

Integrated Care Systems: Provider Collaboratives

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MINISTRY OF HEALTH

NATIONAL
HEALTH SERVICE
BILL

SUMMARY OF THE PROPOSED
NEW SERVICE

*Presented by the Minister of Health to Parliament
by Command of His Majesty
March 1946*

LONDON
HIS MAJESTY'S STATIONERY OFFICE
THREEPENCE NET

Cmd. 6761

Statutory ICSs - the Future

- NHSEI recommendations for NHS Bill from September 2019
- NHSEI Legislative proposals for Integrating Care November 2020
- White Paper - Integration and Innovation: working together to improve health and social care for all February 2021
- NHSEI - [Draft] Provider Collaboratives - May 2021
- NHS - Integrated Care Systems: design framework June 2021
- NHS Health and Care Bill Spring 2021
- Integrated Care Boards - statutory from April 2022
- Amended NHS Act in force from April 2022

What is in guidance to support Provider Collaboratives

NHSEI's draft Provider Collaboratives guidance describes a Provider Collaborative as:

An arrangement whereby providers work together across multiple places, to achieve the benefits of scale, in the best interests of patients and the local population. This is achieved by bringing together leadership teams through agreed governance and decision-making arrangements, to make effective and efficient decisions on behalf of the collaborative

NHS ICS: design framework states that:

From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. Community trusts, ambulance trusts and non-NHS providers (eg community interest companies) should participate in provider collaboratives where this is beneficial for patients and makes sense for the providers and systems involved.

What could be in the Health and Care Bill to support Provider Collaboratives

- Establishment of integrated care boards - commissioning and strategic functions
- Establishment of integrated care partnerships - through joint committee with LAs
- One system regulator - NHS England - [Monitor/TDA abolished]
- New functions, duties and powers to support development:
 - ICP integrated care strategy to meet assessed needs
 - ICB five yr plan each yr with trusts on will exercise functions [consult with HWBs]
 - NHS trusts to be licensed [duty to collaborate and new governance guidance]
 - Stronger duty of co-operation between NHS bodies [SSHSC guidance]
 - Joint working and delegation powers for all NHS bodies [trust and FT joint committees]
 - Joint appointments between providers and commissioners
 - New procurement rules and exemption from Part 3 of Enterprise Act

Provider Collaborative vs Provider Collaboration

A provider collaborative differs from a collaboration in terms of its breadth and function

Provider Collaboration

- Two or more providers working together.
- This could be:
 - Informal collaboration and discussion e.g. looking for strategic alignment.
 - To provide a specific clinical service or pathway, shared (“back office”) services under a contractual model (e.g. LP, joint venture).

Provider Collaborative

- An established, transactional arrangement between a number of providers (in this case, within the ICS) to:
 - Develop and agree plans for strategic delivery of services across the ICS, responding to the ICS
 - Agree individual collaborations on clinical pathways and shared services and their form
 - Ensure alignment between initiatives and programmes
 - Oversee accountability for delivery of plans/collaborations
 - Provide coordination re representation on the integrated care board and on the integrated care partnership
 - Establish relationship between Place and PC

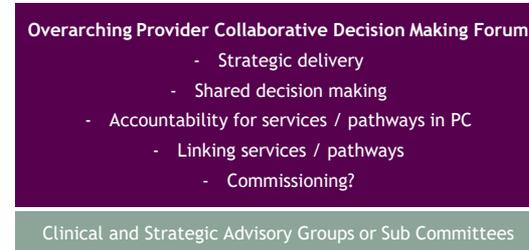
Structure of the provider collaborative

A shared decision making and strategic delivery function is critical for enabling joint delivery of services and clinical pathways

- Various governance options for supporting shared decision making - ranging from an informal partnership through to a formal merger.
- In all these models there is a need to separate out the strategic and accountability functionality from the operational delivery of services and clinical pathways.

- The PC Decision Making Forum has responsibility for making joint strategic decisions and ensuring alignment between initiatives and programmes as well as accountability of the services / pathways within the PC.
- There will be a need for decision making to be informed by clinical and strategic advisory groups or sub committees. These may contain non NHS entities (if advisory).

- NHSEI suggests that at a minimum, mutual accountability is required over those initiatives which have been brought within the PC. Over time, a situation is anticipated where strategic objectives are aligned and providers support each other to deliver each other's objectives.
- A decision is required as to which shared services and clinical pathways are brought within the Provider Collaborative and the delivery model for each.
- Once this has been determined, the governance model for each can be agreed. This could be, for example, a (joint) lead provider model, subcontract, joint venture or an informal agreement.



