The essential guide to provider collaboratives

Edition 1

April 2021

Good Governance Institute

Good Governance Institute

The Good Governance Institute exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat - in short, all aspects of being human.

We work to make sure that organisations are run by the most talented, skilled and ethical leaders possible and work to build fair systems that consider all, use evidence, are guided by ethics and thereby take the best decisions. Good governance of all organisations, from the smallest charity to the greatest public institution, benefits society as a whole. It enables organisations to play their part in building a sustainable, better future for all.

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The essential guide to provider collaboratives

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Contents

Introduction

Purpose: This document sets out to

- Clarify what is meant by 'provider collaborative'
- Explain the benefits
- Provide a 'how to' guide on how to set up/ join a provider collaborative
- Show how GGI can help

Series approach: We will produce a series of editions to provide an updated view as more guidance is announced and as more learnings from case studies emerge. This is Edition 1.

Target audience: This guide is written for

- The senior leadership of NHS trusts and NHS foundation trusts, including providers of acute, specialist, mental health and community health and care services

- Other existing and potential suppliers to and partners of provider collaboratives, such as primary care, third sector, local authority and private sector providers

Provider collaboratives will help meet our health and social care challenges as part of new NHS thinking enabled by legislation and accelerated by COVID

Why provider collaboratives?

The drive to greater collaboration recognises that improving population health and wellbeing, and reducing inequalities, cannot be solved by any one organisation. In particular provider collaboratives help achieve:

- Improvement – introducing innovation and transformation at pace and scale.
- Sustainability – collaboration will keep NHS service delivery sustainable when workforce and other resources are stretched.

Legislative imperative

- The white paper, 'Integration and Innovation: working to improve health and social care for all,' published in February 2021, sets out the legislative options for Integrated Care Systems (ICSs).
- As part of system working, it is expected that most NHS trusts and NHS foundation trusts will need to belong to one or more provider collaboratives.

Post-COVID acceleration

- The response to the COVID-19 pandemic has accelerated the extent and prevalence of NHS providers working collaboratively with each other and with other partners, locally at place and across systems.
- Alongside participation in ICSs, participation in provider collaboratives aims to build on, and further facilitate, collaborative working between NHS trusts, NHS foundation trusts and other providers.

"If providers don't start to proactively choose the collaboratives in which they do wish to participate, they may find themselves in ones they don't."

Integrated Care Systems: The three actors

The ICS

NHS Providers

Place

Provider collaboratives go beyond 'providers collaborating' – they are governed arrangements designed to release very specific benefits as part of the NHS ICS arrangements

Providers can collaborate at place, across places within an ICS and across ICSs

Examples include:

- Several acute trusts working together to gain benefits of scale

- Acute, community and mental health providers working at place

- Mental health trusts working across several ICSs and a population base sufficient to provide more specialist services

ICS A				ICS B
Place	Place	Place	Place	Place
Provider collaborative 1	Provider collaborative 2		Provider collaborative 3	
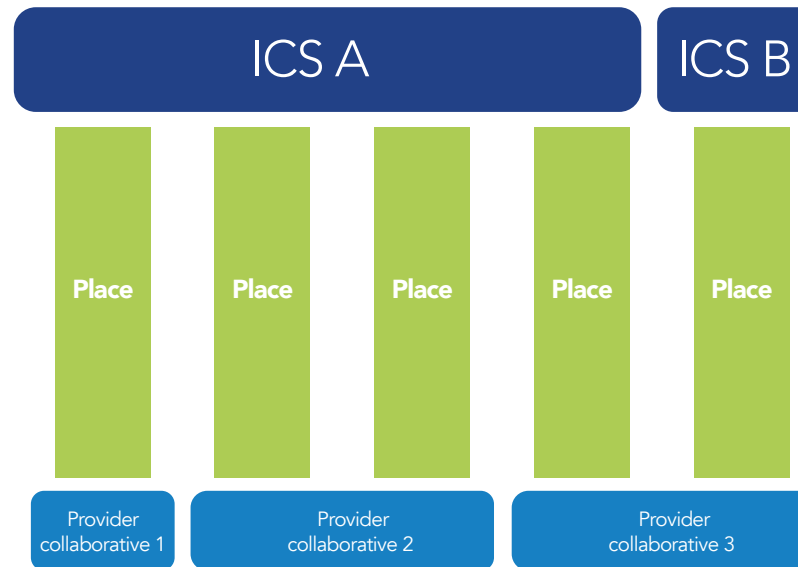
Provider collaboratives have evolved from the New Care Model pilots (2016/17) and build on the successes of clinical and operational networks

