

One Eastern Devon Partnership Forum

Minutes of the meeting of the One Eastern Devon Partnership Forum held on **Thursday 6 November 2025 (face to face) at the Conference Room, Health Innovations Southwest, Vantage Point, Pynes Hill, Exeter EX2 5FD.**

	Agenda Item
1	Welcome, introductions and declarations of interest JC introduced the meeting, welcomed the participants and everybody introduced themselves as there were several new attendees. He reminded the Group regarding conflicts of interest.
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. JC gave a brief overview of the agenda.
3	Discussion around Learning on the Children and Young People's Mental Health SLG/GS will give a presentation around Learning on the Children and Young People's Mental Health: <ul style="list-style-type: none"><li data-bbox="284 1025 1495 1216">• Family Wellbeing and School Attendance Project: SLG/GS discussed the outcomes and learning from a partnership project focused on supporting children and families struggling with school attendance, highlighting collaborative interventions, feedback from families, and adaptations to improve engagement and outcomes.<li data-bbox="284 1227 1495 1451">• Project Overview and Rationale: SLG explained that the project aimed to support children and families facing challenges with school attendance, particularly those at risk of exclusion or with complex needs. The initiative was designed to reduce A&E visits and long-term negative outcomes by providing targeted interventions and wraparound support, involving multiple organisations and researchers to capture learning and inform practice.<li data-bbox="284 1462 1495 1653">• Interventions and Adaptations: The team implemented various interventions, including forest school sessions, therapeutic services, and workshops for children and parents. Feedback led to adaptations such as more individualised support, a triage process led by a single key worker, and increased collaboration among practitioners to ensure families received consistent and responsive help.<li data-bbox="284 1664 1495 1888">• Outcomes and Impact: The project supported 390 children last year, with 62 receiving intensive attendance and wellbeing packages and 187 supported through other attendance work. Case studies demonstrated improved school engagement, better communication between families and schools, and increased parental confidence in supporting their children, with ongoing evaluation by external researchers.<li data-bbox="284 1899 1495 1975">• Challenges and Lessons Learned: Engaging families proved challenging, especially when interventions felt imposed. The team shifted to a more

collaborative approach, involving families in decision-making and feedback. They also highlighted the importance of flexible funding, co-location of partners, and adapting interventions to individual needs, with ongoing efforts to sustain and package successful elements for broader use.

4 Integrated Neighbourhood Teams in Eastern Devon Update

CS updated as follows:

- **Development of Integrated Neighbourhood Teams:** CS and other participants outlined the early-stage planning for integrated neighbourhood teams in Eastern Devon, emphasising strategic leadership, governance, and the need for collaboration across health, care, and voluntary sectors, while addressing challenges in representation and funding.
- **Strategic Leadership and Governance:** CS described the formation of a leadership steering group to guide the development of neighbourhood teams, with representatives from primary care, hospitals, the voluntary sector, and local authorities. The group is tasked with creating principles, identifying quick wins, and ensuring effective collaboration, while recognising the need for clear governance structures and escalation points.
- **Collaboration and Representation:** Participants discussed the importance of involving a broad range of partners, including smaller voluntary sector organisations, in both the design and delivery stages. Concerns were raised about ensuring all voices are heard early in the process, not just during implementation, and about the challenges of engaging diverse stakeholders efficiently. CS felt it was important to keep the conversation going around shared learning, identifying pilot areas and people who want to be involved. MS's worry is to make sure that VCSE organisations are included in the development and infrastructure even with place.
- **Funding and Sustainability:** The group acknowledged the need for dedicated funding to support neighbourhood working, particularly to enable voluntary sector and primary care participation. There was discussion about the potential for development funds to be allocated to these efforts and the importance of making the process equitable and sustainable. ASt said it is important to establish how the money will come down and there will not be much time once the money comes through.
- **Pilot Areas and Co-Design:** Plans were made to identify pilot areas and involve relevant organisations in co-designing services, with an emphasis on building on existing partnerships and ensuring that new structures do not undermine established relationships. The intent is to start small, test approaches, and scale successful models. JC has been data mapping to identify potential quick win pilots. ASt felt, it was important conversations going potential quick neighbourhood teams and be aware of what is coming nationally in relation to this.

- MM commented that that the Health and Wellbeing Alliances are thriving in Okehampton, Crediton, Cullompton with approximately 40 people in each group. He said that these groups need to be integral to creating the INTs.
- SLG commented that there needs to be more VCSE representation in the Steering Group.
- MS/MM said the Steering Group must be strategic and the voluntary sector must have sufficient voice. AS felt, it was important to incorporate co-design in the development of INTs. JC highlighted that the pilots would offer a test bed for INT, development. He also stressed the importance of getting it right for the benefit of the Eastern Devon Population.

