

# Building Blocks of a Neighbourhood Model in York

Design principles for our future community and health  
operating model

# Purpose of this document

This simple and brief document sets out some of the design principles behind a Neighbourhood Model for York.

It has been written by City of York Council, but its aim is to contribute to a much wider conversation with our partners in the city, such as community groups, voluntary organisations, housing bodies and the NHS.

There are several organisations or sectors implementing neighbourhood models, or teams, in York, who want to ensure that the services we deliver for our residents are closer to home, more integrated across agencies, and to shift the care we deliver to focus on preventing issues and illness as well as treating them.

This document does not set out the detailed operational configurations of any new model, which we want to co-design with partners and co-produce with residents.

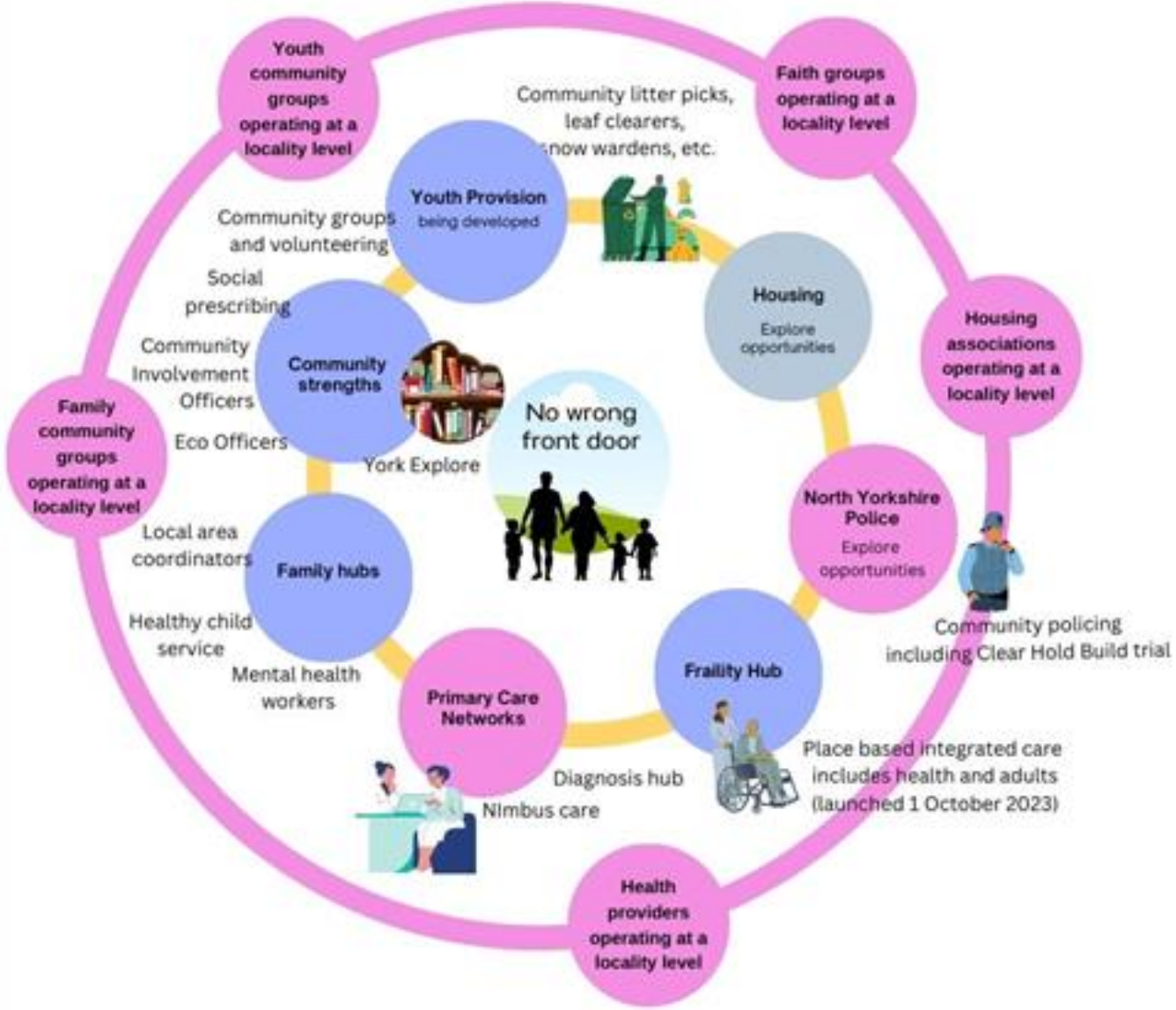
It does set out a set of 6 design principles:

1. **Geographies** – where are we defining the boundaries of our neighbourhoods in York
2. **Outcomes** – the things we want to improve, and those within our population we most want to improve things for
3. **Operating principles** – some of the key values-based ways we'd like anyone working in a 'locality way' to adopt
4. **Core offer** – what people can expect each neighbourhood team to contain
5. **'Working in' neighbourhoods** – a description of how some council services will start working in geographical places
6. **'Relating to' neighbourhoods** – a description of how some council services will continue city-wide, but still draw on the strengths of more area based working.

