City and Hackney Neighbourhood Model

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Introduction

The demand on health and social care needs of the local population has been increasing as people are living longer with more complex health conditions. We know that the needs of the local population can vary across wards, with factors (such as housing, employment) that can determine the health and wellbeing of a neighbourhood. The Next Steps to the Strategic Commissioning Framework describes how deeper and wider collaboration between practices is key to achieving these goals. By working together at greater scale, general practice can be both 'small' and 'big'. It can keep providing patients with personalised, whole-person care at practice and network levels. One area that has developed a Neighbourhood model is City and Hackney.

### What is the City and Hackney Neighbourhood model?

This model brings together the support and expertise from residents and their health care, social care, community groups, voluntary sector organisations to create neighbourhoods. Our model aims to bring about a shift in the culture of how people approach health and wellbeing, making it more person-centred and allowing residents and patients to build more personal resilience, increased confidence in self-management as well as addressing their health and social needs. People will be empowered and supported in their independence whilst also using Neighbourhoods to strengthen communities and networks to support individuals where required.

Using the principles of the Primary Care Networks, this model aims to:

- Serve populations of 30,000 to 50,000, bringing together groups of practices and other community providers around a natural geography
- Support multi-disciplinary working to deliver joined up, local and holistic care for patients
- Integrate community based services around patients' needs to provide care for people with enduring, complex health and care needs, who require close collaboration between service providers and long-term care coordination

How does the model work?

Eight neighbourhood areas have been created in City and Hackney Neighbourhoods, formed as much as possible around natural communities based on GP registered lists. These Neighbourhood areas serve populations of between 30,000 to 50,000 residents. The intention is for Neighbourhood areas to be small enough to provide personal care, but large enough to provide a broad range of resilient services.
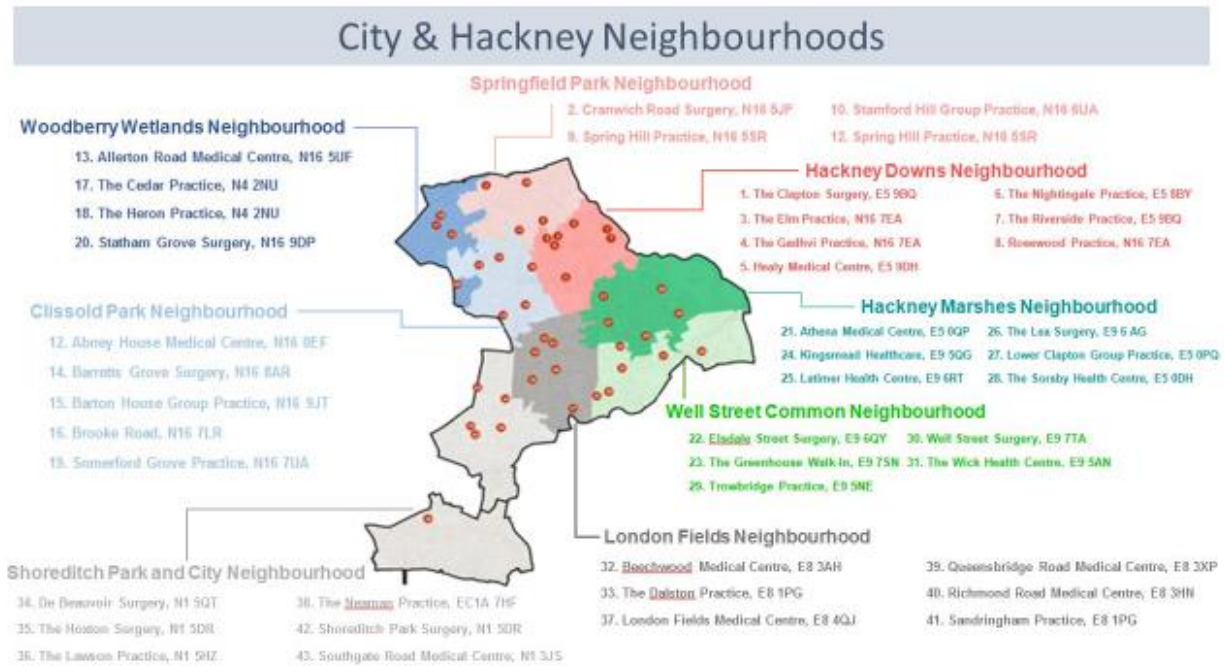
At the core of each Neighbourhood will be a community-centred, integrated team, working across healthcare, social care, public services, community groups and voluntary agencies and the people it serves. In essence these are multi-disciplinary front-line teams, which will deliver integrated patient-centred services. It is intended that by working together, staff across different disciplines will experience improved communication between services, share knowledge and expertise, and co-ordinate care planning and delivery.

