

**NHS Devon Governing Body Meeting**  
**APPROVED minutes held in PUBLIC**

Date: 28 October 2021

Time: 09:30 – 12:20 Location: Via Microsoft Teams

| Item | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Action |
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| 1    | <p>The chair welcomed everyone to the meeting and gave a warm welcome to the guest speakers Carole Parkin (CP) and Steve Seatherton (SS).</p> <p>Steve and Carole gave an overview the work of <a href="#">Belle's Place</a> – the local Hub for Ilfracombe.</p> <p>SS explained that over the years Ilfracombe, which is a beautiful place had suffered a loss of tourism, rail and transport links which has impacted on the community including lack of facilities to support high complex needs.</p> <p>He referred to <a href="#">One Ilfracombe</a> a limited company set up to support improving the lives of people living in Ilfracombe, who have supported partnership working of agencies, pooling of budgets, and putting in place social prescribers.</p> <p>Belle's Place is a voluntary service offering a wide range of services including meals and operated during COVID, and relies on funding, and he noted that the CCG had provided £10k of funded support over the last two years. Funding of £18k per year is need for Belle's Place to continue to operate providing the vital services for Ilfracombe and there has been an increase in demand due to cuts in services and link centres closing across Devon.</p> <p>CP described her role in managing Belle's Place which she had done over the past seven years where the community hub has evolved to where they are now providing: -</p> <ul style="list-style-type: none"> <li>• Community hub support</li> <li>• Independent food bank</li> <li>• Drop in centre</li> <li>• Promotion and inclusion of varied support services</li> <li>• Offer for children to attend school holiday workshops and training</li> <li>• School uniform recycling services</li> <li>• Financial support for families</li> </ul> <p>Belle's place also hosts family support groups for families with additional needs alongside other services and receive many calls from a wide range of people and agencies and have seen an increase in demand for support since COVID restrictions have lifted around domestic violence.</p> <p>On average the local hub sees around 25 people per day and have around 200 people registered. CP noted the vital and biggest area of support provided is relationship building, listening, and talking to support bridging gaps with relationships.</p> |        |

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|   | <p>Belle's place has also provided additional support working with vaccination teams, Hep C trust and finger prick testing and dental care insight.</p> <p>JH congratulated CP and SS for the amazing work they and voluntary services do to support keeping people at home and funding arrangements for these services are dependent on the system to support them</p> <p>GT asked what the one change would be now that would support Ilfracombe now and SS replied that it would be tackling the housing of multiple occupation (HMOs) and more focused and GT acknowledged the difficulties for long term funding which is crucial for such initiatives.</p> <p>CB felt that there was more work we could do in commissioning where we know services are and that it was vital in our thinking to effectively engage with the integrated health system and invest in organisations across our system to support the delivery of our priorities.</p> <p>JT explained the co- creation of a strategy which will have a focus on community working and how we will be commissioning in a strategic way with the voluntary sector giving a longer-term commitment of support. A framework is being developed to help us understand what we want to commission and she gave an example of the good work being undertaken around mental health.</p> <p>JW congratulated CP and SS and the fantastic work they are doing but pointed out that the needs and answers for every town is different and that we must empower local communities to tell us what is wrong and we listen and hear what is best for them and that we allocate and invest properly to these initiatives.</p> <p>NB thanked CP and SS for telling the Governing Body about their project.</p> <p><b>The Governing Body received and noted this update.</b></p> <p><i>Carole Parkin and Steve Seatherton left the meeting.</i></p> |  |
| 2 | <p><b>Welcome and Apologies</b></p> <p>NB welcomed everyone to the business section of the meeting, and the following apologies were recorded for:</p> <p>Jane Milligan<br/>Paul Johnson<br/>Darryn Allcorn<br/>Sheila Roberts – Alison Wilkinson deputising<br/>Dame Suzi Leather<br/>Steve Brown<br/>Glynis Atherton<br/>Ruth Hall</p> <p>There had been one question received in advance of the meeting and this was read out as follows:</p> <p><b>Mr. Burrows question was:</b> At the moment the current Covid-19 crisis is causing Hospital admissions to be high and shows no sign of decreasing if indeed it ever will in the near future.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

