

<b>HEALTH AND WELLBEING BOARD</b>	AGENDA ITEM No. 10
<b>24 JUNE 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Adrian Chapman - Service Director Communities and Safety		
Cabinet Member(s) responsible:	Councillor Irene Walsh - Cabinet Member for Communities		
Contact Officer(s):	Ian Phillips	Tel. 863849	

**PLACED BASED WORKING - THINK COMMUNITIES, INTEGRATED NEIGHBOURHOODS AND PRIMARY CARE NETWORKS**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Adrian Chapman Service Director - Communities and Safety	<b>Deadline date:</b> n/a
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> <li>Note, comment and endorse the joint approach being taken by the North Alliance and Peterborough City Council for placed based working through the Think Communities, Integrated Neighbourhoods and Primary Care Networks.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Director of Public Health.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide the Board with an update on how placed based working between the council and the North Alliance will be delivered through the Think Communities, Integrated Neighbourhoods and Primary Care Network approaches.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.3.6

*To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.*

2.3 There is no link in this report to the Children in Care Pledge.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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## 4. BACKGROUND AND KEY ISSUES

- 4.1 At its meeting of 28th March 2019, the Board considered the Think Communities approach to reforming the way the public sector delivers services throughout Cambridgeshire and Peterborough.
- 4.2 The report set out the collaborative approach being adopted by partners across all local authorities, police, fire service and health that will see services delivered through a placed based model. This approach is based upon a number of principles:
- the shared approach will need to adopt strengths-based principles
  - it will need to address the ways in which demand for statutory and sometimes costly services will be prevented or delayed
  - it will need to be cognisant of and reflect the role and input of all of our key partners
  - it will need to allow a single cross-partnership conversation with communities to convey a shared vision to achieve mutual benefit
  - it will need to set out the principles of the participatory approach that will be taken to delivery
  - it will need to demonstrate how we will build and sustain trust, transparency and accountability with and between communities and our partners
  - it will need to show how we will monitor the impacts of our work, how it will be evaluated, and how we will communicate outcomes to communities, partners and other Committees
  - it will need to show how we will use evidence to inform our planning and decision making
- 4.3 Alongside the approach being taken by the council, partners within the North and South Alliances are also developing models to roll out placed based working for health services across Peterborough and Cambridgeshire through the Primary Care Networks and Integrated Neighbourhoods programmes.
- 4.4 **Primary Care Networks** are a group of GP practices working together and covering a population size of 30-50k. They will focus on improving primary care services, making General Practice sustainable and primary care collaboration with wider health, care and voluntary services. Primary Care Networks are based upon a national initiative led by the NHS.
- 4.5 **Integrated Neighbourhoods** have primary care networks as their cornerstone and will work together to cover the same community of 30-50k. It brings together community, social, secondary care, mental health, voluntary and wider services to provide proactive and integrated care to local communities which keeps people well and out of hospital.
- 4.6 Collectively, the council and health partners have agreed to that these three approaches should be merged into a single placed based model based upon three core objectives:
1. A collaborative approach to improving the health, wellbeing and quality of life for residents
  2. Achieved by working together to create a focused and local approach to service design, delivery and improvement based on the needs of the local population. A single view of place will be created through shared data, intelligence and understanding of local issues
  3. The placed based approach will have a common geographical boundary of 30-50k population size, based on GP practices through the Primary Care Network

### **Placed based model**

- 4.7 NHS England announced a new Primary Care Network (PCN) Direct Enhanced Service (DES) in January 2019. This will be rolled out nationally and requires all GP practices to join a Primary Care Network covering a population of 30-50k. Over recent months, GP practices have therefore been developing proposals to establish Primary Care Networks and submitted their requests to the CCG on 31<sup>st</sup> May 2019. At the time of writing, these PCNs have yet to be formally agreed, but it is proposed that there will be five PCNs covering Peterborough, two of which are also likely to extend across neighbouring local authority boundaries (one with Fenland and the other with Huntingdonshire and Fenland).

