

**ONE NORTHERN DEVON  
HEALTH INEQUALITIES GROUP PROPOSAL**

**POPULATION  
HEALTH**

**FUNDING FOR NORTHERN LOCALITY**

**Proposal to One Northern Devon Local Care Partnership**

**23.04.24**

- The ICB funding streams potentially available to OND LCP for 24/25
- The potential funding allocations – financial breakdown
- What OND has already agreed in principle from these allocations
- The OND Health Inequalities Group’s recommendations for the remainder of the allocations
- Timeline

## Appendices

- Likely allocation of locality spend for 24/25
- 23/24 Northern Devon allocation and spend
- Funding stream principles

# ONE NORTHERN DEVON HEALTH INEQUALITIES GROUP PROPOSAL

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- The Devon ICS Population Health Steering Group has allocated within its draft ICB budget two funding streams Northern Devon is eligible for in 2024/25:

## Locality population health funding

- Total for all Devon localities: £1.2 million.
- Northern Devon likely allocation: £185,784

## High Intensity User service provision

- Total for all Devon HIU services: £300,000
- Locality allocations unknown

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- One Communities - £30,000 (given in-principle approval by OND LCP)
- High Flow - £102k
- Community Flow - £72,000
- Evaluation - £10,000

**Total funding required to enable programmes to continue to the end of March 2025 (if Lottery funding for One Communities is confirmed): £214,000**

A minimum of £29,000 would therefore be required from the HIU funding stream but we would anticipate a larger allocation, given our spend for HIU.

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If funding from the two funding streams exceeds this, the HI group have recommended further funding is allocated to:

- Building on the Health Equity Workshops where Health Equity principles were co-produced, OND asks those within its network (multi-sector/organisations/teams) to identify how they might reduce inequalities using the agreed principles. If small amounts of funding are required, how might they use it.
- Predictive analytics (identifying patterns of risk leading to future demand to identify where best to intervene)

A separate proposal for this will come to the OND board when we have clarity over any additional funding available to us.

# One Communities funding (approved in principle 27th Feb 24)

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- The OND Health Inequalities Group met on 13th February to make recommendations
- Whilst there are other programmes that will be at risk next year (High Flow and Community Flow if funding is not found, it was only the One Communities programme at risk from 1st April 2024.
- £30,000 would pay for 2 days a week of the One Community Partnership Manager (OCPM) (£20,000) and one month of interim Community Developer funding (£10,000) until Lottery funding starts (expected 1st May 2025)
- Part of the Lottery application is for a strong sustainability plan underpinned by a robust evaluation
- Part of the role of the OCPM will be to work with partner organisations across multiple sectors to establish the value they place on One Communities and how they can demonstrate they have met that value. A 4-year budget will be devised outlining the contributions needed from all partners to ensure sustainability of the programme.
- The latest report from the One Communities can be found [here](#)

# Community Flow

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- Community Flow works with people who have been discharged from hospital or identified by the Community Nursing team as being at risk for admission due to needs beyond their medical condition.
- In 23/24 Community Flow worked with 377 patients
- The CF Caseworkers work with the individuals on a one-to-one basis – understanding what matters to them, researching to find solutions that often involve other agencies and supporting a ‘Team around the Person’ approach
- Outcomes included: Increased independence (294 times), improved: housing/accommodation (149 times), money & finance (141 times), meals, diet and nutrition (116 times), relationships (89 times), physical health (82 times), mental health (55 times) and community connection (44 times)
- The cost for one year to continue this service is £138k for 2.4 WTE caseworkers, 0.6 Manager and a budget for patient needs (such as help with decluttering/furniture etc)
- The Community Flow 2023/2024 Highlight Report can be found [here](#)

# High Flow

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- High Flow was developed by One Northern Devon in 2019 and started in 2020 with one full-time caseworker who worked with the most intensive users of the services of OND partner public sector organisations.
- Due to NHSE requirements that every Emergency Department (ED) should have access to a High Intensity Use (HIU) service, and funding being made available for this, OND's High Flow service has adapted to accommodate this requirement.
- From January 2024, 2.5 FTE caseworkers have been working with frequent attenders of NDDH's ED, offering person-centred, holistic support.
- During this time, High Flow worked with 18 people who, in the previous quarter had collectively attended ED 110 times with 14 subsequent non-elective admissions and 46 ambulance conveyances to hospital
- The main areas of support so far have been with money and finance and mental health and emotional wellbeing
- The High Flow Q1 Highlight Report can be found [here](#)



# Timeline



- The OND Health Inequalities Group recommended an initial proposal for one part of the expected funding at its 13th February meeting to the NLCP Programme Group
- The Northern LCP Programme Group recommended this proposal to the LCP Executive on 21st February noting the risk of ICB funding not being released
- The proposal was brought to the OND LCP Board on 27th February for final approval (following confirmation of budget from the ICB)
- The board approved the allocation in principle (noting funding had not yet been confirmed) but asked for the proposal for the full funding to be brought to the next meeting.

