

Item No. 11.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Strategic Conversation – The Local Case for Integration	
Wards or groups affected:		All	
From:		Romi Bowen, Strategic Director of Children’s and Adults’ Services	

EXECUTIVE SUMMARY

1. The purpose of this paper is to give Southwark’s health and wellbeing board partners an opportunity to discuss their respective organisation’s parameters, drivers and position on integration.

RECOMMENDATIONS

2. The board is requested to:
 - a) Share local thinking and developments in their respective organisations regarding integration
 - b) Agree a common set of principles and values for considering integration as a health and wellbeing system
 - c) Identify opportunities and/or areas in which the board wishes to test this thinking through this year’s board work programme.

BACKGROUND INFORMATION

3. Recent and ongoing reforms of the health and care system are directed at enabling local areas to increase commissioning of integrated care. With a statutory duty to promote integration at a local level, health and wellbeing boards are seen as one of the key local bodies for developing a shared vision across health, public health, social care and local providers for how integrated services can be developed to better meet local needs.
4. Integrated care and support has been defined nationally through the National Voices programme as statements such as: “I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me.” Local areas are expected to build on these definitions to articulate what ‘good’ looks like for their residents and shape and challenge local services, while taking advantage of a range of freedoms and flexibilities developed through legislation to deliver innovation.
5. As set out in other agenda items, the opportunities presented by Southwark and Lambeth Integrated Care, the Winterbourne Review and proposals for changes to primary care, are all examples of where the board may wish to consider and test local thinking to integrated care in the local area.

KEY ISSUES FOR CONSIDERATION

6. Integration can take many forms from virtual teams to a single organisational structure, and there is no single model nationally. Integration presents a range of complex governance challenges to organisations including commissioner and provider distinction, legal and financial modelling and viability, workforce responsibilities and risk management. Integration is not an end in itself; rather a means to an end, one which sits within a complex network of governance arrangements.
7. These complex arrangements can sometimes, but do not necessarily, need to take place to deliver some of the key benefits associated with integration. These include timely and effective information sharing, co-location of staff, capitated funding and resources, and shared pathways and delivery of services.
8. In considering future integration developments, the board may want to consider opportunities across borough boundaries, treatment areas or cohorts of residents with similar needs such as those with a specific condition or similar age. In addition, opportunities may exist where there are services under significant financial strain, or where service interfaces can be built on to deliver further improvements to the patient experience.

Policy implications

9. The development of this programme needs to be considered in the broader context of developments in this area. This includes planned legislation including the Care Bill and Children and Families Bill, as well as inspection frameworks for children's, adults' and health, and the changing financial landscape across all partners. The governance for these developments should be reflected through the board's statutory responsibilities and work programme.
10. The board may wish to consider how it develops thinking in this area in the context of the shared values and principles contained in the joint health and wellbeing strategy. In particular, this could include consideration of how to shift the balance of resources towards more preventative care, reducing inequalities, equipping the workforce, and choosing evidence-based practice.

Community and equalities impact statement

11. Any areas agreed for exploring integration will undergo an impact assessment to ensure that decisions do not adversely affect any statutory groups with protected characteristics or sections of the community. This work will build on the joint strategic needs assessment and consultation evidence. The conclusions on any such assessments will be used to challenge and finalise any agreed development and delivery.

Legal implications

12. There are no legal implications contained within this report. Any actions or decisions flowing from it may have legal implications, and these would be presented to the board for consideration at the appropriate point.

Financial implications

13. There are no specific financial implications contained within this report. Any actions or decisions flowing from it may have financial implications, and these would be presented to the board for consideration at the appropriate point.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Local case for integration dashboard

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services,	
Report Author	Elaine Allegretti, Head of Strategy, Performance and Planning,	
Version	Final	
Dated	19 July 2013	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		19 July 2013