Provider collaboratives involve providers of a similar type collaborating to achieve the benefits of scale

System level	Example Collaboration	Focus	Forum	Objectives
System	All acute providers in an ICS	The system	ICS	Develop strategic commissioning to achieve population health outcomes
Sub-system, system or cross-system	All organisations who provide NHS care	A particular population	Provider collaborative	Achieve benefits of scale Drive quality improvements and service change and transformation
	All organisations providing • mental health • acute services	Service provision		
Sub-system	All NHS organisations providing health and care to a discrete population	A place	Place-based partnership	Provide joined-up care, prevention and wellbeing
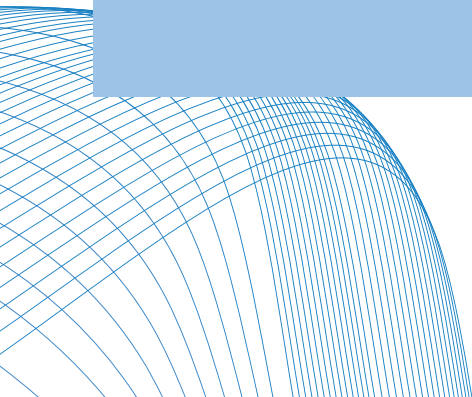
Operating at scale, in provider collaboratives, enables providers to improve population health, efficiency and effectiveness

Improved population health and well being

- Higher quality and more sustainable services
- Reduced unwarranted variation in clinical practices and outcomes
- Reduced health inequalities

Operating more efficiently and effectively

- Better workforce planning
- More effective use of resources, including clinical support and corporate services

Operating through a provider collaborative could help providers achieve post-COVID recovery targets

- Address the backlog of elective surgery systematically across the collaborative

- Access investment for:
  - Expanding NHS elective capacity
  - Outsourcing elective procedures to private providers
  - Creating new digital out-patient services

- Creating more joined up pathways for supporting patients with long-COVID

- Help some smaller and/or specialist services, which are becoming unviable due to low patient numbers or clinical critical mass

Operating through a provider collaborative could help providers secure clinical and financial viability

- A single trust not being financially and/or clinically optimal in its existing form

- There is significant functional duplication across providers

- Provider or service viability issues due to an actual or anticipated shortage of staff with the relevant skills

There is a five step pragmatic process for setting up/ joining a provider collaborative – each step focuses on required interactions

Evolve and develop the provider collaborative, adapting to further guidance
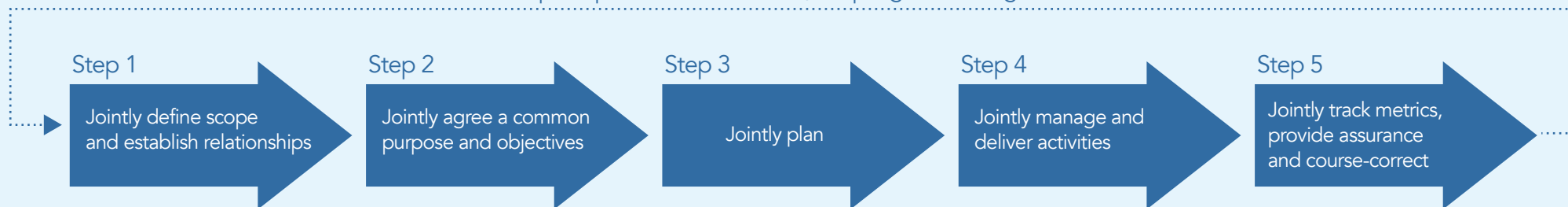
	Step 1	Step 2	Step 3	Step 4	Step 5
	Jointly define scope and establish relationships	Jointly agree a common purpose and objectives	Jointly plan	Jointly manage and deliver activities	Jointly track metrics, provide assurance and course-correct
Example questions	For which population, or service type, do we want to improve outcomes? Who needs to sit around which table(s)?	How will population health outcomes and provider collaborative benefits be achieved?	What are the collaborative's priorities, what resources and capabilities do we have across providers, and how should they be deployed?	How do we ensure seamless delivery, e.g. common culture, operating procedures, systems, etc? How do we co-ordinate activities?	How do we share data and set common metrics? What joint assurance structures should be put in place?
Example considerations	e.g. NHS trusts providing community services, with voluntary sector providers as co-opted members…	e.g. reduce patient waiting times, reduce inequalities around life expectancy, establish service viability…	e.g. open book financials, workforce pooling, system view of patient waiting lists…	e.g. creating standard operating procedures, shared IT systems, shared patient records/ treatment records, joint appointments, joint PMO and task and finish groups…	e.g. joint improvement methodology, shared definition of metrics, shared quality/ financial assurance…

