

## **Market Engagement Event 24th November 2023**

**Group work provider feedback was as follows:**

### **Q1 What works well.**

- Coming today.
- Having good staff
- Building relationships and good communication.
- Good commissioners, having regular meetings.
- Having a point of call, named person, named commissioners
- Having events is positive but need to be maintained.
- Using Information Technology (IT) for online meetings, increased ability to attend Multi Disciplinary Team meetings (MDT's).
- Regular and consistency in professionals we work with e.g. CPN's, care coordinators.
- Being able to provide flexible hours.
- Smaller settings, small clusters when providing support.
- Having a mix of own front door and shared.
- Compatibility.
- Variation of needs.
- Variation of available properties.
- Varying tenancy options.
- Ensuite facilities.

### **Q2 What we could do better.**

- Outline what is person centred, having it defined, statutory outline.
- Ensure all services on same approach.
- Connecting community, voluntary services and activities.
- Connecting providers, connect to support especially non framework providers.
- Better structure for discharge, transition from ward to home and vice versa.
- Proper emergency discharge policy.
- Better admission-better discharge-better accommodation.
- Flexible hours, pricing, payment to reflect complex needs.
- Commissioning services to meet high risk mental health onsite support.
- Emergency funds.
- Respite, support for service users in crisis situations.
- Clear pathways/ increased funding.
- Care Act assessments to be right.
- Working together during Care Act assessments and needing to know the needs of service users.
- Clear outcome focussed social work assessments.
- Provider to be involved in review.
- Clear service descriptions/specialisms.

- Better understanding of core hours.
- High expectations where support levels are low.
- Flexible support packages percentage variation.
- Transitional arrangements could be better for new and existing discharges, communications and payments. Funding during hospital leave.
- Referrers knowing services.
- Share information.
- To look at having more providers.
- Have more provider meetings.
- Better communication.
- Better partnership working between social workers, clients, patients and families.
- Accelerate transition.
- Better flexibility.
- Better intensive support (care package).
- Better admissions to beds.
- Improved communication with hospitals to help discharge flows.
- Settling period up to 6 weeks.
- Build relationships between partners and families.
- Better community resources and links.
- Reduce panels timeframes for meetings.
- Better communication between panel and social workers to help expediate payments /funds. Impact of funding and reduce delays in payments.
- Work with people to support financial education, responsibility with bills, activities of daily living (road map).
- Better multi disciplinary team (MDT) meetings and care programme approach (CPA's).
- Better understanding of commissioned support that is outcome based.
- Better service level agreements, social added value.
- Better access to move on housing and have accessible adapted properties.
- Reduce barriers.
- Better understanding of technology, access to technology, online platforms and making use of videos on how to do things.

### **Q3. What needs to change**

- Expectations of delivery exceed Care Act assessment.
- Need more clarity around support needs and realistic expectations around service delivery.
- Obtaining statutory paperwork with referrals.
- Funding being in place at the right time.
- Crisis assistance funds.

- Need more ground floor properties.
- Housing readiness tenancy management. Ready for council or move on accommodation, banding system.
- Who is doing housing related support /housing management.
- Needs to be joined up approach with commissioning support, provider and landlord.
- Support and funding for specific training.
- Pricing, pay to support staff.
- Flexibility of hours change payment mechanisms.
- Support for staff, left to deal with complex cases.
- Collaborative approach, assistance working together with police, nurses, first response staff.
- More step down provision, different services needed in Keighley area.
- Why do we need supported living for 10 hours should this be home support?

#### **Q4. How technology can enhance care**

- Safe and sound, safe and well systems.
- Alexa.
- Having good software bespoke software and documents. There's nothing specific for mental health person centred support and approaches.
- WhatsApp group for communication amongst providers.
- Enhance not replace e.g. monitoring health enabled service to accept client who would otherwise require regular monitoring.

#### **Q5 What needs to happen to shape services to meet current and future needs.**

- Us having a voice.
- Pay, support for mental health not just domiciliary care.
- Targeting areas for properties, more step downs from 24 hour support needed in Keighley and different services.
- Reducing delays in admissions and discharge.
- Communication.
- Outreach, floating support, supported accommodation.
- Funding, flexibility no one size fits all blocks payments and 1-1.
- Fair price to meet increase cost of living and complex needs.
- Having better outcomes for service users.
- Trusting relationships.
- Need clarity on housing arrangements, expectations community support, price and volume.