

Proposal to OND Board of northern locality allocation of the Integrated Care Board's Health Inequality funding for 2025/26 13.11.24

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1. Executive Summary

The OND Programme Group, having considered the recommendations from the OND Health Inequalities Group has prepared the following proposal for the One Northern Devon board for the use of 25/26 Health Inequalities locality funding from the ICB.

We have been asked by the ICB to prepare proposals for four potential funding scenarios:

- Scenario A) if we have the current allocation of funding and HIU must be funded via this means.
- Scenario B) if we have the current allocation of funding but HIU must be funded via alternative means.
- Scenario C) if we have the uplift in funding that could potentially be available and HIU must be funded via this means.
- Scenario D) if we have the uplift in funding that that could potentially be available but HIU is funded via alternative means.

Three types of request were considered:

- a) Programmes of work that will end with no further funding
- b) Work that has been brought to OND as a request for funding support
- c) Work to support the new OND 'Closing the Gap' health inequalities strategy

In total, nine schemes have been recommended which are described in detail in the report and proposals for each scenario are as follows:

Scenario A	<i>ICB stipulation to include High Flow</i>	
Income	£139,000	
Expenditure		
1.	£108,000	High Flow
2.	£10,000	Schools mental health provision
3.	£13,000	Primary care outreach
4.	£8,000	Well Leg Flow - 6 months provision

Scenario B	<i>No funding stipulations</i>	
Income	£139,000	
Expenditure	£10,000	Schools mental health provision
	£12,000	Primary care outreach
	£16,666	Well Leg Flow - up to 12 months provision (as needed)
5.	£14,000	Closing the Gap clinical leadership
6.	£26,000	Closing the Gap clinical leadership
7.	£60,334	Closing the Gap partner transformation fund

Scenario C	<i>ICB stipulation to include High Flow</i>	
Income	£278,000	
Expenditure	£108,000	High Flow
	£10,000	Schools mental health provision
	£12,000	Primary care outreach
	£16,666	Well Leg Flow - up to 12 months provision (as needed)
	£14,000	Closing the Gap clinical leadership
	£26,000	Closing the Gap clinical leadership
	£91,334	Closing the Gap partner transformation fund

Scenario D	<i>No funding stipulations</i>	
Income	£278,000	
Expenditure	£20,000	Schools mental health provision & expansion
	£24,000	Primary care outreach & expansion
	£16,666	Up to 12 months provision (as needed)
	£14,000	Closing the Gap clinical leadership
	£26,000	Closing the Gap clinical leadership
	£100,000	Closing the Gap partner transformation fund
8.	£39,000	Expert facilitation support for Closing the Gap
9.	£38,334	LTC prevention using targeted community provision

2. Devon ICB Locality Funding allocation

- In the 2024/25 financial year we were allocated £159k from the Devon ICB Health Inequalities fund. We have spent it on:
 - High Flow (£49,570)
 - Community Flow (£59,430)
 - One Communities (£40,000)
 - FAME falls and frailty prevention (£10,000).
- Next year's allocation was, up until very recently, £139k. However, it seems there may be a significant increase in the Devon pot which, if confirmed, would double our locality pot.
- We have been asked by the ICB to create 4 scenarios based on whether we get the original or increased allocation and whether, as a last resort, we need to include High Flow.
- We do not believe that the ICB's health inequalities locality fund is the correct funding source for High Flow now that hit has been established and proven its value. We are looking at other, more sustainable funding options but, as having a high intensity use service is a requirement for every ED, we may have no choice but to use the locality funding.

3. Options

Three categories of options have been considered

3.1 Existing programmes of work that are at risk of ending if other funding sources can't be found:

- Community Flow - £120k
- Housing Flow – Cost: £20k
- Well Leg Flow – Cost: £16,666

3.2 Two proposals have come to OND in the past year:

- To continue the mental health support in place in Ilfracombe Junior School. Cost: £7,500. Presentation taken to the board [here](#).
- To extend the primary care outreach pilot in Belle's Place. Cost tbc. Presentation taken to the board [here](#).

3.3 Options for funding to support our new strategic approach to improve access, experience and outcomes for 20% most deprived

- Allocations of up to £10,000 for each partner to use as an enabler, such as:
 - Costs associated with engaging staff and service users
 - Costs associated with communications
 - Costs associated with testing different approaches – longer appointments etc.
- OND Board facilitation for programme for one year
- Clinical leadership of Closing the Gap project
- Clinical leadership of Closing the Gap with physical activity project
- Learning/evaluation support for programme
- Funding to support THIPA work to build physical activity into clinical pathways
- Cardiovascular disease prevention interventions to come from the strategy

4. ICB funding criteria/principles

The group considered the principles within the funding letter from the previous year, namely:

- Utilise approaches that generate learning, connection and value across systems, for example, Values Based Approaches, Human Centred Design, Human Learning Systems – see Annex
- Deploying Population Health insights into the key issues facing people and communities in the locality alongside the knowledge, skills, experiences and ideas of people and communities who are often best placed to generate strength-based solutions to the issues they face.
- Explore opportunities for transformation and sustainability, building capability in communities, drawing on assets and strengths to avoid funding cliff edges for projects that provide short term fixes to systemic challenges
- Growing capability for learning and adaptation. Investments and proposals are informed by evidence where it is available and learning from what works well
- Think ‘Anchor’ and the social economy – explore how investment can add social value and community wealth through reinvestment, reciprocity, shared resourcing etc.
- Addressing Priority areas of PCNs, LCP, ICB, Joint Forward Plan and national imperatives; for example
 - High Intensity User
 - CORE20+5 – inc. High Impact Interventions
 - Pathways recommendations into Homelessness and Health
 - People led Change / 49p club

