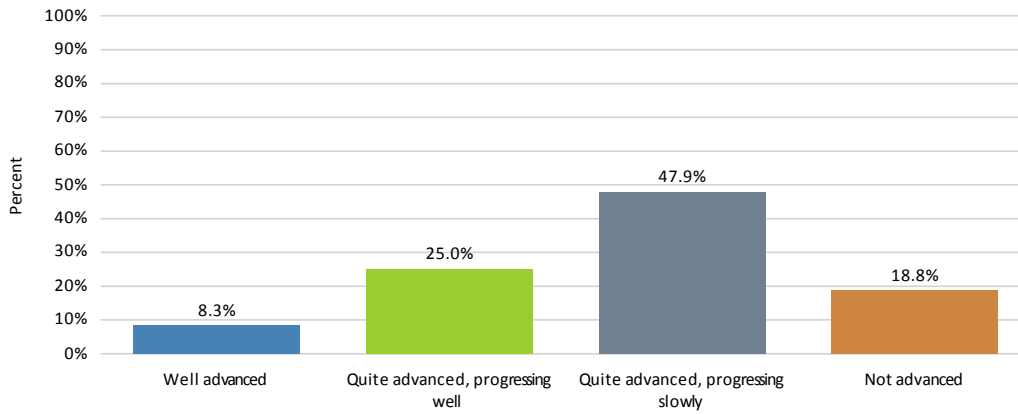# How Integrated Are Your Health And Social Care Services?

## How Integrated Are Your Health And Social Care Services?

1. How far advanced do you believe you and your health sector partners are in implementing health and social care integration?

Name	Percent
Well advanced	8.3%
Quite advanced, progressing well	25.0%
Quite advanced, progressing slowly	47.9%
Not advanced	18.8%
N	48

2. Do you believe health and social care integration is the only way elderly care and health can be best managed to the benefit of the user with the resources available?
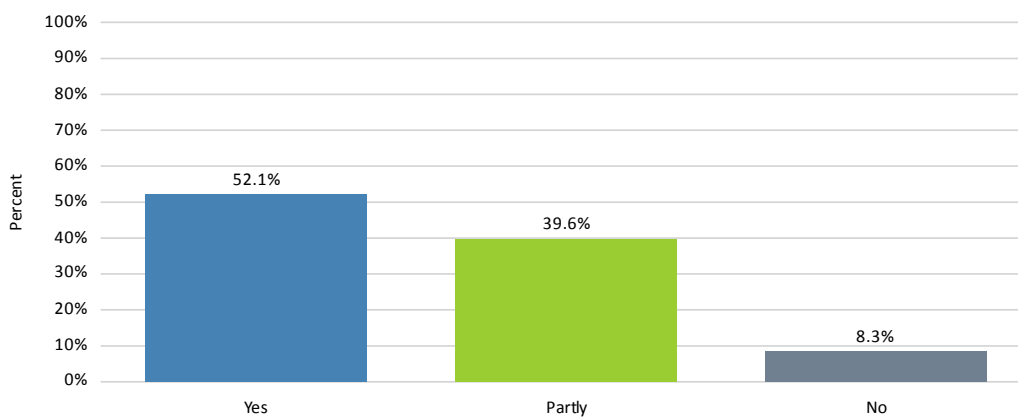
Name	Percent
Yes	52.1%
Partly	39.6%
No	8.3%
N	48

3. If no please give some examples of other initiatives

Effective LAs have their own transformation programs that would be held up by trying to partner with health

engaging communities
developing volunteer schemes
pushing Councils to lead on more innovative ways tpprvent care-whole place ideas

its about people working together in a coherent multi professionally respectful way ! Service users understand that different professionals have different skills knowledge and what to consume this difference not everything the same

4. If partly, please give examples of other initiatives

I used the term partly as our health colleagues are preoccupied with easing pressure of hospital beds rather than health promotion and other strategies. We are also pursuing other initiatives with private and charitable organisations.

Integration or integrated models between council and voluntary sector partners, integration with housing etc.

The shift to community and home base acre requires the engagement of housing and community partners - purely moving across the health and care system may not be enough.
I think the exclusion of housing from much of the thinking is a significant omission. The recent evidence published by Extra Care Charitable Trust shows significant reductions in need and costs across health and care, and contrasted that with a control group.

We do not need to integrate everything but provide an integrated approach or co ordinated and in some cases it's a single agency issue. Also it's not always right to integrate with the NHS alone which is what the focus is. Integration with some parts of health care is right as long as devolution provides opportunities to change funding and. Performance mechanisms

Integration depends on the strength and quality of service and governance each organisation has - merging poor organisations could make it worse. So separate but aligned initiatives maybe better and that has been the case where I work due to the poor performing acute trust.