There is no one-size-fits-all model but successful collaborations follow good governance guiding principles

There is no one-size-fits-all solution - arrangements will reflect the particular set of circumstances

- The nature of the population's needs

- The characteristics of the geographical footprint

- Quality of local primary care and social care

- The number and type of providers involved

- The existing processes, structures and collaborations that the providers have

- The nature and extent of the provider collaborative's ambition

"If you've seen one provider collaborative, you've seen one provider collaborative."

Good governance guiding principles:

Patient benefits focus: Changes in service design, processes and structures should only be made if they result in benefits to patients/ residents.

Focus governance arrangements on governance outcomes: Ensure governance arrangements create improvements for ethical culture, adding value, better control and legitimacy

Subsidiarity: Delegate decision making to the most local level possible, restrict system level decisions to those that need to be made at scale

Form follows function: Focus on shared objectives and identifying the required interactions to achieve them… decisions on structures should come last

Simplicity: Resist the temptation to label ordinary management or communication forums as 'governance'. Govern what needs to be governed and no more

While provider collaborative development is very individual, it is helpful to be aware of common pitfalls and success factors

Common success factors

Trust: Start small and build momentum, e.g. starting with initiatives which

- Benefit all members
- Provide near-term returns for minimal use of resources

Transparency: Being honest about issues, conducting open-book financial reporting, etc.

A shared approach:

- **Shared population health approach:** Adopting a population health management approach, focusing on health and wellbeing outcomes to establish a shared purpose
- **Data-sharing:** Sharing data and insights to establish a common fact base
- **Joint organisational development:** Investing in organisational development to instil and embed collaborative behaviours
- **Form before function:** Understand purpose, objectives and required interactions before making decisions on structure and governance

Common pitfalls

Purpose: Lack of alignment around purpose and aspirations – unable to answer the question 'why are we doing this?'

