

## Updated proposal to OND Board of northern locality allocation of the Integrated Care Board’s Health Inequality funding for 25/26 28.01.25 OND Board Meeting

### Purpose

This report expands on the [previous report](#) discussed by OND members at the 26<sup>th</sup> November board meeting. A decision on funding is required at this meeting as some of the schemes will end in February or March without this funding.

It was agreed that further work would be carried out on the individual schemes that would help score them in relation to our health inequality priorities.

In the meantime, the ICB Population Health Steering Group which is allocating the funds to localities has produced a prioritisation matrix that it will use to assess/approve the locality funding.

This matrix has therefore been used on each of the schemes presented previously. One further scheme – Community Flow - is being presented as the funding stream for that has not transpired and there is significant evidence that this OND project has been highly effective.

We have also had confirmation that we will be receiving the larger funding envelope (although at the time of writing the actual amount has not been confirmed) so we are able to remove two of the funding scenarios previously provided, leaving two potential funding scenarios.

### Contents

1. ICB Population Health Locality Funding Prioritisation Matrix
2. Potential funding scenarios updated
3. Schemes scored using ICB funding prioritisation matrix
4. Description of schemes
5. Proposed schemes
6. Timeline

### 1. ICB Population Health Locality Funding Prioritisation Matrix

Population Health Prioritisation Matrix					
	Weighting	High Priority (4)	Medium Priority (2)	Low Priority (0)	Data required to support decision making
Will the proposal increase healthy life expectancy (HLE)?	3	Significant impact on HLE	Some impact on HLE	Minimal/no impact on HLE	Information on anticipated outcomes of proposed intervention including timescales for impact. Current data on self-reported health and behaviours
Will the proposal reduce inequalities in terms of Core 20% IMD	3	Significant	Moderate	Low	Locality level information on inequalities
Will the proposal reduce inequalities for one of the Devon Core20+ groups (Rural and Coastal, MHLDN, Inclusion Health)	2	Significant	Moderate	Low	Locality level information on inequalities
Will the proposal impact on the groups identified in the CYP Core20+5 framework	3	Significant	Moderate	Low	Locality level information on inequalities
Requirement / legal / NHSE	1	Legal Duty	NHSE guidance	No external requirement	Guidance
Darzi - Treatment to Prevention	2	Yes		No	Darzi report
Total	13	52	26	0	

## 1. Potential funding scenarios updated

Schemes included in the scenarios A & B	
1.	High Flow
2	Community Flow (RDUH match funding)
3	Schools mental health provision
4	Primary care outreach
5.	Closing the Gap partner transformation fund
Schemes included in Scenarios B only	
6.	Well Leg Flow
7	LTC prevention using targeted community provision

Scenario A	ICB stipulation to include High Flow	
<b>Income</b>	<b>£278,000</b>	
<b>Expenditure</b>		
1.	£108,000	High Flow
2.	£75,000	Community Flow (RDUH match funding)
3.	£10,000	Schools mental health provision
4.	£12,000	Primary care outreach
5.	£73,000	Closing the Gap partner transformation fund

Scenario B	No funding stipulations	
<b>Income</b>	<b>£278,000</b>	
<b>Expenditure</b>	£22,000	Schools mental health provision & expansion
	£24,000	Primary care outreach & expansion
6.	£16,666	Well Leg Flow Up to 12 months provision (as needed)
	£75,000	Community Flow (RDUH match funding)
	£100,000	Closing the Gap partner transformation fund
7.	£40,334	LTC prevention using targeted community provision

## 1. Schemes scored using ICB funding prioritisation matrix

Scheme	Score (out of 39)
High Flow	28
Community Flow (RDUH match funding)	29
Schools mental health provision	37
Community outreach	38
Closing the Gap partner transformation fund	41
Well Leg Flow	21
LTC prevention using targeted community physical activity provision	30

## 2. Description of schemes

### Scheme 1: High Flow

Latest High Flow report can be found [here](#)

Frequent users of emergency services tend to have complex needs which include poor health but their attendance is often des 'in social rather than medical crisis'. High Flow supports people in social crisis by providing a case worker who works with them one to one to identify what matters to them and help them navigate through the complex system of support available to them. It is unlike many other types of support in that it is does not start with what the service offers but what the person needs, the person is given the time needed to understand them in their circumstances and to support them individually with their needs.

People with complex needs who are frequent users of emergency needs tend to have faced multiple disadvantage in their lives, often beginning in childhood.

### Scheme 2: Community Flow (RDUH match funding)

**£75,000**

Community Flow is one of One Northern Devon's flagship projects within the Flow Programme. Caseworkers work with patients to understand the wider circumstances that may be contributing to their need for a hospital admission or preventing them returning home when they are medically fit for discharge.

