

**A compelling narrative discussion**

**“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me” (National Voices)**

At the last meeting it was agreed that “people talk about integration without necessarily meaning the same things”. This discussion starter is intended to tease out whether the collaborative is broadly “on the same page”, it is a discussion starter – not the authorised version.

It draws on the national collaborative work and learning from integrated care undertaken in the Community Budget and Pioneer development phase. In doing so it begins to set out some of the ingredients that might be core elements in Local (HWB) Plans. It is not “the case for London”. It may be that more work should be done on a London Case for change but this is not it.

Earlier this year the King’s Fund published “Leading health in London” a follow up to previous work. It talks about the potential vacuum in a dispersed leadership environment and the traditional NHS “direct authority” is not, at least for now, the way we do things around here. It describes a “self-regulating eco-system” emerging in which no single individual or organisation is in charge. “It follows that in the absence of a designated system leader; there will need to be a process of mutual adjustment when aligning a large number of organisations”.

Being “on the same page” across Local Government and the NHS is important therefore, not only to inform the work of the collaborative but because very quickly now local Areas will be planning for 14/15 and the lead into the new dynamics of the Integration Transformation Fund, plans to be signed off by HWB. These plans will reflect the diversity and authority of CCG and LA commissioning intentions on a local offer of integrated care, but they will need to chime over five years with a radical development of primary care and will need to be coherent in the context of an unsustainable acute system in London.

So whilst the steer from the National Collaboration puts an incontrovertible and explicit emphasis on the patient / citizen experience, the other underlying drivers, the local vs. regional, what works, the mechanisms for delivery and the barriers for change need to be rehearsed in order that a compelling narrative can be owned by Local Government, by NHS Commissioners (and by providers). An eco-system of change will only function if a dispersed leadership can agree about why, what and how this can be delivered.

Is the collaborative broadly “on the same page” in relation to the integrated care and support agenda? If so is there more that could be done to secure wider agreement?

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