

One Eastern Devon Partnership Forum

Minutes of the meeting of the One Eastern Partnership Forum held on **Tuesday 10 June 2025**
online via MS Teams from **1400 – 1600**.

	Agenda Item
1	Welcome, introductions and declarations of interest JC/FC introduced the meeting, welcomed the participants and everybody introduced themselves as there were several new attendees. Some participants of the meeting declared that they had declarations of interest: • SLG has a declaration of interest if funding is discussed. • KH has a declaration of interest if funding is discussed. • MM is Chair of the Mental Health Partnership Group which has a funding bid being discussed later, although my organisations do not benefit from it directly. • RM has a declaration of interest on the project item as he is involved in the MDDC bid. Action: IV to send out Declaration of Interest forms to SLG, KH, RM and MM.
2	Feedback/updates and actions from the last meeting No amendment of the previous minutes but the actions had already been updated since the last meeting.
3	One Eastern Devon LCP Health Inequalities Strategy – First Draft JC/FC reported as follows: • The Task and Finish Group for the One Eastern Devon LCP Health Inequalities Strategy had been meeting since November 2024 made up of a wide range of partnership members. This group were focusing on health inequalities and coproduced way. This work was based on the NHSE Core20+5 place based approach and draws on the Public Health data. There was importantly work with engaging with the communities to establish their needs. • JC said that we are operating in a shifting environment, and it takes a flexible approach which is adaptable with respect to the external framework. FC felt that there was a good mix of people within the Task and Finish Group from VCSE organisations, Public Health and NHS. • FC suggested when OED meeting again face to face on 17 July 2025 people bring back questions in relation to the Strategy. She felt that all the changes around the ICB, NHSE 10 Year Plan and Neighbourhood Health Services will be bringing many opportunities within our communities. JC suggested that members email any questions and suggested at the next meeting it could be like a

workshop. IV to put One Eastern Devon LCP Health Inequalities Strategy on the Agenda for the meeting on Thursday 17 July 2025.

- DS mentioned that NHSE's 10-year plan might have been published. This highlights three shifts for example prevention. She felt that the first one would be the elective waiting lists. JP mentioned that the ICB had a good podcast in relation to the NHSE's 10-year plan. He said that within this plan social care is second and this will be a floored plan.
- RA said that eighty per cent health inequalities commitment is driven by the wider determinants of health. He felt that DCC were 50/50, RDUH e.g. core teams, GPs, social care already have these teams in place and the delivery mechanism is almost there, slightly ahead of other areas. This is very similar to 20 years ago in that Health and Social Care do not share these priorities e.g. standardised admission. Devon is at the right end of that in terms of operationally using structures already in place. JC said that the ICB was moving more towards a strategic and commissioning role.
- FC said that this about partnership working, a magic opportunity for a diversity of partners can work to a common agenda. She said that the partnership should adopt this framework.
- RM said the document talks about strategy, but it is called framework he felt a need for the language to be clarified. He was pleased to see the mention of prevention and wider determinants of health. He also said that the health partner geography map does not reference West and Mid Devon.
- LOL said she loves to ask disruptive and challenging questions. FC as this is what will make the result strong and better positioned to archive the impact JC has just described. We have the trust in our partnership to be able to respond positively to such challenges.
- RM asked is the Health Inequalities Framework document the Strategy. It is the overall strategy for the One Eastern Devon Partnership, a copy is attached to this meeting invite [OED Strategy v5 25 05 25 jkc.pptx.pdf](#).
- FC also mentioned that that this is an emergent framework that gives us scope to adapt when needed (as a partnership) in response to changes (eg Local government/ICB) and acts perhaps as a compass rather than rigid map?
- JP mentioned that there's a genuine integration with social care that puts the person in the middle and uses the wider system to enhance their lives and can be used to prevent further decline.
- LBH felt that the health sector needs to be more accessible to the public. It is a maze and quite difficult to do.
- HH from the Crime Office to do a presentation to DALC in the autumn regarding different concepts of delivery and what people think about local delivery. JC said that the NHS are bad at using acronyms.
- CS mentioned the Integrated Neighbourhood Care teams and if this is done correctly it will dovetail with health services. This group has a real opportunity to share this. She felt that language should not be a barrier. SLG felt that this needed a joined-up approach and commitment for East Devon is within each

partnership group. JC said that OEDPF should be fit for purpose and this conversation needed to be expanded on the next meeting.