Culture: Historical competition and/ or incompatible ways of working driven by different structures, culture, working practices, budgets and constraints
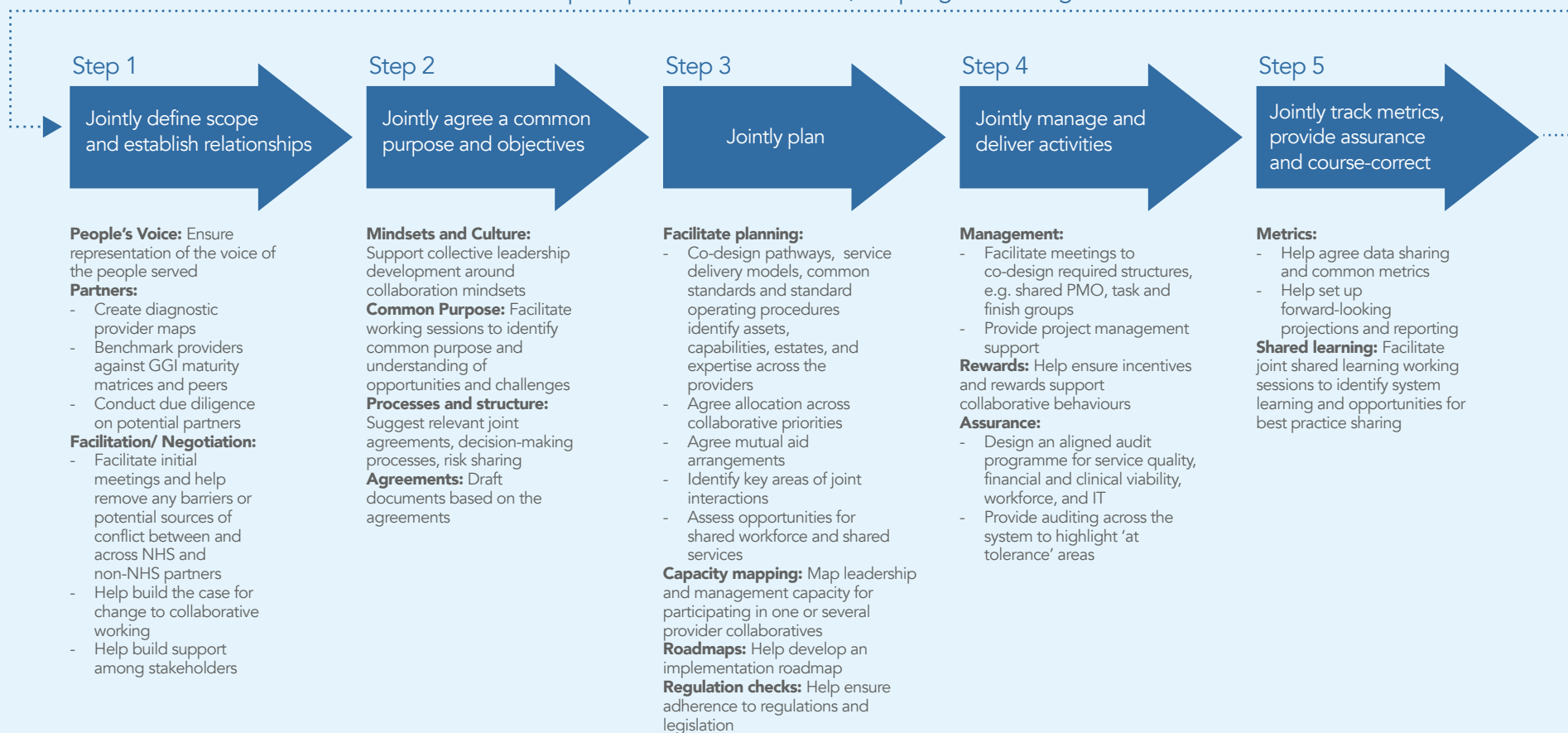
Accountability: e.g. tensions between shared accountability and remaining single organisational responsibilities

Complexity: Creation of unnecessary managerial complexity, e.g. organisations belonging to multiple provider collaboratives with no compelling reason

Stakeholders: Lack of support from key stakeholders

GGI can help accelerate the process by removing barriers and establishing enablers

Evolve and develop the provider collaborative, adapting to further guidance

Step 1
Jointly define scope and establish relationships

Step 2
Jointly agree a common purpose and objectives

Step 3
Jointly plan

Step 4
Jointly manage and deliver activities

Step 5
Jointly track metrics, provide assurance and course-correct

People's Voice: Ensure representation of the voice of the people served
Partners:
- Create diagnostic provider maps
- Benchmark providers against GGI maturity matrices and peers
- Conduct due diligence on potential partners

Facilitation/ Negotiation:
- Facilitate initial meetings and help remove any barriers or potential sources of conflict between and across NHS and non-NHS partners
- Help build the case for change to collaborative working
- Help build support among stakeholders

Mindsets and Culture: Support collective leadership development around collaboration mindsets
Common Purpose: Facilitate working sessions to identify common purpose and understanding of opportunities and challenges
Processes and structure: Suggest relevant joint agreements, decision-making processes, risk sharing
Agreements: Draft documents based on the agreements

