One Eastern Devon Executive Partnership Board

Minutes of the meeting of the One Eastern Devon Executive Board held on **Thursday 25 June 2026, via MS Teams.**

	Agenda Item
1	**Welcome, introductions, actions from the last meeting and declarations of interest** JC welcomed everyone to the third meeting of the One Eastern Devon Executive Partnership Board and introduced the meeting, outlining what was on the agenda. He welcomed the participants and everybody introduced themselves. The group reviewed actions from the previous meeting, noting that most were either completed or ongoing.
2 2a	**Governance Framework** • **OED Executive Co-Chair Succession Planning and Interim Arrangements:** FC led a comprehensive discussion with the Executive Group, including KD/CS/RC/RF/LW/JH and others, on options for replacing Jeff as co-chair of the One Eastern Devon Executive Board, exploring interim solutions, funding, governance, and the importance of maintaining stability during the transition. • **Options for Interim Co-Chair:** FC presented two main options: recruiting or appointing a new co-chair, or continuing with JC as an independently hosted, time-limited role with the latter requiring use of underspent funds and compliance with legal restrictions due to JC's NHS redundancy. • **Funding and Precedent Concerns:** KD/LW/CS and others raised concerns about setting a precedent for paying a co-chair, noting that most similar roles are unpaid and that using NHS underspend funds for a recently departed NHS Staff member could be problematic both ethically and politically. CS confirmed that none of the other Chairs/Co-Chairs are not paid in the other LCPs. RF said that Whatever is agreed now will be for 8 months only and should be made without prejudice to future payments to a joint chair. The underspend could be used to extend projects. The ICB colleagues made it very clear that there would be no ICB funding for this approach. • **Governance and Decision-Making Process:** JS/FC clarified the need for transparency in decision-making, including identifying who are decision makers versus observers, and agreed to circulate updated Board Membership Lists and Terms of Reference to support clarity. KD asked if the Group agreed that with RDUH, VCSE, Primary Care and DPT here we are quorate? The Group agreed that the representation on the OED Exec Board should be updated and circulated so that everybody knows who can vote. KD said in effect this is the place (LCP) meeting. With the forum and neighbourhood groups sitting along/reporting into here. • **Action Plan and Timeline:** The group agreed that all voting members would consult within their organisations to identify potential candidates for the Interim Co-Chair Role, with feedback due by Monday 15 July 2026, and that a role

description and expressions of interest process may be needed if no internal candidate emerges.

- **Role Requirements and System Connectivity:** Multiple participants emphasised the need for the Co-Chair to be embedded in the system, able to keep pace with rapid changes, and to represent both statutory and voluntary sector perspectives, with suggestions to approach system partners and primary care leaders for the role. CS suggested approaching John Groom to see if he would be happy to be Vice-Chair. KD felt that JC had a wealth of knowledge, but this would get outdated if he was out of the system and JS felt the Vice-Chair should be within the system to have updated knowledge. CR suggested having a clinical director from the PCNs as already in the Neighbourhood. This has been proposed in other areas such as the South Devon LCP. CS suggested that the Exec Board members needed to reflect on the Co-Chair situation and that an extraordinary general meeting would be required to discuss this. The underspend of ICB monies referred to in this meeting was top slice for the administration of OED. CS said that there is a neighbourhood steering group trying to decide for East Devon Neighbourhood development which is a sub-group of this group. JS said if this group is to develop and sign off the Neighbourhood Health Plan it ought to be someone closely connected to the system as it evolves. LW expressed concern regarding the idea that a person who has taken voluntary redundancy being paid via NHS money – even though the individual is paid via a third party. CS thought it should be someone rooted in Eastern Devon.

Action: All voting Executive Members to consult within your organisations to identify anyone willing and able to step into the Interim Co-Chair role for the One Eastern Devon Executive Board and report back to FC by close of play on Monday 15 July 2026.

Action: FC to communicate the summary and spirit of the Co-Chair Succession discussion to JC and ensure he receives both the meeting minutes and a personal update.

Action: CS to clarify with John Groom whether he is willing and able to take on the Interim Co-Chair Role, and report back to the Group.

Action: IV to update and circulate the list of Observers and Decision Makers for the Executive Group to all members.

Action: Executive Group define and agree the Quorum for the Executive Group to ensure clarity in decision making.

Action: FC to develop a brief role description for the Interim Co-Chair position if no current member volunteers, to support an expression of interest process.

