Integrated Care Webinar series 2022 / 2023

Webinar:
Integrated care systems
Provider collaboratives
Tuesday 18 October 2022

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

NHS England

scie social care institute for excellence

Your panel today

- Chair: Sondra Roberto, Deputy Director, Provider Policy, NHS England
- Linda Buckley, Managing Director, Cheshire and Merseyside Acute and Specialist Trusts.
- Mark Cubbon, Chief Delivery Officer, NHS England
- Anne Forbes, Programme Director, South West Provider Collaborative (mental health).

NHS England

scie social care institute for excellence

Sondra Roberto, Deputy Director, Provider Policy, NHS England

SCIE Integrated Care webinar

Provider collaboratives

October 2022

Provider collaboration, and national policies to promote greater provider collaboration, have developed alongside and as part of Integrated Care Systems

2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021

Operational Delivery Networks (2013)

Launched to sustain and develop clinical networks and provide focus on coordinating patient pathways between providers over a wide geographical area to ensure access to specialist resources and expertise.

Five Year Forward View (2014)

NHS and local government's national leaders set out a vision of more collaboration

Dalton review (2014)

Described a range of options available to trusts seeking to collaborate with others

Pathology review (2014)

Described the need for transparency, better safety checks on testing, consistency and standardisation of processes and procedures of pathology services

Carter review (2015-2016)

Described how non-specialist acute trusts could reduce unwarranted variation in productivity and efficiency across every area in the hospital

Vanguards (2015–2018):

50 vanguards were selected by NHS England to develop and test the blueprints of five new models of care

Acute care collaboration vanguards

13 vanguards were chosen to test new ways for acute providers to work together to improve care quality, financial efficiency and workforce sustainability

Integrated primary and acute care system vanguards

9 Integrated primary and acute care systems - joining up GP, hospital, community and mental health services

Urgent and emergency care vanguards

8 urgent and emergency care vanguards were chosen to develop new approaches to improve the coordination of services and reduce pressure on A&E

Multispecialty community providers

14 vanguards were chosen to move specialist care out of hospitals into the community.

Enhanced health in care homes

6 vanguards were chosen to offer older people better, joined up health, care and rehabilitation services.

NHS-led Provider Collaboratives in Specialised Mental Health Learning, Disability and Autism (MHLDA) programme launched

New Care Models for Tertiary Mental Health were piloted from 2016

COVID-19 pandemic (2020 onwards)

COVID-19 response has accelerated more integrated and collaborative working

Next steps to integrating care (2020)

Lays out the ambition for provider collaboration

10 NHS-Led Provider Collaboratives for specialised MHLDA launched covering a quarter of England (Oct 2020)

NHSE has set an expectation that all NHS providers of acute and mental health services, including specialist trusts, become part of a provider collaborative by July 2022; with other providers to join where it makes sense to deliver benefits

Provider collaboratives are **partnership arrangements** involving at least two trusts **working at scale** across multiple places, with a shared purpose and effective decision-making arrangements, to:

- reduce unwarranted variation and inequalities in health outcomes, access to services and experience
- improve resilience by, for example, providing mutual aid and supporting challenged organisations or fragile services

We published the **Working together at scale guidance** in August 2021 outlining expectations as to how providers should work together in collaboratives. We have also published a toolkit containing ideas, tools and case studies to set up, or to strengthen existing, collaboratives.

Provider collaboratives are expected to play an important role in enabling ICSs to meet their core purpose

