NHS Confederation

Exploring and understanding the VCSE sector in provider collaboratives

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About us

NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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This independent report was commissioned by the NHS England Voluntary Partnerships Team. The views in the report are those of the authors and all conclusions are the authors' own.

The authors

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Jessie Cunnett Consulting specialises in providing strategic consultancy support in leadership, social innovation, people, power and health, with over 25 years' experience working with system leaders, patients, carers, voluntary, community and social enterprise organisations and wider communities to achieve transformational change.

Contents

Key points

- Provider collaboratives are expected to be key to enabling integrated care systems deliver their core purpose.

- Voluntary, community and social enterprise (VCSE) organisations are in a unique position to support provider collaboratives.

- VCSE organisations bring innovation, expertise, experience and resources to the table.

- It is key for VCSE organisations to be engaged as early as possible to help them be recognised as transformational strategic partners within provider collaboratives.

- It is important to identify dedicated budget and resource to support the VCSE sector in playing an active part in provider collaboratives.

- Through partnerships, we can represent communities rather than individual organisations.

Background

According to NHS England (NHSE) guidance, Working Together At Scale, there is an expectation that provider collaboratives will be a key component in enabling integrated care systems (ICSs) to deliver their core purpose and meet the triple aim of better health for everyone, better care for all and efficient use of NHS resources.

Voluntary, community and social enterprise (VCSE) organisations are in a unique position to support provider collaboratives with expertise in the delivery of services and links to people and communities to support co-design and delivery of health and care services.

Working with NHS England, the NHS Confederation wanted to better understand the way VCSE organisations are working with provider collaboratives. The aim of the project, commissioned by NHSE, was to gather insight, elicit learning and share examples of collaboration in action. This was explored at an online learning event hosted by Lord Victor Adebowale, chair of the NHS Confederation, in partnership with NHS England and independent consultant Jessie Cunnett, and forms the basis of this report.

The insights captured here will be of interest to VCSE organisations, provider collaboratives, integrated care boards (ICBs) and ICSs, and to policymakers.

VCSE organisations are in a unique position to support provider collaboratives

Context

ICSs are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.

Provider collaboratives are one way in which providers work together to plan, deliver and transform services, and are a key component of partnership working. They initially formed in mental health, following NHSE's new care model for specialised mental health, learning disability and autism (MHLDA) services.

They have more recently become common in acute and community settings, with trusts coming together to look at streamlining resources, standardising care and offering mutual aid.

In August 2021, NHSE formalised the move to collaborative working and set out expectations for how providers should work together in provider collaboratives through its guidance.

What is a provider collaborative?

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 inequality** in health outcomes, access to services and experience

- **improve resilience** by, for example, providing mutual aid

- **ensure specialisation and consolidation occur** where this will provide better outcomes and value.

How are provider collaboratives developing?

Research* conducted by the NHS Confederation and NHS Providers in late 2022 evaluated the development of provider collaborative arrangements. This context is helpful for understanding the opportunities available for VCSE organisations to be a part of these partnerships.

Although some collaboratives have been around for a while, many partnerships are in the formative stages of development, focusing on set up – such as governance arrangements, leadership models and decision-making processes.

Building trust and relationships across the partnerships has been a priority, and collaboratives have been engaging with ICBs to work on setting priorities and tackling operational pressures. In the coming year, the research indicates that this focus is likely to shift, with two-thirds of collaboratives intending to prioritise clinical pathway redesign or the consolidation of clinical services.

Despite many collaboratives being in the early stages of their formation, there was evidence of collaboratives starting to make a difference for the populations they serve by reducing waiting lists, releasing funding from economies of scale to invest more in community services and decreasing the number of out-of-area placements.

We found that collaboratives vary by sector and in maturity, and they are using the permissiveness in the guidance to take approaches that reflect the needs of their local areas. This could allow opportunities for different approaches to working with partners, such as VCSE organisations, at a local level based on what is right for that population.

Yet, despite the optimism, there are still some challenges to overcome. Collaboratives require time to be able to develop and show impact. They also need staffing and resource and leadership capacity, which are difficult to address particularly at this time of extreme operational and financial pressures for the NHS.