A patient's physical health and recovery following a stay in hospital is strongly influenced by external non-clinical factors in their life such as access to adequate nutrition, housing, finance, fuel to keep warm, social interactions and relationships, and the ability to access essential community resources.

Community Flow workers support recovery by working on these issues with patients following an admission – using person centred approaches, helping the patient identify what is important to them and being led by that.

The approach puts the clinical and non-clinical interventions in the context of being able to achieve the things that matter most for the patient.

420 patients have been supported by Community Flow since June 2023. 88% of those referred were over 65 and nearly 50% of patients were over 80. There is a higher rate of patients referred from the most deprived quintile than the population profile (16% compared to 9%)

There was a 41.5% reduction in admissions after referral compared to admissions prior to referral.

This scheme was previously not included in this funding request as we have been working with the Royal Devon to see if they can fund this work going forward. However, due to severe financial constraints this is not possible this year, however, match funding from the Royal Devon can be found to fund the total cost of £130,000 for the three caseworkers and manager. In addition, we believe that One Eastern Devon will look to their locality funding to pilot Community Flow in the RD&E. It is

felt that it will be a stronger business case to make to the Trust if Community Flow is embedded across both its sites.

## Scheme 3: Schools mental health provision

Scenario A - £10,000, made up of:

- £7,500 to continue the mental health provision in Ilfracombe Junior School for a further year whilst a business case is developed
- £2,500 to do a needs and gap analysis across Northern Devon junior schools to ascertain whether the need is similar in other schools to support the business case (David Richardson has agreed to support the clinical element of the business case)

Scenario B - £22,000, with the additional £12,000 being available to support any schools mental health needs identified during the analysis.

At the OND meeting on 26.11.24 when this proposal was previously discussed, the board asked for more clarification about how the schools were originally chosen to be offered the philanthropically subsidised mental health support offer. There was concern that supporting one school if it hadn't been offered to all could be inequitable and some more information was requested around the schools mental health needs assessment.

### How did Place to Be get funding in North Devon?

Place to Be currently provides embedded mental health services in 450 UK schools. The charity has over 25 years experience working with pupils, families and school staff.

In 2022, Place to Be received funding from the [Juliet Garmoyle Fund](#) (Juliet Garmoyle dedicated her life to children's mental health, working as a child therapist in schools around the country and supported Place2Be) to enable the charity to extend its school based support to the South West of England for the first time.

The funding allowed up to 10 schools in Devon to have a year of 100% funded, followed by 2 years of 75% funded Place to Be provision. The Fund initially focussed on providing support in schools on the North Devon coast, with a view to expanding to reach more schools across the region over time.

### How were the individual schools chosen?

The opportunity was discussed with Devon ICB and its partners as well through an assessment of needs analysis<sup>1</sup>. The Area Manager for Place 2 Be presented the opportunity with a number of schools in North and Mid Devon and those who felt able to progress with the offer did so.

The schools currently within the Place2Be Partnership Juliet Garmoyle funded model in North Devon are as follows:

School	Area	Funding agreed until	Current percentage split	Funding will reduce to 50%

<sup>1</sup> We have been unable to ascertain who carried out this analysis or what it contained

East The Water Primary School	Bideford	Dec-26	75% funded/25% school	Jan-27
Ashleigh COE Primary School	Barnstaple	Sep-25	75% funded/25% school	Oct-25
Ilfracombe Junior School	Ilfracombe	Mar-25	75% funded/25% school	Apr-25
Great Torrington Blue Coats Primary School	Torrington	Sep-25	75% funded/25% school	Oct-25
St Mary's COE Primary School,	Bideford	Jun-25	75% funded/25% school	Jul-25
Pilton Community College	Barnstaple	Jul-25	75% funded/25% school	Sep-25
Our Ladies Catholic Primary School	Barnstaple	Mar-25	75% funded/25% school	Apr-26

Each of the schools are in the second year of their agreement. Each school has a dedicated School Counsellor who works with CYP, families and school staff to support a whole school approach to mental health and wellbeing. They also provide a variety of universal and targeted interventions to support individual and groups of children.

In addition to a Family Practitioner works across the primary schools to provide support, advice and guidance to parent/carers who need help on how to best interact with their children and manage any behaviour(s) of concern.

We do not know what arrangements the other schools whose funding is reduced to 50% in 2025 have. Schools are able to use their core budgets for schemes such as this.

Ilfracombe Junior School already invests significant resource from their core budget into universal and targeted mental health support (also at risk) which is why this enhanced/specialist provision is potentially more vulnerable.