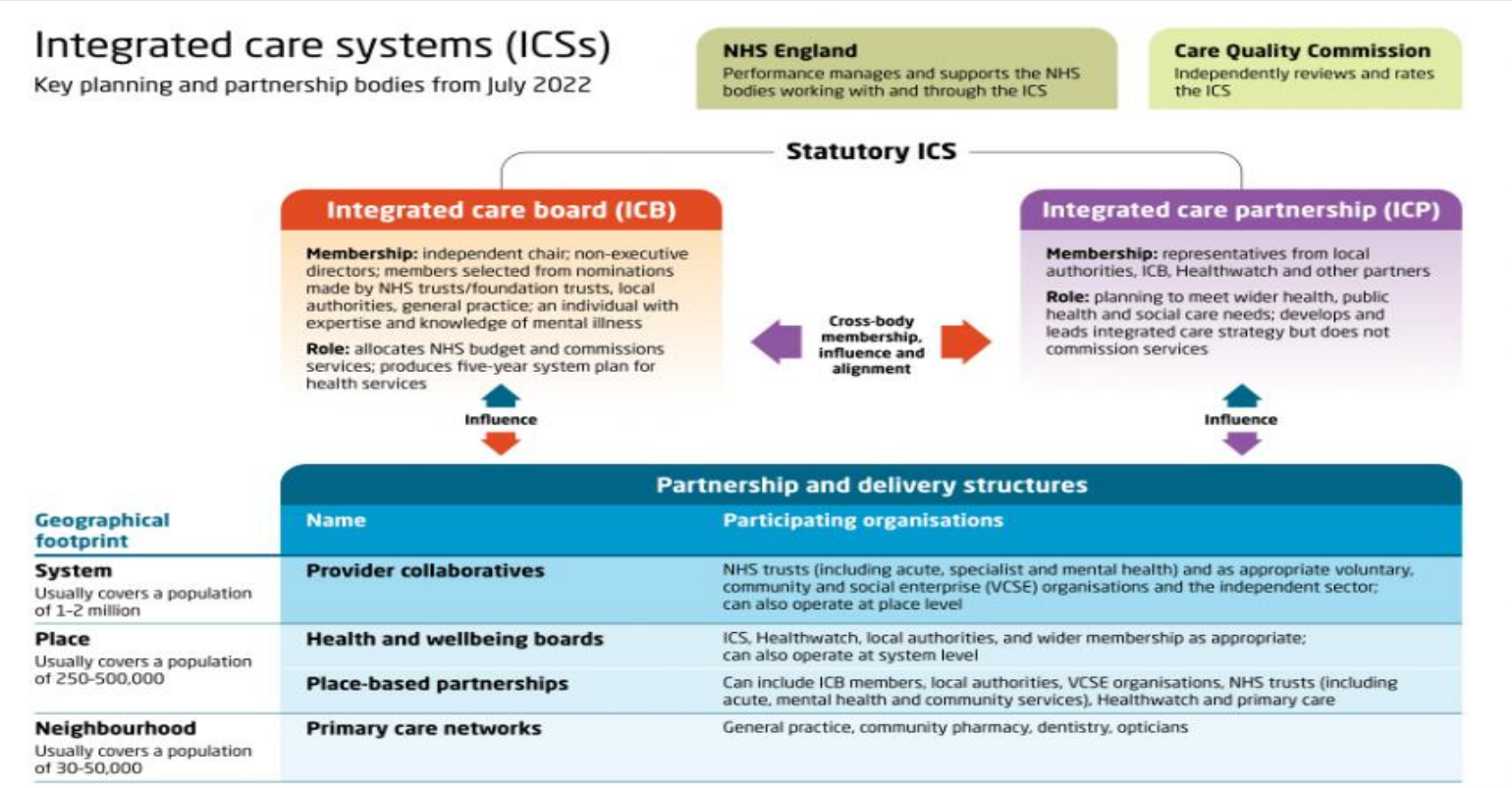


Image source: Integrated care systems: how will they work under the Health and Care Act? | The King's Fund (kingsfund.org.uk)

What types of benefits can collaboratives deliver?

