REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON)
	19 June 2019
SUBJECT:	**Supporting the whole person through an integrated locality approach**
BOARD SPONSOR:	Guy Van Dichele, *Executive Director Health, Wellbeing and Adults* Dr Agnelo Fernandes, *CCG Chair, Health and Wellbeing Board Vice-Chair* Rachel Flowers, *Director of Public Health*

BOARD PRIORITY/POLICY CONTEXT:

- This report addresses and updates the board on the developments in supporting the whole person through an integrated locality approach across the system in Croydon.

- Locality approaches will deliver the priorities of the Health and Wellbeing Strategy, in particular priority 8 – The right people in the right place at the right time.

FINANCIAL IMPACT:

There are no immediate financial considerations, beyond the funds that have already been committed by the partners. As the approach is developed further, there may however be cost implications for this approach in relation to:

a) Potential changes to estates / assets to equip them for either service delivery or for staff to be located in the localities that they serve
b) Organisational development support, to facilitate effective joint working across services and partners
c) The development of enhanced data sharing capabilities
d) The development of an effective, cross-partnership signposting tool.

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1. RECOMMENDATIONS
Health and Wellbeing Board is asked to:

1.1 Comment on the latest position of the localities approach, which is being developed across Croydon.

1.2 Note the Healthwatch recommendations in 8.1 and discuss next steps for addressing them.

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2. EXECUTIVE SUMMARY

2.1 In Croydon our approach to health and wellbeing is rapidly evolving and an important part of that is ensuring that the areas we live in are providing what we need to maintain healthy and productive lives. When Croydon residents seek help they should be able to find the assistance they need locally with services tailored to local needs.

2.2	This report includes perspectives and updates on our locality approaches for:

- Council's Operating Model
- Health and Care Locality Development – Integrated Community Networks +
- Locality approach for the Children and Young People agenda
- Shift to strengths based approaches, such as Community Led Support
- The locality approach and the voluntary and community sector experience
- A Healthwatch Croydon perspective on what locality working means to the public

## 3.	DETAIL

### 3.1	Integrated Community Networks + locality model

3.2	The health and care locality approach – Integrated Community Networks+ (ICN+) model is being developed in localities across Croydon. Need, responding models of care, and affordability will determine whether interventions need to be delivered at the locality level, across localities or borough wide. It has been agreed to pilot the ICN+ programme in Thornton Heath. It is envisaged that the development of each ICN+ will be in conjunction with the development of a Primary Care Network, which will be an integral part of the development of ICN+. The NHS long term plan has set out the ambition for each GP practice to be part of a local primary care network so that these cover the whole country as far as possible by the end of 2019/20. Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. They should be small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system. The intention behind these changes inserted into the GP contract is to focus services around local communities and local practices to help rebuild and reconnect the primary healthcare team across the area they cover and partner with other disciplines. By 31 May 2019, commissioners reached agreement with general practices for network list size and the geographical areas. There are planned to be nine Primary Care Networks in Croydon. This development builds

on the work of the first phase of One Croydon's Integrated Community Networks where we have successful multi-disciplinary 'huddle' working, proactively identifying and case managing people to avoid escalating need and development of partnerships in the voluntary and community sector. A key enabler for this new way of working is the utilisation of over 30 community hubs for the delivery and advancement of social prescribing to meet people's social and emotional needs that impact on their health and wellbeing.

3.3 The models of care will focus on a range of services that will go beyond working jointly but will work in an integrated way. That means the workforce will be multi-skilled to work across professional boundaries and also joint locality management teams. This can only be achieved by bringing together community based services to provide proactive joined up care, working towards shared outcomes. Care should be joined up and with a focus upon proactive care in the named localities preventing people needing acute services or long term social care.

3.4 Through four design workshops, a core ICN+ team of health and social care professionals has been identified. This includes social work, community nursing, occupational therapy and physiotherapy and mental health practitioners. The next steps of the project is to use population health data and specific community assets to develop each ICN+ locality and provision of services. An innovation site is being set-up in Thornton health to continue the development of the model.

