

Committee:	Date:
Community and Children's Services	07/11/2019
Subject: Primary Care Networks and the Neighbourhood Model	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Lori Atim, Project Manager	

Summary

The purpose of this report is to inform the Committee Members on the role of the Neighbour model and how it fits strategically and operationally within the City of London Corporation.

The Neighbourhood model shall provide a platform for the support and expertise from residents and their health care, social care, community groups, voluntary sector organisation to create a person-centred approach to health and wellbeing. It will aim to bring a shift in culture and provide opportunities for residents and patients to build more personal resilience, increased confidence in self-management, as well as address their health and social needs. Using the principles of the Primary Care Networks (PCNs), the model shall work towards strengthening communities and networks to support individuals where required.

The key aspiration for the Neighbourhood model is to improve access to a better-quality health and social care that is safe and effective, demonstrated by improved outcomes for residents, and evidenced by the experiences that residents describe, and by the best use of public funds. This will create a sustainable economy for now and the future.

Neighbourhood working is not new; joining up services at the very local level has long been a feature of many local authorities and is now embedded within health and care policy as a means of co-ordinating health and care services within a local area – based on GP registered lists – typically covering populations of around 30,000 to 50,000 registered patients.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. In April 2017, the City of London Corporation entered into integrated commissioning arrangements with City and Hackney clinical commissioning group (CCG) across health, social care and public health to reduce duplication of services, improve patient and service user experiences, and make the best use of constrained resources.

2. Using the principles of the PCNs, the aim is to build on the core of current primary care services and enable greater provision of proactive, personalised, co-ordinated and more integrated health and social care.
3. PCNs are formed by practices coming together with other community providers, local people and the voluntary sector, to serve the population. The aim is to bring together groups of practices, formed around local communities with other community-based health and social care services.
4. PCNs have the potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services. Within the City of London Corporation, additional services can be provided within the Neaman practice, in turn improving access.

Neighbourhoods

5. Neighbourhoods are based on natural geographies, population distribution and need, and previous work across different professional teams. These networks draw on a wide range of professional skills including GPs, care homes and home care, pharmacists, community and mental health teams, and the voluntary sector. They will give community-based care through urgent community response and recovery support, by helping residents to age well and by guaranteeing NHS support to those living in care homes.

Current Position

6. The local City and Hackney health and care system is rolling out a Neighbourhood model which delivers local integrated health and care services around GP populations of 30,000–50,000 registered patients. The model will deliver the requirements around anticipatory care and is based on the same geography as local PCNs.
7. Eight Neighbourhood areas have been created in City and Hackney Neighbourhoods (Appendix 1). Each Neighbourhood includes four to seven GP practices that will work as part of a team of local services to co-ordinate health and social care in the community to help improve the lives of around 30,000–50,000 residents who live in that Neighbourhood area. 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.
8. There is an ambitious vision for Neighbourhoods in City and Hackney to:
 - reduce inequalities of access and in health and social outcomes for all 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.
9. This model aims to:
 - serve populations by 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 co-ordination.
10. The City of London has one NHS GP practice (the Neaman practice) which is part of the Shoreditch Park and City Neighbourhood. Some of the needs in the City of London and the Neaman practice are different from the rest of the Neighbourhood (an older and ageing population and less children). The services delivered, including social care and voluntary sector services, are different in the City compared to the rest of the Neighbourhood and all other Neighbourhoods.

Proposals

11. A bespoke operational model needs to be developed around the Neaman practice to target services and pathways appropriately to need and to the different service providers in the City (Appendix 2).
12. City residents are engaged and involved in shaping and scrutinising the Neighbourhood model in the City of London.
13. An action plan to be developed, setting out the different areas for consideration in developing the bespoke operational City model, which will be updated and communicated to the Committees.
14. In order to deliver this, the City of London will be allocating specific project resource and will need to commission work from the Neaman practice to develop a detailed picture of its needs.
15. Developing a bespoke operational model for the City of London will ensure that the Neighbourhood model meets its aims and objectives and works in the most effective way for the City.
16. One of the aims of the City of London bespoke operation Neighbourhood model is that it will also emphasise the needs of rough sleepers, and the homeless, and provide access to service pathways within neighbouring CCGs.

Corporate & Strategic Implications

17. The Neighbourhood model and PCNs support the departmental aims and objectives by delivering a transparent model that will empower service users to live independently and take charge within their communities and services. In addition, the model will influence the City of London to strive for achieving excellence in delivering social services, homelessness, housing, education and early years services.
18. The Neighbourhood model and PCNs contribute to the wider health and social care agenda by emphasising the needs of residents and ensuring that they meet with the outcome of reducing health inequalities.

Implications

19. The PCNs are a new requirement from NHS England and create new funding flows through GP practices for additional community-based services such as physiotherapy, community pharmacy and social prescribing. Existing services such

as the social prescribing models, a decision-making case would need to be made on how some of the allocated funding could be used for existing services.

20. City and Hackney CCG has a contract with Homerton Hospital to deliver community-based health services, and the contract is due for renewal. As these services form the bedrock of the neighbourhood model, a new approach is being considered, which could result in an alliance contract and include social care services.
21. The Neighbourhood model and PCNs expect to provide a wider range of primary care services to the City of London residents. This may involve a wider set of staff roles than might be feasible in the Neaman practice, for example, first contact physiotherapy, extended access and social prescribing.

