Hackney

Title of Report	Neighbourhoods Programme Response to Connect Hackney Recommendations
For Consideration By	Health and Wellbeing Board
Meeting Date	29 June 2023
Classification	Open
Ward(s) Affected	All
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Is this report for:

- ☐ Information
- ☑ ~~Discussion~~
- ☐ Decision

Why is the report being brought to the board?

At the Health and Wellbeing Board 16 June 2022 Sonia Khan, Head of Policy and Strategic Delivery presented a paper in response to Connect Hackney recommendations that were agreed by the board in January 2022 to take forward.

A number of the recommendations were appropriate to take forward through the Neighbourhoods Programme. The Programme delivers transformation across the Place Based Partnership to address health inequalities through integrating health and care, embedding personalisation and strong resident and voluntary sector engagement in Neighbourhood level services and pathways.

This report responds to the relevant recommendations to the Neighbourhoods programme of work. These are:

4. Include home visits in the design of system navigation services
5. Commission service navigation schemes that include provision for people who do not speak English in order to reach communities known to be at high risk of social isolation.
7. Identify, and find ways to overcome, barriers between LBH social prescribing services and voluntary and community sector activities.
14. Embed Connect Hackney learning on how to maximise opportunities for social connections into the design of all commissioned community activities.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

The report has not been considered at any other committee meeting of the Council. This report is based on wide ranging stakeholder engagement across the partnership.

1. Background

The Neighbourhoods Programme has been underway for 4 years, the achievements are explored in detail here.

The key aim of the programme is to support change that results in improved outcomes for residents through:

- Focus on small **Neighbourhoods**, populations of 30,000 to 50,000, bringing together groups of practices (PCNs) and other providers of healthcare, social care and community support around a natural geography
- Integrating **community based** services around people's needs, supporting collaborative **multi-agency** working to deliver joined up, local and holistic care for people

More recently the programme has worked to support reducing **health inequalities** and thinking more about **population health management** and **prevention**.

The Neighbourhood and PCN geographies align and there are plans in place for further partnership development. There are several services shaped around or delivering on the footprint including community nursing, mental health, pharmacy, adult social care and community navigation and therapies. Some are not complete transformations but are developing and working on further change and continuous improvement.

Monthly Neighbourhood multi-disciplinary meetings (MDMs), Neighbourhood Forums and community navigation networks are also working on the footprint. The Programme is being independently evaluated, including 'deep dives' into the Organisational Development Pilot, and the Proactive care pathway (2023-2024). This will build on the existing theory of change and outcomes framework.

The board is asked to consider the way in which the Neighbourhoods Programme is delivering change that addresses the relevant recommendations coming from the Connect Hackney work and how this is monitored through the evaluation of the programme.

1.1. **Policy Context:**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

- ☐ Improving mental health
- ☐ Increasing social connection and
- ☐ Supporting greater financial security
- ☑ ~~All of the above~~

Please detail which, if any, of the Health & Wellbeing Ways of Working this report relates to?

- ☐ Strengthening our communities
- ☐ Creating, supporting and working with volunteer and peer roles
- ☐ Collaborations and partnerships: including at a neighbourhood level
- ☐ Making the best of community resources
- ☑ ~~All of the above~~

1.2. **Equality Impact Assessment**

Has an EIA been conducted for this work?

- ☐ Yes
- ☑ ~~No*~~

* This paper describes different strands of work that relate to the recommendations. Whilst there is no overarching EIA for the response, Equality assessment is embedded in the work described. For example, the barriers to prevention research aimed at residents over 50 is a recommendation from an EIA on anticipatory care.

Another example of Equality informed work is targeted navigation to address health inequalities in long term conditions (Neighbourhood pilots in women's health and CVD), this is being developed with a population health equity and anti racist service design approach.

The evaluation of the Neighbourhoods Programme includes assessment of impact on Health Inequalities.

1.3. **Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

☑ ~~Yes~~

☐ No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

☐ Yes

☐ No

N/A This paper does not make recommendations.

1.4. **Risk Assessment**

N/A

1.5. **Sustainability**

The City and Hackney Place Based Partnership is committed to developing the Neighbourhoods model to improve outcomes for all residents.

2. **Neighbourhood Programme Response to Connect Hackney Recommendations**

Recommendation 4. Include home visits in the design of system navigation services

The development of the City and Hackney community navigation system is set out in a new coproduced strategy Community Navigation Strategy.

One of the themes of the strategy is 'Maximising the impact of Community Navigation on addressing health inequalities in local communities and supporting City & Hackney residents who experience health inequalities'.

This includes Organisational Development work to build stronger connections between navigator roles and the statutory sector.