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**Locality (enabling) model:  
Building community capacity**



# 1. Geographies

There has been a lot of work done over the years on what neighbourhoods or areas could look like in York – this is not the first time the model has been used.

Data has been analysed around our population, its needs and use of the public sector, as well as looking at the potential future population, which we know will see the city grow by around 20% through the local plan. Using this data, and based on three principles of a) trying to balance population need across the areas, 2) aiming for populations of around 50,000 people and c) align with existing council wards, these are the proposed four 'neighbourhoods' or areas for York:

## CENTRAL

48,816 population  
1x Family Hubs  
1x Mental Health Hub  
11 GP branches  
2,538 CYC houses  
3x LACs  
2x LSAOs in bottom 20% nationally

## NORTH

44,870 population  
1x Family Hubs  
8 GP branches  
19 CYC houses  
2x LACs  
No LSAOs in bottom 20%



## WEST

51,345 population  
2x Family Hubs  
1x Frailty Hub  
1x Mental Health Hub (proposed)  
9 GP branches  
2,559 CYC houses  
4x LACs  
3x LSAOs in bottom 20%

## EAST

59,520 population  
2x Family Hubs  
1x Mental Health Hub (proposed)  
12 GP branches  
2,040 CYC houses  
3x LACs  
1x LSAO in bottom 20% nationally

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## 2. Outcomes

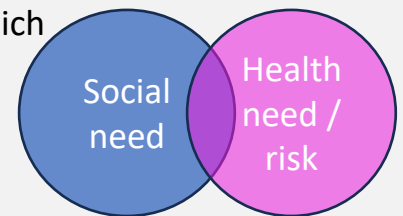
At the heart of a neighbourhood model are set of clear outcomes for a defined population.

### *Clear Outcomes*

- **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.

### *Defined population*

- 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.



## 3. Operating Principles

The core principle at the heart of localities is **Relationship-Based Practice**. This type of practice, when delivered well, looks like:

- Regular multi-disciplinary forums who share best practice
- Induction packs and holding networking events to build relationship
- A system which facilitates regular Multi-Disciplinary Teams or 'team around the person/issue'
- Co-location in one physical building *when useful* (networks can be virtual as well as physical)
- Having named local contacts to 'introduce' customers to, rather than a referral form
- Sharing a triage process to get people the right support at the right time
- Harmonised referral and standard operating procedures between teams
- Use of technology to facilitate networks and contacts in real time
- Sharing and understanding of local need, and data where appropriate
- Sharing a neighbourhood/area manager to facilitate the model

## 4. Core offer

Each neighbourhood team will contain a mix of provision (voluntary, community and/or council services, and/or health) according to need:

- An integrated approach to staffing to support the area, coordinated by a Neighbourhood Manager role, who will work across all agencies and referral pathways.
- Consistent communications and website, building on the Family Hubs model, along with non-digital methods.
- Outreach solutions such as a multi-use mobile hub offer and online resources, for those furthest away from traditional offers.
- The right use of space, including community venues and drop ins.

## 5. Working in neighbourhoods

The CYC teams could work within each neighbourhood team are:

- Health Trainers
- Local Area Coordinators
- Housing Management Officers
- Communities Officers
- Environment and Community (ECO) officers
- Neighbourhood Caretakers (Public Realm and Housing Estate Officers)
- Welfare Benefits
- Neighbourhood Enforcement Officers
- Health Visiting
- Sport Development/ Health Champions

Discussions are ongoing with the ICB and Primary Care as to how they align their teams with this model

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## 6. 'Relating-to' neighbourhoods

There are a number of services the council deliver which will remain as city-wide services delivering specialist team-based interventions, but who will find, as they 'relate-to' neighbourhood teams, a more efficient front door and quicker, more integrated support:

These may include:

- Children's social services
- Youth Justice
- Adult social services
- Healthy Child service
- Waste Services
- Schools support
- Community Safety Hub
- Housing Repairs
- Housing Options/Allocations
- 'Our City' Hub (Migrant Support)

And a number from health:

- Specialist Mental Health support
- Speech and Language Therapists
- Other therapies

Thank you for reading this document

For more information please email

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