4. The Council's Locality Operating Model

4.1 The Council is changing the way that it delivers services: to ensure that they best meet local needs, are evidence based and focused on prevention. This recognises that Croydon is a large and diverse borough, with strengths, assets and needs that differ across the Borough. These changes are collectively articulated as the 'Operating Model', setting out how the council needs to change the way that services are delivered. Further details are contained within the Council's Corporate Plan for 2018-22.

4.2 One of the key principles is a greater consideration of how the Council, with its partners, delivers services within localities. The aim is that the Council delivers place-based, integrated services that help residents to find the information and support they need within their local community and which are tailored to local need.

4.3 The localities approach is being developed iteratively. This means that there is no 'big-bang' overnight change anticipated. We are however looking to align existing activity taking place in localities, whether delivered by the Council, partners or community groups. This locality focus also allows the Council to identify any gaps in provision in geographical areas, working with services and community groups to consider how local organisations can best align and adapt approaches to improve outcomes for residents.

4.4 The Council identified three initial areas of focus to pilot the localities approach. The selection of the pilot areas was based on a number of factors including geographical spread, inequality and the existing or planned activity taking place in these areas. The three areas that will form the initial focus are North Croydon

(specifically Bensham Manor, West Thornton and Thornton Heath wards), New Addington and South Croydon.

4.5 The first pilot to be considered was North Croydon. A process was established to determine the focus of the locality approach. The starting point was to look at the physical assets within an area, the current services/activity being delivered there and the data and the intelligence held about the residents requirements within the area. These datasets include a consideration of the data held within the Joint Strategic Needs Assessment and the health profiling of localities within the Acorn segmentation tool, in addition to data held by various services. The analysis of these datasets allows us to build a rich profile on localities, from which the Council can determine the initial areas of focus and the services that will be required in those areas.

4.6 In North Croydon, the analysis highlighted a relatively high level of children in the area who were in receipt of statutory social care services, compared with the Croydon average. So the focus of the pilot in North Croydon is to strengthen and align those preventative services for children and families that we know require additional support. Early Help services will play a key role in this, but we also want to ensure that there is a close alignment of those services that we know have a crucial part to play in supporting these families, on issues such as health and well-being, employment and skills, housing, and welfare and income maximization.

4.7 These targeted families are the initial focus, through the localities approach we are also considering the requirements of the wider population in that area. This will also aim to consider opportunities to prevent any issues from becoming problems. The Community Connect offer, delivered by the Council's Gateway Services Team in partnership with a number of voluntary and community sector partners, will provide some of these wrap-around services in North Croydon, when it launches from the Parchmore Community Church in June 2019. This targets residents who are most significantly impacted by welfare reform changes. The range of services offered includes a Food Stop, where a targeted group of residents can access fresh food and groceries worth £15-20 at a cost of £3.50 per week. These customers also have the opportunity to receive services from Community Connect that can support them with challenges associated with the welfare reforms, which can include around health and well-being, employment and skills and income maximisation.

4.8 In North Croydon, there have been a number of either new or revised services for residents developed in recent months as part of the locality pilot. In relation to Housing, the Council recently brought several services together to hold an information and advice event in one of the Council's high rise residential blocks in North Croydon. This ensured that those residents were aware of and accessing the wide range of support available to them, including opportunities through social prescribing so that they are supported to live independently and happily. We have also placed a tenancy sustainment officer at Thornton Heath Library on a weekly basis to provide advice on a drop-in basis and another officer provides advice to those residents renting from the private sector, again from the Library, on a monthly basis.

