



# The essential guide to provider collaboratives

Edition 1

April 2021

# 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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This report is part of a growing series of reports developed by the Good Governance Institute (GGI) that consider issues contributing to the better governance of healthcare organisations. GGI is an independent organisation working to improve governance through both direct work with individual boards and governing bodies, and by promoting better practice through broader, national programmes and studies. We run board development programmes, undertake governance reviews and support organisations develop towards authorisation.

Other recent GGI reports and board development tools have considered board assurance, patient safety, clinical audit, quality and safety of telehealth services for people with long-term conditions, diabetes services, better practice in treatment decision-making, productive diversity, the board assurance framework, integrated governance, governance between organisations and of course good governance.

GGI is committed to develop and promote the Good Governance Body of Knowledge

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# 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



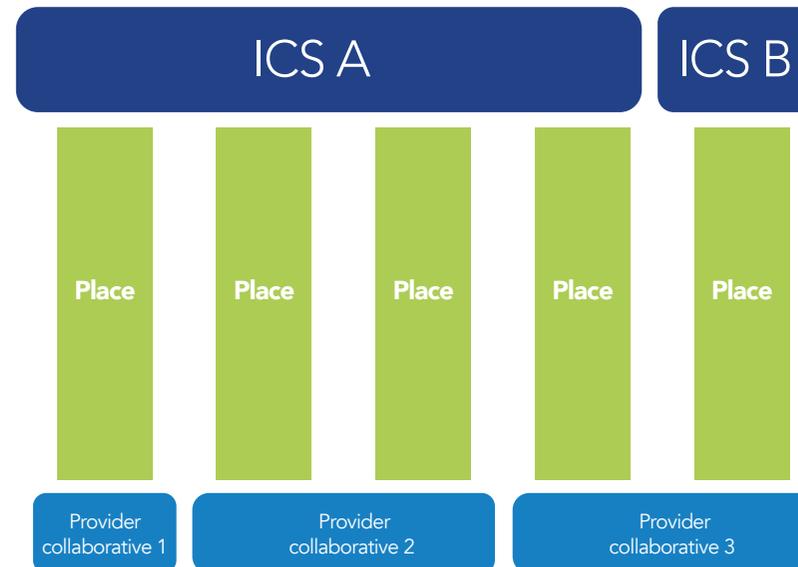
Provider collaboratives go beyond 'providers collaborating' – they are governed arrangements designed to release very specific benefits as part of the NHS ICS arrangements



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

### Examples include:

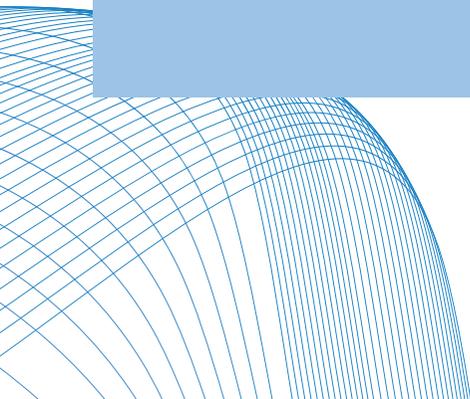
- Several acute trusts working together to gain benefits of scale
- Acute, community and mental health providers working at place
- Mental health trusts working across several ICSs and a population base sufficient to provide more specialist services



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 <ul style="list-style-type: none"> <li>• mental health</li> <li>• acute services</li> </ul>	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



