

# Make the best of your team

A building block for multiple long-term condition (mLTC) care in integrated neighbourhood teams.

## Key Message

- A valued and supported team is key to transitioning from single to mLTC care

This resource includes guidance on working collaboratively across INTs to deliver mLTCs and how to match team members to patient need.

**Always work within your knowledge and competency**

# CESEL MULTIPLE LONG-TERM (mLTC) CONDITION RESOURCE PACK FOR INTEGRATED NEIGHBOURHOOD TEAMS (INT)

## The Building Blocks for mLTC Care

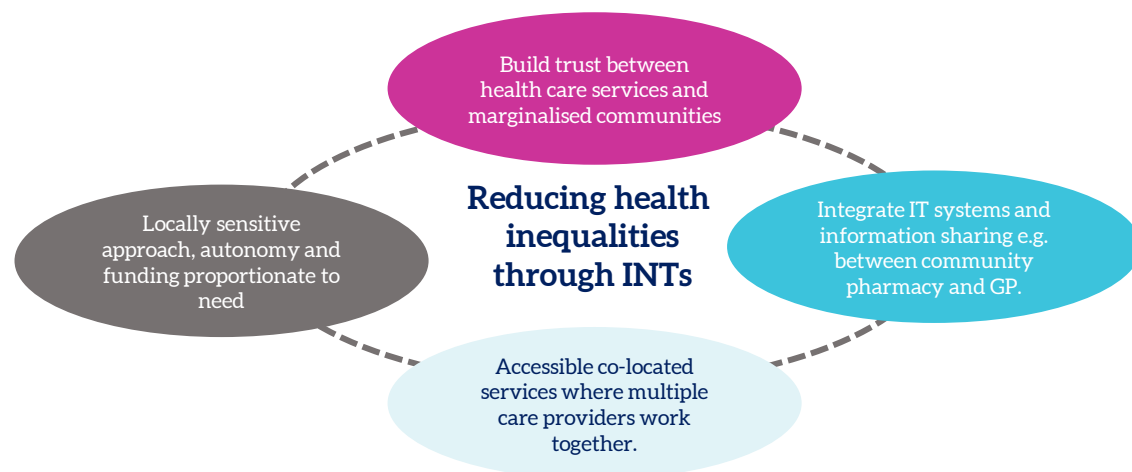
RESOURCE SECTIONS	WHATS INCLUDED?	WHO THIS IS FOR?
<p><b>1. <u>Clinical mLTC care</u></b></p>	<p>Clustered condition care: cardiorenal metabolic conditions: prompts for clinical care</p> <ul style="list-style-type: none"> <li>• T2DM + CKD +/- hypertension</li> <li>• Hypertension + T2DM</li> <li>• Hypertension + CKD</li> </ul>	<p>Clinicians delivering cardiorenal metabolic reviews</p>
<p><b>2. <u>Getting the basics right</u></b></p>	<p>Page number</p> <p>Single condition care</p> <p>Call and recall systems</p>	<p>Practice, PCN, INT leadership and management teams</p>
<p><b>3. <u>Know your population</u></b></p>	<p>Multimorbidity in SEL Your population data 3+LTC SEL Data Ardens Resources</p>	<p>Practice, PCN, INT leadership and management teams</p>
<p><b>4. <u>Make the best of your team</u></b></p>	<p><u>Building effective teams</u> 3</p> <p><u>INT to support mLTC care</u> 4</p> <p><u>Match team members to risk/need</u> 5</p>	<p>Practice, PCN, INT leadership and management teams</p>
<p><b>5. <u>Making Change</u></b></p>	<p>Making change and innovation Moving from single to mLTC care Whole person annual review Quality Improvement methods SEL System Level Support</p> <p>Try new things</p> <ul style="list-style-type: none"> <li>• Patient activation</li> <li>• UCLP Proactive Care Framework</li> <li>• Group Consultations</li> <li>• Point of Care Testing</li> <li>• Community of Practice</li> </ul>	<p>All those interested in delivering improvements</p> <p>Practice, PCN, INT leadership and management teams</p> <p>Clinical and non-clinical teams</p>

