onenorthern devon

OND Board Meeting

Date:	
Agenda item:	Appendix 1.2
Title:	OND Board Meeting – 23rd August 2022
Prepared by:	Kate Winter, PA to Chief Executive Officer and Chief Financial Officer, Royal Devon University Healthcare NHS Foundation Trust
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 23rd August 2022

PRESENT:		
John Womersley	JW	Chair One Northern Devon
Andrea Beacham	AB	Partnerships Lead, RDUHT, 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	Director of Strategy RDUHT
Jeff Chinnock	JC	Associate Director of Policy and Partnerships RDE / NDHT
James Lander	JL	One Communities Support Manager
Sean Mackney	SM	Petroc
Darran Hill	DH	Chief Executive, TTVS
Oliver Hassall	OH	GP, Northern Devon Collaborative Board
Tony George	TG	DWP
Karen Evans	KE	NDVS
Rob Passmore	RP	361 Energy/Bideford Chamber of Commerce
Steve Hearse	SH	Chief Executive, Torridge District Council
Jeni Watts	JWa	Devon ICB
Charlotte Pavett	CP	Public Health
Shan Morgan	SMo	Chair of RDUH
David Worden	DW	NDC Leader
Samantha Trend	ST	Stand Against Violence
Hannah Palmer	HP	Stand Against Violence
APOLOGIES:		
Simon Rapsey	SR	OND Service Manager
Marc Rostock	MR	Director of Neighbourhoods, North Devon Homes
Kristian Tomblin	KT	Head of Health Inequalities, Devon ICS
Alan Dykes	AD	Chair, North Devon Plus
David Richardson	DR	Clinical Director, Devon Partnership Trust
Paul Shaddick	PS	SWAST
Stella Doble	SD	Assistant Director Community Health and Social Care North Devon
IN ATTENDANCE:		
Kate Winter	(KW)	PA to CEO and CFO, Royal Devon University Foundation NHS Trust – for Minutes

38/22	**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 None Any Other Business None **Minutes of the Previous Meeting** The minutes of the meeting held on 28th June 2022 were agreed as a correct record. **Actions from the Previous Meeting** The action grid was reviewed and updated.
	Actions: **None**
39/22	**OND Partnership Operations** **Finance Report** AB presented the report which reflected a similar position to what had previously been reported and now includes reallocated funding. JW sought clarity on the core non-pay costs, specifically costs for the Health Inequalities Engagement Lead. AB explained that the allocation will either pay for a postholder or be used as a collective resource. KA therefore suggested amending the line on the report to 'Health Inequalities Engagement'. **Options Appraisal for Utilising Surplus Funding** AB reported on the paper which proposed utilising surplus funds as follows:

	- Additional web development (£6k) - web templates are in place and communities want to be able to share news stories and content engagement. Although funds are already in the budget a further £6k is requested for an additional half day per week of web developer time to support this. - Demonstrating impact (£21k) – this would support reporting outcomes and evidence the impact of work. A company called Impact Reporting are able to match outcomes with proxy measures of health and financial outcomes and can develop a tool for OND. Although there are two companies who can provide slightly different offers, having met with the providers, AB proposed proceeding with Impact Reporting. - Co-production group support (£10k) – this is being established and requires co-ordination in addition to existing capacity. - Bid Writer or Funds Towards 23/24 Core Costs (£8.5k) – this could be used towards engagement of a bid writer as a significant amount of time is currently spent writing bids. The Board discussed the different options for demonstrating impact. One provider (Trust Impact) could support defining and developing purpose and outcomes for a one-off cost of £40k. A second provider, Impact Reporting, could provide financial measures and a three year programme will cost £21k and JL outlined the benefits of this option. SM supported the option where the provider maintains the product (Impact Reporting) however asked whether there were restrictions on the number of users / licenses. AB understood that there was no limit to the number of users or projects however if support was required in converting proxy measures there would be an additional consultancy fee of £3k for 5 days. KE suggested that it would be useful to have an agreed format so individual organisations can see their impact which then feeds into the OND impact. This would be beneficial to the voluntary sector and for achieving community benefits. KA referred to the cause and link of different aspects and questioned whether this should be explored rather than pursuing perfection on data. JC suggested funding the preferred option for one year and undertaking a stock take at the end, which would have minimal impact to costs. KA referred to the NHS Devon information sharing agreement which links OND to the NHS Devon BI team and questioned whether there is a risk of paying twice for outcome data. AB explained that OND would be required to input its outcomes into the tool which will

