Annex A

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 the NHS, community groups, voluntary organisations, housing bodies, schools and the Police.

There are several organisations or sectors implementing neighbourhood-based models 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 neighborhood 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 neighbourhood working

Partner operating at a locality level

Council operating at locality level

Council universal service

Neighbourhood (enabling) model: Building community capacity

Existing structures established to build-out from, focusing on strengthening partnerships and aligning geographies to consolidate a single point of access - reframing as "Wellbeing Hubs" in 3-4 geographies

More effective joint working across council services locally, covering early intervention, standards of delivering, community assets and improving outcomes, based around need identified through neighbourhood plans, rather than universal.

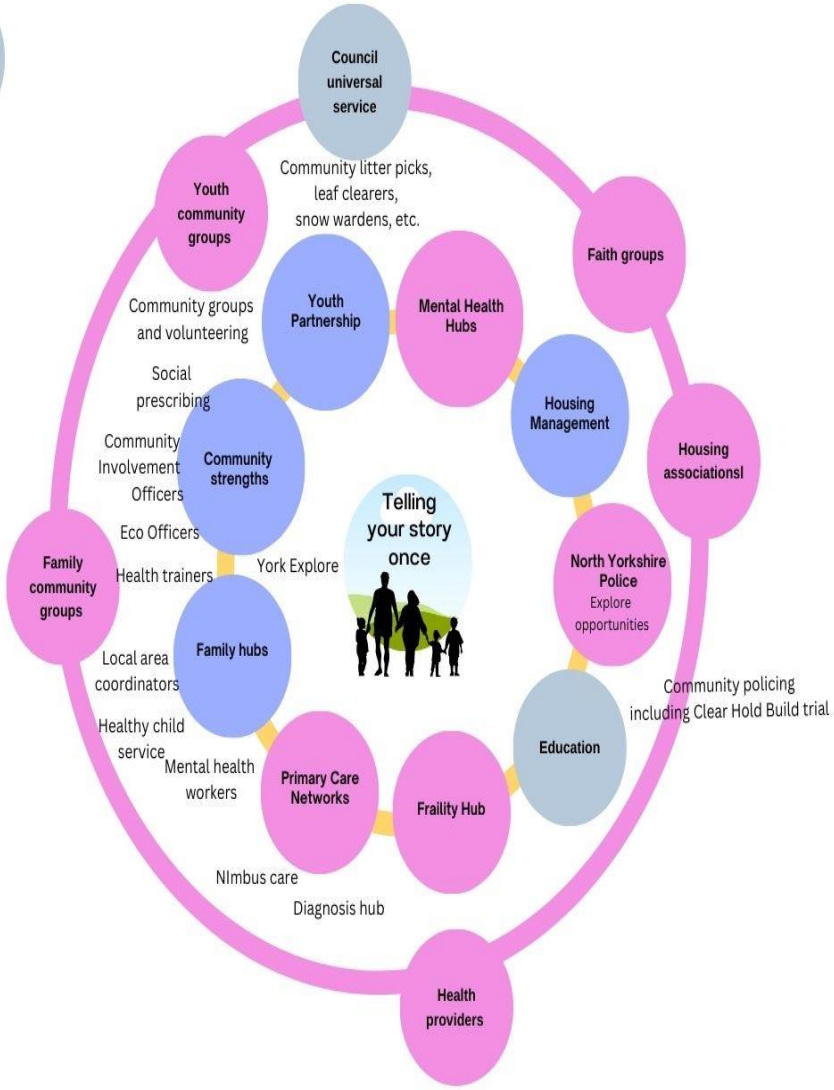
More effective use of data to understand local issues and to inform service design and delivery on a smaller (more manageable) geography.

Strengthens relationship building, community capacity and working together to benefit residents and communities, setting out to co-design service delivery approaches with the communities who need them.

Reduces duplication

Explores impact of improved outcomes on social value. and reduced demand on statutory health and care services

A whole community approach putting customers first.