5 LCP Health Inequalities Strategy: next steps

- **Local Care Partnership Health Inequality Strategic Framework:** JC presented the final draft of the One Eastern Devon Local Care Partnership Health Inequality Strategic Framework, inviting feedback and outlining next steps for integrating the framework into partner organisations' strategies and actions.
- **Framework Development and Purpose:** The framework was co-produced over the past year to address persistent health inequalities in Eastern Devon. It sets out priorities and collaborative approaches for the partnership to focus on, aiming to drive meaningful action rather than remain a static document.
- **Integration and Implementation:** Partners were encouraged to consider how the framework would be embedded into their own organisational strategies and work plans. The group discussed the importance of translating the framework into practical actions and ensuring it influences everyday practices.
- **Next Steps and Design:** Plans were made to finalise the framework, incorporate case studies, and enhance its visual appeal with professional design input. The group will revisit the framework in the next meeting to assess progress and discuss further integration.
- **Graphic Design Support for Strategic Framework:** IV to coordinate with Brittany, from Parental Minds to provide graphic design support for the Local Care Partnership Health Inequality Strategic Framework document.

Action: IV to coordinate with Brittany, from Parental Minds to provide graphic design support for the Local Care Partnership Health Inequality Strategic Framework document.

6 Developing OED LCP governance structures

- **Governance Structures for Partnership Working:** DR led a discussion on governance for the partnership, focusing on creating enabling frameworks that reflect existing relationships, support effective decision-making, and balance inclusivity with operational efficiency.

- **Governance Philosophy and Approach:** DR emphasised the need for governance structures that are positive, enabling, and reflective of the partnership's maturity, rather than restrictive or risk averse. The group was encouraged to consider frameworks that facilitate collaboration, learning, and value for money. DR had done very similar work in Bristol, emphasised it is very important to strike the right balance over governance and effective about delivering health inequalities.
- **Decision-Making and Membership:** Participants raised questions about defining core membership, voting rights, and the process for making and communicating decisions. The importance of live, adaptable policies and clear roles for partner organisations was highlighted.
- **Inclusivity and Representation:** Concerns were discussed regarding the representation of smaller voluntary sector organisations and the need to ensure their voices are included in governance and decision-making, not just those of larger, commissioned organisations.
- **Next Steps in Governance Design:** The group agreed to develop and share outline governance options before the next meeting, with a view to discussing and refining these proposals. Suggestions included formal and informal sessions for sharing learning and making decisions, and the integration of trauma-informed and organisational principles.

Questions/Concerns raised by the group

- CS highlighted that OED LCP is an important sounding board for Integrated Neighbourhood Teams. She identified that at times there was a need for an OED view and this was difficult when there was an agreed membership. Important to have member organisations taking decisions/topics/commitment back to their own organisations. Establish who is a voting member and making sure everyone within the group has a voice. She also said there should be formal and informal sessions to share the learning that has been acquired.
- SLG felt topics should be live and active for the group, she felt that this was not working well and reflect on the work we are doing.
- ASt is passionate about frameworks and looking at what is working well in other places. SLG suggested taking principles from our own organisations so the group would not be starting completely from the beginning. MS felt simplicity was important as to who the group are reporting down the food chain to.
- MM felt it would be useful to look at multi-agency case studies around what could be effective for partnership group working. DR felt it was important to have new engagement in communities.
- JM felt it was important for the OED LCP to have some democratically elected members from DCC.
- ASI said it was important for the group to be "the voice of the people".

Action: DR work up and share outline governance framework options before the next meeting for discussion and decision-making.

Action: The group to share existing organisational principles (e.g. from Family Minds) with the group to inform governance framework development.

7 **Community Based Nursing Placements in Private, Independent & Voluntary Setting**

Nicki Wright from Strategic Learning and Education from the ICB will present on this:

- **Student Placements in Health and Social Care:** NW presented opportunities for hosting student placements across healthcare, business, and digital roles, outlining the benefits, support structures, and the strategic potential for the partnership to pilot innovative community-based placements.
- **Placement Model and Support:** NW described a co-designed placement model involving close liaison between organisations and academic institutions, with robust legal and safety arrangements. Placements can include T level, clinical, digital, and business students, tailored to organisational needs.
- **Benefits and Strategic Opportunities:** Hosting students offers networking, fresh skills, and potential workforce development. The group discussed piloting a strategic plan to distribute students across primary care and voluntary sector organisations, leveraging tariffs and support to maximise impact.
- **Implementation and Next Steps:** Participants expressed interest in organising a follow-up meeting to explore placements further, share learning, and coordinate efforts across the partnership. The initiative aims to address workforce shortages and enhance community engagement.