Options for developing Provider Collaboratives

There are various approaches to the establishment of a Provider Collaborative decision making forum

The governance options range from looser informal arrangements through to a full merger.

Loose Arrangements				Tight Agreements			
Loose Collaboration	Provider Leadership Board – Individual Basis	Provider Leadership Board – Committees in Common	Contractual Joint Venture	Corporate Joint Venture	Lead Provider	Shared Leadership Model	Single Provider/ Merger
<ul style="list-style-type: none"> - Leadership Group - Terms of Reference - Principles of Working Together / Collaboration - “Coffee shop chat” - No ability for any decisions to be made, advisory only - Enables a more strategic approach to collaboration 	<ul style="list-style-type: none"> - Leadership Board - MoU/Collaboration Agreement - ToR for the Board - Transactional (less than CIC) - Individuals from each member organisation attend with delegated functions from their organisation. - Individuals use same information to discuss relevant matters and meet in common. - Individuals then make decision for their own organisation. - Aligns decision making but does not share decision making 	<ul style="list-style-type: none"> - Leadership Board - MOU/Collaboration Agreement - ToR for each organisations committee mirrors ToR of other member organisations - Transactional - Each member creates its own committee with delegated functions - Committees meet in Common and use same information to make decisions for their organisations. - Ability to make organisationally binding decisions but not jointly - Enables a strategic approach to collaboration 	<ul style="list-style-type: none"> - Contractual agreement which mimics corporate joint venture approach - Principally is a mechanism to enable service delivery - Can permit joint decision making within contractual agreement 	<ul style="list-style-type: none"> - Options advice would be needed on corporate Vehicles and Powers - Heads of Terms - Articles of Association / LLP Agreement / Constitution - Members Agreement - Services Agreement - Principally is a mechanism to enable services delivery - Can permit joint decision making within JV agreement 	<ul style="list-style-type: none"> - Main Contract held by a single lead NHS provider - Lead providers then Sub Contracts with other NHS and non-NHS providers - Bidding Agreement / Consortium - Heads of Terms - Principally is a mechanism to enable services delivery - Can permit joint decision making within sub-contractual agreement 	<ul style="list-style-type: none"> - Defined leadership structure - Same person or people lead each provider involved - Boards of NHSTs or FTs appoint same person to multiple posts - Enables shared decision making but on a single organisational basis 	<ul style="list-style-type: none"> - Governance and legal advice required to determine feasibility - Will need to demonstrate patient benefit - Heads of Terms - Due Diligence Questionnaire - Due Diligence Report - Interim Management Agreement - Transaction Agreement - Dissolution Order / Transfer Order

Short list of governance options

Considering the guidance from NHSEI and the local considerations, there are a limited number of viable options

Option	Critique
Loose collaboration	<ul style="list-style-type: none">• Continuation of the current situation, but lacks the formal agreement required by NHSEI.• Unlikely to provide sufficient strategic direction to enable transformed delivery of services and pathways (at pace).
Provider collaborative board - individuals	<ul style="list-style-type: none">• Provides a mechanism for collaboration on strategic delivery and creating clear direction for providers.• In many instances decisions will still require member organisation Board ratification.
Provider collaborative board - CiCs	<ul style="list-style-type: none">• Provides a mechanism for collaboration on strategic delivery and creating clear direction for providers.• Permits greater collaborative decision-making and easier transition into new ICS model.• Benefits from multi disciplinary expertise.
Lead provider	<ul style="list-style-type: none">• May be more suitable for delivering an individual service or pathway, as opposed to strategic alignment and accountability across a number of initiatives.
Contractual JV	<ul style="list-style-type: none">• May be more suitable for delivering an individual service or pathway, as opposed to strategic alignment and accountability across a number of initiatives.• Can be inflexible to changes in scope or membership.
Joint leadership	<ul style="list-style-type: none">• Joint appointments may be permissible under new legislation for number of entities and support shared decision-making
Single provider (merger)	<ul style="list-style-type: none">• Creates potentially one decision maker

Provider Leadership Board (Individual Delegation or CIC)

Whilst many of the governance options are well established, the Provider Leadership Board is a newer concept