- 4.8 The NHS recognises that a place-based approach will deliver better outcomes at the best price, and this very much aligns to the Think Communities philosophy. By aligning our own communities with those identified as Primary Care Networks we will have communities receiving services from the most appropriate part of the system, with access to a far broader range of alternatives to statutory interventions where appropriate. This approach also aligns to the emerging social prescribing approach for primary care, where often a community based offer can be far more effective than a medical prescription.
- 4.9 Once agreed, these PCNs will form an essential part of the core placed based working model and will be adopted by all local authorities (and other partners) as a single system wide approach. As PCNs are based upon GP practices, we will develop broader service delivery areas made up of populations of approximately 30-50,000. These broader areas will have a co-terminus boundary and provide an agreed focus for the public sector to understand local issues and deliver targeted services.
- 4.10 One of the fundamental principles of this model is that it will provide shared data and intelligence of each of the service delivery areas, allowing all partners to develop a single view of the issues, needs and demands specific to that place. This information will be mapped against existing service delivery and will therefore show where the council and partners are delivering services compared to the underlying demand. This will allow for services to be redesigned to more effectively be targeted at areas of greatest need and help to predict emerging trends where a preventative approach can be adopted.

### **Role of the Community and Voluntary Sector**

- 4.11 For the service delivery areas to operate effectively, they will need to build a close relationship with the existing community and voluntary sector organisations within each area. These organisations typically understand the on the ground issues far better than the public sector and are able to develop innovative solutions to local issues. The Think Communities approach will see the public sector joining up with local community organisations to jointly understand what each area's needs are and co-design solutions.
- 4.12 The Orton area of Peterborough is a prototype area for the Think Communities approach and is focusing on 3 themed delivery areas:

**Isolation**, with specific focus around building a sense of community, place and belonging, including:

- Volunteer workers to support those with health needs
- Programme of Summer events - social activities to bring people together
- Development of a community hub, from which health sessions will be offered by professionals

**Youth**, offering development opportunities for young people:

- Programme of positive events such graffiti art workshops, cycling activities etc.
- Offering a volunteer mentoring / buddy scheme to support vulnerable young people
- Offering educational support - life skills classes, career guidance, interview training etc.

**Environmental**, building a sense of pride in the community:

- Organising community litter picks and clean up events
- Reviewing public land to reallocate ownership to residents so that they can take responsibility for neglected areas.
- Review of public car-parking provision

Additionally, a 'Community Deal' is being developed for the area. This is intended as an informal commitment between the public and services to work together to create a better community.

- 4.13 Residents are leading on designing and delivering the Orton Longueville Prototype, supported by agencies.

## **Placed Based Delivery Boards**

- 4.14 To oversee the work of the service delivery areas, new placed based delivery boards will be established. These will be chaired by the Chief Executive/Corporate Director of the relevant district or unitary council. The purpose of these Boards will be to unblock any delivery issues at the local level and provide strategic direction and decision making to complex service delivery challenges. These Boards will also fulfill the responsibilities of the Safer Peterborough Partnership and the Living Well Partnership which will both cease.
- 4.15 The delivery boards will:
- Provide leadership and strategic direction to drive and support the delivery of placed based working across the service delivery areas
  - Share data and intelligence across all partners to develop an agreed understanding, priority setting and vision across all public and community sector partners
  - Align strategic evidence led priorities with local communities needs to deliver joint action
  - Co-design local service provision with the local community and around the local needs of the population to meet complex challenges
  - See residents, communities, businesses and organisations as equal partners
  - Work together in true partnership to focus on the needs of place, rather than focussing on single organisational priorities
  - Ensure the local people and services have the right tools and appropriate support to help improve their health and quality of life.

The Boards are expected to meet from September 2019.

## **5. CONSULTATION**

- 5.1 Extensive consultation with partners across the public sector has been held on the placed based approach since its inception, and this will continue through individual arrangements, as well as via the Senior Officers Communities Network (a forum of senior leaders from across the public and voluntary sectors), whose sole focus will be on driving forward the approach across our system.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 The placed based approach will deliver more effective services within local areas that are more responsive to local community needs. It will also build upon the community strengths and assets within each place, helping individuals to become resilient and able to access the right services at the right time.

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 The placed based approach is a significant enabling approach, designed to improve outcomes for citizens and prevent and delay demand for services, therefore driving down cost across the system. It is being designed for implementation as a new way of delivering public services within existing resource envelopes

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 To continue to operate services in a non placed based approach. This will however, not deliver the desired outcomes as outlined in the report.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 n/a

## **Legal Implications**

9.2 n/a

## **Equalities Implications**

9.3 n/a

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 n/a

## **11. APPENDICES**

11.1 n/a

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