neighbourhood
integration
project

Community
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Delivering neighbourhood-level integrated care in Haringey and Islington

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

- Recruit people with 'can-do' attitudes, drive, vision and resilience into leadership roles.
- Don't underestimate the time you need to invest in getting people together to break down institutional boundaries.
- Keep reminding teams of the reasons why services need to come together to add value for patients and service users and make best use of limited resource.
- Prioritise getting your IT and information governance arrangements resolved early on.

How integrated services are being delivered

This case study focuses on Haringey and Islington, two London boroughs served by Whittington Health NHS Trust, a provider of acute and community services. In both boroughs, Whittington Health has worked as part of a strong strategic partnership with the respective councils and clinical commissioning group (CCG), Camden and Islington Foundation Trust, Barnet, Enfield and Haringey Foundation Trust, University College London Hospitals, North Middlesex University Hospital, Primary Care Networks (PCNs), and the voluntary sector to establish a shared vision of integrated health and care based on localities.

Haringey and Islington's shared vision

We want to prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities:

- A simpler, more joined-up local system that offers the right support at the right time, that manages the growth in demand and reduces duplication in the system.
- Integrated, multi-disciplinary teams (MDTs) from across the public sector working together on the same geography and tackling issues holistically, focused on relationship-building and getting to the root causes.
- A workforce who feel connected to each other and able to work flexibly, better able to meet people's needs.
- A new system partnership with the voluntary sector to co-ordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities.

Both boroughs take a 'bottom-up and top-down' approach to realising this vision. Operational 'groundwork' groups of staff feed into a tactical 'framework' management layer which in turn feeds up to the strategic partnership level. The groundwork group identifies problems and suggests solutions to the framework group, with the strategic level tackling the most complex issues that require action at a system level.

This locality-based approach enables problem solving and good practice at a local level to feed into strategy and culture change across the system. In Islington, for example, each primary care network locality's leadership team includes senior commissioning expertise, the lead housing professional, lead social worker, lead district nurse, lead on mental health, and PCN clinical director, as well as the voluntary sector (including Age UK and local voluntary organisation Help on Your Doorstep).

Integrated care conferences in Islington

Integrated care conferences (INCs) are weekly multi-disciplinary face-to-face team meetings that take place in community settings. They emerged from efforts to develop a more effective way to discuss and plan multi-disciplinary care services than the 15-minute weekly call previously used. Teams trialled two new methods – face to face in the south of the borough and video conferencing in the north – and found that face to face meetings were much more effective.

The meeting has access to IT support across providers, including social care, the acute trust, the community trust and GPs. Before each weekly meeting, data is generated for patients already on caseload, new referrals to the INC, current inpatients, those recently discharged from a range of services, frequent hospital attenders, and regular callers to the London Ambulance Service. A matron and GP go through the list and identify patients to be discussed in the meeting. Anyone can refer a person who requires complex care, and while patients are often older people they do not have to be. INCs never turn a referral away, and they always follow up with relatives when a patient dies.

From its inception the integrated networks were developed with the principle that all staff on the call have equal status regardless of role or speciality. INCs are aligned to PCNs and meetings usually include around ten people – administrative workers, a community matron, mental health staff, nurse practitioners, a social worker, the Age UK care navigator or social prescriber, and GPs. There are plans to allow meeting participants to communicate through CareFlow, a secure, WhatsApp-style messaging service.

The INC has focused on developing and maintaining relationships across organisational boundaries, for example by holding summer socials. As the subject matter can be challenging, the administrative team will be introducing a form of clinical supervision. Every six months the team review the running of the INC and any changes that need to be made.

A rising risk group is able to escalate patients to the INC, and in turn monitor people whose care has been de-escalated from an INC. Rising risk also covers residents of Islington who don't have a GP or are registered with an out-of-area GP. The INC have been liaising with the CCG to see if an INC model for children would be viable in response to finding that more and more young people present with complex social as well as physical issues.

In Haringey too, focusing on localities has enabled partners to tailor interventions to local communities. The borough partnership, with the encouragement of council leaders, has committed to working together on health and care, agreeing three localities and working to map them onto PCNs. Co-location is a key part of the strategy, with plans in train for a new joint building in a former shopping centre on the main High Road in Wood Green. The ground floor will accommodate the council – with a library, citizens advice and other services – and the first floor will be dedicated to health, with a GP practice, gym and community services including a base for district nurses.

Connected communities in Haringey

Haringey's Connected Communities team provide drop-in sessions for local residents at a number of locations in the community, assisting them across areas including housing, benefits, employment and health. The team do not make formal referrals, but instead will introduce people to the right person where the initial contact cannot provide the support the client needs. Connected Communities navigators are linked in with social prescribers across Haringey, and work with community organisations so that they are aware of all the support available from the voluntary sector.

