

Proposed Place and Neighbourhood Health Governance Model for North & East Localities

Purpose & scope of this proposal

This paper proposes the infrastructure and governance needed to develop and implement effective neighbourhood health across Northern and Eastern Devon. It supports the development of existing LCP infrastructure by defining the governance and delivery functions required, rather than what currently exists. Existing arrangements can then be aligned, adapted, or developed to fulfil the required functions.

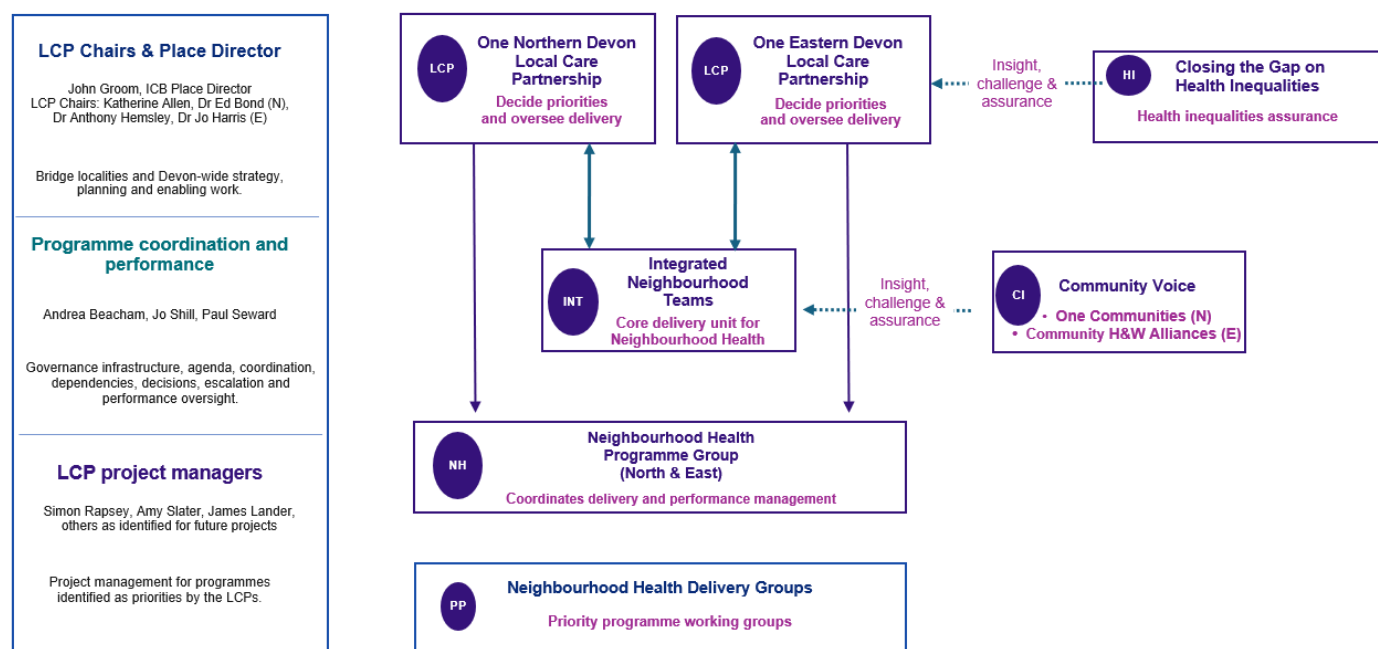
The proposal does not propose future service delivery governance arrangements. As Single Neighbourhood Providers (SNPs), Multi-Neighbourhood Providers (MNPs) and associated commissioning and contractual arrangements become clearer, the required delivery governance arrangements will be developed and brought forward at a later stage.

How to read this paper

1. The proposed model: the architecture and how it functions.
2. Who does what: group functions and supporting arrangements.
3. Neighbourhood health delivery portfolio: LCP priority programmes and the contribution of thematic partnerships.
4. How the model will operate: roles, meeting schedule and arrangements still to agree.

1. The proposed model

LCP Governance Model for North & East Localities



NB. Shows LCP governance only – wider system relationship shown separately

Figure 1. Proposed Place and Neighbourhood Health Governance Model for North & East Localities.

Key points about how the model functions

Community accountability: Community Involvement and Inclusion provides a formal route for insight, challenge and escalation. LCP Boards provide a recorded response and feedback.

Health inequalities assurance: Closing the Gap on Health Inequalities provides assurance and challenge so that neighbourhood plans design out inequalities rather than embed existing inequity. LCP Boards provide a recorded response and feedback.

System connection: LCP Chairs and the Place Director provide the link between Local Care Partnerships and Devon system enabling groups, ensuring locality priorities and barriers inform Devon-wide planning and keeping localities updated on progress and direction.

LGR: Planning continues through the existing Devon Health and Wellbeing Board and Place/LCP arrangements pending the Local Government Reorganisation review.

2. Who does what?

Group functions within the overall architecture

This table sets out the principal function and role of each group, together with leadership, management and meeting administration. The relationship between LCPs and Devon-wide enabling groups is described through the LCP Chairs and Place Director connection.