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|   | <p>With the Care homes running at full capacity and no extra bed capacity for those people who are waiting to be released into the community, surely now is the time to look at reopening some Community Hospital to ease the pressure on admissions at General Hospitals. Bearing in mind it is a fact that people are more willing to work in hospitals than care homes.</p> <p>A response was not provided verbally at this meeting, but a formal response would be sent to Mr Burrows following this meeting.</p> <p>DG felt it was important to say that moving resources and investing in community hospitals would not be economic.</p>                                                                                                                                                                                                                                                                                                                                                      |  |
| 3 | <p><b>Register of Interest (ROI)</b><br/>There were no amendments or new declarations made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 4 | <p><b>Minutes of the last meeting</b><br/>NB led a page-by-page review of the minutes of the last meeting held on 30 September 2021, and these were approved as a true and accurate record of the meeting.</p> <p>Action Log</p> <ol style="list-style-type: none"> <li>1. An update report on Children and Families Health was on the agenda for this meeting, and a further assurance report would be presented to the Governing Body at the meeting in January 2022. This has been added to the forward panner.</li> <li>2. Health of ICS high level outcomes – the data sets continue to be refined and adjusted and it was hoped that any issues will be rectified in the next iteration of the quality and performance report.</li> </ol> <p>It was agreed for actions 1 and 2 to be formally closed.</p>                                                                                                                                                                                     |  |
| 5 | <p><b>Clinical Chair's report</b><br/>There was nothing further to add to this report.</p> <p><b>The Governing Body received and noted the contents of the Chair's report.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 6 | <p><b>Accountable officer's report</b><br/>ST presented this report in the absence of JM.</p> <p>ST noted that the CCG, as well as trusts had received a letter from NHSE/I requesting actions plans in relation to urgent care across our system. He highlighted that we held an urgent care summit in early October which included all senior leaders from across our region, but that it was notable there were some absences due to an error and this would be rectified for the next summit. He added that following the summit there were a series of actions and there was the intention to present this at the Governing Body Development session next week.</p> <p>ST informed the members that a winter task force has been put in place including secured very senior leadership across the system.<br/>ST acknowledged the pressures that GP practices are under and he referred to a recent letter from NHS England with regards to the winter access fund and that we are working</p> |  |

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|   | <p>in partnership with our Local Medical Committee (LMC) as to the best approach to work for our GP practices and population.</p> <p>GT acknowledged there was not a full quality and performance report included in the papers as a new integrated report was being developed but asked for assurance that it would be presented to the Finance and Performance Committee and Governing Body next month. ST assured GT this would be the case and he also agreed to share the minutes of the recovery support programme steering group with the Governing Body.</p> <p><b>ACTION 1</b><br/> <b>ST to circulate the minutes of the recovery support programme to the Governing Body.</b></p> <p>CB asked about maternity services across Devon and asked for a system picture and the different approaches we are taking. ST could not answer in full but took a commitment to ask DA to contact CB to provide a more detailed report at the next Governing Body.</p> <p><b>ACTION 2</b><br/> <b>ST to ask DA to contact CB to discuss maternity services across Devon.</b></p> <p>SK wondered when there would be a review of the primary care strategy and planned care as was concerned around the increase in waiting times. ST responded and confirmed that the primary care strategy will require a refresh to support us through the winter, but the aim would be for a longer-term plan and a small group will be convened to take this forward and asked for volunteers from the Governing Body. JF added that the CCG is involved as part of a national programme for non-clinical and clinical validation of waiting lists including high risk groups.</p> <p>LS highlighted the recent panel discussion during black history month with around 60 people joining live. Feedback was positive and the focus demonstrates that we are taking the Nous report seriously and implementing the recommendations.</p> <p><b>The Governing Body received and noted the contents of the Accountable Officer's report.</b></p> |  |
| 7 | <p><b>Finance Report – Month 6</b></p> <p>JD presented this report which included the regular finance report first 6 months of the year, during covid the financial years have been split in two and this was the end of the first half of reporting.</p> <p>For this period a balanced plan was set and JD was pleased to report and confirm we have achieved a balanced position for H1 which were required to do so. JD was also able to confirm the CCG had now received confirmation of the financial envelope for the second half of the year – H2 and this would be presented to the Governing Body at the November meeting.</p> <p>JD referred to page 44 of the pack which confirmed the delivering of the balance position and that we have now received the final reimbursement for the faster hospital discharge programme.</p> <p>He guided the members to page 45 and 46 of the report which set out the information received across the Devon system and elective recovery fund source monies to support the returning of the elective treatment activity before the onset of the pandemic. £25m has been received into the system to support this for the first six months of the year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

