

Theme: Closing the Gap on Health Inequalities

Theme Pack for Board: objectives, projects, gaps, resources, dependencies and risks

Version	v0.2
Date	23 February 2026
Prepared by	Programme Manager (PM)
Status	Draft for Board review
Source meetings	Strategic Planning Workshop (Theme Meeting #1) and Theme Group Meeting #2 (04 Feb 2026)

1. Theme name and agreed objective

Reduce health inequalities through practical, measurable actions for Core20PLUS and socially excluded groups, and act as a check-and-challenge so all themes improve access, experience and outcomes for those who need it most.

2. Context, scope and what success looks like

- Primary focus: Core20PLUS cohort and socially excluded groups (e.g., homelessness, drug/alcohol dependency, criminal justice system).
- Clinical priorities noted in the workshop: cardiovascular disease, early cancer diagnosis, maternity, mental health, with emphasis on access.
- Role includes a check-and-challenge function to keep other themes focused on access/experience/outcomes for those most in need.
- Align with neighbourhood health / population health management and emerging NHS leadership.

3. Current activity and progress

- Health and Justice (Probation) project delivering probation appointments in Ilfracombe to reduce travel barriers, with health checks and holistic needs assessments supported by multi-agency working.
- The project aims to develop a repeatable multi-disciplinary team (MDT) model and capture what keeps MDTs alive and useful over time.
- A 6-month extension is expected / being sought due to the short initial delivery window.
- Belles Place sustainability and governance work focused on shifting governance/contracting burden away from the current setup while retaining delivery strengths; linked to potential relocation/expansion within a wider campus approach.
- Link Centre: DCC intends to decommission; options are community transfer or sale. Indicative figure discussed: GBP 130k plus known remedial works.
- PM developing a two-pronged business case: baseline holding costs/liability if acquired, and delivery options (with Belles Place as an anchor use plus other campus/youth/service uses).
- Maintenance approach discussed: phased, pragmatic approach (immediate priorities first; remainder over approx. five years) and maximising social value arguments.
- Campus model reinforced: mapping what is available, improving navigation/signposting, warm handovers, and a consistent 'No, but here is what you can access now' approach.
- Public sector estate discussions are live and sensitive; risk flagged that Ilfracombe could lose services by stealth if buildings degrade and decisions drift.
- Opportunity raised: Tyrrell Hospital redevelopment concept as a neighbourhood health centre (demolish/rebuild), with senior NHS support indicated and potential League of Friends contribution (GBP 100k mentioned).

Project portfolio and tracker

Project / intervention	Purpose / description	Current status	Lead / partners	Next milestone	Dependencies / risks	Measures (headline)
Health and Justice (Probation) project	Probation appointments in Ilfracombe; health checks and holistic needs assessment supported by multi-agency working; develop repeatable MDT model.	In delivery (extension sought)	Health inequalities partners + probation/MDT partners	Secure expected 6-month extension; capture MDT 'what works' learning	Sustained partner capacity	Attendance/access; needs identified; onward referrals; outcomes
Belles Place sustainability and governance	Shift governance/contracting burden while retaining delivery strengths; align with campus and relocation/expansion opportunities.	In development	Belles Place + PM + partners	Agree sustainable governance model + resource plan	Funding and contracting route	Sustainability plan agreed; continuity of services
Link Centre opportunity (asset/estate enabler)	Two-pronged business case: holding costs/liability and delivery options; Belles Place anchor plus other uses; phased maintenance approach.	In development	PM with relevant partners	Business case drafts for March decision-making	Purchase/transfer terms; remedial works	Business case completed; decision readiness
Campus model (navigation and 'No, but' offer)	Map what exists; improve navigation/signposting; warm handovers; consistent alternatives when services not available.	In development	PM + theme leads (cross-theme)	Define MVP: data owners, platform, update process	Data maintenance; comms discipline	Usage; successful handovers; reduced unmet need

Public sector estate / Tyrrell Hospital concept	Align estate/co-location discussions; explore neighbourhood health centre concept; reduce risk of services being lost by stealth.	Early concept	Partners incl. NHS leadership; PM coordinating	Internal alignment then consider wider stakeholder workshop (new financial year)	Partner alignment; sensitivity/comms	Options paper; partner commitments
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Gaps, decisions and additional interventions needed

- Agree initial cohorts and measures so work is practical and measurable (not a paper exercise).
- Board decision on scope questions (e.g., social isolation) and whether to remain at five themes.
- Keep community safety/ASB ownership and reporting explicit within the final programme pack.
- Align campus model (service navigation) with public estate work so they do not duplicate or compete.

5. Resources required

- Sustained multi-agency capacity for Health and Justice/MDT work and learning capture.
- Capacity and funding support to stabilise Belles Place governance and delivery.
- Programme management and technical support for the Link Centre business case (holding costs plus delivery options).
- Service navigation capacity (campus model) with data ownership and maintenance process.
- Careful communications capacity for estate discussions to avoid rumours and mis-framing.

Measures and reporting

Measures below combine those explicitly discussed and a small set proposed for Board agreement based on the meeting framing.

Suggested headline measures (for Board agreement):

- Access measures for priority cohorts (attendance, reduced travel barriers, waiting times where relevant).
- Experience measures for priority cohorts (e.g., satisfaction, 'warm handover' success).
- Outcome measures agreed for priority cohorts (health checks completed, onward referrals, sustained engagement).
- Campus model usage and successful navigation outcomes.
- Estate/hub programme milestones (options, partner commitments) and risk monitoring.

Dependencies and risk register

Initial risks recorded in the two theme meetings. RAG and mitigations can be refined by the Board.

ID	Risk / dependency	Impact	Likelihood	RAG	Mitigation / action
HI-1	Theme drifts into strategy-only work and becomes a 'paper exercise'.	High	Medium	Amber	Agree initial cohorts and measures; publish reporting template and track progress.
HI-2	Estate decisions drift and Ilfracombe loses services by stealth.	High	Medium	Amber	Keep estate developments visible; align partners; options papers and comms discipline.
HI-3	Link Centre not achievable on acceptable terms (costs/remedial works/liability).	High	Medium	Amber	Two-pronged business case; phased maintenance plan; strengthen social value case.
HI-4	Community safety/ASB ownership unclear, undermining outcomes across cohorts.	High	Medium	Amber	Board decision on ownership and reporting; embed measures into theme and programme pack.

Action log

Action	Owner	Timescale / next date	Notes
Circulate Link Centre and Belles Place business case drafts when ready (for March decision-making).	PM	Before March decisions / Board	Two-pronged approach: holding costs and delivery options.
Compile pilot learning into blueprint and	PM + theme partners	Post-25 Feb; before/after 4 Mar Board	Align with CNN/CNM reporting.

shared KPI pack for monthly reporting.			
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6. Programme-wide links and cross-cutting items

- Community safety/ASB is a cross-cutting issue shaping outcomes across themes; ownership and reporting need an explicit decision and measures.
- Coastal Navigators Network (CNN/CNM) integration must be visible, particularly for sector priorities, investment opportunities and partner alignment.
- Campus model and public sector estate strategy must be aligned so service navigation does not duplicate or compete with building-based solutions.
- Poverty Truth Commission (PTC) outcomes should be shown as continuing within One Ilfracombe with clear accountability and lived-experience involvement.
- Communications capacity is a key enabler; Kara Stevens (new Comms Officer) noted as an enabling resource once bedded in.
- Transport – to external support services (Action: Internal bids for transport related to projects and research: Cllr Terry Elliot and political lobbying: MP Ian Roome)