

Minutes – 3.7.25

1. **Welcome from Independent Chair, Diana Crump**

Diana welcomed everybody to the meeting. She apologised for a technical issue where some participants, including herself, could not see the uploaded notes and agenda for the meeting. This will be investigated and fixed in advance of the next meeting. If anyone would like copies of anything, please email info@tpdassembly.org

**VCSE Assembly Strategic Representative Opportunities:** Diana announced two strategic representative opportunities for the VCSE Assembly. Interested organisations should contact Sarah on info@tpdassembly.org.

* + **Asylum Seeker Health:** opportunity for a strategic representative on the Asylum Seeker and Refugee Health Steering Group. This role is intended for someone whose organisation works with asylum seekers and refugees and understands the strategic context to contribute to the committee.
  + **Transport Steering Group:** new Transport Steering Group Committee set up by the joint Combined Authority for Devon and Torbay. They are looking for a VCSE person from an organisation that provides community transport or supports such organisations.

**Essential Skills Grant Applications:** Diana informed the participants that applications for the Essential Skills Grant, which supports projects aimed at widening the delivery of essential skills to adults, are now open.

**Introduction of New Deputy Independent Chair:** Diana introduced Julia Boas as the new Deputy Independent Chair for the Assembly. Julia shared her background, highlighting her experience in the VCSE sector and her special interest in supporting minority and marginalised groups. Julia's responsibilities include supporting strategic representation and ensuring good speakers for meetings, complementing Diana's role.

**2. Guest speaker: Steve Moore, CEO, NHS Devon:**

**National and Local Health Announcements:**

* **NHS England Abolition:** Diana and Steve discussed the abolition of NHS England and the subsequent cuts to local Integrated Care Boards (ICBs). Steve acknowledged the uncertainty and challenges these changes bring, including the impact on staff and services.
* **Healthwatch Changes:** Steve mentioned the recent announcement about changes to the Healthwatch system, which adds to the ongoing uncertainty in the health sector.
* **10-Year Plan Review:** Steve highlighted the publication of the NHS 10-year plan and the Blueprint, noting that these changes are part of a broader effort to reorganise and improve the health system.

**ICB Reconfiguration and Clustering Arrangement:**

* **Clustering Arrangement:** Steve explained the clustering arrangement between Cornwall & Isles of Scilly and Devon ICBs, which involves having two boards with broadly the same members, delegating most functions to a joint committee.
* **Approval and Timeline:** The clustering arrangement has been approved, and the formal merger could happen by April 2026 at the earliest. This arrangement requires maintaining separate books and audit committees for each ICB.
* **Chair and CEO Appointments:** Steve mentioned the imminent appointment of a chair for both Devon and Cornwall ICBs, followed by the appointment of a CEO likely to be by the end of July. These appointments are crucial for the new organisation's structure.
* **Staff Involvement:** Steve emphasised the importance of involving staff in the design process for the new organisation to ensure it meets statutory functions and is well-organised.

**Development of Integrated Neighbourhood Teams:**

* **Natural Neighbourhoods:** Steve emphasised the importance of defining natural neighbourhoods based on a sense of place and population size, typically 30,000 to 50,000 people, to ensure effective service delivery.
* **Commissioning Partnerships:** Steve highlighted the need to create new partnerships of providers, including primary care, voluntary sector, mental health services, community, acute, and local authorities, to deliver integrated services.
* **Outcome-Based Commissioning:** Steve stressed the importance of commissioning for outcomes rather than inputs, allowing local providers to determine the best ways to achieve desired health outcomes.
* **Lead Provider Models:** Steve suggested using lead provider models, which could include local GPs, voluntary sector organisations, or other providers, to coordinate and deliver services within neighbourhoods.

**Focus on Outcomes and Community-Based Support:**

* **Shift to Community:** Steve emphasised the need to shift focus from hospital-based care to community-based support, highlighting the importance of integrated neighbourhood teams in achieving this goal.
* **Outcome Measurement:** Steve discussed the importance of measuring outcomes to ensure that services are effectively addressing the needs of the population and improving health and wellbeing.
* **Decentralisation:** Steve advocated for decentralising power to local providers, allowing them to determine the best ways to achieve health outcomes based on their unique community needs.

**Challenges and Opportunities in Digital Transformation:** Steve acknowledged the challenges and opportunities in digital transformation, particularly in freeing up professionals to focus on patient care and improving data systems to support community-based services.

1. **Audience questions and comments**

**Comment:** highlighted the value of weight-neutral, holistic health interventions and expressed gratitude for NHS Devon’s support with their funding bid. Urged more openness to community-led solutions around weight and wellbeing.

