

Annex 2 BCF End of Year Template - Narrative submission by York
HWBB (word version)

May 2021

1. The overall delivery of the BCF has improved joint working between health and social care in our locality

Strongly Agree

The positive working relationships which have developed over recent years in the BCF were critical to the co-ordinated and collaborative response to the pandemic. Our previous investment in asset based community development, such as Local Area Co-ordination, social prescribing and cultural commissioning, provided the foundations for our community hubs across the city and joined forces with primary care to develop the COVID-19 (single point of access) SPA Hub, providing non-clinical support for people recovering from the virus. Our powerful volunteering and mutual aid groups responded immediately to the first lockdown, to support Clinically Extremely Vulnerable / shielding and isolated people in hyper local neighbourhood networks. Our BCF schemes were instrumental in responding to the Hospital Discharge Policy requirements, and maximised the opportunity for Home First to be achieved.

2. Our BCF schemes were implemented as planned in 2020-21

Agree

Services responded to the pandemic rapidly putting in place Infection Prevention and Control and social distancing measures, meaning that some schemes such as Local Area Co-ordination balanced remote work and face-to-face in a COVID-19 compliant way. Ways to Wellbeing Social Prescribing re-focused their approach to deliver welfare calls by telephone, and supported the development of the Single Point of Access COVID-19 Hub with primary care.

3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality

Strongly Agree

Our BCF schemes have developed to become interdependent and highly collaborative, with many teams working across organisational boundaries to deliver better outcomes for individuals. We have delivered integration by pooling resources, (without focusing on structural change and reconfiguration), working together and co-ordinating shared objectives. The key has been relationship building and communication.

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-21.

4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production

Our asset based community development over recent years placed us in a powerful position at the start of the pandemic. Over the difficult months of 2020 the schemes continued to work with local people to find innovative ways of maintaining social connections and responding to the mental and emotional impacts of the pandemic, including the isolation of lockdowns. People found meaning and value in offering to volunteer, while others helped re-shape social action through mutual aid groups. In the autumn our BCF group co-produced a winter resource plan, using a portion of the BCF to enable increased access to therapies for the increasing complexity of care needs, to support as many people as possible to retain or regain their independence; we invested in more support for carers of people with dementia to

combat their isolation, and access to exercise for people needing support to get outside when most services were closed; we contributed to the development of the mass vaccination site booking system, and expanded the York Integrated Care Team to increase health care assistants' presence at the site to enable check-ups for people unable to come to surgeries. The mass vaccination site was also supported by COVID-19 volunteers working with Ways to Wellbeing, to maximise the benefit to population health. Our partners have published a range of impact reports on their work in 2020, showing how local people have been engaged in the city wide response to the crisis, and how this has shaped the way communities will recover.

8. Pooled or aligned resources

During 2020-21 our BCF schemes have worked closely and collaboratively to respond to the changing circumstance of the pandemic at each stage. We have a rich pattern of schemes across statutory, community and voluntary sectors, which form our asset based community capacity. These schemes have pivoted their approaches to ensure that the most isolated and most at risk from COVID-19 were supported to remain connected and engaged with their communities and natural networks. They were at the heart of our urgent response to the first lockdown, and resulted in new relationships and new ways of working to benefit the community, rapidly evolving to meet need as it emerged, rather than waiting to be directed or commissioned to deliver traditional services designed for old-world problems. For example, our COVID-19 SPA Hub was initiated through a multi-agency collaboration between primary care GPs, mental health services, social prescribing, local area co-ordination, community health services and the voluntary sector (among others). Similarly, our network of commissioned health and social care services in the intermediate tier quickly worked together to ensure as many people as possible were supported in their own homes, including at the end of life. Joint packages were put in place where no one service could meet the need, the discharge hub command centre was established quickly based on existing positive multi-agency relationships, and a designated COVID positive care home

(Peppermill Court) was established in April 2020, under the council's CQC registration. It opened in the first week of May, in a building vacated by Tees, Esk and Wear Valleys Mental Health Foundation Trust, on loan from York St John university, supported by NHS Property Services, and upgraded by the local authority. With primary care support from a GP, CCG commissioning and Infection Prevention and Control team input, public health and community health in reach, local authority care staff and management, the project was led and co-ordinated by the council commissioning team. The endeavour protected our independent care sector by ensuring people could recover safely out of hospital while still in their 14 day isolation period. It provided vital care for 88 residents of York, North Yorkshire and East Riding during the three waves of infection in 2020-21.

Outline two key challenges observed toward driving the enablers for integration (expressed in CIE's logic model) in 2020-21?

3. Integrated electronic records and sharing across the system with service users

Although there has been some progress, for example in relation to shared records in palliative / end of life care pathways using Black Pear software, and GPs have been 'on-boarded', the Yorkshire and Humber Care Record (YHCR) has not been implemented across the system as rapidly as we had hoped. We have funded a project management post through BCF to support the development of shared care records, and this enabled better communication and prepared the foundations for local authority engagement in YHCR, but City of York Council is part of the 3rd wave, and has not yet been prioritised for 'on-boarding'. Our services still rely on a variety of IT systems which do not yet communicate with each other, and staff continue to manage this challenge through work-arounds.

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)

The long term financial challenges in York across the health system, and increasingly the local authority, have meant that our focus on system transformation has required savings and efficiencies while attempting to improve outcomes. The single-year funding agreements in BCF has detrimentally impacted on our ability to plan for the long term and we lose good staff who require greater job security and can gain better remuneration in other geographical areas or sectors. The anticipated move by government to multi-year agreements for BCF will make a considerable improvement to our ability to attract and retain vital workforce (by offering permanent contracts), as well as to our ability to plan and implement system transformation and integration.