### **What has Place to Be provided in Ilfracombe Junior School? (from latest January report)**

From April 2023 – January 25:

- 80 children have self-referred into the Place2Talk service where they have 15-30 minute sessions with a clinician (149 sessions in total)
- 16 children were provided a full assessment and 10 sessions (extended to 20 where clinically necessary) of one to one counselling, face to face for around an hour (166 sessions in total)
- 13 children have taken part in 'Journey of Hope' therapeutic group work suitable for children with high emotional or peer difficulties or where they have experienced trauma (17 sessions in total)
- 5 families have been provided with between 6 and 10 sessions of Personalised Parent Intervention Training which provides advice and guidance on how to interact and manage behaviours alongside their child which they then practice at home (36 sessions in total)
- 76 parent partnership sessions have taken place which includes mental health awareness advice and guidance

- 10 Place2Think sessions have been provided where teachers and school staff are helped to understand children’s behaviour and support pupil’s wellbeing

The Headteacher of Ilfracombe Junior school believes that all the families working with Place 2 Be will require a CAMHS referral if the service stops.

## Children & Young People’s Mental Health Needs Assessment Across Northern Devon

We have been unable to ascertain if a C&YP’s mental health needs assessment has been carried out or who would be responsible for it. There is some information available at locality level but not at town level.

There is a [Small Area Mental Health Index -2022](#) which contains data for adults (data for includes PIP, primary care diagnosis, antidepressant use and mental health admissions). In Northern Devon the two heat spots are LSOAs (areas within towns) in Ilfracombe and Barnstaple. Ilfracombe has two LSOAs in the worst category and Barnstaple has one. No other area in Northern Devon is within this category.

Public health colleagues have been able to provide the following data regarding the characteristics of C&YP in Devon and Northern Devon compared to the 3 main towns:

	Devon	Northern LCP	Barnstaple	Bideford	Ilfracombe
Children with Special Educational Needs	17.2%	16.9%	18.4%	19.1%	19.9%
Injury admissions (0-14 years) –	2,272 per 100,000	2,479 per 100,000	2,303 per 100,000	2,796 per 100,000	2,767 per 100,000
Self harm admissions (10 to 24 years) 2014 - 19	3, 017 per 100,000	4,097 per 100,000	4,065 per 100,000	4, 930	5.022 per 100,000
Child poverty (2018/19)	12.2%	15.5%	13%	15.8%	17.4%
GCSE attainment (2018)	40.9%	36.2%	33.4%	28.1%	27.5%

As can be seen by the table above, Ilfracombe has worse child statistics in every area except for non-self harm injury admission where it is very slightly behind Bideford.

The [presentation to OND](#) from Ilfracombe Junior School’s Headteacher to the board provides more details of the demographic challenges of the pupils attending the school.

## Equity of spending across Northern Devon

- It is difficult to get the data on spend across the locality as funding comes from a variety of sources and there is no centralised co-ordination.
- Even within the Devon ICB Population Health funding (where our locality allocations come from), there is a central allocation of £40,000 this year for a project in Bideford which match funds a substantial investment from the British Red Cross. The BRC chose Torrridge due to its **district** deprivation rates and then Bideford as the town within that with the worst of those scores.
- Likewise, OND funding has often supported work in individual communities with funding if that community has something they are keen to trial to reduce inequalities such as Holsworthy PCN doing blood pressure checks in Holsworthy Market.
- OND agreed in August 2023 to have a focused effort on Ilfracombe due to its deep-seated challenges that persistently result in it having the worst health inequalities in the county and amongst some of the worst in England.

Children and young people's mental health services are the fastest growing NHS speciality, nationally, across the NHS, referrals to children and young people's mental health services have doubled over the period 2012/13 to 2019/20, however, there remains a significant unmet demand – Emotional Wellbeing & Mental Health Needs of C&YP in Devon. This NHS Devon document also states:

In 2024/25 in Devon we are reviewing commissioning arrangements in relation to children and young people's mental health and emotional wellbeing provision, three contracts in end at the end of 2024/25 and, the alignment of these end dates gives commissioning partners in Devon an opportunity, together with system partners, to take a broader lens in considering population needs and opportunities for commissioning.

We suggest using the £2,500 within the £10,000 requested to ensure Northern Devon has a representative working with the commissioners on this who reports back to the board.

### Scheme 3: Primary care outreach at Belle's Place, Ilfracombe.

Scenario A - £12,000, made up of:

- £10,000 to Belle's Place to enable it to continue to engage the most vulnerable population in Ilfracombe and host such services as primary care outreach, housing advice, vaccinations.
- £2,000 to reviewing and refreshing where needed the locality homeless needs analysis; drawing out the lessons from the Freedom Centre and Belle's Place services and creating recommendations for equitable access for such services where these are found to be needed and recommendations for primary care from the patient engagement work.