2b	• Reporting assurance and learning (TORs, assurance, consider strategic direction, governance oversight, obstacles, barriers, forward agenda) (TORs and paper attached) • **Governance Structure and Funding Flow for One Eastern Devon Partnership Forum (One Eastern Devon LCP):** JC/FC/CR/CS/AS/JH and others discussed the evolving governance structure of the One Eastern Devon Local Care Partnership, focusing on accountability, strategic direction, subgroup reporting, and mechanisms for holding and distributing funding in the context of neighbourhood health transformation. KD mentioned relationship with Forum, reporting and oversight from subgroups. Funding flow - need to be clear on delegated authority from ICB as Neighbourhood evolves. • **Terms of Reference and Strategic Focus:** JC outlined the Executive's Group's core functions: setting strategic direction, making decisions, providing assurance, and acting as an external interface, with subgroup work and neighbourhood handled separately to maintain agility and avoid bureaucratic overload. • **Subgroup Reporting and Transparency:** CR/JC discussed the challenge of devolving neighbourhood funding, noting the lack of a clear governance route, and considered options such as retaining funds within the ICB, using primary care collaboratives, or establishing a CIC, with AS highlighting the complexity and responsibility involved in contracting and fund management.
3	**Update on Neighbourhood Health** • **Alignment with Place and Neighbourhood Models:** CR explained the importance of aligning LCPs with local authority-defined "place", drawing on Cornwall's model of a provider-led neighbourhood innovation group, and emphasised the need for a multi-sector approach to deliver neighbourhood priorities and outcomes. CS if the neighbourhood funding goes to primary care we ought to look at how we build stronger links. • CR mentioned that in CIOS: CFT are the hosts (the 'integrator' have the money in their bank account as it were) but not accountable for delivery - this is the Neighbourhood Delivery and Innovation Group - all provider group. • CS commented that the ICB did the contracting for south and it was a lot of work, the money was never recurrent – it is important to recognise this. JC said not recurrent, but the original direction was for two years with the likelihood this would continue. • JH asked has the decision been made or thought about as to whether this group is going to be strategic or operational moving forward into the neighbourhood landscape - or has that operational function been delegated to a subgroup or has that decision been delegated to a subgroup? Don't answer now, don't want to distract from presentation just want to put it down so we can go back to it later if appropriate.

	Action: All relevant stakeholders participate in upcoming place and neighbourhood summits convened by NAPC to discuss and help define the governance and funding mechanisms for neighbourhoods and LCPs.
4	**Overview of ICB Funded Projects 25/26** AS provided a detailed update on the health inequalities projects funded by the One Eastern Devon Partnership Forum, highlighting key achievements, risks, and the need for improved learning dissemination, with input from LW/JC/CS/CR on sustainability and integration with neighbourhood health models: • **Project Achievements and Outcomes:** AS summarised several funded projects, including the Eastern Devon Dementia Coordinator, Citizens Advice Partnership, peer support groups in Okehampton, place-based interventions, and the Attendance and Wellbeing Project, noting positive feedback, increased access to services, and social value demonstrated. • **Risks of Short-Term Funding:** AS/LW discussed the challenges of 12-month funding, including delayed project starts, impending contract end dates, and the risk of losing staff and continuity, which may impact project outcomes and sustainability. AS said need to be mindful of the sensitivities of asking partners to provide evaluation and learning but also managing their frustrations around why it wasn't funded recurrently. • **Learning Dissemination and System Integration:** LW/AS highlighted the need for a hub or mechanism to share learning from small-scale projects across the system, with JC/CR advocating for mapping projects to neighbourhood health outcomes and scaling successful innovations. • **Future Actions and Collaboration:** CS offered to work with Amy to evaluate projects against neighbourhood outcomes, aiming to demonstrate their impact and inform future funding and integration with the Neighbourhood Agenda. **Action:** AS/CS collaborate to review and evaluate the outcomes of the health inequalities projects through the neighbourhood outcomes lens and prepare a summary of learning for future use.
5	**Any other business** • This was not reported upon.
6	**Agreement on next steps and actions** • This was not reported upon.
7	**Close**

	Next meeting: face to face, wider OEDPF Meeting to be held on Thursday 10 September 2026 from 1400 – 1630 to be held at the Amphitheatre, Health Innovation Southwest, Vantage Point, Pynes Hill, Exeter EX2 5FD
	Date of next meeting: OED Executive Board to be held on Thursday 30 July 2026 from 1430 – 1630 via MS Teams.

