

Compact between the Commissioning Board and LGA

COMPACT BETWEEN LOCAL GOVERNMENT ASSOCIATION AND NHS COMMISSIONING BOARD

JOINT STATEMENT

The NHS Commissioning Board and Local Government Association are committed to working together to support Health and Wellbeing Boards in taking a place-based approach to improving the health outcomes of patients and communities across England.

It is crucial that we work together to solve the very significant challenges facing the health and care system including pressures of an ageing population, the challenges of integrating services locally and the financial pressures in the public sector.

We will seek to support shared system leadership, sector led improvement and joint planning, underpinned by a commitment to integrated services and commissioning focussed around the needs of patients and communities. The priority areas set out in this compact seek to ensure safe and effective care, designed and delivered at local level by those who best understand local needs. Health and Wellbeing Boards, working with Clinical Commissioning Groups will be the system leaders of health and care locally, ensuring that the totality of health spending is dedicated to improving health outcomes of the local population and reducing health inequalities.

Collaboration must go beyond the words written in this document: it must be embedded into everything we do and the way in which we work. This may mean working in different ways to enable us to make the difficult decisions that will set the direction for truly transformational change and outcomes for patients and communities.

[Co-signed: David Nicholson, Carolyn Downs, Merrick Cockell, Malcolm Grant]

CONTEXT

The Local Government Association (LGA) and the NHS Commissioning Board (NHS CB) are committed to working together at national level to support Health and Wellbeing Boards (HWBs) in their role as leaders in the new health system.

The Health and Social Care Act outlines the proposed new commissioning architecture for the NHS, which will devolve responsibility for the majority of commissioning to the local level.

HWBs, working with local authorities, play a critical role in bringing together councillors, chief officers, CCGs and local communities as equal partners to improve health and care outcomes by joining up health and care services and tackling the wider determinants of health such as transport, housing and education.

Local authorities, as autonomous organisations, make their own decisions based on the needs of their local areas. The LGA, a politically led organisation, represents local authorities at a national level, and supports improvement where it is needed at a local level.

The NHS CB is held to account by the Department of Health through the mandate and is guided by the NHS Constitution. It seeks to deliver the Government's vision to modernise the health service and secure the best possible outcomes for patients by supporting, developing and holding to account CCGs so that there is a clinically led commissioning system firmly focused on the needs and aspirations of local populations.

Both organisations share the fundamental goal of strengthening local leadership to get the best health and wellbeing outcomes for their local populations. This Compact should be read and understood within this context.

JOINT PRIORITIES

Together we have identified three priorities on which to work in 2012/13:

- i) shared system leadership
- ii) joint planning
- iii) sector led improvement and innovation

Running through all three priorities will be a theme of integration – both integrated services and integrated commissioning of services – designed around the needs of patients and local communities.

These priorities will be reviewed and updated annually by the Joint Leadership Group.

1. Shared system leadership

We are firmly of the view that HWBs are the leaders of the health system locally. We recognise that transition will require working differently, though many local authorities and NHS partners are already adopting new approaches and behaviours. Shared

system leadership is needed to deliver improved efficiency and outcomes. It will also need to develop a new, more integrated approach to resource allocation which reinvests efficiencies made in the whole system into agreed local priorities.

We will therefore work at national level to:

- facilitate and promote shared system learning and leadership at all levels in the system.
- provide leadership support and development through the NHS Leadership Academy, the LGA and other appropriate organisations. Support will include the LGA's sector led improvement, HWB leadership programme and the NHS's Top Leaders and Learning Through Transition programmes.
- support HWBs through the production of the joint health and wellbeing strategy to identify how efficiencies can be reinvested into preventative services and the wider determinants of health to achieve improved outcomes across the system.

2. Joint planning

The Health and Social Care Act requires that CCG commissioning plans are based on relevant Joint Health and Wellbeing Strategies (JHWSs). It states that health and wellbeing boards should be involved in developing or significantly revising CCG commissioning plans, and that when published these plans must contain a statement from the health and wellbeing board about whether the commissioning plan is based on the JHWS. There is also an expectation that the HWB will hold the Local Authority, Commissioning Board, Public Health England and other bodies to account to ensure that all local plans are based on priorities agreed within the JHWS.

We will therefore work together to:

- put in place effective local mechanisms for HWBs and CCGs to ensure that CCG plans adhere to the JHWS, and where possible are jointly commissioned
- ensure that the NHS CB assurance process for CCGs includes a clear plan for the deployment and reinvestment of local resources and alignment with the JHWS.
- co-ordinate emergency planning and resilience activities between the NHS, local government and Public Health England and across the system.
- co-ordinate joint planning for the safeguarding of vulnerable people including children's health services between the NHS, local government and CCGs. In particular, we will work together to ensure that the safeguarding of vulnerable people during the transition and beyond is given sufficient priority.
- join up separate outcomes frameworks.