As part of this work, the Central Neighbourhoods team are conducting research/consultation with partners on home visiting (either navigators conducting home visits and/or the development of navigation skills and resources in services that already carry out home visits, e.g. community nurses). This includes a review of all current service specifications and formal and informal policies on home visiting.

In general Community Navigation services meet people in the community by default, whether this is at their GP surgery or in another location of their preference. Different

services have different policies for meeting people at homes when they are not able to meet in the community. The Community Navigation Strategy sets out to develop a centralised system to understand better referrals and process across the sector. Home visiting will be explored under this strand of work.

Currently we are aware that although the following requirement was included in the specification for the commissioning of the Social Prescribing and Outreach service, (October 2022) - *The SP&CN service will be expected to offer at least one home visit to those who are unable to easily access the service in other locations. Eligibility and the level of activity that can be met through home visits will need to be agreed with the commissioner, and will be capped to ensure sufficient service capacity.'* , that there has been low take up/ request for this.

We are currently exploring broadening referrals from other services e.g. Homecare, Community Nursing through the closer working of navigators to the wider Neighbourhood team (beyond G.P. referral). This is being monitored by the service and is expected to improve through the role of the Community Engagement Coordinator.

The research will be taken forward through the Community Navigation System Design Group. Home visiting will be monitored through the outcome:

' Improve our understanding of Community Navigation

● *Residents know where to go for help when they need it*

● *Health and care staff better understand the role of non-medical/statutory community-based interventions'*

Part of Community Navigation strategy around health inequalities is to collect and share insights around people accessing Community Navigation services, identifying communities or groups of people not using Community Navigation. This will feed into the Neighbourhoods organisational development pilots that includes the aim of developing smaller organisations who support people experiencing health inequalities.

A piece of work is currently underway by our learning partners Renaisi is a resident survey, staff interviews, and neighbourhood focus groups exploring barriers to taking up preventative interventions. The results of this research will be available September 2023. This work will make recommendations to develop the new Proactive Care pathway and is likely to contain insights for the Home visits project.

Recommendation 5. Commission service navigation schemes that include provision for people who do not speak English in order to reach communities known to be at high risk of social isolation.

The Community Navigation Strategy 2023-25 includes a priority *'Maximising the impact of Community Navigation on addressing health inequalities in local communities and supporting City & Hackney residents who experience health inequalities*', this includes developing a better understanding of the communities that are not using Community Navigation services. This is part of the work plan monitored through the Community Navigation Design Group.

Currently we know that there are various types of provision for people who do not speak English. These include services often having staff who speak languages other than English and the use of Language Line. Intentional recruitment of staff with language skills has been an important element of the development of the sector for example the recent Inclusive Recruitment pilot in Neighbourhoods that recruited the new care coordinators for the Proactive Care pathway. We believe that the community navigator sector is a diverse workforce speaking many languages and this is a strength. Service users have reported that they really appreciated the support sessions in their own language and this enables trust and leads to appropriate solutions for the individual.

Case study: *Cem is 31 years old Turkish man with a mild learning disability. Cem was referred to the Social Prescribing and Outreach service because he was not eligible for a course the local Community College. Cem was feeling low and expressed feeling worthless. He also felt pressure from his family to marry and start a family. He reported that he was bullied a lot when he was a child. He also reported that he often lost his temper because other people were impatient with him. He felts he had no place where he belonged. The suggestion of attending a local Turkish support centre did not appeal to him. He wanted an alternative where he did not have to face cultural pressures.*

Cem was introduced to local community centre and he was welcomed immediately by everyone. He engaged well with others. He engaged in their activities, went for walks with them and expressed wanting to be more involved in the centre. They found him to be an incredibly nice and giving person. This is a contrast to the input he had received from other people in his life.

The following requirement was included in the specification for the commissioning of the Social Prescribing and Outreach service, the service began in October 2022 - '*The service must be accessible to people who use British Sign Language (BSL), who have a learning disability or do not speak English as a first language; ensuring that there is provision for people with the most commonly spoken languages in the City and Hackney, to ensure it meets the needs of the diverse communities living locally. This applies to support sessions and written materials that are produced to share with service users once they have been referred into the service.'*

The Neighbourhoods Programme will continue to support the Community Navigation providers to reach all communities through growing and supporting the diverse

workforce. In addition it will ensure smaller community organisations have access to development support that can improve their capacity to work in partnership statutory sector. Also the Neighbourhood Programme is piloting an anti-racist service design/improvement process with the aim at supporting all services to address institutional racism in our health and care pathways. This will produce resources and case studies as part of the induction pack to Neighbourhoods for staff across all sectors.

Recommendation 7. Identify, and find ways to overcome, barriers between LBH social prescribing services and voluntary and community sector activities.

