Provider Collaboratives within the Mental Health System East of England Approach

NHS England and NHS Improvement

Provider Collaboratives and the Long-term plan

Long Term Plan Ambition:

- Provider Collaboratives will cover 100% of the country by 2023/24 (measured by CCG populations covered)
- All appropriate specialised mental health services, and learning disability and autism services, to be managed through NHS-led provider collaboratives by 2023/24

Provider Collaboratives are…

- Groups of providers who will take on the responsibility for specialised services in their area
- Led by a lead NHS provider organisation
- Financially and clinically responsible for their patient population
- Able to work together and pool resources
- Accountable to NHS England for the decisions made and quality of care provided

Provider collaboratives should…

- Improve the pathway of care for patients, making it more seamless across traditional boundaries
- Improve outcomes & experience for people they serve, with particular improvements in advancing inequalities
- Make services locally led – with co-produced leadership between experts by experience and experts by profession
- Be empowered to innovate and improve services whilst maintaining consistency in clinical standards and quality
- Improve value for money in specialised mental health spending and reinvest savings in alternatives to inpatient care

A Provider Collaborative will…

- Be led by an NHS organisation and provide specialised mental health and learning disability and autism services for a local population
- Be clinically led, seeking to improve patient experience and health outcomes for their local population
- Be financially and clinically responsible for their patient population, which will span a number of CCGs
- Pool financial risk across the partnership and reinvest savings in community and step-down services
- Be responsible for commissioning of specialised services and placement of patients in their population
- Be responsible for assuring the quality and clinical standards of specialised services across their population
- Engage with ISC/STPs to develop a shared vision for the whole patient pathway
- Be accountable through a lead NHS provider to NHSE/I for the decisions made and the quality of care provided

Forming a Collaborative to commission for the East of England Population

- Clinically led co-produced pathways
- Reduced variation
- Quality Improvement / Support
- Enhanced community provision
- Workforce Development
- Innovation / Research

Services in scope

Phase 1 – Currently being rolled out:

I. **Adult Secure:** Adult Low and Medium Secure Mental Illness, Personality Disorder, Learning Disability (LD) and Autism/ASC Services

II. **CAMHS:** General Adolescent and General Adolescent LD Services, Psychiatric Intensive Care Units (PICU), Specialist CAMHS Eating Disorders Units, CAMHS Low Secure and CAMHS Low Secure LD and Autism/ASC Services

III. **Adult Eating Disorders:** Specialist inpatient services and associated teams (e.g. day services, outreach)

Phase 2 – Requires further consideration:

I. **Adult Secure:** Adult Low and Medium Secure Acquired Brain Injury and Deaf Services, Women's Enhanced Medium Secure Services, High Secure Services

II. **CAMHS:** Children's MH Services (Under 13s), CAMHS Medium Secure and CAMHS Medium Secure LD Services, Deaf CAMHS, Forensic CAMHS

III. **Specialist Services:** Obsessive Compulsive Disorder and Body Dysmorphic Disorder Services, Tier 4 Personality Disorder Services, Non-secure (Acute) Deaf Services

IV. **Perinatal:** Specialist inpatient services and associated teams (e.g. outreach)

Working together as a system: Provider Collaborative and ICSs

What does the long-term plan say?

STPs/ICSs are expected to mobilise for the changes in commissioning of specialised services with Provider Collaboratives, led by an NHS lead provider, taking responsibility for managing services, pathways and budgets for a population. STPs/ICSs and Provider Collaboratives will work in partnership to streamline commissioning for people within the same population footprint. This requires a flexible delivery approach.

ICSs are required to:

• Support the development of NHS-led Provider Collaboratives covering specialised mental health, learning disability and autism services, working within and across STPs/ICSs as necessary to develop sustainable plans for specialised services.

