

# **City and Hackney Neighbourhoods Development Programme**

## **An update paper for Health in Hackney Scrutiny Commission**

**July 2019**

### **1. Introduction**

Following a presentation on the plans for the development of Neighbourhoods in City and Hackney in the Summer of 2018, the Health in Hackney Scrutiny Commission asked for an update to be brought back to the meeting in a year to report on the progress being made with:

- a) An outline of targets and outcomes for the project
- b) Examples of how the model is reaching hard to reach groups in the borough

This paper will provide an update on the development of an outcomes framework for the programme which sets out the areas where we think the programme will make a difference to local residents, staff and the system as a whole.

The paper will also provide examples of how the model is reaching hard to reach groups. For the purpose of this paper we will use the term “seldom heard” groups as opposed to hard to reach groups. Constructive feedback from our Neighbourhood Resident Involvement Group suggested that the term 'hard to reach' groups, implies that there is something about these people that makes their engagement with services difficult. 'Seldom- heard' places more of the emphasis on providers and services to engage with these groups and it was agreed that this term was preferable.

Additionally, the paper will provide a brief overview of the newly established Primary Care Networks in City and Hackney which were created following a national mandate from the GP Contract this year.

### **2. Neighbourhood Outcome Framework**

#### *2i. What is the Neighbourhoods Outcome Framework and why is it important?*

The Neighbourhoods Outcomes Framework is a set of indicators developed through consultation, research and discussion to monitor the expected outcomes from the introduction of the Neighbourhood model and the associated redesign work. The framework provides an overview of how the Neighbourhoods programme is performing.

It was developed to help demonstrate that that the additional investment and action within the Neighbourhoods Programme are improving (and will improve) people's lives across City and Hackney.

The detailed Outcomes Framework attached to this paper in Appendix 1 is the result of a long and extensive programme of work which has involved key stakeholders across the City and Hackney system.

*2ii. How is the Outcomes Framework is constructed*

The Outcomes Framework is constructed from six over-arching domains. These domains were developed from logic models produced during a workshop held with all the providers within the programme and resident representatives. During the workshop participants were asked to list the expected outcomes which would be delivered as a result of the Neighbourhoods Programme and the redesign work it contained. When these outcomes were reviewed and grouped they fitted into six domains/areas. These domains are set out in Figure 1 below:

Figure 1: Neighbourhood Outcome Framework Domains



The figure below maps these domains back onto the overall vision for Neighbourhoods to ensure that we are capturing the outcomes which will help demonstrate that we are delivering the Neighbourhoods vision.

Figure 2: Neighbourhood Vision and Outcomes Framework



*2.iii. How does this fit into the Integrated Commissioning Framework?*

The Neighbourhoods Programme is a critical vehicle in the delivery of the Integrated Commissioning (IC) Vision and Objectives.

The Neighbourhoods Outcome Framework is therefore a part of the broader Integrated Commissioning Outcomes Framework (which is currently being finalised). The Neighbourhoods programme outcomes will be a sub-set of the wider IC outcomes, but will also be able to be assessed distinctly. Successful achievement of the Neighbourhoods outcomes will support the overall delivery of the IC vision and objectives.

*2.iv. Timescales for change*

The detailed Outcomes Framework attached in Appendix 1 sets out when the system might expect to see changes to the suggested indicators over the short, medium and longer term.

The Outcomes Framework has plotted this impact over a five year period beginning in the financial year 2020/2021. 2020/2021 was chosen as the first measurement year has many of the redesign projects are in a test and learn phase currently and are expected to deliver new ways of working towards the end of this financial year (2019/2020).

The programme has a strong focus on preventative work and an aspiration to deliver change across the broader determinants of health within Neighbourhoods which impact on an individual’s health and wellbeing. Therefore a number of the indicators proposed (particularly those relating to Domain 3) are expected to deliver change over the longer term rather than in the short to medium term.

Within the programme there are a number of redesign projects which are being run or piloted in specific Neighbourhood/s. Each is using a Quality Improvement methodology and will therefore be capturing information at a project level within each of the six domains to assess the impact of changes on specific cohorts or within specific areas. We would expect to benefit at this local level for the given cohorts in 2019/20.

Some indicators are expected to deliver an improvement against the baseline position in 2020/2021 based on the current ongoing redesign work across Neighbourhoods and within Primary Care. These indicators are listed below:

Table 1: Impact in Year One

<b>Domain</b>	<b>Indicator</b>
Domain 1: Individual outcomes	Proportion of patients and service users who feel that they were involved as much as they wanted to be in decisions about their care and support  Proportion of people feeling supported to manage their (long-term) condition
Domain 2 Staff Experience	Staff satisfaction using existing surveys
Domain 3 Community Wellbeing and population health	Smoking prevalence  Admissions relating to alcohol  Immunisation rates  Social Isolation Measures
Domain 4 Patient, user and carer experience	Overall satisfaction of people who use services with their care and support (Social Care)  Primary Care experience measure
Domain 5 Organisational processes and system resource	Delayed Transfer of Care Metrics  Attendances at A&E for primary care conditions including dental, minor injuries and minor eye conditions  Social Prescribing measures  Access to Primary Care
Domain 6 Integrated working	Number of people with a care plan which is reviewed at agreed frequency  Number of Adult Safeguarding reviews where coordination of care is a factor