Action: IV organise a follow-up Teams meeting for interested organisations to discuss piloting student placements and strategic use of student resources across primary care, voluntary sector, and community health.

8 **Okehampton Community Hospital and Utilisation and Community Survey:**

- **Okehampton Community Hospital Utilisation and Community Survey:** JG/SS presented findings from a community survey on healthcare access in Okehampton, highlighting strong local demand for better use of the hospital, challenges with transport, dental and GP access, and plans for economic and environmental impact assessments.
- **Survey Findings and Community Needs:** The survey, with over 800 responses, revealed significant barriers to healthcare access due to travel costs, limited public transport, and lack of local services. Many residents are not registered with a dentist, and GP services are overstretched due to population growth.
- **Hospital Utilisation Preferences:** Respondents expressed strong support for reopening and better utilising the Okehampton Community Hospital, prioritising

services such as a minor injuries' unit, dental care, mental health support, and recuperation beds. There is also interest in dialysis and other specialist services.

- **Economic and Policy Considerations:** SS outlined plans to conduct economic and environmental impact assessments of reopening services, including cost comparisons for local versus distant care. The group discussed aligning proposals with national policy on urgent treatment centres and addressing safety and workforce considerations.
- **Community Needs:** ASI/IV to set an Extraordinary Meeting of OEDPF regarding Health and Wellbeing Challenges of our local communities in early December 2025 via MS Teams. This is to include Health and Wellbeing Alliance Chairs, OEDPF members, Lindsey Anderson, Exeter University and Project Leads involved in the ICB Funded Projects (include Sarah Lewis – Normal Magic, Sue Julyan- Citizens Advice Exeter, Brett Elliott – West Devon CVS and Paul White – All About the Place).

Action: SS Conduct an economic and environmental impact assessment of opening an MIU at Okehampton Community Hospital, including feasibility of service combinations and cost analysis of patient transport versus local provision.

Action: AS/IV to set an Extraordinary Meeting of OEDPF regarding Health and Wellbeing Challenges of our local communities in early December 2025 via MS Teams. This is to include Health and Wellbeing Alliance Chairs, OEDPF members, Lindsey Anderson, Exeter University and Project Leads involved in the ICB Funded Projects (include Sarah Lewis – Normal Magic, Sue Julyan- Citizens Advice Exeter, Brett Elliott – West Devon CVS and Paul White – All About the Place).

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

Please see comments above.

10 Close

Date of next meeting: Wednesday 11 February 2026, 1415 – 1630 face to face to be held at the Meeting House Room, CoLab Offices, CoLab, Wat Tyler House, King William Street, Exeter EX4 6PD

One Eastern Devon LCP Forum Action Grid

17th July 2023 – Updated 6 November 2025

Action no.	Comments	Lead	Outcome
Thursday 17 July 2025			
5a	ASt would speak to the next Eastern Primary Care Collaborative Board about building neighbourhoods around primary care networks.	ASt	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 Relph.	JC	
Monday 15 September 2025			
4b	JC suggested setting up a meeting with DALC to align existing neighbourhood hubs.	JC	
4d	ASt will report on progress for the Integrated Neighbourhood to the PCN.	Ast	

Action no.	Comments	Lead	Outcome
Thursday 6 November 2025			
5	IV to coordinate with Brittany, from Parental Minds to provide graphic design support for the Local Care Partnership Health Inequality Strategic Framework document.	IV	
6a	DR work up and share outline governance framework options before the next meeting for discussion and decision-making.	DR	
6b	The group to share existing organisational principles (e.g. from Family Minds) with the group to inform governance framework development.	Group	
7	IV organise a follow-up Teams meeting for interested organisations to discuss piloting student placements and strategic use of student resources across primary care, voluntary sector, and community health.	IV	
8a	SS Conduct an economic and environmental impact assessment of opening an MIU at Okehampton Community Hospital, including feasibility of service combinations and cost analysis of patient transport versus local provision.	SS	
8b	AS/IV to set an Extraordinary Meeting of OEDPF regarding Health and Wellbeing Challenges of our local communities in early December 2025 via MS Teams. This is to include Health and Wellbeing Alliance Chairs, OEDPF members, Lindsey Anderson, Exeter University and Project Leads involved in the ICB Funded Projects (include Sarah Lewis – Normal Magic, Sue Julyan- Citizens Advice Exeter, Brett Elliott – West Devon CVS and Paul White – All About the Place).		

