

SEEC-SESL Health & Social Care Integration Workshop

25 May 2016



Who owns and who benefits?

Delegates were asked to highlight what is meant by integration and what problems does integrated care seek to address and who is it for? Comments included:

- There is no common understanding of integration; so many organisations could own it. Do we need a shared definition?
- Sustainability and Transformation Plans have a health-focused set of guidelines – why don't they address the integration of health and social care?
- Is the integration of health and social care a means or an end?
- In health care, the end is often prescribed by the Government or the NHS but not the means. Devolution arrangements should not affect this so that local solutions can be agreed.
- Some local arrangements for improved health care include, or take account of, social care, but sometimes they do not. The approach and outcomes differ across partners, pathways and geography.
- New arrangements and structures, including STPs, the Care Fund and Pioneer status, set additional targets which draw attention and resources away from integration towards the focus for the particular new arrangement.
- It is not always clear what the advantages of integration are or will be.
- There are some pockets of well-defined activities which help with integration, but these are not always coordinated.
- Different bodies and professional groups respond to what the relevant regulator wants and will use in judging performance – this is not always focused on integration and positive change.
- Different parties seek their own solutions.
- Is the beneficiary the patient/resident/customer or is it spending less cash?
- Efforts and structures to better integrate care systems could be better for residents, but might not save money.
- The resident should own the integrated care arrangement; the relevant services facilitate its delivery.
- Residents should have to tell their story only once but still receive the care they need – health or social care.
- The overall aim is to help make sure that residents don't become patients.
- The relevant services and professionals are working in silos – people who require care need a pathway for their individual need(s).
- Whilst services have to meet the needs of "71%" of older people who require care, the services need to support the other 29% so they don't increase the 71%.
- It is unclear, at this stage, whether integration will save money. Better services and the removal of blockages should, in theory, save money but it might be in the long-term.
- Successful integration of health and social care will require the application of proportionate universalism (resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need).
- In order to design integration and measure its effectiveness, we need to look at the long-term rather than just the short-term.
- Who owns integration – the Department of Health? The Secretary of State? Collective ownership as it uses public money? The resident? The service provider?
- It is not clear who is accountable?