CITY OF YORK COUNCIL

Meeting:	Executive
Meeting date:	12 December 2024
Report of:	Director of Housing and Communities
Portfolio of:	Executive Member Housing, Planning and Safer Communities

Decision Report: Design Principles of a 'Neighbourhood Model' for York

1. Demand for health, community and care services has never been greater. York has an ageing population, increased health complexities now affecting people earlier in life, fragmented and overstretched services and widening inequalities. Like the rest of the country, as the city deals with increased living costs, rising health complexities and a greater need for support, many York residents find themselves unable to cope with so many challenges and their lives are increasingly at breaking point.

2. The York system can no longer deliver health and care services in the traditional react-when-needed way. It is causing too great a strain on the system and putting too many residents at risk of avoidable and preventable crisis. There must be a better way.

3. By learning from other Local Authorities and the NHS[1] and shifting away from a reactive model of service delivery, with thresholds for access, to a model where community-based teams, primary and secondary services, social and voluntary sectors share information and co-design support that addresses the holistic needs of different neighbourhoods, then all parts of the system can intervene earlier to prevent avoidable crisis.

4. Early Intervention and Prevention (EIP) work already takes place across the city, through multi-agency hubs and community development. Locality, or neighbourhood based models at other Local Authorities provide well evidenced health and quality of life

[1] NHS England » What are integrated care systems?

benefits for residents. A focused effort to join up services at a local neighbourhood level, with targeted interventions based on the needs of the individual, will equip and empower residents to take control of their health, adopt more positive lifestyle choices and make informed decisions about their, and their families, health and wellbeing.

5. Critically, this will reduce demand and pressure on health and care services, releasing costly and scarce resources for those that need them most.

6. The recommendations in this report seek to address some of the causes of the rising cost of care and challenges for the health service relating to the demographic mix in the city. We will also consider the increasing gap in health inequalities across wards relating to deprivation and barriers to accessing support, advice, and information at the point of need.

7. In line with Council Plan priorities this report informs Executive on work taking place to develop a neighbourhood working or 'Integrated Neighbourhood Team' Model. Integrated Neighbourhood Teams bring together multi-disciplinary professionals from different organisations across health, care and community services. The aim is to deliver more joined up preventative care at a neighbourhood level. By sharing resources and information, teams will work together more collaboratively, simplifying and streamlining access to services. This will make sure York residents get the support and care they need, when they need it - at the right time and in the right way.

8. This model is a way of delivering earlier and better outcomes for individuals, for communities and for the wider system of services in the city. 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. This work builds on already successful multi agency work in the city including around mental health, frailty, family, and community hubs.

9. It aims to engender significant, positive outcomes for the city in co-production with partners, residents, and staff teams follow the approval of this report. The first stage of this work is to agree a set of design principles to deliver a system focused on person-centred, strength-based community development and effective Early Intervention and Prevention (EI&P) throughout York's communities.

Benefits and Challenges

10. The benefits of the proposed changes to the existing models of working in York communities, if realised, are significant. Some of these are outlined below:

    - Constancy of purpose within communities and services, and shared accountability across integrated teams. There is a unity of effort across the health and care system toward shared outcomes.
    - Maximum effective continuity, minimising transitions and handovers, as care wraps around the person.
    - Fluidity in roles between system partners (role generosity and deliberate overlap) to minimise people ‘falling through the gaps’.
    - Doing what is needed, and bringing in who is needed (in support of shared purpose, specialists consult into the team, rather than the team referring out). This also works for services which cannot be split over four areas (such as the proposed Special Educational Needs & Disabilities [SEND] hub).
    - Specialists are better able to see the whole person (their strengths as well as their needs, their personal and their local context) and can tailor their support/care accordingly. This leads to true person-centred decision making, but also greater satisfaction (and therefore recruitment and retention) for staff and partners involved.
    - Supporting the specialist on the frontline, trusting them to execute their informed judgement (through information, technology, managerial, financial etc support that helps not hinders). This would counter the current narrative of central control and a lack of autonomy and flexibility.
    - Community strength and resilience (including advice and information) developed to help those communities and individuals who can, to support themselves, leaving health, care and other services to focus on those with more complex needs. This is a core element of the model alongside specialist community-based services.