- LOL believed the work done so far **has** connected very well with the VCSE organisations and parts of councils but less so with district and town and parish councils and it will not solve everything- it's about a journey and it absolutely is about building on what works well. This is our opportunity to co-design the next phase. LBH at some point would like the group to discuss what we mean by delivery – possibly more definitions than one among the group. GS said there is a danger of defaulting to our own internal corporate language, as RM noted – which muddy the waters a little. Language is key and can simplify it.
- FC asked MM would you mind putting that question down and perhaps the group can think about it when the group next meets. MM asked How will this framework change who we are as a partnership and what we do? How differences will there be in 12 months because of this framework being followed through? What of our current direction is being affirmed and what new directions is being introduced?
- FC's ask for everyone - is for each of us answer 1. What do we bring to this partnership 2. What do we hope to gain from this partnership 3. Any other valuable thoughts in developing the next phase of our work. Thank you very much. (We will send the questions out via email too).

Action: IV to put One Eastern Devon LCP Health Inequalities Strategy on the Agenda for the meeting on Thursday 17 July 2025.

4 Proposed health inequalities/population health investments using devolved ICB funding – for approval

- JC presented the funding allocation process for health inequalities and prevention-based projects. The panel received bids totalling around £1.8 million and selected projects based on criteria from the ICB, funding criteria, public health data and community insight. The panel was oversubscribed by around five times, indicating a high level of need in Eastern Devon, which made the selection process challenging. For 24/25 £268k and 25/26 £515k of ICB funding.
- The projects were selected based on criteria from the ICB, funding criteria developed by the panel, and public health data, ensuring alignment with the emergent strategy. The Panel was made up of Jeff Chinnock, Lucy O'Loughlin and Ellie Barnes JC thanked the other members of the Panel for all their hard work. The Panel recommended funding such projects as CYP, Mental Health, Evaluation Impact, top slicing. These were community issues that mattered the most. JC/IV will circulate the slides so the Group can see the details on how the project funding was allocated.
- JC said that all the bid writers had been notified. Projects that had not been funded were falls/frailty and unpaid carers. He was hopeful that these projects would get funding through the ICB or DCC.
- In relation to governance the Eastern Devon Population Health Partnership Meeting looked at these projects in detail. **JC then asked the One Eastern**

Devon Partnership Forum to approve the projects, and the meeting then approved the projects. This motion was then carried by the meeting.

- FC asked the meeting if anyone had a conflict of interest. SLG, RM and LOL said they had a conflict of interest. There is an action earlier on in the minutes relating to this.

Action: The Panel recommended funding such projects as CYP, Mental Health, Evaluation Impact, top slicing. JC/IV will circulate the slides so the Group can see the details on how the project funding was allocated.

Action: JC then asked the One Eastern Devon Partnership Forum to approve the projects, and the meeting then approved the projects. This motion was then carried by the meeting.

5 2025/26 OED health inequalities project portfolio – key outcomes and learning

AS reported as follows:

- Provided updates on various projects funded last year, including the High Intensity User Project, Social Prescriber Project, VCSE coordinator role, VCSE backfill fund, Community Health and Wellbeing Alliances, Attendance and Wellbeing Project, Social Health Project, Unpaid Carers Project, and Healthy Ageing Project.
- Explained that the high intensity user project started in January and worked with 21 people who had collectively attended A&E 344 times in the last 12 months, costing the NHS £434k. These patients should be attending elsewhere e.g. neurodiversity, alcohol/drug addiction services.
- The Social Prescriber Project in the Emergency Department showed positive outcomes, particularly in improving well-being scores, despite challenges with non-engagement.
- The VCSE coordinator role, held by Ellie Barnes, provided essential networking and coordinating support to East Devon VCSE colleagues. This will continue next year.
- Attendance and Wellbeing Project, the final report is due for the OEDPF meeting on 17 July 2025. This project will be funded into next year by DCC/ICB joint funding.
- Unpaid carers project has been completed with £4k underspend. Targeted 18 – 25s identifying needs and peer support. The key points taken out of the learning were that the carers were hard to engage.
- VCSE Backfill fund which is for people from VCSE organisations to attend meetings. The allowance is £30 per meeting and the total fund is £12k. The total claimed for 24/25 was £4,515. It will be decided if this is not required and may be able to fund other things.

- Health and Wellbeing Alliances – these will be supporting the VCSE network. Eight were set up in 24/25 and had an underspend which will be carried over to 25/26 to fund Honiton, Cranbrook, Exeter to get them up and running.
- Eastern Dementia Alliance – mapping exercise where gaps around dementia were identified in rural areas with 18 partners around the table.
- SLG said One thing she'd be interested in considering is ... from Partners within OED - who would be the right person within their organisation to join each of the Partnership groups? i.e. - Richard Anderson - who would be his colleague for CYP - and ensuring that all the Partners here are also in the Partnership meetings too. RA said his responsibilities for health and social care begin at age 18. He said there is a need to strengthen links with CYP. He said in social care for children in transition to adult services but as far as he knows, there is no analogue to his post in under 18s.
- CS mentioned that the DNA rates are quite high, there is a need for more detailed evaluation.
- RM said that Ottery St Mary, Seaton, have dementia organisations within communities and that 50% of dementia patients are in care homes. AS can put RM in touch with Penny Unitt from the Healthy Ageing Partnership.
- JC said that there must be a more robust approach to projects and what has the most impact on people. SLG felt it was important to understand what other things are going on and that all projects should link into each other. FC asked what ideas how best to do this?
- JC to work on the architecture from three years ago as to whether OEDPF is fit for purpose, communications has always been a challenge and to look at the most efficient way of doing this.
- PS/SLG to look at the interdependencies between the projects whether we do this at the VCSE Chairs meeting or disseminate to this group. Have brought project leads to this meeting. JC said that the Devon CVS work a lot around dementia and there is overlap. AS does a lot of work around this but wants to get away from the silo mentality. JC said need to use the OED website to make everyone aware of all the other projects. Plans to have a big think about sharing across funded projects, tell story, capture learning and finally reshape projects to make them slicker.
- LOL said that pressure on organisations to achieve targets from national organisations/sources of performance management/funding...have resulted in dropping some of the broader partnership working- but **this** partnership seeks to put the time and effort into reaching across. It is all our responsibilities to make this work. DS said that it might be a welcome way to frame the discussion as to who does/specialises in what? RA recognises the point raised by LOL as my role is a joint role and that is why this forum is so refreshing.
- PS confirmed that the evaluation and update reports will go back to the Eastern Devon Population Health Group and will be shared.
- SLG said that she would not be at the next OED meeting on 17 July 2025 to present the end of project report for CYP, but her colleague Gareth Sorsby will present the outcomes.