## 2v. Next Steps

Outlined below are the next steps for the development of the Neighbourhoods Outcome Framework

- To build and test the Outcomes Framework (in partnership with Cordis Bright, the CCG, Public Health and the CEG) and supported by the new Unplanned Care Digital Project Manager
  - o To create a baseline for each indicators where information is already collected
  - o To create a plan as to how all new indicators will be collected
- To create and confirm a clear trajectory of expected changes for each indicator including an assessment of the expected scale of change once the baseline has been confirmed
- To share a populated version of the Outcomes Framework with the Neighbourhood Steering Group and moving forward receive quarterly updates

The outcomes framework will be reviewed each year to ensure that the domains and indicators are still fit for purpose, sufficiently ambitious and aligned to the vision.

As we progress the contractual changes to underpin different organisations to neighbourhood working, we will need to ensure that the contractual outcomes of each partner organisation align to and drive the programme and the IC outcomes. The forthcoming contract for community health services will be the first large examples of this.

### **3. Reaching Seldom Heard Groups through the Neighbourhoods Programme**

There are a number of ways in which the City and Hackney Neighbourhoods programme is reaching and work with seldom heard groups. These are summarised below:

#### *3i. Understanding who is in the Neighbourhoods*

The Public Health Team at the London Borough of Hackney have worked in partnership with the Neighbourhoods team and clinicians to develop a detailed information profile for each Neighbourhood. This has helped us to understand:

- Who is in each Neighbourhood
- The needs of the residents within the Neighbourhoods
- Differences in outcomes across the Neighbourhoods

This provides us with insight at a Neighbourhood level of where the seldom heard groups are and also where the greatest variation/inequality in access and outcomes is.

#### *3ii. Partnership working with the Voluntary Sector*

Hackney Council for Voluntary Services (HCVS) is a critical partner in the Neighbourhoods programme. This is an important partnership for the programme as HCVS and the voluntary sector as a whole have good access and reach to many of the seldom heard groups and communities within Hackney and City and trusted relationships with these groups. The programme has funded HCVS to develop a model to help better connect statutory services

to voluntary and community group resources which will be important in helping to reach and improve outcomes for seldom heard groups.

Equally through closer working at neighbourhood level, it is hoped that trust and closer working can be developed between community groups/communities and statutory services using HCVS as a bridge where appropriate. By building trust and relationships it is hoped that this will reduce inequity of access to services.

### *3iii. Partnership working with teams at LBH*

A scoping exercise was undertaken to understand how the Neighbourhoods programme might support the work of teams across the Council and how these teams can work more closely with Neighbourhoods. Opportunities were identified with Private Sector Housing, Leisure and Green Spaces, Tenancy and Leasehold Services, New Build Property Management and Regeneration.

Of the opportunities identified the common thread was the way in which Neighbourhoods might be able to support and provide holistic care to those individuals/families known to council services who may be isolated, struggling, complex and vulnerable and poorly connected to wider services.

Work is now beginning to look at how we create a referral route and offer for council teams into wider services to support vulnerable residents.

A number of other opportunities were identified during this exercise which are also being taken forward.

### *3iv. Community Navigation*

A joint Prevention workstream/Neighbourhoods project is exploring how to improve and strengthen care navigation and social prescribing roles across City and Hackney. This project contributes to the Prevention workstream's 'big ticket' item on improving self-care and self-management.

The newly named Community Navigation System Design Group (formerly referred to as the 'Working Group') includes representation from clinical leads, Neighbourhoods Programme-Unplanned Care, Prevention workstream and City and Hackney VCS and other 'care navigation organisations.' Workshop sessions with the Group have explored the needs of our population, where gaps exist and how we could take these forward as a Group and at a system level. The Group has developed an action plan with six emerging themes:

1. Raising awareness and increasing the use of care navigation across City and Hackney.
2. Improving and strengthening the role of care navigation at a system level.
3. Improving the sharing of information across organisations.
4. Ensure the care navigation offer supports City and Hackney residents with complex and diverse needs and those in seldom heard groups.
5. Improving the interface with services to improve person centred care.

6. Developing the service offer for care navigation supported by training.

### *3v. Community Asset Mapping*

A project is in place within the Neighbourhoods programme to develop a way to ensure that the City and Hackney Neighbourhoods have a comprehensive understanding and knowledge of all the community assets in order to improve the quality of community life and overall health and wellbeing. This project is in its infancy and will work across the system to explore what is already known about areas and pull this together.

