onenorthern devon

OND Board Meeting

Date:	
Agenda item:	Appendix 1.2
Title:	OND Board Meeting – 26th April 2022
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 26th April 2022

PRESENT:		
John Womersley	JW	Chair One Northern Devon, Clinical Lead for CCG Governing Body
Andrea Beacham	AB	Partnerships Lead, NDHT, Programme Manager, OND
Tim Jones	TJ	Chair SW Business Council and North Devon Biosphere Foundation
Toby Davies	TD	Local Area Commander, Devon & Cornwall Police
Ken Miles	KM	Chief Executive, North Devon District Council
Katherine Allen	KA	Deputy Director of Strategy NDHT
Karen Evans	KE	NDVS
Richard Blackwell	RB	Associate Director, Insight
Charlotte Pavitt	CP	Public Health
Jeff Chinnock	JC	Associate Director of Policy and Partnerships RDE / NDHT
Kristian Tomblin	KT	Head of Health Inequalities, Devon ICS
Lou Higgins	LH	Interim Locality Director, CCG
APOLOGIES:		
Alan Dykes	AD	Chair, North Devon Plus
Oliver Hassall	OH	GP, Northern Devon Collaborative Board
Tim Golby	TG	Devon County Council
Steve Seatherton	SS	Programme Manager, One Ilfracombe
Rob Passmore	RP	361 Energy/Bideford Chamber of Commerce
Sean Mackney	SM	Petroc
Darran Hill	DH	Chief Executive, TTVS
David Richardson	DR	Clinical Director, Devon Partnership Trust
Alex Coull	AC	Partnership Manager, DCC
Steve Hearse	SH	Chief Executive, Torridge District Council
Marc Rostock	MR	Director of Neighbourhoods, North Devon Homes
Paul Shaddick	PS	SWAST
Stella Doble	SD	Assistant Director Community Health and Social Care North Devon

David Relph	DRe	How Places Work
Kay Brennan	KB	Clinical Advisor, CCG
IN ATTENDANCE:		
Kate Winter	(KW)	PA to CEO and CFO, Royal Devon University Foundation NHS Trust – for Minutes

28/22 Opening Business

Introductions, Apologies, Declaration of Interests & Any Other Business

Introductions

JW welcomed everyone to the meeting.

Apologies

The apologies were noted.

Declarations of Interest

This item was not covered.

Any Other Business

This item was not covered.

Minutes of the Previous Meeting

The minutes of the meeting held on 22nd February 2022 were agreed as a correct record.

Actions from the Previous Meeting

The action grid was reviewed and updated.

Actions:
None

28/22 OND Partnerships Operations

Finance Report

AB presented the finance report highlighting that 2022/23 is the first year in which OND has managed to secure a budget to cover costs for the whole year. The budget will cover all core staff, the flow team and community developers for the whole year. There is a predicted surplus £113k providing a 3 month contingency. JW highlighted £314k carried forward which is funding secured for projects rolling over into 2022/23. JW

	sought clarity on £50k funding for MIND and AB explained that the funding was from DPT for a Mental Health Flow project spanning 2021/22 and 2022/23. AB reported on a more robust finance process which is now in place which will include funding being ring fenced for specific projects. An element of all allocated funding will be assigned to core costs for each project and KA suggested setting out restricted and unrestricted funding in future reports to identify where there is flexibility. KE suggested defining core costs as these costs could be carried forward. The Board noted that the OND 2021/22 Accounts remain work in progress. DH questioned whether redundancy costs had been built into costs as this could present an issue in the future and KT agreed that consideration should be given to the OND employees. JW asked whether a programme of work could be considered to utilise the surplus. **Partnership Programme Structure** JW presented the Partnership Programme Structure. This is a complex structure which includes all core posts and the OND Communities. The Board noted that the OND core team were now fully recruited and capacity of the flow team had increased placing the team in a good position moving forward. It was recognised that North Devon Futures is also building in strength and it will be important to ensure that OND and North Devon Futures do not duplicate work. TD sought clarity on whether the Flow Project Manager was a full time or part time post and it was confirmed as full time. KA suggested that each project / post will need to evidence how they have performed and the impact which it has had on each partner organisation. AB referred to the current evaluation structure which currently only evidences outcomes and outputs and does not measure the social impact. It was also felt that each partner would view success differently as each partner receives a different level of benefit from each project. JL referred to a company called IMPACT who are able to support project evaluation providing customised local outputs. AB had also been discussing methods of evaluation with Academic Health Science Network (AHSN).

