Provider Collaboration: Working with partners at place

This briefing covers the key messages from our webinar on provider collaboration and working with partners at place, featuring two provider collaborative case studies: University College London Health Alliance Provider Collaborative and West Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative.

University College London Health Alliance

Kate Petts, Managing Director of the University College London (UCL) Health Alliance provider collaborative, shared her experience of working with place based partners, and reflected on the challenges, benefits and impact they're seeing from their work at place. UCL Health Alliance is one of nine provider collaboratives on the NHS England innovator programme.

Background

The UCL Health Alliance is an 'all in' provider collaborative for North Central London, with representation from across all sectors. The provider collaborative is a limited liability partnership (LLP) and managed through a set of directors boards/committees. They have 14 partners as part of their collaborative, including:

- 4 acute trusts
- 3 specialist trusts
- 2 community trusts
- 3 mental health trusts
- GP Provider Alliance (GPPA)
- UCL Partners (academic partner)

They cover a population of 1.7 million people across five boroughs within the North Central London Integrated Care System and have a highly transient population, including students and people experiencing homelessness. The collaborative was established two and a half years ago after it was recognised that health outcomes for the population were lower than expected, despite some there being some very well resourced providers within the North Central London system.

Some primary ambitions of the collaborative are to work with integrated care board (ICB) and place-based colleagues to look at joined-up priority planning, ensuring they have key provider leads working in each place and on behalf of the collaborative, as well as developing clear links to a research and innovation programme to act on what they're learning at system level.

Key points of learning around developing relationships at place:

- The collaborative has built on the work of individual providers to develop their relationships with place, and many key roles within the collaborative team have a shared aspect across individual providers and focus on partnership working.

- Significant time is spent with ICB leadership in a joined-up approach on place-based priorities and opportunities for delegation, as part of a long running piece of work, and the ICB is equally keen to ensure that duplication is minimised.
- GP representatives from all five boroughs form their GP Provider Alliance board, and they also sit within their local place-based partnerships. This allows them to have a dual role in representing themselves in their local place, as well as coordinating to provide a GP response for the system.
- Workstreams are in place around identifying the reasons why people book GP appointments and understanding how changes to pathways could have an impact on the capacity of primary, community and secondary care, and the benefit that might be experienced by patients.
- Another key piece of work the collaborative is focusing on is the maturity of their clinical networks and how they can support more equitable access to place level services across all five places.

Challenges of working at place:

- All five boroughs have different board structures which can make navigating each place uniquely complex for the collaborative.
- There are four acute providers across the system but the location of the trusts across the places is variable and there are a variety of different ways in which the community and mental health trusts interact with each acute provider.
- The breadth of stakeholders involved in the collaborative is extensive, and the focus of how much activity comes out of North Central London is variable across each place.
- It can be difficult to navigate the mix of priorities existing across the system, as well as at place and for each provider.

Benefits to working at place:

- Working at place allows the collaborative to effectively create a manageable baseline of local patient/resident data to help them understand what's happening at provider level and what's driving demand.
- Providers are working collectively to make improvements for patients including increasing integration to deliver care closer to home.
- Existing relationships are developed, and trust is built as the collaborative works more closely with its place-based partners.
- The collaborative has been able to improve their research offering and engagement in local areas, and have built on the equity of access to research as well as healthcare.

Impact and the precursors to change for the provider collaborative

- They have reduced the duplication of workstreams across the system.
- They have secured funding for sickle cell services which wouldn't have been achieved if they hadn't been part of a joined up provider collaborative.
- They are looking at changing the system architecture and funding flows around musculoskeletal and long-term condition pathways. These are challenging conversations, but they are much more comfortable than they would otherwise have been as there is a huge amount of trust between the providers.

Key thoughts from speakers:

'Flexing across place-based priorities for multi-place providers is challenging, however success with this approach will deliver improved quality outcomes for local patients."

West Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative

Keir Shillaker, programme director for the collaborative discussed the key learnings, challenges and benefits they're seeing from their work at place and how they have developed their place-based partnerships and relationships.

Background

The West Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative was established in 2018 and works equally on behalf of the ICB, the ICS and its wider partners, including voluntary and community sector (VCSE) representatives, and its four trust providers:

- Bradford District Care NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust

The core collaborative team is hosted by Leeds and York Partnership NHS Foundation Trust and they work to support a population of 2.4 million across five places (Bradford, Calderdale, Leeds, Kirklees and Wakefield). The collaborative uses a formal committee in common structure which sits below the four trust boards to discharge the functions that the providers agree that they want to collaborate on.

Their partner trusts have their own local relationships at place, and place-based programmes of work cutting across VSCE, local authorities and commissioners. As a collaborative, they only do work at a West Yorkshire level if it has the support of their place-based partners and/or if there is an NHS England expectation of a system wide response.

Key points of learning around developing relationships at place:

- Although it can be a challenge working between Trusts and places, the ICB and ICS, and all partners, the collaborative is in a unique position to develop and maintain relationships, particularly with their place-based partnerships, and as a collaborative, ensuring that they are adding value to their place partners is key.
- It can take a lot of work to understand and evaluate the benefits of collaborating on programmes at place, and although many ideas may start, not all will make it to fruition. If projects do not ultimately make sense at system level, the initial network building will still have been important.
- It can be equally important to know when the collaborative should not get involved as to when it should. There are times when a collaborative contribution will not add value to work at place and knowing how and when to recognise this, and moving out of the way, is key.
- There is power in collaboration, but it isn't an end in itself. Providers and places need the local capacity and time to take the collaboration forward and apply it for their own context.

Challenges:

- One key challenge when working at West Yorkshire level is getting the communication right between collaborative to place, and vice versa, to avoid tensions arising when places think that individuals are falling through the gaps develop between the responsibilities of place and those of the collaborative. They are trying to understand what those gaps and how to bridge these gaps together.

- Another challenge is making sure that there is equal access for service users across the West Yorkshire area despite their proximity to or from a particular service.
- The time it can take for work to happen at scale can also be an issue and can leave places in a position where they feel they need to act individually to drive faster progress.
- Ensuring that all partners are represented across all five places and have the opportunity to be involved and take decisions is a challenge and can be unrealistic considering the number of participating partners.

Benefits and impacts:

- Working well collaboratively and with NHS England has allowed them to have some influence around national policy and its effects at place, for example on NHS111 where they've had detailed conversations as a system and given thorough feedback on the perceived impact for patients.
- There is an opportunity to scale programmes across providers and places, and as a collaborative they have been able to develop a non-medical bank between mental health trusts, reducing agency staff usages.
- They have set up a dedicated young person's crisis line across West Yorkshire working with the VCSE sector.
- They are also now in a good position to be sharing best practice across providers and places, for example they have been looking at individual organisations and at place to support and improve discharge for mental health patients.
- They are seeing the benefit of having collaborative agreements across the system and they're seeing improvements in the flow of patient's pathways and reducing out of area placements.

Key thoughts from speakers:

"Everything we're trying to do is because our places want us there to do it, and we try and hold the line with NHS England to make sure we're sticking to this."

"We create the forums to respond to system asks, share learning and take decisions about 'do once' system work."

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, programme development manager - Bobby.Ancil@nhsproviders.org