3. Sector led improvement and innovation

Local government and the NHS CB recognise that integrating health, social care and public health services around the needs of patients and local communities is key to improving an individual's experience of services, can drive up quality as well as positively impact on the productivity challenges facing the local public sector. Both organisations recognise that we need to create a system that continually scans for efficient and effective ways of working. Sector led improvement, a locally tailored, peer-led approach to improvement and innovation will be the basis upon which we will work together, enabling us to deliver added value by working together to achieve the best possible outcomes for patients and local populations.

We will therefore:

- align, promote and publicise the work of the LGA's sector led improvement programme and the NHS Institute to assist health leaders through the transition and beyond.
- work with HWBs, CCGs and local authorities to provide a package of support and shared learning for local commissioners to deliver integrated care around the service user and for the whole population, including national support for the development of local commissioning plans to ensure that resources and assets are made available to support those plans
- work together to put in place an 'early warning system' to identify areas that may need support in managing change across a local system, including through the establishment of joint improvement teams and shared intelligence mechanisms which will use agreed criteria to establish the type of support required and how this is best delivered.

MECHANISMS FOR ACHIEVING THE JOINT PRIORITIES

We have agreed joint responsibilities (table 1) which set out the values and behaviours we expect of each other and our constituent bodies. A governance framework will be established to deliver our joint ambition to support HWBs and CCGs to deliver whole system leadership.

Joint Leadership Group

Through the Joint Leadership Group (JLG) the LGA and NHS CB will agree the joint strategic priorities for the year ahead. It will also review the impact and benefits of working together each year. The key responsibilities of the JLG are to:

- agree joint priorities to enable organisations at all levels of the system to deliver their shared objectives
- agree how local commissioning plans and examples of best practice will inform decisions made by the NHS CB, the Commissioning Board Local Offices and the JLG

- review progress and develop terms of reference which build on the Compact to reflect any changed circumstances

The group will be co-chaired by the LGA Chairman and NHS CB Chairman and attended by the Community Wellbeing Board Chair and the NHS CB and LGA chief executives who will provide input and support and ensure continuity with the Leadership Executive Group (below).

The group will meet annually to prepare for the following business planning year and review progress.

Leadership Executive Group

The Leadership Executive Group will identify the strategic priorities for the partnership and once approved by the Joint Leadership Group will develop a clear strategy and plan for implementation.

The key responsibilities are to:

- work across the system to identify and develop priority areas for engagement
- support the Joint Leadership Group in translating high level priorities into practical deliverables
- allocate resources within the respective organisations to implement the agreed strategy

The group will be co-chaired by the LGA Chief Executive and NHS CB Chief Executive and two appointed representatives from each organisation. Suitable deputies may attend where chairs are unable to attend. The Group will meet quarterly.

Partnership between the LGA and Commissioning Board

We are clear that commissioning decisions and local issues will be dealt with locally by HWBs. At a national level, the LGA and Commissioning Board will work together to help support local commissioners in their local decision making. It is envisaged that the day-to-day implementation of the support through the joint priorities will be carried out by officers within the NHS CB and the LGA.

The ways of working build and strengthen the commitment of each organisation to support local partners to develop strong and successful partnerships. Any differences of opinion between the LGA and NHS CB will be resolved at the most appropriate level, with referral to the Leadership Executive group, and then Joint Leadership Group as a last resort.

Wider Partnership Landscape

It is also important to recognise that there are other important existing and emerging partners at a national level. The Leadership Executive Group will establish ways of working at the national and sub-national level with a number of organisations who will play a key role in the successful delivery of better health outcomes. Together we will develop our relationships with Healthwatch, Public Health England, national representatives of CCGs and other national bodies of key stakeholders.

Joint responsibilities

When working in partnership there will be a commitment to:

- Provide information in good time for discussion and/or consultation
- Provide a considered, co-ordinated and timely response to issues on which their views are sought/on which they are consulted
- Contribute different organisational perspectives to the development of policy
- Provide constructive comments on emerging policy at a formative stage
- Contribute ideas on the implications of developing policy and its implementation
- Promote effective communications
- Work with sub national groupings of councils through the LGA's existing networks and the national structure for the NHSCB to ensure that the full breadth of experiences and evidence from across the country is taken into account
- Strive for consensus as far as possible; recognise it is acceptable to disagree
- Respect confidentiality where that is required or requested; otherwise to conduct their dialogue openly
- Ensure a 'no surprise' culture by maintaining dialogue
- Champion multi agency working

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