

UPSTREAM COLLABORATION VS MIRROR COLLABORATION



Robert Milford
is Director of Milford
Research &
Consultancy

With some relief, I am heading towards the end of my PhD research into public sector shared service working and it's making me wonder if we are being too narrow in our collaboration strategies.

Indeed, discussions with my fellow researchers and collaborative peers has highlighted that there are many new, emerging and changing forms of collaboration

For example *mirror* collaborations: council-to-council shared benefits services, police-to-police shared ICT, or joint fire control rooms.

You look in the mirror and see a similarly named organisation delivering almost identical services to your own and therefore feel that they should be the ones to collaborate with. Almost 100% of the LGA Shared Service Map listings are mirror in style¹.

The mirror collaboration question is: *If there are multiple sets of CExs, directors, managers, etc., delivering the same service for different organisations, could one set suffice.*

Collaborative integration

Collaborative integration is frequently used to describe non-mirror organisations partnering where they feel it is obvious that “they are better together, than on their own”.

This can be seen in blue-light collaborations, health and social care, or multi-partner action weeks. For example Thanet District Council reported that in June 2014²:

“... over 40 agencies, including HMRC and dog units from the Police and Trading Standards, took part in the Margate Task Force’s (MTF) ‘Operation Streetweek’ a high visibility multi agency operation, to identify local concerns and provide reassurance to those living in Margate and Cliftonville.

¹ See page 12

² www.thanet.gov.uk/the-thanet-magazine/press-releases/2014/july



Moving to the next stage in this style of collaborative integration can be seen in the Northamptonshire Police and Fire Interoperability Programme. It has three steps towards its final ambition³:

- The first phase of the programme would be focused around improving the understanding between the two organisations, which endeavoured to develop more efficient and resilient response models between the two organisations.
- The second phase of the programme would focus on building capacity, better aligning the resources between police and fire and developing shared strategies with a focus on developing a broad skills base and capabilities between staff in the two organisations.
- The third and final phase would begin to see the community taking ownership of issues themselves, supported by the new single organisation (Police/Fire) that assists when a community cannot help itself and supports them to help themselves when they can.

So, working together on a ‘prevent agenda’ the programme could reduce the number of emergency (999) call-outs and related costs.

Northamptonshire Police is involved in mirror collaborations too, sharing services with other police forces.

³ Interoperability Programme Briefing note for prospective Police and Crime Commissioners (14/03/2016)

No redundancies occur, no mergers happen, but the potential savings can be counted in hundreds of millions, if not billions, of pounds.

What is an upstream collaboration?

This is an attempt to name the new emerging activities that create neither mirror, nor integration, style collaborations.

In these collaborations, the problem for one partner is resolved “up-stream” by a group of other, potentially un-connected partners.

No TUPE occur, no mergers happen, but the potential savings can be counted in hundreds of millions, if not billions of pounds. Examples can be seen in the NHS Vanguard programme¹.

In September 2016, *The Guardian*² profiled the Sunderland *All Together Better Partnership*.

It reports that Sunderland is one of the most deprived cities in England. On average, people born there start having health problems more than 10 years before those born in wealthier parts of the country, and die more than six years sooner.

The article tells this story: *In a desperate effort to get relief for excruciating pain caused by osteoarthritis, curvature of the spine, and abdominal discomfort following surgery, Linda Douglas went to A&E twice a day.*

The chronically ill 48-year-old, who lives near Sunderland, was “at the end of [her] rope” because of the constant pain and frequent hospital visits, and felt life “was not worth living”. That was until a new team of health and social care professionals took over her case and improved her quality of life from “six to 99%” in early 2016.

The team comprising her GP, consultant, community matron, social worker and paramedic worked together to come up with a care plan tailored to her needs.

¹ <https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/>

² <https://www.theguardian.com/healthcare-network/2016/sep/28/sunderland-health-partnership-cut-hospital-admissions>

Now, she can largely avoid hospital and live a much more normal life, mainly because John, her husband and carer, has been trained to administer her daily medication. She says: “My life was driven by fear. I was terrified of being unwell and not being able to get the care I needed to control my pain. I don’t need to worry any more. It’s like a weight has been lifted.”

So, upstream of A&E, a group of dedicated professionals not employed by A&E or necessarily in touch with A&E, have prevented another walk-in patient. No-one has lost their job, no one has been TUPEd, or shifted unwillingly to a new work locality.

This upstream action will free up a potential A&E casualty team, for extreme emergency arrivals, potentially prevent a bed being filled in a hospital ward, even prevent a respite bed being occupied at a care home. All multi-thousand pound costly activities, per individual.

When compared to many mirror collaborations, this activity could save substantially more money and have better outcomes of the citizen. The only problem is that we don’t tend to count the down-stream savings to measure success.

Adding “upstream collaborations” to your strategies...

Maybe in your internal “Who should we collaborate with?” debates, you could add upstream to your mirror and integration options.

Ask the question: *Which organisations upstream could gain us the efficiencies we require, if they prevented the need for our services?*

As a researcher and specialist in collaborative risk management, governance and control, my request would be if you adopt upstream activities, please count the downstream savings to evidence the impact of your work.