

## Local Compact Survey results: briefing 1 - the new health landscape

July 2013

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The health and social care reforms have radically changed the organisations and partnerships responsible for commissioning health and care services locally. The Health and Social Care Act 2012 created a number of new bodies – including Local Healthwatch and Clinical Commissioning Groups, and new partnerships like Health and Wellbeing Boards. At a local level these new groups and partnerships transfer responsibility for public health from the NHS to local statutory organisations. One aim of these reforms is to increase levels of public involvement in health and allow more local control over commissioning decisions.

The key changes to the local health and social care landscape include the creation of four new mechanisms for local partnership working: Health and wellbeing boards (HWB); Joint Strategic Needs Assessments (JSNA); Clinical Commissioning Groups (CCGs) and Local Healthwatch (LHW).

**Health and wellbeing boards** are local partnerships which bring together those responsible for commissioning health and care services locally. HWB will be responsible for developing joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWS).

**Joint Strategic Needs Assessments** describe a process that identifies current and future health and wellbeing needs, in light of existing services, and informs future service planning, taking into account evidence of effectiveness. JSNA Statutory Guidance, produced by the Department of Health, makes it clear that local Compacts should be recognised in JSNAs and JHWS, and makes the case for engaging with the voluntary and community sector (VCS).

**Clinical Commissioning Groups** are the health commissioning organisations that replaced Primary Care Trusts in April 2013. They are primarily made up of GPs who work with other healthcare professionals and in partnership with local authorities and communities.

**Local Healthwatch** is the consumer champion for health and social care patients, service users and carers. They will have a community engagement function and responsibility for advice and signposting to local health and care services, as well as providing complaints advocacy for those who have experienced poor services. Every local authority in England has a duty to commission a Local Healthwatch.

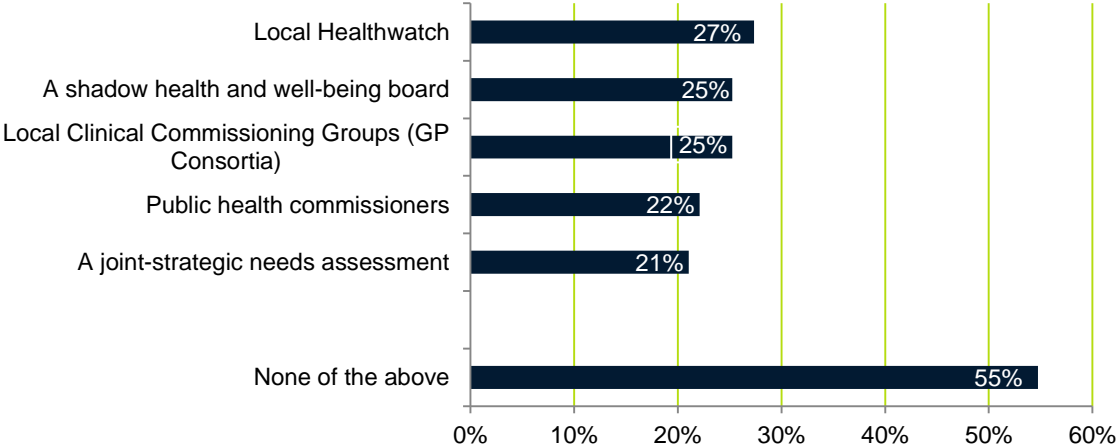
### What our survey showed

For the past two years Compact Voice has tried to assess the extent to which local Compacts are participating in and influencing partners within the new health landscape. We asked respondents to the extended survey to indicate which aspects of the new health structure their Compact group had engaged with.

