Appendix 1

1. Introduction to Neighbourhoods

1.1. Neighbourhoods is central to City & Hackney's ongoing commitment to re-designing the way that out of hospital services are delivered. The community we live in has a significant influence over our health and wellbeing. Neighbourhoods is about joining up services so people are supported to live healthy lives and that they can receive the right care and support when they need it.

1.2. We are already bringing services together so they are organised around each of our 8 Neighbourhoods; adopting more of a strengths-based approach that is focusing on what matters to residents; working more closely with local communities and taking a more proactive approach to identifying and supporting residents who have complexity in their lives.

1.3. As a local system we want 'place' rather than 'organisation' and 'conversation' rather than 'referral' to be the currency of integrated service provision locally. We want to ensure that residents don't have to tell the same story to multiple organisations and that there is much more coordinated support with them.

1.4. System partners working together across City and Hackney are continuing to put in place a fundamentally different approach to delivering out of hospital health and care services working in collaboration with all system partners including the voluntary and community sector.

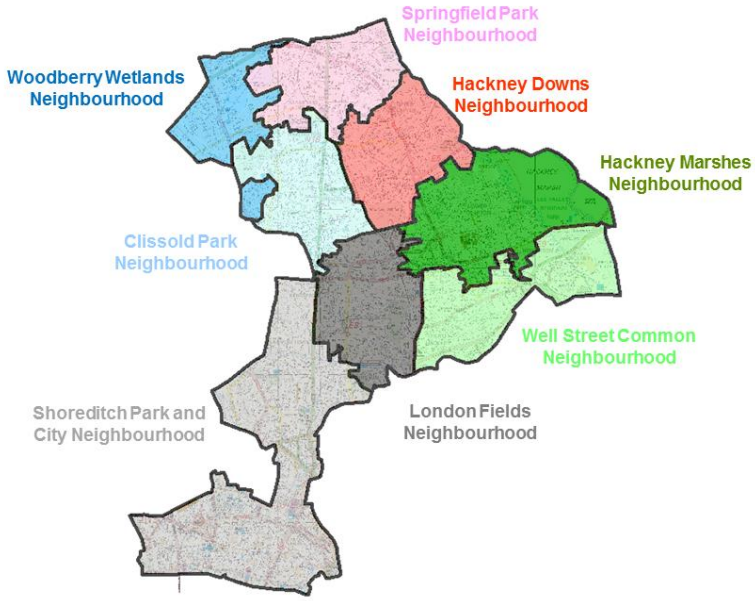
1.5. Our aspiration for Neighbourhoods extends beyond just health and social care. Neighbourhoods at its heart is about relationships and about encouraging relational connections both with and within local communities as well as between practitioners.

2. What are Neighbourhoods?

2.1. Neighbourhoods are formed as far as possible around natural communities based on GP registered lists. Each Neighbourhood serves populations of between 30,000 to 50,0000 residents. The intention is for Neighbourhoods to be small enough to provide joined up services, but large enough to provide a broad range of resilient services. The City of London forms part of Shoreditch Park and the City Neighbourhood.

2.2. Primary Care Networks (PCNs) within Neighbourhoods are key to this approach. PCNs bring together GP Practices to work together and are a key building block of the NHS Long Term Plan. They are focused on service delivery and work with wider system partners. The geographies for PCNs and Neighbourhoods are the same within City and Hackney.

2.3. For the City of London there are links also with Tower Hamlets given where some residents access services. Integrated care in Tower Hamlets is built around a network model – each containing several GP practices. The main practices, Whitechapel/Portsoken and Spitalfields, that City of London residents attend are in two different networks, but this is currently managed by one network manager which provides a good opportunity to have an overall view of the links with the City of London.



3. What is the ambition for Neighbourhoods?

3.1. At the core of Neighbourhoods is bringing together fully integrated community-based teams. This will be multi-agency teams working to take a proactive approach to supporting local residents. This involves healthcare, social care, voluntary and community organisations and wider system partners.

3.2. It is intended that by working together, staff across different disciplines can communicate regularly, share knowledge and expertise and coordinate care planning and delivery. Working in this way also allows teams to localise the planning, coordination and delivery of care for the whole local population. The aim being to support residents in a way which is joined up, community based, proactive and focused on the whole needs of a person and their families.

What are the Neighbourhood principles we are working towards for residents:

- Engagement with residents will start with what matters to you rather than what is wrong with you.
- New services will be provided in the Neighbourhood such as support from physios and health and wellbeing coaches who will deliver support in Shoreditch Park and the City Neighbourhood.
- For residents who have longer-term care and support needs they will be supported by a multi-agency team who work together (within each Neighbourhood) to coordinate their needs.
- This support will be more proactive (rather than reactive at a point of crisis) and therefore prevent or delay rising needs.

4. What is being delivered now for City of London residents?

4.1. The City of London Corporation are key partners in delivering the ambitions of Neighbourhoods. We have drawn out four specific areas to illustrate where activity is being delivered now to support the ambitions outlined above for City of London residents.