- RM mentioned dementia work - keen to understand if the Council (Mid Devon) can do anything to support this work; would using our comms channels assist, or advising councillors who can advise communities and relevant groups? KH said it would be worth connecting with Devon CVS so they can help with communication channels. JG said that Devon CAG and CVS work with a lot of these community groups regarding dementia, carers. Paul said this discussion links to the earlier points raised about organisations plugging the right people into the right places within the Partnership and its structure.
- GS mentioned using the website as a form of directory - of both projects currently running and of the individual members (within reason and being sure to only share details with consent!). Would allow colleagues to passively network. Maybe worth discussing? SLG mentioned linking to the one-page updates from each month. She asked is this for the One Eastern Devon Partnership or will it also be adopted within the Partnership working groups? JC confirmed that this will apply to all the groups. PS said that One Northern Devon do this type of format – could look and feedback on suitability. There is a very open discussion to be had on how best to proceed – noting capacity to complete, disseminate and action is a constant challenge.
- RA added to note that Devon County Council also provides some annual grants to VCSE organisations supporting integrated adult social care strategies, Living Well, Ageing Well and Caring Well. He guessed some of these objectives cross-over with this to a degree. SLG would be interested to understand where they reached out to link in with Young Adult Carers.
- JG mentioned inappropriate use of Emergency Dept. has been a problem for many, many years so to have a means of mitigating this is very useful.
- EB thanked AS for a great overview, helpful to see this and helps tell a story for some of the funding plans and decisions for this year too. LOL felt it was helpful to review the architecture to achieve our aims.
- JP asked how the INTS link with the Neighbourhood policing guarantee and is there an opportunity to join up? PS said from his understanding of where discussions are, there are opportunities to develop/contribute at all levels – its on the agenda later in the meeting.

Action: RM said that Ottery St Mary, Seaton, have dementia organisations within communities and that 50% of dementia patients are in care homes. AS can put RM in touch with Penny Unitt from the Healthy Ageing Partnership.

Action: SLG said that she would not be at the next OED meeting on 17 July 2025 to present the end of project report for CYP, but her colleague Gareth Sorsby will present the outcomes.

6 Summary of Financial Status

PS gave an overview of the financial status:

- Currently finalising a line-by-line audit of committed funds and invoices for 23/24 and 24/25.
- Happy that the 24/25 £268k spend is as agreed previously (see 2024/25 allocation of devolved Health Inequalities funds slide) and all accounted for but still has some invoices outstanding and ongoing projects.
- The allocation of the 23/24 funding of £209k was more problematic as what was agreed changed slightly as the year went on (agreed in Q3 see 2023/24 devolved Health Inequalities funds slide) and some projects were funded directly by the ICB and some via RDUH team (on behalf of OED).
- There was anticipated slippage in project initiation as well as long delays in paying invoices. (ICB funds not received until Q4) and this resulted in an underspend (ie unallocated funds) that was brought forward into 24/25.
- This b/f balance was **£19,171**, with an additional £2k (24/25) income from DCC which totalled **£21,171**.
- In 24/25 this was used to fund:
 - Consultancy for the OED strategy & development
 - Extending Debbie Sorkin's roll in OED (Q4 24/25)
 - Website set up and licences
 - Small top up to CYP
 - Room hires
- Miscellaneous costs (inc. administration fees from VCSE partners supporting work)
- Remaining balance has a projected b/f balance of approx. £2-3k* into 25/26.
- Awaiting confirmation of final value + we are still working through issues around VAT recovery for some invoices.
- RDUH has not top sliced/retained any monies from either the 23/24 or 24/25 budget.

7 Discussion on strengthening/clarifying One Eastern Devon governance

CS reported as follows:

- Led a discussion on governance, emphasising the need for clear decision-making processes, accountability, leadership, roles and responsibilities, managing conflicts of interest, and communication.
- Emphasised the need for clear decision-making processes within the partnership to ensure transparency and accountability.
- Highlighted the importance of establishing accountability mechanisms, particularly in relation to the allocation and management of funds.
- Stressed the importance of managing conflicts of interest, proposing the establishment of a register of interests to identify and address potential conflicts