*NHS Confederation and NHS Providers (2023): The Evolution of Provider Collaboration

> Collaboratives are starting to make a difference for the populations they serve

Provider collaboratives and VCSE organisations

It is important that providers of different services can and should play a role in provider collaboratives to ensure a holistic approach to patient care and a diversity of perspectives.

For provider collaboratives, this means considering how to involve and embed the expertise of VCSE organisations alongside primary care and local authorities.

VCSE organisations can uniquely support provider collaboratives with expertise and links to people and communities to support co-design and delivery of health and care services.

The sector works with some of the most disadvantaged communities and understands health and care issues of the population, both at a local and national level.
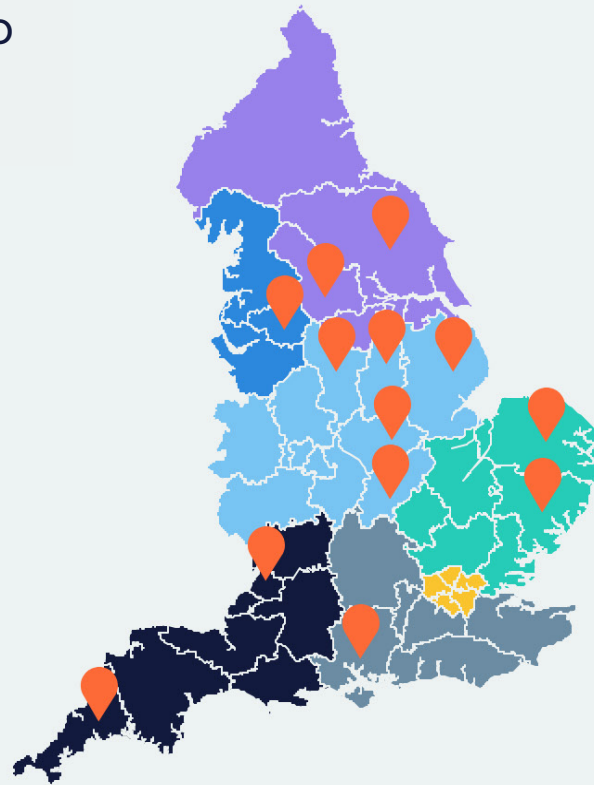
Our research approach

Our aim was to speak to a wide range of provider collaboratives and VCSEs about their experiences of working together, across all stages of the journey.

We spoke to a combination of VCSE leads, ICB leads and provider collaborative leads between December 2022 and February 2023.

We put a call out through our networks, NHS England networks, the NHS Futures Platform, LinkedIn and Twitter. The National Council for Voluntary Organisations (NCVO) also put a call out in its newsletter.

Who we spoke to

East of England   London   Midlands   North East and Yorkshire   North West

South East   South West

North East and Yorkshire
NHS Humber and North Yorkshire Integrated Care Board
NHS West Yorkshire Integrated Care Board

North West
NHS Greater Manchester Integrated Care Board

East of England
NHS Norfolk and Waveney Integrated Care Board
NHS Suffolk and North East Essex Integrated Care Board

Midlands
NHS Derby and Derbyshire Integrated Care Board
NHS Leicester, Leicestershire and Rutland Integrated Care Board
NHS Lincolnshire Integrated Care Board
NHS Northamptonshire Integrated Care Board
NHS Nottingham and Nottinghamshire Integrated Care Board

South East
NHS Hampshire and Isle of Wight Integrated Care Board

South West
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board
NHS Cornwall and the Isles of Scilly Integrated Care Board

Talking points

We held semi-structured interviews with 14 people from across 12 ICB areas to understand more about:

- a range of perspectives (ICB, VCSE and provider collaborative)

- the provider collaborative arrangements in the area, including, specific configurations, how long they have been operating, who is involved, relevant governance arrangements and specific pathways

- whether and how VCSE organisations are involved in the provider collaborative (formally or informally)

- the VCSE alliance and whether there is active involvement between the alliance and the provider collaborative

- any planned work or intention to involve VCSE organisations in the provider collaborative

- any specific examples of work being done to bring VCSE organisations and the provider collaborative together

- views on how VCSE organisations can support the aims of provider collaboratives as set out in the NHSE guidance.