Neighbourhoods is supported by a small central programme team, designed to support providers as they plan and implement changes, as well as to ensure consistent quality across the various projects being undertaken. Neighbourhoods have invested in clinical leadership and service redesign capacity in each provider to allow them to have the space and capacity to think and deliver the changes which are needed. The partners work closely together and are supported at an operational level by a Provider Design Group (PDG) where they can share progress, ideas, hear about good practice and can be supported through challenges. The Steering Group (SG) oversees the Neighbourhoods programme, and has senior representation from all providers, with two Patient Panel representatives also serving as Steering Group members.

There is a strong primary care foundation at the heart of the City and Hackney Neighbourhoods model; each Neighbourhood has an appointed Primary Care Clinical Lead, who provides leadership and supports general practices within their Neighbourhood to work together. What has been key to local 'ownership' in each area is the bottom-up development of individual Neighbourhood priorities. The Clinical Leads work with their Neighbourhood GP colleagues to identify local concerns and begin work on small pilots testing new ways of working. Complementing these projects, the Neighbourhoods programme is also thinking about how to link the bottom-up work within a strategic framework, which starts to describe how services are and will be configured across Neighbourhood areas.

Working this way allows teams to localise the planning, coordination and delivery of care for the whole local population. The Next Steps to the Commissioning Framework encourages practices to collaborate at scale, and provide services according to the needs of the local population. This means that in a defined population, we look at the current state of health and the health needs of that population then design, develop and implement services within that population that will have the greatest benefit.

What does the Neighbourhood model aim to achieve?

There is an ambitious vision for Neighbourhoods in City and Hackney to transform the way that partner organisations provide care and work with/listen to the local population by working differently.

The expectation is that the Neighbourhoods programme will improve health outcomes for the City and Hackney population by working in neighbourhoods. Interventions and changes being made through the Neighbourhood development programme will result in:

- Reduce inequality of access and inequalities in health and social outcomes for all of our local population.
- Improve outcomes across the local population across the life course
- Create empowered individuals, families and communities who are better able to support themselves, prevent ill-health and increase their ability to sustainably manage their own wellbeing.
- Deliver joined up care for people of all ages, especially those who are vulnerable or have complex needs by joint working across health, social, community, voluntary and wider public sector organisations.
- Create a sustainable, vibrant and robust structure to listen to, develop and plan services with individuals, families and community groups to meet local needs.

Neighbourhoods has been working closely with Hackney's Public Health Team and the Clinical Effectiveness Group to help teams better understand the needs of their local population, and has developed a set of data profiles for each Neighbourhood. These set out the local 'picture' of a Neighbourhood, and include demographic, deprivation, behavioural and public health data, as well as the types of preventative services in place, and who is making use of services such as social or palliative care.

These profiles will start to inform how providers organise teams and services around local populations and needs. Throughout 2018 and 2019, Neighbourhoods will start to actively plan and test new ways of working, which will be tailored to meet the particular health needs of the people living in that Neighbourhood.

Why did you choose this model? And did you draw best practice from other areas?

The development of this model was partly drawn from the evidence base in Primary Care Homes, by the National Association for Primary Care. The Neighbourhoods model also draws on the New Models of Care Programme, and further afield such as the Montefiore health system in New York. We considered models in areas that have had some success with similar populations and geography to City and Hackney such as Tower Hamlets, Islington and BHR...

