

OND Health and Inequalities Development Meeting Notes Friday 8th October 2021	
1. Opening Business	
1.1 Introduction and Apologies: Attendees/apologies listed below	
Locality Level	Action
<ul style="list-style-type: none"> OND's existing 10-year strategy to address health inequalities published in 2020. Link attached AB outlined that the purpose of this meeting is to establish local leadership around health inequalities and what we want to do locally without waiting for direction which will be strategically aligned to. Devon Work Health and wellbeing board. Devon ICS work, Population Health management. Nationally, Health Disparities Group. AB put to the meeting, who else needs to be here? Agreement needed on the Scope of our work going forward. (OH,) shared link in chat, the PCN new agreement as a part of the investment fund there is a whole part on Health and inequalities. It was shared that Core 20 plus 5 is the corner stone to NHSE plan. Core20 is the 20% most deprived areas in the country. Plus means that we can feed in our local knowledge. If there is a community that is not a part of the most deprived area, this can be added as a plus. Plus 5 are the 5 clinical areas, CPD, Respiratory, Maternity, Cancer, Mental health RB shared that he is working on a diagram of this that he will circulate. A diagram that everyone can add to it. 	<p>AB</p> <p>https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf</p> <p>RB to circulate Diagram for all to contribute to</p>

National	Action
<ul style="list-style-type: none"> Implementing phase 3 of the NHS response to the Covid-19 pandemic – Aug 2020 It was requested that any other NHS Document that shows strategic direction or around population health etc. please send to AB. NHSE Phase 3 response Document from 2020 from which Core 20 came out of. Request for any other document that supersedes this to be sent to AB/ The Document has eight Headings: <p>1. Protect the most vulnerable from Covid 19 Enhanced analysis and Community engagement.</p>	<p>AB:</p> <p>https://www.devonhealthandwellbeing.org.uk/jsna/jsna-headline-tool/</p> <p>All. Any NHS Document showing Strategic Direction please share with AB</p>

<p>This is not just about vaccines for the vulnerable that need engagement.</p> <ol style="list-style-type: none"> 2. Restore NHS Services inclusively RB: Shared that NHSE asking for action plans from each CCG/ICS. To draw down any elective recovery funds action plan that links in with health inequity. Primarily around ethnicity and deprivation. This document will be produced without meaningful data. It is not focused on health inequalities and ethnicity. Ginny Snaith, board secretary to Devon CCG is on programme lead for Devon Health and inequality for Devon CCG/ICS therefore being a good contact in CCG/ICS. RB agreed to do an intro to Ginny. 3. Develop Digitally enable care pathways in ways which increase inclusion. (RB) Shared that John McCormick is GP in Newton Abbot who has role in CCG around digital. Added that he would be best link. RB will link with John. 4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes, including more accessible flu vaccinations. 5. Particularly support those who suffer mental ill-health (OH) Stated that this aligns directly with the IAF for PCNs. There are targets around, flu vaccinations. Learning disability health checks, Hypertension. Social prescribing. 6. Strengthen leadership and accountability with a named Exec board member responsible for tackling inequalities in place in every NHS organisation. The group could not identify a Health and Inequalities lead in GPs for Northern Devon It was agreed that Health and inequalities lead for NDHT and RD&E it is Katharine Allan, she should be added to the map. 7. Ensure Datasets are complete and timely. To underpin and understand our response to inequalities. (RB) Shared NHSE is asking for ethnicity data to meet target. To acknowledge ethnicity across the area. Ethnicity data is the main ask. It was noted there is also an IIF target. 8. Collaborate locally in planning and delivering actions to address health inequalities. Incorporating in plans for restoring critical services Better listening to communities and strengthening local accountability Dealing partnerships with local authorities in the voluntary and community sector. <ul style="list-style-type: none"> • Health inequalities improvement and the new Bola Olawabi organisation – CORE20 <p>The meeting agreed that the aim of the group is maintaining continual focus on these actions including full report that would be done at Devon ICS level. Core20 plus five. Targeting the 20% deprived members of our population. The 5 key clinical areas and the plus that we think</p> 	<p>RB will do an intro to Ginny.</p> <p>RB to link team to Dr John McCormick.</p> <p>OH to send to SE document relating to IAF for PCNs to circulate</p> <p>All: Send any Documents to RB to map. SE: To add to future agenda What we want as our plus?</p> <p>RB: https://embed.kumu.io/07d441eb599c22eeda880fbadd03ed37</p>
---	---

