

Provider collaboration at scale: what is it, what are the opportunities and how do we get there?

4 February 2021

NHS England & Improvement System Transformation, in partnership with the Social Care Institute for Excellence (SCIE)





Your Chair today: Professor Des Breen

Medical Director for the South Yorkshire
and Bassetlaw Integrated Care System

@desbreensybics



Your speakers today

- Professor Des Breen, Medical Director, South Yorkshire and Bassetlaw Integrated Care System, National Clinical Advisor, System Transformation, NHS England and Improvement (Webinar chair)
- Miranda Carter, Director of Provider Development, NHS England and Improvement
- Jeremy Walsh, Director - South London Mental Health Partnership
- Matt Graham, Provider Collaboration Lead – West Yorkshire Association of Acute Trusts (WYAAT)
- Charlotte Williams, Director of Strategy - Mid and South Essex NHS Foundation Trust
- Preeti Sud, Head of Strategy Unit - Mid and South Essex NHS Foundation Trust



**The ambition for provider collaboration as part of the next steps
for Integrated Care Systems**

As part of the next steps for ICSs, providers are being asked to form collaborative arrangements that allow them to operate at scale

From April 2021, all health and care systems in England will be required to work together as Integrated Care Systems. Provider collaboration is seen as a critical component of effective system working.

The 26 November publication on '[Next steps to building strong and effective integrated care systems across England](#)' lays out the ambition for provider collaboration, recognising that **many of the challenges that systems face cannot be solved by any one organisation, or by any one provider.**

Joining up the provision will happen in two main ways:

1

Within places through **place-based partnerships**, for example between primary, community, local acute, and social care

- support and develop primary care networks
- simplify, modernise and join up health and care locally;
- to understand and identify people at risk;
- to coordinate the local contribution to health, social and economic development.

Across multiple places, at scale, through a **provider collaborative**, where similar types of provider organisations deliver a common set of shared objectives

2

- higher quality services;
- reduce unwarranted variation;
- reduce reduction health inequalities;
- better workforce planning;
- more effective use of resources;
- enhance productivity and sustainability;
- increase resilience.

Provider collaboratives involve acute and mental health trusts working with other trusts, across multiple places, to achieve benefits of scale

All acute and mental health NHS provider trusts will be expected to be part of one or more provider collaborative (other providers may also be part of provider collaboratives, as appropriate).

There will be local flexibility to configure provider collaboratives. But providers in every system, through partnership/collaborative arrangement, must be able to:

- Deliver programmes on behalf of all collaborative partners and the system;
- Facilitate and accelerate collective decision-making;
- Agree proposals developed by clinical and operational networks;
- Challenge and hold members to account;
- Enact mutual aid and support arrangements;
- Drive innovation and making best use of comparative advantages.

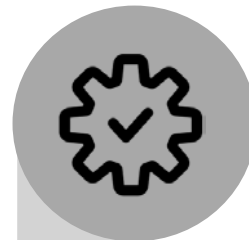
By creating effective working arrangements, provider collaboratives allow providers to achieve benefits of scale.

NHSEI's Provider Development team are delivering a programme of work to support and encourage providers to collaborate



Creating Technical Guidance setting out the models and options providers can use to collaborate

- Guidance on how providers can come together to collaborate – published on the FutureNHS platform in early 2021
- The Guidance work will be followed up later in 2021 by 'deep dives' into each model to produce/share key resources for local use



Creating an operating environment to enable collaborative working

- Clarify how NHS foundation trust directors' and governors' duties to the public align with and support system working and collaboration.
- Strengthen the requirement for provider trusts to collaborate effectively – and NHSEI's ability to take action where this is not the case.



Creating a learning and continuously improving environment

- We will support new and existing Communities of Practice focused on provider collaboration



If you would like to discuss further, please contact one of the team:

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Provider Development
Directorate of the Chief Operating Officer
NHS England and NHS Improvement

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Provider Collaboratives: transforming mental healthcare across South London through collaboration not competition

NHSE/I Integrated Care Webinar Series

Jeremy Walsh

Director, South London Mental Health and Community Partnership (SLP)