Scenario B – with the additional £12,000 being used to support outreach partnership development in Bideford.

#### **Background:**

Following a previous [presentation to OND](#) and [evaluation of the InHIP pilot](#), the board had confirmed the need for Northern Devon to have equitable access to primary care outreach services for the most vulnerable populations. Currently only Barnstaple has a commissioned service. It was recognised that Barnstaple has a larger cohort and that their service had only been commissioned following a number of years where they had found funding from elsewhere.

It was also recognised that Belle's Place itself does an excellent job of supporting the vulnerable community in Ilfracombe and it itself was facing a precarious future due to funding challenges. One Ilfracombe is looking to co-ordinate finding a sustainable funding source for Belle's Place.

It was also noted that there are other vulnerable populations, such as in Bideford, who don't have a service.

The above proposal was brought to OND's 26<sup>th</sup> November meeting but there was a view that commissioning of primary care outreach services should be done by the commissioners but that OND would continue to advocate for an equitable provision, particularly in areas of high need such as Ilfracombe and Bideford.

It was also noted that Belle's Place itself was struggling to find the finances to remain open and that a revised proposal would be considered which supported funding Belle's Place itself due to the immediate risk that population if this service were to end.

This work is also now forming part of One Ilfracombe's 12 month workplan – as recommended by the Ilfracombe Taskforce and looking to a more sustainable future plan for Belle's Place will be part of this work.

For scenario B, there is an emerging piece of work to ascertain whether a wellbeing hub could be explored in Bideford that could also act as an outreach centre to deliver support to vulnerable individuals. The additional funding could potentially support a partnership fund to help get this established.

## Scheme 7: Closing the Gap partner transformation fund

### Scenario A: £73,000, Scenario B: 100,000

The Closing the Gap programme is OND's new strategic approach to reducing the health inequalities that are present in the population of Northern Devon. It is a whole system approach that focusses on what each organisation and team can do to ensure equity of access and experience for those that are most disadvantaged by the level of wealth that they are born into or find themselves in.

This is not an approach that provides a funded intervention or a service targeting a particular area of need as this can have limited long term impact in that it a) does not involve the collective workforce of our partnership and b) is difficult to sustain when the funding ends unless an organisation builds it into their operational planning and financing. This has proven difficult to achieve with OND projects and programmes so far, despite being able to demonstrate good results and return on investment.

The Closing the Gap approach is about organisations and services transforming the way they work to remove any barriers that they (inadvertently) have in place so that the most disadvantaged of their service users are able to benefit as much as any other group from their service, resulting in better outcomes for those individuals.

To support One Northern Devon partners in doing this work internally, with the support of OND's Health Inequalities group, we recommend:

- Allocations of up to £10,000 (tbc) to be agreed in line with identified criteria for each partner to use as an enabler to transformation, such as:

- Costs associated with engaging staff and service users
- Costs associated with communications
- Costs associated with testing different approaches – longer appointments etc.

## Scheme 6: Well Leg Flow

### **£16,666 in Scenario B only**

This funding would enable a further year's funding of a Flow Case worker for 12 hours a week in the Lower Limb therapy team at NDDH. This role was previously funded Devon wide by the ICB in recognition that many individuals struggle to maintain leg health due to their wider social circumstances.

Latest Well Leg Flow report can be found [here](#). It highlights that there are disparities in resources for each locality to carry out this service and in addition, the Northern therapy team has had been challenged in terms of capacity to refer patients so the service has got off to a slow start. However, the team is extremely positive about the benefits that the Flow Caseworker has had for the individuals he has supported, including those who were previously felt to be difficult to manage well.

## Scheme 7: Long term condition prevention using targeted community prevention

### **£40,334 in Scenario B only**

There is clear evidence that increasing physical activity in the groups of people most at risk of health inequalities will improve health outcomes for those individuals. Increasing accessible physical activity provision in communities can enable this to happen. Physical activity providers usually target their offer to people who are motivated and have the circumstances to improve their health. We know from our work in THIPA, that it is far more difficult to include the people who are the least active and it is not usually commercially viable to do so. It is therefore recommended that we build on the learning from our THIPA pilot and work with Active Devon to build a sustainable, accessible physical activity provision in the community.

We have not provided too much detail for this scenario as we will work with Active Devon in the THIPA programme to co-produce the detailed plan.

### Timeline

12.11.24 – OND Health Inequalities Group met to make proposals for the four funding scenarios

13.11.24 - OND Programme Group met to review the proposals, they made some amendments then recommended them to the OND Board

26.11.24 – OND board meets to discuss/agree proposals

08.01.25 – ICB provides prioritisation matrix for locality funding and larger funding envelope is agreed

28.01.25 – OND board meets to agree allocation based on ICB prioritisation matrix