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|   | <p>SK was anxious about the hospital discharge monies and would that be available in the future. JD gave reassurance that this monies remains in place and there are secure arrangements in place for the second half of the year. Indeed, work has already started with our local authority colleagues to review what is currently in place. JD added that we don't have the funding package beyond the next six months but hoped that we would know soon.</p> <p>SMc queried the elective recovery fund and JD referred to page 45 and explained the metrics and money available for elective recovery. JF further explained the performance of the system earlier in the year and the impact demonstrated up to June this year. He noted that urgent care was a challenge due to the lack of beds. He described what work is being done to resolve issues and gave assurance that for those patients that have breached 104 weeks target will continue to be prioritised except for those patients, around 50-60 who are actively choosing to wait long.</p> <p>JWo asked whether we have sought learning from other healthcare services and CCGs in measuring cost effective and efficiencies they have gained against value for money (VFM) investment. JD thought this was a good suggestion and offered to do this as a group discussion with the system finance directors to support our collect aim in engaging with the voluntary sector.</p> <p>NK noted that extra elective recovery bed capacity is being protected against being used for urgent care.</p> <p>SK wondered for our plans for savings for H2 were over ambitious. JD replied that we had not set out a plan for H2 that was not deliverable.</p> <p><b>The Governing Body received and noted month 6 financial position.</b></p> |  |
| 8 | <p><b>CCG Objectives</b></p> <p>AM presented this third report on the CCG objectives and he gave thanks to Nick Pearson, NB, and GT for their contribution in revising the objectives.</p> <p>He highlighted the following:</p> <ul style="list-style-type: none"> <li>• Adjusted and added new actions</li> <li>• 5 actions stay the same due to planning guidance 21-22 with six priorities reflected in our objectives</li> <li>• Adjustments have been made to improve service performance and financial sustainability</li> <li>• Confidence we are now reviewing the right things</li> <li>• RAG rated 5 objectives 4 are rated as amber 1 as red around service performance given the challenge around waiting times and restoration of services</li> <li>• Changes made: <ul style="list-style-type: none"> <li>○ Objective 2 page 64 kept original actions 1-6 but have added new one. Action 7 acceleration of elective and cancer care, managing increasing demand for Mental Health services. Actions 8 and 9 increase primary care capacity. Action 10 community and urgent and emergency care improving timely admission and reduce length of stay</li> </ul> </li> <li>• Staff wellbeing – given a priority due to pressures and impact on staff wellbeing and we are actively looking at this.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