The SLP story

Developing our Provider Collaborative: leveraging partnership working strengths

From competition to collaboration

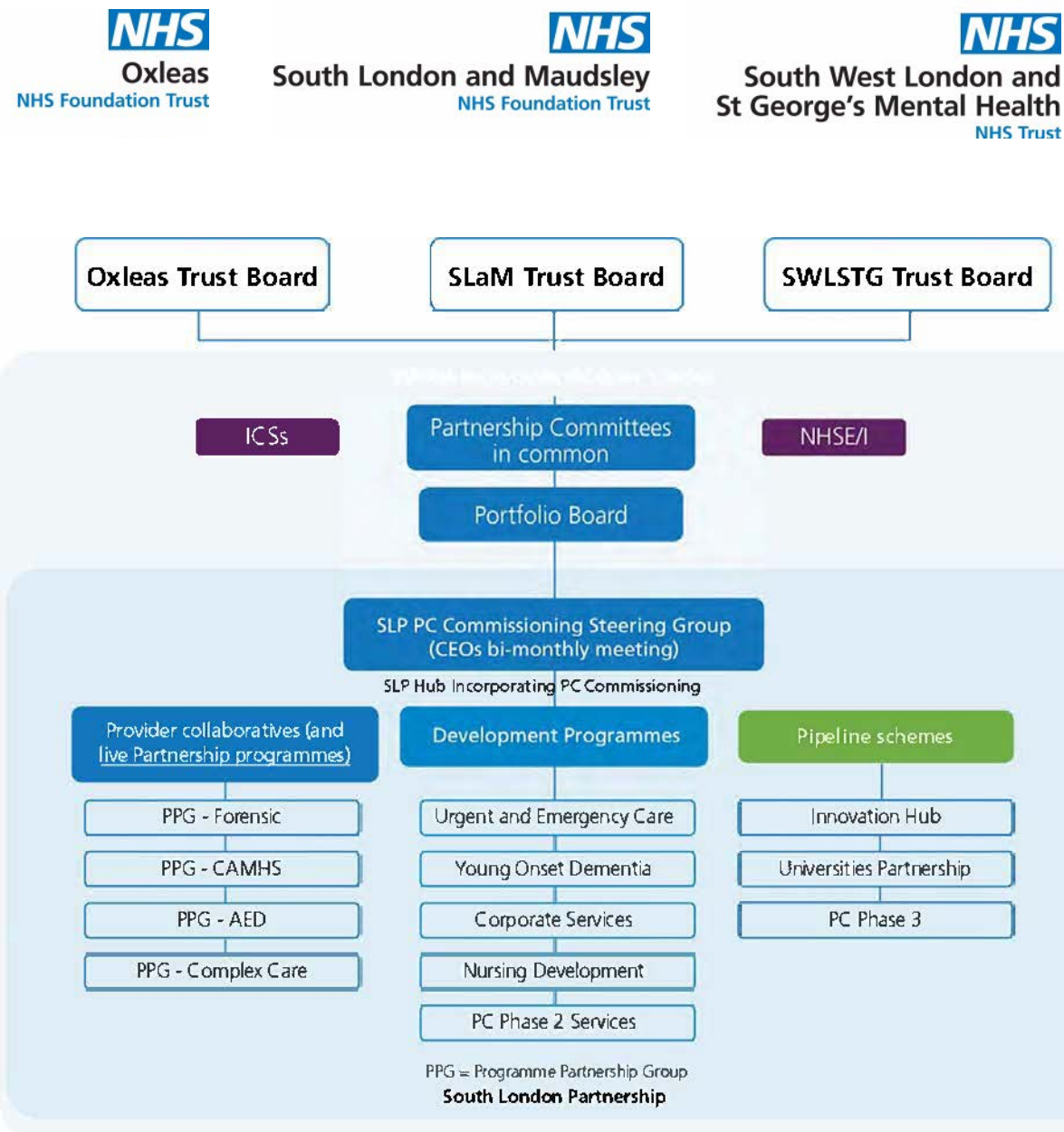
- Sharing pathways, resources and knowledge, ambitions and clear aims
- New ICS, CCGs, LAs, national working relationships - influencing policy and transforming together
- Commissioning budgets and models of care to transform patient outcomes developed in partnership
- Pilot New Care Models programmes, Nursing Development Programme, initial MoU

Strategic approach: work together where we can best transform at scale

- 3 of 10 Provider Collaboratives nationally - managing £100m+ commissioning budgets per year
- Complex Care Programme managing £40m+ of budgets previously held by 12 different CCGs
- Corporate Services Programme driving efficiencies, innovation and best practice
- Award-winning Nursing Development Programme
- Specialist projects: CHRTs, Rough Sleepers, Higher Education, Young Onset Dementia, future NHSE/I PCs
- Rapid response to Covid-19, supporting our Trusts, ICSs, NHSE/I London region
- Driving innovation and transformation at scale

