

WORKSHOP: BETTER CARE FUND

Wednesday 19 April 2023 2.00-4.00pm
Assembly Hall, County Hall



FEEDBACK

Group Discussion: How can services deliver more integrated and joined up care to achieve continual and increasingly preventative approach? How can services deliver more integrated and joined up care to achieve a reduction in health inequalities?

Integration

The Integrated Care Strategy provides mandate for improving outcomes – Where is the opportunity to integrate across organisations? There could be consideration of what we can do with existing staff and teams and also work with providers to innovate services for residents, e.g. work with same budget and same service but in a new/different way. *What is the art of the possible?*

The focus has to be less on funds and more on what can be done with existing services and staff to be creative across health and social care. HWB could then as a partnership be sighted on BCF to ask have the right things been put in the plan? Does it have the correct/sufficient information to identify the options for collaboration? Less integration of funds and more focus on integration of workforce - build on what's already there.

Consideration of rationalisations of boards and meetings (and duplication of membership too) and also any duplication of contracts. There could be same service, same staff contracted by different organisations.

Focus on vulnerable groups such as homelessness and others with multiple health issues and the complex pathways they may need to navigate to work out what barriers there are and opportunities to join care up. Same group accessing multiple services.

An example is the requirement to change OT for equipment needs from ASC to NHS – can we amend this pathway or make joint role? All access the same integrated community care equipment. Another example is delay for equipment from GP (such as sleeves) that require a prescription from then, but this pathway requirement may not be necessary.

Social prescribers offer a hub / point of knowledge on accessing pathways. The microcosm of local issue with access could then be escalated up to generate pathway/service change. How do we do this?

BCF has a role in targeting resource and agreeing how to show this funding. Grouping of services is helpful and the BCF narrative is formed around how well these services are working together.

Discussion about collaborative commissioning and integration happening a different level of the system – there are some commissioning decisions that are made across the system and some commissioning/delivery decisions that are better to be made at Place or closer to community geography. We need to move away from silo services that are intervention based to a more outcome focused approach to developing services.

Most services do not know their contribution to BCF or wider system outcomes as it is not currently possible to match service level performance monitoring to BCF metrics directly. Lack of collective oversight of how the plan is commissioned e.g. contracts or specific staff teams means that we might be duplicating resource.

Keen to act on emerging integration issues – ‘permission’ to go ahead and tackle the ‘quick wins’ and bring frontline and providers into the conversation – empower them to flex service delivery, act differently and flag where service integration is constrained.

DFGs: currently a challenge with OT assessment due to capacity which then impacts on ability to spend DFG allocation. Opportunity to consider integrated teams around equipment and DFGs linked to the Integrated Community Equipment Service.

Relationships are key to integration - District and Borough is where lots of people get to know each other and work together
Need to embed person centred, strengths based approaches.



Opportunity to simplify access to our services – access can't be difficult and dependent on individual's having the capacity and energy/ability to navigate complex systems and services themselves.

Prevention

BCF is linked to HWB and therefore provides strong role in focusing on the join up with wider determinants.

The Board could focus on the early help & prevention agenda. Further detail on the BCF funded projects would be welcome to identify opportunities for integration, for example smoking cessation. Could other grants or funding free up funding on the lifestyle advice service that could be used elsewhere and vice versa? Linking to outcomes framework would be useful too.

Care coordination and building anticipatory care is an area where we could add a preventative lens to it (secondary care). How can we prevent people with multiple health issues from developing more complex conditions? Most tables feedback that care coordination, proactive planning and anticipatory care was the key area of interest (as well as the more preventative side of anticipatory care). There is interest in check and challenge role linked to health inequalities and equity (not clear if this to have oversight of service development or just assurance). There's conversation on how we resource enablers to integration e.g. shared records and project roles – questions about whether this spend is shown currently.

Health Equity

Equity of delivery – There may be areas in county that require greater focus so decisions need to be evidence led, for example neighbourhoods of deprivation within districts that may be masked. Linking data systems to then use BCF to join up care where needed most so staff/provision is more efficient.

Recognition that there may be a need for micro commissioning at place and resist pull of universality. PBPs and District Councils generate the outcomes for communities at that micro scale. They can bring in the voice of local residents for care coordination. Places should be outcome focused not intervention focused and areas for innovation.

Reporting & Role of HWB

HWB could become an important place to flag issues relating to the content of the BCF plan – there needs to be a decision on direction of travel for the BCF plan – does it stay at high 'macro' level spend with groups of service areas and then micro, detailed delivery based plans at Place level – How much detail should the BCF plan go into, or should it align to more detailed plans? BCF narrative plan could drive the type of updates the HWB receive, team could describe some ambitions for what the HWB would drive forward (in terms of transformation, collaboration) and its links to integrated care strategy plans too.

HWB would like a continual dialogue (particularly if delegation of approval is in place) - a forward plan should be developed.

There's a need for an Integrated Commissioning Group for discussion of intentions before commissioning services and join up conversations. Consideration where we commission once at a universal level across the County and where we want a more local approach at neighbourhood, district/borough, or PBP.

We need to align commissioning to our outcomes, design interventions that are tailored to local population need and consider where we are all working with the same sector / organisations to understand how we can work better together.

Need to take a population approach where we look at needs holistically rather than by a specific condition.

Recognise local knowledge and expertise allows us to address HI e.g. through Health and Well-being co-ordinators at a local level and District and Borough Councillors.