

# Squaring the circle: governing provider collaboratives in the new era

## Introduction

This briefing is the fourth in a series designed to share board-level learning on provider collaboration as part of an NHS Providers programme. It covers the key messages from our webinar on *Squaring the circle: governing provider collaboratives in the new era*, featuring two case studies of provider collaboration at scale, the Mid and South Essex Community Collaborative and Black Country Provider Collaborative.

The webinar featured presentations from leaders within these two provider collaboratives, setting out the development of their governance models and how they have ensured these reflect the multiple accountabilities and responsibilities of their constituent partners. The speakers also shared how they are cutting through complexity, tackling challenges and keeping focused on what matters most.

## Webinar key messages

- Trust leaders should approach collaboration in an iterative way and make a start with a particular governance model and keep it under review so it evolves alongside the collaborative.
- Building consensus and energy behind improving outcomes for patients can help to build a collaborative's momentum. This helps to avoid getting tied up in governance structures.
- Securing a clear commitment from boards to work in collaboration with system partners is vital. This galvanises buy-in from clinicians, who lead much of the service redesign and improvement work.
- Bringing in effective programme directors to help coordinate and support the development of the collaborative is critical in ensuring there is sufficient capacity to drive forward the collaboration's work programme.



*Initially the collaboration felt like it was an add on, with us being pulled in many different directions. However, there is now an infrastructure that supports this work. The programme directors work in an incredibly effective way and it feels much more like part of the day job.*

DIANE WAKE, CHIEF EXECUTIVE  
THE DUDLEY GROUP NHS FOUNDATION TRUST

## CASE STUDY 1

**Mid and South Essex Community Collaborative –  
Essex Partnership University NHS Foundation Trust, North East London  
NHS Foundation Trust, Provider Community Interest Company (CIC)**

### Background

The Mid and South Essex (MSE) Community Collaborative was set up in 2020, bringing together community providers in the Mid and South Essex Integrated Care System (ICS) to deliver consistent and outstanding community health and care services for residents across the system.

There were two key drivers for the formation of the provider collaborative. One driver was the merger of three local acute trusts into one, which led to a request for consistent discharge practices across the system. Commissioners were also encouraging the providers – who already had good trusting relationships – to form a collaborative.

### Priorities and governance

The three chief executives were relatively new when the collaborative was first established and had been recruited partly based on their collaborative leadership skills.

In October 2021 the collaborative agreed its priorities which are to:

- improve patient outcomes, by reducing variation and ensuring sustainability
- establish place-based integrated health and care services wrapped around primary care networks

The priorities will be delivered through a number of workstreams including:

- a joint programme of change
- shared delivery teams
- integrated place-based leadership (mental health and community)
- joint governance with delegation
- underpinning contractual joint venture (CJV) agreement

The collaborative has developed its governance iteratively since May 2020. This review process has helped provide a structure underpinning how they do business together.

The three providers discussed **a range of governance options** (watch from 7m 30s) when developing the provider collaborative, including a CJV, as well as a more informal collaboration. They then looked at what was needed for the collaborative to achieve its aims and came back to what governance arrangement would serve them best.

They arrived at the conclusion that the CJV option best supported their priorities and fitted with the purpose of the collaboration. They also found that the process of developing the CJV helped draw out many of the potential issues and tensions between the organisations early, which meant the issues were dealt with before they started collaborating more closely.

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The chairs of the providers have been heavily involved in the collaborative, with the challenge now of effectively engaging non-executive directors (NEDs). They have found that the process of creating the collaborative has been very important in keeping the boards aligned, with the development of the CJV meaning they regularly took papers and updates to their boards.

The process they went through included:

- Strategic options review on collaborative model (May 2020)
- Shadow board formed (Sept 2020)
- Contractual Joint Venture signed (Mar 2021)
- Target operating model agreed (May 2021)
- Board takes on delegated authority (Oct 2021)
- Strategic board priorities agreed for 2022/23 (Oct 2021).

