

Governing provider collaboratives: how to ensure form follows function

Introduction

This briefing is the first in a series designed to share board level learning on provider collaboration as part of a new NHS Providers programme. It covers the key messages from our webinar *Governing provider collaboratives: how to ensure form follows function* and features case studies from three more established mental health, acute and community provider collaboratives, on how their governance has evolved over time to reflect their collective ambitions.

Webinar key messages

- Investing time at the outset to engage with key partners and ensure the right people are around the table, including clinicians, is essential when identifying a collaborative's ambitions and underpinning the governance model. This should be a space where people feel they have strategic influence and their voice is being heard.
- To ensure that form follows function, providers need to ensure there is alignment on the purpose and aims of their collaborative(s) early on and allow the governance structures to evolve from there.
- Governance infrastructure should be kept as straightforward as possible and should be regularly reviewed to ensure it is still fit for purpose. Many existing collaboratives are service-based so do not require elaborate infrastructures, only memoranda of understanding or other light-touch agreements.
- The role of chairs and chief executives is vital in embedding the culture of collaboration and their contribution should be maximised within provider collaborative governance (while recognising this can present challenges given operational pressures). This includes leading forums such as executive coordination and work programme groups to demonstrate new ways of working from the top.
- There will be governance challenges in navigating the interface between place and provider collaboratives. There is a risk of creating unintended siloes which could make this more difficult. It's important to take the time to engage with partners to determine who should lead on what and ensure you work in a way that complements the priorities agreed at both system and place.
- Some more established provider collaboratives are also developing forums where collaboratives across the patch are coming together to align their ambitions, share learning and avoid any duplication of effort.

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Agreeing a purpose early on and our shared ambitions is probably one of the most important things we did.

SIOBHAN MELIA, CHIEF EXECUTIVE, SUSSEX COMMUNITY NHS FOUNDATION TRUST,
SUSSEX ICS COMMUNITY AND PRIMARY CARE PROVIDER COLLABORATIVE

CASE STUDY

Humber, Coast and Vale Integrated Care System (ICS)

The context

The **Humber, Coast and Vale Mental Health, Learning Disability and Autism Collaborative** is one of four provider collaboratives in the Humber, Coast and Vale ICS. The collaborative includes three mental health trusts and a range of community partners and has been running for a number of years but was only formally established in October 2021. The partnership covers the system's six local places to ensure mental health, learning disabilities and autism services are meeting the needs of the local populations and that investment decisions are aligned to longer term strategic goals.

Purpose and priorities

The key purpose and priorities for the provider collaborative were decided early on, with the overarching aim of joining up services to better support patients and make the best use of resources. The collaborative has eight priorities including autism and learning disability, suicide prevention, maternity mental health services and children and young people's mental health.

To improve these services, the overall goals and aspirations of the collaborative are to:

- deliver person-centred care in co-designed services
- embed a culture of continuous improvement
- align services to the population need to reduce health inequalities
- use resources effectively.

Leadership and governance

The collaborative work as a collaborative partnership and are on the third iteration of their governance structure which has evolved as the priorities of the collaborative have developed. They currently work on the basis of a memorandum of understanding (MOU), which avoids the complexities of a committee in common. Their current governance structure involves:

- a partnership board made up of chief executives and executive officers
- an executive leadership group which meets bi-monthly to ensure providers are delivering the required targets through partnership agreements and MOUs
- a monthly oversight and delivery group which monitors the trajectories and finances on behalf of the partners
- individual workstreams with a clinical assembly supported by two clinical leads
- place leaders also feed into each of the collaborative's workstreams.

Details of the provider collaborative's full governance structure can be found [here](#) (at 6 minutes 25 seconds).

CASE STUDY

Humber, Coast and Vale Integrated Care System (ICS)

Benefits

Chief executive Michele Moran provided an example of where the provider collaborative has improved outcomes by investing in suicide prevention. By setting up a multi-agency project to tackle the issue as part of the collaborative, the latest data shows that they have made the biggest impact in the north of England and they are no longer one of the outliers on suicide.

The establishment of the provider collaborative has created a positive mindset within the system about the value of horizontal working. The collaborative has been successful in encouraging providers to take ownership of key programmes of work and has led to better engagement with local authorities who are providing advice on the strategic design of the provider collaboratives.

Another example of a benefit of the provider collaborative has been the reduction of variation and the streamlining of services and some key services are now led by one organisation that contracts out to another provider which has led to variation starting to reduce.

Lessons

Michele highlighted the challenges facing providers in navigating their accountability to individual trusts boards vs their mutual obligations as a collaborative. The collaborative has collectively iterated its governance arrangements to reflect the evolution of its programme of work and the developments in the strategic policy context.

There have been tensions in the relationship between collaborating horizontally and working vertically at place and they are investing in organisational development to support leaders to develop key skills and behaviours associated with multi-agency working.

There is also difficulty in finding the capacity to develop collaborative arrangements given the significant operational pressures, but they are trying to address this by mapping their resource envelope.

Despite these challenges, Michele outlined how the collaborative has allowed partner organisations to work together to be real change makers, reducing mental health inequalities and ensuring parity of esteem. The collaborative has worked hard to develop an enabling governance structure that can adapt and evolve as priorities change. This couldn't have been carried out without investing the time, energy and resource to engage with partners effectively and build the much-needed trusting relationships.



It's really important to keep things as simple as we can. We need our governance structure to be based on assurance, but also to keep reviewing it to see it is delivering outcomes.

MICHELE MORAN, CHIEF EXECUTIVE, HUMBER TEACHING NHS FOUNDATION TRUST,
HUMBER COAST AND VALE MENTAL HEALTH, LEARNING DISABILITY AND
AUTISM PROVIDER COLLABORATIVE

Questions for boards

Based on our conversations with trust leaders, please see below a short list of questions that board members – both executives and non-executives – may wish to consider when thinking about their trust’s provider collaborative governance arrangements.

- Do our governance structures build on existing collaborative ways of working?
- Are they proportionate to the ambitions and programmes of the provider collaborative?
- How are we ensuring there is sufficient non-executive involvement in decision making to provide robust scrutiny and challenge?
- How are we engaging with service users, clinicians and local communities to ensure a diverse range of voices and experience can inform decision making?
- How are we going to navigate the opportunities and challenges of the provider collaborative while making sure your trust meets its own statutory duties?
- How are the trusts within our provider collaborative aligning their respective organisational strategies to achieve the ambitions of the provider collaborative?
- How is the provider collaborative working with the ICS(s) and place-based partnerships to develop and align common aims, priorities and programmes?
- When was our governance infrastructure last reviewed? Does it reflect the evolving nature of the partnership?

Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit www.nhsproviders.org/provider-collaboratives for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources. To find out more, contact bobby.ancil@nhsproviders.org.

NHS England and NHS Improvement also have resources on provider collaboration [here](#).

This webinar featured presentations from **Kevin McGee**, chief executive, Lancashire Teaching Hospitals NHS Foundation Trust, **Siobhan Melia**, chief executive, Sussex Community NHS Foundation Trust and **Michele Moran**, chief executive, Humber Teaching NHS Foundation Trust.

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