neighbourhood
integration
project

Community
NETWORK

Delivering neighbourhood-level integrated care in Leeds

JULY 2020

Introduction

The COVID-19 pandemic has rapidly accelerated the integration of care in the community. The transformative potential of organisations working together at a neighbourhood level to meet local needs has never been clearer.

Before the crisis hit, the Community Network initiated a project to capture the successes and share the learning from areas where local service integration was already well underway. This case study forms part of a series published as part of this Neighbourhood Integration Project. With funding from NHS England and Improvement, the project focuses on how long-standing local partnerships have resolved the operational challenges that so often hold back the integration agenda.

These case studies were written before the pandemic, with all the change that has brought about, not least the move to digital ways of working. However, as the NHS faces unprecedented pressures not just to recover but reset how services are delivered, we hope they are still a timely way of sharing the practical strategies health and care organisations have already used to deliver more joined-up care.

This Community Network project is supported by NHS Providers, NHS Confederation, the National Association of Primary Care, the Association of Directors of Adult Social Services and the Association of Ambulance Chief Executives.

Key learning

- All organisations involved in transformation need to develop and commit to a shared vision and shared principles to deliver more integrated care.
- Joint working across organisations needs to be made real by bringing teams together wherever possible. Being located in the same building can be hugely valuable in fostering collaborative working and can help staff develop their knowledge and skills.
- Partnering with organisations outside of the health and care sector, including housing, employment and the third sector and community groups, can make sure that the wider determinants of health and wellbeing are integral to the support people are offered.

How integrated services are being delivered

In 2014, 13 multidisciplinary neighbourhood teams were created across Leeds with the aim of developing closer working between adult health and social care services across the city. The organisation involved in this included the local authority, Leeds City Council, the community, mental health and acute trusts (Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust), NHS Leeds Clinical Commissioning Group, Leeds GP Confederation as well as local universities, charity and third sector organisations including Healthwatch Leeds. One of the key catalysts for the programme was hearing about how neighbourhood integration had been successfully implemented elsewhere. In 2011, Sir John Oldham visited Leeds to speak about work he had developed around long term conditions and neighbourhood teams. This had a huge impact on the whole system, from the council to community and acute services, and led to a desire for services to work better together.

Leeds, like many other cities in England, has a growing population. It has pockets of high deprivation in some areas: 20% of the city's population are amongst the 10% most deprived nationally. There is also a rise in the prevalence of people with long term and multiple conditions with some illnesses seen much earlier in people's lifecycle in comparison to the national average. Leeds has high rates of obesity in children and 12% of households in the city are in poverty.

Previously teams providing community-based care for the same population groups operated in silos. Services were fragmented and there was a lack of communication between teams, leading to too many referrals or staff not knowing which teams to pass referrals onto, impacting on the timeliness of care. Staff felt that the lack of multi-disciplinary working did not allow them to utilise all their clinical and professional skills and expertise. All of this led to inefficient ways of working, duplication of effort, poorer quality care and unwarranted variations in care. People using services would often comment on how disjointed services were and they would frequently have to repeat their health history to different teams and health care professionals.

Don't lose sight of the overall aim of an integrated way of working which is to provide benefits to citizens.

Cath Roff, director of adults and health, Leeds City Council

One of the first developments in Leeds, as part of a health and wellbeing strategy, was adopting a set of principles to put a renewed focus on joint working, the needs of the local population and the wider determinants of health. For Leeds, this included:

- Putting people first.
- Prioritising action and delivering services.
- Everyone, regardless of their discipline, to work as one organisation – *Team Leeds*.

Thirteen multidisciplinary neighbourhood teams were created across the city, with each team made up of:

- A core team, including community matrons, district and community nurses, social workers, therapists, and a neighbourhood clinical practitioner all working together to provide care and support. Teams are each clustered around a number of GP practices.
- Leadership support, including leads from social care, community health services, service managers and operational leads to provide collaborative oversight.
- Aligned staff and services, including the fall teams, GPs, palliative care, geriatricians and dementia and mental health liaison workers.
- Administrative support, which has freed up clinical staff to spend more time providing care and support.

Enabling factors

Leadership

The involvement of the senior leadership teams from each of the organisations has been key in developing integrated ways of working. Strong relationships and a real sense of focus on common needs meant that local leaders were able to develop a strategy which cut across all organisations, setting out a clear vision for integrated working and its rationale. A set of workstreams were developed which had project support to enable people to manage service transformation while continuing to deliver current services. This required commitment from staff to do their day job while focusing on realising the future vision agreed across the partnership.

Multi-disciplinary working

A significant piece of work was undertaken to organise services into the thirteen neighbourhood teams which made sense from a demographic perspective and reflected geographical boundaries, general practice lists and to an extent, natural communities within Leeds. Following this, fully integrated neighbourhood multidisciplinary teams were established. To support this new way of working, many services were co-located to operate from the same building. This took time, particularly as many of the buildings were not in the best condition, but the shift to being physically co-located was prioritised to build professional relationships and to enable collaborative ways of working.