- Highlighted the need for effective communication strategies to ensure that all members are informed and engaged, particularly when representing the partnership in other forums.
- JC commented that when the OED Partnership Group was set up, he purposely did not consider terms of reference instead the groups had a common purpose and theory of change. SLG said the groups revisit these on a regular basis. The knowledge and experience of the participants within the group come to the fore and this makes the process more human. She is feeling very nervous regarding some of the new proposals.
- DS mentioned risk management, the risk approach, do the groups have guidelines as the partnership expands. JM felt that the group need to think about political representation.
- JC said that One Northern Devon have a local private sector person on the Board, and he felt the group should think about this.
- JC emphasised it was important to get the right balance, focus on the outcomes that we have, establish a small group to work on this and put the new governance arrangements as a standing item on the agenda. CS/JC/DS/IV to work on this.
- JM said it was important to get the governance in place and the LCP is linked into who is going to sign things off.
- LOL felt the need to retain an informal, trusting and open relationship not TOO formal. It supports our partnership approach and helps us get to know each other. She suggested it would be good to revisit the common purpose perhaps annually. PS suggested a good place to start is around future projects/funding – lots of live learning. He said also from discussions it appears differential or tiered governance would be an idea depending on where in the structure the work/decisions are taking place. AR felt there were very positive examples of engagement across the partnerships – a good discussion. LOL thought it was important to keep the flexibility, lack of power and hierarchy. JM stated need a demonstrable track record and clear governance. LOL said it just needs to be constructed carefully – ensuring the group are true to our agreed principles/approach.
- DS suggested it might be worth looking at Mimi Launder's article in the HSJ about a similar exercise in London – how they set it up (model appeared to work well). IV will circulate this article to all the meeting participants.

Action: CS to draft and circulate a term of reference for the group, including decision-making processes, accountability, leadership roles, and membership details.

Action: CS/IV to set up a register of interests to manage conflicts of interest effectively in each meeting.

Action: JC emphasised it was important to get the right balance, focus on the outcomes that we have, establish a small group to work on this and put the new governance arrangements as a standing item on the agenda. CS/JC/DS/IV to work on this.

Action: DS suggested it might be worth looking at Mimi Launder's article in the HSJ about a similar exercise in London – how they set it up (model appeared to work well). IV will circulate this article to all the meeting participants.

8 Roadmap for Devon's Neighbourhood Health Services and discussion

CS reported as follows:

- Introduced the concept of integrated neighbourhood teams, explaining the aim to create meaningful local units of delivery to address health and social care needs.
- Proposed a workshop to discuss the principles and questions for setting up these neighbourhoods, emphasising the need for community engagement and meaningful boundaries.
- Mentioned the NHS England's neighbourhood health guidelines and the challenges of defining neighbourhoods, particularly in rural areas, suggesting a population size of around 50,000 as a starting point.
- Stressed the importance of community engagement in shaping the neighbourhoods, ensuring that they reflect the needs and flows of local communities. The ICB are asking the LCPs a series of searching questions and asking for meaningful input. For each of the LCPs the ICB are setting up workshops to discuss this. CS is setting up a workshop at Aperture House on Thursday 3 July 2025 from 0930 – 1230. CS suggested bringing case studies on neighbourhoods to the workshop. MB/BF wanted to be invited to this event and EB is unable to attend but wanted to send some of her VCSE colleagues.
- JC need to establish who to invite, shape the workshop, do this as a partnership, take democratic decisions, natural communities and have in place the right people for the workshop to be held on Thursday 3 July 2025. PS felt it was important to define the neighbourhood numbers (fifty thousand) and it is essential for us to work together on this. CS said it is a challenge getting neighbourhoods of fifty thousand due to the large areas of rurality in Eastern Devon.
- EB asked what is meant by neighbourhoods, stating that VCSE organisations are totally different than the ICB. She felt that this seems very distant. JC stressed that this is a place-based partnership, it is a real opportunity to reflect the needs of our communities.
- MB said that Devon and Cornwall Police define their neighbourhoods with a lot less than fifty thousand people. Here is a link which gives the latest crime statistics, advice and find out what they are doing to tackle crime <https://www.police.uk/pu/your-area/devon-and-cornwall-police/>.
- EB said that Eastern Devon will have the biggest challenge too because the East is far the biggest population. PS said that it is a large geographical/rural area – it's how to avoid arbitrary/imposed boundaries that do not reflect 'place'.

