Nottingham University Hospitals NHS Trust

Provider Collaboratives – NUH Insight

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June 2021

We Listen We Care

- National Guidance
- Nottingham & Nottinghamshire ICS and NUH
- ICS Provider Collaborative
- Specialised Services

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System Design Framework - Provider Collaboratives

- **From April 2022 all trusts providing acute and/or mental health services are expected to be part of one or more Provider Collaborative**. Community trusts, ambulance trusts and non-NHS providers should participate in provider Collaboratives where this is most beneficial for patients and makes sense for the providers and systems involved.

- **Provider Collaboratives will agree specific objectives with one or more ICS**, to contribute to the delivery of that system's strategic priorities. The members of the Collaborative will agree together how this contribution will be achieved.

- **Provider Collaboratives will help facilitate the work of alliances and clinical networks**, enabling specialty-level plans and decisions to be made and implemented in a more coordinated and systematic way in the context of whole system objectives.

- **The ICS NHS body and Provider Collaboratives should define their working relationship,** including participation in committees via Partner members and any supporting local arrangements, to facilitate the contribution of the Provider Collaborative to agreed ICS objectives.

- **Providers are expected to work together to agree and deliver plans** to achieve inclusive service recovery, restoration and transformation across systems, and to ensure services are arranged in a way that is sustainable and in the best interests of the population.

- **We expect the contracts health service providers hold (NHS Standard, or national primary care supplemented locally) to evolve to support longer term, outcomes-based agreements, with less transactional monitoring and greater dialogue on how shared objectives are achieved.**

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Provider Collaboratives: Building and strengthening collaboratives to achieve benefits of scale

Required capabilities

- **Enact mutual aid and support arrangements** between partners
- **Make collective decisions** that speed up service changes/transformation
- **Challenge and hold each other to account** through agreed systems, processes and ways of working, for example open-book approaches to finance and planning
- **Agree a common purpose supported by a set of programmes that are delivered** on behalf of all collaborative partners and the system
- **Work with clinical networks and clinical leaders to agree proposals and implement resulting changes**
- **Drive shared definitions of best practice** and the application of a **common quality improvement methodology**

Benefits of scale

- **Reductions in unwarranted variation** in clinical practice and outcomes to improve quality
- **Reductions in health inequalities**, including fairer and more equitable access to services across the footprint
- **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**, for example in ensuring patient safety through improved access, new ways of working and better deployment of staff in hard-to-recruit specialities
- Transformation at scale across care pathways through rapid **spread of successful innovation**

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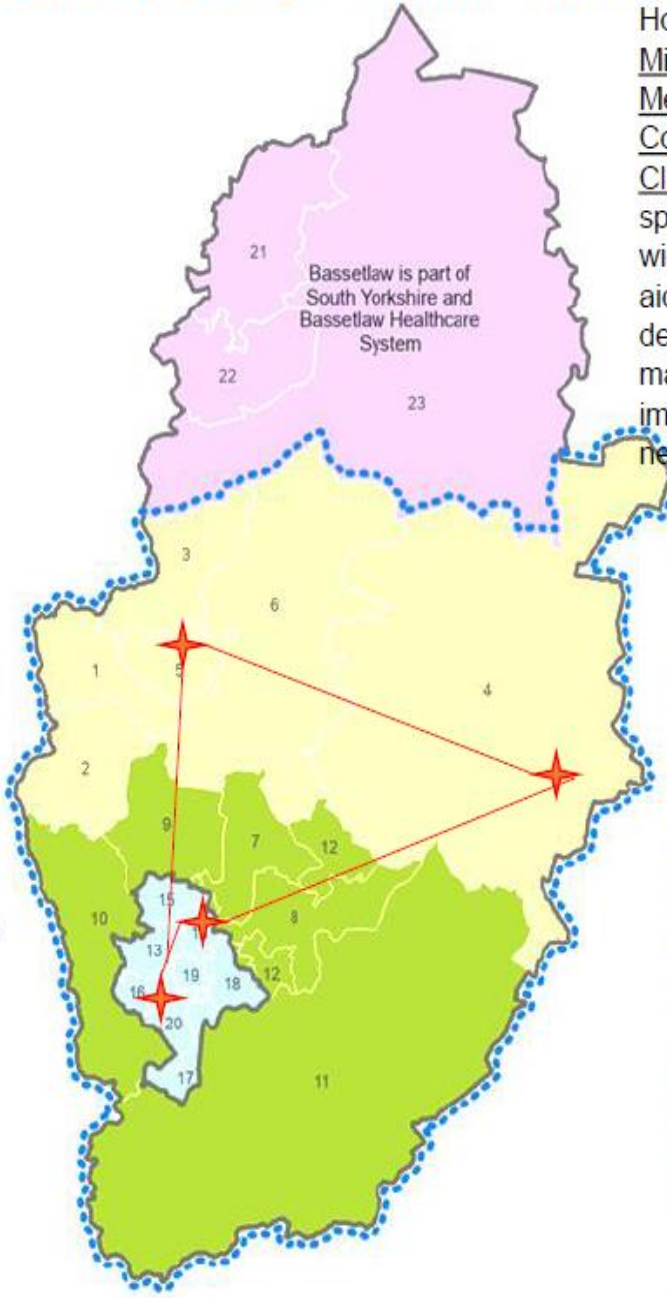
Different roles within the ICS health and care family