**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

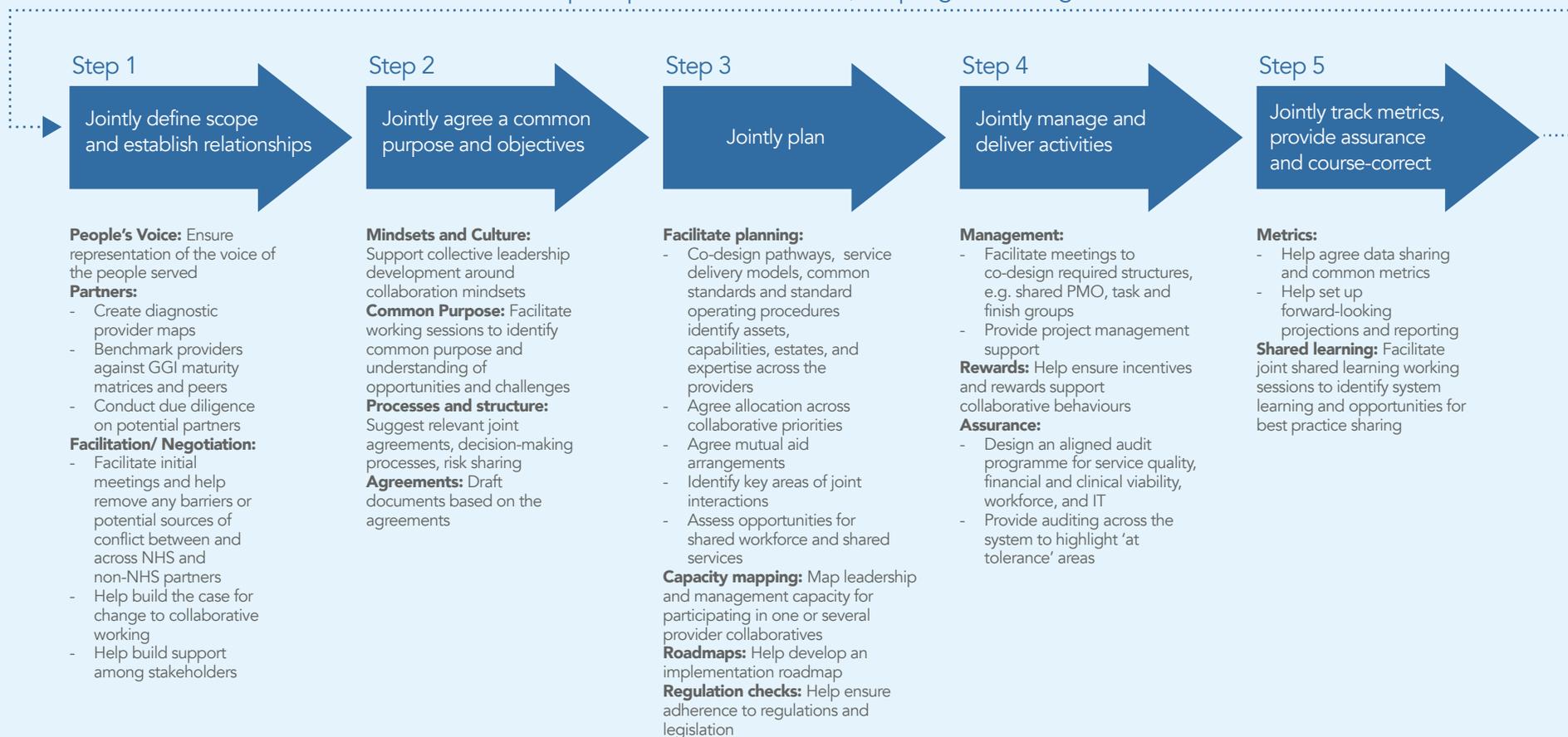
**Accountability:** e.g. tensions between shared accountability and remaining single organisational responsibilities

**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



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

Director obligations to single organisations vs being a system team player

Money vs service quality

Productivity vs staff wellbeing

National targets vs local needs

Doing the right thing vs compliance

Short term vs long term objectives

Operational and financial requirements vs sustainability goals

## Example options

**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?

**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...

**Decision-taking arrangements:** e.g. unanimous vs different levels of majority voting, casting votes, weighted votes, gated decision-taking...

## Example documents to be drafted

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

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

Joint standards and processes  
Standard operating procedures  
Quality standards  
Staff passporting arrangements  
Meeting etiquette  
Joint cycle of business

## 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](mailto:info@good-governance.org.uk)



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