	Action: JC need to establish who to invite, shape the workshop, do this as a partnership, take democratic decisions, natural communities and have in place the right people for the workshop to be held on Thursday 3 July 2025. Action: CS/IV Send out invitations for the neighbourhood teams workshop scheduled for July 3rd, ensuring meaningful engagement from all relevant members. Action: CS Share case studies of good neighbourhood working practices to set context for the workshop.
9	Member updates/items for future agendas and reflections on the meeting The future agenda items that were suggested for the following were as follows: • The group discussed the inclusion of member updates in future meetings to keep everyone informed about ongoing activities and developments. • LOL proposed gathering feedback on the strategic framework from members and their organisations to refine and improve the strategy. For this to be brought back to the next meeting and this work is for all members to contribute. • RM suggested a presentation on District Council activities, which was agreed to be included in a future agenda to provide insights into their work and contributions. • JC said there had been good discussions with challenges brought to the fore. FC said she had enjoyed the session and that there had been healthy conversations. Action: LOL proposed gathering feedback on the strategic framework from members and their organisations to refine and improve the strategy. For this to be brought back to the next meeting and this work is for all members to contribute. Action: RM suggested a presentation on District Council activities, which was agreed to be included in a future agenda to provide insights into their work and contributions.
10	Close Next meeting: Thursday 17 July 2025 online via MS Teams from 1400 - 1500

One Eastern Devon LCP Forum Action Grid

9th July 2023 – Updated 17 July 2025

Action no.	Comments	Lead	Outcome
Tuesday 10 June 2025			
1	IV to send out Declaration of Interest forms to SLG, KH, RM and MM.	IV	
3	IV to put One Eastern Devon LCP Health Inequalities Strategy on the Agenda for the meeting in September (date yet to be confirmed).	IV	To be put on the Agenda for September.
4a	The Panel recommended funding such projects as CYP, Mental Health, Evaluation Impact, top slicing. JC/IV will circulate the slides so the Group can see the details on how the project funding was allocated.	JC/IV	Completed.
5a	RM said that Ottery St Mary, Seaton, have dementia organisations within communities and that 50% of dementia patients are in care homes. AS can put RA in touch with Penny Unitt from the Healthy Ageing Partnership.	AS	Completed.

One Eastern Devon LCP Forum Action Grid

9th July 2023 – Updated 17 July 2025

Action no.	Comments	Lead	Outcome
Tuesday 10 June 2025			
5b	SLG said that she would not be at the next OED meeting on 17 July 2025 and the CYP project will now be presented in the September meeting.	SLG	To be put on the Agenda for September.
7a	CS to draft and circulate a term of reference for the group, including decision-making processes, accountability, leadership roles, and membership details.	CS	On September Agenda.
7b	CS/IV to set up a register of interests to manage conflicts of interest effectively in each meeting.	CS/IV	On September Agenda

One Eastern Devon LCP Forum Action Grid

9th July 2023 – Updated 17 July 2025

Action no.	Comments	Lead	Outcome
Tuesday 10 June 2025			
7d	DS suggested it might be worth looking at Mimi Launder's article in the HSJ about a similar exercise in London – how they set it up (model appeared to work well). IV will circulate this article to all the meeting participants.	IV	Completed
8a	JC need to establish who to invite, shape the workshop, do this as a partnership, take democratic decisions, natural communities and have in place the right people for the workshop to be held on Wednesday 16 July 2025.	JC	Completed
8b	CS sent out invitations for the neighbourhood teams workshop scheduled for July 16th, ensuring meaningful engagement from all relevant members.	CS	Completed
8c	CS Share case studies of good neighbourhood working practices to set context for the workshop.	CS	Completed

One Eastern Devon LCP Forum Action Grid

9th July 2023 – Updated 17 July 2025

Action no.	Comments	Lead	Outcome
Tuesday 10 June 2025			
9b	RM suggested a presentation on District Council activities, which was agreed to be included in a future agenda to provide insights into their work and contributions.	RM	This will put on the agenda for 15 September 2025.