Robust partnership governance and positive culture enabling innovation and collaboration to thrive

- Shared risk and savings; commitment to reinvest – south London-wide **and** targeting Borough needs
- Culture of collaboration, not competition
 - Shared values, goals, savings + risk
 - Clear vision and aims; robust outcome measures; total focus on better care, experience and outcomes for patients
 - Agile programme management and purposeful engagement
 - Population and partnership view - aligned objectives with those outside the Trusts



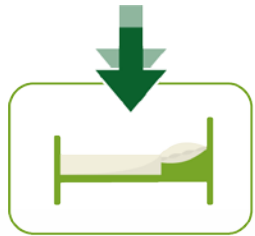
Effective partnership working, what have we learned?

- **Empowering** clinician and patient- led development and delivery of improvements and innovation
- **Flexible and responsive**; robust but not-bureaucratic governance
- Clear aims and **principles**
 - **Focus on improving patient care, experience and outcomes**
 - **Collaborate at South London scale** where we can best solve problems, drive efficiencies make best use of resources and new technologies, genuinely transform services
 - True partnership - **integration, joined-up working**
 - Bring **people** together: events, workshops, project groups, **shared** pathways, joint teams
 - Achieve **best value**; **reinvest savings** in new, more effective community services
 - Solutions tailored to local **partners, populations and their needs**



Impact of transformation at scale

Better local services, value and outcomes for south London patients



32% reduction
in South London children
and young people's use
of MH hospital beds



36% fewer
Forensic patients out
of area
66% reduction
in readmissions



1000+ new
complex care patient
assessments

100+ stepped down
to less restrictive environment



Targeted investment
in south London-wide and
new Trust services

£9m+

New Care Models
savings reinvested
local services



Covid response across system;
leading post-pandemic
prevention strategy
with LAs and VCSE

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West Yorkshire Association of Acute Trusts



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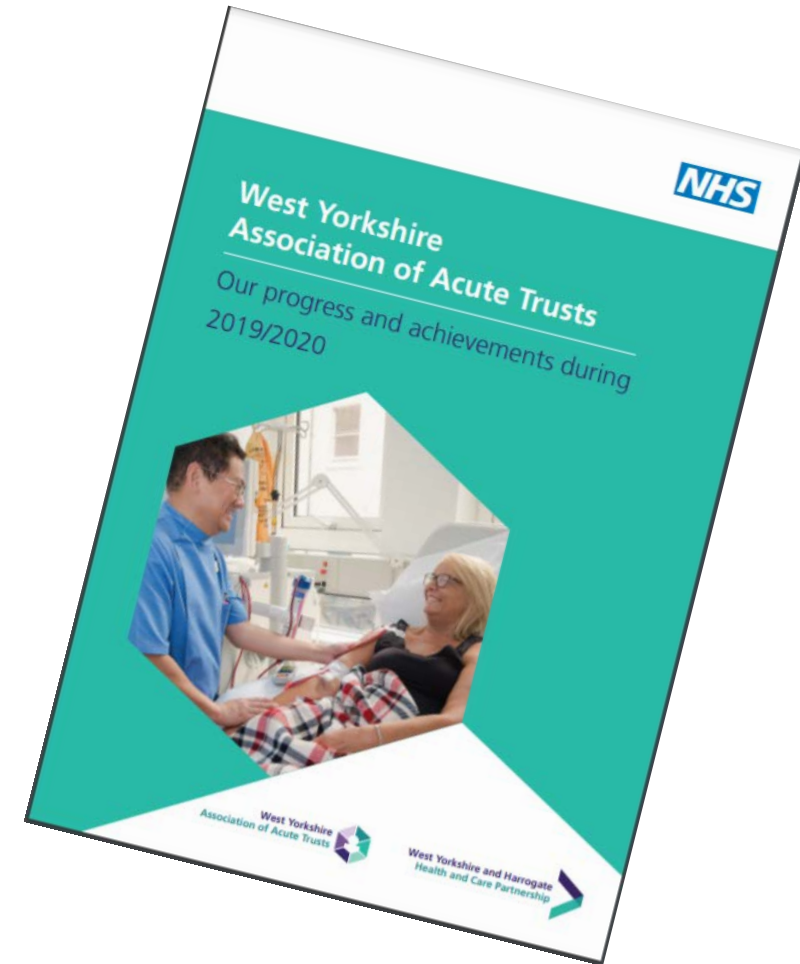
🐦 @WYAAT_Hospitals

What is WYAAT?

