

Children, Culture and Communities Scrutiny Committee 5 November 2024

Report of the Director of Housing and Communities

Design Principles of a ‘Neighbourhood Model’ for York

Summary

1. This report informs the committee on work taking place to develop a neighbourhood working or ‘Integrated Neighbourhood Team’ Model, as a way of delivering improved outcomes for individuals, for communities, and for the wider system of services in the city. If approved this model will cover multiple services provided by several organisations, including NHS bodies, the council, for-profit and not-for-profit providers and community groups and individuals.
2. This work intends to engender significant, positive impacts for the city, but is also a complex piece of work for many parts of the council, to deliver in co-production with partners, residents, and staff teams. The first stage of this work is to agree a set of design principles, set to deliver a system focused on person-centred, strength-based community development and effective Early Intervention and Prevention (EI&P) throughout York’s communities.
3. Views of this committee will feed into a report which will be considered by Executive in December 2024.

Background

4. As part of budget setting discussions that took place in early 2024, a rapid review was undertaken of the Council’s ‘Early Intervention and Prevention’ services, which spanned several council directorates and included discussions with health partners.
5. The aim of Phase 1 of this review was to find savings through a reduction in duplication of services and contracts across directorates and ensuring teams were providing best value for money. This however, facilitated positive discussions about how CYC services and

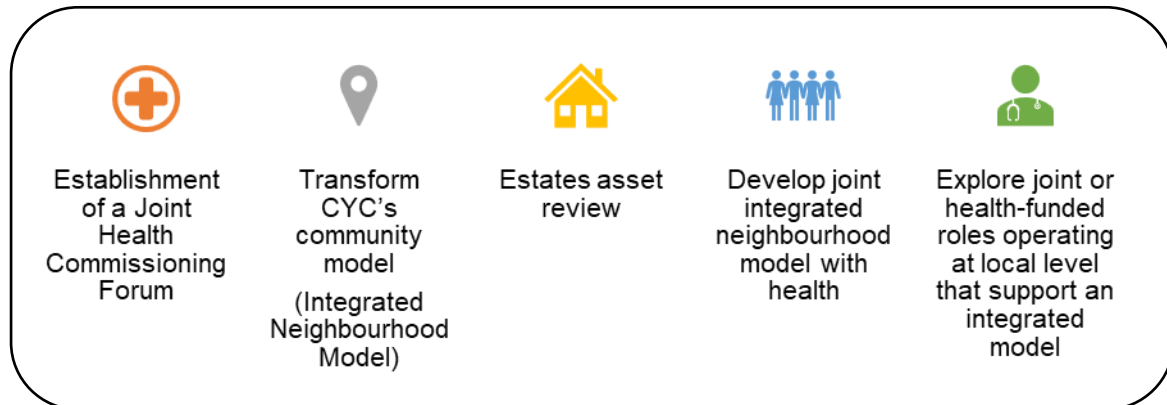
Health could work together, at a community level, in a more integrated way.

6. Phase 2 of this work was established jointly as a collaboration with Council and Health partners to redesign community services, exploring an integrated neighbourhood model to achieve shared outcomes. The proposed design principles for the model are outlined in Appendix A. The aim behind the model '*is to ensure the organisational wiring is there but it is hidden – it just works*'. This is a consistent message across all partners in this work.
7. The shared proposed outcomes for this model are:
 - **People live for longer in good health** – through taking opportunities for prevention at every point.
 - **People's need for statutory services is delayed or averted** – community assets are built around the individual and only after this point does more intense care step in (preferably through specialisms who 'come out' to localities).
 - **Health inequalities are reduced** – through focusing universal services on need based on evidence.

The defined population that this model will apply to:

- Those who are identified through needs analysis and professional judgement as having **rising levels of need** which may necessitate statutory services in the future.
- Those who have a combination of **moderate social and health / clinical risk factors** amenable to prevention.
- Those whose need can only be met with **a team-based response**, when efforts to meet need through simpler models have been exhausted.