PRESENT:			
Alexandra Robinson	AR	Cranbrook Town Council	Deputy Town Clerk
Amy Slater	AS(1)	Royal Devon University Healthcare NHS Foundation Trust	Health Inequalities Programme Support Officer
Ben Feasey	BF	Devon Communities	Community Development Officer
Ben Williams	BW	Devon & Somerset Fire & Rescue Service	Group Commander
Caroline Stead	CS	NHS Devon	System Delivery and Improvement Lead
Carolyne Hague	CH	Devon County Council	Principal Adult Occupational Therapist
Debbie Sorkin	DS	The Leadership Centre	National Director of Systems Leadership
Ellie Barnes	EB	East Devon VCSE Network	East Devon VCSE Network Co-ordinator
Fiona Carden	FC	CoLab Exeter	CEO and Director of Learning
Gail Mistlin	GM	CoLab Exeter	Programme Manager for Cranbrook
Greg Smith	GS	NHS Devon	Locality Commissioning Specialist
Hannah Hurrell	HH	Police and Crime Commissioner for Devon, Cornwall and the Isles of Scilly	Councillor; Axminster Division Member
Isobel Vanstone	IV	Royal Devon University Healthcare NHS Foundation Trust	Senior Administrator to the Partnership Team
Cllr Jan Goffey	JG	Okehampton Hamlets Parish Council	Parish Councillor
James Martin	JM	Office of the Director of Integrated Adult Social Care Devon County Council and NHS Devon	Policy and Executive Support Manager
Jeff Chinnock	JC	Royal Devon University Healthcare NHS Foundation Trust	Associate Director of Partnerships
John Powell	JP	Unicare Devon/Devon Integrated Social Care Alliance	Director
Katheryn Hope	KH	Involve Mid Devon	Chief Officer
Cllr Liz Brooke-Hocking	LBH	DALC	Chair of DALC
Lucy O'Loughlin	LOL	Public Health, Devon County Council	Consultant in Public Health
Matthew Blythe	MB	East Devon District Council	Assistant Director – Environmental Health

Matt Merriam	MM	Devon Mental Health Alliance	Community Mental Health Development Lead – DMHA Eastern Devon (Mid/Exeter/East)
Paul Sheward	PS	Royal Devon University Healthcare NHS Foundation Trust	Project Manager, Policies and Partnership Team
Rachel Humphries	RH	Devon County Council	Advanced Public Health Practitioner
Rachel Oster	RO	Devon County Council	Occupational Therapist
Richard Anderson	RA	Royal Devon University Healthcare NHS Foundation Trust	Community Health and Social Care Manager
Richard Marsh	RM	Mid Devon District Council	Director of Place and Economy
Sarah King	SK	Tiverton Primary Care Network	Primary Care Network Manager
Sarah-Lou Glover	SLG	Parental Minds CIC	Director
Sue Taylor	ST	Devon LPC	Chief Officer
Apologies			
Andy Stapley	AS	Eastern Primary Care Collaborative Board	Chair, Eastern Primary Care Collaborative Board
Antony Hart	AH	Devon and Cornwall Police	Police Superintendent for the Exeter, East and Mid Devon Local Policing Area
Beth Simons	BS	Devon County Council	Senior Commissioning Manager
Cara Stobart	CS	Devon Association of Local Councils	County Officer
Chris Conway	CC	Exeter, Devon and Cornwall Police	Chief Inspector
Dr Emma Green	EG	St Thomas Medical Group/Exeter West PCN	Exeter Primary Care Ltd
Emma O'Connell	EOC	Children and Family Health Devon Community Health Services	Children's Alliance Deputy Director
Emma Tucker	ET	Devon Partnership NHS Trust	Deputy Chief Operating Officer
Fergus Paterson	FP	Devon and Cornwall Police	Inspector
Fern Lindsay	FL	Devon Federation of Young Farmers	Devon YFC County Organiser
Geoffrey Cox	GC	Southern Healthcare Group	Managing Director
Hannah Reynolds	HR	Project Manager and Lead for East Devon VCSE Support Team	Devon Communities