4.9 We want to ensure that we are making the most of valued local and community assets, so that more services, information and advice can be accessed closer to home. This includes further developing the range of services that are delivered from libraries. In Thornton Heath Library, this will include providing access to Council officers at specified times, who can offer support and advice on multiple issues such as welfare, income maximisation, skills and employment, health and wellbeing, housing and benefits. Some cosmetic changes to the Library were made to support this, including the installation of 'pods' to allow one-to-one discussion and the refurbishment of the Community Space.

4.10 The Council have employed a Locality Manager for each of the pilot areas. The primary purpose of the role is to bring together the Council, partners and voluntary and community sector organisations to ensure that there is greater collaboration and alignment between these services. They will also identify opportunities and design new ways of delivering services in the locality. They will also play a key role in monitoring and measuring the impact that this work has on outcomes for local residents.

4.11 In North Croydon, the Locality Manager attends the Thornton Heath Multi-Agency Neighbourhood Meeting, where a broad range of health and social care related priorities, activities and events are discussed. Recent areas of focus have included Social Prescribing, ensuring that all of the organisations who attend the multi-agency meeting, are clear on the offer that is available to residents. This will support knowledge sharing across organisational boundaries and enhance the effectiveness of signposting residents to services.

4.12 The primary focus of the pilots will be different in each area, based on the intelligence. In New Addington and in South Croydon, we are currently in the process of finalising the data on the areas and determining what those priorities will be. In New Addington for example, we know that there are significant challenges around Health and Wellbeing outcomes for some residents, so it will be important to work closely with the Integrated Community Network, Public Health colleagues and community based organisations in that area, to understand the current and planned activity in relation to health and well-being and how the locality work can best support that.

5. Locality Approach for Children and Young People

5.1 Following the appointment of new leadership in the Council's Children's department at Executive Director and Director Level between November 2018 and January 2019, work has been underway to develop a strategic framework to guide the department's work, aligned to the following corporate plan outcome;

"Our children and young people thrive and reach their full potential"

5.2 The departments 'destination' for children and young people in 2021 is "outstanding outcomes". We will achieve this ambition through four core activities, set out below:

- **Relationship based work**; this means adopting a relationship based (systemic) practice model particularly in social care which allows us to build

and sustain relationships of trust to build on successes and make change together with;

- o children, young people, families and carers
- o one another (colleagues)
- o Schools and colleges
- o partners (health, police, voluntary and cultural sectors)
- o local communities

- **Early intervention, prevention and inclusion**; this means investing in prevention; working with schools and communities to identify needs and deliver services as early as possible, to meet needs at the right time, in the right place and in the right way. We will promote educational inclusion and focus on preparing children for transitions and independence.

- **Locality working**; this means bringing our services closer to the communities they serve through changing where and how we work. We will use local knowledge and intelligence (e.g. data and feedback) to ensure communities can access the services they need from us and partners, closer to home.

- **Skilled and stable workforce**; this means investing in permanent recruitment and retention to reduce workloads and enable more consistent relationships with children, families, schools and partners. We will build and develop multi-skilled teams and future leaders through a strong L&D offer and 'high support, high challenge' culture.

5.3 Our practice framework for Early Help and Social Care which is a relationship based model is about developing trusting relationships with children and young people, their families and carers and our key partners and community allies to make positive change together.

5.4 Working in smaller geographical areas (localities) will support this approach by minimising the number of different professionals frontline staff work with locally and allowing them to develop better knowledge of an area and community; gathering a more holistic picture of a child or young person's needs and strengths within the community and identifying what resources (e.g. services and people) are available locally to reduce risk and build resilience.

6. Community Led Support – strengths based approaches

6.1 For locality working to be a success, Croydon is adopting a strengths and asset based model of social care and social work across the borough over the next 12-18 months and working with its partners to introduce the model more widely. The council is working with a partner, the National Development Team for Inclusion, NDTi, to embed the approach which is called Community Led Support.