While there is great work going on across City and Hackney in improving the health and wellbeing of local residents, there are still areas that need focus and improvement, which

prompted system-wide reflection on how working differently across providers and services might improve outcomes

Our primary reasons for adopting a population health approach, via the Neighbourhood structure, are as follows:

1. **Improving outcomes by working at a local level and testing approaches in Neighbourhoods with the highest need**

   Hackney performs less well than the London average across a range of life course indicators:
   - Immunisations at 12 months and 5 years
   - Childhood obesity
   - Adult smokers, adult binge drinking and deaths from drug overdose
   - Male life expectancy
   - Uptake of flu vaccinations

   Working at a Neighbourhood level, we expect to be able to test new ways of addressing these types of concerns, and respond with innovative and place-based responses in how Hackney and City address these key issues.

2. **One size/approach doesn't fit all - Neighbourhoods allow targeted approaches**

   Even in a relatively small geographical area there are significant variations in need across different Neighbourhoods; for example, deprivation is much more significant in Hackney Wick Ward than in Stoke Newington Ward**.** Working at a Neighbourhood level allows us to adapt services and plan more effectively to meet local needs.

3. **Evidence from Safeguarding Adult Reviews – Neighbourhood Teams can create trust, collaboration and improved communication**

   Recent Safeguarding Adult Reviews in City and Hackney have shown a clear need to improve interagency working and communication between providers working with clients with very complex needs. One of the principle aims of Neighbourhoods is to deliver better and more joined up care for people, especially those who are vulnerable or have complex needs, by working more effectively across health, social, community, voluntary and wider public sector organisations.

4. **Importance of work to improve population health – Neighbourhoods offer a framework to promote and deliver prevention work at a local level**

   City and Hackney is committed to improving health outcomes and reducing health inequalities, even while there is increasing demand on public services. Investment in prevention is a significant step towards addressing health inequalities, as well as long-term spending reduction. Neighbourhood working allows us to target and test approaches tailored to the needs of the Neighbourhood populations.

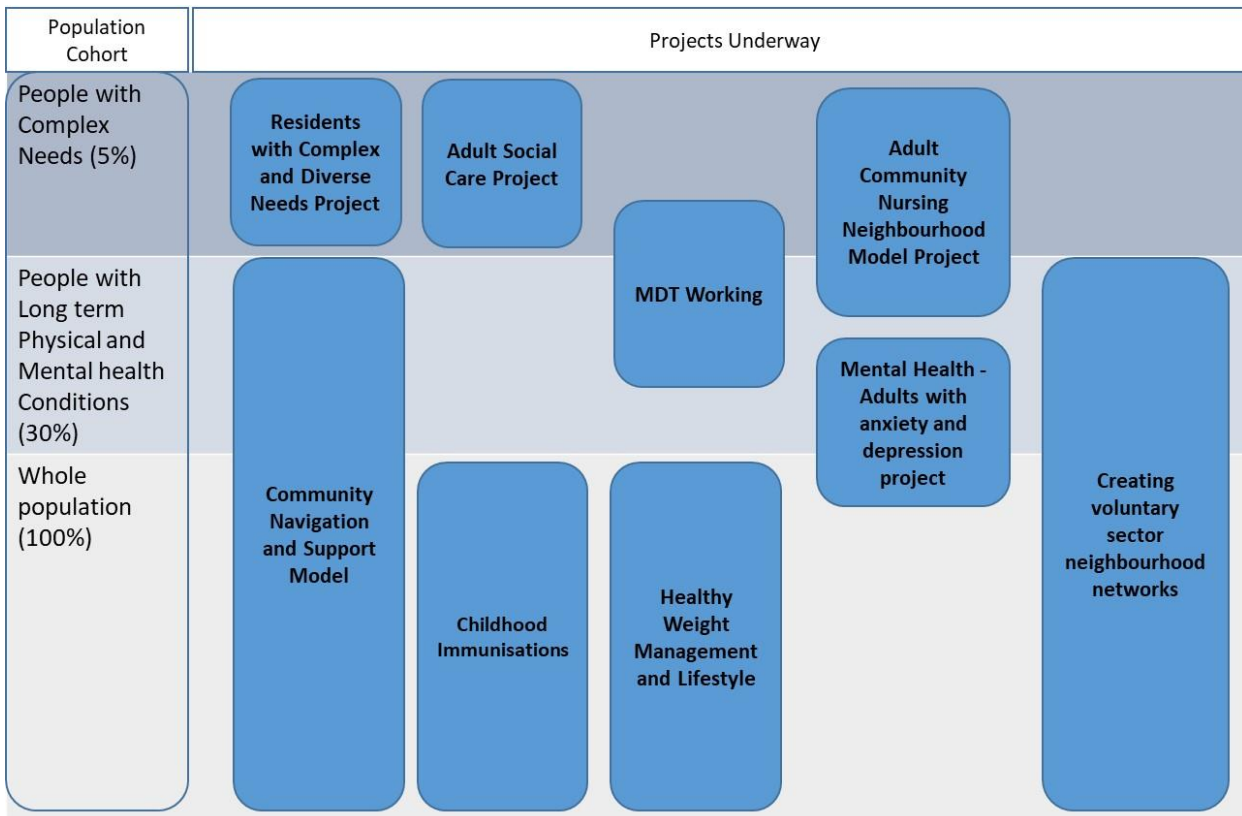## What has been achieved so far?