Emerging themes

Through our discussions with people involved in VCSE collaboration with provider collaboratives, we have identified five emerging themes. They recognise that it is a developing picture and pick up on a number of key opportunities where VCSE organisations and provider collaboratives can work effectively together. The themes are explored in the section that follows, accompanied by examples of collaboration in action and questions to prompt further discussion.
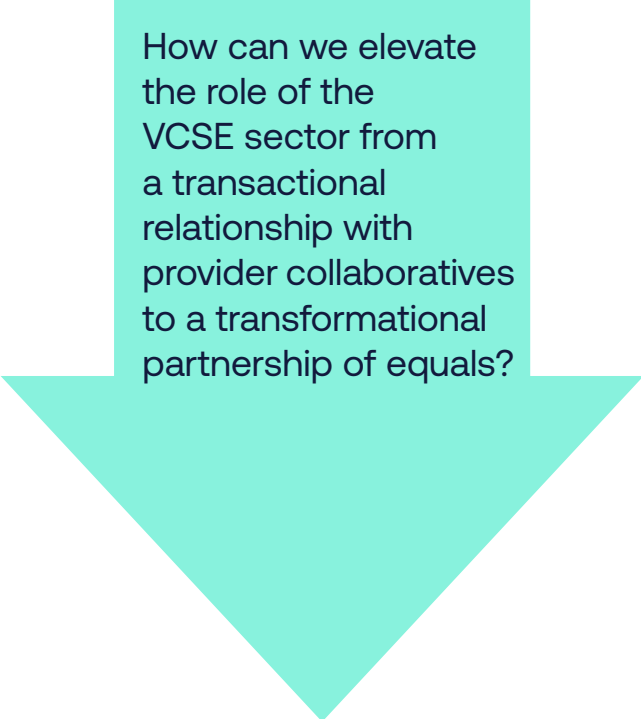
1. **The value of strategic partnerships**: it is important to of recognise the potential of VCSE organisations as transformational strategic partners and position them as within and 'integral to' provider collaboratives rather than alongside or downstream from them.

2. **The provider landscape**: VCSE organisations are often most active as providers at place level in response to local need. Thought needs to be given as to how to maximise their value and impact across bigger provider collaborative footprints.

3. **An evolving picture**: it is still early days in the formation and development of many provider collaboratives. Engaging VCSE organisations as early as possible will help establish them as key players and part of the solution.

4. **Sustainability and funding**: funding models should build in sustainability and capacity and shift away from short-term business planning.

5. **Opportunity**: VCSE organisations provide creativity, agility and innovation. They also bring expertise, energy and positivity to the table, as well as other resources and experience.

Theme 1   **The value of strategic partnerships**

Provider collaborative arrangements and VCSE alliances vary at different stages of development across the country. In some instances collaboration is being achieved through engagement with a VCSE alliance, in other areas providers are working with third sector and independent organisations to deliver care on a specific footprint.

There are more examples of VCSE organisations being involved as part of a transactional pathway as opposed to strategic leadership roles alongside other integrated system partners.

Although it is still early in the development of provider collaboratives, work is underway in some areas to support the VCSE sector in how it can be an effective part of the provider collaborative approach.

How can we elevate the role of the VCSE sector from a transactional relationship with provider collaboratives to a transformational partnership of equals?

Spotlight on...

IMPACT is the East Midlands provider collaborative for adult secure care, covering Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire and Northamptonshire. It is made up of nine NHS, independent and charity sector organisations jointly delivering NHS specialised mental health services in the region. Stakeholder engagement and co-production are informing the development of new services and support mechanisms to reflect the real lived experiences of patients and those who care for them.

The governance of IMPACT is made up of all nine providers which have equal status to create as level a playing field as possible. There is a formal partnership agreement in place grounded in a set of shared principles. The agreement has been important to ensure the provider collaborative remains focused on a shared clinical model that is always best for patients.

"The journey hasn't been easy at all and the agreement helps to bring things back to what really matters."

Katina Anagnostakis, IMPACT, East Midlands

"VCSE are thought leaders in this area and come direct from unmet need."