### What has helped and highlights so far

The success of the collaborative to date has built on the relationships that have been nurtured between the leaders from the three providers. It has been important for people to really get to know each other and the different organisations, and put themselves forward to take some risks and make some investments together.

In terms of delivery, recent highlights include:

- 1 Establishment of four place-based joint director roles covering community and mental health services to drive locality integration.
- 2 Increased trust among system partners. The collaborative has acquired new contracts for services which would ordinarily have gone to tender. For example, they are transitioning the Lighthouse Child Development Service in Southend into the collaborative.
- 3 Winter/Covid pressures: rapid development of a Virtual Hospital, with four community emergency departments (**Urgent Community Response Team Services** remodelled), and increased fertility and respiratory services.

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### Ongoing challenges and next steps

The collaborative is working through a number of challenges and considering the future direction of travel, at a time when there are lots of changes within, and different demands from, emerging integrated care boards (ICBs). They are therefore working hard to ensure their focus remains on improving service delivery.

They are also thinking about whether they take on commissioning responsibilities with the new opportunities that arise from delegation from the ICB, although they are grappling with the question of where the accountability will sit.

They are also working through how they balance the multiple collaborative and resource demands that come with running their programmes without increasing the cost, which will involve identifying ways to harness their existing resources to move forward.



*One of the challenges with governance is the natural instinct to replicate organisational governance but that can undermine the flexibility of the partnership and the notion of empowering leaders locally to make better decisions.*

PAUL SCOTT, CHIEF EXECUTIVE  
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

COLLABORATION

## CASE STUDY 2

**Black Country Provider Collaborative –  
Sandwell and West Birmingham NHS Trust, The Dudley Group  
NHS Foundation Trust, The Royal Wolverhampton NHS Trust  
and Walsall Healthcare NHS Trust**

### Background

The Black Country Provider Collaborative was formed in late 2020. The providers across the Black Country and West Birmingham Integrated Care System (ICS) have transitioned from an environment of competition to one of partnership working. They have developed trust, better relationships and a sense of positivity between the four providers.

The provider collaborative is clinically led with nine system clinical leads appointed in the first 18 months. This clinical improvement programme is enabled through a corporate programme which focuses on digital, workforce and corporate functions.

The form of the provider collaborative is yet to be decided, although the four providers have started conversations about the potential of introducing a shared chair at some point in the future.

### Clinical Improvement Programme

The four acute trusts have agreed to come together as a collaborative and deliver clinical services through clinical networks using a hub and spoke model where appropriate.

The collaborative held a series of very well attended clinical engagement events, which helped bring clinicians on board as they understood how delivering care through clinical networks could help improve access and outcomes for patients, as well as tackle health inequalities.

The first thing they did was identify the clinical services that were facing the greatest pressure and develop a network approach for those services. They appointed clinical leads and project support teams for each specialist network, with each clinical lead funded for one day per week to develop the proposals.



*The building blocks of place are primary care networks and if you look at population needs at this level you can really start to tackle health inequalities. It's that localisation which is not only the right way to go about tackling inequalities, but it's also what excites primary care colleagues and local communities.*

GLEN BURLEY, CHIEF EXECUTIVE  
THE FOUNDATION GROUP OF SOUTH WARWICKSHIRE NHS FOUNDATION TRUST,  
GEORGE ELIOT HOSPITAL NHS TRUST and WYE VALLEY NHS TRUST

## CASE STUDY 2

### **Black Country Provider Collaborative – Sandwell and West Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust**

The following examples of the clinical network approach were shared by Dr Jonathan Odum, Chief Medical Officer at Royal Wolverhampton NHS Trust and Medical Director of the Black Country Provider Collaborative.

- **Critical care**

Critical care was a high priority during the pandemic. The collaborative has appointed a critical care lead and brought together the critical care units across the four providers. They now have a clear shared understanding of service capacity and delivery across the system.

- **Orthopaedics**

A lead orthopaedic surgeon was appointed from Dudley Group NHS Foundation Trust and has successfully brought together the orthopaedic teams from each provider to consider how to structure services. The clinicians have decided to create two orthopaedic elective hubs for the system (north and south) to deliver almost all the elective orthopaedic activity across the Black Country. In the north hub they have already accessed funding for increased theatre space, which should help them tackle the elective backlog more quickly.

