

29 Jan 26

One Eastern Devon Partnership Group

## **PROPOSED GOVERNANCE STRUCTURE FOR ONE EASTERN DEVON**

### **SITUATION AND CASE FOR CHANGE**

1. The One Eastern Devon Local Care Partnership has developed into a valued way of working together across Eastern Devon. It brings together statutory organisations, community groups, voluntary and faith organisations, primary care and local people to connect, listen and act on what we learn, in pursuit of a better quality of life for our communities. Our partnership is grounded in trust-based relationships, mutual respect and a shared commitment to working collaboratively across organisational and sectoral boundaries. This approach is reflected in the principles set out on our website:

- Collaborative mindset and behaviours
- Shared vision and purpose
- Shared learning
- Healthy and trusting relationships

2. Through this way of working, the partnership has supported a wide range of activity, including – but not limited to – addressing health inequalities, strengthening communities, improving wellbeing, and contributing to the development of more integrated, neighbourhood-based approaches to health and care. The strength of the partnership lies not in any single programme, but in its ability to bring people together, learn collectively, and take coordinated action over time. Alongside this collaborative approach, the partnership has developed a clearer strategic direction and a set of frameworks that help translate shared purpose into practical action. However, the wider health and care system in particular has been characterised recently by significant change and uncertainty, including shifts in structures, priorities and decision-making arrangements. This uncertainty has reinforced the importance of ensuring that One Eastern Devon itself has a stable and resilient foundation from which to continue its work.

3. This short paper therefore proposes a modest evolution of our current, relatively informal governance arrangements through the establishment of a One Eastern Devon Board. The proposal is intended to be enabling rather than bureaucratic: it is not about creating unnecessary structures or constraints, but about providing sufficient clarity, coordination and collective leadership to allow the partnership to do the work it has agreed is important, regardless of changes elsewhere in the system.

4. If governance is enabling, then what should it enable? What is the work we want to do, and what impact do we want any additional governance frameworks to have? Our aim is that the Board should:

- Organise, oversee and support the delivery of the partnership's agreed operational and strategic priorities, including the delivery of the Health Inequalities Strategy and

contributions to the development of neighbourhood-based approaches to health and wellbeing.

- Provide clarity, coordination and shared oversight in relation to resources, funding and capacity where partners have agreed to act collectively through One Eastern Devon.
- Act as a visible and trusted point of collective leadership for the partnership, providing a clear interface with other systems, networks and organisations, and speaking with a common voice where this is useful and appropriate.

## PRINCIPLES

5. As we have discussed governance with colleagues, we have heard a range of views and we have summarised them below. Alongside the key principles of our partnership listed above, we have considered a range of other issues and principles in the development of this proposal.

- Assume best intent – let's work together on the basis that we are all acting in the interests of the partnership and we are building on trust based relationships that have taken years to develop.
- Don't scrap our existing infrastructure - but put in place something that allows us to take the partnership forward. Existing groups don't need to change but their work can be supported and coordinated more effectively.
- We should aim to put in place something that is the simplest version of governance that we need now. It should be:
  - A mechanism to demonstrate commitment and hold each other to account
  - A mechanism that facilitates our engagement with a range of other organisations and networks - eg DCC and LAs (ie its flexible)
  - A mechanism to keep all parties safe including through proportionate risk, assurance and conflict-of-interest arrangements.
  - A mechanism that facilitates equitable engagement for all parties in the partnership and that ensures community voices are still heard.
  - A mechanism that recognises and connects to existing frameworks of democratic accountability
  - A live and active process that we review as the context within which we operate changes
  - A mechanism that allows us to speak together with a common voice when that is useful and appropriate.

## PROPOSAL FOR A ONE EASTERN DEVON BOARD

6. Purpose and Terms of Reference. We propose that an OED Board is established to provide collective leadership and stewardship of the One Eastern Devon partnership. The Board will bring together committed partners with the capacity and mandate to work

collaboratively in support of the partnership's shared purpose, including improving quality of life, reducing inequalities and supporting place-based approaches across Eastern Devon.

The Board will have the following initial Terms of Reference. The Board will:

- Act as a forum for collective leadership, bringing together representation from across the partnership to reflect the range of stakeholders involved in One Eastern Devon.
- Act as the key collective decision-making body for matters that partners have agreed should be progressed through the partnership.
- Develop and maintain the strategic direction of the partnership, in line with its agreed principles and priorities.
- Oversee and support the delivery of the partnership's agreed programme of activity, and establish task-and-finish groups or sub-committees where this supports effective delivery.
- Provide oversight of partnership funding and resources, and agree appropriate hosting, management and accountability arrangements for public funds, in line with existing statutory and organisational governance requirements.
- Liaise with organisations, systems and networks outside the partnership on behalf of One Eastern Devon, and where appropriate act as a shared point of contact or voice for the partnership.

7. **Accountability.** The Board will act on behalf of and be accountable to the Members of the partnership. This will work in practice via the One Eastern Devon Forum, which will remain the group from which the partnership derives its legitimacy. The Board should also have in place clear and transparent processes for declaring interests, but this should not prevent us from working together. It is proposed that a Chair or Co-Chairs are appointed for the Forum in due course, and that these roles are distinct from the Chair/Co-Chairs of the Board. The Board will operate on the basis of collective discussion and consensus wherever possible, reflecting the collaborative ethos of the partnership. Where consensus cannot be reached, the Board may agree a way forward that reflects the range of views expressed, or refer matters back to the Forum or relevant partner organisations where appropriate. Formal decision-making arrangements, including any escalation routes, will be set out in the full Terms of Reference. These arrangements will be proportionate to the role of the Board as a non-statutory partnership body and will be kept under review as the scope of activity and funding evolves. The Board will provide regular updates to the Forum on decisions taken, progress against priorities and any issues requiring wider discussion.

8. **Membership.** The Board has no set number of members but the aim is to limit the size to between 10-12. Membership will be based on representation from the different stakeholder or sectoral groups in our Forum. Initially we propose that the following groups are represented:

- Statutory Organisations (NHS – ICB; Provider Trust (Partnership and Community reps); DPT); DCC; Public Health; District (1 rep))
- Primary Care (2 reps)
- VCSE (2 reps)
- Community representatives

9. Chair. We propose a joint Chair model for the new Board, with existing Chairs taking on this role for the first iteration of the Board. We propose that we elect new Chairs for the OED Forum - we believe this will support the mechanism of accountability that we have proposed. The Chair/Co-Chairs of the Board and the Chair/Co-Chairs of the Forum will work closely together to ensure alignment between the Forum's priorities and the Board's work programme.

10. Review. We propose committing to a review of the Board at the 12 month point. A process to identify and appoint/elect new chair/co-chairs will be developed during this time.

### DECISION AND NEXT STEPS

11. We request that the proposal to establish a Board is approved at our next meeting (11 Feb 26).

12. At this meeting, there will be time to discuss any questions that colleagues have, but we will also aim to discuss and agree the following:

- Timescale for establishing the Board, including taking the proposal to the OED Forum.
- Process for appointing or electing initial membership.
- Development of full Terms of Reference - leadership and timing of this work.
- Potential requirement for sub-committees eg Finance.

13. If there is feedback which you would like to share in advance of this meeting, please do so by 6 Feb.