	then provide validated measures and is therefore different to information that can be provided by BI. JWa referred to the One Devon integrated dataset that will be available in the Autumn for organisations to access. Two population health co-ordinators have also been appointed who will co-ordinate the data for everyone. The OND Board agreed to sign up to Impact Reporting for one year with funding to be ring fenced for future years, if it is deemed successful. DH referred to a VCSE reference group which is a collaborative group gathering collective concerns into a database and feeding these into other bodies. KE suggested that this type of approach could be part of discussions with the wider voluntary sector and be Devon wide and not just Northern Devon. DH raised concerns with the cost of web development as he considered the building of the web site to be straightforward whereas the ongoing maintenance and consistency of each web site is time consuming and could result in a reputational issue if not maintained. KA supported this and suggested that comms, web site development and bid writing should be included as one resource which would provide all areas with equal support. JWa referred to the 'Involve Platform' which is maintained by the ICB engagement team and suggested understanding whether this can be used by communities to access information. JL also referred to 'Devon Connect' although content still needs to be developed and uploaded to this. JC suggested considering options further before committing any expenditure e.g content creation. JW advised that he had requested comms support through both NDDH and the ICB comms and engagement team which has not been forthcoming to date. JW asked KA to take this forward as an action. KA asked the OND Board to agree to the proposed options for utilising the surplus funds while contact is made with the LCP. AB outlined the three components to One community website support – creation of One Community websites, uploading the content and creation of content. AB reminded the Board that OND has a web developer however more time is required to support all of the One Communities and we have committed with each One Community to provide them with a website and web support.

	SM asked whether the surplus funds were unrestricted and suggested that investment may be required on technology if the OND Board is to continue to hold hybrid meetings. Following in depth discussion JW summarised that for demonstrating impact, the OND Board agreed to one year of funding (£7k) to engage Impact Reporting and for the remaining two years funding to be ring fenced (£14k). It was also agreed that web support would be provided to the Communities to meet their website requirements and an LCP co-ordinated comms and engagement function will be followed up, as will co-production group support and bid writing. The purchase of technology to support future hybrid OND meetings was also supported by the OND Board. **Operational Requests from OND Communities** JL presented the requests that had been included in the Partnership report. AB explained that all community teams have been asked to submit requests based on operational or strategic need and urgency. There is one request of medium priority which relates to a shared engagement platform which will be discussed at a future meeting once options are explored. AB will also consider including suggestions for future work in future reports. **OND Programme Report** AB presented the report and apologised that the link that had been circulated the week before had not included it. Key highlights were noted as follows: - Primary Care Flow – very few referrals being received from GPs so OH is looking at options to increase referrals. - Community flow – funding has been received to expand the project so every person leaving hospital is contacted to see whether they need support. - HAND – prevention includes tackling loneliness with the transport project and FAME. Funding of £84k has been allocated and postural instructors will be recruited in each PCN. - Fuel Poverty – a number of programmes are in place supported by North Devon Council and Torridge District Council with support from local energy advice partnership. - High Flow – a bid was made for safer street funding, which has been successful, to provide improved CCTV, wayfinding signs, street marshals, pop up safe spaces, training in schools, youth intervention works etc. The bid also included a High Flow case worker dedicated to investing the time and reducing the threshold for those individuals linked to the town centre. JC suggested producing an Executive summary for future OND Partnership Board Reports to highlight the key issues from within the report.