- **Skin cancer and skin services**

The collaborative appointed two skin cancer leads who are planning to introduce 'tele dermatology' across all of the Black Country. All GPs and dermatologists would be trained on the screening system, which could allow all non-malignant conditions to be screened out and only those that need secondary care would be referred up and routinely managed. They plan to have a multi-speciality super clinics and a skin cancer hub aligned with biopsies and plastic surgery work which they believe could reduce waiting lists.

- **Breast cancer**

There are long waiting lists for breast cancer services across the Black Country. The newly appointed clinical lead is developing a model with one centre providing more specialised services and two other sites providing more routine services.

Although there are workforce shortages across all these services, the four providers believe that the clinical networks will be popular with clinicians and attract more trainees.



*I would have described working in the Black Country five years ago as being like the Wild West, but it is a completely different place now with people working collaboratively. The clinical summits have played a big part in getting people to buy into working differently, as has working through lots of the old challenges through mutual aid and getting patients moving around the hospitals. Working collaboratively gets you much further, much faster, and it's much more pleasant than competing with each other.*

DIANE WAKE, CHIEF EXECUTIVE  
THE DUDLEY GROUP NHS FOUNDATION TRUST

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## Board and programme governance

In 2020 the **Acute Care Collaboration Programme Board** (watch from 43m) was formed, which brought together the chairs and chief executives of all four acute providers. The board has a rotating chair and several sub-committees, including a Governance and Implementation group led by strategy directors and other executive directors, supported by an Intelligence, Insights and Outcomes group and a Clinical Improvement programme. A formal review of progress and governance during the first 18 months of the collaborative is underway.

As integrated care boards (ICBs) and integrated care partnerships (ICPs) become statutory bodies from 1 July 2022, the Black Country Provider Collaborative recognised that they will need to adapt their governance. At their board meeting in March 2022, they agreed a **renewed board structure** (watch from 47m 56s) which will meet quarterly and will have a permanent chair.

Trust leaders realised they were making a lot of operational decisions as a collaborative but were not getting the assurance they required. The collaborative now has an executive group which meets monthly and makes recommendations up to the board, to provide more effective oversight and assurance. The executive group is revising the collaborative's terms of reference and reviewing its membership, as they now plan to include non-acute providers.

The collaborative is still working out how its functions and form will fit with the ICB. For example, they need to agree whether some of the committees that currently sit within the ICS will report into the ICB or the provider collaborative. It seems likely that they will need to report into both for the foreseeable future.



*The commitment of the organisations to work together and the clinical summits that followed have been liberating for clinicians. Getting out and meeting people to discuss clinical services, identify where the challenges are and to then look at ways to develop solutions has been overwhelmingly rewarding.*

DR JONATHAN ODUM, CHIEF MEDICAL OFFICER  
ROYAL WOLVERHAMPTON NHS TRUST

## Questions for boards

Based on our conversations with trust leaders, please see below a short list of questions, prompted by the webinar, that board members – both executives and non-executives – may wish to consider in the development of their provider collaborative(s).

- How are we building consensus and energy behind improving outcomes for patients through our provider collaborative?
- How could we foster greater clinical leadership and engagement to maximise the opportunities to improve patient care?
- How are we assuring ourselves that staff who will be affected by any changes that come with provider collaboration are involved in and influencing the decisions we make?
- How are we ensuring there is sufficient non-executive involvement in decision making to provide robust scrutiny and challenge?
- How can we build in review points which would facilitate the ongoing refinement of the oversight model for collaboratives?
- How will we maintain line of sight to provider collaborative developments and their progress in delivering objectives?
- Is there an opportunity to strengthen the capacity of our programme team to support the development of our collaborative?
- Have we considered accessing professional legal input, where necessary, on how to structure or organise a collaborative?

## 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](http://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](mailto:bobby.ancil@nhsproviders.org).

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