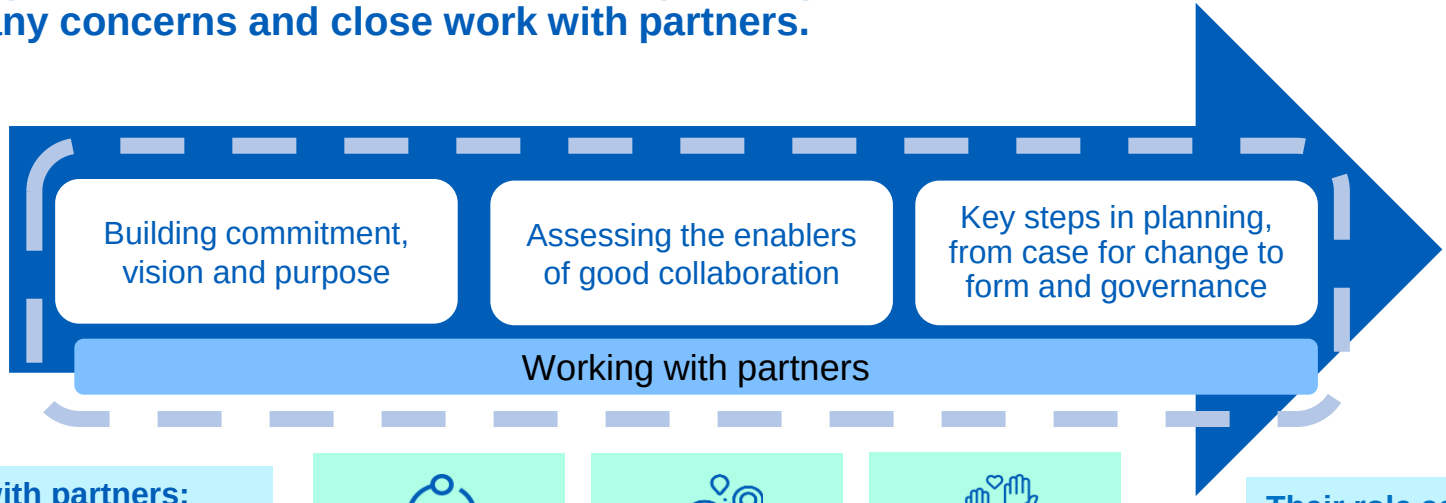
Expected benefits

- **Reduction in unwarranted variation** in clinical practice, sharing and supporting each other to implement best practice
- **Reductions in health inequalities**, including fairer and more equitable access to services across the footprint, delivering care in the best way for communities
- **More efficient and effective corporate and clinical support services** providing better services and better able to manage demand and capacity
- **Alleviation of workforce pressures and better development of staff and leadership talent**, enabling improved staff experience and retention
- **Greater resilience**, to ensure patient safety, through new ways of working, jointly managing resources, and better deployment of staff in hard-to-recruit specialties
- **Rapid spread of successful innovation** across care pathways

Providers can work together on a range of activities to deliver benefits of scale

Improvement and resilience	• Using data/feedback to identify poor outcomes and access and targeting joint improvement resource to this • Common quality improvement methodology and governance • Recovery and joint capacity and demand management (eg beds, theatres equipment, staff) eg in elective care, specialised mental health
Transformation of clinical services	• Lead development of system-wide clinical strategy • Digitally enabled patient access/experience across a system • Specialist services hubs, or cold site planned care centres • Redesigned pathways linking patients seamlessly to different services • Hosting and coordinating clinical networks • Clinics close to home, virtual wards, primary care and prevention
Productivity and efficiency gains	• Joint procurement to make savings via economies of scale • Shared clinical support services, eg pathology, imaging • Shared corporate services, eg HR, recruitment, legal, • Integrated digital to reduce costs and support collaboration

At the earliest stages of development, providers should develop a shared vision and purpose for the collaborative. This requires open and honest discussions about any concerns and close work with partners.



Working with partners:

It will be important for collaboratives to work with partners to ensure that there is a shared understanding of aims, objectives and responsibilities across systems. The nature and extent of work with partners will depend on the transformations that collaboratives deliver.

System leaders

Place-based leaders

Voluntary sector organisations

Primary care

Patients and communities

Their role as part of ICSs: Provider collaboratives will agree specific objectives with their ICSs, focused on priorities in which trusts are more likely to deliver transformation and improvement by working together.

