

# Joined Up Care Derbyshire Provider Collaborative - Annual Report 2025/2026

## Executive Summary and Foreword

The Provider Collaborative has played an important role during 2025/26 in supporting system-wide improvement across Derby and Derbyshire. Through collaborative working across NHS providers, the programme aims to address shared challenges and add tangible value to individual providers and system delivery. Over the last year we have improved system capability and laid the foundations for future transformation across clinical services and enabling functions.

Overall performance across the programme reflects a mixed position, as summarised in the Annual Programme Report (Appendix 1). Several programmes made good progress including digital transformation, improvement capability and some clinical redesign programmes. However, some of our programmes have experienced significant challenges in delivering their ambition, due to a range of factors including data quality limitations, capacity constraints and external dependencies such as commissioning alignment. In some cases, programmes were paused or slowed because of competing operational priorities or to ensure alignment with national policy direction.

Much of our work has focused on building the evidence base for future change and undertaking the design phase for future models of care and left-shift in 2025/2026 rather than immediate implementation and delivery. The Children and Young People's service collaboration and Women's Health Hub programmes made significant progress in mapping services, understanding demand and capacity, and developing robust cases for change and proposals for moving services to the right place, positioning the system for decision-making and implementation in future years.

The collaborative has played a role in strengthening system capability for improvement across providers. This has included developing an improved understanding of provider costs, performance variation, undertaking benchmarking and developing consistent data sources to support comparisons and identification of opportunities for improvement. The Joined Up Improvement work is an area where the collaborative is successfully supporting capability and developing a shared approach to improving across organisational boundaries.

However, the year has also highlighted some systemic challenges. Data quality and analytical capacity are consistent constraints across the programme, limiting the ability to quantify benefits and move at pace. In clinical pathways, despite strong provider engagement and shared work to develop models of care that will deliver better outcomes, lack of alignment with commissioning and contracting decision making has

sometimes delayed delivery. Capacity and leadership constraints have also limited the pace at which we have achieved our ambition.

In summary, 2025/26 was a year of continued foundation building, moving to an increasingly robust programme approach, being realistic with one another and prioritising areas where we can deliver the most tangible benefits. The Provider Collaborative has strengthened relationships and governance, and developed an increasingly strong shared evidence base to support improvement, while also clearly identifying the barriers that must be addressed to move from design to collective delivery. The key challenge for 2026/27 will be converting this groundwork into implementation and delivery. To do this we will need to learn from and address some of the thematic challenges and barriers to improvement highlighted in the programme report.

Our ambition is that this way of working continues to mature and deliver tangible improvements that patients can see and feel - shorter waits, simpler access to services and more consistent, high-quality care - while also creating a more resilient, sustainable NHS for the future.



*Julie A. Houlder*

Julie Houlder

Chair of the Provider Collaborative

Chair, DCHS NHS FT



*S. Posey*

Stephen Posey

Senior Responsible Officer and Chair of  
Executive Leadership Group

Chief Executive Officer, UHDB NHS FT

# Joined Up Care Derbyshire Provider Collaborative Annual Report 2025/2026

## 1. Introduction and Background

The Joined Up Care Derbyshire (JUCD) Provider Collaborative is a partnership between the main NHS providers in Derby and Derbyshire, namely:

- Chesterfield Royal Hospital NHS Foundation Trust
- Derbyshire Community Services NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derby and Derbyshire GP Provider Board
- DHU Healthcare CIC
- East Midland Ambulance Service
- University Hospitals of Derby and Burton NHS Foundation Trust

The collaborative has been in place since 2022 as a formal partnership and over the years of its existence has been developing into a robust programme of work.

The collaborative is accountable to provider Boards and is governed by a Provider Collaborative Board, chaired by Julie Houlder, and an Executive Leadership Group, which has responsibility for shaping and delivering the work programme. The senior responsible officer for the Collaborative is Stephen Posey. Reports on the work of the collaborative, seeking approval of the annual work programme and governance arrangements including a formal risk and gain share agreement have been brought to previous meetings of provider Boards.

The collaborative has a very small central team, consisting of a Programme Director and Strategic Finance lead. A priority for 2025/2026 has been to strengthen our capacity to deliver. Dedicated project leads have been recruited to support two of our most important priorities; estates and procurement, and recently we have agreed to create two programme manager posts which will be recruited to support delivery of specific projects in 2026/2027.

## 2. Collaborative Work Programme and Priorities

The structure of the provider collaborative work programme in 2025/2026 is shown below.

### Enabling Services Priorities

- Enabling Services at Scale
- Estates
- Procurement
- Digital and Data
- People Services

### Clinical pathways and Fragile services

- Children and Young Peoples' Services
- Musculo-skeletal services
- Gynaecology and Women's Health
- Ophthalmology

### Enabler – Joined Up Improvement

QI methodology, training and NHS IMPACT

Over 2025/2026 the collaborative has strengthened programme management and reporting arrangements with a stronger focus on benefits realisation which, whilst still developing, is driving an increased focus on identifying and tracking the impact of collaborative work in our leadership conversations.

A report summarising the objectives, achievements, challenges and potential for future delivery for each programme area within the collaborative is attached as Appendix 1. Some key reflections about our progress and learning are considered in the executive summary and explored in more detail in the following sections.