# Appendices



# Financial breakdown for Localities in ICB Population Health budget 2024/2025 (tbc)

£1.2 million has been allocated for all localities in Devon.

The same formula will be used as in 2023/24 which calculates fair share weighted capitation on a number of basis (eg overall, mental health, general and acute), North Devon and creates the allocation split below.

	Registered population	Weighted population	Normalised weighted population	Normalised weighted population (adjusted)	Avoidable mortality rate index	LCP Share
Eastern	437,444	791,173	338,273	338,377	0.774	30.15%
Northern	169,899	327,249	139,918	139,961	0.824	12.47%
Plymouth	307,549	791,308	338,331	338,435	1.100	30.16%
Sth Devon & Torbay	328,857	657,478	281,111	281,197	0.855	25.06%
Western	35,821	56,848	24,306	24,313	0.679	2.17%
	1,279,570	2,624,056	1,121,938	1,122,283	0.877	100.00%

40% is split 5 equally across LCPs so each LCP can undertake development work. 60% against the formula described above.

The table to the right shows the application of the % split plus the 40% share per LCP:

LCP	40%	fair shares weighting	60% against fair shares	Total
eastern	£ 96,000	30.15	£ 217,080	£ 313,080
<b>northern</b>	£ 96,000	12.47	£ 89,784	<b>£ 185,784</b>
plymouth	£ 96,000	30.16	£ 217,152	£ 313,152
south devon & torbay	£ 96,000	25.06	£ 180,432	£ 276,432
western	£ 96,000	2.17	£ 15,624	£ 111,624
<b>Totals</b>	<b>£ 480,000</b>		<b>£ 720,072</b>	<b>£ 1,200,072</b>

# Northern Devon Locality funding allocation - £124,000 in 2023/24

The following recommendations were approved by the LCP Programme Board and LCP Executive

## Community Development

One Communities - Community Development workforce	£24,000	This will ensure CDs in each town until the end of the year and can be used as match funding for Lottery Bid. Planned reduction from NHS. other partners taking responsibility.
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## Person-centred care and support for people with complex needs

Flow Programme	£49,000	This will fund the individual Flow projects until the end of March 24 and bring all into one cohesive Flow Programme
NHSE High Intensity User training and support	£11,000	This will support Flow Caseworkers with best practice and mentoring support in order to ensure people are stepped off the service as soon as possible to allow more people to be supported.
Homeless Pathway Recommendations	£20,000	MDT discharge, Inclusion Health Link Worker - to be added to Flow Programme

## Population Health & Prevention

BP Case Finding	£2,000	Targeting Farmers at Holsworthy Market
CVD Project Development	£8,000	To support the development - co-design etc of a CVD project for delivery in the next financial year

## System development to transform ways of working for people with complex needs

To support learning and evaluation of 23/24 projects	£10,000	Learning from the work we've been doing to understand the social value/benefits & how to sustain and scale
Set up a North Devon Joint Commissioning Service for people experiencing homelessness	£0	Recommendation from Homeless Pathway Report - no funding required but system-wide agreement needed

## **Purpose of the funding**

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**To support LCP capacity and capability to understand the barriers and challenges people experience at locality level and ensure we improve the health and wellbeing of the people who are marginalised or who experience the worst health inequalities.**