# Building effective teams

## Key elements of a supportive and valued team environment

<b>Relationships</b>	Encourage the team to get to know one another and understand each other's roles through simple tools like photo boards and "Hello, my name is" badges, particularly useful for people working across teams. Cross-team improvement projects and education events are great opportunities to connect and develop trusting relationships.
<b>New Staff</b>	Demonstrate new team members are valued with a clear, role-specific, INT/borough specific induction. Prepare for their arrival so they have the necessary space, equipment, and IT access from day one.
<b>Support and supervision</b>	Support and supervision needs resource— no one should feel like a burden when seeking help or be expected to give support without time allocated for this e.g. clinical and non-clinical mentors and supervisors.
<b>Skillssets</b>	Leaders should regularly check in, clarify responsibilities, resolve issues, and identify skills, strengths, and interests of current team members using meaningful appraisals and/or performance development plans (PDPs).
<b>Education and Training</b>	Include in induction and for all staff details of local training opportunities through <a href="#">South East London Workforce Development Hub</a> , and SELNET and sign up for relevant newsletters and updates so all team members are informed of system changes and opportunities.
<b>Delegation</b>	Support teams to understand the difference between delegation and referral by promoting clear communication across the MDT. Establish practice leads for clinical and non-clinical roles, and ensure all staff are aware of relevant practice champions, such as the Safeguarding Lead and Learning Disability Lead.

Work with your Patient Participation Group (PPG) and community groups to design and deliver teams and services that address inequalities in your population<sup>1</sup>.



## Happy Teams - Culture of Wellbeing

Culture is determined by the shared values and behaviours of a group of people. Teams are happier when they have:

- **Purpose** - Involve the whole team in shaping the vision and goals. A shared team vision provides clear direction, boosts motivation, and aligns efforts toward common goals, increasing productivity, collaboration, and commitment.
- **Autonomy** - Those closest to the work should be empowered to suggest and implement improvements, involve team members in problem solving and innovation.
- **Psychological Safety** - Teams perform best when members can speak up without fear, encouraging learning and resilience.
- **Belonging** - Value all voices. Make space for reflection, learning, and improvement, ensuring everyone is heard and supported.

## Effective teams<sup>2</sup>

There is no one size fits all for the make up of an INT that will offer best mLTC care. This will require a locally sensitive approach likely to vary over time, in response to patient need, availability, costs and resources.  
A system -wide approach is needed to work effectively in an INT.

Teams are more effective if three key principles are present:

1. **Share a small number of meaningful objectives** to promote collective achievement.
2. **Clear roles and responsibilities** among team members, clarifying activities to be undertaken early and reviewed regularly.
3. **Time to reflect** as a team on what is working and how improvements can be made through constructive feedback.

## Recruiting your team

- What are your **population's key health needs**? Does the team's skillset meet these needs?
- What tasks are required—e.g. clinical, call/recall, quality improvement?
- What skills are missing, and who can be upskilled to fill gaps? Identify through PDPs.
- Who would best complement your team?
- Connect with local champions and workforce hubs to support recruitment through training programs and apprenticeships. Look at these opportunities as future workforce development, e.g.: pharmacist trainee, admin apprentice.
- Create leadership and development opportunities within small teams to drive change and build autonomy. E.g.: QOF Lead, Admin Lead, CVD Lead.

