

Health and Social Care Integration Task Group Main Findings

Key features

Purpose:

- understanding of what integration means for North Yorkshire.
- Assess implementation and progress

Method:

- Joint task group members
- Desktop research, Evidence from and guided conversations with key players

Integration drivers

- Thought to promise better outcomes for people, eg, living independently at home with maximum independence - Provide care in communities
- More responsive services - Improved access to, experience of, and satisfaction with, health and social care service. People receive the right care, in the right place, at the right time
- Prevent people falling through the gap – reduce variation in levels and quality of support
- Relieve systems under pressure – create a financially stable system beyond the hospital walls
- More efficient use of existing resources by avoiding duplication

Selection of headline findings

- **Level of Progress** – like nationally, progress mixed and has not delivered all the expected benefits
- **Leadership** - high level of common interest in and ambition for integration in NY. The commitment expressed by Leaders reflects this. No signs of “fortress mentality”. Relationships transparent, open – there is a genuine willingness to share challenges
- **Ambition:** This is set at a level that the complex multiple boundaries and funding challenges allow
- **Common Understanding:** No one shared vision – different interpretations of what integration means.
- **Barriers:** For example, scale and diversity of organisations, different system footprints, differing staff terms and conditions, cultural differences between health and social care. These are impacting upon how integration can be successfully delivered

Selection of headline findings

- Integration per se is not automatically a good thing - needs a business case behind it
- Advantages of a framework based upon some core principles and values being agreed . There are benefits to be had from the time spent working together on this.
- Needs to be some way - other than just describing collaborative working and initiatives and the use of examples - of capturing and illustrating the progress of implementation.
- Need to be able to demonstrate to NY public that resources are being used appropriately
- Opportunities outside hospital setting for joining up care

Next Steps

- Major changes – locally and nationally since the task group met. This subject is an ever changing picture
- Complete finishing touches to report and circulate to members for comment and approval electronically
- Report similarly to next Scrutiny of Health Committee
- Submit to Executive and Health and Well Being Board for consideration, reaction and response