Collaboratives need certain joint-working capabilities to deliver transformation

Collaboratives should have certain capabilities
Partnership building: Agree a common purpose aligned to the triple aim and agreed with ICSs and system partners to align with system priorities.
Programme delivery: Agree a set of programmes that are delivered on behalf of collaborative members and their system(s) and are well informed by people and communities where they will result in service changes.
Shared governance: Work within proportionate shared governance arrangements that enable providers to efficiently take decisions together that speed up mutual aid, service improvements and transformation.
Peer support and mutual accountability: Challenge and hold each to account to ensure delivery of agreed objectives and mandated standards, through agreed systems, processes and ways of working.
Joined up working: Work with clinical networks, clinical support networks, Cancer Alliances and clinical leaders to develop strategies, agree proposals and implement changes.
Quality improvement: Drive shared definitions of best practice and the application of a common quality improvement methodology.

Most NHS trusts and foundation trusts across the country are now actively engaged in provider collaboratives

The current landscape

There are approximately 115 provider collaboratives in England, at various stages of development from emerging to more mature:

- 61 mental health, learning disability and autism collaboratives (inc 48 specialised commissioning collaboratives)
- 26 acute collaboratives
- 28 mixed provider collaboratives

Focus of collaboration

Our engagement tells us that provider collaboratives have a number of priorities; the most frequently mentioned were:

- Elective care and covid-19 recovery
- Clinical improvement including specific pathways such as cancer, maternity and urgent care
- Delivery of fragile services
- Diagnostics and pathology improvements
- Joining up corporate functions, eg procurement and recruitment.

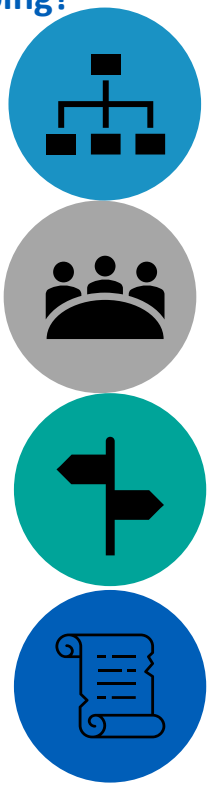
New and longer-established collaboratives are working with partners in different system contexts

A few examples of different collaborative models:

Collaborative	Members	ICS(s)	Priorities	Some achievements so far
South West Mental Health Provider Collaborative	5 NHS mental health trusts and one community interest company	Covers 7 ICSs and 15 local authorities, serving five million people.	• Reducing travel distance for patients • Developing and improving care pathways • Reinvesting in community services	• Reduced out of area placements for adult secure patients • Single point of access and live patient flow system for region's referral and bed management • Investment in new specialist community teams
Humber, Coast, and Vale Collaborative of Acute Providers	5 NHS acute trusts	1 ICS covering 6 local authorities	• Elective recovery • Strategic planning of acute services and resources	• Joint elective recovery plan • Joint cancer and elective virtual hub established, with shared patient tracking list
Greater Manchester Provider Federation Board	All 11 NHS providers within one large ICS	1 ICS covering 10 local authorities	• Joint recovery plan • Improving quality and financial stability through redesigning services	• New care models in breast, cancer and neurorehabilitation • Gold command to coordinate mutual aid during pandemic

To support system working and collaboration, we're also making changes to guidance on the governance of trusts

What are we doing?



We are updating the **Code of Governance for NHS trusts/FTs**

We are creating a new **Addendum to the existing reference guide for FT governors**

New **Guidance on good governance and collaboration** under the NHS provider licence

Updates to the **NHS provider licence**

Why ?

- Support trusts to understand how their legal duties apply in the context of system working
- Give greater confidence to trust boards and governors to continue to adopt new behaviours and ways of working

Next steps

- We recently closed a consultation on the governance items to gather views from the NHS and public
- Feedback was largely supportive of the changes
- We expect to publish the final versions in the coming months
- Consultation on provider licence to be launched this month

Cheshire and Merseyside
Health and Care Partnership

Cheshire & Merseyside Acute and Specialist Trusts Provider Collaborative (CMAST)

Cheshire and Merseyside
Health and Care Partnership

C&M System

Nine Places

Sefton, St Helens, Wirral, Liverpool, Knowsley, Warrington, Halton, Cheshire West, Cheshire East.

