

One Eastern Devon Partnership Forum

Minutes of the meeting of the One Eastern Partnership Forum held on **Monday 15 September 2025 face to face to the Amphitheatre, Health Innovations Southwest, Vantage Point, Pynes Hill, Exeter EX2 5FD.**

	Agenda Item
1	<p>Welcome, introductions and declarations of interest</p> <ul style="list-style-type: none"> JC/FC introduced the meeting, welcomed the participants and everybody introduced themselves as there were several new attendees. FC mentioned the need to look at the membership, who should be in the room and people that are missing. JC mentioned the need for rules around conflicts of interest need to be tighter and need to be managed in real time.
2	<p>Feedback/updates and actions from the last meeting</p> <p>No amendment of the previous minutes but the actions had already been updated since the last meeting. JC gave a brief overview of the agenda with the need to progress the Health Inequalities Strategy and progress it. He outlined it was important for members to embed in their own organisation to make a difference to communities.</p>
3	<p>Place based work: Mid Devon District Council viewpoint</p> <p>RM reported as follows:</p> <ul style="list-style-type: none"> Cullompton Garden Village and Regional Development Updates: RM from Devon District Council provided a comprehensive update on the Cullompton Garden Village project, discussing its vision, infrastructure challenges, health and community integration, and the broader implications for regional development, with other participants engaging in questions about health facilities, funding, and community hubs. Project Vision and Scope: RM outlined the Cullompton Garden Village as a long-term, town-centric development aiming to deliver up to 5,000 new homes by 2033, focusing on sustainable, inclusive community growth, and integrating with the existing town infrastructure rather than creating a standalone settlement. Health and Social Infrastructure Planning: RM described ongoing efforts to ensure future health needs are met, including phased delivery of GP surgeries and a focus on prevention and healthy lifestyles, with plans for a regional sports hub and integration of health and community services to maximise cost-effectiveness and community benefit. Funding and Infrastructure Challenges: The project faces significant financial pressures, particularly in allocating limited Section 106 developer contributions among competing needs such as highways, schools, and healthcare, with current progress dependent on securing major investments for critical infrastructure like the motorway junction. The investment required for this is approx. £160m. The

original bid had been turned down, but it has been resubmitted to Government and the result should be known by the end of 2025. Another challenge presently, macroeconomics, construction companies moth balling projects, which is bad for delivery of government housing targets, focused on affordable housing.

- **Community Hubs and Land Allocation:** Participants discussed the importance of designating land for health and community facilities early in the planning process to prevent it being lost to housing and explored the potential for multi-purpose community hubs through collaboration between local authorities and partner organisations.
- **Regional Collaboration and Future Opportunities:** RM highlighted similar flagship projects across the region and the need for cross-partnership working, referencing documents like 'Our Shared Coordinates' and the increasing role of the combined authority in facilitating growth and integrating strategic themes.

Questions/Comments

- CS mentioned that the agenda is Integrated Neighbourhood Teams Pilot, NHSE 10 Year Plan linking in with Primary Care. Practices and hubs could be neighbourhood health centres. She said it is important to make sense of this as it presents a real opportunity. RM said it was a challenge funding day 1. It is bringing together like-minded organisations, opportunity in Tiverton to get community hubs, keen interest in Mid Devon.
- LOL mentioned some work in Cranbrook, lots of work from developer contributions community hubs as separate buildings, combined campus – it is how infrastructure decisions are made, different authorities do it in different ways. RM said it was a complicated landscape, evidence based, infrastructure funding list make sure it is robust.
- RM said Culm needing schools, but the birth rate had gone down, then the hierarchy must be chosen, amount of affordable housing. Other things, enough dentists, GPs, health and wellbeing alliances. Developers say they cannot fund everything. Housing going through the Planning Committee also must consider transport and education. This project is about to run out of money. LOL asked what is the most compelling evidence? RM said housing without support is often missed. He referred to shared knowledge, LOL said people need a place to meet. FC said there is a need to produce evidence regarding this and that OEDPF could do some work around this, to support infrastructure and health requirements for new developments. OEDPF had already done work around isolation and loneliness. JC mentioned that land needed to be allocated for GP surgeries.
- SH thought it was important to manage supermarkets and how to keep high streets alive. He said this all comes down to planning policy. RM said for Culm East Devon District Council are working with what already exists. ST said that there are 4 community pharmacies in Cullompton and asked whether they had been consulted around planning, RM confirmed they had.