<p>is appropriate in our area.</p> <p>An example given from the national call was coastal communities could be considered.</p> <p>It was agreed by group to put on future agenda to discuss what we want the plus 1 or more to be?</p> <p>A query was raised on whether the eight items and the Core20+5 dovetail each other or would separate work be required? RB shared the operational guidance adding that the operational plan is linked to Phase 3 Covid Response and the Elective recovery funds plus all the work from the PCNs. Suggested that the group to do what we need to do in the knowledge that we know what words to report to whoever is asking. This was acknowledged as a good plan.</p> <ul style="list-style-type: none"> • Latest Marmot stuff – National Syndemic. <p>CP took the action to find which documents Devon County Council are being directed by and which are relevant for Northern Devon.</p> <p>The group agreed that a member of secondary care should be a part of group. Karen Davis would be a good source for recommending a member.</p> <p>Smarter Devon, Sophie Francis from Business intelligence team, would be key to invite to talk about housing. RM will provide the link.</p> <p>Everyone added that it would be beneficial to have a co-design approach. Inviting voluntary sector. Representation, early engagement would be important. Once the plus one or more had been agreed upon the invite could be sent to relevant parties to join group.</p> <p>It was noted that it would be better to review the strategy and data in population by acquiring qualitative knowledge by contacting frontline staff to enable group to focus.</p>	
--	--

Devon ICS level	
<p>3.1</p> <ul style="list-style-type: none"> • Anything new from Devon H&W board AB shared Tool that SC sent to meeting to share. It is an easy tool to read and use which would be helpful in all categories. It was agreed that the comparisons would be helpful. These could be found at the back of the document. Public health England could provide the data. Further Data could be produced. RM/CP to collate this. • Health inequalities from the Devon ICS. Ginny Snaith would be able to assist with this workstream. <p>It was noted that Paul Hurrell is also Health inequalities executive group</p>	<p>RM/CP to collate</p>

<p>Scope of this Meeting: It was put to the group Do we Use the data to identify our needs working on a local plan to deliver that. Data first or stories first. The outcome was that it would be narrow view on data only collected. The stories should be first. CP shared with group her knowledge of the Devon recovery co-ordination group, data impact workshop writeup lead by the voluntary community social enterprise sector. Undertaking a numerous workshop around the impact of Covid and the recovery.</p> <p>Thematic analysis of all the qualitative information on Inequalities, housing and homelessness, food poverty, transport etc. such a document would collate voices from many angles with data that could be triangulated. CP will send report to SE to circulate to sight.</p> <p>Plan for next meeting:</p> <p>RB requested that everyone send him the documents to work on. His action is to read through and work on those documents. Meet again next month.</p> <p>Send around a couple of questions to send around Documents to be saved into the teams group.</p> <p>Invite</p> <p>Secondary care.</p> <p>Mental Health ask David Richardson.</p> <p>Maternity, Melanie winterton brannick.</p> <p>Childrens services. Action for Children, Jessica Foye.</p> <p>Any others please add to chat.</p>	
<p>AOB Next meeting Sue to send out Doodle poll</p>	
<p>Next meeting to be arranged by doodle poll.</p>	<p>SE to send out</p>

Attendees		Organisation
Andrea Beacham	AB	Programme manager One Northern Devon. NDHT
Charlotte Pavitt	CP	Consultant in Public Health Devon County Council. Complex lives, mental health, substance misuse agenda in the North.
Kay Brennan	KB	Gp sports medicine Doctor clinical military. CCG Advisor (Wed). OND Healthy weight activity forum
Sue Ellis	SE	Administrator CCG N&E, IMT, OND Health & Inequalities, System Change Alliance.

Richard Blackwell	RB	Social Director of insight. Data analyst. Software engineering, Data analytics. Devon PCT Devon, Exeter, Mid Devon. Working with Primary Care.
Oliver Hassell	OH	Gp North Devon Barnstaple. Clinical Director Barnstaple Alliance Primary care network.
Richard Merrifield	RM	Commissioning Manager Public Health Devon
Tina Henry *	TH	Apologies
William Lilley *	WL	Apologies
Simon Chant *	SC	Apologies