	KT queried how OND was valued in terms of learning. JW outlined the level of work required in order to maintain the programme of work for OND – the theory remains good but actual business and funding remains more challenging. AB referred to other methodologies that could be used to measure success however these are time consuming. It would therefore be important to understand what outputs and evaluation each partner wants to receive. It was suggested that focus should be placed on a snapshot of case studies or if a project is progressing successfully it could be measured against key metrics. JW suggested a common fund approach where the OND Board decides where funding should be allocated. AB summarised discussions advising that every flow worker is recording outputs and outcomes which are then evaluated. **Operational Requests for OND Support / OND Programme Report** The OND Board received an update on projects as follows: <u>Primary Care Flow</u> A new primary care co-ordinator has been appointed and GPs continue to be recruited to the project. A presentation on primary care flow had recently been given at a health equities symposium. <u>Community Mental Health Flow</u> The project team have highlighted learning support that is required in addition to access to printers. AB suggested that going forward all requests for support should be collated into key themes. <u>Community Flow</u> The community flow co-ordinator has provided a list of barriers being faced and solutions are being explored. JL suggested presenting any issues back to a future meeting. It was noted that the implementation of EPIC (electronic patient record) at NDDH should support the quality of referrals. <u>OND Communities</u> It was noted that each community developer is recording outcomes and outputs which has become more structured over time.

	JW asked whether there is any inequity for any areas/communities not covered. DH advised that Torrington covers a wider geographic area than just Torrington but there are still gaps in some areas of Torridge and Northern Devon. JW suggested that a gap analysis may be required to assess areas that are not covered. AB sought views on the potential impact of expanding into villages and areas not currently covered by the One Community. KM suggested that there could be duplication in some areas and KE felt that the OND structure may not be applicable to some smaller communities. KE suggested that the smaller communities need points of connection / environment. Examples of support available in small communities were evidenced following the recent storms and 'Track and trace'. KM also highlighted the parish forum held with parish councils where information can be gathered. AB referred to a pilot for core connectors to support individuals connecting with the system and suggested developing a network of individuals to connect and communicate with. TD outlined the approach taken by Devon and Cornwall Police where each town / community is graded with each grading having a different approach. This provides clarity on expectations of how support can be accessed. TJ referred to work undertaken on creative industries which has elements linking to local relationships and community level and generating initiatives that could be connected. KM suggested liaising with the consultants of the Cultural Strategy to see whether they have information on community groups already established. <u>Fuel Poverty</u> AB highlighted an update included in the partners report on work being undertaken by the council to address fuel poverty including a new web page relating to energy efficiency grants and loans. The support being offered to individuals includes financial support for oil, new electric storage heaters and potential funds for pre-payment meters. It was recognised that many solutions being put forward are medium to long term however there is an immediate requirement for funds that people can access. KE suggested that a bursary scheme offering financial support could be managed through the voluntary sector. Funding had already been received to purchase a 'bank' of electric heaters with a loan scheme being managed through community connector links.

	TJ considered that fuel poverty will continue to be a profoundly difficult issue as there is evidence that current and future price increases will impact further. JW asked JL to co-ordinate and manage all requests for support from the One Communities and provide an update to the next meeting. KA suggested tracking fuel and food poverty requests for support jointly as these are of high priority. AB reported on work that RB has been supporting with primary care to identify people with a respiratory risk who are a high risk of fuel poverty. <u>Workplace Wellbeing</u> A project manager is now in post who will start to record the deliverables. JW asked for a report on progress to be made to the next meeting. KA highlighted food poverty for lower banded staff and highlighted that nurses are having to use foodbanks. AB has asked all partner organisations whether they can support smaller business with wellbeing approaches and provide wellbeing support. KA agreed to lead this action and CP agreed to take forward with public health. JW referred to food insecurity and asked whether this is being led by the Council. KM referred to the household support fund which provides emergency funding for food vouchers. Work is also progressing through North Devon Plus to pull together information on food security including local food producers providing food locally and TJ agreed to follow this up. TD referred to a vulnerability screening tool used by the Devon and Cornwall Police and suggested raising fuel and food in the tool matrix as a flag and TD agreed to follow this up. <u>Healthy Ageing in Northern Devon</u> AB provided an update on the project which is split into four areas of focus. Funding has been received for community prevention work and to date the project has had a huge impact for individuals with dementia and their carers. £84k has been included in the 2022/23 budget for falls prevention. JW suggested that consideration may need to be given to rolling the project out across the whole of Northern Devon to ensure there is no inequity however it would then cost more than £84k. <u>Funding Streams</u>