Integration alone, is not the answer i.e. there has to be clarity about integration of what, to achieve what? There are other resources/ factors, for example, the role of public health; of the voluntary sector; of community resilience.

I think it is about integrated pathways, both across broader council services, including community development.

The health economy is the most inefficient element of the public sector yet the NHS continues to recieve year on year budget uplift and remain protected from spending cuts. This approch does nothing to foster innovation and reduces the oportunity to foster positive change from within.

Work with communities and the voluntary sector and an asset based approach rather than deficit based approach as we mostly have now.

Intermediate Care Service
Community Response and Re-ablement
Long Term ConditionsCommunity Mental Health Teams
Community Team for People with Learning Disabilities

The expectations and behaviours of the public (and professionals) also needs to be addressed because servicve reconfiguration in itself will be insufficient.

we could also establish wider community style budgets across all statutory partners, police, fire, etc

5. How much impact would you say the Better Care Fund has had on budgets and service quality?
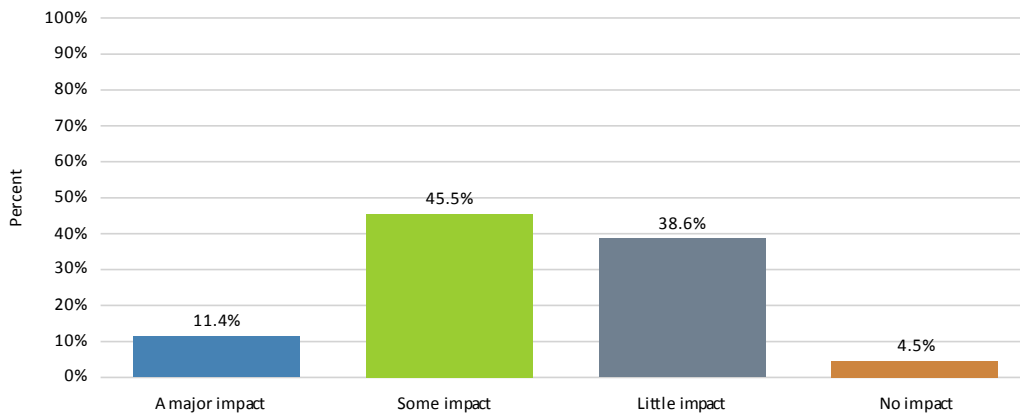
Name	Percent
A major impact	11.4%
Some impact	45.5%
Little impact	38.6%
No impact	4.5%
N	44

6. When it comes to considering the barriers to integration and joint working put the following barriers in order of priority
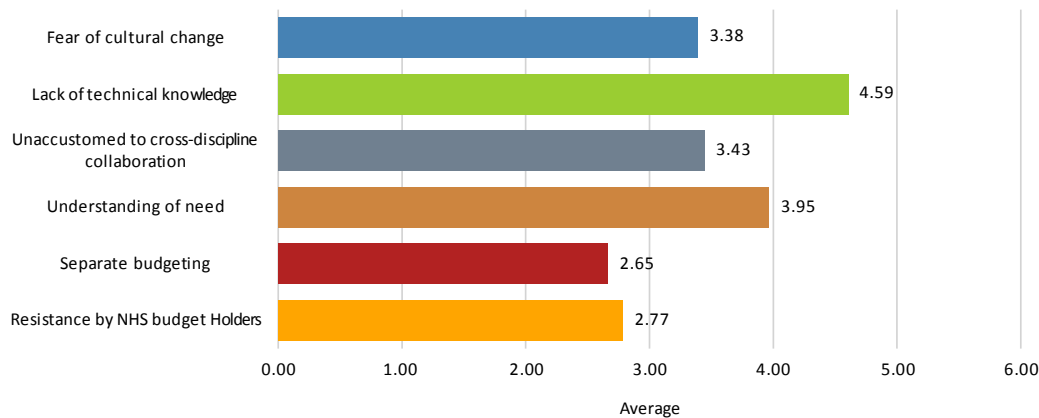

Question	Average	N
Fear of cultural change	3.38	45
Lack of technical knowledge	4.59	44
Unaccustomed to cross-discipline collaboration	3.43	44
Understanding of need	3.95	43
Separate budgeting	2.65	43
Resistance by NHS budget Holders	2.77	44

Question	N	Mean	Standard deviation	Median
Fear of cultural change	45	3.38	1.57	3.00