**SM response:** acknowledged that NHS approaches to weight management haven’t been working and praised Nutriri’s model as a timely example. Emphasised a future model where funding is based on outcomes, not predefined inputs—giving local providers freedom to innovate. Called for NHS commissioners to be braver, shifting from transactional care to longer-term investment in holistic, community-driven outcomes.

#### **Comment:** disappointed at the lack of VCSE mention in the 10-Year Plan. Concerned about digital exclusion for older adults. Asked for clarity on neighbourhood health teams and implementation timescales.

**SM response:** agreed the VCSE sector was underrepresented in the national plan; felt the document allowed for deeper inclusion in how its ambitions are met. Acknowledged digital risks, stressing the need to balance digital innovation with real-world usability, especially for vulnerable groups. Said neighbourhood team development can’t take 10 years; it must happen quickly to meet demographic pressures.

#### **Comment** asked how equity and consistency across neighbourhoods will be achieved. Warned of reinforcing existing inequalities if variation isn’t addressed early.

**SM response:** distinguished between “consistency” and equity—emphasizing the need to tailor services to differing local assets and needs. Said a strong outcomes framework would reveal disparities and allow commissioners to direct resources to where they're most needed. Mentioned historic focus on “widgets” and waiting lists rather than population-level health outcomes.

#### **Comment** highlighted active neighbourhood work in Stonehouse (pop. ~10,500). Recommended clustering smaller neighbourhoods into practical localities, warning against artificial combinations.

**SM response:** praised Stonehouse’s progress and stressed the need to avoid “odd bedfellows” when building neighbourhood groupings. Advocated for flexibility and nuance in defining neighbourhoods, based on demographics, geography, and natural human partnerships.

#### **Comment:** asked how the system will promote collaborative leadership at the place/neighbourhood level. Stressed the importance of supporting non-hierarchical local leaders to shape system culture.

**SM response:** strongly endorsed the Human Learning Systems model. Argued for investing in people first, before building complex provider networks. Highlighted work in Pembrokeshire, Wales, where hospital care was “decanted” into communities, led by empowered frontline teams. Pointed to resources like the Liberated Method and the Centre for Public Impact to inspire local leadership development.

#### **Comment:** asked about decision-making processes—where decisions will be made, who will be involved, and how VCSE voices will be included. Sought alignment with other reform areas like education locality planning.

**SM response:** welcomed the process question and affirmed that multiple sectors need to be aligned. Stressed the need for shared outcomes, better mechanisms, and cross-system insight, especially at the intersection of education and health.

#### **Comment:** called for a system shift beyond “prevention” to wellbeing and flourishing. Urged neighbourhood models to include belonging, citizenship, and holistic care. Expressed enthusiasm for Human Learning Systems principles.

**SM response:** agreed and emphasised the importance of long-term relationships and common purpose. Supported Fiona’s call for cultural change as foundational to system redesign.

#### **Comment:** noted the cyclical nature of NHS reform and past attempts like GP fundholding. Asked how NHS neighbourhood models will align with the scaling-up of local government structures. Expressed concern about employment uncertainty across sectors.

**SM response:** Acknowledged the longstanding nature of the challenge now being faced, citing the Wanless Report. Said this may be the “last chance” to save the NHS in its current form due to fiscal and demographic pressures. Emphasised the need for a “middle layer” of integration, like Place based Partnerships, to balance top-down and grassroots coordination.

### **4. Chair’s Closing Summary (Diana Crump)**

Diana reflected on the discussion and offered the following key thoughts:

* Many attendees, including herself, have been through numerous NHS reorganisations over the years, and top-down changes have often failed to deliver meaningful impact.
* There was a general sense of alignment between the voluntary, community, and social enterprise (VCSE) sector and Steve Moore’s direction of travel—especially around the three big shifts outlined in the NHS plan:
  + Analogue to Digital
  + Illness to Prevention
  + Hospital to Community
* These shifts resonate with what the VCSE sector has long advocated for, including the growing emphasis on population health and cross-sector collaboration.
* Diana emphasised that the challenge is no longer identifying the problem or even potential solutions—but rather figuring out how to implement them, particularly through the lens of distributed leadership.
* She stressed the need for investment not only in formal leaders but also in the wider workforce and community stakeholders who can drive meaningful change from the ground up.
* Encouraged ongoing inclusion of the VCSE sector in system design, noting the sector's strength in supporting holistic, person-centred care.
* Diana concluded by committing to capturing the conversation, including comments made in the chat, and emphasised the importance of continuous dialogue and mutual engagement as the system evolves.

**Actions:**

None noted