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|   | <p>JH drew attention to section 2, action 3 and was nervous around the language used in describing the delivery of the winter plan, and AM agreed the wording could be refined.</p> <p>JH also referred to page 5, action 6 developing Local Care Partnerships (LCPs) and the risk and lack of commissioning resource to support delivery. ST responded to confirm there has been agreement on the apportion of the task and resources as well as matrix working to support primary care and Primary Care Networks (PCSNs) and he described some of the actions that are being progressed.</p> <p>LS highlighted service performance and new actions and asked for assurance that recovery of pathways would not worsen inequalities and that outcomes will be improved. ST confirmed that always apply a quality, equality impact assessment (QEIA) tool to our process.</p> <p>SK was interested in the financial sustainability objective and JD explained the challenge and targeted impact and ST described vertical integration and the benefits that go with this.</p> <p><b>The Governing Body received and noted the contents of the CCGs objectives report.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 9 | <p><b>Plymouth West End Health &amp; Wellbeing Centre – project overview</b></p> <p>JT introduced this item and talked through a slide deck. She reminded the board of the background and developing proposal and described the models of care driven by the population health needs.</p> <p>JT explained the design of the building which was designed in collaboration with the local authority as part of the city of Plymouth regeneration. She walked the Governing Body through the priorities and timeline in detail and following the presented she offered questions.</p> <p>NK asked about the economic regeneration and was there more to do in this area. CS confirmed that conversations and engagement was happening with organisations and the public and that we are keen to make this a community facility and not to displace and existing community services around this area and that it was important to get the consultation right.</p> <p>AD though this was a great initiative but felt that it was adult orientated and asked what we are doing to encourage families and young children to use. JT acknowledge that the focus was on long term conditions, but the inclusion of the voluntary sector support will open the space as a way of bringing families together.</p> <p>CS confirmed that a booking system will be put in place with core space being set aside for tenant use but there would also be guaranteed sessional space available for evening and weekends.</p> <p>JH asked about revenue consequences of national funding if accepted. JT confirmed that financial plan sits behind the model of care but there was more financial analysis to be undertaken. JT assured the governing body that regular weekly calls with the national teams are in place and they are testing models of care scenarios against funding and signs are encouraging although this has not been confirmed in writing at this time.</p> |  |

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|    | <p>SMc queried whether the building would be tested and future proofed if it required to be converted to respond to the next pandemic, and would the lift have sufficient capacity to support the footfall. AM also wondered about the green specifications of the building and was there more we could do in this area. JT was not able to confirm at this meeting but took an action to get the detail and share with the Governing Body.</p> <p><b>ACTION 3</b><br/> <b>JT to check the detail as to whether the Plymouth West End Health and Wellbeing Centre building would be future proofed and tested and meet our green specifications.</b></p> <p><b>The Governing Body received and noted the Plymouth West End Health and Wellbeing project update.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 10 | <p><b>Children and Family Health Devon Transformation and Performance Update</b><br/> JT referred to this report in the pack which had also been presented to the Quality Assurance Committee. She acknowledged that there was more work to be done to clear trajectories and improvement plans are in place to support autism and speech and language therapy</p> <p>AD was still concerned around the length of waiting lists for speech and language therapy especially for children under 5 who waiting over 6 months for an assessment. AD did note that there was a shortage of therapists. JT assured AD that there was a full discussion on speech and language therapy at the recent Quality Assurance Committee and she would articulate those discussions back to AD for further assurance.</p> <p>DG queried the types of waiting list data and what proportion of referrals are rejected or refused without assessment. JT did not have this information to hand but took and action for this waiting list information to be validated.</p> <p>SK asked whether we are confident trajectories will be met given growth and demand in going forward. JT responded and was confident that our providers have a better understanding of assumptions made and levels of growth assumed against trajectories.</p> <p><b>The Governing Body received and noted the contents of the Children and Family Health Devon Transformation and Performance update.</b></p> |  |
| 11 | <p><b>Local Care Partnership (LCP) Reports</b><br/> <u>Southern</u><br/> DG was pleased to report that the Southern LCP was functioning well with executive, delivery, and performance groups in place. He acknowledged that challenges continue with hospital admissions, discharges and ambulance waits.</p> <p>He noted that the Newton Abbot treatment centre was being brought up to national standards which will allow an increased capacity for this unit.</p> <p>DG referred to the urgent community response and social care response in emergencies, where ambulance crews can act if social intervention can be put in place. SMC mentioned that there continues to be problems with the blocks in the system for Western who are serviced by the same ambulance trust. ST responded to say that there was been good collaborative work with the leadership at South Western Ambulance Trust (SWAST) and that there is more work to in the University Hospitals Plymouth (UHP) footprint.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |



