

Provider Collaboration: Clinical transformation - Developing resilient and innovative services

This briefing covers the key messages from our webinar on provider collaboration and clinical transformation, featuring two provider collaborative case studies: the East Midlands Alliance – CAMHS Tier 4 Service and the Black Country Provider Collaborative.

Black Country Provider Collaborative

Sohaib Khalid, Managing Director of the Black Country Provider Collaborative, shared his learnings and reflected on the key drivers, stages, outcomes and enabling factors in the development of the Black Country Provider Collaborative, with a focus on clinical networks and improvement programmes.

Background

The Black Country ICS covers a population of 1.3 million people across a relatively small geography embracing the boroughs of Dudley, Sandwell, Walsall, and City of Wolverhampton and is served by four acute and community providers.

Participating trusts are:

- The Dudley Group NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham NHS Trust
- Walsall Healthcare NHS Trust

Drivers and enablers for collaboration – [to hear Sohaib discuss key drivers go to 9.16 minutes on our webinar recording](#)

- Drivers for collaboration included poor and deteriorating cancer health outcomes across the Black Country and West Birmingham ICS in the five years prior to the formation of the collaborative in April 2022 and increasing elective care backlogs.
- Another key driver was a recognition that the shift from a culture of competition required new models of care to move forward.
- The focus in the first year was a clinical improvement programme, supported in parallel by a set of 'System Improvement and Transformation' priorities and some enabling priorities.
- The provider collaborative's governance arrangements were refreshed for 22/23. They established a repositioned Collaborative Board, a Collaborative Executive and a Clinical Leads Group, all of which had new terms of references which they review frequently.

- Key aims initially were to enhance patient care and experience through improving access and quality of care, including a focus on equity and health inequalities, and system resilience and transformation.

Action taken – *to hear about the actions taken go to 13.58 minutes*

- 11 key clinical priority areas were identified and clinical leads with small leadership teams were appointed to develop new clinical networks:
 - Breast,
 - Colorectal
 - Critical Care
 - ENT
 - General Surgery
 - Gynaecology
 - Ophthalmology
 - Orthopaedics
 - Pharmacy
 - Skin
 - Urology
- The aim was to encourage innovation at the formative stage, with away days giving teams the time and space to connect and agree priorities.
- The board play a key part in building momentum and interest in the work of the collaborative. By approving programmes, integrating themselves within clinical networks and being visible in their support for the collaborative, they reinforce the message that the collaborative is valuable and a leadership priority.
- Regular quarterly clinical summits are held for all colleagues to learn about the work of other networks and how they can embed this within their own workstreams, with dedicated discussion time built in for attendees to discuss challenges and themes of their choosing.

Impact – *to listen to the impact go to 21 minutes*

- A range of improvements and programmes are now being delivered across the clinical networks and they are in the evidence gathering stages, with impact currently being measured in the priority areas.
- There is lots of energy and engagement due to the development of the clinical leads networks and a continued desire to increase conversion rates from planning to implementation.

Key thoughts from speakers:

'In terms of clinical improvement programmes, we have found that the key is to ensure that there is a good and reputable clinical leadership which is appropriately resourced and supported – empowered and enabled.'

'Ensure that any decision-making processes are optimal to ensure successful outcomes are attained and you don't stifle progress.'

'An important motivator for clinical teams is the fact that business cases have gone through which enables people to see action and outputs as a consequence of the provider collaborative.'

'Engagement, engagement and engagement – you can't do enough when you're trying to do collaborative work in care under a committee in common approach.'

East Midlands Alliance – CAMHS Tier 4 Service

David Williams, Group Director of Strategy & Partnerships at Leicestershire Partnership NHS Trust & Northamptonshire Healthcare NHS Foundation Trust, and Dr Sachin Sankar, Clinical Lead for East Midlands CAMHS Tier 4 collaborative reflected on their experiences and key lessons learned on their collaborative journey.

Background

Leicestershire Partnership and Northamptonshire Healthcare Group is a collaborative of 2 community and mental health trusts leading 5 provider collaboratives in their ICS and across the East Midlands, of which the East Midlands CAMHS Tier 4 collaborative is one. They are also a member of the [NHS England Innovator scheme](#).

Participating organisations in the East Midlands CAMHS Tier 4 collaborative are:

- Derbyshire Healthcare NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- St Andrew's Healthcare

Drivers for collaboration - [drivers are discussed at 48.05 minutes](#)

- Initially, the key issue was how to bring together a disparate group of people to improve CAMHS Tier 4 services, with a set of guiding principles and a core value to keep children and young people at the centre.

Action taken - [go to 52.32 minutes](#)

- The collaborative has created a single point of referral for potential inpatient admissions across six units, with transparency for relevant clinicians across providers.
- Key teams support this process - an activity panel meets three times a week to review demand and capacity, a clinical escalation group ensures needs are being met for patients and a clinical reference group reviews ways of working and priorities.
- A co-production team which includes patients in decision making has been in place since the outset, which supports the team on strategy and involves real service user experience in discussions.
- Sharing relatable experiences across teams, learning from and with each other and engaging in non-goal-oriented discussions is what has helped spark interest, engagement and hope, and consequently, outcomes.
- Keeping an open mind about other organisations, ensuring no assumptions are made, and bringing people together, particularly clinicians, has allowed teams to see each other perspectives and cultivate a strong collaborative culture.
- Believing that innovations and ideas can come from anyone at any level of the organisation, however big or small, makes a big difference and has been a key component in positive change.

Impact – [go to 58.20 minutes](#)

- In terms of workforce, the collaborative has played a part in reducing the numbers of locum staff from 1 million to 30,000.
- The collaborative has secured £12.5m in funding to implement a new Tier 3.5 service and has reviewed the pathway requirements and numbers of beds required for the collaborative.

Next steps - [go to 1.00.12 minutes](#)

- Next steps and future goals include developing face to face access assessments, improving engagement with social services to reduce discharge delays and developing new clinical roles and existing workforce to improve patient recovery.

Key thoughts from speakers:

'If you don't get the culture right, you haven't got anything right.'

'Each of our outcomes, at the centre they've been about building in ways for people to engage and work through challenges.'

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:

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