8. The proposed next steps sit within a series of proposed changes which are outlined below some of which are subject to separate CYC Executive and York Health & Care Partnership decisions for example the establishment of Joint Commissioning governance arrangements:



Transform City of York Council's community model

9. Learning from Community, Mental Health, Frailty and Family hub models, alongside the success of Local Area Coordination (see **Background papers**), work will take place internally as to how the Council could redesign its community based resources.
10. This will include all services working in early intervention and prevention and other roles within communities working to build community capacity around parks, communal and open spaces, housing and public health.
11. Consultation across health and social care has already been undertaken on a model which would see work and teams split across four areas, or neighbourhoods.
12. This builds on work that previously took place in 2016 and produced a three area model which has been used by a range of services such as Housing to organise delivery their services. This has been updated in light of the impact on population that York Central development will have in the future and the practice of health to focus planning on areas with a population of approximately 50,000. There is a fifth area within York Place covered by the East Primary Care Network but, as this sits in East Riding, for the purposes of this report is outside the York Neighbourhood Model.

13. There is a significant evidence base sitting behind the four area model around a wide range of measurable indicators relating to:
- Adults
 - Children
 - Crime/Anti-Social Behaviour
 - Economy
 - Health, and
 - Population.
14. The data mapping exercise showed the distinct nature of the 4 neighbourhoods summarised as follows in terms of need supporting a localised neighbourhood response tailored to the unique features of the areas:

RANKING BY DOMAIN (1-21 WHERE 1 = HIGH NEED)

4 Models Split Post York Central	Domain					
	Adults	Children	Crime/ASB	Health	Economics	Population
Central	3	1	1	2	1	4
East	4	3	3	4	3	3
North	1	4	4	1	4	2
West	2	2	2	3	2	1

15. This has been mapped to support the four neighbourhoods shown within the Design Principles document at Annex A.
16. Planned work following the approval of this model will also consider how to integrate a Neighbourhood Caretaker Model with a focus on targeting and improving public spaces, building pride in place alongside growing community capacity and strength.
17. A business case will be drawn up looking at the opportunity to use a mobile outreach service through, for example a 'Community Bus' type of provision. As the proposed Neighbourhood areas are large, services need to consider how those who are further away from traditional hubs and networks can be reached.
18. A 'benefits bus' has been trialled using Ward Funding in Hull Road Ward and others, with a focus on increasing uptake of pension credit with clear financial benefits for residents, and this could be rolled out to cover a range of partner services, advice and support.

19. If the business case allows, in the evenings the bus could also be used for detached youth work, to tie in with the city's developing Youth Strategy. Alternatively, it could be hired by community groups for similar purposes.

Estates asset review

20. Work will be undertaken to review the various community venues/hubs/CYC buildings being used for work across CYC Early Intervention and Prevention Services, Housing and Public Health and any other services as required, to establish the best and most cost effective way to co-locate teams and make access more equitable across the city.
21. This will dovetail into City Development work and thinking around accelerating healthy communities – the aim of this work will be to create and integrate healthy, sustainable and inclusive micro-neighbourhoods into the fabric of the city with future-fit health and community assets, including affordable or social homes for life at sites across the city alongside investment plans and solutions.

Develop joint integrated neighbourhood model with health partners

22. A major theme in health care policy over the last decade has been the development of integrated care and a more place-based approach to how services are delivered.
23. In May 2022 the 'Fuller Stocktake' (see **Background papers**) proposed the development of 'Integrated Neighbourhood Teams', and their implementation is underway, in a variety of ways, across the country.
24. These teams are intended to help by focusing on:
 - Meeting need that can *only* be met with a team based response, when efforts to meet need through simpler models have been exhausted;
 - Providing more proactive, personalised, and multi-disciplinary care for people with more complex needs;
 - Helping people to stay well for longer, through a joined-up approach to prevention.