Chris Wheway, St Barnabas Hospice, Lincolnshire

"The VCSE is person centred – we need solutions that are coming from the person – the sector seeks out resources to build resilience and solve problems."
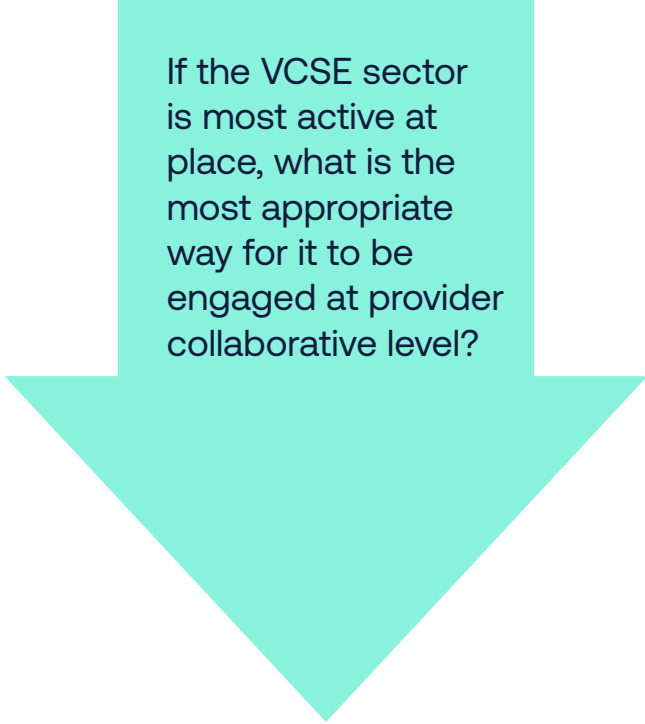
Edna Robinson, Alternative Provider Federation, Greater Manchester

Theme 2 **The provider landscape**

The response to COVID-19 provided an opportunity for VCSE organisations to become more visible as key providers within the system. We heard examples of VCSE organisations being involved in population health, prevention, wider determinants of health such as housing and signposting services, and in providing a range of innovative interventions such as care navigation and hospital-to-home projects.

Work with VCSE organisations tends to be at place level in response to local need more than across provider collaborative footprints. A local focus can make it challenging for VCSE organisations to engage effectively across multiple large providers covering a whole system or multiple systems.

The role of the local authority as a strategic ICS partner and funder of VCSE organisations is key. It will take time and sufficient support for VCSE organisations to be seen as an integral part of the provider landscape.

If the VCSE sector is most active at place, what is the most appropriate way for it to be engaged at provider collaborative level?

Spotlight on...

In Cornwall, the Voluntary Sector Forum advocates across the system on behalf of the VCSE sector in three integrated care areas (ICAs). The provider collaborative in Cornwall takes the approach that the NHS has particular expertise in clinical care, but the VCSE can wrap around the needs of the family.

The VCSE sector spans both system and place and can focus on personalised care. This means they are able to ensure system-wide delivery at a local level. For example, to provide peer support workers for mental health services delivered through 11 VCSE partners.

"Resilience is only being seen as acute, A&E, ambulance, etc... but we're not going to achieve this until we think about resilience for the community within the place they live in."

Ian Jones, Volunteer Cornwall

"I think the VCSE can work more effectively at place. I think this is where the bigger providers will see the value."

James Roach, Norfolk and Waveney Acute Provider Collaborative

"We have mechanisms to talk between place and the collaboratives. We also now have a meeting of the chairs of collaboratives and the executives. Beyond that, it comes down to relationships."

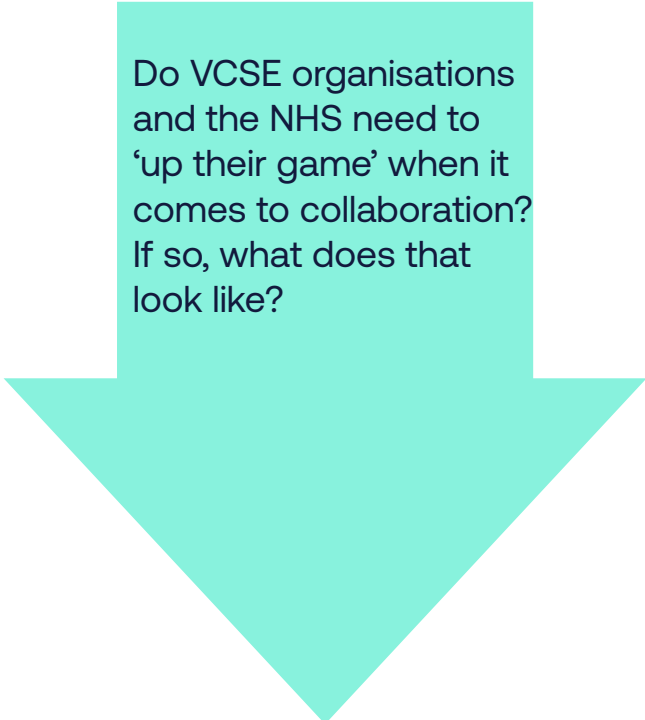Gary Sainty, Humber and North Yorkshire VCSE Alliance

