BLACK COUNTRY AND WEST BIRMINGHAM

PROVIDER COLLABORATION BOARD UPDATE

Briefing Paper to Birmingham and Sandwell Joint Overview and Scrutiny Committee

1.1 The purpose of this briefing paper is to provide an overview of Provider Collaboratives, detailing the structure of the Black Country Acute Provider Collaborative Programme and timescales.

1.2 In August 2021, Interim guidance on the functions and governance of the integrated care board was published by NHSEI. In this document, The core aims of the Integrated care system are defined as

I. improve outcomes in population health and healthcare
II. tackle inequalities in outcomes, experience and access
III. enhance productivity and value for money
IV. help the NHS support broader social and economic development.

1.3 The guidance document refers to Providers and provider collaboratives and sets out the expectation that from April 2022, all trusts providing acute and or mental health services are to be part of one or more provider collaboratives.

1.4 A further document titled 'working together at scale: guidance on provider collaboratives' was also published. This specified that provider collaboratives are partnership arrangements involving at least two trusts working at scale across multiple places with shared purpose and decision making arrangements to

I. reduce unwarranted variation and inequality in health outcomes, access to services and experience
II. improve resilience by, for example, providing mutual aid
III. ensure that specialisation and consolidation occur where this will provide better outcomes and value.

1.5 A core driver for implementation of provider collaboratives is due to the ways providers have successfully worked together during the pandemic and demonstrated the types of benefits working at scale can have. This may be in reducing unwarranted variation in outcomes and access to services, or in creating greater resilience across systems by providing mutual aid and supporting where there may be workforce issues.

1.6 Development of a provider collaborative between the four acute hospital trusts in the Black Country and West Birmingham commenced in December 2020. Since then, a programme of work has developed centring on clinical services and back office as improvement programmes, with a range of enabling work streams covering IT, workforce, governance, intelligence and communications (appendix one).

1.7 During 2021 the programme went through an intelligence and data gathering phase where trusts highlighted the sustainability of a range of services on the basis of the following domains:

I. Quality and Safety
II. Performance

III. Demand and Capacity
IV. Workforce
V. Financial Viability
VI. Strategic Fit
VII. Partnerships

1.8 A self-assessment process produced a range of outcomes between the four trusts. It identified fifteen clinical specialities, which would form the basis of the clinical service work stream going forward. From these specialities, the programme has appointed system wide clinical leads to drive forward a programme of change, improvement and collaboration. In some cases these networks are well established, such as urology however for many others this is a new way of working.

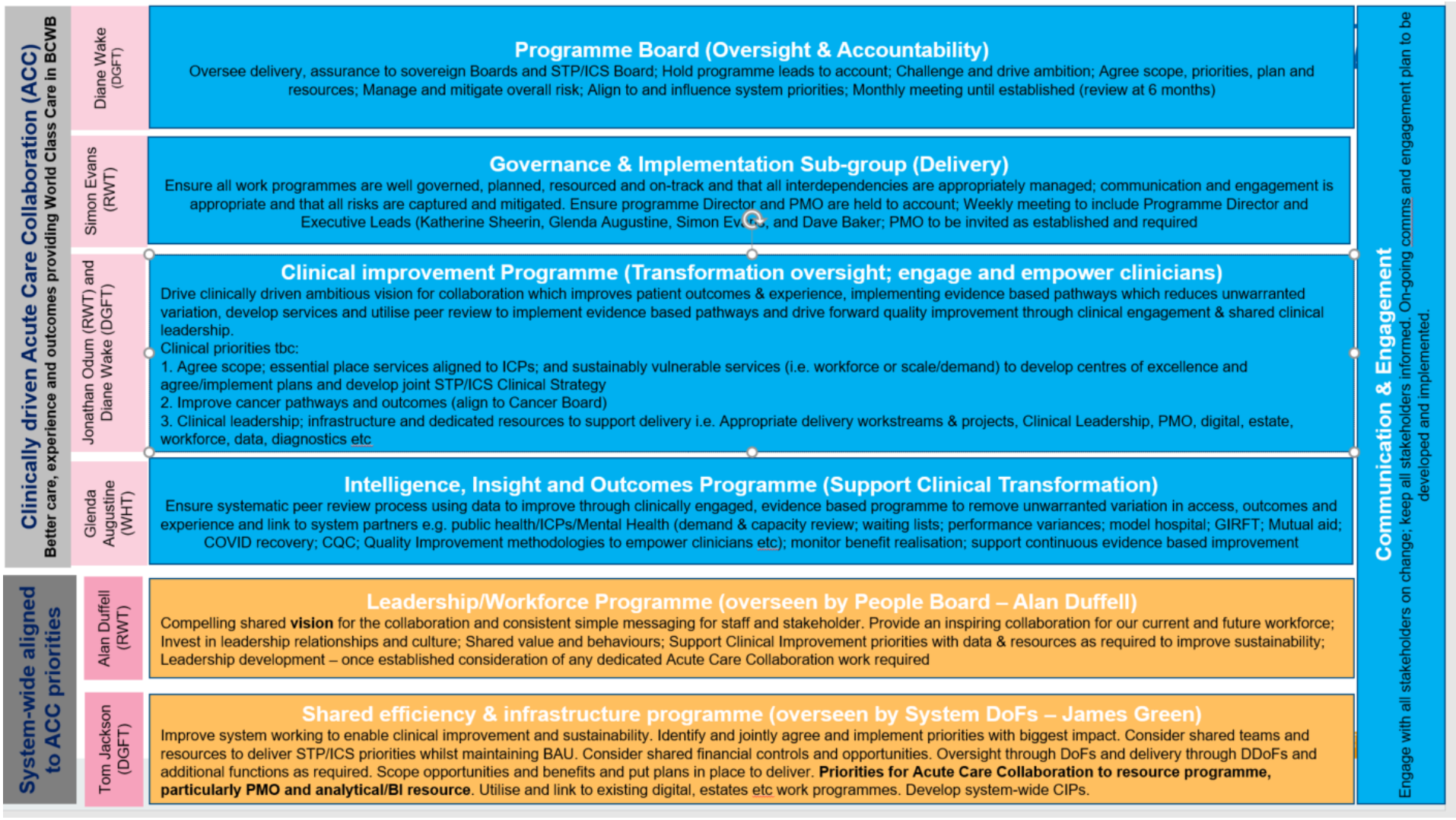
1.9 Engagement with clinicians within these specialities has been positive and the next stage of the programme is to identify areas where teams can make improvements through more detailed data analysis and trust GIRFT (Get It Right First Time) reports. It is envisaged that this will develop over the next six months into a clinical case for change in some specialities; in many others, it will simply focus on supporting clinical teams to produce more local improvements and changes.

1.10 Each Clinical Network has had their initial meetings and have started to develop their priority areas. One key theme is around stabilisation of workforce through advanced practice, workforce modelling, joint recruitment or local training programmes. There is clinical interest in ensuring services which are typically provided out of region are developed and supported within the Black Country so patients do not have to travel as far. There is also a strong focus on how teams can use surgical hubs or other models of delivery to reduce waiting times, which have risen since COVID was identified in 2020.

1.11 Over the next six months the focus will be to shape these priorities into a deliverable programme of improvement that is sustainable and grows services in the long term as well as identifying changes which could be implemented quickly and have an immediate impact.

1.12 Once the programme details have become more established, stakeholder and patient engagement will be a key element of the next phase of development.

Appendix 1- Programme Overview and Workstreams



Appendix 2: Clinical Improvement Programme Timeline