25. Most fundamentally, context and environment are one of the main determinants for the person's current needs. The aim of Integrated Neighbourhood Teams is to focus on those who are 'under pressure' in their social context and have multiple, complex needs which cannot be managed by a single service.
26. The Integrated Care Board and York Health & Care Partnership are aligning all their plans alongside CYC to deliver integration at pace alongside the Council's proposals.

Considerations for the next phase

27. For any version of this model to be implemented effectively the work on phase 2 will need to explore the following questions:
 - Why? A confirmation of the final agreed outcomes and benefits.
 - How would the model be funded to create and maintain resilience of the model?
 - What services are included (both as the care team in each area and then as required)?
 - Where would they be based?
 - When? A full implementation programme plan.

Consultation Analysis

28. As part of the Early Intervention and Prevention review phase 1, consultation took place across all CYC services and health partners.
29. As preparation for the development of this model, the Assistant Director Customer, Communities and Inclusion and a specialist from the Public Health Team are taking part in a six month programme called '*Realising the Potential of Integrated Neighbourhood Teams*' led by the Primary Care Network in collaboration with the University of York.
30. This is a targeted support and development programme for systems and networks looking to implement integrated ways of working. As part of this programme CYC are collaborating and consulting with a range of Primary Care Networks and GP practices across the city. The group also includes the Deputy Chief Executive of York CVS.
31. The York Health & Care Board has been involved in discussions around this model since March 2024 and will be considering a report in tandem.

32. Wider consultation and work with the Voluntary and Community Sector and community groups will take place as part of the next phase of the work if approved by Executive.

Options

33. When formulating the attached design principles (Annex A) officers have considered local context and evidence and reviewed good practice from other areas. The options for the committee are:
- **Option 1:** Support the proposed 'Neighbourhood Model' and the design principles at Annex A, as proposed, subject to incorporation of comments from the committee as appropriate.
 - **Option 2:** Formal recommendation by the committee of amendments to the proposed 'Neighbourhood Model' and the design principles at Annex A prior to presentation of the final report to Executive in December.

Council Plan

34. The Council Plan for 2023-27 'One City, for All' sets out the Council's vision for the next four years. To deliver this vision, four core commitments inform the decisions the council makes, and how services are delivered.
35. The successful development of this model would enable the Council to address the four key commitments in the following ways:
- **Affordability** - Accessing information, support and care closer to home and being given holistic support which will include financial advice will positively impact those most affected by the cost of living crisis, and financial exclusion more generally.
 - **Environment** – The developing Neighbourhood Model (and 4 area map) will link in closely with York's emerging 'Movement and Place Plan' which reallocates road-space to create safe and connected networks for walking, wheeling, cycling, public transport, cars and freight for residents, businesses and visitors alike – helping deliver York's economic and environmental strategies and draft Local Plan by making walking, wheeling and cycling more attractive and buses more reliable. The Movement and Place Plan will also identify how

best to balance the needs of streets as travel corridors and as places where people live, shop, go to school and enjoy their leisure. The model will provide integrated solutions to developing community improvement and pride in places.

- **Equalities and Human Rights** - Every human being has the right to the highest attainable standard of physical and mental health. The Council has a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and to address the root causes of health inequalities, including financial exclusion, stigma and discrimination. The right to health is indivisible from other human rights - including the rights to education, participation, food, housing, work and information. This model is person centred and holistic and will help the council to ensure equity of access to services, particularly for those who have protected characteristics.
- **Health Inequalities** - The new government's proposed NHS reforms will shift healthcare from a late diagnosis and treatment model, to one where considerably more services will be delivered in local communities. There is also a clear signal that there will be a far greater focus on prevention throughout healthcare and within services focused on helping people in relation to the wider determinants of health – such as financial exclusion, housing and crime. The work proposed in this paper will put York ahead of the curve by setting out a truly collaborative model alongside health partners.