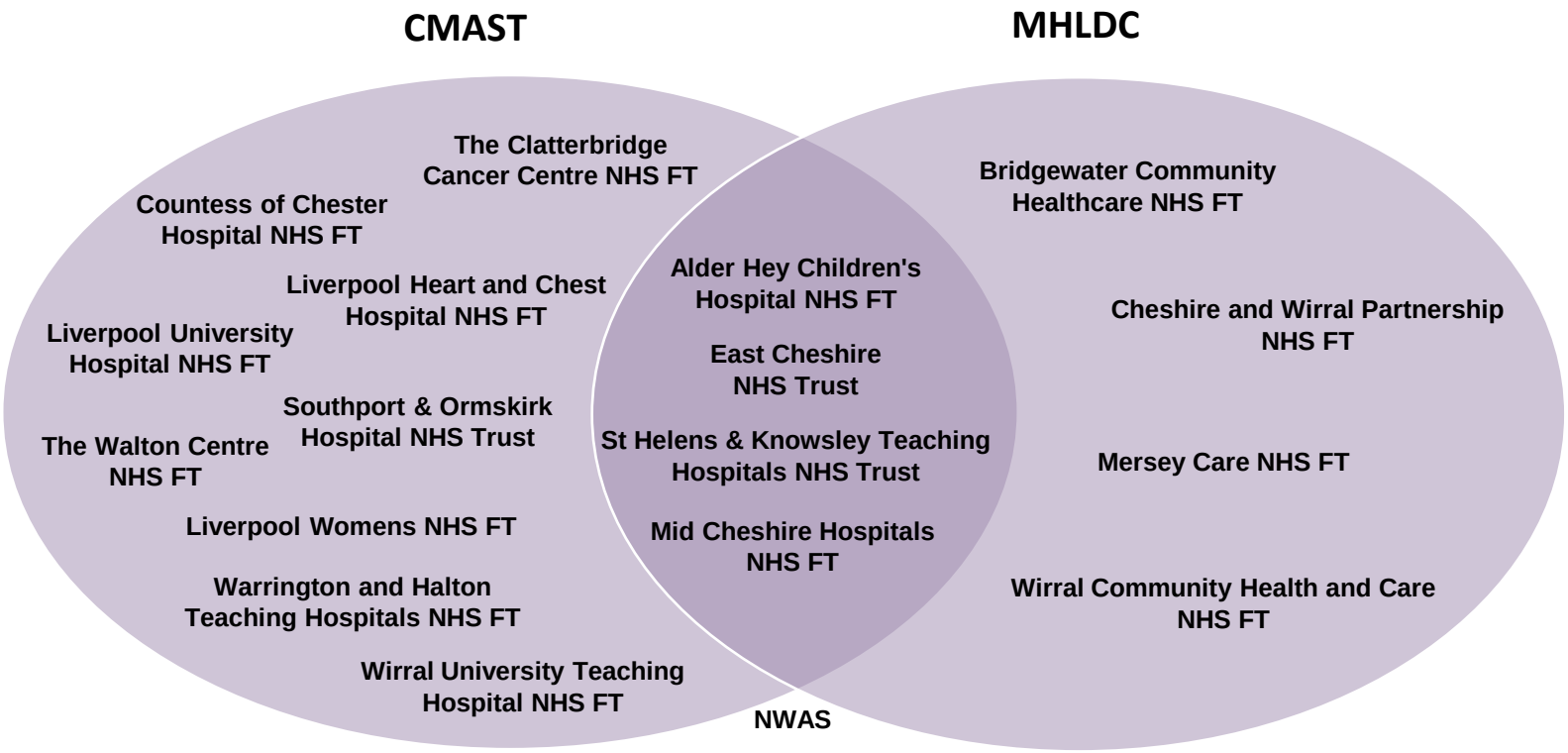
Two Provider Collaboratives

CMAST
Cheshire and Merseyside Acute and Specialist Trusts

MHLDSC
Mental Health, Community & Learning Disability Collaborative

- Population of just over 2.7 million
- 3rd largest ICS in England
- 8.3% of population is over the age of 75
- 32% live in the most deprived areas
- 9 Local authorities
- 17 Hospital Trusts

C&M Provider Collaboratives



- Cheshire & Merseyside Acute and Specialist Trusts Provider Collaborative (CMAST)
- Cheshire & Merseyside Mental Health, Learning Disability and Community Services Provider Collaborative (MHLDCS)