Name	Percent
1	15.6%
2	13.3%
3	28.9%
4	13.3%
5	17.8%
6	11.1%
N	45

7. Have your social care users experienced remote care?
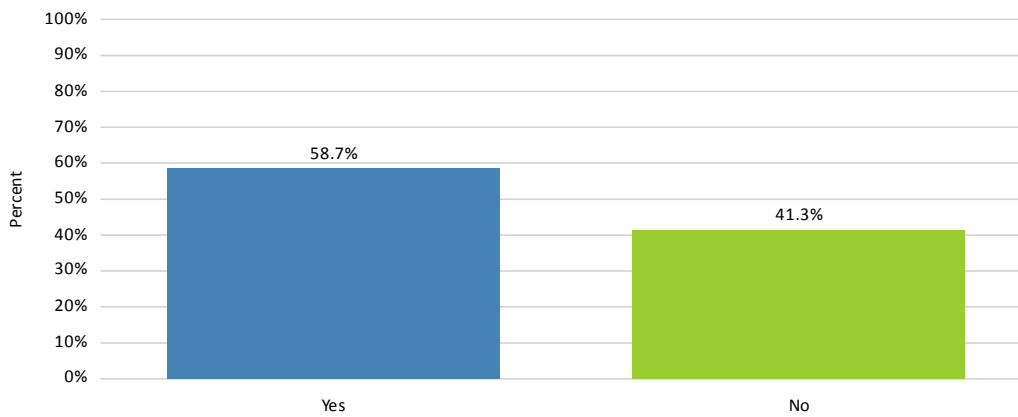
Name	Percent
Yes	58.7%
No	41.3%
N	46

8. Do social care users perceive remote care as better than or equal to face-to-face care?
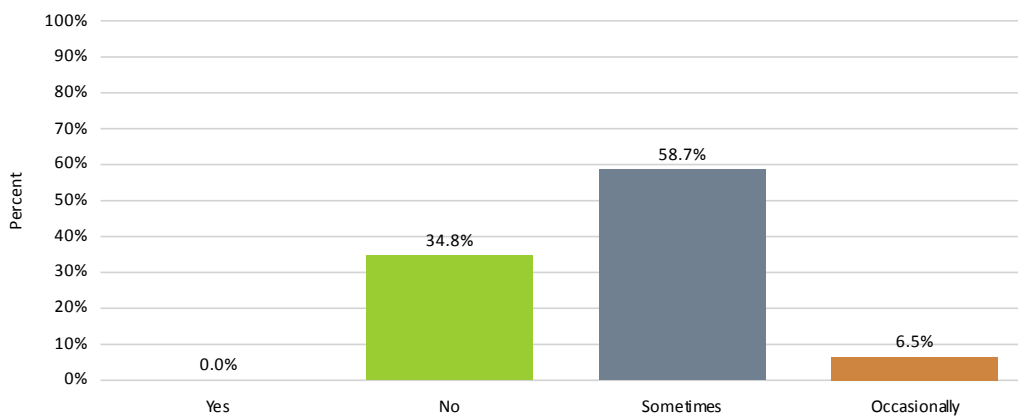
Name	Percent
Yes	0.0%
No	34.8%
Sometimes	58.7%
Occasionally	6.5%
N	46

9. If Yes, please give the reasons why?

10. If no, please give reasons why not

Some early pilot schemes have been started.

Lack of ability to assess and address actual needs and developments

It's not personalised enough

Social care is about building relationships and trust in order to support people to find solutions to their problems remote care is not something we considered in our borough
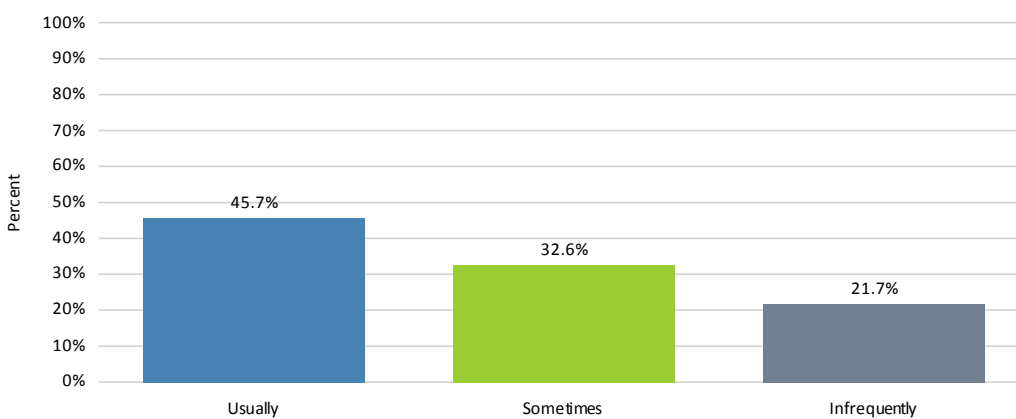
Client expectation is for face to face.