6.2 Community Led Support focus is on ensuring people receive support quickly, before crises occur. The support they receive is different, based on good strengths based conversations rather on than long and bureaucratic assessment and eligibility processes. It is based on a set of principles and approaches that help people to achieve what matters most to them. The approach supports

people to build on their own skills, assets and abilities, those of their friends and family, connecting people with people and with local communities. It is a place based approach that recognises every community is different and there is not a "one size fits all" response.

6.3 Community Led Support is working in 25 local authorities across England, Scotland and Wales and where it has been established is having many positive effects including reducing waiting lists, improving staff and resident experience and satisfaction, reducing bureaucracy and costs.

6.4 The approach aims to change Practice, System and Culture. The Community Led Support background document A provides more information on the elements of the programme.

7. The Voluntary and Community Sector Experience of Locality Approaches

7.1 The VCS specialises in taking a holistic approach that identifies the full context within which a person defines their needs and aspirations. Its appreciation of the whole person has informed its preventative work, that itself puts a premium on personal resilience and the value of strong communities. The background document B discusses the approaches to putting prevention into practice, developing local assets and includes two case studies demonstrating how the VCS has brought people together in their locality.

7.2 From CVA's perspective the evidence base supporting locality working is built on human story-telling, with a tapestry of 'whole person' case-studies making the case for a greater investment in relationship and community building. In capturing the effectiveness of locality working from a VCS perspective CVA expect to show that the foundations must be in place – strong relationships, good connections and a real sense of community – and that only a bottom-up process can lay these foundations and provide local people with the space to design and deliver their own solutions.

8. Healthwatch Croydon perspective on what locality working means for the public

8.1 As part of an NHS England grant to Healthwatch England, Healthwatch Croydon were asked to provide patient insight to support the local Health and Care Plan development.

One of the aspects of the new plan is the development of Integrated Community Networks and Primary Care Networks to deliver services at local neighbourhood levels of 30,000 to 50,000 people.

In early May 2019, Healthwatch Croydon, in association with NHS Croydon Clinical Commissioning Group, ran two successive two-hour public events in Thornton Heath to gain insight into how this new service model of services would be received by local residents.

There were four aspects that were explored:
• Views on the new model of care
• How can providers engage better through ICNs?

- How can new models of co-production be created?
- How can health providers be locally accountable?

These are our findings based on the conversations had with attendees:

A. **Understanding the model**
- Confusion over the Integrated Community Network/ Primary Care Network model: It is seen by the public as too difficult to understand and with too much terminology. It is difficult to see the individual resident's place in this. It is seen as unclear where the GPs have a role.
- The focus of the model is still too much from the NHS perspective: It needs to emphasise the community more and the wider partners where health and social care impact such as Department of Work and Pensions and schools.

   Healthwatch recommendations:
- ICN/PCN model needs to be represented from the patient perspective: Healthwatch can provide a neutral role and advise on simplifying the language and setting this out from the patient perspective.
- Look to build strong relationships and learn from organisations beyond health and social care services such as schools and relevant government departments.

B. **Widening access**
- Link workers have a role to play in understanding communities: They can have a crucial role in bringing together different parts of the community.
- Accessing younger and working populations: Model looks good for those who are currently older or ill, but the younger and working populations are not really represented.
- Funding opportunities: Many community groups where community life happens, or could be developed, need funding. This could be an incentive to work with providers in developing the ICN+ model.

   Healthwatch recommendations:
- Enhance the link workers role to be enable real community engagement, coproduction and representation.
- Focus activity on engaging those of working age and younger populations by going where they and not expecting them to come to providers.
- Create or maintain funding streams to build community assets and raise profile of change.

C. **Communications**
- Don't underestimate the personal: While it is sensible to digitize some services and reduce unnecessary GP appointments, many people value personal contact whether for information or advice.
- More effective communication is needed on why people do not need to see a GP, for example with self-referral.
- Little information on how long it is going to take to get to this new model. This may create expectations on how quickly this can be delivered.
- Clearer, simpler explanation of pathways is required particularly where they do not require a GP.

