Appendix B: individual lessons learned so far from health and care organisations in Leeds

Organisation	Approach	Key findings so far
Leeds GP confederation	Reset and Recovery work is being progressed in strong partnership with Leeds Community Healthcare NHS Trust, under the Committee in Common arrangement. A shared project manager has been appointed to progress this work.	• Use of digital technology to enable new ways of working • The Confederation is supporting work with GPs to describe the 'new normal' as part of a standard operating procedure for GPs which will be developed with input from wider health and care system
Leeds Community Healthcare NHS Trust (LCH)	A 'Reset and Recovery' programme is running in partnership with Local Care Partnerships (LCPs) and the LCP development team. A system has been established to enable all business units to capture and log innovation. These have been compiled, analysed and reviewed by LCH Board: the reset and recovery programme will build on the golden threads identified to date – digital, home first, inclusion, innovation, self-management and sustainability	• A greater sense of togetherness built by a common purpose, both as an organisation (team LCH') and as a system supporting local people ('Team Leeds') with strong partnership working and the best placed or most appropriate organisation / partner / sector being used for activities – e.g. Third Sector organisations and medicine prompts • Digitally enabled ways of working, for example partnership and Multi-disciplinary team meetings taking place digitally have brought about a real shift in culture –people dialling in from their kitchens and bedrooms has broken down barriers They have enabled better and broader attendance as there is no need to travel across the city. They have also enabled people to meet more frequently, with a sense of urgency and pace • Staff have been able to support more people to manage their own conditions through working with

		• them and assets in their communities, e.g. medication prompts from volunteers • A different approach to commissioning – more of an outcomes focus • 'Crisis response meant LCH were more able to free people up to 'just get on with things' and adapt services and ways of working through the pandemic. There are clear parameters within LCH's Reset and Recovery programme but less bureaucracy and governance. It is vital that the voice of service users and staff is strengthened to drive this process • Staff wellbeing and how to support staff through this period is complex and not 'one size fits all' as there is a whole variety of needs within our workforces. For example, staff in some front line roles have experienced additional workload, risk (real and perceived), less personal contact with other staff but with often a profound sense of purpose. Conversely other staff less involved in service delivery can at times experience stress and isolation and potentially guilt at being less practically involved in operational responses
Local Care Partnerships (LCPs)	LCPs are supported by the LCH learning approach described above.	• Hugely beneficial areas of new working have included: ○ LTHT adult business units linking with neighbourhood teams

		○ Collaboration to enable hospital discharge and community care through an Multi-Disciplinary Teams based approach ○ Opportunities to identify duplication of support between organisations ○ The equality and power afforded to smaller organisations by virtue of participating in virtual meetings
Leeds and York Partnerships NHS Foundation Trust (LYPFT)	An evidence and evaluation based programme reviewing of the impact of new ways of working across key service areas. Areas under review include: psychological safety, standard operating procedures and preparing for recovery. Evaluation methodology triangulates data alongside feedback and insight from both service users and staff. The outcomes of the evaluation are then being reviewed, as part of a decision making framework, by the Executive Team.	- Increased ownership and flexibility to innovate and make changes quickly. A key aspect of enabling this has been reducing the layers of governance in order to respond effectively and at pace to guidance and need and national and local level. - Use of digital technology has been positive across several areas: ○ Communication: it has enabled staff and clinical teams working remotely to keep in touch with colleagues, through regular meetings and supported communication across the organisation. Digital meetings have been successful with far better attendance, better collaboration and more focus and efficiency. ○ Integration: virtual meetings have enabled members of multi-disciplinary teams who would previously struggle to attend face-to-face meetings to take part, e.g. GPs who only have a small window of opportunity. This has led to

		helping staff to identify care pathways more quickly, as all the key people in the MDT are present. ○ Innovation: LYPFT services using tech to support people, e.g. the Eating Disorders Service is now delivering therapeutic groups over Zoom as well as using social media platforms. Dieticians and nurses also do a daily live session on Instagram. Autism diagnoses are being conducted online, with similar services in the region hoping to follow suit. Emerging themes around how approach to assessing risk varies between virtual and face to face interactions. • Redeployment has brought learning and new ways of working from other services
Leeds Teaching Hospitals NHS Trust (LTHT)	LTHT has developed a comprehensive Recovery and Reset Delivery Plan. Key elements include: a work programme that spans multiple organisations; clear communications briefings; readiness of response to future waves as well as preparing for winter pressured to minimise harm to patient; clear strategic links to 'Building the Leeds Way', and planning the restart of services where patients cant been seen virtually or via social distance e.g. ophthalmology.	• Really positive examples of leadership across the system across the breadth of discharge work (discharge to assess, rehab pathways, reablement). • Recognition that national directive has really helped as has availability of funding to enable discharge. Though there is awareness that this has had an impact on the ability to offer choice. • Supporting people living in a care home setting has brought providers together, and given insight into other organisational perspectives that previously did not existed.

