

## **The Compact for Integrated Care in East and Central Cheshire**

We:

Cheshire & Wirral Partnership NHS Foundation Trust  
Central & Eastern Cheshire PCT  
Cheshire East Council  
East Cheshire Hospitals Trust  
Cheshire East Community Healthcare  
Mid Cheshire Hospital NHS Foundation Trust

hereby agree to enter into a compact with the organisations mentioned above to use our best endeavours for the next 24 months to:

1. Develop and implement integrated cost effective services for the patient/service users of the area. In order to achieve this we hereby agree to work together to develop:
  - Patterns of behaviour:
    - To seek to understand the behaviour of others partners and to not ascribe (nor imply) motivations to the behaviours for which there is no evidence.
    - To openly recognise both good performance and areas for development in all participants.
    - To ensure that all staff are updated on progress and to contribute to and proactively share briefing notes/newsletters etc. from the programme office.
    - To encourage a culture of innovation and change and to seek and promote the behaviours of appreciative enquiry.
  - Improved service design to enable people to live longer, better lives with:
    - Improved outcomes
    - More services to be provided closer to users
    - Some services to be provided through networks that may require users and carers to travel further
    - Specialist services to be developed to ensure safe and effective outcomes
    - Staying well for longer
    - Better coping with life events
    - Improved management of chronic conditions
  - Clear priorities of service.
    - Put the interests of the whole service, system and its users above those of any individual organisation
  - Reductions in conflicts of interest
    - To openly declare conflicts of interest/direction whether from:
      - Other commercial arrangements
      - Directions from professional/representative bodies
      - Directions from regulators (e.g. SHA, Monitor, etc.)
      - Directions from other networks (e.g. Clinical/professional networks, networks to support particular parts of the care systems, etc.)
      - Political direction whether personal, or organisational e.g. local councillor/MP/appropriate minister
  - Greater cost effectiveness

- Put the cost effectiveness of the whole service ahead of the cost effectiveness of one part of the pathway (but to openly seek the understanding and help of others where individual interests are adversely affected) by redistribution resources to where they are most effective
- To seek to understand, share and mitigate any risks of negative effects on other individual parts of the integrated network
- To promote technical efficiency of all individual parts of a pathway, as well as the allocative efficiency of the optimum investment at different stages of the pathway and between different agencies
- To fairly share the rewards for success such that they offset risks and all are incentivised for the benefit to the whole system
- Develop transparent financial arrangements:
  - To use “open book accounting” and to enter into risk, gain and loss sharing arrangements
  - To seek to understand and suggest ways to achieve savings to the whole system and to share in the benefits of the same
- Improve Information Sharing:
  - To share information that has already been produced internally
  - Provide additional information as requested (where the cost of its provision is covered by the requestor).
  - To hold information shared for this integrated project as confidential to the project and its members
  - To help to produce a shared document showing performance of the constituent parts of the health economy fairly against local, regional, national and (programme budget/like cluster) similar areas.
- Optimisation use of estates/infrastructure:
  - To share accurate and up to date information on estates
  - To allow access to estates to member of the project with reasonable notice.
  - To share details of data systems, definitions and protocols to promote integration.
  - Services to be provided wherever possible in colocated shared environments
  - The integrated system will work towards the Commissioner management of the health and social care estate.
- Effective use of workforce:
  - To share information on competencies and skills required or various jobs
  - To support staff in improving their skills, flexibility and sharing existing knowledge.
- Organisation development, design and structure:
  - To encourage staff (with due notice) to engage in collaborative meetings and to share concerns with ones that are not seen to be adding value (rather than unilaterally withdraw)
  - To support staff in their change management
- Users/Carer Patient Involvement:
  - To ensure user/carers/patient involvement in all decision making, such that we should seek to delight, empower, protect and improve the well being of them.
  - To agree any lines or statements to the press outside/agencies in advance.

## Appendix Two

- Holistic Care
  - Mental health will be considered as part of all physical health
  - Physical health of mental health service users will be considered at the same time as their presenting condition.
- Choice and Competition
  - Patient/service users will be encouraged to choose between different models of care
  - In the provision of additional health services, or new specification the option of the use of existing NHS providers will be considered first but the use non-NHS Providers will not be ruled out.
- Robust contracts such that
  - Providers will not receive guaranteed open-ended contracts but will be offered contracts of sufficient duration that they can make a reasonable return. Regular reviews of contracts will be made to ensure due benchmarking of quality, value for money and user responsiveness are ensured.
  - Prime contractors will be the preferred model of contracting
  - Contracts will normally be signed between the commissioner and a joint venture (prior to the formation of any new organisations)
  - Prime contractors will be expected to regularly review subcontracting arrangements and choose those services that offer best value and quality.

| Organisation                                       | Signed | Date  |
|----------------------------------------------------|--------|-------|
| Cheshire & Wirral Partnership NHS Foundation Trust | .....  | ..... |
| Central & Eastern Cheshire PCT                     | .....  | ..... |
| Cheshire East Council                              | .....  | ..... |
| East Cheshire Hospitals Trust                      | .....  | ..... |
| Cheshire East Community Healthcare                 | .....  | ..... |
| Mid Cheshire Hospital NHS Foundation Trust         | .....  | ..... |