Action no.	Comments	Lead	Outcome
Thursday 23 April 2026			
2	JC to map out all existing partnership groups at the next Partnership Forum and propose an optimal structure to avoid unnecessary meetings and ensure effective issue progression.	JC/FC	Ongoing
3b	CS/JS share updates and requirements regarding the estates funding opportunity with the group as soon as information becomes available and ensure LCPs are linked into the process.	CS/JS	CS reported no further news on the Estates focus. Already been looked at for example Cranbrook Health Hub. This is a very difficult piece of work to do in a short space of time. CS to circulate the submission.
Thursday 25 June 2026			
2a	All voting Executive Members to consult within your organisations to identify anyone willing and able to step into the Interim Co-Chair role for the One Eastern Devon Executive Board and report back to FC by close of play on Monday 15 July 2026.	All	Ongoing
2a	FC to communicate the summary and spirit of the Co-Chair Succession discussion to JC and ensure he receives both the meeting minutes and a personal update.	FC	Completed
2a	CS to clarify with John Groom whether he is willing and able to take on the Interim Co-Chair Role, and report back to the Group.	CS	Completed
2a	IV to update and circulate the list of Observers and Decision Makers for the Executive Group to all members.	IV	Completed

Action no.	Comments	Lead	Outcome
Thursday 25 June 2026			
2a	Executive Group define and agree the Quorum for the Executive Group to ensure clarity in decision making.	All	Ongoing
3	All relevant stakeholders participate in upcoming place and neighbourhood summits convened by NAPC to discuss and help define the governance and funding mechanisms for neighbourhoods and LCPs.	All	Ongoing
4	AS/CS collaborate to review and evaluate the outcomes of the health inequalities projects through the neighbourhood outcomes lens and prepare a summary of learning for future use.	AS/CS	Completed in the autumn after the schemes submit their final reports.

PRESENT:			
Amy Slater	AS	Royal Devon University Healthcare NHS Foundation Trust	Health Inequalities Programme Support Officer (Observer)
Caroline Stead	CS	NHS Devon	System Delivery and Improvement Lead (Observer)
Christopher Reid	CR	NHS Cornwall and the Isles of Scilly ICB	Chief Place and Transformation Director
Fiona Carden	FC	CoLab Exeter	CEO and Director of Learning
Isobel Vanstone	IV	Royal Devon University Healthcare NHS Foundation Trust	Senior Administrator to the Partnership Team
Jeff Chinnock	JC	Royal Devon University Healthcare NHS Foundation Trust	Associate Director of Partnerships
Dr Jo Harris	JH	Eastern Primary Care Collaborative Board	Joint Chair, Eastern Primary Care Collaborative Board
Kerry Durkin	KD	Devon Partnership NHS Trust	Head of Partnerships
Lynsey Anderson	LA	University of Exeter	Regional Engagement Manager
Dr Lynsey Webb	LW	Royal Devon University Healthcare NHS Foundation Trust	Deputy Medical Director, Community Care Group
Rachael Mccarthy	RM	Devon County Council	Senior Public Health Registrar
Richard Foxwell	RF	Wellmoor	Chair and Joint Chair of Unpaid Carers Partnership
Dr Sonja Manton	SM	Devon Partnership Trust	Director of Strategy
Apologies			
Andy Stapley	ASt	Eastern Primary Care Collaborative Board	Joint Chair, Eastern Primary Care Collaborative Board
Ben Feasey	BF	Devon Communities	Community Development Officer
Brett Elliott	BE	West Devon CVS	Chief Officer
Ellie Barnes	EB	East Devon VCSE Network	East Devon VCSE Network Co-ordinator
John Groom	JG	NHS Devon	
Karen Barry	KB	NHS Devon	Locality Director for South and West Devon
Katheryn Hope	KH	Involve Mid Devon	Chief Officer
Matthew Blythe	MB	East Devon District Council	Assistant Director – Environmental Health
Rachel Wigglesworth	RW	Devon County Council	Deputy Director of Public Health
Sophie Markevics	SM	Royal Devon University Healthcare NHS Foundation Trust	Assistant Director of Therapy

Stephen Clayton	SC	Exeter City Council	Head of Service – Customers and Communities
Stephen Walford	SW	Mid Devon District Council	Chief Executive
Steven Clark	SCa	NHS Devon (Guest)	Joint Partnership and Involvement Manager
Zoe Harris	ZH	Royal Devon University Healthcare NHS Foundation Trust	Care Group Director, Community Care Group