Action: Evidence Base for Infrastructure and Health Needs: RM to coordinate the production of a robust, accessible evidence base to support infrastructure and health requirements for new developments, ensuring it is available for partnership decision-making.

4 **Integrated Neighbourhood Teams Pilot in Eastern Devon**

- **Neighbourhood Health Teams and NHS 10-Year Plan Implementation:** CS updated the group on the development of integrated neighbourhood health teams as part of the NHS 10-year plan, detailing the recent bid for the national Neighbourhood Implementation Programme
- **Primary Care Network Alignment:** Following a summer workshop, there was consensus to structure neighbourhood health teams around existing primary care networks, as these align geographically and are familiar to communities, with Andy Stapley leading engagement to secure buy-in from primary care colleagues. Need to be guided by AS and his PCN colleagues. This has repaired some relationships with statutory organisations.
- **National Programme Bid and Outcomes:** A bid was submitted to join the national Neighbourhood Implementation Programme. Although unsuccessful, the process strengthened relationships and provided a foundation for ongoing work. The National Neighbourhood Implementation Programme received 149 bids in total nationally and only 43 bids were successful. None of the bids from Devon were successful. EB asked if it would be possible to summarise the bid for circulation.
- LOL asked about connecting in with other bidders such as Cornwall as they were successful and Northern Devon although it is a very different area. SH asked a question from a political dimension, how much freedom do we have beyond what we are told in relation to this Programme? CS confirmed that there is a lot of freedom and other places are further down the line with this than Eastern Devon. SH also asked if the Programme has flexibility and expected timescales? CS confirmed no expected timescales, and East Devon is a large area, hoping to test 3 neighbourhoods. The focus would be on the most deprived communities.
- JC said that the pivot to neighbourhoods this will have impact on the future development of OED. There was consensus that with a smaller ICB working across two counties on strategic commissioning, there was a need for a coordination body that sits between a smaller ICB and 11 place-based neighbourhoods. At the same time, OED is agreeing a strategy focusing on the wider determinants of health, so this suggests a dual role for OED going forward. LOL suggested that frailty could be included, that effort is proportionate to the need and fundamentally this is a different approach. She felt that this should be included in the Strategy
- LBH felt that CS's map of the 11 PCNs was not constructive with where people want to go, she also asked what is the purpose of neighbourhood hubs working to fifty thousand people? LBH said that communities operate differently, the

towns fund the voluntary sector, village organisations are pulled on by the parishes, as they know everybody.

- **Steering Group Formation and Next Steps:** A small, cross-sector steering group is being established to guide the development of neighbourhood teams, with plans to use the collective knowledge of the partnership to support implementation, share learning, and maintain links with broader regional initiatives. This group will be made up of JC, FC, CS, AS, operational people from RDUH. CS to get the Integrated Neighbourhood Team Steering Group up and running.
- Workshop in the summer proposed footprints for Integrated Neighbourhood Teams (INTs) based on Primary Care Network Boundaries.
- Submission of an application for the National Neighbourhood Development Programme.
- Lots of conversations resulting in “buy in” from Primary Care and support from all organisations, plus lots of useful feedback from Local Authority and other colleagues.
- A sense of positivity about moving forward with this.
- To work with partners to explore the potential for a pooled budget governance model that can act as the ‘place’ tier for the 440-k population across Eastern locality within NHS Devon ICS.
- Take forward the ambitions set out in the One Eastern Devon Health inequalities strategy.
- Should OED LCP not be successful, but the application provides a good foundation, relationships reset.
- So, establishing an INT Steering Group for Eastern Devon to provide leadership and support to the emergent Neighbourhoods, with a direct line to One Eastern Devon for support and guidance.

Action: EB asked if it would be possible to summarise the bid for circulation. IV to circulate the East Devon National Programme Bid.

Action: JC suggested setting up a meeting with DALC to align existing neighbourhood hubs.

Action: CS to get the Integrated Neighbourhood Team Steering Group up and running.