5. OND Health Inequalities Group considerations

When reviewing the options, the Health Inequalities group considered the following:

(a) Programmes of work that will end with no further funding

It was agreed that a good use of HI funding was to test concepts within various settings but that when there was enough evidence, the services or organisations it was being tested in would be asked to fund. There is now enough evidence to demonstrate the value of High Flow and Community Flow so the group didn't feel further funding should come from the HI budget. However, Housing Flow and Well Leg Flow had taken longer than expected to become fully operational and the group agreed therefore that funding of up to a further year could be allocated.

(b) Work that has been brought to OND as a request for funding support

Two items had been brought to OND as requests for funding:

- i. Primary care outreach at Belle's Place, Ilfracombe
- ii. Ilfracombe Junior School, mental health provision

(c) Work to support the new OND 'Closing the Gap' health inequalities strategy

The group felt that this was such an important programme of work that requires significant partner involvement and commitment and that it would be most useful to use this locality funding to drive it forward effectively.

6. Schemes

Scheme 1: High Flow

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

Scheme 2: Schools mental health provision

Following the [presentation to OND](#) regarding the impact of health inequalities on the mental health of pupils at Ilfracombe Junior School, and how the school had been supporting pupils with alternative provision that seemed to be averting the need for a CAMHS referral. The board had asked the Health Inequalities group to consider this request and make recommendations. They also agreed the request to support a business case for sustainable funding which David Richardson offered to support from a clinical point of view.

The Health Inequalities group felt that the results that this additional mental health provision were clear, and that this was a good example of a more upstream preventative mental health provision in a community with a high level of child poverty and the mental health impacts of poverty. The group felt that maintaining this provision whilst a sustainable business case was developed was important as the loss of this provision would have a significant impact on the pupils, the school and add to the demand on the already over-burdened CAMHS service.

However, the group wanted to also understand what the need and provision was in the other junior schools across Northern Devon so recommend also taking a population health management needs assessment approach across the patch to inform future commissioning. It is therefore recommended that:

£10,000 is allocated to this work, 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

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

Following the [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.

Given that this has been piloted in Ilfracombe however, it was felt that this should be supported for a further amount of time to be able to create a robust business case and to explore all the options. It is recommended therefore that:

£12,000 is allocated to this work, made up of:

- £10,000 to Belle's Place and primary care outreach (divided into whichever makes sense between Belle's Place itself and Combe Coastal practice)
- Funding to Combe Coastal would be on the basis that the learning about barriers to accessing primary care for such populations is shared across the locality and that recommendations are considered for practices to remove or reduce these barriers where possible so that in the future there will be less need for outreach services because practices will be more accessible for their patients in these circumstances.
- £2,000 is allocated 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.

It was noted that both of these schemes are in Ilfracombe and this is as a result of the targeted focus on Ilfracombe and as part of the Ilfracombe Taskforce work recognising its health inequalities as the town with the highest level of deprivation in Devon.

Scheme 4: Well Leg Flow

Latest Well Leg Flow report can be found [here](#).

Scheme 5: Closing the Gap clinical leadership (Health Inequalities)

Health inequalities clinical leadership has previously been funded by the ICB who had funded clinical advisory roles in each locality. The ICB will no longer be funding clinical sessions for localities, but instead is moving to centralised clinical advisory functions for specific health conditions. This will be a real loss to One Northern Devon, and particularly at this critical time when we have just embarked on our new strategic programme: Closing the Gap – Whole system approach to reducing health inequality in Northern Devon which has to date had the clinical leadership of Dr Oliver Hassall.

It is recommended therefore that:

- Up to £14,000 is allocated to one session (half day) per week for clinical leadership of the Closing the Gap whole system approach to reducing health inequalities programme

Scheme 6: Closing the Gap clinical leadership (Physical activity)

The loss of clinical leadership described above also includes our clinical lead for our Tackling Health Inequalities with Physical Activity programme who also leads work around healthy weight, active travel and One Communities.

As reducing inequalities in physical activity is such a key target to improve health outcomes, it is recommended that OND continues to benefit from the work of Dr Kay Brennan by allocating:

- Up to £26,000 for two sessions per week (one day) for clinical leadership of reducing health inequalities through physical activity and particularly to work with clinical staff to build into clinical pathways as well as community providers to ensure they have the provision in place for those who would most benefit from it.

Scheme 7: Closing the Gap partner transformation fund

The Closing the Gap programme is OND's revised 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 8: Expert facilitation support for Closing the Gap

The Closing the Gap programme is innovative and, if it succeeds, will be transformational in terms of service delivery and will have an impact on the population health inequality statistics. To give it the very best chance of success in as short a time possible, it is recommended that we explore expert facilitation of the programme for our board or our staff through organisations such as the Design Unit, Health Foundation or King's Fund. It is therefore recommended that:

- £39,000 is allocated to expert facilitation of the Closing the Gap programme

Scheme 9: Long term condition prevention using targeted community prevention

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 that:

- £38,334 is allocated to community physical activity providers to increase provision and take up of physical activity to those most at risk of poor health outcomes.

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