	TJ referred to the safer street funding and asked whether this is an issue just for Barnstaple or other towns in the region. TD confirmed that within the peninsular there is also Exeter, Torquay and Barnstaple however the next tranche of funding is likely to include Torridge. AB referred to a version of high flow being developed in the East and the banding of a project manager post and highlighted that this potentially creates an issue of inequity as the voluntary sector provides the equivalent roles in the North. KA sought clarity on the update for fuel poverty which states 365 applications for insulation and 85 installed. KM explained that not all applications require physical intervention. KE highlighted an issue where people are eligible for a grant but do not progress with the work for various reasons and suggested that people need to be supported through this to enable the works to happen.
	ACTIONS: - **Finance report, amend line on report from Health Inequalities Engagement Lead to Health Inequalities Lead.** - **Seek support from an LCP comms and engagement team for co-production group support and bid writing.** - **Include ideas for projects in future Partner reports.** - **Include an Executive summary on future Partnership Board reports to highlight key issues.**
40/22	**Health Inequalities Strategy** AB reported on the stakeholder workshop held on 29th June and highlighted the outputs from the day. The next steps will look at the barriers to health equity that were raised, and design principles. Another stakeholder workshop is planned for 8th November where work that has been undertaken with the system will be presented to start to put design principles into a practical application tool. AB presented the following draft design principles and sought the views on the OND Board: - Person centred – provide person centred services focussed on what matters to the individual, not service - Co-produced – co-produce solutions with the people and communities affected - Build on good practice – build in existing areas of good practice - Consider persons wider context – work in ways that support the 'whole person' including their wider circumstances

	- Target resources where they will have the most impact – distribute resources equitably and where they will have the most impact - Think longer term – think longer term and ensure adequate resources are allocated towards prevention - Whole place – work in ways that support the 'whole place' and recognise rural and coastal challenges - Join forces and promote shared leadership – promote shared leadership and join forces across the system towards a common aim - Communicate – get better at communicating with each other across the system JW referred to the principle to co-produce solutions with people and communities affected and suggested involving people who are not directly affected through a citizen's panel. KA suggested that those not affected already have a say whereas those impacted have no voice. JC considered that everyone will be a patient or user of services at some point, however inclusion and the harder to reach voices should be explored. AB suggested that council members could support this as they are democratically elected. In terms of inclusion, AB suggested sub-points under each principle to explain what is included within each principles scope. CP welcomed a more systematic approach where there is a citizen panel that could be regularly consulted on the direction of travel but they would need to be representative of the population including the harder to reach groups. JC referred to discussions taking place within the health system on how to access the harder to reach groups in the communities. TJ referred to the principle for building on good practice and coastal challenges and suggested amending this to help rural and coastal communities to fulfil their potential. JW asked JC to provide feedback to the next meeting on the discussions surrounding hard to reach groups in the community. JL suggested having a localised citizens panel in each area and JC referred to the virtual voices panel which has 1500 members which can be broken down in to areas. AB outlined work in the co-production group where feedback is being sought on how to get voices heard and the best way in doing this. AB suggested providing more detail to each of the principles before presenting back to the next meeting when the OND Board will be asked to adopt the principles. SM considered that it would be difficult to remember the current number of principles and a checklist was suggested that could be completed at the end of a design process. KA suggested combining some of the principles but there was concern that they may then be watered

	down. OH suggested that an external partner may ask 'designing what'? JW explained that it is designing system change in terms of the way in which business is transacted in Northern Devon however OH felt that there needs to be a clear explanation of what the design principles are for. JC considered that OND need it needs to ensure it is taking action at the appropriate level **Barriers to Reducing Health Inequalities** AB presented the barriers to working in ways that promote health equity which include: - Barrier 1 – communication - Barrier 2 – funding disincentives access issues - Barriers 3- incentives - Barrier 4 – risk aversion - Barrier 5 – power dynamics - Barrier 6 – policy / regulation - Barrier 7 – culture / behaviours - Barrier 8 – lack of capacity and skills to co-produce - Barrier 9 – top down commissioning - Barrier 10 – system silo working AB suggested more work with Partners in advance of the next meeting to include examples of each barrier. JL suggested including fear and uncertainty as a barrier e.g taking risk and not being afraid to fail.
	Action: - **Provide feedback on discussions surrounding hard to reach groups in the community** - **Examples of each barrier to be explored with partners in advance of next meeting**
41/22	**Anticipating Effects of Cost of Living Crisis** JW welcomed Chris Duncan to the meeting to provide insight from how other areas have approached the issue. Chris Duncan (Policy and Public Affairs officer) provided an overview on the approach taken by Bristol One City that remains a work in progress: - One City is a sub-department of Bristol Council set up with the intention of bringing together stakeholders across the city. The initial task was to map out where the

