

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Solihull

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Close working between SMBC and BSol CCG colleagues has continued to deliver effective solutions and wider understanding of development opportunities under the ICS.
2. Our BCF schemes were implemented as planned in 2021-22	Agree	Despite the continuing challenges of Covid, considerable progress has been made on our main schemes and in particular the development of further ambitions for Home First initiatives.
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	Agree	Partners are pleased that the efforts of commissioners, NHS providers and independent care sector partners continue to deliver and identify areas for continuous improvement in integration and outcomes.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	The Council has published a Workforce Strategy for social care, working with health partners on a collaborative approach to identifying potential workers, training and development opportunities and developing career pathways. There has been extensive training delivered across health and social care, drawing on the expertise in areas such as infection control, dementia, learning disability and end of life care. Opportunities for training placements in care settings for student speech and language therapists have been trialled with early indications that this has been successful. Knowledge transfer has been
Success 2	9. Joint commissioning of health and social care	Health and social care commissioners have collaborated throughout Covid to initiate pilot hospital discharge/admission avoidance services to alleviate pressures on the system. Service design, funding, monitoring and evaluation have been conducted jointly, and 2 pilots converted into longer term services. Quality and safeguarding links to community nursing services have been vital, since UHB community nursing services maintained face to face contact with care homes during Covid closures. Close working between quality and infection control teams in the CCG and Council have also enabled a
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Short term funding released in tranches allows for only short term investment when longer term commitments are needed. This is particularly the case where training and skills development are required - workforce solutions and building resilience require longer term investment to deliver lasting benefits.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Health and care organisations continue to use a complex array of electronic record systems and ICT solutions which do not integrate, making information sharing a challenge. However, statutory health and social care organisations across Birmingham and Solihull now have access to a 'Shared Care Record,' where staff can view pertinent health and care information. Hospital Social Workers also have access to University Hospital Birmingham systems. Information sharing agreements are in place. We are also exploring options to support care providers to maximise use of electronic recording

Footnotes:

Question 4 and 5 are should be assigned to 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

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes