

SEEC-SESL Health & Social Care Integration Workshop

25 May 2016



Working together

How can we work better together to meet future health and social care challenges? What are our strengths and what might we have to give up? Will integration save money? Comments included:

- The aim of joint working should focus on outcomes rather than processes. It is the community that benefits from joint working not just your organisation. Leadership is important to deliver the bigger picture, regardless of how many partners are involved.
- Successful joint working needs to breakdown cultural barriers so teams from different organisations get to know each other, talk and address differences in opinion. Joint working needs to reach beyond the image and structure of NHS or Local Government – all have same issues, but the systems are all different.
- Continuity can be difficult when people change especially in bigger organisations. This can only be overcome by building relationships with new arrivals.
- Navigating a way through silos is vital.
- Local authorities' strengths are in partnership working and their local knowledge but other organisations bring in different strengths/ knowledge. Bringing them together should deliver savings and share best practice.
- There is no clarity on how to measure and evidence savings. There is also a need to guarantee future funding as demand for services is growing.
- Leadership among/ between partners needs to be resolved (e.g. management working together) and there is potential to involve more partners e.g. through co-chairing meetings.
- Culture should follow leadership and governance. One view was that everything always comes back to governance so it is important to get this agreed. However a counter view asked if everything needs a name- can't it just work together?
- The jury is out on savings due to lack of evidence but there are opportunities to provide better services/ outcomes.
- Partnership working could strip out unnecessary referrals in system but everything needs a transition (e.g. double running for a period of time) as it's difficult to just stop something.
- Would regulating bodies allow organisations to give things up?
- It is vital to look at the workforce and agree what staff need to deliver integrated care. For example by redesigning qualifications and reviewing/ combining roles to design a system that focuses on end-to-end support for people. Historical qualification routes/ doctor/ nurse/ social worker/ care worker don't focus on the one-stop-shop approach. New roles are needed – such as Physician Assistants which cross over traditional doctor/nurse boundaries. This type of role could also help fill the emerging shortage of GPs.