Healthwatch recommendations:
- Define opportunities for personal face to face contact to occur.
- Expectations need to be managed concerning rollout and timescale, with communication of clear timetables and regular updates to build confidence.

D. **Building Community Ownership and representation**
- New and creative ways need to be considered to engage a sense of community. This needs to be done physically as well as digitally and needs to reflect diversity of approaches and languages, encouraging ethnic group representatives to support these initiatives.
- The process of influencing and representation is seen as confusing by residents and there is the issue of balancing these: There is a need to explain this in simple terms using models understood beyond health and care. This includes level of formality, whether the role is paid, how much experience representative need to be effective and whether training and mentoring could be given to prevent barriers to access.
- There is an interest in developing a community engagement model that leads to ownership and then leadership in neighbourhoods: This should explore ways of empowering people at each stage to be involved, take ownership and responsibility for leadership roles in each locality

Healthwatch recommendations:
- Community mapping to build networks across different groups and relevant materials to get out to hard to reach groups.
- Apply principles that worked with Department of Work and Pensions Yes We Can event and SLAM membership schemes to build community engagement and empowerment structure.
- Look beyond current ideas to ask the public for their ideas around some simple questions.
- Consider a community engagement model that leads to ownership and then leadership in neighbourhoods.

9. **CONSULTATION/COMMUNICATION**

9.1 The Council's Operating model programme has looked at the findings of recent engagement activity to inform the locality model thinking. This includes the Community Engagement activity that took place in New Addington in February 2019, and some of the findings of the Residents Survey (2018). A number of datasets have been reviewed to develop the evidence base for the locality approaches in Thornton Heath, New Addington and South of Croydon. Individual communications, service promotions and a draft website page is available for the council's locality model.

9.2 The Community Led Support programme will establish a steering group – "Making it Happen" made up of people with lived experience in local communities and with voluntary and community sector colleagues to continually co produce the way forward.

9.1 The Healthwatch report made the following recommendations around communications namely:

- Define opportunities for personal face to face contact to occur.
- Expectations need to be managed concerning rollout and timescale, with communication of clear timetables and regular updates to build confidence.

Consideration to how these will be addressed is required.

9.2 Communications plans for each of the locality approaches need to be reviewed and developed and signposting tools such as directory of services will feature to direct people to where and when to access services in their locality.

10. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

10.1 There are no immediate financial considerations, beyond the funds that have already been committed by the partners. As the approach is developed further, there may however be cost implications for this approach in relation to:

- Potential changes to estates / assets to equip them for either service delivery or for staff to be located in the localities that they serve
- Organisational development support, to facilitate effective joint working across services and partners
- The development of enhanced data sharing capabilities
- The development of an effective, cross-partnership signposting tool

Funding will need to considered and allocated form the appropriate source once projects are developed and costs known.
It is also expected that there will be savings from this work as services are delivered differently, this will need to identified and reported so the impact of this work can be clearly reported and measured.

Approved by: Lisa Taylor- Director of Finance, Investment and Risk

11. LEGAL CONSIDERATIONS

11.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that there are no direct legal implications arising from the recommendations in this report.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Lawn and Governance and Deputy Monitoring Officer

12. EQUALITIES IMPACT

12.1 Each work stream described within the report will be undertaking its own relevant Equalities Analysis as required. The work is being developed with the explicit aim to reduce inequalities. The approach will help the Council ensure the services it delivers best meet local needs.

12.2 It will also help the Council meet a range of equality objectives as listed below:

- To increase the rate of employment for disabled people, young people, over 50s and lone parents who are furthest away from the job market
- To reduce the rate of child poverty especially in the six most deprived wards
- To reduce differences in life expectancy between communities

Approved by: Yvonne Okiyo, Equalities Manager

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APPENDICES:
None

BACKGROUND DOCUMENTS:

Background Document A - What does locality working mean for adult social care - Community Led Support
Background Document B - Supporting the whole person through an integrated locality approach: What does the locality approach mean for CVA?