Integrated Care System
Nottingham & Nottinghamshi

Integrated Care System: Health and Care Partnership develop system plans to address health, social care and public health needs
ICS NHS Body (from 2022) develop NHS plan (aligned to local government) and allocate NHS resources, agree operational / service plans for the system to improve performance and quality, tackle inequalities and improve health outcomes, coordination / support for system working

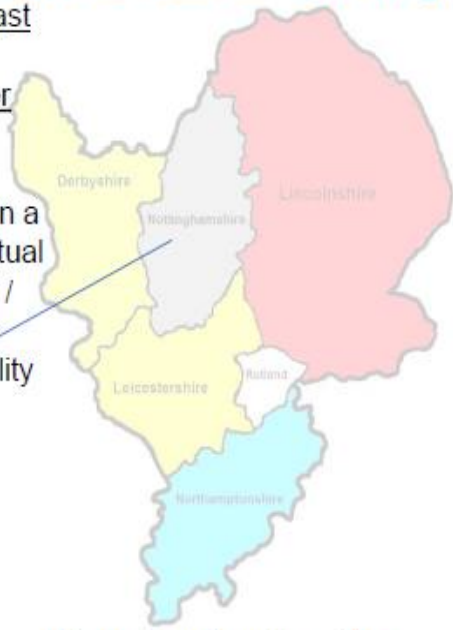
Hospitals collaborate to provide hospital / specialist care, improve access, performance and quality

Mental health, community and hospital services developed and delivered jointly through organisational alliances and working with place-based partnerships



Integrated Care System
Local Boundaries
City of Nottingham
Nottinghamshire
Mid Nottinghamshire
1 Ashfield North PCN
2 Ashfield South PCN
3 Mansfield North PCN
4 Newark PCN
5 Rosewood PCN
6 Sherwood PCN
South Nottinghamshire
7 Arnold and Calverton PCN
8 Carlton and Villages PCN
9 Hucknall PCN
10 Nottingham West PCN
11 Rushcliffe PCN
12 Synergy Health PCN
Nottingham City
13 BACHS PCN
14 Bestwood and Sherwood PCN
15 Bulwell and Top Valley PCN
16 City South PCN
17 Clifton and Meadows PCN
18 Nottingham City East PCN
19 Radford and Mary Potter PCN
20 Unity PCN
North Nottinghamshire
21 Larwood PCN
22 Newgate PCN
23 Retford Villages PCN

