

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

21 MAY 2018

NEIGHBOURHOOD TEAMS

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on Neighbourhood Teams.
2. Lead Officers involved in the development of Neighbourhood Teams have been invited to the meeting, as well as GP Alliance representatives.

Background

3. Neighbourhood Teams are one of the ways of working/work strands which have resulted from Herefordshire and Worcestershire Sustainable Transformation Partnership (STP).
4. The HOSC was updated on the STP at its 29 January meeting, and HOSC members are keen to continue to keep abreast of plans for services and governance stemming from the STP for Herefordshire and Worcestershire, and the impact for Worcestershire's public.
5. HOSC members are reminded that the purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim Gaps:
 - Health and Well Being
 - Care and Quality
 - Finance and Efficiency

Neighbourhood Teams

6. The NHS and Local Authorities nationally and locally are facing significant funding and demand pressures that are not likely to ease in the coming years. Transformation Partnerships (STPs) are being developed and implemented across the country in order to drive the changes needed to work at scale across organisational boundaries, reduce the funding gap and better meet demand. As part of our Herefordshire & Worcestershire STP, our place based plans for Worcestershire seek to maximise the collectively available resource, to avoid duplication and to spend the Worcestershire pound more wisely to meet our challenging health and social care needs.
7. The local health and social care system faces a combination of some of the most difficult challenges within England: urban and rural health inequalities; some remote geography; an increasing shortage of GPs; a challenging market for care providers; a stretched acute provider delivering services across three hospital sites; challenges

recruiting and retaining skilled staff ; variations in quality and quantity of services; and very significant increases in the populations aged 65 years and over.

8. The population in Worcestershire is generally healthy compared to the nation as a whole. However, health inequalities are still evident and there are significant pockets of ill-health. Local data shows that our most affluent Districts (Bromsgrove, Wychavon and Malvern Hills) on average experience the longest life expectancy, and the greatest proportion of life spent in good health. A focus needs to be made on more deprived populations to reduce inequalities in healthy life expectancy, and more broadly, to reduce the number of years of life lived in poor health. Healthy life expectancy is inextricably linked to lifestyle factors. This is an important consideration as the majority of our population is now over-weight or obese, and many are physically inactive, smoke, and drink too much. Diseases linked to these lifestyle issues such as stroke, coronary heart disease and diabetes are predicted to rise significantly in the years to come if prevention is not radically upgraded. Consideration must also be given to healthy ageing in view of the growing population over the age of 65 years in Worcestershire. Any one organisation cannot solve these issues working alone.

9. The newly established Integrated Care Partnership wants to build resilience in the community and primary care services to support addressing these challenges, and this document sets out how it intends to do this through the development of a new and innovative service model. The partnership has set out its high level model of services organised around the communities where people live and the GP practices people use, and has provided its early thinking about its outcomes framework, based on best practice and local engagement. The rationale for this model is that it will enable a truly clinically led multidisciplinary form, which will over a phased period, enable the partners to integrate health and social care in a way that builds and sustains the resilience in the community, as part of the whole system in Worcestershire into the future.

10. To achieve this we are in the process of implementing 14 local integrated Neighbourhood Teams. These are being put in place across both counties and are made up of different professionals including nurses, therapists, social workers and GPs working together as one team to one set of collective goals. The teams will support a cohort of patients in their local area who are more complex, frail or at greater risk of admission to hospital. The implementation of these Neighbourhood Teams is overseen locally via the three Alliance Boards; Redditch & Bromsgrove, South Worcestershire and Wyre Forest. The Alliance Boards are a partnership between local providers Worcestershire Health and Care Trust, GPs, Adult Social Care, Worcestershire Acute Hospital Trust and Patient & Public representation.

11. The aim of the teams will be to provide more proactive care to these patients to keep them well and at home for as long as possible. Patients and their carers will have clear routes into their team when they need advice or help. The teams will also have clear links with inpatient services at the Acute and Community Hospitals, so that when a patient is admitted the team are aware and can ensure out of hospital support is in place quickly to remove delays getting them home.

12. Investment in developing out of hospital services through the Neighbourhood Teams is a key STP priority. It is part of a strategic shift to develop greater community resilience, to encourage people with long-term conditions to self-care

more elements of their illness, and to do more for people at home, reducing over-reliance of hospital inpatient services.

13. The Neighbourhood Team model will also support us in addressing some of the workforce issues we have. We are viewing roles and skills more flexibly so our teams and activities are designed to better meet patient needs. It also supports our aim to manage traditional demand on GPs in a different and more sustainable way.

14. We expect all Neighbourhood Teams to be fully operational later this Summer.

Legal, Financial and HR Implications

15. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed, if required to do so, they will be reported to HOSC in a timely manner.

Purpose of the Meeting

17. Following the discussion, the Scrutiny Panel is asked to:

- consider and comment on the information provided
- determine whether any further information or scrutiny is required at this stage

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Supporting Information

A full copy of the Herefordshire and Worcestershire STP plan and summary plan can be accessed through www.yourconversationhw.nhs.uk.

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 16 November 2016 and 29 January 2018 – available on the County Council's website [here](#)
- Agendas and Minutes of the Health and Well-being Board are available [here](#)