The Connected Communities approach grew from the Migrant Intervention Programme that supported new migrant communities in Tottenham. Wood Green Library and Marcus Garvey Library provide the service every weekday, but there are a number of other locations open one day a week. One of those is a community health services centre on Lordship Lane – where two workers now have a stand within the building. Their aim is that medical staff will be able to give their patients 'warm introductions' to the Connected Communities team, helping them to access support beyond their medical condition.

Connected Communities is currently focused on the northern part of the borough, but in future the aim is to go borough-wide, working at locations across Haringey

Enabling factors

All partners have made a commitment at a senior level to drive forward more integrated services at the neighbourhood level. For example, the director of strategy at Whittington Health has a dedicated focus on service transformation rather than the day-to-day running of existing services to free up the time needed to invest in cross-organisational relationships. As the national policy context changes over time, commissioners and other leaders in Islington have focused on building capacity and capability so that the system can be agile in response to changing demands.

In both boroughs, there is a desire to move away from a model whereby commissioners design and contract services to one where partners from across health, social care and other public services come together to decide how best to make use of resources in order to support the health and wellbeing of local people. Existing contracts do not always incentivise staff to do things differently. For example, a district nurse who is measured on strictly specified activities is not incentivised to think about tackling the damp in a house he or she visits, or to be concerned about the implications of overfull bins. Buy-in from the senior leadership of local providers has therefore been essential in driving a culture change that is only just starting.

Overcoming barriers to delivering integrated services

Information governance and IT access have both presented substantial issues. For INCs, there were challenges with busy staff taking time out of their 'day jobs' to attend a face to face meeting. Getting the right people around the table has been an ongoing challenge, with pharmacists relatively unrepresented. Initially, there was also a lack of recognition of the works that INCs did, with no referrals from community services. Measuring impact for these services is also an ongoing challenge.

To make it easier for staff to attend, INCs have rotated their locations through different GP practices. The CCG has invested in primary care, Whittington Health and the council to build capacity and enable attendance at the INCs and the running order has been juggled to fit participants where necessary. As teams have come to realise how useful the meetings are, they have seen the value of investing time in attending. To raise the profile of INCs, the programme leader has booked meetings with a number of other teams and seen an increase in referrals as a result.

Both INCs and Connected Communities have made use of multiple information sharing agreements to ensure that the integrity of information governance is maintained. For INCs, work is ongoing that would allow GPs to view community services notes and vice versa. Previously, only a limited number of administrators with multiple log-in permissions were able to access all the data needed within meetings. INC participants sign a confidentiality agreement, and ask patients for their consent to be discussed – with a process to follow if consent is not given but discussion would be in their best interests, or if consent is not given but failure to discuss them may be detrimental to others.

> ***We want a culture shift in all our staff, so they don't have to make a referral or go to an MDT to solve an isolation issue, but can say I know Fred in* Help on your Doorstep, *I'll call him now and he'll come round and visit you tomorrow.***
>
> Jonathan Gardner, director of strategy and corporate affairs, Whittington Health NHS Trust

Benefits for local people and staff

Discussing patients at an INC brings an opportunity to co-ordinate complex case management and support patients to get the right care at the right time, meaning that patients don't find themselves having to attend A&E or their GP unnecessarily. Rather than deal with multiple staff, telling their story many times, patents have one key contact who has shared responsibility for planning their care.

Staff have someone they can contact to share concerns about complex cases, rather than feeling alone when making decisions about risk. Staff gain satisfaction from building relationships with other teams and being empowered to take ownership of the whole range of issues impacting their patients, knowing where to access support to solve problems which might have felt intractable before.

Similarly, the Connected Communities team in Haringey is encouraged to think about what they can do for their services users, rather than being restricted by organisational boundaries. This can-do culture can have immediate benefits for users – for example, help with getting a handwritten CV typed up if that is the issue they present. Forming relationships with professionals across organisations means that the team can 'phone a friend' rather than making a formal referral, and bringing problem solving teams out into the community makes it easier for sometimes vulnerable people to access help.

Advice for others

Colleagues in Islington and Haringey emphasise the importance of relationships in getting integrated service provision to work, and the need to invest time in bringing people together and breaking down institutional boundaries. To build momentum, leaders need to repeatedly remind teams of the vision for and reasons behind service change. When embarking on a piece of integrated work, it is essential to get the IT and information governance arrangements sorted out early on.

Leaders of integration need to have a range of qualities. Relationship building is important, but so is drive, vision, and resilience – as well as the ability to sell an idea. People leading change should be prepared to watch, listen to and learn from other services in order to identify and spread good practice – and to be nimble with the organisational assets they have.

Other useful information

- Islington – Integrated Networks
- Haringey – Connected Communities

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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

www.nhsconfed.org/neighbourhood-integration-project

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