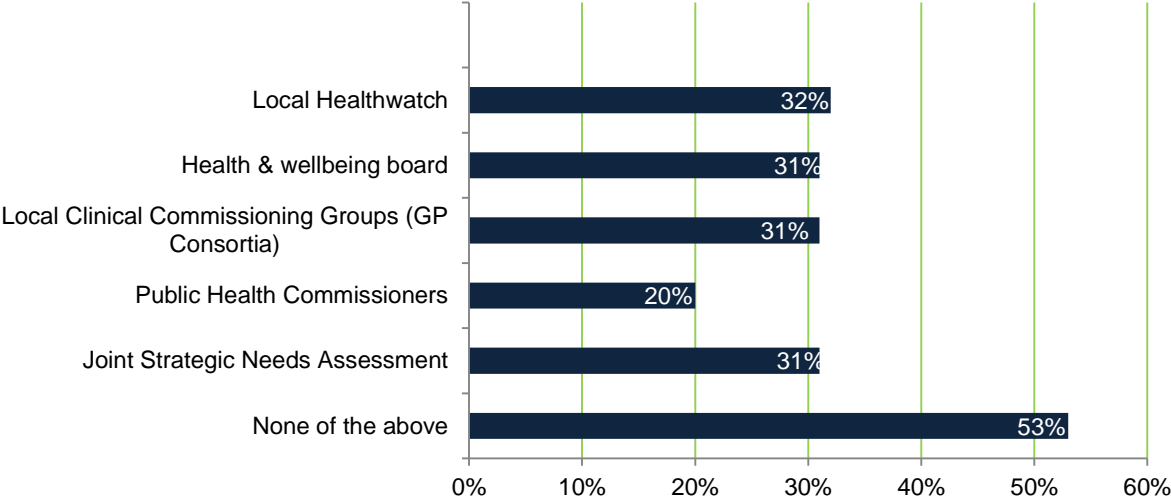
The results showed that there has been an increase in engagement with the majority of new structures. Almost a third of respondents are now engaged with their Local Healthwatch, Health and wellbeing boards, Clinical Commissioning Groups and Joint Strategic Needs Assessments, whereas last year it was around a quarter of respondents. The only type of

engagement which had declined was with Public Health Commissioners, explained by their becoming more fully integrated into the new health structures.

**Fig. 1: Compact groups involved in elements of new health structure 2012 (%)**



**Fig. 2: Compact groups involved in elements of new health structure 2013 (%)**



The picture that emerged from last year’s data was of a minority of highly engaged Compact groups and a majority of largely or completely unengaged Compact groups. This pattern seems to be continuing. 13% of respondents this year are engaged with all of the new health structures listed above. This worked out to be 10% of local Compacts groups, a small increase from last year. We also found this year that there was a small decrease (3%) in respondents who told us they have yet to engage with any of the new health structures.

In this year’s survey, we also wanted to gain an understanding of how the voluntary and community sector in general was interacting with the new health structures. An overwhelming 86% of respondents told us they believed the Health and Social Care Act is relevant to their organisation. From here we asked how much involvement they’d had with the different elements and the results indicate a high level of engagement across all aspects of the health reforms, from both local authorities and the VCS, which is a very positive step forward.

This year we also asked how the new health legislation would affect local partnership working. Again the results were positive from both local authority and VCS respondents. 65% of VCS respondents and 93% of local authority respondents believe that “the new health

landscape is likely to INCLUDE the VCS in decisions that inform and influence the health agenda”.

Finally we asked those of you involved in your local Compact what impact you thought the new Health and Social Care Act will have on it. While the majority of respondents felt that it would have no change, almost 30% thought it would have a positive impact. Only 9% believed it would impact negatively on their local Compact group.

## What Compact Voice says

The Compact is now more relevant than ever, particularly in helping provide a framework for local partnership working in this new health landscape. The Compact underpins effective local partnerships and strengthens the contribution that VCS organisations can make to improving outcomes for local communities.

Compact principles considering effective, transparent, responsive and high quality services are very much aligned with the Government’s ambition for the health reforms. Compact Voice believes that local Compact groups should be doing more to influence key audiences within the new health structures to ensure early adoption of Compact principles and that the principles are built into the commissioning of local health service provision at the earliest stage.

The increased emphasis the Health and Social Care Act places on public engagement, prevention, integration, public health and addressing inequalities makes the role of the VCS vital to the health and well-being agenda. Local Compacts strengthen the sector’s ability to engage and deliver benefits to local communities.

## Next steps

Our survey has shown that across the VCS organisations are engaging with the new health landscape and that the majority feel positive about the changes the new partnership structures over the VCS.

For those still to engage with the new structures, or those seeking a deeper or continuing involvement, Compact Voice has produced new guidance: “[Informing and Influencing the new health landscape](#)”.

*This is one of a series of documents looking at the results of Compact Voice's third annual survey of local Compacts. The full report with all the results will be published in August 2013 and will be available on the Compact Voice website: [www.compactvoice.org.uk](http://www.compactvoice.org.uk).*