

## Competency 2 – Knowledge Management Summary

**PCTs work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities.**

*PCTs should not commission services in isolation. In addition to commissioning healthcare services, they will need to consider the wider determinants of health and the role of other partners in improving the health outcomes of their local population. PCTs also share responsibility for undertaking a joint strategic needs assessment (JSNA) with local authorities. Partners include local government, healthcare providers, third sector organisations and clinical partners such as practice based commissioners and specialist consortia. Working collaboratively with partners, PCTs will stimulate innovation, efficiency and better service design, increasing the impact of the services they commission to optimise health gains and reductions in health inequalities.*

### Competency Overview

Although Knowledge Management is not central to achieving this competency, it can play an important role in the creation of a Local Area Agreement.

Many PCTs are now embarking on a Joint Strategic Needs Assessment (JSNA) with local authorities. Knowledge management is crucial to getting this Assessment right. The JSNA should be a fairly rigorous study of the local economy. It involves collating data from multiple disparate sources, integrating the data from these sources, analysing the information and providing a cohesive summary of the current state and the recommended plan of action.

At a minimum, the Local Area Agreement will need to address the needs highlighted in the JSNA, while to reach Level 4 the PCT will need to create joint accountability and clear, active roles with local partners for key targets, with active clinical and PBC engagement in the LAA.

The table below summarises the KM-related inputs and outputs that relate to this Competency.

Competency 2 – Knowledge Management Overview		
Category	Components	Information Requirement
Input	a) External partner relations	Electronic address book and public folders containing partner communication e.g. e-mails.
Outputs	b) Creation of Local Area Agreement based on joint needs	LAA targets monitored through regular updates. KPIs for priorities part of management reports.
	c) Ability to conduct constructive partnerships	Provider survey result from “The PCT proactively engages with my organisation to inform and drive strategy, service design and resource utilisation”. PBC survey result from “Agreed a commissioning plan”.
	d) Reputation as an active and effective partner	Provider survey result from “The PCT is an active and effective partner in delivering local health objectives”. Project plans should be created that contain clear milestones with partners.