11. Clearly, this is a significant undertaking and is not without challenges. In Lewis et al. (2021) (**see Background papers**) the authors describe common pitfalls of organisations setting out to work in a more integrated way.

12. Some of the most common challenges they identified were:

- sharing information across teams and organisations (including efficient data sharing);
- developing new roles and employment routes;
- a lack of time to lead and engage with change (especially among General Practice (GP) providers);
- a lack of additional resources to support development (including ‘double running’ during implementation).

13. There will also be challenges around governance, decision making and implementation that will need to be addressed. This work will be led by the York Health & Care Collaborative and reported back to the York Health & Care Executive (Place Board).

Policy Basis for Decision

14. The Council Plan for 2023-27 'One City, for All' sets out the Council’s vision for the next four years.. The relevant priority actions in the Council Plan are:

- Work with the York Health and Care Partnership to **strengthen York’s integrated early intervention and prevention model** and further develop primary and secondary shared care models and emergency care, working closely with the voluntary and community sector.

- ‘*One of the new Governments key initiatives is the trial of Neighbourhood Health Centres. These centres will aim to alleviate the pressure on GP surgeries by consolidating services such as family doctors, district nurses, and physiotherapists under one roof. By shifting resources to primary care and community services, the Government hopes to provide more integrated and accessible care for patients.’*

- **Deliver local area coordination, health trainers and social prescribing** that supports people be independent and in communities, working alongside partners for their own health and wellbeing.

- **Develop a neighbourhood model of delivery**, exploring the benefits of establishing ‘hubs’ across communities.

- Deliver the City **Community Mental Health** Transformation Programme

- **Develop the relationship between schools, family hubs and learning centres,** such as ‘The Place’ (Sanderson House), in collaboration with other services and universities.

- Develop **a ‘Caretaker’ proposal** to reflect pride-in-place priorities in neighbourhood plans.

Together with responding to ongoing actions to:

- Develop a city-wide **Movement and Place Plan** – with health, care and community services provided at a neighbourhood level, helping reduce city-wide travel for the majority of routine health, care and community services.

- Develop Local Transport Plan 4 and **the Local Cycling, Walking and Infrastructure Plan** (in line with government guidance and aligned to the Air Quality Action Plan) to help people travel easily in a sustainable, safe, and healthy way.

15. Whilst not specifically mentioned in the Council Plan the delivery of statutory **Homelessness and Rough Sleeper Strategy 2024-27** (to be considered at this Executive meeting), will be dependent on the same building blocks and design principles outlined in this report to ensure early intervention by multi-disciplinary teams is co-ordinated and timely.

16. The successful development of this model would enable the Council to address the Plan’s 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 four area map) will link in closely with York’s new Local Transport Strategy, and its Implementation Plan. This commits the Council to an audit of facilities across York (for example, GP surgeries, pharmacies, primary schools, open spaces) and looks to identify the neighbourhoods where facilities are missing. The audit will be accompanied by a review of the bus network which will assess the extent to which people can access facilities by public transport, and York’s Local Cycling and Walking Infrastructure Plan, which will identify active travel

links. This audit will be one of the main actions to identify how to reduce car use in York by 20% by 2030, to assist York in reducing carbon emissions from transport by 71%.

- **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 rights to education, participation, food, housing, work and information. This model is person-centred 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, in partnership with health.

17. The York & North Yorkshire Combined Authority's Economic Framework (see background documents) priorities include 'Healthy and Thriving Communities', stating:

> *'Collaboration will help us to ensure that we're meeting local needs, particularly addressing the unique and diverse requirements of our residents, but also collective efforts can amplify our impact. Whether that's working closely with our two constituent authorities, our Police, Fire and Crime colleagues, Public Health and the NHS, maximising voluntary and community sector organisations, or supporting our anchor institutions.'*

Financial Strategy Implications

18. There is a reasonable expectation that delivering more services within communities, a greater focus on prevention, and work to

reduce handovers and transitions and provide continuity to people, will reduce, or significantly delay, the numbers of people accessing statutory services.

