Appendix C

Lancashire Better Care Fund 2021/22 Year end feedback responses

Statement:	Comments
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	- There is a long-standing history of collaboratively working and more so in the past year however, the BCF hasn't supported this work in isolation to other activity. - Delivery facilitated local health and social care pathway delivery - No wrong front door approach - Joint plans - Integrated health and social care teams working well - Learning from the COVID pandemic could provide new opportunities, drive integrated working and collaborative practice supported through the BCF. - We have increased step up to avoid hospital admission and more timely discharge. Achieved through working collaboratively through health and social care.
2. Our BCF schemes were implemented as planned in 2021-22	- Consistent funding through BCF has allowed services to develop and grow - Schemes from the previous year were rolled forward into 2021-22 and delivered as planned. - Where possible, we stayed true to all BCF delivery. - It has ensured consistency of delivery and provided a degree of stability for the relevant services, encouraging opportunities for the integration of health and social care. A number of these services will form the foundation for upcoming and ongoing developments such as 2-hour Urgent Community Response, Enhanced Health in Care Homes and the Hospital Discharge and Community Support: Policy and Operating Model, amongst others. - All schemes within BCF are around integration of health and social care which has been invaluable though the year in supporting services. - Pressures related to omicron. national legislation and subsequent changes, especially in social care impacted on service provision.

Statement:	Comments
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	- An enabler across several key areas including Neighbourhoods, wider community support, hospital discharge and intermediate care. - Regular communications between CCG, Acute Trusts and LCC have assisted in implementation of BCF schemes.

For Successes and Challenges respondents were asked to categorise each response under one of the following categories:

1. Local contextual factors (e.g., financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset-based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Successes	**Local contextual factors** - Development of the ICS Discharge to Assess Financial management group which has put good governance around the spend and is evolving to incorporate all areas of health and social care financial interface - Remote working has enabled better communication between health and social care. **Strong, system-wide governance and systems leadership** - We have increased step up to avoid hospital admission and more timely discharge. Achieved through working collaboratively through health and social care.

	• The formation of the local governance structures has enabled a joint vision an focus. • Supporting electronic record development and sharing e.g. Trusted Assessment Document • This new electronic TAD will minimise the challenges we currently manage with the paper handwritten version. **Empowering users to have choice and control through an asset based approach, shared decision making and co-production** • Development of the Hospital Discharge Home Recovery scheme which aims to support people and their informal carers, has improved choice and control for people, influenced national policy and guidance and raised the profile and importance of informal carers (shortlisted for LGC Award 2022 **Pooled or aligned resources** • Being able to - to work across a footprint with - separate BCFs, - separate Local Authorities and - separate community health providers to deliver a role that serves not only to better integrate health and social care services, but also to ensure consistency and equity of service for our residents such as a dedicated Home First Transport Coordinator.

Challenges	**Local contextual factors**
	• A number of schemes have been supported due to short term funding. This has at times meant there is a reliance on short term workforce and agency staffing.
	• For some Estates issues have delayed co-location of services, which is required for further integration of pathways.
	• Impact of covid across all areas but impacting more in some e.g. Pennine Lancashire CCG and ELHT will have been the 'most Covid impacted' NHS footprints in the UK over the last two years.
	Strong, system-wide governance and systems leadership
	• Integrated electronic records and sharing across the system with service users
	
	Good quality and sustainable provider market that can meet demand "Domiciliary care market challenges
	• Recruitment challenges and staffing shortages; recruitment is currently very difficult
	    - Inability to attract and retain staff
	    - Impact of Omicron, test and trace/isolation periods etc. significantly impacted care market capacity at key times
	    - Challenges with succession planning and career progression across many health and care areas
	• - Constrained workforce particularly in more rural areas "