4.2. In summary, we have described what will be different for City of London residents from this approach.

a). Understanding what is important to local communities - and working with partners to respond to this

4.3. Neighbourhoods at its heart is about understanding local population health needs and working collaboratively with residents and local communities in response. This year work has been undertaken to improve our understanding of what is important to residents and local communities as well as coordinating responses to those. This includes:

- **Shoreditch Park and City PCN have commissioned work to understand what is important to local residents and communities**. This is being jointly delivered by Healthwatch Hackney and Healthwatch City (the latter are supporting specific work with City of London residents alongside City of London Corporation input). This survey is open during January and early February 2021 and the results will inform a more focused session in February / March 2021. Open to all City residents (not just those registered at the Neaman practice) the results will be used to inform a set of actions to be taken forward by system partners. Follow up work will also be undertaken by Healthwatch City later in the year.

- **Work has been undertaken to develop detailed population profiles for each of the 8 Neighbourhoods across City and Hackney.** These are regularly refreshed (the most recent being in 2020) and draw out important headlines that can be used alongside local community insight identified above. These profiles draw together information about who lives in the Neighbourhood, what we know about the health profile of the population, what we know about how people access services and about the health and care workforce profile for the area. The profile for Shoreditch Park and the City Neighbourhood support focus group sessions highlighted above.

- **In response to COVID-19 'Neighbourhood Conversations' have been held in each of the 8 Neighbourhoods across City and Hackney.** These conversations have bought together a range of partners including voluntary sector, statutory partners, local councillors, frontline practitioners and active residents. The conversations provide a forum for disseminating information, sharing local insight and knowledge and building relationship between organisations. Importantly, they have also led to collaborative working across

a range of different areas including exploring suitable alternatives for communities who face barriers to digital access. Work is being undertaken with HCVS to further develop the City of London representation within these Neighbourhood Conversations.

b). Bringing together of multi-agency teams within a Neighbourhood to deliver more integrated care and support to residents

4.4. We are already bringing together multi-agency teams within a Neighbourhood to support residents with longer-term care and support needs. This work includes:

- **Neighbourhood based teams are being established to support residents with serious mental illness and complex emotional needs**. This is due to be introduced in Shoreditch Park and the City from April 2021. This is a new approach to improving support to residents, focusing on what matters to them (using dialog outcome measures which look at a range of social factors), connecting them with local community services and providing therapeutic and psychological therapy interventions. These blended teams bring together practitioners working across primary care, mental health and voluntary sector (including new community connectors who are helping people make links in their Neighbourhoods and access community and voluntary support). This work is also co-designing support with residents such as peer support groups and sporting / non-sporting activities.

- **Redesign work is underway in services such as adult community nursing, adult social care (LB Hackney) and adult community therapies that will see Neighbourhood-based teams established**. Increasingly those teams providing longer-term support for residents in the community are being aligned to each of the eight Neighbourhoods with improved ways of working between these teams. This work is also improving pathways into services. For example, the work in Adult Community Nursing (currently in the staff consultation phase, with roll out of the new model planned from April 2021 and aiming for full model to be in place towards the end of 2021) will include a single point of access into the service, improved support for patients who need short-term support alongside eight Neighbourhood-based nursing teams providing longer-term support for residents. There will also be better distribution of community-based nursing teams based on demand modelling with more nursing resources allocated to the Shoreditch Park and the City Neighbourhood

- **Primary Care Networks are continuing to recruit to additional roles (utilising national funding made available to them). This will provide added capacity to support primary care, ensure that residents are receiving specialist support and assisting with the delivery of integrated care models**. For Shoreditch Park and the City this already includes social prescribing link workers *(connecting residents to local community services)*, first contact physios (*supporting residents with Musculoskeletal needs*), health and wellbeing coaches (*to support people to proactively manage their*

conditions) and clinical pharmacists *(to support with prescribing and review of medications)* and Physician Associates *(working alongside GPs)* that are delivering additional support on top of existing support delivered in primary care. Additional roles are available (and becoming available from 2021) for PCNs to recruit to and it will be for PCNs, based on an understanding of local population health needs, to identify which roles are most important to provide additional support. There is a financial envelope within which PCNs have to operate in the recruitment of additional roles.

- **The rollout of Neighbourhood-based MDTs from June 2020 to support more vulnerable residents across City and Hackney.** These have been rolled out across all 8 Neighbourhoods and providing a regular space to support residents who are more vulnerable. As core members these bring together community based services including primary care, community health (nursing and therapies), community mental health and voluntary sector engagement. Additional services such as housing, substance misuse, care of the elderly and similar support have been supporting this work. The City of London Corporation and Neaman Practice are involved in this work in Shoreditch Park and the City. These have been an important part of our response during COVID-19 to ensure that those residents who are most vulnerable are receiving support. Many of those residents supported have long-term care and support needs and in many cases wider mental and social support needs. As this work develops, the work will focus on working with people at risk of rising need and unwarranted outcomes through an anticipatory, personalised and more proactive approach to supporting residents (with a particular focus on supporting people with multiple long-term conditions).