19. This work, subject to co-produced solutions, should result in a model where roles are better integrated, in turn increasing the potential for roles to be joint funded, or health funded. This may contribute to cost savings across the system.

20. For now, resources to undertake this work will sit within approved council budgets. However, as this is a large transformation project work will be undertaken with health partners to identify funding for a transformation/programme manager role.

Recommendation and Reasons

21. Executive is asked to:

    a) Note the work undertaken so far on the Neighbourhood Model and approve the four area model developed in conjunction with health partners;
    b) Approve the Design Principles contained in Annex A;
    c) Approve officers undertaking further engagement and co-production on the model, applying the approved Design Principles throughout, with an aim to have detailed CYC neighbourhood proposals back to Executive by Summer 2025 with the building blocks in place for delivery.

    Reason: To provide a roadmap towards developing a Neighbourhood Model for York.

Background

22. 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.

23. 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 council services and Health could work together, at a community level, in a more integrated way.

24. Phase 2 of this work was established 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.

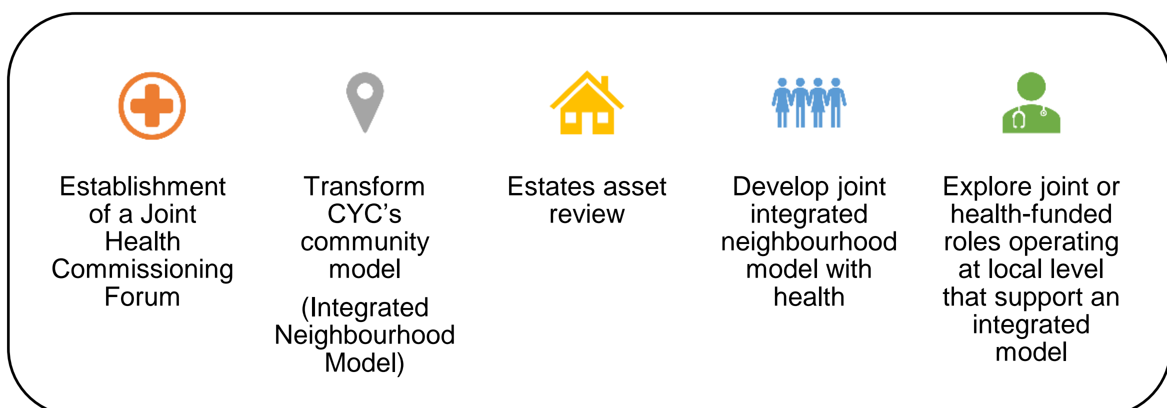
25. The shared proposed outcomes for this model are:

- **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 are 'pulled into' 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 though simpler models have been exhausted.

26. 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, such as the establishment of Joint Commissioning governance arrangements (approved at Executive 14/11/2024):



27. Aligned this work to establish any physical estates aspects of the Neighbourhood Model with the Movement and Place Planning work will secure healthy and efficient transport routes to travel across the neighbourhoods.

28. Both the York Health and Care Partnership, through Integrated Neighbourhood Teams (INTs), and the council, through this report, are exploring greater estate integration at a locality level and these two policies are expected to align into a single approach. Equally important to the estates review is securing community and health facilities as part of all new housing developments to ensure appropriate support for residents at a local level.

Transform City of York Council's community model

29. 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.

30. 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.

31. Consultation across health and social care has already been undertaken on a model which would see activity and teams split across four areas, or neighbourhoods.

32. This builds on work that previously took place in 2016 and produced a three area model, which has since been used by a range of services, including housing teams, to organise operational delivery.