Neighbourhoods is at an exciting stage; the structure of the eight Neighbourhoods is now embedded across City and Hackney, and each Neighbourhood now has a detailed information pack developed with Public Health, which sets out the needs of the local

population and priorities for change. Local Neighbourhood identities continue to develop, including a recent process inviting local residents to select Neighbourhood names, a process that was designed and led by the Neighbourhood Resident Panel.

The Neighbourhood Resident Panel has been instrumental in ensuring the resident voice is central to every aspect of the programme. They have also led on specific areas of work, in particular designing and delivering a project that tested how best to engage and determine what matters to residents in Neighbourhoods.

There are established, robust and ambitious partnerships with all four of the integrated commissioning workstreams. Each has clearly identified shared priorities and plans to deliver work with and alongside the Neighbourhood programme.
Primary Care engagement has also been excellent, with clinical leadership in place across all eight Neighbourhoods. This has helped drive a significant programme of work focusing on collaboration across practices, partnership working with providers on how services might change to support Neighbourhood working and identification of local priorities for primary care to work together on.

There are clear plans in place across all first wave providers (first wave meaning those involved in Year 1 work) to test new ways of working across the neighbourhoods. The commitment and enthusiasm from providers has been instrumental in getting to the point that we are ready to test new ways of working in 2019. The diagram below shows how this work is expected to impact on the local population and provides an indication of the type of work underway.

| Population Cohort	Projects Underway					
People with Complex Needs (5%)	Residents with Complex and Diverse Needs Project	Adult Social Care Project			Adult Community Nursing Neighbourhood Model Project	
People with Long term Physical and Mental health Conditions (30%)	Community Navigation and Support Model		MDT Working	Mental Health - Adults with anxiety and depression project		Creating voluntary sector neighbourhood networks
Whole population (100%)		Childhood Immunisations	Healthy Weight Management and Lifestyle			

The programme is eight months in and therefore still at a very early stage. Similar large scale change programmes plan for a 10 year programme of change, and we expect that the

City and Hackney Neighbourhood development programme will require a similar period of development and investment to transform services for the local population. As the work develops the critical areas of focus will be:

- Ensuring that the model is sustainable and makes best use of the available funding
- Using agreed structures and processes to feed in learning from the Neighbourhood programme into future service specifications and contracts
- Building on and developing how all services align and work best with/benefit from the Neighbourhoods structure

Tell us about your engagement with key stakeholders and governance process?