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|    | <p>There has been improved discharge coordination to unblock hospital and it has been agreed for Primary Care Network based spirometry.</p> <p>AD asked about whether it was possible to speed up the procurement process for domiciliary care. DG recognised that it was difficult to procure workforce and JH hoped that some posts would be filled sooner and was conscious of the timescale problem. ST informed the members that part of the urgent care summit there was agreement to produce a workforce strategy.</p> <p><u>Eastern update</u><br/>SK felt that there is learning from each of the LCP and that it would be useful to circulate these around to delivery groups in each LCP.</p> <p>An LCP conference has been arranged for the 26 November on prevention which will be a helpful way in getting people together and he was pleased to report that the 3 groups in Eastern continue to interface to get the best out of each other.</p> <p><u>Northern</u><br/>JWo highlighted that all localities are facing the same challenges and are taking a universal approach on how to deal with things. Workforce remains a significant challenge and the Northern locality continue communicating with different parts of system to be more effective.</p> <p><u>Plymouth</u><br/>SMc noted there was an overlap in the two reports for Western and Plymouth. The top priority was support for the community following the Keyham murders and that the community response has been impressive which is being led by Plymouth City Council. SMC added that at an appropriate time in the future she would like to ask Anna Coles to come to talk to the Governing Body about the learning in the wake of this tragedy.</p> <p>A firm focus on the integrating care work continues especially around the challenges with urgent care. SMC identified that workforce capacity seemed to be the flavour of most reports and the pressure of working under some initiatives is restrained not only relating to funding but capacity.</p> <p><b>The Governing Body received and noted the contents of the LCP reports.</b></p> |  |
| 12 | <p><b>Assurance committee chair's reports</b></p> <p><u>Finance</u><br/>GT did not propose to go through the report in detail but highlighted that the finance and performance committee decided on non-emergency patient transport and he thanked Moses Warburton for his contribution and excellent work in this area.</p> <p><u>Audit</u><br/>There was nothing to add to this report. SMC drew attention to risk 38 - Lack of clarity and visibility regarding ICS and its governance. ST confirmed he was the owner of this risk and is working with GS in shaping the ICS governance structure and noted that the CCG will continue with its statutory duties. He added that it is proposed that the Integrated Care Board (ICB) will be operating in shadow form from January 2022 and that we will make sure that we have robust governance in place during the transition period.</p> <p><u>Primary Care</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



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|    | <p>There was nothing to add to the report, but it was noted that Plymouth young GPs want to work with both JH and SMC agreeing it is a fantastic place to work. They acknowledged that the environment for primary care estates was not good state, but with a brand-new building (Plymouth and West Devon Health and Wellbeing Hub) combining options available for patients will be a positive move forward. JT confirmed that the staff social spaces at the hub will be mixed.</p> <p><u>Quality</u><br/>There was nothing to add to this report.</p> <p><u>Commissioning</u><br/>Nothing to add to the report. There was a request for the commissioning committee minutes to be circulated to the Governing Body for assurance</p> <p>JT gave confidence that risk 149 is progressing well and she took an action for a briefing to be developed for the Governing Body outside of this meeting setting out what primary care will look like following the investment for the Plymouth and West Devon Wellbeing Hub.</p> <p><b>ACTION 4</b><br/><b>JT to circulate the Commissioning Committee minutes to Governing Body.</b></p> <p><b>ACTION 5</b><br/><b>JT to develop a briefing for the Governing Body setting out what primary care will look like following the investment for the Plymouth and West Devon Wellbeing Hub.</b></p> <p><b>The Governing Body received and noted the contents of the Assurance Committee Chairs' Reports.</b></p> |  |
| 13 | <p><b>Reflections</b><br/>This item was not discussed</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 14 | <p><b>Any other business</b><br/>None</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 15 | <p><b>The meeting closed at 13:20</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

