Enhance Learning Briefing 15

# Reflections on effective working with Neighbourhood Teams

## November 2023



#### Introduction

This was the first of the peer learning sessions to take place after the majority of the Neighbourhood Teams Engagement meetings. We're pleased to say there has been a 50% increase in referrals from NTs between Q1 and

Q2 of 2023/24 as recorded by delivery partners.

### **Updates**

**Health for All** - now getting so many referrals they are struggling a bit to respond to them all with staff capacity at a premium. They were getting referrals before the engagement meeting, but have seen an increase in numbers, from people who were not referring previously, so they know that meeting has made a difference.

**Age UK** - also going well. Yeadon is still a bit behind Wetherby, Woodsley and Holt Park but has had some instant referrals since the NTE meeting last week. Slightly restricted by 2 part time staff who don't want to spend too high a proportion of their hours in the office at meetings - but having a presence is still important so Samantha is working in the health centres some of the time to cover that. Going back to handing out leaflets. It is moving in the right direction.

**LIHH -** Referrals are increasing - which is positive, but they are finding attending handover meetings and so on is getting more difficult as a result. Getting more referrals from other sources this year. The downside of that is that especially those that seem to have originated as word of mouth referrals have been too

complex or inappropriate. They are pushing all referrers to call before making a referral.

**Seacroft** - still not many referrals, most of the work is still with their own members. Not attending handover meetings regularly. They are part of the active recovery pilot. Trying to get more involved in active recovery within the project hours..

#### **OPAL**

Good response from the NT, in theory, but it's still not working well in practice in terms of a referral pipeline - however - making connections with 1 person can be helpful - gradually having one person doing the SystemOne paperwork for everyone is speeding things up.

#### **FGF**

They feel the relationship is sound. Referrals are a bit slow still, but now they have a full week's cover they can attend handover meetings and make sure the Enhance project gets noticed. There were a couple of referrals almost straight away so they hope it is going to pick up

#### Issues of interest

#### **Telecare referrals**

- Health for All and Age UK staff have found they can request falls pendants but can't do referrals for falls detectors or other devices as they have no access to the portal. As all referrals can now only be made online it is very difficult for clients to access on their own. There is a second layer of difficulty as the online forms ask for information one question at a time, so until you get to the next question you don't know what information they will want, or if you have it?
- LOPF will follow this up with NT and Telecare. Our requests are access to the portal, a list of the questions for organisations before you start the process, and training for Enhance staff

#### **Referrals to Care and Repair**

• There was a universally very positive response from a number of Enhance DPs, it was described as easy, efficient, quick.

- Bev hadn't remembered there was a separate referral form for Care and Repair. That suggests it should go on our Enhance webpage to make it easy to find.
- Feedback from Lee outside this session suggests there are still
  organisations not referring, and others not using the service as much as
  they might. He has offered the opportunity for anyone who wants to go
  out on a visit with him to get a good understanding of what they can offer.

#### Working at making connections works

- Bally has offered opportunities to visit Health for All activities, and for NT staff to come to lunch. This has strengthened relationships and encouraged referrals as the NT staff have a less stereotyped idea of what HfA activities encompass.
- LIHH has been forging relationships outside handover meetings for example taking opportunities to chat with the pharmacy technician after the meeting has worked well.
- Enhance staff still sometimes feel unwelcome in handover meetings.
- In fact consensus for some occasions handover meetings are too medical, but it's the opps for communications they create which can be of value.
- The culture of different NTs affects relationships. Age UK have reflected that they deal with three teams and they have a different relationship with each.
- Health for All have reflected the same difference in relationships between NTs

There was a feeling generally that where there was a key staff member in the NT dealing with referral things moved better as there was anecdotal awareness of staff absences and complexity of paperwork slowing up referrals. Referrals to social support are not seen as being urgent to staff dealing with medical issues as they might be to the individual patients.

