



Template Alliance Agreement for accountable models – overview

Our values:
clinical engagement, patient involvement,
local ownership, national support

August 2017

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Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Introduction

The template Alliance Agreement, published alongside the Accountable Care Organisation (ACO) Contract, is an amended version of the NHS England template Alliance Agreement already made available by NHS England. At this stage the template agreement does not include specific references to the MCP or PACS care model, but focuses, as with the previous version of the Alliance template, on the governance arrangements to be put in place by partners across the system. Our intention is to develop this product further with sites over the coming months. This will allow us to produce guidance on how, building on experiences across the country, it can be optimised for the implementation of a whole population health model.

Who is party to the Alliance Agreement?

The template Alliance Agreement is written to incorporate a range of providers and commissioners. It is intended that all major providers in the system, including GP practices, would be party to this agreement. Commissioner involvement is important to create a joined up process for effecting any changes agreed by the Alliance Leadership Team, through variations to underlying Services Contracts.

What are the main functions of the Alliance Agreement?

The Alliance Agreement does not seek to replace or in any way override existing Services Contracts (i.e. contracts between the commissioner and the provider for delivery of care). Instead, it brings providers together around a common aspiration for joint working across the system. It sets out a number of shared objectives and principles, and a set of shared governance allowing providers to come together to take decisions. In the future we will work with early adopter sites to understand how the agreement can be used to successfully underpin the care model, however the underlying governance mechanism is the focus of the current draft.

The governance set up by the template Alliance Agreement establishes an Alliance Leadership Team, an Alliance Management Team and an Alliance Programme Manager. The Alliance Leadership Team is a forum, in which the representatives of each provider and commissioner have been given delegated decision making authority. This allows them to make decisions on behalf of each alliance member. The need for unanimity in decision making to make such an arrangement effective is set out in Schedule 3 "Alliance Leadership Team – Terms of Reference".

The Alliance governance arrangements set up under this agreement will be based around a scope of services set out in Schedule 9, and linked to KPIs, set out in Schedule 5. These elements of the agreement are critical. The KPIs Schedule sets out the terms on which providers will be held to account for their contributions towards the Alliance. For example, Trust A could agree to take responsibility for reviewing certain long term condition pathways across the alliance, and to bring the conclusions and recommendations back to the Alliance Leadership Team for discussion and agreement.

Where changes to provider responsibilities are agreed, the commissioner will initiate contract variations with the affected providers, so that the funding for those services reflects the newly agreed arrangements.

It is likely that schedules to the template agreement will need to be tailored referencing local systems, processes and protocols. The wording of any local schedules should dovetail with the existing wording of the agreement. Care should be taken to ensure that any pre-existing documentation that is added to the agreement does not create conflicts or inconsistencies with the rest of the agreement. It should be made clear which wording takes precedence in the case of any conflict.

Risk/reward mechanism

Separately, the template Alliance Agreement allows local systems to agree a gain / loss mechanism, which can set out how providers within the alliance will benefit where demand management activities are successful in reducing secondary care activity. This should be documented under Schedule 4.

Sharing of costs

Finally, the template Agreement confirms that individual providers will be responsible for their own costs in setting up and contributing towards the Alliance Governance, and separately in effecting any changes agreed to by the Alliance Leadership Team. Where necessary, further arrangements can be made outside the Alliance Agreement to compensate members for specific contributions as agreed.

The NHS Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including:

- NHS England
- Care Quality Commission
- Health Education England
- The National Institute for Health and Care Excellence
- NHS Improvement
- Public Health England

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