Theme 3 **An evolving picture**

There are many interpretations of what a provider collaborative is, or could be, including informal collaborations, more formal networks, alliances and federations, through to fully-constituted governance structures aligned under the NHSE provider collaborative guidance framework.

The role of the VCSE sector is sometimes seen more as a connector to community than a part of the provider landscape.

It is challenging for VCSE organisations to be recognised as 'integral to' – rather than alongside or downstream.

When it comes to VCSE organisations being a formal part of provider collaboratives, there appear to be more examples of this with mental health and learning disability providers than with acute providers.

Do VCSE organisations and the NHS need to 'up their game' when it comes to collaboration? If so, what does that look like?

Spotlight on...

In the Humber and North Yorkshire, the VCSE approach is seen as a system-wide initiative where they are involved in strategy design for integrated care partnerships, across all workstreams and the workforce board. There are mechanisms to talk between place and collaboratives but local relationships still play an important role to be able to identify the opportunities and to work out how the VCSE sector can help across the range of collaboratives.

"We need to make sure more of the investment is getting out to the communities and not just the infrastructure organisations. We need to specifically work out how we work with the other collaboratives."

Gary Sainty, Humber and North Yorkshire VCSE Alliance, Essex

"The role of provider collaboratives is complex and varied."

Martin Stanier, Joined UP Care, Derbyshire

"Infrastructure and IT – sharing IT systems, buildings, etc. People – need to be flexible, share roles across VCSE, health and social care."

Ru Watkins, The Hamelin Trust, Essex

"The role of VCSE is seen more as a connector to the community rather than an important or formal part of the provider landscape."

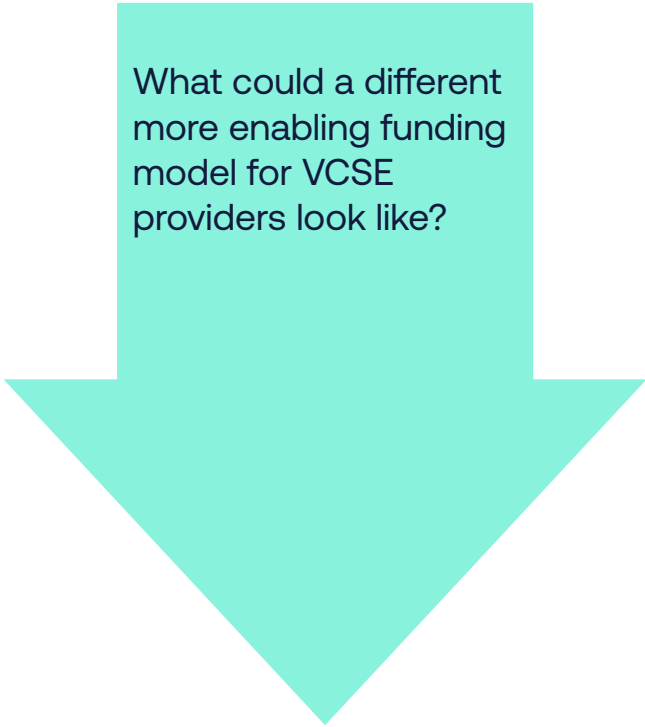Tim Cooling, Hampshire and Isle of Wight VCSE Alliance

Theme 4 **Sustainability and funding**

Funding models need to build sustainability and capacity and shift away from short-term business planning.

Procurement and commissioning approaches can get in the way of developing useful strategic relationships with VCSE organisations and encourage unhealthy internal competition rather than collaboration.

Using the term 'social business sector' could provide a different starting point.