		• Highlighted the importance of being kind.
Third Sector (represented by Forum Central)	Third sector recovery work has been predominantly focussed on supporting organisations at risk of closure due to Covid-19 and the associated risk due to impact on most marginalised groups as a result of these closures	• There have been many positive examples of positive collaboration between third sector organisations • The visibility of third sector has been enhanced throughout the pandemic • The pandemic has brought about a galvanising sense of purpose and clarity of role with generous leadership • With regard to the spotlight the pandemic has shone on health inequalities in the city, there has been lots of questioning: why haven't we done the things we said we would or the things we should be doing to make a difference? • Many third sector organisations have continued to deliver services remotely by staying in touch with and providing on-line support to service users and carers.
NHS Leeds Clinical Commissioning Group (CCG)	The 'Returning Stronger' project aims to identify how the CCG can better support staff through the pandemic as well as capturing and supporting new ways of working through and beyond Covid-19. This will enable the CCG to better support the ambition to improve population outcomes and reduce health inequalities across Leeds. The focus is both within the CCG and in relation to new ways of working with partners and services commissioned. Methodology is an individual on-line questionnaire alongside a	• Having a galvanising and common sense of purpose has further improved partnership working between organisations. • Technology has enabled greater collaboration with partners • Recognised benefits of remote working in enabling agile and flexible working patterns that support work life balance. However, there is simultaneously the need to support staff for who remote working creates a challenge for work-life balance.

	resource pack to support team-level conversations to capture learning.	• Rapid development of infrastructure to support integrated working for example information governance / information sharing. This has helped to identify areas where more unblocking and support is needed to make even more progress. • Significant progress in the development and delivery of health care through digital platforms. Risk of exacerbating health inequalities as a result of unequal access to the technology required to access virtual consultations and care. • Based on the new ways of working progressed during Covid, identify the actions and different approaches to commissioning that that CCG needs to progress to enable providers and partners to implement integrated care solutions that improve the outcomes for citizens and communities.
Leeds City Council (Adults and Health Directorate)	Adults and Health has taken a range of opportunities to learn lessons and reflect on the experience of the pandemic, reflecting the breadth of responsibilities and engagement with the city wide response. Within social work services a specific project called 'Making It Happen' has been established to capture the developments that have taken place and embed the best that has happened. Components include a health and wellbeing audit of all staff working at home to identify priority staff who need to be enabled to return to work in an office base as soon as possible.	• Staff within Adults and Health and across the city in our commissioned services have worked tirelessly and flexibly throughout this period and there are numerous examples of how staff have worked in imaginative, flexible and efficient ways and Adults and Health intend to support and enable this to continue, some of which are outlined below. Support to care homes Bronze and Silver Command meetings are held with multi-agency input from across the health and care sector, including HealthWatch and CQC. This has ensured that timely, accessible information and guidance is provided, through a dedicated provider webpage and through a Daily Briefing to all regulated care services. Remote training and support on issues such as PPE and testing has also been provided to reduce the risk

		of infection. A separate work stream has been established to oversee a programme of work around digital support to care homes.
		• The imperative to empty the hospital quickly in March, following national guidance, proved that Discharge to Assess can work as a model so people do not need to stay any longer in hospital than necessary. Working with partners in LTHT and LCH and utilising the national guidance including the direction that a hospital is not somewhere to stay once you are no longer being treated has supported and possibly enhanced the development of the Discharge to Assess model that was already in place.
		• Reimaging the role and function of office space the pandemic has forced LCC to be creative and as office spaces are reopened, thinking how to use spaces differently
		• Use of technology and potential for enabling remote working. This goes further than not just office work but also the way we work with people both face to face and remotely and includes the use of assistive technology as well as mainstream applications such as WhatsApp as a communication device.
		• Improved health and wellbeing of staff through remote working has been an unanticipated impact. Digital meetings have offered more opportunity for people to get involved and for work to happen at pace. This way of working has transformed partnership working; however, it's important we don't exclude the people we work with who are not digitally literate and / or do not have equipment, broadband etc.

		- The success of the Third Sector in responding to the pandemic – really highlighted the value of investing in the community to support resilience and disinvesting in traditional services. The crisis has also broadened partnerships and networks across sectors, enabling new partnerships with smaller organisations, e.g. a wider group of A&H colleagues are more in touch with community groups and ABCD networks. Asset based community development projects have continued to work in ways that matter to their neighbourhoods. - The lockdown has been liberating for social work practice and partnerships, leading to greater creativity and new opportunities to put strengths-based support into practice. Social workers have been engaging with people differently e.g. focusing on physical activity. There have been meetings in parks rather than the usual formal office base and this has made interactions more fun, normal and natural. Partnership working with West Yorkshire Police has seen more supportive practice, not punitive, for example with people with complex autism who struggle with social distancing. - Directly delivered services such as day services, care homes and other services have worked very hard to deliver a safe and secure environment or through an alternative mechanism. Mental Health day services, for example, intend to continue in some of the ways that have been developed through this last few weeks, reducing reliance on building based services.