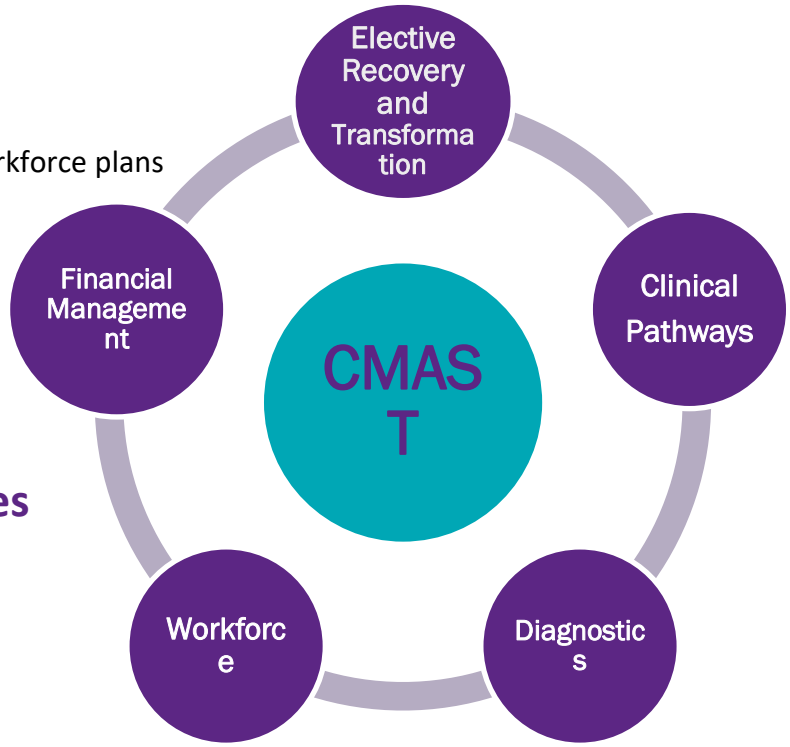
CMAST priorities & work programmes

Our priorities now and going forward

- Reducing health inequalities
- Improving access to services and health outcomes
- Stabilising fragile services
- Improving pathways
- Supporting the wellbeing of our staff and developing more robust workforce plans
- Achieving financial sustainability

CE SRO and Chair Sponsors for each work programme

Place Director representatives included in 3 key programmes



Delivered & Delivering…

Digitalise & Innovate

- Implementation of MRI advanced acceleration technology set to deliver 10% increase in activity
- C2Ai risk stratification for elective waiting lists
- Sapien health coaching app for "prehabilitation"

Increase Capacity

- 5 CDCs open & 4 CDC will open in next 3 years
- 110k tests per year in CDCs
- 1 large surgical hub now open
- 2 additional elective surgical hubs being opened over the next 3 years
- Mutual aid accessing fallow theatre capacity across system