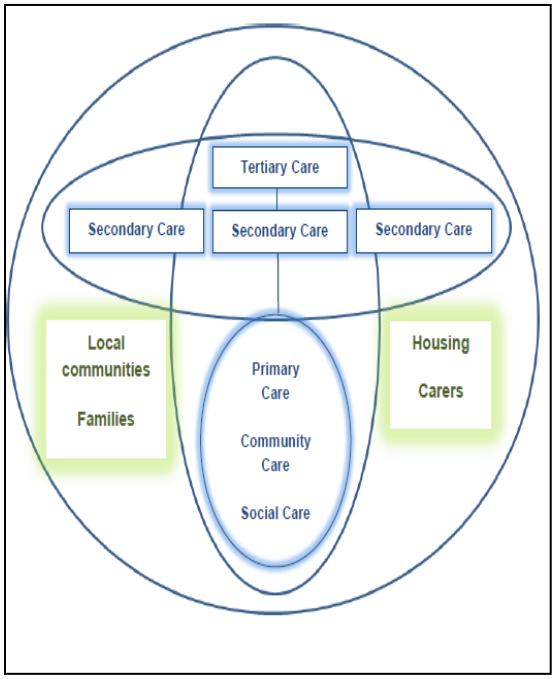
Host / participate in East Midlands Acute and Mental Health Provider Collaboratives and Clinical Networks for specialised services on a wider geography - mutual aid, pathway planning / delivery, resource management and quality improvement across networks

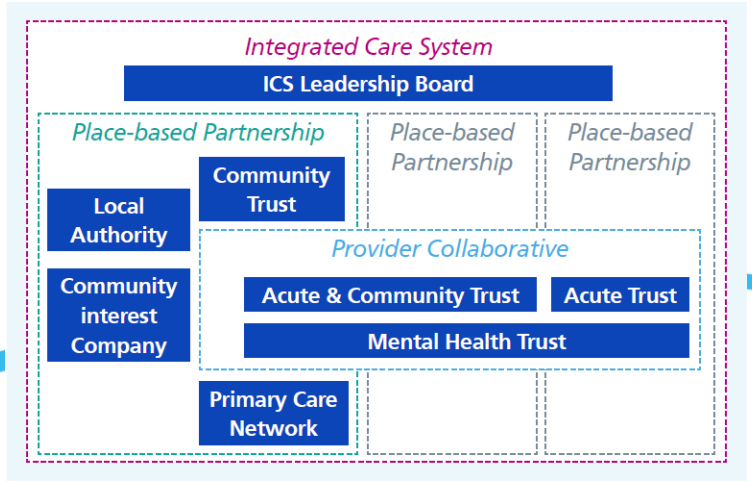


Place-Based partnerships (NHS, local government, public sector, voluntary sector):
Mid-Notts, South Notts, City – partners work together to develop and deliver community-facing integrated care, join up community services across sectors and organisations / work alongside community leaders, locally tailored care for local needs, improve quality and performance, tackle inequalities and support delivery of ICS priorities

ICS / Provider Collaboratives / Place Partnerships

- The response to Covid19 has confirmed that collaboration is the way forward
- In future, we will have more collaboratives of appropriate scale, with the ability to reach decisions in the best interests of populations served, even where this may be difficult for individual institutions
- Provider collaboratives will increasingly have responsibility and accountability for outcomes, quality and cost of care for a given pathway or population group
- Provider Collaboratives focus on horizontal integration between hospitals either across ICSs e.g. for specialised services or within an ICS e.g. to provide a standardised acute hospital offer
- Place-based partnership formed to deliver specific pathways / service areas within place, across places or with place and broader partnerships
  - Vertical integration
  - Integrated primary and community services





NUH - Provider Collaboratives & Place

- We think we may need to be part of 2 Provider Collaboratives
  - ICS wide
    - SFH/NHT/NUH
      - » Pathways
      - » Anchor organisations
  - East Midlands Wide
    - Specialised Services
      - » East Midlands
        - Acute Provider Network Board
        - Clinical Networks

- And work with 3 Place-based partnerships
  - Nottingham City
  - South Notts
  - Mid Notts

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Background

- Three statutory provider Trusts
  - Nottingham University Hospitals
  - Sherwood Forest Hospitals NHS Foundation Trust
  - Nottinghamshire Healthcare NHS Foundation Trust
- Partnership working is not new:
  - Examples:
    - Circa 40 SLAs for services between SFH and NUH
    - Shared leadership posts between SFH and NHT
    - Considerable mutual aid during Covid.
  - Three way CEO and Chair meeting.
- Build upon existing foundations to develop formal provider collaborative.
- Mapping and awareness of other related provider collaboratives:
  - Mental Health – IMPACT Provider Collaborative for Adult Secure Care
  - EMAS and DHU

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Through engagement with existing Provider Collaboratives NHSEI has identified three key models which typically form the basis of any Provider Collaborative

- These models involve provider leadership teams coming together through agreed governance and decision-making arrangements, **to make effective decisions** on behalf of the collaborative.
- They are not mutually exclusive nor sequential; they can be combined or work in parallel, and one may evolve into another over time.