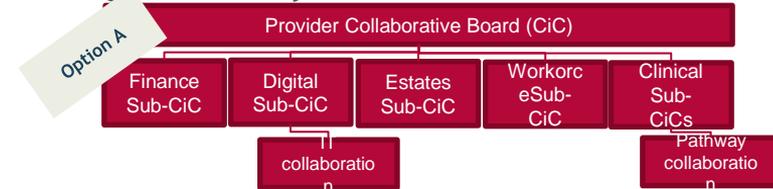
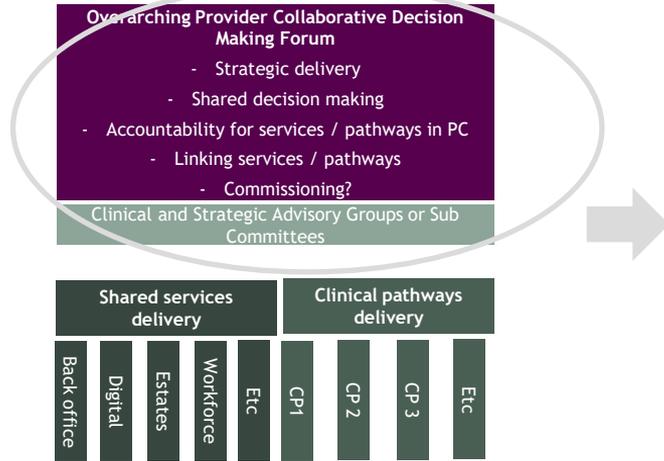
The governance of a PC for **strategic planning** is typically Delegated authority to individual directors operating as a working group; or Delegated authority to aligned committees in common (CIC).

What is a CIC?

- Each trust sets up a committee with voting committee members comprising individuals who are voting EDs or NEDs.
- The committees adopt equivalent terms of reference, meeting jointly and simultaneously with the same agenda, papers and minutes.
- The voting members of each committee are nominated to be in attendance at the other committees' meeting.
- Each committee's terms of reference provide it with delegated decision-making authority.
- Each trust agrees to adopt decisions of their committee if such decisions are made by all (relevant) committees in equivalent terms.
- Where a decision is not relevant to a particular trust, they may be asked not to consider that issue.
- Consensus based structure, each committee's terms of reference provide that the voting members must take account of the views of those nominated to be in attendance but the votes of one organization's committee cannot bind another organization's committee.
- A dispute resolution process is required where there is repeated misalignment.
- Non NHS organizations such as Local Authorities or Primary Care may be in attendance.
- Across the Committees, there needs to be representation of expertise e.g. CMO, CNO, CFO. This can be achieved by: (i) each trust's committee being limited to the same members e.g. Chief Exec and Chair but supported by advisory committees comprising expertise; (ii) each Trust nominating their Chief Exec and one of other expertise role; or (iii) each committee has each of the roles; and / or (iii) ensuring that the Chairs of Advisory Groups are either on the CIC or in attendance at meetings - alongside other advisors as required.
- Chairing of a joint meeting may alternate between the chairs of the aligned committees (it is not necessary for the chair of a joint meeting to be a voting member of both committees).
- Consideration needs to be given to non-executive representation and Councils of Governors

Provider Collaborative Board options

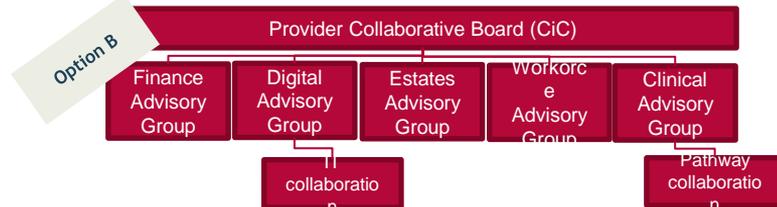
The provider collaborative board is supported by either strategic advisory groups or sub committees that reflect the activities that are being overseen by the Board



Each “sub-committee” is a CiC structure, with each Trust appointing its sub-committee/individual executives and with delegated authority.

However, this is difficult to implement as:

- The role of the PC Board in terms of strategic alignment, co-ordination and accountability is constrained
- Where initiatives span sub CiCs, it is likely to be difficult to identify a single sub-CiC to take accountability



Sub-committees are established as Advisory Groups, with the CiCs taking all decisions.

Chairs of the Advisory Group would be members of / attend the PC CiC

Once approved by the CiCs, individual collaborations can be established and will be accountable to the CiC

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THANK YOU

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