Workforce

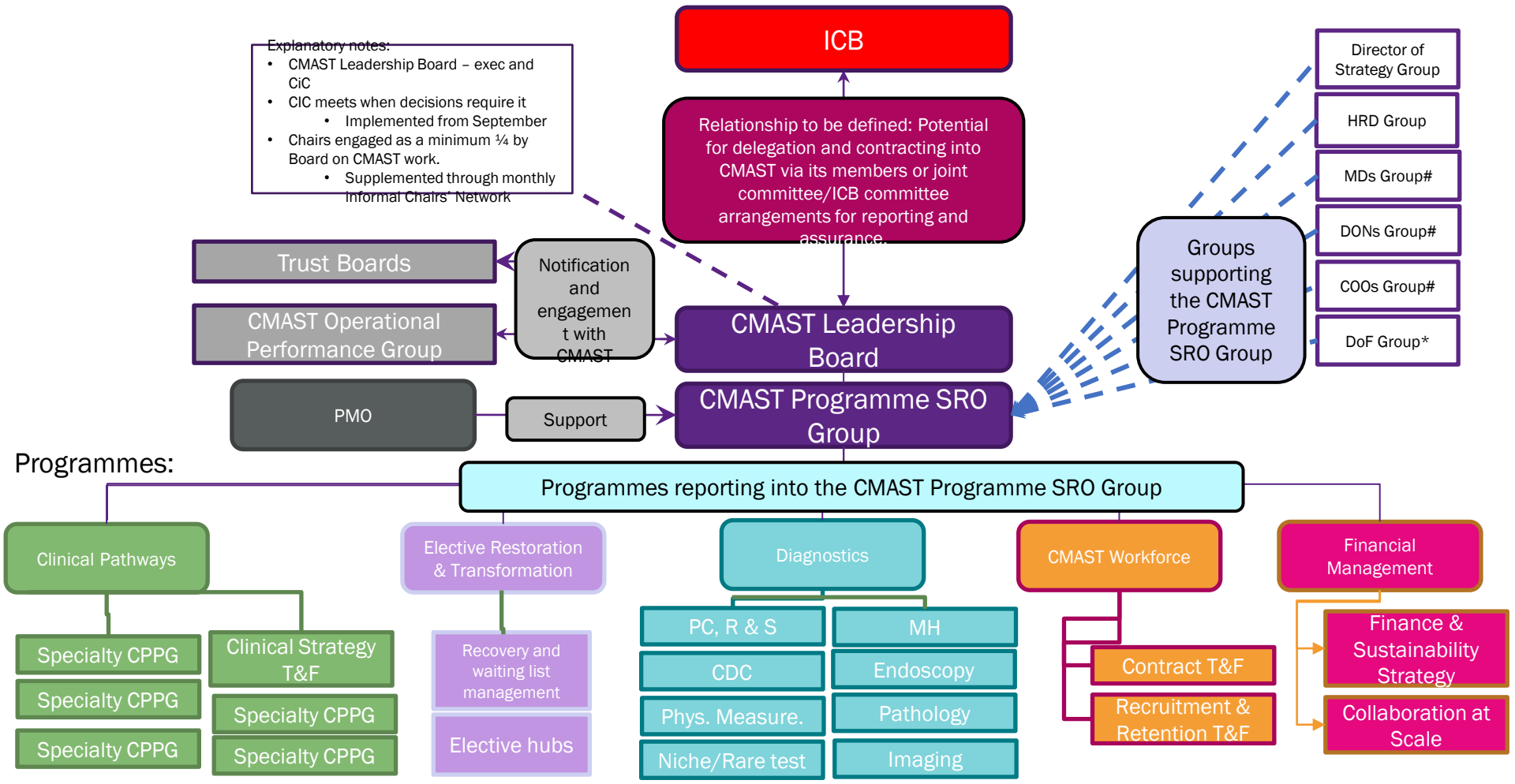
- 12 international radiology recruits offered posts
- Single Cheshire diagnostics staff bank implementation in progress
- MOU for staff to work across different sites

Maximise productivity

- Focused productivity initiatives:
  - Colonoscopy – 25% increase in monthly activity (2069 – >2500 consistently)
  - Echo – 15% increase in monthly activity (6179 - >7000 consistently)
  - C&M theatre utilisation improved from third quartile to the upper quartile

Governance - Evolving

Cheshire and Merseyside
Health and Care Partnership



The developing governance and operating model for CMAST (1)

Principles

- Underpinned by our shared task
- Working together on what makes sense and supported by clear consensus
- Our objectives and priorities write themselves
- Consolidating this in an approach that works for and resonates with us