Provider Leadership Board

Lead Provider Model

Shared Leadership Model

Local proposal that our ICS Provider Collaborative takes the form of a Provider Leadership Board in the first instance with opportunity for this to develop and change over time

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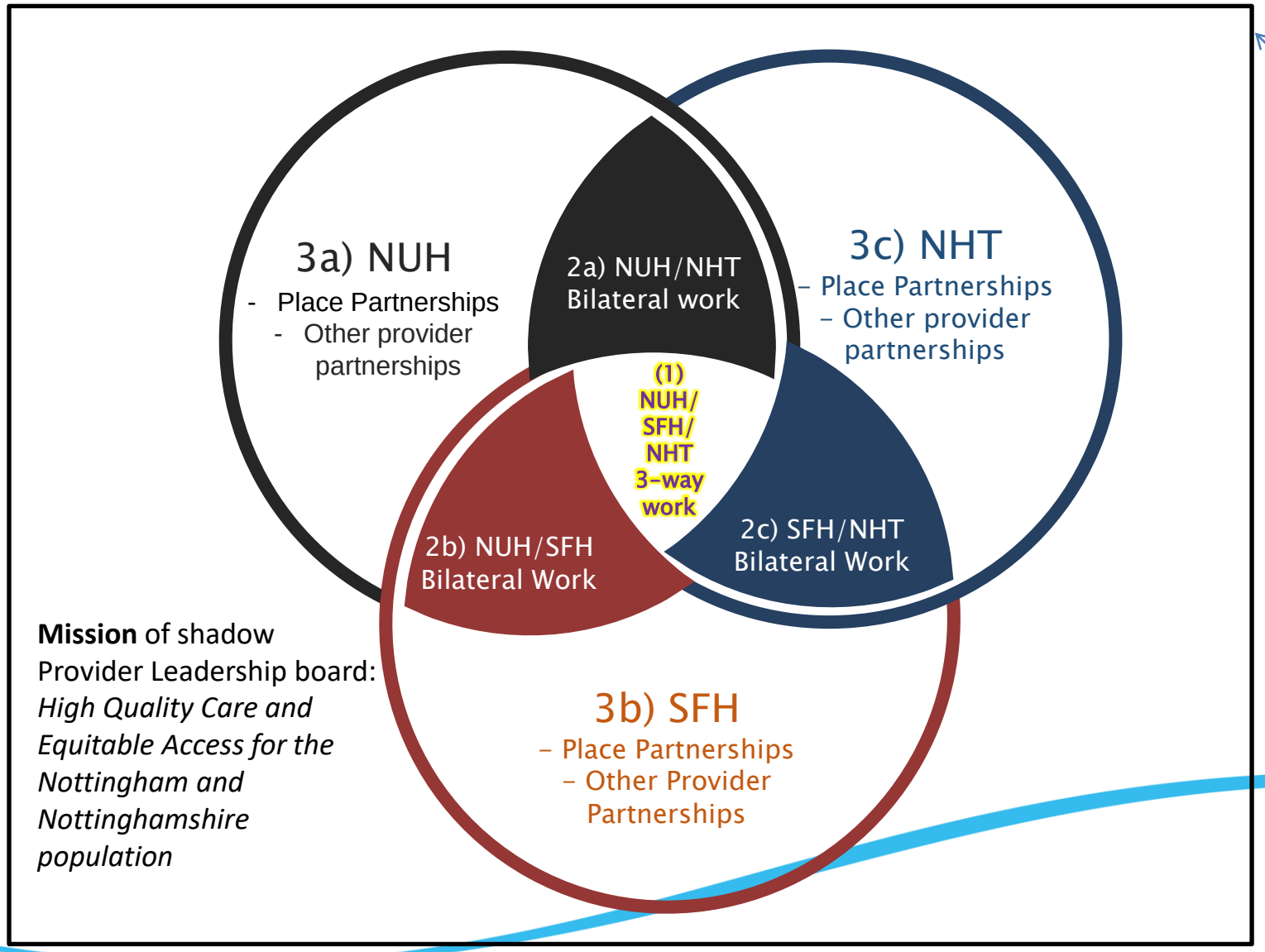
ICS Shadow Provider Leadership Board:



Scope of ICS Provider Leadership board

Mission of shadow Provider Leadership board: *High Quality Care and Equitable Access for the Nottingham and Nottinghamshire population*

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East Midlands Specialised Services

- Population of 5 million
- 8 Acute providers
- All provide specialised services
  - Lowest – 6
  - Highest – 105
- 2 tertiary 1 providers.
- Population footprints service dependent

ICS/ STP	Population	North/ South East Midlands	East Midlands population
Nottingham and Nottinghamshire	1,082,036	3,021,901	4,919,189
Derby and Derbyshire	1,133,256		
Lincolnshire	808,609		
Leicester, Leicestershire and Rutland	1,130,655	1,895,288	
Northampton	764,633		

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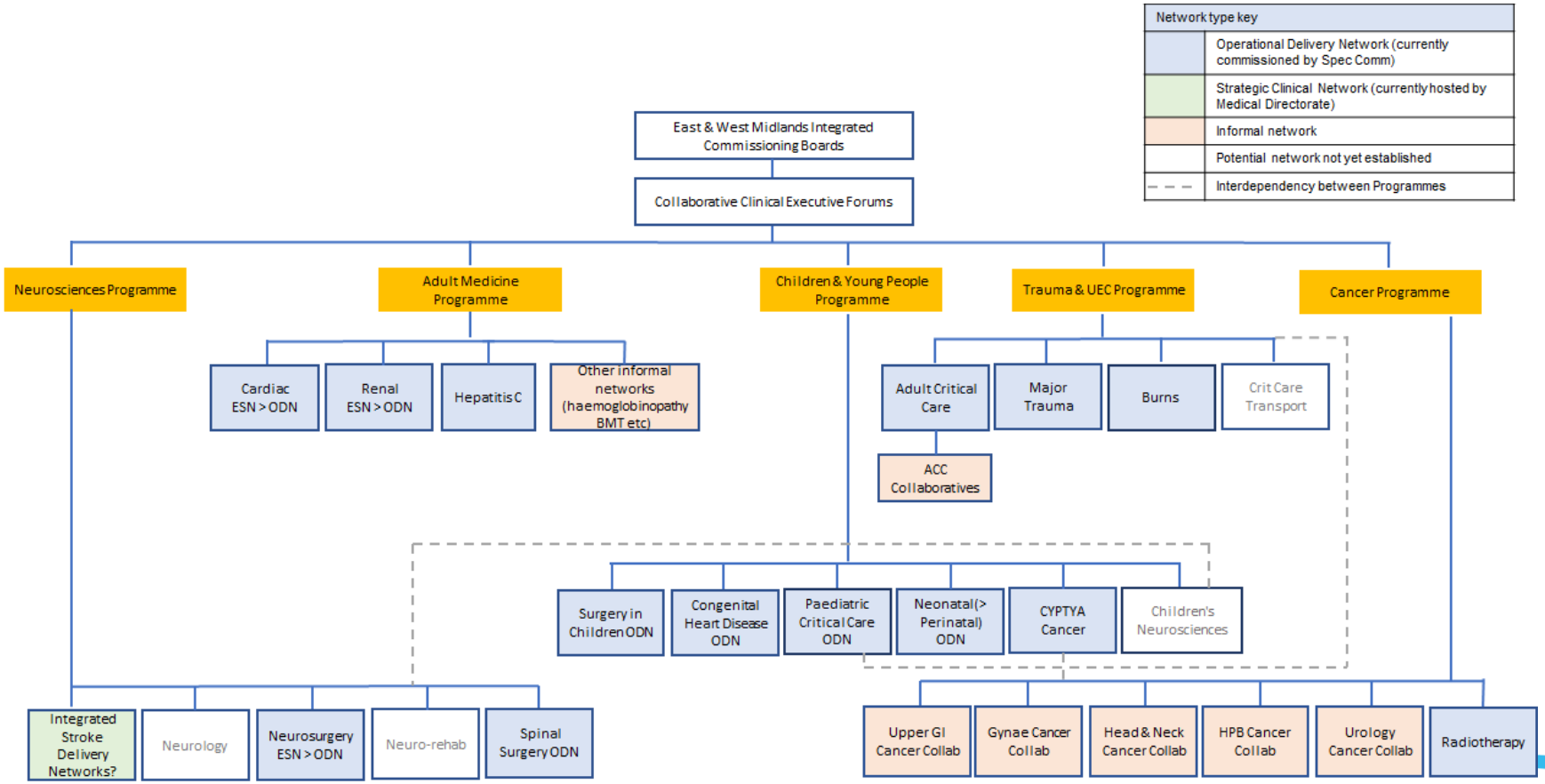
NHSEI Specialised Services Network Programme Groups