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Building effective teams

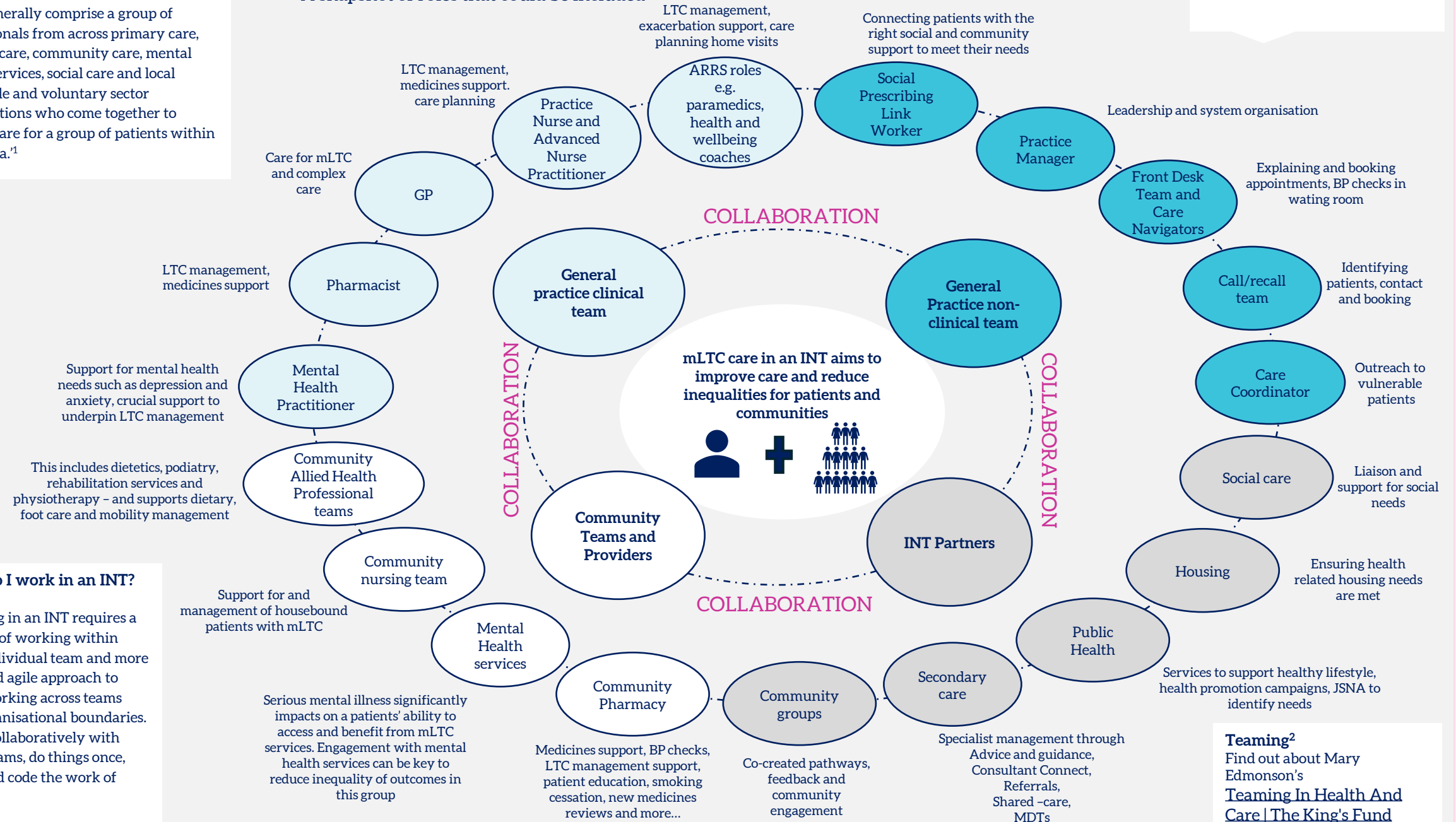
## What is an integrated neighbourhood team?