There is a risk that with a proliferation of collaboration that VCSE organisations are unable to sustain their involvement in a mutually useful way.

What could a different more enabling funding model for VCSE providers look like?

Spotlight on...

In Derbyshire, they are exploring a different model of procurement and commissioning with the VCSE sector. Bringing together key people from procurement and VCSE organisations to stimulate discussion on what this might look like. They are beginning to explore how to move away from a model of commissioning specific services, which creates competition and risks collaboration, to more of a single contract to support better collaborative working and increase capacity.

"The impact of procurement and funding models for the VCSE directly impact influence and independence."

Wynne Garnett, VCSE Alliance, Derbyshire

"Margins are tight. There is no accounting for the need to fund the organisation beyond the delivery of a service. They don't release the dynamism of our sector. This is a critical issue for engaging our sector over the long term."

Chris Wheway, St Barnabas Hospice, Lincolnshire

"There are pockets of pilots where we have commissioned the VCSE – we are trying to move towards a more sustainable model rather than short-term funding."

Ru Watkins, The Hamelin Trust, Essex

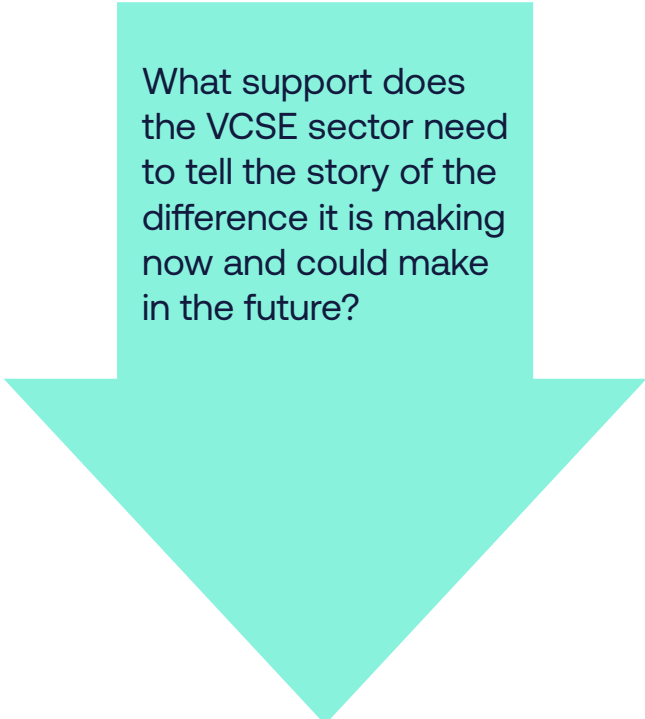"Diversification of funding sources add great value."

Edna Robinson, Alternative Provider Federation, Greater Manchester

Theme 5 **Opportunity**

There is a general sense of positivity about the opportunity of working more closely with VCSE organisations.

There is a chance for VCSE organisations to establish themselves as key strategic delivery partners with an important role in the provider collaborative approach.

The VCSE sector provides creativity, agility and innovation bringing expertise, energy and positivity to the table as well as a range of other resources and experience.

What support does the VCSE sector need to tell the story of the difference it is making now and could make in the future?

Spotlight on...

Lincolnshire Voluntary Engagement Team (LVET) is made up of over 100 members. It is actively involved in the local provider collaborative as an associate member. Acting as a conduit with the statutory sector, LVET took a strong role during COVID-19, mobilising its members. They were actively involved in the vaccination programme and play an important ongoing role on the local resilience forum as a key delivery partner. They are more and more being seen as an integral part of the future.

"I was blown away when I joined the VCSE, at the brilliance of the leadership."

Chris Wheway, St Barnabas Hospice, Lincolnshire

"Covid was a great opportunity to showcase the role of the sector in playing their part."

Tim Cooling, Hampshire and Isle of Wight VCSE Alliance

"For the VCSE, it's not about bouncing back its about bouncing forward."

Ian Jones, Volunteer Cornwall

Overarching ideas for action

Looking across each of the five emerging themes we have distilled four overarching ideas for action. These ideas are drawn directly from those we spoke to and build on what is already available through the VCSE alliance work and existing ICB programmes. The ideas are aimed at supporting those involved in provider collaboratives and VCSE partners to work effectively together to maximise their ability to deliver better outcomes for patients and communities.