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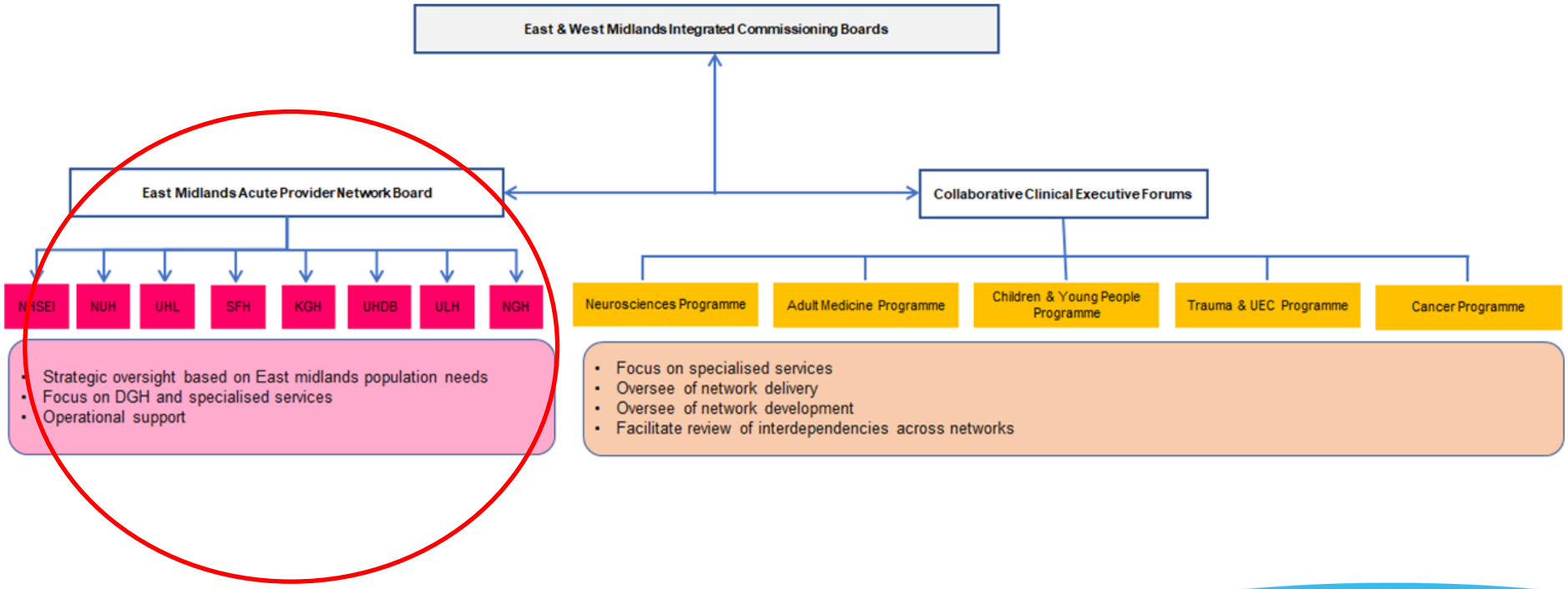
Development of EMAP



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