

Shropshire, Telford and Wrekin Health and Social Care Partnership Compact

Version Number	Date	Notes
V1	25.1	First (incomplete) draft
V1.1	28.1	Minor amendment to V1
V2.0	11.2	Incorporates draft Vision/Strategy section
V3.0	18.2	Added "measuring success" and "joint programmes" sections
V4.0	25.2	Amendments to 2.4 and 4.1, new section 3.9
V5.0	26.2	Amendment to 3.2
V6.0	27.2	Amendments following CE meeting on the 26 February, to include changing the word "patient" to "citizen".

Partners to Agreement

To be completed

1. Introduction

- 1.1 Chairs, Accountable Officers and leaders across NHS and social care in Shropshire, Telford and Wrekin have agreed to establish a 'Compact' which sets out their commitment to partnership working to deliver improved health and wellbeing for the people they serve.
- 1.2 The Compact sets out a high level vision and strategy for the health and social care system, drawing on the visions and priorities of individual organisations and other partnerships, including the respective Health and Wellbeing Strategies of the two local authorities.
- 1.3 It commits all organisations to a set of principles and ways of working which will provide a framework for collaborative working through which key elements of the strategy will be delivered. Whilst the improvement of all health services and social care depends on effective partnership working, the Compact is focussed on particular priority areas where all organisations are agreed that collaborative action to achieve significant change and improvement is needed to ensure that the health and social care system can achieve improving outcomes and remain financially sustainable in the longer term.
- 1.4 Finally, the compact includes a programme of joint work through which the priority areas for action will be taken forward. These priority areas will evolve and change over time as the system achieves its goals, identifies further local priorities and responds to legislation and other national imperatives.
- 1.5 NHS and Local Authority partners face the challenge of meeting their statutory duties at a time when there are major constraints on the availability of public funding. The NHS is being asked to meet rising demands and improve outcomes within existing resources and local government is being asked to manage with significantly reduced funding. All partners are agreed that these challenges can only be met through effective collaborative working, working together to find better ways of using health and social care resources across Shropshire, Telford and Wrekin.

2. Vision/Strategy

- 2.1 Shropshire and Telford & Wrekin CCGs, alongside their main providers and Local Authority partners, have collectively recognised that through collaborative working across the health and social care economy they can better meet the challenge of creating a sustainable care system.
- 2.2 There is a shared vision of a local health and social care system that is financially sustainable, high quality, responsive to citizen and carer needs whilst being agile enough to meet changes in legislation and national directives. All parties hold true a mutual understanding that only through joint planning and collective responsibility can they attain this goal.

2.3 Although the need for transformational change is often framed in financial terms, in fact the main drivers for it must be to improve the quality of services and the citizen experiences of them. This is based on the view that the provision of quality services delivered in a streamlined way will reduce the inefficiencies inherent in the current provision of services. These drivers are eloquently summarised by the seven 'patient statements' which underpin the Urgent Care strategy but which are applicable across the whole system:

- Be 'joined up' and responsible for my care
- Help me understand the services you provide
- Let me access them appropriately
- Assess and treat me promptly and in the right place
- Admit me to hospital only when necessary
- Make my stay in hospital short, safe and effective
- Try to care for me at home, even when I am ill

2.4 Our vision for the health and social care system is:

- That through our commissioning and provision of services we empower citizens to better manage their own health and well-being, utilising self-care programmes, strengthening prevention, supporting the development of community capacity and expanding the use of personal budgets.
- That as a health and social care system we view every unplanned admission of a citizen with a LTC as a system failure
- That our services provide seamless care across organisational boundaries, that our workforce is flexible (responsive to citizen and system need), sustainable and healthy and that we share training and learning across the system.
- That we aspire to improving the health and wellbeing of our citizens delivering care from services that recognise the fundamental importance of care and compassion
- That we champion innovation where new ways of delivering services will make best use of resources and improve care for citizens, with a particular recognition of the challenges of delivering services in a large rural county.
- That we will provide services in community settings and seek to retain services within the county where it is safe and affordable to do so.
- That action to tackle health inequalities is central to everything that we do.