	cost of living will have the most affect. Different measures were brought together such as rent arrears and fuel poverty to provide a local index of risk. - The One city approach brought together different sectors through a working group following the initial impact assessment - The plan is to develop a community hub model such as that provided during COVID which will be about encouraging and funding community organisations to carry out grass-roots work. Community hubs will also have citizen advice and mental health leads embedded to signpost people to access support. - A monthly monitoring report is being produced on the main indicators and the public health team are exploring other elements of data that could be shared. This will be used to support local MPs to lobby government. - CD highlighted other useful sources of data which included CAB cost of living dashboard, fair by design poverty premium, Trussell foodbank use, resolution foundation and Joseph Rowntree foundation. - CD outlined the way in which engagement with other partners is taking place to ensure there is health involvement including what can be provided through the community hubs. - The intention is to publish a plan in September/October. JW asked whether the approach will identify help at an individual's level or whether it will be at a higher level. CD suggested that it will be aimed be at local council ward level where information can be shared most appropriately but further work will be undertaken for reporting on specific demographic groups. SM asked what were the biggest obstacles to collaboration and what advice could be offered to overcome this. CD advised that the partnership approach had been in place for at least 10 years and has a dedicated team. CD felt that challenges are universal such as voluntary sector support and without funding it makes it difficult for all parties to equally contribute. A common vision needs to be developed. KA asked KM whether NDC holds similar data and noted that data could be accessed but it is not collected routinely. OH sought clarity on the level of mapping data and it was confirmed this was based at ward level. OH referred to the fuel poverty project and fuel poverty data overlaid on primary care data in order to target those at risk. OH agreed to share this methodology with CD which supports targeted intervention. JW asked CD to share his slides with AB. TJ referred to health related issues and housing and the empowerment from Project 1000 and asked if this is a central part of a delivery strategy. CD considered that individuals have been experiencing cost of living challenges for a long time and that housing does not

	feature as the cost of living plan is a short term plan meanwhile the housing crisis is business as usual but connected to the cost of living. CD highlighted the challenges nationally due to the lack of social housing. CP highlighted that in addition to the Joint Strategic Needs Assessment and the Annual Public Health Report where cost of living was addressed at high level, there is further research underway on fuel and food poverty. CP welcomed sight of the report to see if more granularity can be brought to the data. AB sought clarity on the difference between community hubs and warm hubs. CD explained that welcoming spaces (community hubs) will be a network of physical spaces such as libraries and organisations / community centres. The council are also talking to the university regarding homework clubs and how this can be funded. Community hubs will support the local areas and will be funded to support printing information, training volunteers etc. KE welcomed the approach being taken and sought clarity on the level of investment to the voluntary community sector. CD reported on the long-term voluntary sector funding (Bristol impact fund - £6m over 4 years) and the launch of the community resilience fund (£4m) to support capital developments. The cost of living response is currently embargoed but support will be issued through grants. JW thanked CD for attending the meeting. KE referred to the data collected by the voluntary sector during the pandemic nationally and locally which could contribute to decision making however the voluntary sector does not have the resources to be able to provide this so further discussion is required on how this meaningful data can be shared. KE also referred to correspondence from DCC regarding a new grant scheme in Devon and the growing community fund that will be released to community groups to respond to the cost of living crisis. It was agreed that a group will be required to co-ordinate bids for the grant funding. AB highlighted that there is no Economic DCC representative on the OND Board and JC agreed to discuss representation with Simon Kitchen. AB outlined the LGA approach and suggested that OND could also look at the enablers, starting with a meeting to look at data enablers. A meeting had also been held with East Suffolk District Council who held workshops with partners, members and staff separately and AB suggested a workshop for each issue.

