



# Neighbourhoods

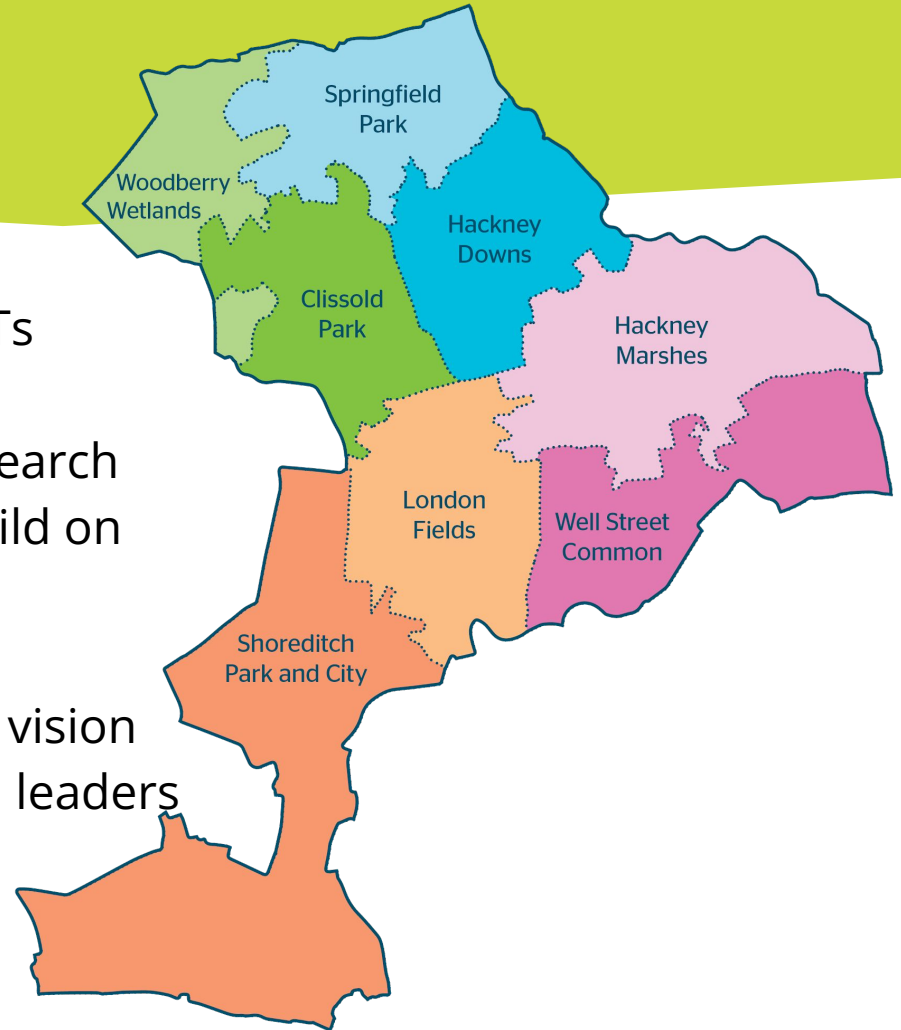
City & Hackney Living Better Together

**Neighbourhoods Estates Planning - March 2024**

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# Neighbourhood & Estates

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# Where are we going - Neighbourhoods?



The current trajectory of Neighbourhoods:

- a) Shaping teams around the 8 footprint
- b) Creating structures to support working together, resident engagement and population health management
- c) Creating colocated matrix teams (core team) that works with complex cases and wider 'team' that feeds in specialist support and wider determinant service support like housing or cost of living.

There is a consultation underway to review that trajectory. Integrated Neighbourhood Network or Integrated Neighbourhood Team? [Research](#) and [mapping paper](#) discuss this in more detail.

# Key issues for planning for estates.

- 1. LTC and complexity served better.** Personalisation and secondary prevention = Office space, hot desk for matrix team to work together. Assessment space: Community therapies. Case coordination and one to one space: navigators, mental health teams.
- 2. Primary prevention,** addressing Health inequalities and addressing the wider determinants of health = resident activity space where prevention and wider determinant services can be delivered.

# Key issues for planning for estates.

**3. There is no primary care estate available** for extra team members or services to collocate. We have to look into the Neighbourhoods for other options.

**4. Each Neighbourhood is different.** We need to unlock estate by understanding local need and mapping resources in each location. Negotiating access to space.

# Examples of location of INTs and INNs from our research

## Permanent Physical Space

- In the research we found 7 clear examples of INT's being located in a permanent physical space
- All of these INT's are quite well established as a core INT of health and care services and some with broader non health and care team members such as VCS services or housing colleagues
- Wigan has 7 Neighbourhoods with a community hub, they acknowledge the hubs that have enabled the best integration and collaboration are those with open plan offices
- In some areas Covid has meant they have needed to think INT location and challenge working from home where it is felt to be affecting relationships
- In Leeds they are working more closely with third sector organisations to utilise physical space in Neighbourhoods. Flexibility to see residents and meet with staff has helped build relationships and efficiencies.