'INTs generally comprise a group of professionals from across primary care, hospital care, community care, mental health services, social care and local charitable and voluntary sector organisations who come together to deliver care for a group of patients within their area.'<sup>1</sup>

## INT to support mLTC care

A snapshot of roles that could be included

## A team of teams

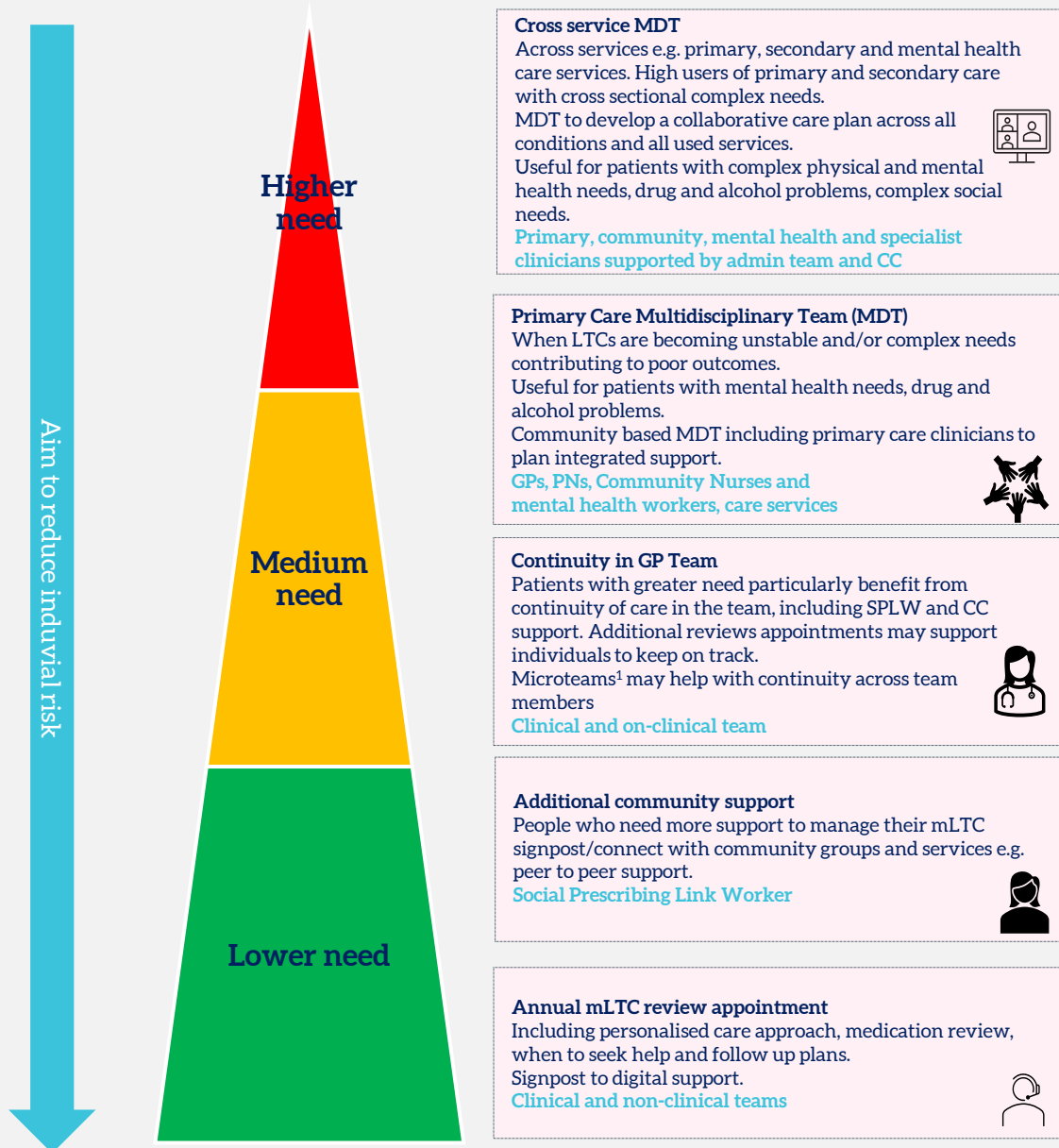


Make the best of your team  
INT to support mLTC care

**Teaming<sup>2</sup>**  
Find out about Mary Edmonson's **Teaming In Health And Care** | [The King's Fund](#)

# mLTC: match team members to patient need

Care should be delivered by the team member/s best suited to individual need.  
Team resource should be spread proportionately across all groups with different level of need.