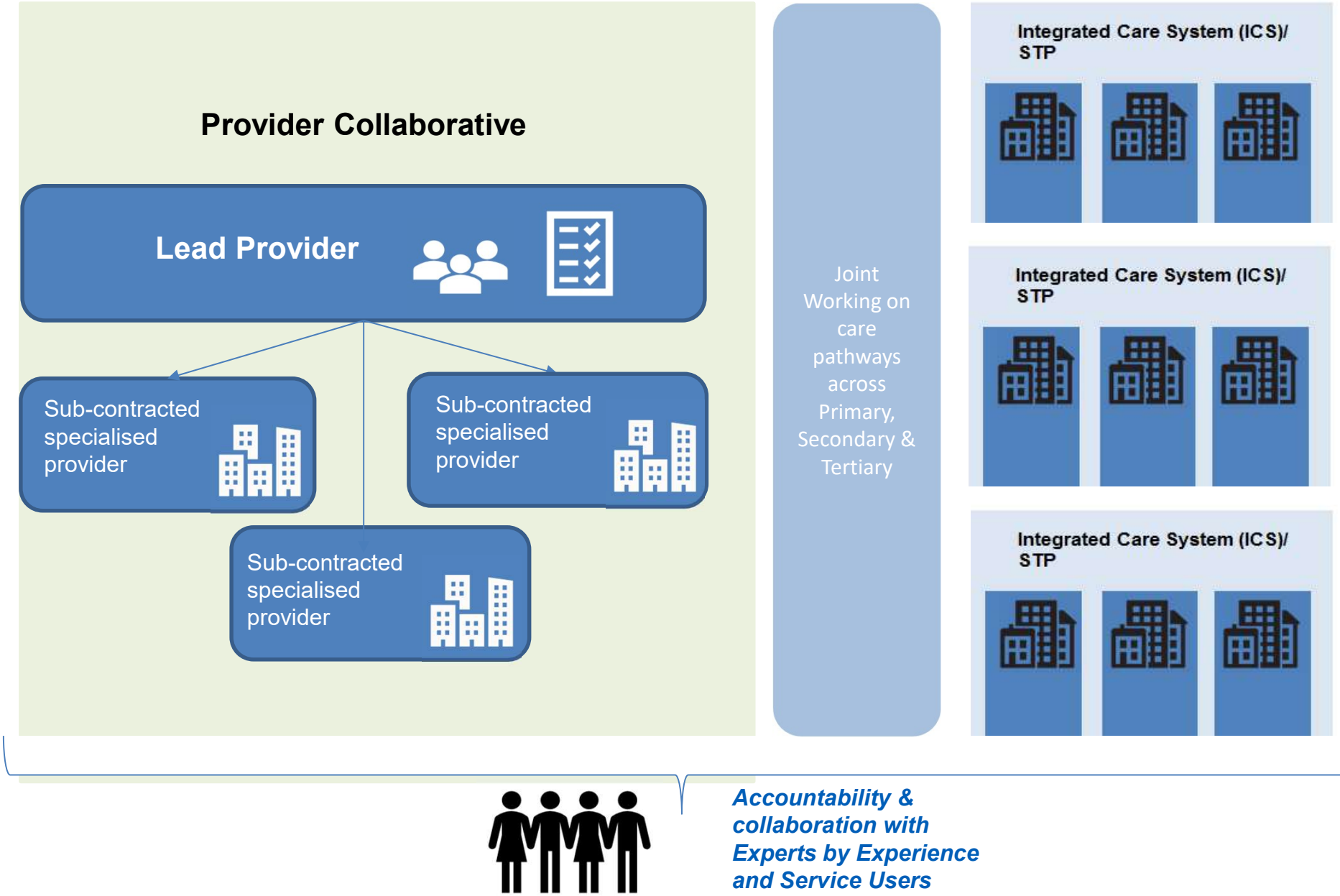
• Work in partnership and enter into formal arrangements with NHS-led Provider Collaboratives to jointly plan and deliver mental health, learning disability and autism services across pathways – joining up services, improving outcomes, and ensuring funding is used in the most effective way possible.

The 20/21 planning guidance provides principles ICSs/STPs should apply to support close partnership and system working. Where a Provider Collaborative exists, it may be the existing partnership arrangements can support this way of working, as well as other local partnerships.

ICSs and Provider Collaboratives will work in partnership to enable:

- Continuity in patient pathways and ensure that financial incentives are focused on high quality and clinically effective patient outcomes;
- Services becoming locally- and clinically-led, giving local health systems the freedom to innovate to improve services, whilst maintaining national consistency in clinical standards and quality;
- Working together on strategies which cross PCs and ICSs, such as Learning Disability & Autism pathways and CYP pathways
- Continued reductions to reduce inappropriate out of area placements, avoidable admissions and lengths of stay; and to improve outcomes and experience for people using services, their families and carers;
- Further integration with other local commissioners and locally-commissioned mental health services;
- Joined up planning where appropriate regarding respective commissioning plans to meet local population needs
- Working together on systemic transformation such as tackling inequalities, advancing co-production and commissioning for population health outcomes.

What might this look like in practice?



Discussion

"How should we work together to achieve the best possible outcomes for patients at a local level?"