33. This has been updated considering the impact on population that the York Central development will have and the practice of health systems to plan for areas with a population of approximately 50,000. The final model was chosen by a consultation group made up CYC, ICB and primary care (GP) representatives (see Annex B showing data and original three area model, alongside the data for the proposed four area model).

34. There is a fifth area within 'York Place' (health) covered by the East Primary Care Network but, as this sits in the East Riding Council area, for the purposes of this report it is outside the York Neighbourhood Model.

35. 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.

36. The data mapping exercise showed the distinct nature of the four neighbourhoods summarised as follows in terms of need supporting a localised neighbourhood response tailored to the unique features of the areas and the data sitting behind this is summarised in Annex B:

Ranking by Domain (1 = High Need):

	Domain					
4 Models Split Post York Central	**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

37. This has been mapped to support the four neighbourhoods shown within the Design Principles document at Annex A.

38. 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.

39. A business case will be drawn up looking at the opportunity to use a mobile outreach service through, for example, a ‘Community Bus’ style provision. As the proposed Neighbourhood areas are large, services need to consider how those who are further away from traditional hubs and networks, both socially and geographically, can be reached.

40. 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. We will also explore how outreach can be done in a variety of ways – such as through primary schools.

41. 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, which is currently in co-production with the new York Youth Partnership. Alternatively, it could be hired by community groups for similar purposes.

42. The business case will work with, and respond to, the Local Transport Strategy in considering how to improve connectivity and accessibility when exploring options to improve health and well-being and independence. This will include active travel options such as walking and cycling and as a result will support in reducing transport-related carbon emissions.

Estates asset review

43. 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 with full consideration of healthy and accessible travel options.

44. This will dovetail into work with health partners to scope a new programme - ***accelerating healthy communities*** – the aim of this work will be to create and integrate healthy, sustainable, and inclusive smaller scale 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

45. 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.

46. 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.

47. 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 though 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.

48. More fundamentally, context and environment are one of the main determinants of a person's 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.

49. The Integrated Care Board and York Health and Care Collaborative are aligning their plans alongside the council to deliver integration at pace alongside the council's proposals to ensure that Early Intervention and Prevention is at the heart of all community based services.

Putting Prevention and Early Intervention at the heart of the Neighbourhood Model – the evidence for change

50. Key to any neighbourhood model is a shift in the care and support given to residents at the earliest stage, at the most local level. This reflects priorities of the new national Mission boards, and the acknowledgement that many public sector challenges are rooted in reactive care, late intervention and failure demand due to missed prevention opportunities.

51. There is also no escaping the 'built in' changes to York's population over the next decade which will predominantly drive the demand in children and adults social care, housing, and healthcare. These include:

    a. The population of state pension age is projected to grow by 23% over the next 20 years, and there will be a higher number of older people in York than other places – for instance there will be a doubling in the number of over 85s by 2040;

    b. A rise in demand for healthcare, which the Integrated Care Board (ICB) predicts will result in a need for an extra 7 hospital wards over the next ten years in York;

c. An increasing number of people living with multiple health conditions - 9.1 million people in England are projected to be living with major illness by 2040, 2.5 million more than in 2019. This is an increase from almost 1 in 6 to nearly 1 in 5 of the adult population.

52. These changes will also be influenced by the significant housing and population growth predicted in York through the Local Plan, and though new population comes with resource into the public sector the levels of resource and population may not match and may not be evenly distributed in terms of demography and geography.

53. Public health modelling undertaken in 2023 suggests a number of knock-on demand increases by 2033 of this growth:

- The number of GP appointments in York will need to increase from around 340k to around 400k per year.

- An additional 52 patients will attend A&E each day.

- Adult Social Care demand will rise by an extra 600 people per year.

- In Mental Health services there will be an extra 1235 patients seeking care.

54. These challenges can only be met by keeping the city's population healthier for longer and increasing the number of years York residents live in good health. Unfortunately, in York female Healthy Life Expectancy at birth has dropped by 0.9 years since 2014-16 and male Healthy Life Expectancy at birth by 2.8 years since 2010-12.