## The following principles and practices should underpin use of the funding

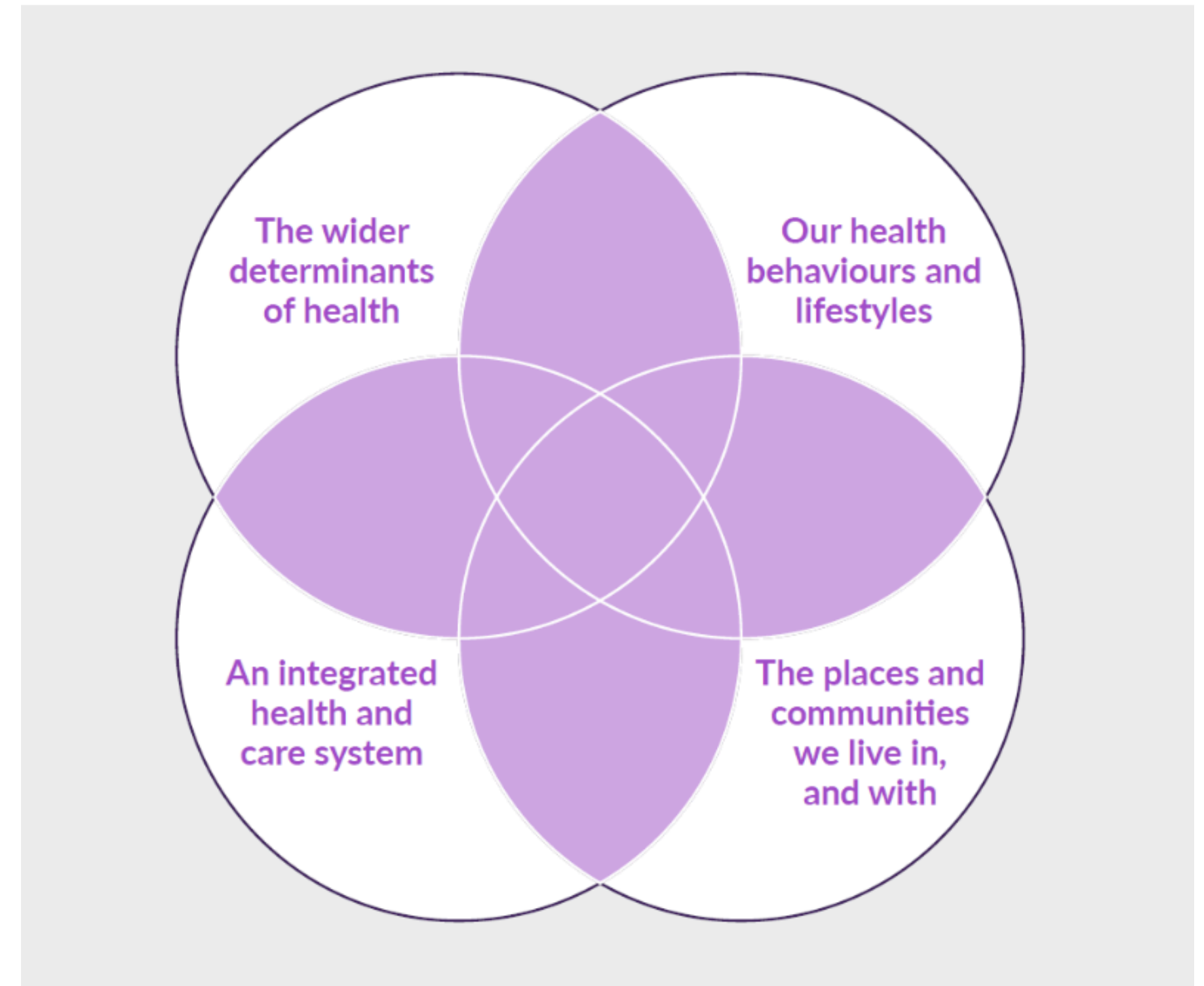
- Utilise **approaches that generate learning, connection and value** across systems, for example, Values Based Approaches, Human Centred Design, Human Learning Systems – see Annex
- Deploying Population Health insights into the key issues facing people and communities in the locality alongside the **knowledge, 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

# About The Funding

NHS Devon's Population Health Steering Group recognises the central role played by LCPs in working to improve Population Health ([What is a population health approach? | The King's Fund](#) ([kingsfund.org.uk](https://kingsfund.org.uk)) and making progress against the challenges described in [Devon's Joint Forward Plan](#).

In a letter to LCP Directors, Chief Medical Officer, Dr Nigel Acheson, describes the process for devolving £800k of the £2 million 'Prevention Budget' to support this work.

The intention is to maintain and, if available, increase funding levels over the coming years.



A population health system ([King's Fund What is a population health approach?](#))

# Defining population health

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'Population health' holds that there are a wide range of determinants of health and wellbeing, many of which lie beyond the reach of health and care services, that determine the health of a population. An emphasis on reducing inequalities in health as well as improving health overall is core to population health approaches.

**An approach aimed at improving the health of an entire population.  
It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.  
It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health.  
It requires working with communities and partner agencies  
- King's Fund definition**



# What population health is not

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**Public health.** Population health is sometimes confused with, or seen as synonymous with, public health. Public health bodies do have a responsibility to understand the needs of their population and the organisation of some public health services, such as weight management, smoking cessation or sexual health services, as well as protecting people's health from external threats, eg, disease outbreaks.

**Population health** requires input from numerous partner organisations, such as the NHS, community groups, local authorities and political leaders, as well as public health teams whose action and influence should be seen as key in a population health approach.

**Population Health Management.** Confusingly, 'population health management' is also widely used, with a narrower meaning than population health. PHM is a data-driven tool or methodology that refers to ways of bringing together health-related data to identify a specific population that may then be prioritised for particular services. For example, groups who are frequent users of accident and emergency departments, to offer preventive interventions. One common approach to population health management is 'population segmentation'.