## NEEDS AND PERSONALISED CARE

### Identify risk and/or need/s

Patient need will vary depending on

- Personal circumstances
- Complexity of their condition/s
- Number of medical conditions
- Comorbidities such as serious mental illness or learning disability
- Readiness to **make change**

Use a range of searches to segment your population and risk stratify according to risk or need.

### Meeting needs

Segmentation and risk stratification may help services design pathways for different groups, knowledge and understanding of individual needs will enable team members to ensure support is offered by the best people in the wider team.

Consider needs on an escalating scale and agree with your patients how their needs can best be met within the practice, PCN or INT structure and available resources.

### Personalised Care

Structured personalised care - health and care professionals helping patients become more involved in decisions about their care and goal setting reduces patients' risk of developing complications. **Personalised Care Institute**, offers learning modules. SPLW and CC are well placed to support people to take control of their mLTCs.

## WORKING COLLABORATIVELY ACROSS AN INT

### Setting up an MDT

- **Leadership:** Agree who will lead this process - both clinically and administratively.
- **Give time for planning:** Ensure time is allocated to both planning and attending the meetings.
- **Relationships:** Investment of time to develop relationships across teams and agree ways of working will pay dividends. Don't short cut on this stage.
- **Structure:** agree ways of working that suit the wider team - ensure everybody is heard. Include how information will be shared, regular review points to check ways of working.

#### Help the MDT focus:

**Goals:** What is our clear shared purpose and goals?

**Roles:** What are our respective roles and responsibilities?

**Plan:** What is our plan? (Turn into questions for the agenda)

**Rules:** What are the ground rules for how we work together?

**Monitor:** How will we monitor what we do?

### Community of practice

This can be a useful forum for connecting across teams and sharing learning and best practice.

Make the best of your team  
Match team members to risk/need

## References

Page	Ref		
3	1	<a href="#">What works: How can integrated neighbourhood teams reduce inequalities in health and health care? - Health Equity Evidence Centre</a>	Accessed April 2026
	2	<a href="#">How To Build Effective Teams In General Practice   The King's Fund</a>	Accessed April 2026
4	1	<a href="#">NHS England – South East » Care Close to Home: Integrated Neighbourhoods</a>	Accessed April 2026
	2	<a href="#">Teaming In Health And Care   The King's Fund</a>	Accessed April 2026
5	1	<a href="#">Are micro teams the key to primary care continuity?   NHS Confederation</a>	Accessed April 2026

## Abbreviations

ARRS	Additional Roles Reimbursement Scheme
BP	Blood Pressure
CC	Care Coordinators
CESEL	Clinical Effectiveness Southeast London
CKD	Chronic kidney disease
CVD	Cardiovascular disease
GP	General Practice/practitioner
HTN	Hypertension
INT	Integrated Neighbourhood Team
IT	Information technology
JSNA	Joint Strategic Needs Assessment
MDT	Multidisciplinary Team
mLTC	Multiple long-term conditions
NHS	National Health Service
PCN	Primary care network
PDP	Personal development plan
PPG	Patient Participation Group
QOF	Quality and Outcomes Framework
SELNET	Resource hub for primary care in southeast London
SPLW	Social Prescribing Link Worker
T2DM	Type 2 Diabetes

**Making the right thing to do the easy thing to do**

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Visit [Clinical Effectiveness \(CESEL\) - NHS South East London](#) for details of the CESEL support offer.