<table>
<thead>
<tr>
<th>Informal arrangements</th>
<th>Working Group</th>
<th>Committees in Common</th>
<th>Joint Committee</th>
<th>Joint Venture</th>
<th>Lead Provider</th>
<th>Shared / Joint Leadership</th>
<th>Single Provider / Merger</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Loose Collaboration</strong></td>
<td>Leadership Group MoU</td>
<td>Leadership Board MoU and ToR for Board</td>
<td>Leadership Board MOU / Collaboration Agreement</td>
<td>Leadership Board MOU / Collaboration Agreement</td>
<td>Main Contract held by lead NHS provider</td>
<td>Shared / Joint leadership structure</td>
<td>Statutory transaction Compliance with NHS transactions guidance</td>
</tr>
<tr>
<td>BNSSG Provider Collaborative</td>
<td>Leicestershire and Northamptonshire Group</td>
<td>Individuals exercise of delegated authority</td>
<td>ToR for multiple committees</td>
<td>ToR for joint committee</td>
<td>Alliance / consortium agreement</td>
<td>Same person or people lead each provider involved</td>
<td>Heads of Terms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shared information to discuss relevant matters</td>
<td>Aligned or virtual joint exercise of delegated functions</td>
<td>Joint exercise of delegated functions</td>
<td>Sub contracts between lead provider and other NHS / non-NHS providers</td>
<td>Boards of NHSTs or FTs appoint same person to multiple posts</td>
<td>Due Diligence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individuals make decision for their own organisation</td>
<td>Shared information to discuss relevant matters</td>
<td>Shared information to discuss relevant matters.</td>
<td>Members Agreement</td>
<td>Enables aligned or virtual or actual joint decision making</td>
<td>Interim Management Agreement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aligned decision making but not shared decision making</td>
<td>Virtual joint decisions by multiple committees</td>
<td>Joint decisions by unanimous or majority voting</td>
<td>Services Agreement</td>
<td>Suitable for multi-Trust group hospitals structure</td>
<td>Transaction Agreement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suitable for aligned strategic development</td>
<td>Suitable for shared decision-making if joint committee is not possible</td>
<td>Suitable if shared decision-making / pooled fund required for collaboration</td>
<td>Services Agreement</td>
<td>Dissolution Order / Transfer Order</td>
<td>Suitable for single Trust group hospital structure</td>
</tr>
<tr>
<td><strong>BNSSG Provider Collaborative</strong></td>
<td>WYATT</td>
<td>Lancashire and South Cumbria PCB</td>
<td>EMRAD</td>
<td>IMPACT</td>
<td>North and South Tees NHSFTs</td>
<td>Manchester University NHSFT</td>
<td></td>
</tr>
</tbody>
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**BNSSG Provider Collaborative**

WYATT

Lancashire and South Cumbria PCB

EMRAD

IMPACT

North and South Tees NHSFTs

Manchester University NHSFT
NHS Providers
Governance Conference 2023
Making Collaboration Happen

Daniel Scheffer
Director of Corporate Affairs/Company Secretary
Liverpool University Hospitals NHS FT
Why here, why now?

• More than a quarter of the England’s adult population are insufficiently active

• Around 1 in 3 women and 1 in 4 men do not do enough physical activity to stay healthy

• Long term unemployed or those who have never worked were the least likely to be active, at 52%.

• 1.3 million (2.6%) more inactive adults than before COVID-19 restrictions.
Why here, why now?

World Health Organisation:

• at least 150 minutes of moderate-intensity, or

• 75 minutes vigorous-intensity physical activity per week.
Why here, why now?

Increased levels of physical inactivity have negative impacts on health systems, the environment, economic development, community well-being and quality of life.
Why here, why now?

Increased levels of physical inactivity have negative impacts on health systems, the environment, economic development, community well-being and quality of life.
The Collaboration Game
Rules to consider

1. Practice warmth, sincerity and competence
2. Agree common goals and avoid senseless competition
3. Realise your moral responsibility
4. Learn how to offer and accept trade offs
5. Be courageous
6. Never forget the challenge
Game of our lifetime?

1. Is this reality?

2. What role do you want to play?

3. What are you doing to make collaboration happen?

4. Form follows function – can you make the governance work for you?
NHS Providers
Governance Conference 2023
Making Collaboration Happen

Matt Carter
Principal Consultant
Mutual Ventures
Our Provider Collaboratives: Community Sector Only

Mid and South Essex Community Collaborative

- Two NHS Community & Mental Health Foundation Trusts and one Community CIC
- Contractual Joint Venture Agreement
- System level

Better Working Collaborative

- One NHS Community Trust and one Community CIC
- Partnership Agreement in conjunction with Lead Provider model
- Place level
Our Provider Collaboratives: Multiple Sector

Better Together Collaborative

Hounslow and Richmond Community Healthcare
NHS Trust

Kingston Hospital
NHS Foundation Trust

• One NHS Community Trust and one NHS Acute Foundation Trust
• Partnership Agreement
• Place level

Barnsley Provider Alliance

Barnsley Healthcare Federation
South West Yorkshire Partnership
NHS Foundation Trust

• One NHS Community & Mental Health Foundation Trust and one GP Federation
• Alliance Agreement
• Place level
Example Collaborative Governance

Collaborative Board (Decision Making for In-Scope Services)
- Chair’s Assurance Reports

Joint Operational Group
- Highlight Reports
- Risk Register
- Business Plan

Collaborative Performance Committee
- Integrated Performance Dashboard
- Exception Reports

Collaborative Quality Committee
- Integrated Quality Dashboard
- Exception Reports

E.G. Joint Safeguarding Team
E.G. Joint IPC Team

Subcommittees
Future Aspirations

- Move away from commissioner-provider split, enabling Provider Collaboratives to act as strategic integrators.
- Sufficient assurance regarding stewardship, facilitating transfer of Commissioning functions, resource and budget.
- Ensure genuine collaboration with wider system partners.
- Ensure change is clinically-led, to support place-based arrangements.
- Working with, and on behalf of, Places, as well as the System.
- Ensure ongoing alignment to ICB architecture and strategy.