Remote care is a back up plan and often a reassurance to a carer. It doesn't replace care itself

There's a pervading view that service can only be good if you're having face-to-face interaction
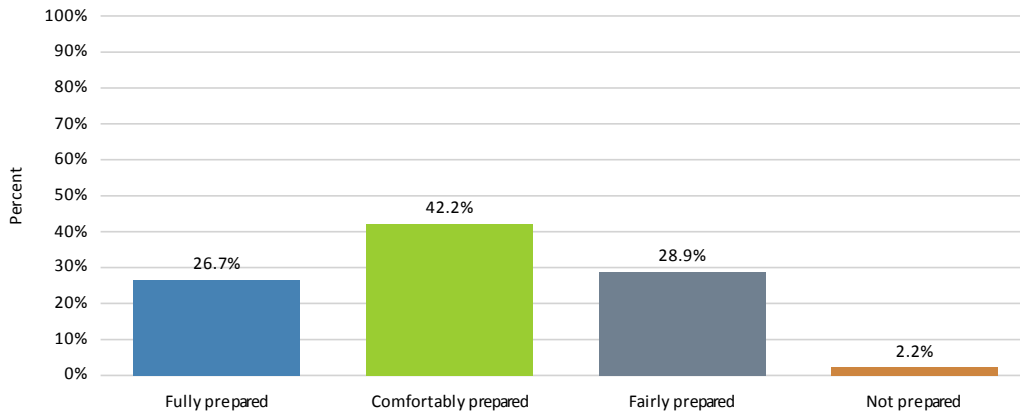
Not very

## 11. Is timely and relevant data available about your social care users at the point of care in your organisation?

Name	Percent
Usually	45.7%
Sometimes	32.6%
Infrequently	21.7%
N	46

12. How prepared is your authority to meet the October deadline for compliance with the Care Act?

Name	Percent
Fully prepared	26.7%
Comfortably prepared	42.2%
Fairly prepared	28.9%
Not prepared	2.2%
N	45

13. Do you believe that digital inclusion is a vital factor in social inclusion for the elderly?
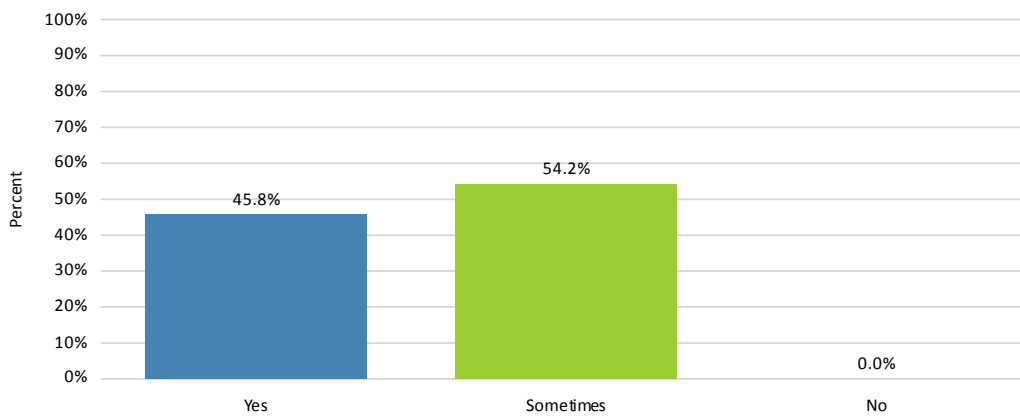
Name	Percent
Yes	45.8%
Sometimes	54.2%
No	0.0%
N	48

14. If Yes, please give some reasons why

The opportunities to develop and maintain links are not always as availble as they were historically. Using digital opportunties to reduce isolation and help people sustain relationships is invaluable

Part of our social fabric so should not exclude older people

Opportunities for efficiencies

Opportunities for innovative solutions

It is becoming much more the norm now ä the communication and information media of choice for users. It also help channel shift and also supports remote involvement.

It facilitates up to date information and engagement

Access to information and advice, or shopping, but above all loneliness

enables contact without visiting

keeps independence eg shopping online

connects people to families eg skype/facetime

People are able to manage their own support, and manage their own resources. It helps promote their independence and reduce dependency

In order to manage the increase in demand form health and social care demand new ways of working supported by technology are vital.

Improving link with services and communities

Digital is now the default system for sharing information / communication

Connection through digital means isn't the b all and end all but it is a vital part of connection with the global and local community.

Standing by and watching capable people not participate in the digitally-connected community is not helping those people

Digitally conected is connected to goods, services, friends and family. Would anybody thinkingly opt out of that

In a very dispersed area such as my own digital systems are a vital component in meeting needs and helping to address social isolation.

Understanding how IT and digital services can better improve health and social care outcomes for all client groups but especially older people (given their growing numbers) is key to delivery of a sustainable and safe helath and social care system.

 I am convinced we could use digital solutions to a much greater degree than we do now that will help manage demand but we do also need to maintain human beings in the mix somewhere so they can intervene if and when things dont go to plan/systems breakdown.

15. If No, please give some reason why