| <b>Attendees</b> (attended** / apologies <sup>A</sup> ) |                                                                                                                            |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <i>Name and initials</i>                                | <i>Title and organisation</i>                                                                                              |
| Alison Davis (AD) **                                    | Associate Non-Executive Director, Devon CCG                                                                                |
| Andrew Millward (AM) **                                 | Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG |
| Charlotte Burrows (CB) **                               | Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG                                                 |
| Darryn Allcorn (DA) <sup>A</sup>                        | Chief Nurse, NHS Devon CCG                                                                                                 |
| David Greenwell – Dr (DG) **                            | Clinical Lead Representative, Southern Locality, Devon CCG                                                                 |
| Ginny Snaith (GS) **                                    | Board Secretary, Devon CCG                                                                                                 |
| Gaynor Appleby (GApp) **                                | Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG                                                 |

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| Glynnis Atherton (GATH) <sup>A</sup>                      | Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG                                   |
| Graham Turner (GT) <sup>**</sup>                          | Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG                                                 |
| Jane Milligan (JM) <sup>A</sup>                           | Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG) |
| John Dowell (JD) <sup>**</sup>                            | Chief Finance Officer, Devon CCG                                                                                |
| John Finn (JF) <sup>**</sup>                              | Interim Director of Commissioning – in hospital, Devon CCG                                                      |
| John Womersley – Dr (JWo) <sup>**</sup>                   | Clinical Lead Representative, Northern Locality Devon CCG                                                       |
| Jo Turl (JT) <sup>**</sup>                                | Director of Commissioning - out of hospital, Devon CCG                                                          |
| Judith Hargadon (JH) <sup>**</sup>                        | Non-Executive Director/ Lay Member – Primary Care                                                               |
| Lincoln Sargeant (LS) <sup>**</sup>                       | Director of Public Health, Torbay Council                                                                       |
| Matt Fox (MF) <sup>A</sup>                                | Clinical Representative, Southern Locality, Devon CCG                                                           |
| Nick Ball (NB) <b>Vice Chair</b> <sup>**</sup>            | Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG                                           |
| Nick Kennedy – Dr (NK) <sup>**</sup>                      | Secondary Care Doctor, Devon CCG                                                                                |
| Paul Johnson – Dr (PJ) <b>Clinical Chair</b> <sup>A</sup> | Clinical Chair, Devon CCG                                                                                       |
| Penny Harris – (PH) <sup>A</sup>                          | Director, Devon CCG                                                                                             |
| Ruth Harrell - Dr (RH) <sup>A</sup>                       | Director of Public Health, Plymouth City Council                                                                |
| Simon Kerr – Dr (SK) <sup>**</sup>                        | Clinical Lead Representative, Eastern Locality, Devon CCG                                                       |
| Sheila Roberts (SR) <sup>**</sup>                         | Interim Chief Operating Officer, Devon CCG                                                                      |
| Shelagh McCormick – Dr (SMc) <sup>**</sup>                | Clinical Lead Representative, Western Locality, Devon CCG                                                       |
| Simon Tapley (ST) <sup>**</sup>                           | Interim Accountable Officer, Devon CCG                                                                          |
| Steve Brown (SB) <sup>A</sup>                             | Director of Public Health, Devon County Council                                                                 |
| <b>In Attendance</b>                                      |                                                                                                                 |
| Nikki Coombes (NC) <sup>**</sup> <b>Minute Taker</b>      | Executive Assistant, Devon CCG                                                                                  |
| Dame Suzi Leather (DSL) <sup>A</sup>                      | Chair of the Integrated Care System for Devon (ICSD)                                                            |
| Carol Parkin (CP) <sup>**</sup> <b>item 1</b>             | Manager, Belle's Place, Ilfracombe                                                                              |
| Steve Seatherton (SS) <sup>**</sup> <b>item 1</b>         | North Devon District Council                                                                                    |
| Clive Shore (CS) <sup>**</sup> <b>item 9</b>              | Estates Advisor, Devon CCG                                                                                      |
| Minutes approved                                          | Date: 25 November 2021<br>Signed by chair: Nick Ball                                                            |