- Collaboration of six acute trusts in West Yorkshire & Harrogate
- Part of the WY&H HCP
- **Only** what the trusts do together and the decisions they take together
- **Not** an organisation
- **Not** “doing things to” the trusts

Provides:

- Forum for acute trusts in WY&H; a single voice into the HCP
- Delivery of acute trust focussed change programmes
- Facilitates clinical, operational collaboration & mutual aid



What have we achieved?

- **Vascular:**
 - Single WY vascular service
 - Reconfiguration from 3 to 2 arterial centres
 - New clinical model reducing admissions and length of stay
- **Stroke:** HASU reconfiguration
- **Radiology:**
 - Common PACS, image sharing & shared reporting system
 - Common scanning protocols.
 - Reducing repeat scanning and manual image sharing
- **Pathology:**
 - WYH strategy for consolidation and increased efficiency of pathology services
 - Single laboratory information system (LIMS) and orders/results system (ICE).
 - To reduce clinical variation, increase visibility of results and reduce costs.
- **COVID-19:**
 - Nightingale Hospital Y&H
 - WYH PPE system
 - Pathology testing
 - Operational escalation and mutual aid
 - Consistent approach to workforce issues

West Yorkshire
Vascular Service | WYVaS

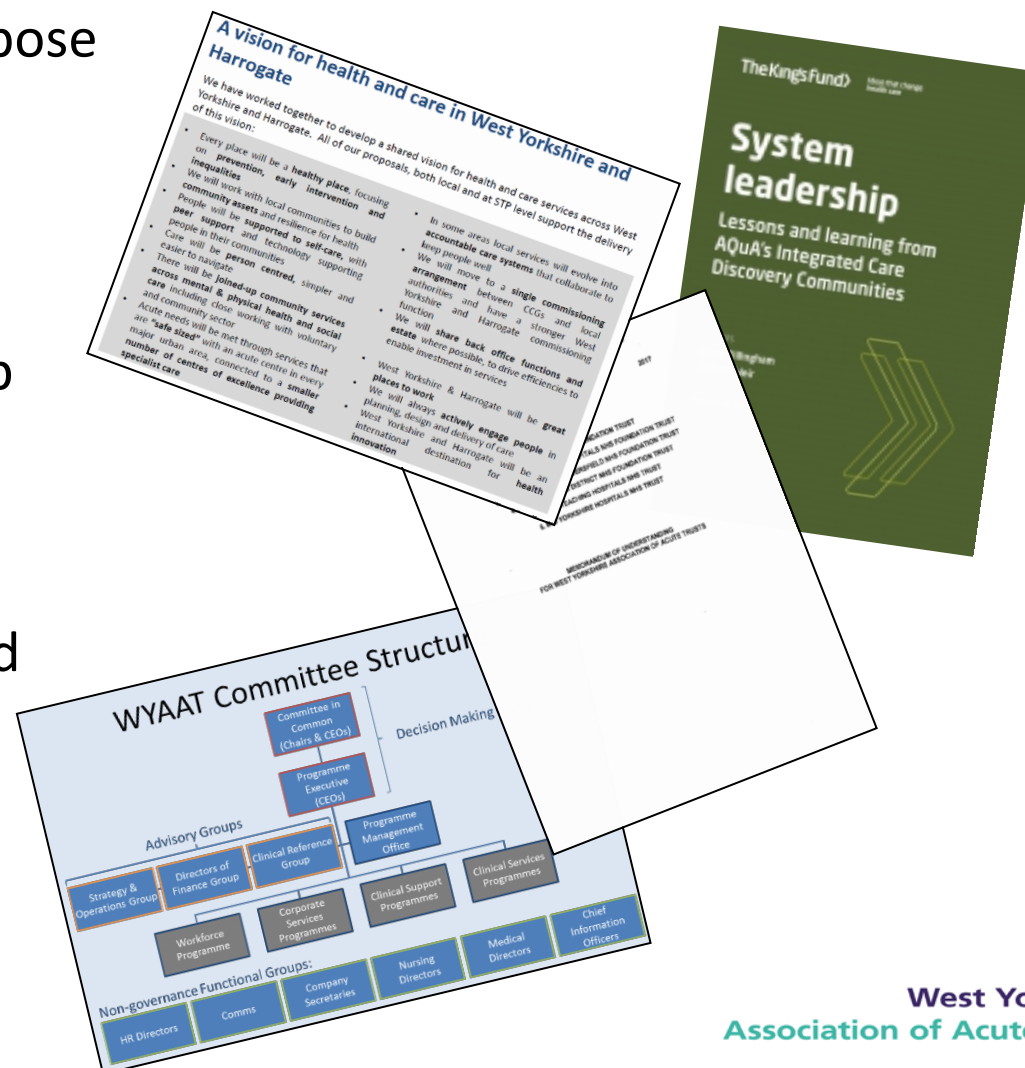


What makes WYAAT work?