Heather Penwarden	HP	Dementia Friendly Honiton	Chair
Heather Skinner	HS	CoLab Exeter	Hub Connections Lead and Chief Operating Officer
Helen Wharam	HW	East Devon District Council	Public Health Project Officer, Environmental Health
Ian Luscombe	IL	West Devon Borough Council	Head of Environmental Health and Licensing
Jassi Broadmeadow	JB	Devon County Council	Interim Head of Children's Social Care (Deputy Chief Officer
Jo Curtis	JoC	NHS Devon	Senior Commissioning Manager – South and West
Jo Smith	JS	Bicton College	Student Experience Manager
Jo Yelland	JY	Exeter City Council and Exeter City Futures	Director of City Transformation
John Shuttleworth	JS	Exeter, East and Mid Devon Local policing Area. Part of New Devon BCUDevon & Cornwall	Chief Inspector
Jon Cook	JC	Colab Exeter	Deputy Chief Executive Officer
Julia Brown	JB	Royal Devon University Healthcare NHS Foundation Trust	Assistant Director Community Health and Social Care, Eastern
Karen Nolan	KN	West Devon CVS	Chief Officer
Kristyn Woodward	KW	Exeter College	Director of Student Experience
Dr Lindsey Anderson	LA	University of Exeter	Regional Engagement Manager
Lou Higgins	LH	NHS Devon	Locality Director N&E
Louise White	LW	East Devon VCSE	East Devon VCSE Co-ordinator
Lucinda Sanders	LS	Exeter College	Director of Adult Learning and Higher Education
Matt Smith	MS	Waffle House CIC	Director
Mark Williams	MW	East Devon District Council	Chief Executive
Matt Young	MY	CoLab Exeter	Men's Wellbeing Advocate and Founder of Who Needs Instructions CIC
Melody Trott	MT	East Devon District Council	Anti-Social Behaviour and Community Safety

Nicholas Child	NC	Learn Devon	Senior Employment and Skills Manager - Learn Devon and Inclusion, Performance and Partnerships
Nicky Flynn	NF	Age UK Exeter	Chief Executive Officer
Nicola Dalglish	ND	NHS Devon	Senior Locality Commissioning Manager
Phil Adams	PA	Devon County Council	Service Manager, Economic Inclusion, Skills and Knowledge Economy / Programme Lead, Devon, Plymouth and Torbay Devolution
Phil Shears	PS	Teignbridge District Council	Managing Director
Pino Butler	PB	Exeter College	Head of Faculty and Assistant Principal
Rachel Humphries	RH	Public Health, Devon County Council	Advanced Public Health Practitioner
Rachel Shaw	RS	Devon County Council	Head of Education – Delivery
Rebecca Harty	RH	NHS Devon	Deputy Locality Director – North and East Devon
Richard Foxwell	RF	Wellmoor	Chair and Joint Chair of Unpaid Carers Partnership
Sally Webster	SW	East Devon District Council	Principal Environmental Health Officer (Environmental Data)
Sam Hillman	SH	Exeter College	Assistant Principal for Curriculum
Sean Mackney	SM	PETROC	Principal
Shona Charlton	SC	Devon ICB	Head of Learning Disability and Autism
Simon Chant	SC	Devon County Council	Consultant in Public Health
Simon Harrison	SH	Royal Devon University Healthcare NHS Foundation Trust	Head of Pastoral & Spiritual Care
Simon Kitchen	SK	Devon County Council	Head of Communities
Dr Sonja Manton	SM	Devon Partnership Trust	Director of Strategy
Stephen Spratling	SS	Devon County Council	Community Services Manager- Honiton & Ottery St Mary
Stephen Walford	SW	Mid Devon District Council	Chief Executive
Suzie Walters-Jefferies	SWJ	Devon Carers	Awareness and Support Manager
Toby George	TG	Devon and Cornwall District Universal Credit	Jobcentre Plus Partnership Manager