Action: AS will report on progress for the Integrated Neighbourhood to the PCN.

5 Discussion on the OED LCP Health Inequalities Strategy, next steps and partner commitments facilitated by David Relph (Independent Consultant)

Question 1

- Agreeing the Strategy - Does our strategy help us to move forward as a partnership in the way that we want?
- What is the purpose of the strategy?
- How can we use it?
- Is it ready to share?

Input from members

- Framework is good enough.
- How do we reflect actual resources in communities?
- Accessibility of language.
- Knowledge in communities
- Wider view of resources
- Better engagement and listening
- Existing communication with communities (new Comms Lead at DCC breath of fresh air, modernising DCC comms) OEDPF needs this.
- How do we step into a more risky/ambitious place?
- How to share the strategy, rollout, recognise the state of the system?
- What is the purpose of the strategy?
- Are there challenges that need addressing within the Strategy?
- Need to be braver/more radical in influencing policies.
- Share the Strategy with people we want to work with to show what we are about.
- Operate in a way that recognises power.
- Do we tell the story of the work so far?
- What are we doing around cohesion/connection? Build a connection as it does not feel connected. It is about language at a strategic and general level.
- What are we trying to communicate to people? How do we communicate with GPs/hospitals?
- Is this sufficiently radical, act on health inequalities, do we push it enough?
- Does this create its own mandate to do work in the right way?
- Delivery partners and how much do they bring to it?
- The group have the autonomy to continue this work.
- Happy to call the Strategy a framework and use it as a reference point.
- ICB funds have produced good work in difficult times.
- Who has the power and is it in the wrong places?
- PCNs are businesses and are privately run, not understanding each other, do not look outwardly and is just the geography.

Question 2

- Sharing the Strategy - How can the organisations and communities represented in the Partnership take the strategy back into those networks?
- How do we take this back into our organisations and communities
- What level of commitment and support do we seek?
- How will this work in practice and what can people commit to?

Input from Members

- Pledge document given to group to pledge to do this piece of work
- Describe what opportunities are open to the Partnership?
- Top level agenda
- Knowledge - lack of responses
- Big shifts towards community aspirations, shared resources and fragility around public organisations.
- Broader aspirations
- Workshop on Thursday 18 September 2025 regarding Health and Wellbeing
- FC mentioned VCSE Assembly.
- Health and Care Strategy through the ICB
- How do we use the Strategy to engage with others in the networks or organisations we are part of?
- Share things we can do.
- How can we work with others?
- Idea on development, aspirations that are set out in the Strategy.
- Categories of work, original work to be developed, work that is already open under the Partnership, demonstrate this in a connected way and overlapping work particularly around health inequalities. Is that something we can connect to?
- How to get involved with Culm Development within the bid for additional funding?
- What areas of work to focus on giving specific examples?
- Challenge around going back to organisations and it is important the correct language is used.
- Creative thought around projects looks at what the group is delivering.

Action: Group to feedback to David Relph as to what OEDPF wants to get involved in.

6 Developing OED LCP Governance structures (initial focus on membership and decision making)

CS reported as follows and gave examples of various set ups (James Martin had advised on this):

Eastern Locality Forum 1

- Public Sector representation
- Contained to system leaders
- A focus on NHS, primary and acute care and patient flow
- Limited impact
- Limited connection to people

Eastern Locality Forum 2

- New place-based partnership of ICS
- Broader system and leaderships representation
- Increasing focus on wider determinants
- Single set of ToRs, priorities and focus part of new governance across the Devon ICS
- Chaired by RD&E

One Eastern Devon Partnership Forum

- Significantly broader representation
- Joint chair
- Coalition and community of interest
- Better connected to communities
- Focus on population health and health inequalities
- Development of 'common purpose'
- Increased agency and impact
- Delivery of health inequalities funding

The OED: the LCP of Eastern Devon

- Where next?
- Oversight and support to the development of Integrated Neighbourhood Teams
- Potential to take on delegated functions and Budgets
- More formal board/Committee arrangement
- Examples were given, a place-based consultative forum, with a broad membership, which would act in an advisory capacity to the executive directors of place-based delivery but could not make binding decisions.
- A formal place committee of the ICB. A joint committee, coterminous with a single local authority (or group of neighbouring local authorities), allowing collective decisions to be made within its scope of authority.