- Shared vision and common purpose
- A “compact”:
 - Expectations & behaviours
 - Communication
 - Relationships and trust
- Collaborative, system leadership

Underpinned by:

- Robust governance, systems and processes
- Sufficient resources, realistic timescales



Provider Collaboration – MSE FT approach

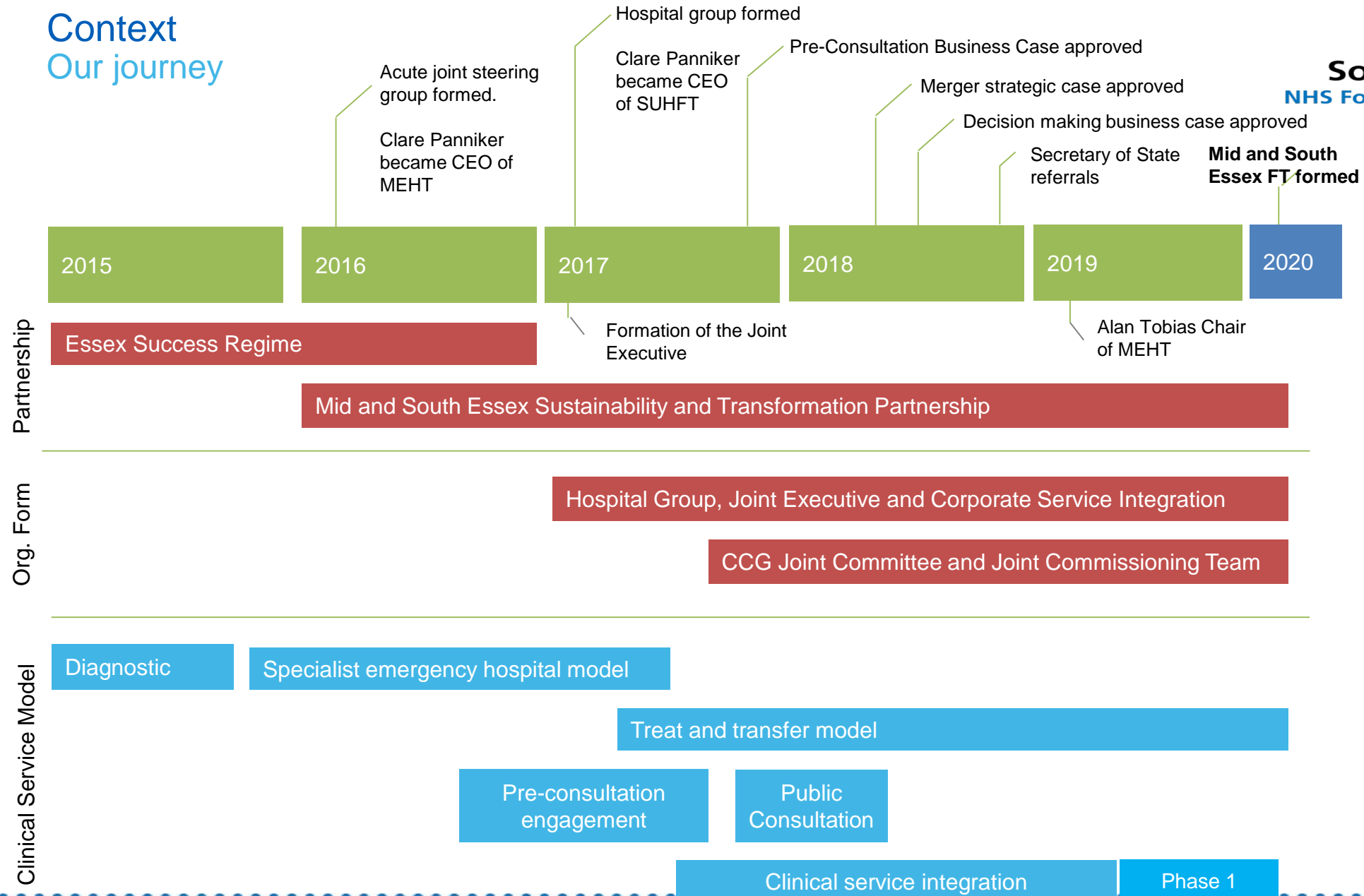
MSE FT – improving care for our population