Facilitate planning:
- Co-design pathways, service delivery models, common standards and standard operating procedures identify assets, capabilities, estates, and expertise across the providers
- Agree allocation across collaborative priorities
- Agree mutual aid arrangements
- Identify key areas of joint interactions
- Assess opportunities for shared workforce and shared services

Capacity mapping: Map leadership and management capacity for participating in one or several provider collaboratives
Roadmaps: Help develop an implementation roadmap
Regulation checks: Help ensure adherence to regulations and legislation

Management:
- Facilitate meetings to co-design required structures, e.g. shared PMO, task and finish groups
- Provide project management support

Rewards: Help ensure incentives and rewards support collaborative behaviours
Assurance:
- Design an aligned audit programme for service quality, financial and clinical viability, workforce, and IT
- Provide auditing across the system to highlight 'at tolerance' areas

Metrics:
- Help agree data sharing and common metrics
- Help set up forward-looking projections and reporting

Shared learning: Facilitate joint shared learning working sessions to identify system learning and opportunities for best practice sharing

Providing programme management, removing barriers, enhancing enablers, overcoming sources of conflict, helping to adapt to new guidance…

Providing ongoing organisational and leadership development, culture and mindset development and alignment programmes, training and 1-2-1 coaching

GGI can help manage tensions, navigate options and draft key documents

Example tensions	Example options	Example documents to be drafted
Director obligations to single organisations vs being a system team player	**Strategy and risk:** e.g. How to agree strategy objectives based on a common risk appetite? How to create shared risk registers, which include system risks? How to ensure operational risks are managed locally by managers and clinicians? How to align provider Board Assurance Frameworks, which are not related to each other?	Joint working arrangements Memorandum of Understanding Management support agreements Partnership/ joint venture agreements Alignment of Terms of Reference Schemes of delegation and escalation, serious incident reporting, complaints handling Process for holding each other to account Dispute resolution process Entry/ exit criteria
Money vs service quality		
Productivity vs staff wellbeing		
National targets vs local needs	**Decision-making forum:** e.g. committee in common, partnership board, joint committees, joint appointments, joint planning and task and finish groups, role of non-executive directors and governors, merger/ acquisition discussions…	Joint risk management and assurance Risk/ benefit share agreements Joint corporate risk registers for financial, estates, workforce, IT and clinical issues Joint assurance frameworks and joint audit plans
Doing the right thing vs compliance		
Short term vs long term objectives	**Decision-taking arrangements:** e.g. unanimous vs different levels of majority voting, casting votes, weighted votes, gated decision-taking…	Joint standards and processes Standard operating procedures Quality standards Staff passporting arrangements Meeting etiquette Joint cycle of business
Operational and financial requirements vs sustainability goals		

GGI has in-depth NHS experience and is an expert in governance and organisational development

Deep NHS experience and understanding of non-NHS partners:

- We have a thorough appreciation of the strategy, leadership, governance, funding and compliance challenges facing the NHS and its suppliers
- Our senior team is highly experienced, with former NHS CEOs and directors amongst our staff team, and nationally-known published thought leaders in the field of governance and quality management
- We work across the public sector, local government, voluntary and private sectors, as well as related sectors such as housing and education

Governance and organisational development expertise:

- GGI is one of the most respected and recognised providers of board-level working, strategy, governance, organisational development, and leadership development expertise for health, social care, education, local government and the corporate sector.

GGI can be your board's trusted adviser through high challenge and a complex journey

- We have a practical approach which enables real lasting change - we find pragmatic fixes and avoid complexity

- Our service redesign approach uses 'top-left thinking,' focussing on removing barriers and enhancing the enablers which allow people to do things differently

- Our process mapping quickly zooms in onto critical areas and does not bog the organisation down in exhaustive documentation

- We have a wealth of tools from board assurance frameworks to maturity matrices for quality, clinical governance, and partnership governance

If you would like to learn more about our experience of helping providers collaborate with each other, in provider collaboratives, and within and across places and systems, please contact:

info@good-governance.org.uk

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