The governance structure for Neighbourhoods is set out below:
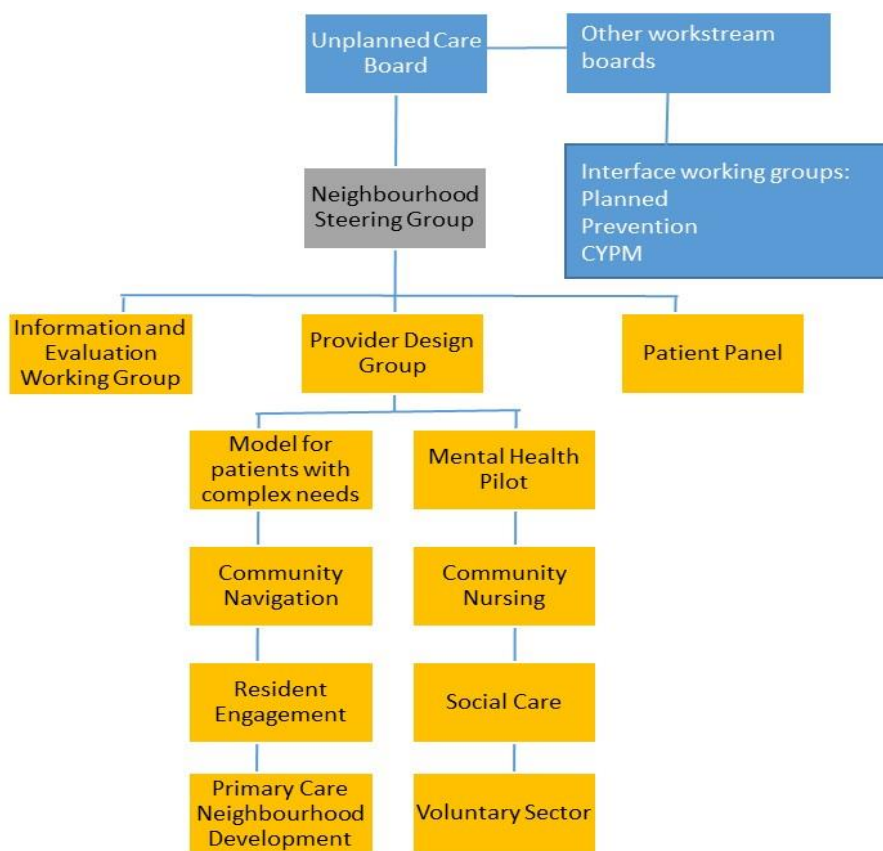
The Steering Group (SG), chaired by the Neighbourhoods Clinical Lead, has excellent regular attendance from all partners. There will be a planned review in early 2019 of the membership, terms of reference and the chance for members of the Steering Group to reflect on what changes/support would further strengthen its role.

The Provider Design Group which reports into the SG provides detailed operational scrutiny of all funded projects and work. This is co-chaired by a senior local GP, who also serves as the one of the Primary Care Clinical Leads, and a Consultant Geriatrician. The Provider Design Group has been operational for four months and also has excellent attendance across the partners. The PDG reports monthly into the SG, highlighting risks and strengths

across the projects, as well as where projects may have deviated from original plans and proposed mitigating actions.

In turn, the Steering Group reports on a monthly basis to the Unplanned Care Programme Board (UPCB) via a comprehensive report covering progress across the whole programme. The UPCB also has regular "deep dives" for each of the main transformation programmes which allow senior leaders to explore progress in more detail. The Unplanned Care Board then reports into the integrated commissioning structure (Transformation Board and Integrated Commissioning Boards).

How have residents been involved in the model?

Including and involving residents is central to the City and Hackney Neighbourhood programme. Early in the programme, an expert patient and resident's panel was set up, with the aim of overseeing co-production and resident inclusion across the Neighbourhoods programme.

The Patient Panel reports directly into the Neighbourhood Steering Group and is made up of a number of experienced service users and patient representatives. The group provides oversight, scrutiny, challenge and advice for the other parts of the programme to ensure that the user voice and engagement is strong across all the different streams of work, and also undertakes project work for the programme as a whole. To date the group has delivered the following:

- A summary of what Neighbourhoods means to those involved in the patient panel as residents in City and Hackney
- The development and delivery of a project to test ways of getting resident voices in a Neighbourhood
- A public process for naming Neighbourhoods, including developing the name options
- Representatives for meetings within the Neighbourhood governance structure
- Input into the thinking about the potential role of Patient Participation Groups in Neighbourhoods
- Early thinking about how we engage with residents on an ongoing basis in Neighbourhoods and feedback mechanisms
- Development of a patient panel newsletter
- Links to other user groups to help increase understanding of what Neighbourhoods means for residents

The patient panel is supported by HealthWatch Hackney and a work programme is being developed for the 12 months in partnership with the panel.

Any challenges you've faced? And how did you deal with these?

