

Accessibility - What opportunities does the MIC Approach create for residents groups who continue to experience barriers to accessing services?

Joined up service offer to support a range of needs in one place

2-way conversations with those groups - proactive provision of information in their first language (e.g. BSL) and opportunities for them to feed back on their experiences.

Ability for partners to provide a holistic package

People with learning disabilities face additional barriers in accessing and understanding information. This is also the case for people in digital poverty. Accessibility is dependent on additional and face to face support for some groups.

Hopefully improved pathways across the system and the ability for providers to input into these developments

Most Carers don't call themselves Carers. This gives us a chance to 'find' more of them and ensure they have the info, advice and support they need to care well and stay well - and the people for whom they care, too.

Single point of access being made accessible, and perhaps additionally, a "no wrong door" approach

Opportunity to improve profile and key messaging to provide help to those most in need

This model enables specialist providers to work together to have a broader access to hard to reach groups

Accessibility - What opportunities does the MLC Approach create for residents groups who continue to experience barriers to accessing services?

Consider intersectionality - people with multiple conditions or barriers to accessing services

Innovation - What service changes and innovations could continue through the MIC Approach and pandemic recovery?

Better integration with PCN/CCG work in similar area. Lots of opportunities at place level.

Allows for potential hub and spoke to support hard to reach

Ability to carry on flexibility and responsive work

Possibility of better front door access. High street etc.

Ability for agile and flexible services to identify new and changing needs, through good use of live data and then to swiftly provide services to meet the demand early.

Use of up to date data, sharing with statutory partners to identify and meet changing needs and demand

Better join up with I&A work in the NHS.

Blended approach to face-to-face and remote access for services - the pandemic has increased acceptance of accessing services online and many are happy with this, but we need to also cater for the digitally excluded

Shared learnings and closer working ties across partnerships

Innovation - What service changes and innovations could continue through the MLC Approach and pandemic recovery?

Ability due to hybrid working has allowed out of borough work

As others have said, better integration with Health - Primary and Secondary/acute Care...commissioners as well as providers. Whole-systems work.