PRESENT:			
Amanda Pujol	AP	Teignbridge District Council	Director of Patient Experience and Transformation
Amy Slater	AS(1)	Royal Devon University Healthcare NHS Foundation Trust	Health Inequalities Programme Support Officer
Andy Stapley	ASt	Eastern Primary Care Collaborative Board	Chair, Eastern Primary Care Collaborative Board
Caroline Stead	CS	NHS Devon	System Delivery and Improvement Lead
Chris Cruise	CC	HOSMS PCN	Lead
David Relph	DR	Howplaceswork Ltd	Director
Gareth Sorsby	GS	YMCA Exeter	Joint Chief Executive
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
Jo Clunie	JC	Acorn Community Support	Chair
Lucy O'Loughlin	LOL	Public Health, Devon County Council	Consultant in Public Health
Matt Merriam	MM	Devon Mental Health Alliance	Community Mental Health Development Lead – DMHA Eastern Devon (Mid/Exeter/East)
Matt Smith	MS	Waffle House CIC	Director
Nicki Wright	NW	NHS Devon	Strategic Learning and Education Manager
Paul Sheward	PS	Royal Devon University Healthcare NHS Foundation Trust	Project Manager, Policies and Partnership Team
Sarah-Lou Glover	SLG	Parental Minds CIC	Director
Saul Stevens	SS	Exeter University	Economist (North Dartmoor Health Initiative)
Simon Harrison	SH	Royal Devon University Healthcare NHS Foundation Trust	Head of Pastoral & Spiritual Care
Stephen Walford	SW	Mid Devon District Council	Chief Executive
Apologies			
Antony Hart	AH	Devon and Cornwall Police	Police Superintendent for the Exeter, East and Mid Devon Local Policing Area

Ben Feasey	BF	Devon Communities	Community Development Officer
Ben Williams	BW	Devon & Somerset Fire & Rescue Service	Group Commander
Brett Elliott	BE	West Devon CVS	Chief Officer
Carolyn Hague	CH	Devon County Council	Principal Adult Occupational Therapist
Claire Ashby	CA	TASC PCN	Digital and Transformation PCN Manager
Ellie Barnes	EB	East Devon VCSE Network	East Devon VCSE Network Co-ordinator
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
Fiona Carden	FC	CoLab Exeter	CEO and Director of Learning
Gail Mistlin	GM	CoLab Exeter	Programme Manager for Cranbrook
Geoffrey Cox	GC	Southern Healthcare Group	Managing Director
Greg Smith	GS	NHS Devon	Locality Commissioning Specialist
Hannah Hurrell	HH	Police and Crime Commissioner for Devon, Cornwall and the Isles of Scilly	Partnerships and Commissioning Manager
Ian Blackwell	IB	Consultant developing OED Strategy	Devon Community Foundation
Ian Luscombe	IL	West Devon Borough Council	Head of Environmental Health and Licensing
James Stock	JS	Devon and Cornwall Police	Chief Inspector
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
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
Cllr Liz Brooke-Hocking	LBH	DALC	Chair of DALC

Mark Williams	MW	East Devon District Council	Chief Executive
Matthew Blythe	MB	East Devon District Council	Assistant Director – Environmental Health
Matt Young	MY	CoLab Exeter	Men's Wellbeing Advocate and Founder of Who Needs Instructions CIC
Nicky Flynn	NF	Age UK Exeter	Chief Executive Officer
Nikki Mahoney	NM	Devon County Council	Interim Assistant Director Adult Social Care
Nicolas Child	NC	Learn Devon	Senior Employment and Skills Manager - Learn Devon and Inclusion, Performance and Partnerships
Nicola Dalglish	ND	NHS Devon	Senior Locality Commissioning Manager
Rachel Humphries	RH	Public Health, Devon County Council	Advanced Public Health Practitioner
Rachel Oster	RO	Devon County Council	Occupational Therapist
Richard Foxwell	RF	Wellmoor	Chair and Joint Chair of Unpaid Carers Partnership
Sarah King	SK	Tiverton Primary Care Network	Primary Care Network Manager
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
Sue Taylor	ST	Devon LPC	Chief Officer
Suzie Walters-Jefferies	SWJ	Devon Carers	Awareness and Support Manager
Tamlyn Fraiquinn	TF	Involve Mid Devon	Communities that Can Project Manager
Toby George	TG	Devon and Cornwall District Universal Credit	Jobcentre Plus Partnership Manager