	KE referred to the application process for a small grants scheme and suggested streamlining the grant process so funding goes to where it is needed rather than going on administration costs. KA referred to ring and ride and transport on digital demand which is a way of connecting dispersed communities and funding available for councils. AB referred to a bid for national funding submitted through DCC to address loneliness through transport and advised that the Devon bid is now through to the final 12.
	ACTIONS: - Consider a programme of work that could utilise any surplus funds (AB) - Co-ordinate and collate all requests for support from the One Communities and provide an update to the next meeting (JL) - An update on workplace wellbeing to be presented to the next meeting (JL) - Contact all partner organisations to ask whether they are able to provide wellbeing support to smaller businesses (KA) - Follow up work being undertaken by North Devon Plus on food insecurity and provide an update to the next meeting (TJ) - Consider including food and fuel insecurity in the Devon and Cornwall Police vulnerability screening tool (TD)
29/22	**Health Equity Strategy** AB referred to the Strategy which is currently being refreshed and highlighted the priorities previously identified and agreed by partners: - Housing - Poor Physical Health of Those with Complex Needs - Fuel Poverty - Mental ill Health and Substance Abuse - Transport - Digital - Social Connections - Young People As part of the strategy refresh a different approach has been proposed to achieve different outcomes to the those currently delivered by the system. This will include a stakeholder workshop planned for 29th June 2022.

	AB reported on the conversation which has already started within the Health Inequalities team to look at what values and priorities we can infer from the system we have created. The Board were asked to consider the following: 1. We are collectively very concerned about the next 2 years 2. We are not very concerned about the next 20 years 3. We think our resources should be targeted at our organisational function 4. We don't think our resources should be directed at addressing the issue where it will have most impact 5. We think people's needs can be delineated 6. We're really concerned about performance in acute settings 7. We're not very concerned about performance in preventing people needing acute settings 8. We think equity means giving all people the same service The OND Board commented on the terminology as follows: • KA suggested that terminology diminishes what is undertaken in Northern Devon and should include some hope which is not reflected. AB said this was intending to be challenging around the outcomes but advised that part of the stakeholder conference will focus on what is being undertaken. • TD asked whether equity means the same for everyone? We aspire to provide a tailored service. • RB felt that everyone should receive the same service everywhere to avoid inequality. • DH suggested cultural change was required rather than focussing on the here and now. • CP highlighted reference to 'their issues' - should be 'the system'. The OND Board acknowledged that better outcomes could be achieved by the system by working more collaboratively. There also needs to be two-way equitable engagement to ensure that a clear and accurate view of all challenges can be understood. RB provided a comprehensive presentation which included the Devon inequalities gap and the mapping of wider determinants. Studies had been made to determine the wider determinants of inequality compared to spend.

	It was considered that all organisations have responsibility to make improvements which need to align resources to achieve better outcomes and the Board discussed how this could be achieved. A mapping exercise was undertaken where all members present were asked to focus on the housing priority and write down any element of housing issues that impacts on each organisation.
	Action: **None**
30/22	**Closing Business** **Reflective Learning from Meeting** It was considered that the OND Board is trying to get a balance of business, partners work and strategic forward thinking. **Date and Time of Next Meeting** 28th June at 2 pm – Venue to be confirmed.

NORTHERN DEVON ACTION GRID

26TH APRIL 2022

			Action	Comments	Lead	Outcome
21st December 2021						
167	24/21	North Devon Biosphere	Share briefing with the OND Board	22.02.22 TJ to provide a briefing 26.04.22 KW to chase TJ that biosphere briefing has been circulated to OND. Chased on 12.05.22 to be circulated once received. Chased 12.5.22 and 15.06.22	TJ	Ongoing
22nd February 2022						
172	02/22	High Flow / Information Sharing Agreement	Confirm whether information sharing agreement meets current guidelines	26.04.22 DCC have come back to OND. Police are leading on information sharing but some concerns were raised therefore TD	TG	Ongoing

				agreed to chase progress. AB has also asked TG for analyst support in high flow which was agreed by TG but this can not progress until the data sharing agreement is in place.		
175	03/22	Health Inequalities	Request for safeguarding support to be referred on to TTVS	**26.04.22** JL reported that this remains ongoing and agreed to link in with TTVS. Ongoing.	JL	Ongoing
26th April 2022						
176	28/22	Finance Report	Consider a programme of work that utilise a surplus		AB	
177	28/22	Requests for Support	Co-ordinate and collate all requests for support from One Communities and provide an update to the next meeting		JL	
178	28/22	Workplace Wellbeing	An update on progress to be presented to the next meeting		JL	

179	28/22	Workplace Wellbeing	Contact all partner organisations to see whether they are able to offer wellbeing support to smaller businesses		KA	
180	28/22	Workplace Wellbeing	Follow up work being undertaken by North Devon Plus on food insecurity and provide an update to the next meeting		TJ	
181	28/22	Workplace Wellbeing	Consider including food and fuel insecurity in the Devon and Cornwall Police vulnerability screening tool		TD	


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Clinical Commissioning Group
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Devon
County Council
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DISTRICT
COUNCIL
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TTVS
Devon Partnership
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NP
Natural Devon
Devon Local Nature Partnership
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One BARNSTAPLE
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Live Well in Braunton
Connecting the Community