> agreed that this action will be closed and a new single action opened focussing on the development day</p> | AB   | Closed  |
| 140 (b) | 07.04.21 | Strategy | Development Day to be Arranged   | <b>26.10.21</b> the timing of the development day was discussed in light of the ongoing going development of the ICS and LCPs and connections to North Devon Futures and wider determinants. KA outlined development within the NHS including development of action plans.   | AB   | Ongoing |
| 146     | 02/06/21 | Business | TG to include on agenda of Development Day   | <b>24.08.21</b> JW suggested that business will be included as part of development day. JW asked for draft agenda for development day within four weeks to be circulated to partners if COVID restrictions allowed it to proceed as  | AB   | Closed  |

|                                     |       | Action                                     | Comments   | Lead  | Outcome      |
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|                                     |       |  |  | F2F.<br><b>15.09.21</b> In view of the present levels of COVID circulating the next meeting will not be a 'Face-to-face' development session. |              |
| <b>24<sup>th</sup> August 2021</b>  |       |  |  |   |              |
| 149                                 | 05/21 | Housing Update                             | Consider including modular systems in the paper to government and a link to Chris Whitty's coastal town report | <b>26.10.21</b> TJ highlighted that an update was included on the agenda  | KM<br>Closed |
| 150                                 | 05/21 | Housing Update                             | Draft letter of support from OND to be included with the paper to government                                   | <b>26.10.21</b> a letter had been drafted for inclusion in the paper to the Government  | KA<br>Closed |
| <b>26<sup>th</sup> October 2021</b> |       |  |  |   |              |
| 151                                 | 10/21 | Arts and Culture Group                     | OND Representative to be identified to support the Culture and Health and Wellbeing Project                    |   | ALL          |
| 152                                 | 10/21 | Arts and Culture Group                     | Discuss support that can be provided by Petroc to Arts   |   | CG/SM        |
| 153                                 | 14/21 | Place Based Programme - report and plan on | OND Board to provide feedback on the report and plan for   |   | ALL/JL       |

|     |       | Action                                  | Comments   | Lead | Outcome |
|-----|-------|---|--|------|---------|
|     |       | sustainability                          | sustainability for presentation to the next meeting  |      |         |
| 154 | 15/21 | System Programmes – Health Inequalities | Identify three priorities that can be achieved locally to be presented to the next meeting | ALL  |         |
| 155 | 15/21 | System Programmes – Health Inequalities | Provide feedback to the Health Inequalities Board and report back to next OND Board        | OH   |         |
| 156 | 15/21 | System Programmes – Health Inequalities | Provide a case study where inequalities have impacted on each partners clients             | ALL  |         |
| 157 | 17/21 | Reflective Learning from Meeting        | Consider different methodologies to enable decision making                                 | ??   |         |
|     |       |   |  |      |         |