	AB outlined the plan as follows: - Identify the key areas where people need support - Identify what is already available to meet that need. - Identify gaps and consider how local partners could fill those gaps - Ensure those that need it can access the support AB asked all present whether they agreed with the plan: whether housing should be separate from fuel poverty: whether partners could nominate a representative to the core team and whether a workshop should be organised. DW advised that local councillors want to be involved and have ideas so they can signpost people to get support. JL referred to the Making Everyone Count tool which provides information to signpost people. JW summarised discussions confirming that a data group needs to be formed. The OND Board agreed to launch the cost of living emergency plan with representatives from each partner organisation. SM referred to the level of inequality and local initiatives to support those in need and suggested an initiative such as providing food as an incentive for people to attend appointments. AB referred to the aim of loneliness project where the cost of transport is included and the suggestion that if plans and proposals can be developed, the business community will want to invest. DW suggested that if data and ideas are available it will enable local councils to lobby central government as North Devon is currently in the bottom level of priority. OND agreed to launch cost of living emergency plan. JW asked AB to circulate all parameters to the Partners for input.
	Action: - **Bristol One City slides to be shared with AB** - **Discuss DCC representation at the OND Board with Simon Kitchen**
42/22	**National Report for note** The OND Board noted the national report on anticipating the effects of COVID on alcohol consumption and health..
	Action:

	None
43/22	**Reflective Meeting** KA suggested that as the meeting is for 3 hours bi-monthly, the OND Board needs to be more disciplined in updating actions and KA agreed to review actions prior to each meeting to support this. JW considered that hybrid meetings were difficult although SM considered that with issues of rurality and transport it is hard for everyone to attend. Further work will be undertaken on to explore best options for future meetings and TD suggesting using Oakwood if available, which has the facilities to hold hybrid meetings.
	Action: None
44/22	**Date and Time of Next Meeting** 11th October at 2 pm – Venue TBC

NORTHERN DEVON ACTION GRID

22 AUGUST 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 **28.06.22** TJ agreed to ask his comms team to forward the link to the briefing **23.08.22** briefing or link to briefing requested 6.09.22	TJ	Link shared here Home (northdevonbiosphere.org.uk) Action closed
29th June 2022						
184	32/22	Finance Report	Priority setting sub-group to be formed to feed into	**23.08.22** this remains in progress and could be a	JC, OH, AB	Ongoing, no further action needed Action closed.

			LCP strategy (JC, OH, AB)	useful group to gain funding		
186	32/22	Operational Requests for OND Support	IT sub-group to be formed to develop draft IT strategy for presentation back to a future meeting	**23.08.22** no update provided	JC, JL, DH	Ongoing, no further action needed Action closed.
187	32/22	Operational Requests for OND Support	Contact J Wright to establish mental health support available to communities. In addition make contact with the Community Health Framework Group and seek support through the LCP		JL	Ongoing
188	32/22	Operational Requests for OND Support	OH to link JL with the Mental Health Lead	**23.08.22** it was noted that an update will be provided to the next meeting	OH, JL	Ongoing, aligned with 187 Action closed
193	33/22	Workplace Wellbeing	A further update on Workplace Wellbeing to be made to the October meeting	**23.08.22** HP outlined an update in the meeting. Good progress is being made and an evaluation will be brought to OND when ready.	SR	Action ongoing and HP & SR asked to escalate barriers/issues/successes to OND as required. Action closed

23rd August 2022						
196	39/22	Finance Report	Amend line on report from Health Inequalities Engagement Lead to Health Inequalities Lead.		NB	Action closed
197	39/22	Partners Report	Seek support from the LCP comms and engagement team for co-production group support and bid writing.		JC KA	Ongoing. No resolution as yet
198	39/22	Partners Report	Include ideas for projects in future Partner reports.		AB	Done. Action closed
199	39/22	Partners Report	Include an Executive summary on future Partnership Board reports to highlight key issues.		AB JC	

200	40/22	Health Inequalities Strategy	Provide feedback on discussions surrounding hard to reach groups		JC	
201	40/22	Health Inequalities Strategy	Examples of each barrier to be explore with partners in advance of next meeting		AB	
202	41/22	Anticipating Effects of Cost of Living Crisis	Bristol One City Slides and approach to be shared with AB		CD	
203	41/22	Anticipating Effects of Cost of Living Crisis	DCC representation at future meetings to be followed up		JC	