- **Governance and Membership Structure for the Partnership:** CS and other participants discussed the need to review and potentially formalise the governance and membership structure of the partnership, considering options for decision-making, representation, and maintaining the balance between flexibility and accountability as responsibilities and resources increase.
- **Current Structure and Challenges:** The partnership currently operates with a flexible, consultative membership, but increasing responsibilities and potential for delegated budgets highlight the need for clearer governance and decision-making processes.
- **Options for Formalisation:** CS presented research on governance models from other regions, ranging from informal forums to formal subcommittees and joint committees, prompting discussion on the appropriate level of formality and the need for a core decision-making group.
- **Membership Review and Representation:** Participants identified the need to review the membership list, ensure active engagement, and address gaps in sector representation, with suggestions for targeted communication and regular attendance tracking.
- **Decision-Making Mechanisms:** Suggestions included establishing a core group of representatives for key decisions, using time-limited consultations with the wider membership, and maintaining transparency and inclusivity through clear principles and simple terms of reference. JC asked all members of the group to think about the governance set up and membership.

Action: Membership and Representation Review: CS/IV review and update the stakeholder list to ensure appropriate sector representation and remove inactive members, including sending targeted emails to confirm continued interest and encourage participation.

Action: Governance Arrangements for Partnership: JC/CS consider and propose governance models that balance formal decision-making with inclusive engagement, including mechanisms for transparent allocation of resources and decision processes.

Action: JC asked all members of the group to think about the governance set up and membership.

Action: CS to communicate a more official role to all members of the group e.g. Neighbourhood.

7 **Member updates/items for future agendas and reflections on the meeting**

- Next meeting to include a presentation on Learning on the Children and Young People's Mental Health (Sarah-Lou Glover/Gareth Sorsby).
- MM to carry out some training.
- **Oakhampton Hospital Survey:** JG described distributing a letter and questionnaire to residents to raise awareness of hospital services and gather

feedback, achieving a high response rate and identifying key community concerns such as access to dialysis and dentistry.

- **Broader Engagement Approaches:** The group discussed the need to extend engagement to other demographic groups, such as young people, and to systematically gather and share insights from various community consultations to inform strategic decisions.

Action: Community Engagement Results Sharing: IV to send the link to the Oakhampton hospital community engagement results to Isobel for publication on the partnership website.

8 Close

Date of next meeting: Thursday 6 November 2025, 1400 – 1600 face to face to be held at the Amphitheatre, Health Innovations Southwest, Vantage Point, Pynes Hill, Exeter EX2 5FD

One Eastern Devon LCP Forum Action Grid

17th July 2023 – Updated 15 September 2025

Action no.	Comments	Lead	Outcome
Thursday 17 July 2025			
5a	AS would speak to the next Eastern Primary Care Collaborative Board about building neighbourhoods around primary care networks.	AS	Agreed in principle although as none of the detail has come out it's difficult to say more than that. As you are aware we have put in an application as Eastern Primary Care Collaborative Board for the NNHIP to show our commitment in leading the development of neighbourhoods.
6	JC felt it was important for members be given time and space for people to co-create ideas regarding the structure of OED LCP. He encouraged people to think about this over the summer period and bring ideas back ideas to the next meeting being held on Monday 15 September 2025. Feedback was to be sent to David Relp.	JC	Ongoing
Monday 15 September 2025			
4a	EB asked if it would be possible to summarise the bid for circulation. IV to circulate the East Devon National Programme Bid.	IV	Completed
4b	JC suggested setting up a meeting with DALC to align existing neighbourhood hubs.	JC	
4c	CS to get the Integrated Neighbourhood Team Steering Group up and running.	CS	Completed

Action no.	Comments	Lead	Outcome
4d	AS will report on progress for the Integrated Neighbourhood to the PCN.	AS	
5	Group to feedback to David Relph as to what OEDPF wants to get involved in.	All	Ongoing
6a	CS/IV review and update the stakeholder list to ensure appropriate sector representation and remove inactive members, including sending targeted emails to confirm continued interest and encourage participation.	CS/IV	Ongoing
6b	JC/CS consider and propose governance models that balance formal decision-making with inclusive engagement, including mechanisms for transparent allocation of resources and decision processes.	JC/CS	Ongoing
6c	JC asked all members of the group to think about the governance set up and membership.	JC	Ongoing
6d	CS to communicate a more official role to all members of the group e.g. Neighbourhood.	CS	Ongoing
7	IV to send the link to the Oakhampton hospital community engagement results to Isobel for publication on the partnership website.	IV	Completed