The project will in time create a repository/inventory of information that will identify assets (things which have value) and resources at one point in time and then depending on need/resource be updated to reflect the following:

- Skills, capacities and abilities of community members (including legitimacy, influence, political connections)
- Physical structures such as schools, GPs, community centres, parks, social clubs, places of worship, libraries, hospitals and other health centres.
- Places of opportunity (spaces that could be used differently/more)
- Businesses/networks that provide jobs and support the local economy.
- Groups (informal/formal) of citizens such as a tenant resident association, neighbourhood watch, after school clubs or a park user group
- Community/voluntary sector organisations

### *3vi. Resident Involvement*

The Neighbourhoods Programme has recently appointed a Resident Involvement Lead to both support the role of our active Neighbourhood Resident Involvement Group and also to develop and deliver a sustainable model for ensuring that resident's views are collected, listened to and represented at a senior level in the Neighbourhoods. An important part of this work will be to use the information available about Neighbourhoods (outlined above) to understand where seldom heard communities/groups are within each Neighbourhood and to establish ways to involve them in Neighbourhoods.

The Neighbourhoods Resident Involvement Lead will also work with specific projects to ensure that there is strong resident involvement from the outset with the right resident voices. This may also mean reaching out and involving seldom heard groups for specific pieces of work where indicated.

## 4. Primary Care Networks in City and Hackney

### 4i. What are Primary Care Networks?

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan and the new GP five year contract from April 2019. All general practices are required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them.

From 1<sup>st</sup> July 2019, all general practices will be part of a PCN, covering 30,000-50,000 patients, with local Enhanced services funded by CCGs and provided through the new network contracts. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

NHS England are very clear that PCNs are now the fundamental building blocks of the local care delivery system. There is an explicit dual aim for PCNs; to support sustainability in primary care, and to drive the integrated care agenda at a local level.

Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve. Where emerging primary care networks are in place in parts of the country, there are clear benefits for patients and clinicians.

There are national monies for the networks to recruit staffing including pharmacists, social prescribers (in year 1), physiotherapists and paramedics (in years 2-3). There is also the requirement that wider health and social care services are aligned to PCNs in order to deliver locally integrated teams.

We are fortunate in City and Hackney that the ambitions of the PCN contract align to the ambitions of our Neighbourhoods programme and that this work is already progressing well within the Neighbourhood Programme.

Further useful information can be found in this briefing from the Kings Fund:

<https://www.kingsfund.org.uk/publications/primary-care-networks-explained>

### 4ii. Where are we at with PCN in City and Hackney?

Following the publication of the new GP Contract there was a very tight timeframe for practices to form into Primary Care Networks (agree the geography, groupings of practices and boundaries of the PCN) and elect/recruit their Clinical Directors.

For City and Hackney this decision around geography was straightforward and was based on the successful working within Neighbourhoods which had already taken place. We have the following 8 Primary Care Networks which have now all recruited their Clinical Directors:

Table 2: Primary Care Networks and Clinical Directors



<b>Network</b>	<b>Clinical Directors</b>
Springfield Park PCN	Dr Tehseen Khan and Dr Vinay Patel (job-share)
Hackney Downs PCN	Dr Denyse Hoseyin and Dr Sarah Williams (job-share)
Woodberry Wetlands PCN	Dr Ben Saw
Clissold Park PCN	Dr Moyra McAllister and Dr Neeraj Patel (job-share)
Hackney Marshes PCN	Dr Nick Brewer and Dr Haren Patel (job-share)
Well Street Common PCN	Dr Kathleen Wenaden
London Fields PCN	Dr Gopal Mehta
Shoreditch Park & City PCN	Dr Jenny Darkwah

#### *4iii. What next for the City and Hackney Primary Care Networks?*

The PCNs have a number of short term deliverables to initially set up their PCNs and deliver on the year 1 objectives. This has included:

- Putting in place their network agreements, a legal document describing how they are going to work together, share data, resolve disputes if they arise and also work with partners.
- Delivering the first network level service - extended access services must be delivered at Network level to go live 1 July. This means that every PCN must have a local 8am to 8pm 7 days/week primary care extended access model. We were fortunate in City and Hackney that work on this had already begun via the Neighbourhoods programme.
- Be ready to recruit social prescribers and clinical pharmacists from the 1st July 2019

The PCNs provide a fantastic opportunity for City and Hackney to drive many of our local ambitions. We will need to ensure that we harness this opportunity. Some of the key areas for us are as follows:

- The detailed national PCN contract has only been published for year 1. There will be more detailed specifications for years 2-5, with defined outcomes. We will need to marry these up to our local ambitions in the borough and the Neighbourhoods and wider integrated commissioning programme outcomes framework.
- The clinical directors have just taken up post (as of 1<sup>st</sup> July). There is an expectation that they take on a system leadership role, including being part of the emerging integrated care system governance. We will need to ensure that our system governance enables this, and support the clinical directors to take to do this.

## **5. Recommendations and Conclusion**

The Health in Hackney Scrutiny Commission is asked to note the contents of this report.

It is proposed that formal updates on progress including a populated version of the outcomes framework is brought back to the Health in Hackney Scrutiny Commission at an appropriate frequency for the group.

We would welcome feedback and questions on the contents of this report or more generally on the City and Hackney Neighbourhoods development programme.

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