Neighbourhoods like any large-scale change programme, have encountered a number of challenges. In particular, we've had to consider;

- **Engagement -** We've had to give significant thought to how we help staff at different levels understand what the Neighbourhood model is and what it might mean for them and the people they work with. Part of responding well to this has been developing a strong communications plan that helps residents and providers across City and Hackney understand the plan for Neighbourhoods, and access related information, however this in itself is a lengthy process.

- **IT -** The programme is getting to the point where shared IT systems are being discussed as key enablers to integrated working. We're working closing with the City & Hackney IT Enablers group on a programme of work which will delivered shared IT systems and are working on aligning the timescales, while also thinking about how we can support new ways of working on the group with the IT infrastructure we have now in the short-term.
- **Balancing short term wins against long term change -** Due to the scale and complexity of change Neighbourhoods is striving for, quantifiable change is likely to take time to deliver. As such, we're also trying to ensure that there are quick wins to help maintain enthusiasm, momentum and commitment against realism about how long it might take to see impact of some of the larger changes.

What is working well in Neighbourhoods so far?

- There is a steering group of senior leaders across all partners who meet regularly; the group has a strong sense of common purpose and there is sufficient trust and strength of relationships for robust and constructive challenge.
- Informal networks and relationships have been and are continuing to be established across partners as a result of the formal structures above. A significant amount of progress is made through these relationships, conversations and associated problem solving.
- The creation of new clinical leaders within Neighbourhoods, who are leading change from the "front line" in Primary Care.
- The programme has made a strong and promising start on coproduction with excellent support from Health Watch Hackney and City.
- The resident/patient panel are a strong and committed group who have are actively shaping and moving the development of Neighbourhoods forwards.
- Primary Care have made significant progress in developing collaboration and trust across the different practices across the Neighbourhoods through the clinical leads and development sessions held. Each Neighbourhood has identified opportunities from working more closely together, a shared primary care improvement priority and is working with partners to represent the primary care voice.
- Neighbourhood data profiles have been created and are in early use for all eight Neighbourhoods.
- Strong working relationships and agreement of shared priorities and plans to deliver them have been agreed with the four integrated commissioning workstreams (City and Hackney governance model).
- The system leadership summit and Transformation Board have supported and commended the Neighbourhoods Strategic Framework. This document brought together our strategic aims for Neighbourhoods and outlined the work underway to achieve them.
- There is a strong working relationship with the City and Hackney Mental Health Committee with a clear Neighbourhood improvement programme relating to Mental Health looking at how we provide mental health services to meet the whole populations need within the Neighbourhood structure.

What are the Future plans for Neighbourhoods?

The programme has set out its plans and intentions for Year Two of the development programme and a summary of these aims is set out below:

How do the year 2 deliverables progress the Neighbourhoods Vision?

Neighbourhoods vision	1. To listen to, develop and plan services with local people to meet local needs	2. To create empowered individuals, families and communities	3. To deliver joined up care for people of all ages, especially those who are vulnerable or have complex needs	4. To reduce inequality of access to services and health and social outcomes for our local population
Year 2 deliverables	• Continue, develop and strengthen work of the patient/resident panel • Ensure resident voice in all elements of programme • Ensure formal alignment to the engagement enabler group • Develop a sustainable model for resident engagement at a neighbourhood level	• Deliver a model for community and third sector groups within neighbourhoods • Developing a sustainable and strengthened model of connection to community groups and activities • Map, understand and use neighbourhood community assets better • Implement a new model of community navigation • Develop a model of neighbourhood care for children and families	• Complete test and learn projects launched in year 1, formal review of outcomes and roll out of new models of care across Neighbourhoods • Agreed process for implementing contractual changes to reflect and embed the new models of care • Continued programme of community service re-design • Launch of new test and learn projects where new partners have joined the programme (e.g. community pharmacy)	• To produce a long term development plan for Neighbourhoods, delivering outcomes and supporting sustainability • Develop an outcomes framework for neighbourhoods • Delivery of population health management tools

Working across the Care Workstreams and supported by enabling work in: IT, Estates, CEPN, Engagement

Further information:
Neighbourhood model podcast:
https://ockham.healthcare/?powerpress_pinw=7113-podcast

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