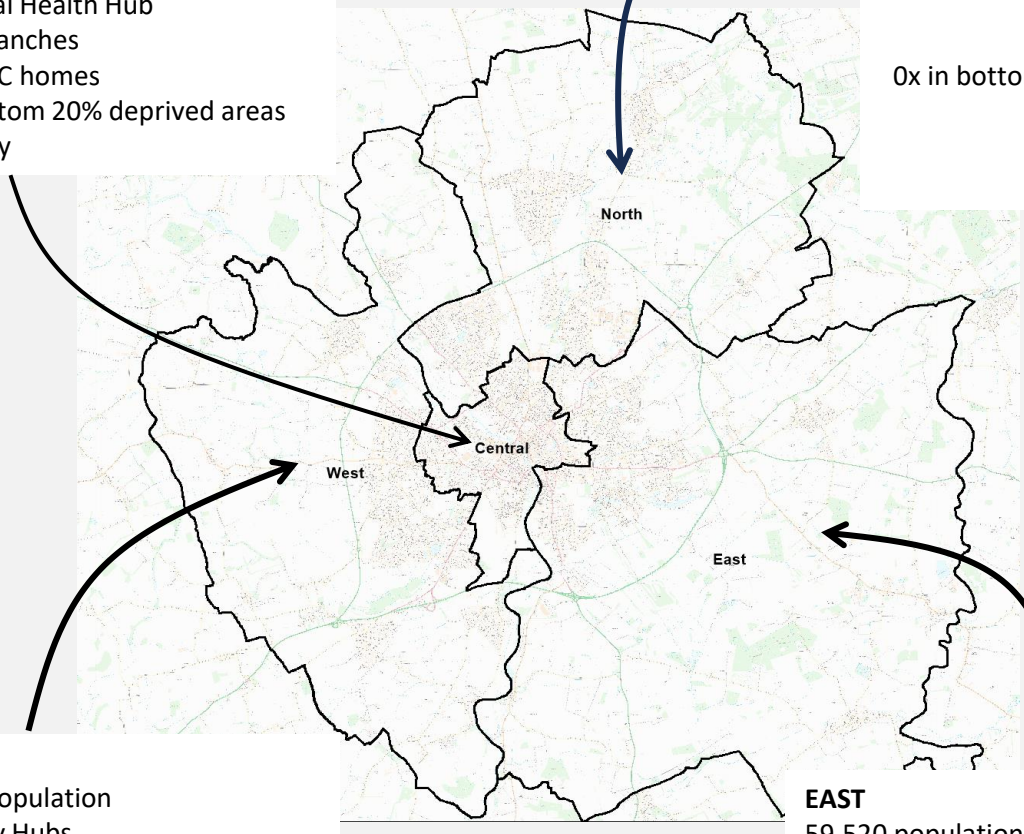
1. Geographies

There has been a lot of work done over the years on what neighbourhoods 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 Hub
1x Mental Health Hub
11 GP branches
2,538 CYC homes
2x in bottom 20% deprived areas nationally

NORTH
44,870 population
1x Family Hubs
8 GP branches
19 CYC homes
0x in bottom 20% deprived areas nationally



WEST
51,345 population
2x Family Hubs
1x Frailty Hub
1x Mental Health Hub (proposed)
9 GP branches
2,559 CYC homes
3x in bottom 20% deprived areas nationally

EAST
59.520 population
2x Family Hubs
1x Mental Health Hub (proposed)
12 GP branches
2,040 CYC homes
1x in bottom 20% deprived areas nationally

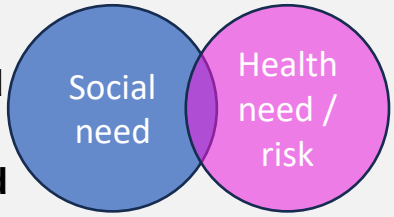
2. Outcomes

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

Clear Outcomes

- **People live more years 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 though simpler models have been exhausted.

3. Operating Principles

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

- Regular **multi-agency** practitioner forums who share **best practice**
- **Induction packs** and holding **networking events** to **build relationships**
- 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 **referra**l and **standard operating pr**ocedures between teams
- Use of **technology** to facilitate networks and contacts in real time
- Sharing and understanding of **local need**, and data where appropriate
- Sharing an neighbourhood/area **manage**r, to facilitate the networks

4. Core offer

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

- 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

Examples of the CYC teams which could work within each neighbourhood team are:

- Health Trainers
- Local Area Coordinators
- Housing Management Officers
- Communities Officers
- Environment and Community (ECO) officers
- Public Realm and Housing Estate Officers
- Welfare Benefits
- 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.
Future discussions will be held with schools and North Yorkshire Police relating to possible future models.

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, an easier 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 on please email

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