- This approach has given access to shared learning on other approaches to take with clients. Key links with the City's voluntary services have also been established with the MDTs together with a defined pathway for referrals from the Homeless and Rough Sleeper service. The forum provides a joint approach on accountability on more complex cases with actions taken from the meetings and monitored back within the MDT. We are already starting to demonstrate evidence of improved day-to-day connections between individuals and teams. As we see more services being aligned to a Neighbourhood-based footprint the opportunities for relational connections will increase.

c). Supporting people in connecting with non-medical needs and connecting them with their communities

4.5. It is important that this support for residents is not wholly based on health conditions or medical needs. We have a local commitment to develop our personalised care approach for residents which is based on an understanding of what matters to them.

4.6. We use the term ‘community navigation’ to describe the 1-2-1 non-medical, person-centred support that these navigation services provide. It is not just about signposting but listening to individuals and what matters to them. The emphasis is therefore prevention focused and often leads to connecting residents to a range of support services - both communities based as well as statutory support. City Connections are already providing support for City of London residents, complemented by social prescribing and health and wellbeing coaches.

4.7. Work to develop further our community navigation offer and make this even more a focus of Neighbourhoods is underway including:

- **Improvements are being made to improving the pathways into accessing this navigation support:** Pilot work is underway specifically in Shoreditch Park and the City to improve referral pathways for primary care into community navigation support. In addition, work is being undertaken with community nursing and community therapies for them to access a single point of access for community navigation (which will also benefit City of London residents who may be accessing nursing or therapies support). This is helping us encourage a more holistic approach to care and support.

- **Ensuring that community navigators are a key part of multi-agency teams**: Community connectors are already a key part of the mental health Neighbourhood blended teams described above, City Connections are involved in Neighbourhood MDT arrangements in place and we are ensuring that similar roles are a key part of multi-agency working.

- **Bringing together community navigation providers within a Neighbourhood**: We are bringing together these navigation providers to work together to support residents within each Neighbourhood. This is being piloted within Shoreditch Park and the City Neighbourhood. These will see closer working between practitioners such as social prescribing, health coaching and community connectors enabling them to build relationships between each other and support our integrated care approach for residents.

d). Establishing partnership arrangements within Neighbourhoods which bring together partners to understand local population health needs and proactively work together to address these

4.8. Finally, we have a commitment to establish partnership arrangements across each Neighbourhood which bring together partners (including voluntary sector and residents) to improve local population health needs.

4.9. Engagement is underway with stakeholders across Primary Care Networks, City of London Integrated Commissioning Board Members and the voluntary sector to define what this Partnership for Shoreditch Park and the City will look like in practice. This will identify the core purpose, involvement and arrangements to support future sustainability.

4.10. These partnership arrangements are not to take decision making responsibilities away from the City of London Corporation but rather to support partnership working across a whole Neighbourhood and provide a means of working together to respond to identified needs. A core part of this work will need to be engagement both with local residents as well as voluntary and community sector organisations.

4.11. A session is planned for February to open up discussions for the development of the Partnership which will involve City of London Members, Shoreditch Park & City Primary Care Network, Shoreditch Trust, City Connections and City Advice.

5. What about support for City of London residents who access services in Tower Hamlets?

5.1. City of London Corporation is undertaking focused work with Tower Hamlets practices to determine clear pathways to support the Corporation's social care services and improve links with the voluntary sector offer for City of London residents. Work is also underway on understanding the needs of City residents with these practices to gain a more detailed understanding of their needs and access health and social care services.

5.2. It is important that regardless of where residents are registered that support for them is joined up. The City of London Corporation working with partners across City and Hackney will continue to work together to further develop these links for City residents.

6. How will we know if this way of working is having an impact?

6.1. We know from evidence nationally that evaluation of integrated care approaches need to be considered over the longer-term. Studies undertaken by Nuffield Trust, Health Foundation and similar organisations have highlighted the complexity of evaluation for complex transformation work.

6.2. We are currently working with a partner organisation to develop an evaluation framework for Neighbourhoods overall which is based around six domains that will form the basis of our evaluation:

- **Individual outcomes**: To what extent do people across City and Hackney have an improved quality of life?
- **Staff outcomes**: To what extent do staff have an improved experience of coordinating and delivering care for individuals within Neighbourhoods?
- **Community wellbeing:** To what extent are we improving outcomes for populations and reducing inequalities as a result of integrated working?
- **Resident and carer experience:** To what extent are people involved in decisions about their care / care of their family and this care is joined up?
- **Organisational processes:** To what extent are we making best use of the resources we have and reducing duplication of effort?

- **Integrated working:** To what extent do teams feel they work effectively together with improved ways of working?

6.3. Work being undertaken between February 2021 and July 2021 will:

- Undertake a stocktake of the Neighbourhoods approach through engagement with residents, partners and frontline practitioners.
- Develop an evaluation framework for Neighbourhoods overall - aligned to the six domains described above.
- Support the development of an evaluation framework for the multi-agency approach to support those with multi morbidities as described above. This will give a more tangible focus on impact.