55. There are opportunities however, to keep people in good health, good housing, and safe connected communities. Many examples of agencies working together in a proactive manner exist in York, particularly building on the Asset Based Community Development model (ABCD).

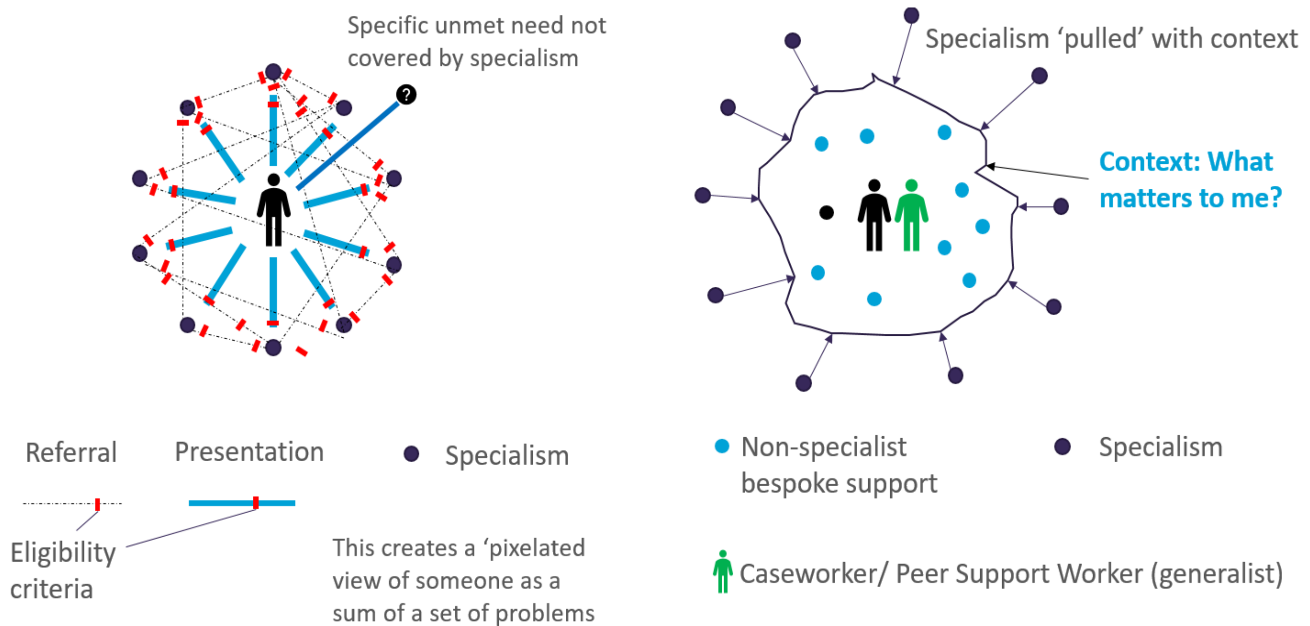
56. In 2024, the York Health and Care Partnership established a programme of work around this 'integrated prevention offer' and partners such as Health Trainers, Social Prescribers and Local Area Coordinators are now working together around a share set of goals to make sure the prevention system in York is integrated, high quality and delivers good value. This is alongside, and a part of, the

Mental Health, Family and Frailty Hub development - all built on a person centred approach.

57. Some of the high impact areas for early intervention and prevention are shown below, along with the quantifiable impacts (cost and quality of life) of the issues on the system in York and examples of evidence-based interventions:

	Current position in York	**Impact on the system in York**	**E.g. preventive Interventions**
Falls (over 65s)	An average of 800 falls-related admissions per year	• £252 cost of an ambulance call out • Average of 12 days spent in hospital post-fall • Average cost of £5200 per admission	• Strength and balance exercises • Medication reviews • Tackling hazards
Loneliness	25% (over 44,000 adults) feel lonely all or most of the time	• Loneliness is the equivalent of smoking 15 cigarettes a day	• Local Area Coordination • Befriending • Social prescribing • Travel partners
Smoking	14,000 regular smokers	• Smoking causes 200 deaths each year • Smoking costs £3m to social care in York each year	• Cessation services • School / college-based prevention • Enforcement eg age of scale, illicit tobacco
Alcohol	36,000 people drinking over recommended amount	• Alcohol costs society £91.7m a year in York • 3,753 alcohol-related admissions (most recent year)	• Brief advice • Treatment • Hospital alcohol teams • Recovery communities
Condition management	1,791 admissions to hospital for conditions / health events considered preventable in 2023	• Combined acute costs of preventable admissions c £8m	• Apps e.g. MyCOPD • Respiratory Social Prescribing • Self-management / peer-led work
Cardiovascular events	100 strokes per year 600 people diagnoses with high blood pressure per year.	• New onset strokes cost health and care £45 k in the first year & £25 k in subsequent years	• Blood Pressure monitoring • Physical activity interventions eg Move the masses

58. These preventative interventions need to be ‘supercharged’ through the York Neighbourhood Model, and it will be specifically designed to enable the multi-agency working, person centred and relationship-based practice which facilitates such a shift (specialisms ‘pulled-in’ as opposed to ‘handing-off’). This is reflected in the design principles and depicted below:



Source: Human Learning Systems and the Liberated Method, Prof Toby Lowe, Newcastle Business School and Changing Futures Northumbria

59. This ‘liberated method’ approach has been taken forward in Thurrock and Northumbria see here: https://www.changingfuturesnorthumbria.co.uk/rethinking-public-service
With the following approach:

> *‘So instead of starting with services, here in Gateshead and more recently across Northumbria, we started with people.*
> *When you start with people and work outwards from them, things don’t look like services anymore. They look like things we would recognise when we go home (if we’re fortunate). They look like family, agency, community, relationships and understanding.*
> *They look like things humans are good at.*
> *Designing public services around relationships is far more effective. People who have bounced around various public services for years start to positively change how they see themselves, the community, and the world when they’re contributing to a relationship and are understood.’*

With the following model:

Rules	
1. Do no harm	
2. Stay legal	
Principles	
What we do	What we are trying to avoid
1. Understand, not assess	Standardised assessments that avoid what matters
2. Pull for help (or refer and 'hold')	Doing our bit and passing someone on
3. Decisions about the work made in the work	Referrals to managers who have no knowledge of context
4. The caseworker/citizen set the scope	Missing nuances that could unlock engagement and progress that are not pre-specified, e.g., carpentry,
5. The caseworker/citizen set the timescales	Restricting support to arbitrary timescales

The case study of 'Brian' is outlined below in terms of pre and post liberated model in terms of interactions and costs:

Pre-Liberated Model	Post Liberated Model
• 3355 total interactions (minimum) • 1000+ health interactions (no1 attendee at A&E) • 116 attendances in 6 months to A&E • 500 nights in supported accommodation • **Decline throughout with escalation in consumption resulting in a worrying trajectory** • **£2 million total consumption (minimum)**	• 161 Liberated Model interactions, with housing being key • 7 attendances at A&E in less than 12 months – no resultant admissions • Most interactions were bespoke. • **In recovery – building community and agency, consumption now declining.** • **£70k consumption, mostly accommodation, and still declining in rate**

Considerations for the next phase and governance

60. For any version of this model to be implemented effectively the continuing work on Phase 2 will need to explore the following questions, in consultation and co-production with partners across all sectors and informed by user lived experience:
    - Why? A confirmation of the final agreed outcomes and benefits.
    - How would the model be funded and resourced to create and maintain resilience of the model?

- What services are included (both as the core team in each area and then as required)?
- Where would they be based? And how can connectivity be optimised for accessing integrated resources through effective and sustainable transport solutions which are convenient, health generating and promote independence as well as reduce carbon emissions from transport?
- When? A full implementation programme plan.

61. In terms of who could be involved - integrated teams are the people who know each community best, a range of people and organisations who are best placed to meet need at the earliest possible opportunity are close to the person or family.