01
Formalise a strategic role for VCSE partners as part of the provider collaborative.

02
Establish shared purpose and a formal working agreement that clarifies expectations and acknowledges the different roles VCSE organisations play as provider and community connector.

03
Identify dedicated budget and resource to support capacity building and organisational development for the VCSE sector to play an active part in provider collaboration.

04
Remove barriers to effective engagement of VCSE organisations as provider collaborators created by complex procurement practices.

Provider collaborative aims

We also asked those we spoke to about their views on the role of VCSE organisations in helping to deliver the six aims of provider collaboratives, as set out in the NHSE guidance. This exercise provided a useful opportunity to reflect specifically on the core aims of provider collaboratives and how VCSE organisations could help to deliver them.

There is a consistent theme throughout to suggest that VCSE organisations can play a significant and beneficial role to enhance and help the reduction of unwarranted variations, reduce health inequalities, create greater resilience across systems, aide better recruitment, retention and development of staff and leadership talent, consolidate low volume or specialised services and provide efficiencies and economies of scale.

The following ideas for action provide practical ideas for how to take this forward.

1. Reductions in unwarranted variations

- ✓ Work with VCSE organisations to understand variations across provider collaboratives through an inequalities lens.

- ✓ Engage VCSE organisations to inform and shape commissioning priorities, direct resources and design service pathways.

2. Reductions in health inequalities

- Work with VCSE organisations as thought leaders who come from a direct response to unmet need.

- Engage VCSE organisations to support a move towards an asset rather than deficit-based approach.

- VCSE organisations can act as brokers to help build resilience in communities and engage in transformation of services.

- Seize the opportunity to tap into patient-centred improvement work and expertise.

3. Greater resilience across systems

- Learn from the experience of VCSE organisations that are adaptable and resilient through necessity and can respond quickly and creatively from a wider perspective rooted in community need.

- Resolve procurement and contracting barriers to enable full value of the independence and influence of VCSE organisations.

4. Better recruitment, retention and development of staff and leadership talent

- ✓ Embrace VCSE organisations and teams as part of the workforce solution.

- ✓ Invest in the development of VCSE talent.

- ✓ Share learning from VCSE organisations to understand how to be resourceful and creative.

- ✓ VCSE organisations attract high-performing, values-led leaders and can play an important role in sense-making and modelling.

5. Consolidation of low volume or specialised services

- ✓ Work with VCSE organisations to provide post diagnosis, post treatment, recovery, rehab and social navigation support.

- ✓ Draw on the core skills of many VCSE organisations that centre on public engagement, consumer communications and how to relate to and communicate with people and communities.

- ✓ Work with VCSE organisations to help act as a translator and to operate as a bridge to people and communities.

6. Efficiencies and economies of scale

- Develop systems to recognise and understand the value of VCSE organisations as a social business sector.

- Invest in VCSE organisations to be effective providers of social prescribing at scale.

- Engage VCSE organisations to help move population health and prevention upstream.

- Work with VCSE organisations to carry out service design to create new collaborative pathways that tackle unmet need.

Advice from the floor

As part of the hosted event, delegates were asked to share advice from their own experience of VCSE partner involvement in provider collaboratives, providing helpful suggestions:

" Collaboration is relational; get to know the people you want to work with. Find the spaces to build relationships; try and understand others' perspectives."

" Take time to understand the landscape. Be mindful of different organisational cultures but keep a focus on your own values."

" Engage together to find strategic solutions to workforce challenges to achieve better value and greater efficiency."

" Represent communities rather than individual organisations and make the skills of innovation and connection visible and available."

" Earn trust, be patient and persistent. Co-locate where possible."

" Help turn the dial towards a culture of wellbeing and prevention."

" Keep it simple! Get rid of the jargon as it puts off the VCSE."

Acknowledgements

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- James Roach, Director, Norfolk and Waveney Acute Provider Collaborative

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- Katina Anagnostakis, Clinical Director, IMPACT Mental Health Provider Collaborative, Derbyshire, Lincolnshire, Leicestershire, Nottinghamshire, Northamptonshire

- Chris Wheway, Chief Executive, St Barnabas Hospice, Leicestershire VCSE

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