Neighbourhood Navigation Networks bring people in Community Navigation roles together on a Neighbourhoods footprint to build relationships, understand roles and share resources. Through this network challenges and barriers between Community Navigation and VCS can be identified, and worked through to find solutions. The networks are linking into the new Neighbourhood Forums and have been attending the new Neighbourhoods staff meetings. Neighbourhood Forums are a place that brings together VCS organisations and people in Community Navigation roles, as well as people from the statutory sector and residents. Neighbourhood staff meetings bring together people working on a Neighbourhood footprint to develop relationships. This work aims to bring all community navigation roles into stronger relationships with local providers of activities and services.

We expect the Barriers to preventative interventions research (current: expected results September 2023) and the new Neighbourhood Forum insight reports being developed to identify specific barriers and create action plans for joint work through the PCNs and wider Neighbourhoods partners to support plans agreed at each Neighbourhood level to address barriers. This is the rationale for place based working, that solutions can be found at a smaller population level, through strong multidisciplinary working with resident views driving the solutions.

Recommendation 14. Embed Connect Hackney learning on how to maximise opportunities for social connections into the design of all commissioned community activities.

The Neighbourhoods Programme aims to develop and support a culture change towards prevention, personalisation, coproduction and a focus on the wider determinants of health. Improving social connections is a key part of this. These are the current key work strands that deliver on this recommendation:

A/ The Neighbourhoods Organisational Development Pilot is delivering:

- Staff meetings that include community navigators

- Neighbourhood Leadership groups that consider local health inequalities and how to improve social connections for individual cases through Multidisciplinary working and on a neighbourhood population level by identifying needs and coproducing solutions.
- Anti racist Service Design for Long term conditions pilots: Currently running in Women's Health and CVD pathways working with residents and small voluntary sector organisations.
- Inclusive Recruitment: Materials and case studies for a new recruitment policy that values lived experience (pilotted successfully in the Proactive Care pathway). To recruit more local people who are able to support City and Hackney communities appropriately and in a preventative way.
- Neighbourhood Resident Advisors: Creating a sustainable, supported community of residents experts in quality improvement to work with services on improvement projects.

B/ The Community Navigation Strategy has drawn attention to the need for the sector to understand local needs, identify barriers, work closer with the statutory sector, support and develop the workforce.

C/ The Neighbourhood Forums are mechanisms for resident involvement, strong voluntary sector leadership to collect insights and develop local solutions in partnership with services. Their work extends far beyond a meeting and discussion. For example, Well Street Common Neighbourhood Forum has been working on the need for wellbeing support for young people waiting for CAMHS services. Parents and practitioners worked together to provide a workshop for parents of children waiting for services of wellbeing practices and sharing of information on appropriate activities that can be accessed by young people. Similarly, the Forum has identified barriers and solutions to accessing services for older people who may have limited mobility and are experiencing social isolation. Follow link for agendas and minutes of the Neighbourhood Forums .

D/ The new Proactive care pathway aims to reach people with moderate frailty, ensure they have access to services they need, understand their desires and motivations and link them into non-medical care opportunities that increase social connections and enhance their wellbeing. This includes developing a 'frailty aware neighbourhood' training and resources to support work with frail residents and a personal budgets pilot that will also be used to identify barriers and address them through improvement projects.

E/ A current review of the Neighbourhoods model will include how to embed further the demedicalisation of care, prevention and personalisation. Improving social connection is a key component of this. In the presention to the Hackney Health and Wellbeing Board 27th January 2022 : Addressing social isolation and loneliness

amongst older people The impact and reach of the Connect Hackney programme. The following success factors were outlined:

•Sustained proactive strategies to reach the most isolated (referrals, outreach, word of mouth)

•Support for those not initially ready to connect

•Regular meaningful and shared activities

•Skills and qualities of project staff and project environment

•Projects as a bridge to other activities

Whilst many of these themes are enabled through the Neighbourhoods Programme through supporting community navigation, the development of more integration in Neighbourhoods, more resident insight and more Neighbourhood level leadership, it is the new Proactive care new pathway that really can build on these success factors.

The pathway will support a cohort of moderately frail individuals and sustain proactive communication with them even when they are not ready to connect, build culturally appropriate frailty awareness into Neighbourhoods through training and online resources. This pathway is being evaluated over the next 2 years. A baseline is currently being established.

3. Conclusion

The Neighbourhoods Programme is aligned and beginning to deliver on the recommendations of Connect Hackney to the Health and Wellbeing Board 2022. The Programme is evolving and key structures, resources and new pathways are still in development. We will ensure that the above responses to the recommendations from Connect Hackney are built into the outcomes framework and monitored going forward.

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Appendices	The Community Navigation Strategy The Neighbourhood Programme Theory of Change The Neighbourhood Programme Outcome Framework