## Blended in person and online

- Blended approaches to working together across organisations have evolved iteratively in response to opportunities of available estates, culture and expectations resulting from the home working during the pandemic
- Birmingham's INT's use a mixture of online and face to face work. Currently based in GP surgeries with face to face colocation 2 days a week
- Liverpool are now working to reinstate face to face meetings to about 50%
- Many teams spoke about their use of the chat function on MStams and where appropriate 'what's app' chats to keep the teams connected and dynamic

# Examples of good practice to build on

- Community Connectors and Wellbeing Practitioners work flexibly across locations as they are guided by what works for their resident e.g. local cafes, outdoor locations like parks, home visits, community centres or GP practices. Other VCS colleagues are often based in their organisations offices for example Shoreditch Trust or Peter Bedford in Haggerston.
- Community Nursing teams have bases in 4 community locations; Fountayne Road; John Scott Health Centre; Lower Clapton Health Centre; and Dalston Practice. This enables them to store supplies, complete their records and interact with primary care colleagues.
- The C&H Integrated Learning Disability Team work (not Neighbourhood structured) work collocating from a range of health and local authority locations as well as online. Many service leaders are keen to explore digital opportunities and ensure the digital offer works for staff and teams.

## **Neighbourhood Pilot: Adult Community Rehabilitation Team (ACRT) Neighbourhood Assessment Clinic/Co-location project**

ACRT would like to work with partners to co-locate and offer a multi-disciplinary assessment to clients who are on an ACRT waiting list, awaiting assessment by the physical physiotherapy team.

The proposal is for a pre-identified cohort of clients who can independently access the community, to attend a neighbourhood based initial ACRT assessment. We are currently identifying 2 community locations, 1 north and 1 south of the borough which would be a space that other community services could also access.

This equates to 40% of all physical team referrals. This is approx. 627 clients that could be seen quicker in an environment where other activities may be available.

ACRT waiting times fluctuate and the service cannot always see clients within 8 weeks.



# Approach to developing Neighbourhood Estates plans

1. Gain system agreement on the refreshed vision for Neighbourhoods working: INN or INT?
2. Dedicated 1 year fixed term post (secondment. Band 7 ) to work with NEL team and Neighbourhood leadership groups to create a plan of work and support unlocking of estate for each Neighbourhood. This would include ICT support needs.
3. Build a clearer picture of the needs of each Neighbourhood and support growth of colocation.

# Current emerging request from staff and resident consultation: A Neighbourhood Hub

- Complex monthly MDMs to be blended and collocated in a setting that also has hot desk and good internet access so that Neighbourhood partners can work together on that day. Meeting space with a screen and internet.
- Resident space with café and/or other activities that present opportunities for non-medicalised, non-stigmatised, assessment care and information sharing.
- Group meeting space for Neighbourhood Forums and other activities where residents can be in a working dialogue with the Neighbourhood professionals.
- Private one to one meeting space for assessments, talking therapy, smoking cessation, blood pressure monitoring and wide range of care coordination
- A place of reference that both staff and residents recognise as their health and care touch point in the Neighbourhood
- Office space for hotdesking or permanent location of a core Neighbourhood team sharing case load (if that is confirmed as the future option)

# The new Neighbourhood Leadership Groups and the Neighbourhood Forums are pivotal in this work.

The purpose of the Neighbourhoods Leadership group is to empower the wider 'Neighbourhood team' to work collaboratively with different services and improve outcomes for residents. Health inequalities are identified, and interventions are developed through new projects or improving existing services. The PCN is the heart of the leadership group and works closely with the Neighbourhood forum to ensure local views are heard.

Leadership Groups who have met and how many times:

- Shoreditch Park and the City x 4
- Woodberry Wetlands x 3
- London Fields x 3
- Well Street Common x 3
- Hackney Marshes x 3
- Hackney Downs - x 1
- Springfield Park - Introductory meeting, complete - Date to be confirmed for first Leadership meeting
- Clissold Park - Introductory meeting, complete - Date to be confirmed for first leadership meeting

Services who are part of the leadership group:

HCVS, Hackney Council, Homerton, Adult Social Care, CYPMF, Community Nursing, Social Prescribers, Housing, Strategy Leads, Healthwatch

# The new Neighbourhood Leadership Groups and the Neighbourhood Forums are pivotal in this work.

Examples of current work

**London fields** HI projects:

- supporting their residents with housing issues and looking into holding housing clinics to be able to offer face to face support within surgeries.
- Focus on childhood obesity, through strengthening referral pathways, bringing clinicians together, working with schools to develop educational days at the surgery around healthy weight.

**Woodberry Wetlands** HI projects:

- Helping one of their surgeries (Allerton Road) that has a small Orthodox Jewish population with a health fair, which will include vaccines, dental care, dietetics and useful information. Providing money to support the fair.
- There is currently a grant application being put together to support asylum seekers with cooking provision at the Redmond centre. The Leadership group are developing a plan to help the case worker who works with the asylum seekers, setting up health provisions around the sessions. A working group is being coordinated to take forward the plan.

**Estates** has been raised in some of the Leadership groups, it will be added to all of the agendas as a standing item.

**Thank you**

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