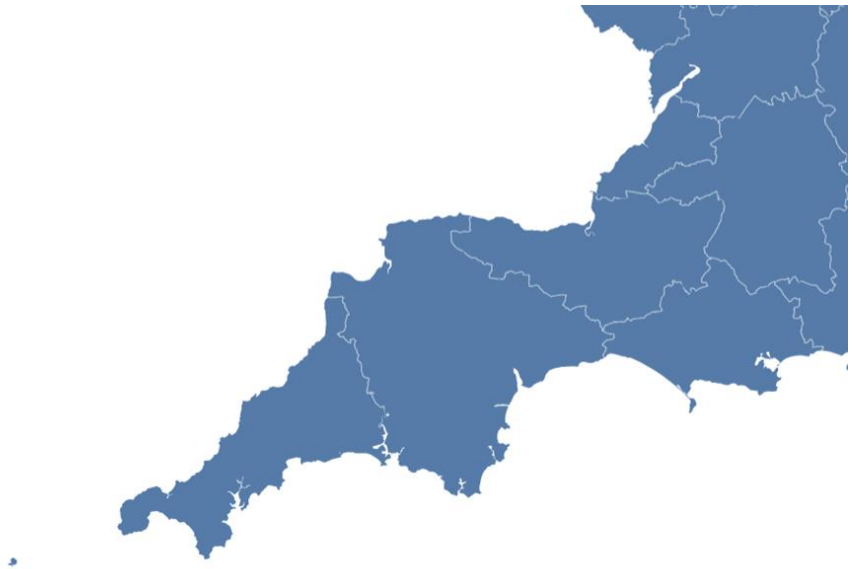
- Implemented a Provider Leadership Board
    - Consolidates and formalises our approach to this point
    - Committees in Common (CiC) to support decision making when needed.
    - Underpinned by clear Terms of Reference and an overarching Joint Working Agreement
    - Focus on:
        - Providing a framework
        - Supporting and embracing iteration
        - Appropriate levels of decision making for the issue
        - Clear lines of engagement/representation with Boards
        - Working with the ICB (and other ICS structures)

South West Provider Collaborative

Integrated care webinar series
Provider Collaboratives

18 October 2022

Anne Forbes
Programme Director



Context Setting – About us

Some facts and figures = at-scale

- 5 million population
- 22,000 square kilometres
- Predominantly rural, few motorways, with some large cities
- Wave one New Care Model
- Fast-track Provider Collaborative

Partners = 9

- 5 NHS providers
- 1 community interest company
- 3 independent sector

Systems

- Smaller than average ICSs
- 6 ICS – commissioned services
- 7 ICS – collaborative working

Alignment with national policy

- Active representation
  - Oversight
  - Delivery
  - Implementation
  - Clinical design

Historic challenge

- SW did not work collaboratively together
- >50% people treated out of region, with under development of community alternatives

Purpose and key priorities

Our shared ambition is to transform outcomes for people with mental health conditions by working collaboratively, at-scale.

Commissioned pathways of care

Current commissioned services:

- Adult Secure
- CAMHS (tier 4)
- AED (tier 4)

Working in conjunction with (within and across) ICS

Future commissioned services:

- Perinatal (tier 4)
- Remaining specialised services

Areas for possible **consideration**:

- Services where operating at scale could make sense clinically and financially

Regional collaboration

We also lead collaborative working as follows:

- Alongside **NHSE/I**, develop our plans and priorities for MHLDA
- **System working with lead ICSs** re **£40.5m capital investment** to deliver inpatient services for ICB commissioned LDA patients
- **Optimisation programmes** – such as workforce planning in conjunction with HEE
- **Shared learning** and shared clinical pathways (patient flow)

Spreading the learning from the specialist commissioning experience into other service areas.

National

- Active contribution to national guidance re learning, clinical specifications, lead provider governance, quality maturity matrix, lead provider roles and responsibilities etc

Regional

- Working with NHSEI SW and ICB commissioners to take learning into delegation of remaining specialised commissioned services
- One regional clinical model, within one set of strategic aims, quality assured to one quality framework

System

- Extension of care pathways from 'horizontal regional approach' into a 'vertical system approach'
- At scale and at pace regional transformation has enabled in-system community investments

Contact details

Anne Forbes

Programme Director

anne.forbes2@nhs.net

Dr Jason Fee

Clinical Director

jason.fee@nhs.net

Poll 1

How much would you say this webinar has increased your understanding of the role of provider collaboratives in ICSs?

NHS England

scie social care institute for excellence

Poll 2

How much would you say that this ICS webinar met your expectations?

NHS England

scie social care institute for excellence

Integrated Care Webinar series 2022 / 2023

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

Next webinar will be in 12 December

14.30-16.00

Reducing health inequalities as we tackle elective recovery – Registration soon

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

NHS England

scie social care institute for excellence