62. In addition to CYC, health related services and voluntary and community sector bodies outlined in this report and Annex A, others may include:

    - North Yorkshire Police who are looking at community based working and are keen to understand how they can align to the model.

    - Schools as an equal local partner with strong local connections with families and holder of the school age population on and source of health intelligence, with a focus on good mental health and wellbeing. As the most common contact point services have for most children, schools are under immense pressure to provide support that should sit outside of the classroom. The 'team around the school' approach has many similarities to the neighbourhood model described in this paper and exemplifies the power of facilitated multi-agency working. Outcomes have shown that relationships improve, the system is easier to navigate, the right help becomes available sooner and that schools feel supported.

    - Local employers interested in health and wellbeing of their employees and to enhance social value activities to benefit the localities in which they are based.

63. The York Health & Care Partnership through its York Health & Care Collaborative (YH&CC) has tasked partners to jointly deliver the York Neighbourhood Model (CYC) and the Health Integrated Neighbourhood Teams (INTs) through a single programme approach. The first recommendations regarding programme delivery will be emerging from the Collaborative over the coming weeks and

months. The YH&CC is co-chaired by a CYC Director and Primary Care (GP) leads and the parallel and complementary work across Health and the Council feels like a unique opportunity to deliver change together with the aim to deliver the transformation outlined in this report.

Consultation Analysis

64. As part of the Early Intervention and Prevention review Phase 1, consultation took place across all CYC services and with health partners.

65. As preparation for the development of this model, the Assistant Director Customer, Communities and Inclusion and a specialist from the Public Health Team took part in a seven month programme called '*Realising the Potential of Integrated Neighbourhood Teams*' led by the Primary Care Network in collaboration with the University of York.

66. 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.

67. The York Health & Care Board has been involved in discussions around this model since March 2024 and will be considering a report in tandem.

68. 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 and is an integral part of the approach and membership of the York Health & Care Collaborative.

Options Analysis and Evidential Basis

69. Options to be considered:

- ***Option 1*** – *Officers to undertake the work to re-design the Council's communities and Early Intervention and Prevention models in line with recommendations and the Design Principles appended to this report.* This is recommended as a positive first step to transforming community-based services and teams.

This model supports other recent and emerging Council strategies around Transport, Climate Change, Air Quality Action Plan, Youth work and Homelessness and Rough Sleeping and built on existing and/or emerging best practice from Local Area Co-ordination and the various form of Hub models in place and operating successfully in York.

- ***Option 2*** *- CYC and Health partners continue to develop Integrated Neighbourhood Team models in isolation.* Partners and residents will not realise the benefits of a fully joined up and person centred approach. This is not recommended as this will miss opportunities to be truly holistic in approach and will continue to create delays and blockages for communities and residents. This is also a missed opportunity to learn from the best practice learned from not only examples from elsewhere but locally in York's Mental Health, Frailty and Family Hub work. This work is invaluable to the new neighbourhood model in terms of for example, cultural change, relational practice and workforce development.

- ***Option 3 -*** *the model is not adopted* and, aside from the missed opportunities outlined in Option 2, and whilst pockets of relational practice and EI&P exist in York already, services and partners will continue to provide a complex challenge to those residents who need integrated care and support. Referral pathways will continue to be reactive and resource intensive and sit within a disjointed, costly and inefficient system.

Organisational Impact and Implications

70.

- **Financial**
  For now, resources to undertake this work will sit within approved council budgets. However, as this is a large transformation project, work will be undertaken with health partners to identify funding for a transformation/programme manager role.

- **Human Resources**
  Any changes to job roles and structures as a result of introducing an integrated neighbourhood model will be managed in accordance with the Councils workforce change policies. Where staff are co-located with teams from other organisations an agreed understanding between the separate

employers to detail how the arrangements will operate in practice may be needed.

- **Legal**
  The proposals in this report are consistent with the Council's duty to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness" as set out in the Local Government Act 1999. Statutory Guidance on discharging this best value duty specifically highlights the need for local services to citizen-focused, meet the needs of diverse communities and improve outcomes for the people who use them. The design principles for York's future community and health operating model should continue to be developed in line with the best value duty and guidance.