PRESENT:			
Ben Feasey	BF	Devon Communities	Community Development Officer
Caroline Stead	CS	NHS Devon	System Delivery and Improvement Lead
Claire Ashby	CA	TASC PCN	Digital and Transformation PCN Manager
David Relph	DR	Howplaceswork Ltd	Director
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
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
Jeff Chinnock	JC	Royal Devon University Healthcare NHS Foundation Trust	Associate Director of Partnerships
Cllr Liz Brooke-Hocking	LBH	DALC	Chair of DALC
Dr Lindsey Anderson	LA	University of Exeter	Regional Engagement Manager
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)
Mike Warriner	MW	Devon and Cornwall Police	Sergeant
Paul Sheward	PS	Royal Devon University Healthcare NHS Foundation Trust	Project Manager, Policies and Partnership Team
Richard Marsh	RM	Mid Devon District Council	Director of Place and Economy
Simon Harrison	SH	Royal Devon University Healthcare NHS Foundation Trust	Head of Pastoral & Spiritual Care
Sue Taylor	ST	Devon LPC	Chief Officer
Apologies			
Amy Slater	AS(1)	Royal Devon University Healthcare NHS Foundation Trust	Health Inequalities Programme Support Officer

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
Ben Williams	BW	Devon & Somerset Fire & Rescue Service	Group Commander
Beth Simons	BS	Devon County Council	Senior Commissioning Manager
Cara Stobart	CS	Devon Association of Local Councils	County Officer
Carolyne Hague	CH	Devon County Council	Principal Adult Occupational Therapist
Chris Conway	CC	Exeter, Devon and Cornwall Police	Chief Inspector
Chris Cruise	CC	HOSMS PCN	Lead
Debbie Sorkin	DS	The Leadership Centre	National Director of Systems Leadership
Dilek Hill	DH	NHS Devon	Deputy Programme Director and Head of Transformation
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
Gareth Sorsby	GS	YMCA Exeter	Joint Chief Executive
Geoffrey Cox	GC	Southern Healthcare Group	Managing Director
Hannah Hurrell	HH	Police and Crime Commissioner for Devon, Cornwall and the Isles of Scilly	Partnerships and Commissioning Manager
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 Blackwell	IB	Consultant developing OED Strategy	Devon Community Foundation
Ian Luscombe	IL	West Devon Borough Council	Head of Environmental Health and Licensing
James Martin	JM	Office of the Director of Integrated Adult Social Care Devon County Council and NHS Devon	Policy and Executive Support Manager
Jassi Broadmeadow	JB	Devon County Council	Interim Head of Children's Social Care (Deputy Chief Officer
Jo Clunie	JC(1)	Acorn Community Support	Chair
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	Strategic Director of People and Communities
John Powell	JP	Unicare Devon/Devon Integrated Social Care Alliance	Director
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
Julie Nunn	JN	Devon Partnership NHS Trust	Service Development and QI Lead
Katheryn Hope	KH	Involve Mid Devon	Chief Officer
Kristyn Woodward	KW	Exeter College	Director of Student Experience
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
Nicolas 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 Dalgleish	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 Oster	RO	Devon County Council	Occupational Therapist
Rachel Shaw	RS	Devon County Council	Head of Education – Delivery
Rebecca Harty	RH	NHS Devon	Deputy Locality Director – North and East Devon
Richard Anderson	RA	Royal Devon University Healthcare NHS Foundation Trust	Community Health and Social Care Manager
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
Sarah King	SK	Tiverton Primary Care Network	Primary Care Network Manager
Sarah-Lou Glover	SLG	Parental Minds CIC	Director
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 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
Wendy Rowden	WR	Devon and Cornwall Police	Strategic Lead Regional, Collaboration, Scrutiny and Improvement Planning