2.5 Each year, through the Chief Officers Group, we will set at least one shared objective for each of the seven facets of our vision set out above.

2.6 The clinical and service strategies through which we will move towards this vision are being developed using methods which do focus on improving the quality of care, rather than only reducing its cost. During their development, a number of key principles emerged which have become, and must remain, central to the operational planning and delivery of transformational change across the health and social economy. These principles are:

- The central role of attitudes, behaviours and relationships
- Healthy stakeholder organisations which are capable of large scale change
- Enduring full stakeholder involvement
- Clinical engagement at the heart of the change process
- Working across organisational boundaries
- Developing integrated teams

3. Principles of Collaborative Working

3.1 We will seek authentic savings – making changes which reduce costs through higher quality, service redesign and real productivity. We will seek to avoid making changes which save costs in one part of the system only to result in equal or greater costs to another organisation.

3.2 We will share the financial risk of making agreed system-wide changes which form part of our work programme, using an open-book approach to assess the costs and benefits of system and service change to individual organisations with the aim of reallocating resources across the health and care system to reflect impacts arising from the changes.

3.3 We will make shared decisions about which major whole-system innovations to roll-out at scale, recognising that any innovation may not always favour all parties and that at times some individual sacrifice for the common good will be necessary.

3.4 We will share appropriate information and records where that facilitates improved outcomes for the people we serve.

3.5 We will take collective responsibility for making progress towards our shared strategic vision and will agree a shared set of objectives and measures of success through which we will individually and collectively hold ourselves to account.

3.6 We will commit our organisations to a programme of collaborative work, to be agreed through the Shropshire, Telford and Wrekin Chief Officers Group. We will provide the necessary resources to individual projects and programmes and ensure senior clinical and executive participation and leadership, usually through existing groups

and structures. We will share in the overall governance of the work, through individual boards and jointly through the Chief Officers Group.

3.7 We will share organisational plans and be transparent about budgets, costs, activity and utilisation data where that is required to enable the best joint decision making and the agreement of three-year financial strategies for each part of the health and social care system and for the system overall.

3.8 We will respect the need for individual organisations to pursue their own objectives alongside these whole system objectives. We recognise that aspects of the system will be subject to competition, whether through national policy or local decisions made by commissioners, and that this may in some circumstances limit the information which an individual organisation is willing or able to share. All efforts will be made to minimise the risk that this might compromise achievement of the objectives of this Compact.

3.9 We will remain mindful of the impact we may have on other providers within our wider health economy not represented in this compact agreement

3.10 This Compact will support and complement the wider strategic role of Health and Wellbeing Boards in setting health and well-being strategies for Local Authority areas and overseeing achievement against them.

4. The Programme of Joint Work

4.1 We will establish a joint programme of work to bring together our resources and focus senior clinical and managerial resources on the major programmes of work that we believe need a shared commitment and joint action to deliver the transformational changes that we need to make. We will request an external review of the programme of work to ensure we have the greatest chance of delivery by triangulating the proposed projects

4.2 The joint work programme will change over time and will be reviewed at least annually. For 2013/14 our joint work programme will include:

1. **Development of frail and complex pathways/services**
2. **Implementation of RAID**
3. **Establishing a shared approach to managing demand and capacity,** including the creation of a system for near real-time reporting.
4. **Shared leadership and joint working in the implementation of the recommendations of the Francis Report and the vulnerable children's strategy**

5. Measuring Success

5.1 We will agree a short list of measures that we will use to monitor and report our progress as a health and social care system.

5.2 The purpose of these measures will not be to develop a comprehensive 'balanced scorecard' looking at the performance 'across the board' of the health and social care system. Instead, we will identify a few high level measures which reflect the shared priorities where we believe that effective collaborative working will be most critical to achieve the improvements to which we are all committed.

5.3 The measures to be used will be agreed by the Chief Officers Group no later than May 2013 following consultation amongst partners. Performance will be monitored by the Chief Officers Group and will be reported using a common report to constituent boards (or equivalent). Additional measures may be added over time.

6. Conclusion

This Compact underpins the philosophy of approach and principles of behaviour through which we will work together to achieve better outcomes for the citizens we serve.