  Any service changes will be the subject of separate decision making processes and specific legal advice.

- **Procurement**
  Should any requirements for services or works arise, Procurement must be a tool to deliver those outcomes. Services and/or works must be procured via a compliant process in accordance with the council's Contract Procedure Rules and where applicable, the Public Contract Regulations 2015 (soon to be Procurement Act 2023). Further advice regarding the procurement process and development of procurement strategies must be sought from the Commercial Procurement team.

- **Health and Wellbeing**
  We are aware that 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 poverty, 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.

- **Environment and Climate action**
  By optimising transport routes, including inclusive and accessible routes which prioritise walking, cycling or wheel

chair use, focused on distinct neighbourhood strengths and assets, the Local Transport Strategy ambition of improving health generating travel options where movement is a barrier and reducing carbon-emissions from transport will be supported.

- **Affordability**
  If a neighbourhood model is developed then advice, information and support will be available from the network of resources available within the local area, and agencies whether community, voluntary, health or council services will all be able to provide and engage support tailored to the need of the family or individual. This will ensure that residents can access the support they need to help them with their cost of living to maximise income and receive the financial advice they are entitled to. Advice and support will be available to those furthest away (both geographically and socially) from current services, as outreach services will operate where hubs are not available or accessible to the resident.

- **Equalities and Human Rights**
  Every human being has the right to the highest attainable standard of physical and mental health. We have 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 poverty, 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 will help the council to ensure equity of access to services, particularly for those who have protected characteristics.

  A first Equalities Impact Assessment is attached at Annex C, but a comprehensive follow up will be undertaken as part of consultation, ahead of the next report to Executive in Summer 2025.

Data Protection and Privacy

The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved

recommendations and options from this report and a DPIA completed if required.

- **Communications**
  Communications will form a key element of consultation and the delivery of any new model. Where appropriate joint communications with relevant partners will be arranged.

- **Economy**
  Workforce development planning, integrated ways of working all focussed on earlier and improved outcomes for residents and their families will improve staff morale, health, recruitment and retention across all sectors involved including the voluntary and community sector, and the health and care workforce. Skills development and access to learning as part of improved outcomes for some residents and resulting employment opportunities will increase life opportunities and long term benefits including health and wellbeing.

Risks and Mitigations

71. **Risks**

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 resulting 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.
- Conflict of location of integrated services and Movement and Place Plan if location is a barrier to accessible and healthy forms of travel.

72. **Mitigations**

- 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.

- 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 vison.

- 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**).

- 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'.

- 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.

- Integrate the Neighbourhood Model with the Movement and Place transport planning.

Wards Impacted

All Wards

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Background papers

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- Children, Culture & Communities Scrutiny Committee, 2 July 2024 *'Raise York - Family Hub Network Development Update'* Family Hub Network Development Update 2024-07.pdf (york.gov.uk)
- York and North Yorkshire Combined Authority Economic Framework, August 2024, PowerPoint Presentation
- 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
- Children, Culture and Communities Scrutiny Committee, 5 November 2024, *Design Principles of a 'Neighbourhood Model' for York* https://democracy.york.gov.uk/ieListDocuments.aspx?CId=1066&MId=14657&Ver=4
- Executive, 14 November 2024, '*Establishment of a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council'* https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=14502&Ver=4

Annexes

- Annex A: Building Blocks of a Neighbourhood Model in York
- Annex B: Evidence Base Behind 4 Area Model
- Annex C: Equalities Impact Assessment

Abbreviations

ABCD	Asset based Community Development
A&E	Accident & Emergency
CYC	City of York Council
EI&P	Early Intervention & Prevention
GP	General Practitioner
ICB	Integrated Care Board
INT	Integrated Neighbourhood Teams
NHS	National Health Service
SEND	Special Educational Needs & Disability
YH&CC	York Health & Care Collaborative