Implications

36. Implications are being assessed as part of the Executive decision process. There are no direct implication of this report for consultation.

Risk Management

Risks

37. Risks of working across council, community and voluntary sector and health partners to develop this model include (Several of these were identified in the background paper by Lewis et al. [2021] – see **background papers**):
- The challenge of defining a stable or shared understanding of what ‘integrated care’ means may result in different practices and priorities.
 - A change in national policy given the significant NHS reforms being developed by central government.
 - Financial constraints and high existing workforce pressure for both the council and health partners.
 - Governance and data sharing/information governance concerns limiting joint working.
 - Difficulty breaking down professional and organisational roles and culture. This also ties in with the perceived erosion in professional identity.
 - Leadership tensions between organisations.
 - This is not just about the process of designing and delivering complex service change, but about developing trusted relationships that will be key to successful implementation.
 - Managing expectations of senior managers and Elected Members in terms of immediate impact and cost saving. This is a long term piece of work and therefore there is a need to recognise evaluation will therefore be longitudinal in nature.

Mitigation

38. As described previously officers from City of York Council, Public Health, Primary Care Networks across the city and the VCS are taking part in a six month programme called ‘*Realising the Potential of Integrated Neighbourhood Teams*’ led by the Primary Care Network in collaboration with the University of York.
39. Several of the risks addressed above are being tackled as part of this series of in-depth workshops and ensuring the work starts in a truly collaborative manner, to develop a shared vision.

40. The more successful integration pilots and forerunners have had the benefit of pre-existing relationships in the areas they are working in. That is why the key to the success of this model will be to build on the successes of York's Local Area Coordination model (an in depth evaluation of York's work in can be found in the paper '*Bridging the Gaps in Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination*' – see **Background papers**).
41. This study found that:

'...the positioning of Local Area Coordination in 'the spaces in between' the system, individuals and communities, offers significant learning for creating effective prevention. Working with people often missed, stuck or lost from services and community support, reduces their risk of falling into crisis and requiring more extensive provision'.
42. A key recommendation of the research was that areas invest in preventive approaches that bridge individual, community and service systems, which this proposed model aims to do.

Recommendations

- 41 The committee is asked to consider the proposed design principles and to provide comments in response to the set of approaches that are outlined, with the two response options set out in paragraph 33.

Reason: To enable the committee to contribute ahead of a report to Executive in December.

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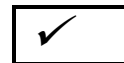
Report Approved ✓

Date 25 October 2024

Specialist Implications Officer(s)

Wards Affected:

All



For further information please contact the author of the report

Background papers

- Decision Session – Executive Member for Culture, Leisure and Communities, 22 November 2019, 'Connecting People and Places - A Community Hub Approach'
<https://democracy.york.gov.uk/documents/s136045/Report.pdf>
- Lewis, R.Q. et al. (2021) 'Integrated Care in England – what can we Learn from a Decade of National Pilot Programmes?' International Journal of Integrated Care, 21(4). <https://doi.org/10.5334/ijic.5631>.
- NHS England, 'Next Steps for Primary Care: Fuller Stocktake Report', May 2022 [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)
- 'Bridging the Gaps In Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination', April 2024, <https://www.communitycatalysts.co.uk/lacnetwork/wp-content/uploads/sites/3/2024/05/Bridging-the-gaps-in-evidencing-prevention.pdf>
- Children, Culture and Communities Scrutiny Committee, 2 July 2024 'Raise York - Family Hub Network Development Update' [Family Hub Network Development Update 2024-07.pdf \(york.gov.uk\)](#)
- Department of Health and Social Care (Independent Report), 'Summary letter from Lord Darzi to the Secretary of State for Health and Social Care', September 2024, <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care>
- NHS Confederation, 'Working Better Together in Neighbourhoods', October 2024, <https://www.nhsconfed.org/publications/working-better-together-neighbourhoods>

Annexes

Annex A: Building Blocks of a Neighbourhood Model in York.