Charlotte Williams, Director of Strategy

Preeti Sud, Head of Strategy Unit

4 Feb 2021

Context Our journey



one team, working together

Who We are

Region: East of England

Description of system:

ICS/STP: Mid and South Essex Health and Care Partnership

Population: 1.2 million

ICS lead: Prof Michael Thorne (Chair)

Type of system: Large system: 5 providers, 5 CCGs and 3 councils, 179 GP practices

Acute trust staff: 15,000

3 main acute sites, 3 ED and Maternity Departments



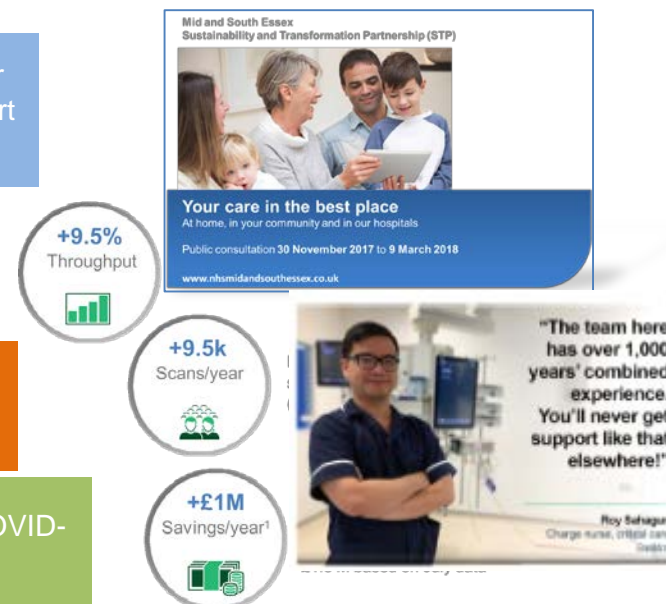
What have we achieved through collaboration

Specialist centres of care (**clinical reconfiguration**) across sites, leading to faster specialist access, diagnosis and treatment to improve patient outcomes and support improved workforce models. Phase 1 complete. No judicial review.

Standardised model (**clinical redesign / clinical support**) based on best practice – reducing variation through the use of protocols, Radiology, Pathology, Pharmacy, Emergency Care, Operations Centre for beds & discharge

Standardised model and approach to corporate services (**corporate support**) based on best practice and using modern technology, better service to the front line and reduced costs.

Management of capacity for **critical care and emergency response** – Wave 2 COVID-19, ambulance load levelling, transfer protocols, hospital at home



one team, working together



MSE FT - Strategy Unit

Designed to be a small team with specialist skills, multi-sector experience

Set up in late 2018 to support the group hospital model and merger related activities

1

Group Exec team

- Cross site strategic projects and activities
- Engagement with partners organisations and local communities
- STP link and system resource
- Clinical reconfiguration and political engagement

2

Site Leadership team

- Advise on getting best value from consultancy services
- Diagnosis, evidence review, benchmarking, and evaluation
- Predictive analysis / modelling for long term projects

3

Organisation capacity and capability development

- Evaluation and Predictive analytics
- Strategic thinking, evaluation approach, use of evidence and predictive analytics in strategy and transformation projects
- MSE Innovation Programme

MSE FT Strategy Unit - examples of provider collaborations



- Intervention Radiology – treat and transfer pilot
- Bridging and hospital @ home evaluation



- Children's Health Profile – PCNs in South East Essex
- Covid bed and critical care predictive modelling



BENCHMARKING

- Advice and Guidance
- Recovery planning expectations



- Replacing external consultancy
- Creating novel procurement and workforce initiatives



External collaborations

- Integrated Impact Assessments /EQIA
- Association of Health and Care Providers Group



System Wide Working

- MSE System QI Leadership Programme
- 'Hospital as an Anchor' programme



MSE Innovation Programme

- Template for Innovation test bed
- 23 MSE Innovation Fellows
- 64 projects since 2018
- 8 innovation adapted to support Covid response

A recording of the webinar, slides and resources will be shared on the
Integrated Care Learning Network.

To join the network email
integratedcare-manager@future.nhs.uk.

4 February 2021