Conclusion

22. The health and social care systems have been facing several pressures, as demonstrated at the local level through the increase in emergency admissions, increased costs and increasingly challenging financial environment, indicating a shift in the way the services are being delivered. This is combined with the continuing focus on delivering the best quality care possible and improving patient outcomes.
23. The Neighbourhood model and PCNs provide significant opportunities to improve the way that primary care works and communicates with other providers (health, social care and the voluntary sector) and vice versa, to improve quality and reduce costs.
24. The proposed Neighbourhood model will mirror the principles of the PCN where a Neighbourhood area will become provider networks for integrated care.
25. The Neighbourhoods will be no smaller than 30,000 patients and no larger than 50,000 patients. The Neighbourhood model will work initially around health and care provision, but sustainably would look to also improve health outcomes and achieve a higher standard of patient care.
26. The City of London Corporation shall develop a bespoke operational Neighbourhood model that meets its aims and objectives for residents' needs and delivery of services, while working in the most effective way for the City of London Corporation.

Appendices

- Appendix 1 – Map of the eight Neighbourhood areas
- Appendix 2 – Details of the eight Neighbourhood areas

Lori Atim

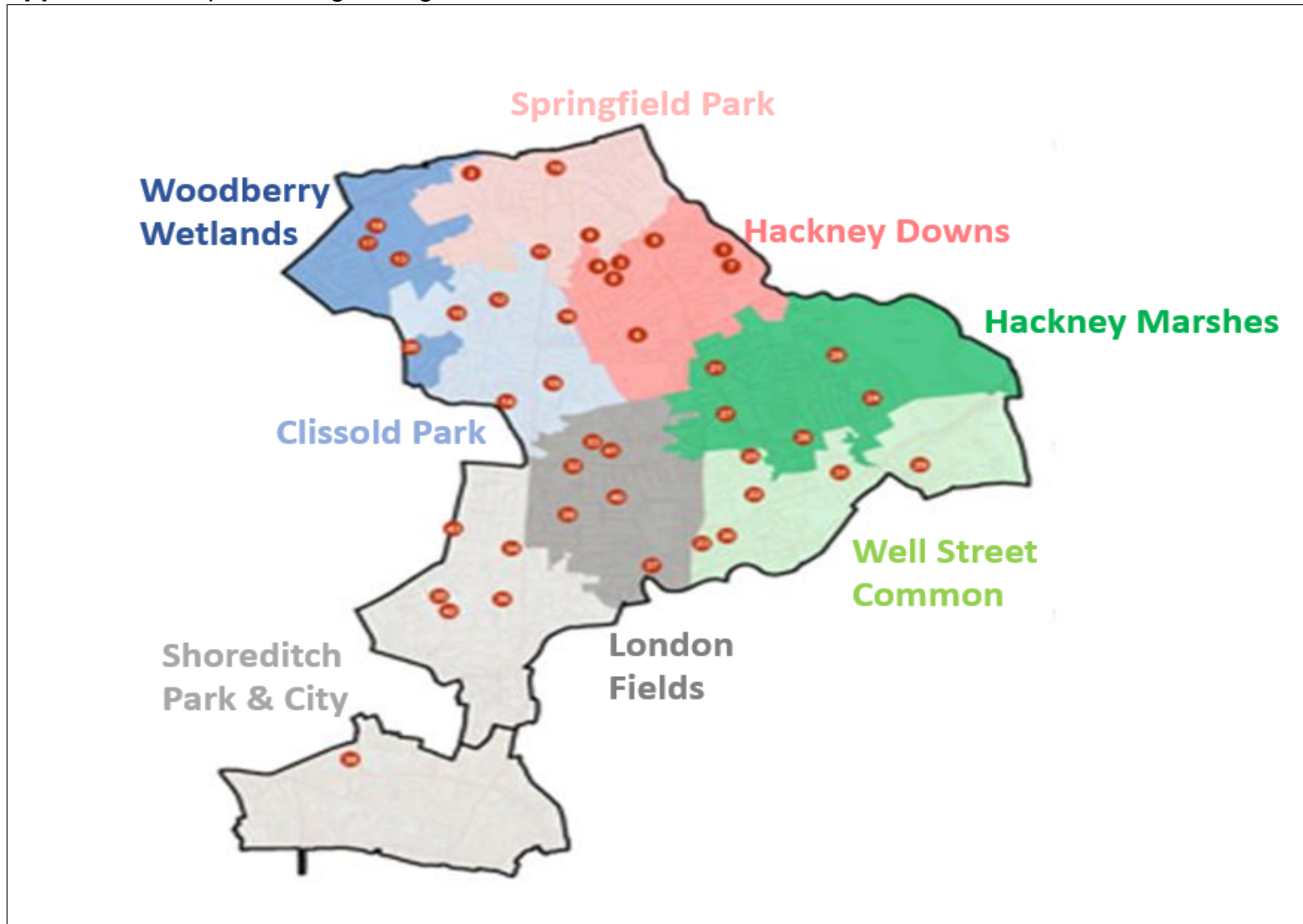
Project Manager / Department of Community and Children's Services

T: 020 7332 1535

E: lori.atim@cityoflondon.gov.uk

Appendices

Appendix 1: Map of the eight Neighbourhood areas



Appendix 2: Details of the eight Neighbourhood areas