Behavioural changes

To enable changes in working practices, the importance of cultural change was recognised from the outset, including having a common identity and language. This meant that when delivering care and support, including embedding the principles of self-management and goal setting, staff across all services needed to use the same terms. Behavioural changes were required so that people felt comfortable working with other disciplines across organisational boundaries. To support this, there are now ongoing joint meetings between the different professionals so that everyone feels equally accountable for delivering care.

Case management

A key driver of more integrated ways of working was the introduction of a case management approach focused on supporting people to stay out of hospital and manage their own health and care needs. This meant moving to a more person-centred approach to delivering care and support. All patients now have a named case manager and there are monthly case management meetings where people and their care are discussed with all the different professionals from the various disciplines, including the third sector and any specialist services. However, in between the meetings there are also regular conversations to discuss patient needs and next steps in the provision of care and support. This new way of working now means that staff are more efficiently deployed with the right professional there at the right time to deliver the right type of care and support, thus reducing the number of staff involved in cases.

Integration is a means to an end and not an end itself.

Vicky Womack, head of locality development, primary care networks, NHS Leeds CCG

Working with primary care: local care partnerships

To further integrate health and care delivery to local people, a model called local care partnerships (LCPs) was set up. These partnerships consist of health and care providers working with a broad range of other partners including housing, employment services and third sector and community groups, focusing on health and wellbeing and the wider determinants of health. There are 18 LCPs across Leeds, linked closely to the emerging primary care networks (PCNs). These partnerships work with the same population as PCNs but have a wider remit, for example working with people on employment projects, housing and social networks. Undertaking these changes prior to the development of PCNs in 2019 has made it easier to make progress on the new agenda for neighbourhood level service integration.

Mental health working with primary care

Another key success story in joining up care was placing mental health workers into GP surgeries with appointments made via the general practice system. This project was trialled in two areas of the city and has now been scaled up with the CCG commissioning the project as a city-wide initiative.

Leeds Care Record

A key barrier to integrated working is interoperability and the different set of records and information systems health and care professionals use to input, access and share information about people. To enable better sharing of information between the different health and care sectors, the Leeds Care Record was developed. This is a joined-up digital record which pulls real-time key information from the various systems and combines it into one record. The record is used by all NHS acute, mental health, community and ambulance trusts in Leeds, social services and all 96 GP practices in Leeds, with a view to also roll it out across care homes and the third sector in the future. The information included in the Leeds Care Record includes contact details, details of diagnosis, medication and allergies information, test results and referrals, clinic letters, discharge information and a brief overview of services being received.

The roll-out of this initiative has meant there is better coordinated care, less paperwork and more accurate prescriptions and tests administration, enabling more efficient use of health and care services and more holistic care for patients

Benefits for local people and staff

As a result of co-locating teams in the same buildings, staff have developed stronger professional relationships with other disciplines and are now able to better understand each other's way of working. There is improved sharing of information, and potential risks and issues are identified more rapidly. Bringing together the skill set of different professionals working to a joint approach has particularly benefited client groups with more complex needs who now have much more effective and efficient care and support. Staff have also been very positive about these changes, particularly as it has also provided opportunities for professional development.

Prior to the change to neighbourhood working, referrals would often be awaiting allocation, which meant they took a long time to triage. Now there is a single point of referral system led by a senior clinician working in neighbourhood teams to triage referrals, This, along with the new focus on collaborative working where staff discuss cases together, has led to a quicker referral process and shorter waiting times.

Advice for others

The experience of Leeds is that it takes time to fully integrate services and deliver transformational change.

It is particularly important to invest in, and allow time for, staff to build relationships. This includes the senior leadership team as well as staff in the neighbourhood teams. Consideration need to be given to the organisational development strategies that can be used to support staff to get to know each other and understand each other's roles, develop shared working approaches, and create a sense of a team. It may not be easy logistically to find the physical space to place teams together, but co-location can go a long way in supporting teams to build good working relationships.

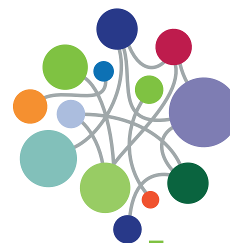
Leeds also sought to involve and engage staff and local people in the work from the very start of the process through regular engagement sessions. This helped build awareness of the benefits of the changes. Leaders also need to ensure there are support mechanisms in place for staff to support them through the changes which, at times, can feel quite uncertain.

Never be complacent, it is important to constantly invest in integrated approaches.

Sam Prince, executive director of operations, Leeds Community Healthcare NHS Trust

Other useful information

- Leeds Community Healthcare neighbourhood teams
- Sir John Oldham's work
- Transforming health and adult social care in Leeds
- Leeds GP Confederation / PCNs
- Leeds Care Record
- Leeds Care Record launches to neighbourhood teams



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The **Community Network** is the national voice of NHS community providers, hosted by the NHS Confederation and NHS Providers. We support trusts and not-for-profit organisations providing NHS community health services to deliver high-quality care by influencing national policy development, sharing good practice, and promoting a vision of integrated care in the community.

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For further information and to get in touch:

nhsproviders.org/training-events/member-networks/community-network/neighbourhood-integration-project

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