Group	Function and role within the architecture	Leadership, management and meeting administration
Health and Wellbeing Board	Provides statutory population-health and collective partnership leadership. Agrees priorities, outcomes and neighbourhood footprints and provides the statutory integration route for Better Care Fund planning and assurance.	<p>Leadership: statutory Board leadership and membership.</p> <p>Management: existing Board arrangements with partners.</p> <p>Meeting administration: existing local-authority support.</p>
Better Care Fund Leadership Group	Oversees the Devon Better Care Fund portfolio within the Health and Wellbeing Board statutory integration route. It remains separate from LCP and neighbourhood programme governance.	<p>Leadership: to be confirmed.</p> <p>Management: to be confirmed.</p> <p>Meeting administration: to be confirmed.</p>
NHS Devon, Cornwall and IoS ICB	Provides strategic commissioning, accountability, resources and system enabling functions. Jointly commissions the Better Care Fund with Devon County Council through the Section 75 pooled fund.	<p>Leadership: executive and commissioning leadership, to be confirmed.</p> <p>Management: relevant commissioning and enabling-function owners.</p> <p>Meeting administration: existing ICB arrangements.</p>
Devon System Transformation Group	Provides system transformation oversight through Pillars 1, 2 and 3. Pillar 1 is Neighbourhoods and includes the Clinical Leadership Group and System Working Groups, providing transformation input to LCP Boards.	<p>Leadership: Jenny Turner; wider arrangements to be confirmed.</p> <p>Management: to be confirmed.</p> <p>Meeting administration: to be confirmed.</p>
Whole-Place Partnerships	Set the wider place vision and bring together local authorities, housing authorities and social housing providers, police, education providers, VCSE organisations, business	<p>Leadership: One Northern Devon Futures Place Partnership: Pete Morrish and Katherine Allen. One Eastern Devon Place Partnership: Fiona Carden, to be confirmed.</p>

	representatives and health and care partners.	Exeter Place Partnership: to be confirmed. Management: existing arrangements. Meeting administration: existing secretariat arrangements.
One Northern Devon Local Care Partnership Board	Provides senior cross-sector partnership decision-making for neighbourhood health in Northern Devon and translates population and place priorities into delivery. Includes mechanism for formal response to insights and challenge from the Closing the Gap group.	Leadership: Katherine Allen and Dr Ed Bond. Management: Andrea Beacham, Jo Shill and Paul Sheward. Meeting administration: to be confirmed.
One Eastern Devon Local Care Partnership Board	Provides senior cross-sector partnership decision-making for neighbourhood health in Eastern Devon and translates population and place priorities into delivery. Includes mechanism for formal response to insights and challenge from the Closing the Gap group.	Leadership: Dr Anthony Hemsley and Dr Jo Harris. Management: Andrea Beacham, Jo Shill and Paul Sheward. Meeting administration: to be confirmed.
Neighbourhood Health Programme Group	Coordinate delivery, dependencies, risks, learning, decisions and escalation and provide recommendations to the relevant LCP Board.	Leadership: Andrea Beacham, Chair. Management: Paul Sheward, programme project managers Simon Rapsey, Amy Slater and James Lander. Meeting administration: to be confirmed.
Community Involvement	Provides community insight through the One Communities model in the North and Community Health and Wellbeing Alliances in the East. Provides insight, challenge and	Leadership: to be confirmed. Management: existing arrangements. Meeting administration: to be confirmed.

	escalation to LCP Boards and receives response and feedback.	
Closing the Gap on Health Inequalities	Provides health inequalities assurance and challenge, with Poverty Truth Commission work embedded within this route. Provides assurance and escalation to LCP Boards and receives response and feedback.	Leadership: Dr Oliver Hassall. Management: existing arrangements. Meeting administration: to be confirmed.

3. Neighbourhood health delivery portfolio and thematic partnerships

Category	Role in delivery	Included work
Priority programmes	Delivery programmes selected as current or continuing LCP priorities.	e.g. Frailty / End of Life.
Thematic partnerships	Influence the programme of work that LCPs agree to prioritise and, once priorities are agreed, contribute expertise, insight and partnership capacity to support delivery.	e.g. Physical Activity Partnership.

4. How the model will operate

Roles across the model

Role	People	Purpose
N&E LCP place leadership	John Groom, ICB Place Director. LCP Chairs: Katherine Allen, Dr Ed Bond, Dr Anthony Hemsley and Dr Jo Harris.	Strategic direction and partnership leadership across North and East Devon. LCP Chairs and the Place Director provide the link between LCPs and Devon system enabling groups, ensuring locality priorities and barriers inform Devon-wide planning and

		keeping localities updated on progress and direction.
Programme coordination and performance	Andrea Beacham; Jo Shill; Paul Sheward.	Governance infrastructure, agendas, coordination, dependencies, decisions, escalation and performance oversight.
LCP project managers	Simon Rapsey; Amy Slater; James Lander, other PMs identified by partner organisations for projects as they arise.	Project management for programmes identified as priorities by the LCPs.

The core architecture and group functions are shared across Northern and Eastern Devon. Locality-specific information will be captured through the meeting schedule below.

Meeting schedule (to be populated)

Meeting	Meeting administration	Usual pattern	Confirmed dates

Operating arrangements still to agree

- Named meeting administrator or secretariat for each formal group.
- Meeting dates and cycles for thematic partnerships and LCP priority project meetings.
- The practical route for LCP Chairs and the Place Director to connect locality requirements, barriers and progress updates with Devon-wide enabling groups.
- The formal insight, challenge, escalation, response and feedback route between INTs, LCPs, Communities and Health Inequality Groups
- Engagement with partners and clear Terms of Reference for each group.
- The detailed route through which thematic partnerships influence LCP priorities and engage in delivery once the programme of work is agreed.

5. LCP governance within Place architecture

