

## **Better joined-up working:** Productive relationships with local authorities

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A crucial part of the government's white paper on health deals with the relationship between the NHS (GP commissioning consortia) and local authorities in their new proposed role as "health and wellbeing boards".

Setting out plans to simplify partnership working, the white paper states: "These arrangements will give local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to public health and social care."

Although much of the attention has focused on the role and function of GPs as commissioners, the relationships of consortia with local authorities is no less important.

Local authorities will also be responsible for HealthWatch, the local patient representative bodies set to replace local involvement networks (LINKs) and co-ordinated at national level by the quality regulator the Care Quality Commission. HealthWatch will represent the views of patients to commissioners, including concerns about the quality of providers, and will play an important role in the government's pledge to make healthcare more locally accountable.

The public health functions of local authorities are set out in the white paper, but can be summed up in a single line: "...joining up the commissioning of local NHS services, social care and health improvement."

The benefits of joined up care are obvious: fewer hand offs between services mean better continuity, less frustration and less anxiety for patients. Less duplication and better co-ordination of services will also reduce costs. Better health education and support for parents, and more effective social care interventions will deliver long-term health benefits. Better management of long-term conditions and access to better services in the community will allow people to live in their own homes for longer, and reduce hospital admissions.

Working together commissioners and local authorities will be able to improve the experience of patients, deliver better health outcomes and make more efficient use of the resources available.

Joint working is not just about getting managers together across organisational boundaries but about integrated delivery of services, changing frontline working practices and adapting the mix of services to meet local requirements.

The best advice for emerging commissioning organisations thinking about how to work with local authorities is to concentrate on what's really important – those aspects of a joint working strategy most likely to produce better health. As with GP commissioning, organisational form is the wrong place to start.

If there were a blueprint or universal model for joint working it would have been discovered by now. Fledgling consortia can start taking simple practical steps now. The governance arrangements and performance metrics will follow in due course.

### Top tips for working with local authorities

1. Start with care pathways. Listen to patients. Interview them about their experience. Identify duplication, obstacles, delays and fault lines. Link with local authority managed teams as well as health teams to gather feedback and design logical care pathways and work together to implement changes to reduce handoffs, duplication and improve care.
2. Common goals. Agree the outcomes. Don't get hung up on formal roles and job descriptions. Work through the operational implications to agree on best care designs.
3. Joint strategic needs assessments. These are expected to be led by the local authority and depend on the ability to consolidate data from a number of sources. Add to the richness of the information by including data from general practice, community pharmacy and other primary and community services. This information is the key for healthcare commissioning and designing effective preventive strategies. Link to other needs assessment processes, such as pharmaceutical needs assessments, and build on rather than duplicate information there already. Consider how data collection and analysis can be consolidated to produce the best information on which to base commissioning decisions.
4. Consider opportunities to co-locate or move services into different settings. What services currently considered part of the local authority remit might be better provided in or integrated with primary care? Services for children and people with learning disabilities, for example.
5. Patient and public engagement. Get involved early in shaping local HealthWatch. Consultation will be key to understanding the current relationship of patients with services and the possible impact of service changes. Work with local authorities to use their consultation mechanisms as well as developing and using your own.
6. Communication is key. Joint working flies or fails on the most basic grounds. Are both sides engaged? Are there opportunities for regular meetings? Do people who need to work together also get to sit together? Are local networks up and running?
7. Managing emergencies. Planning for and managing emergencies are joint issues for health and social care professionals. Seasonal flu, winter pressures or other local emergencies (such as flooding or a major accident) could put pressure on local services. Commissioners and local authorities need to be involved as do other stakeholders, such as charities and third sector organisations. Work with the local authority and all other stakeholders to make sure strong plans are in place with clearly understood roles and responsibilities.

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- 8.** Keep people out of hospital. Work with local authority colleagues to ensure that services are delivered in the home or close to home wherever possible. Make sure all staff work together rather than duplicate visits, each knowing when another professional may be required.
- 9.** Share services. There may be savings to be made from sharing back-office functions such as procurement, analytical services, communications and training. Consider how existing primary care and local authority premises can best be used to deliver services locally.
- 10.** Start now. Joint working at scale is daunting. Joint working at small scale is easier. Target areas where this is clear scope for improvement – in palliative care or long-term conditions, for example – and where colleagues in other services share your enthusiasm.