## 3. Prioritising our efforts and focusing on delivering benefits

Early in the financial year it became clear that, given the very limited amount of dedicated resource to support the collaborative and the level of operational pressures and organisational internal commitments for provider leaders who were involved in leading individual projects within the collaborative programme, we needed to prioritise fewer things. The collaborative leadership agreed to hone down the breadth of the programme and whilst we did not stop work on other areas in our ambitious programme, there was agreement to focus our attention on two areas of work in 2025/2026: estates and procurement. These areas were identified as our highest priorities due to the potential to deliver real improvements and efficiencies within a relatively short time frame, compared to some of the more challenging strategic change areas where benefits were expected to take much longer to deliver and would require significant investment to achieve.

We have strengthened capacity in these two priority areas and now have dedicated system leads for estates and procurement who are supporting the respective executive SROs and programme groups to develop detailed workplans and enable delivery of projects. This is starting to show impact as can be seen in the highlight reports.

#### 4. Highlights and Successes

Key areas of success and progress made during the last year include:

**Children and young people's services collaborative** - work has taken place successfully to co-produce the case for change, map resources and key performance issues across providers and generate proposals for changes to operational delivery models which are now with commissioners for consideration.

**Women's Health Hubs/Gynaecology 'left shift'** - this project has seen a collaboration between General Practice and acute providers to develop clinical pathways to reduce acute outpatient referrals and deliver care closer to home for a range of high-volume conditions. Following pilot work with UHDB which demonstrated that 25% of patients did not need to be on the secondary care waiting list, a model of community-based clinics is now ready for mobilisation through PCNs across Derbyshire.

**Strategic Estates workstream** - has completed an analysis of premises data across all providers to support improving utilisation and inform collaborative decisions about disposals and shared premises. Other benefits have included adopting memorandums for cross provider occupancy of premises rather than incurring lease costs, and supporting neighbourhood groups to identify options for estates to deliver integrated care at local level.

**Shared procurement workstream** - provider leads have developed a shared database of contracts and are developing a pipeline for shared procurements. In a limited way, some contracts for non-clinical services have begun to be procured once across providers, and this has demonstrated financial savings for providers. The level of savings will increase into 2026/2027 as more contracts are re-procured at scale by providers.

We have also agreed to hold contracts for IT and other services in subsidiaries where this enables best value and efficient contract management and work has taken place to novate relevant contracts to realise efficiencies.

**Digital workstream** - has delivered enhancements to the Derbyshire shared care record and implementation of solutions to support cross provider patient management such as the Optica discharge co-ordination software. The programme has evidenced productivity gains achieved through system pilot of co-pilot which has now been extended and is supporting teams across JUCD to change the way they work harnessing AI.

**Joined Up Improvement** - is a community of practice developing a shared approach to improvement which is successfully growing system capability and capacity through developing, sharing and embedding improvement training and adoption of tools and methodologies. Through this network we are trialling offering improvement coaching to system projects and have delivered masterclasses in measuring the impact of improvement.

## 5. Challenges and Learning

In many instances, dedicated leadership capacity has been a constraint, as has the ability of providers to release resource to drive delivery of collaborative projects has been lacking and this has impacted both clinical redesign as well as enabling services projects. There is an inevitable pull for providers to prioritise internal priorities and delivery responsibilities, particularly when expectations of financial and performance improvement are so high and this often undermines the ability to progress shared work at pace, where this requires input from different provider teams. Despite trying to prioritise areas where there is a clear potential for benefits from shared working, in many cases these benefits are hard to realise quickly without significant collective effort and often involve people 'giving up' control or changing their ways of working. The cultural and regulatory environment for the NHS is not always supportive of effective collaborative delivery. A number of the systemic challenges are summarised in the Executive summary, with greater detail in the programme report in Appendix 1. Areas of specific note for Boards include:

**Enabling Services:** we began the year with cross-provider agreement to work towards a strategic case for a shared services model. Following commissioning an initial scoping review of opportunities which identified that there were significant opportunities to deliver savings (in the range of £11m-£14m) commitment to move towards tangible proposals for an at scale model of enabling functions was reviewed, in part due to challenges experienced by other systems in achieving benefits as well as competing focus on delivering in-year efficiencies within each partner organisation. This programme of work has not progressed towards the original vision, however it is acknowledged that there are still opportunities for sharing services at scale, both across Derbyshire and with other providers and we will continue to work together to develop proposals for change.

**Musculo-skeletal services:** providers within the collaborative worked together to set out an integrated model of care which would strengthen community physiotherapy productivity and capacity, building a single point of access, integrated clinical assessment and pathways into both community and acute care. We were confident that this model would deliver tangible benefits, and the proposal was well received by commissioners, who were initially supportive of a lead provider model to deliver an integrated community physiotherapy model. However, contracting and procurement discussions with commissioners now mean that the proposed changes will not be commissioned in 2026/2027 and providers are now taking stock of what we can do alternatively to achieve benefits for patients.

## **6. Changing Context for the Collaborative - Adapting to address Providers' key risks**

The Provider Collaborative Board is a valuable forum bringing together Chairs and CEOs from each of the provider partners to steer the work of the partnership. In recent months there have been some important discussions which recognise that the benefits of the collaborative go beyond being able to deliver a programme of work and that there is strength in having a single voice and mechanism to engage with and influence the ICB Cluster Executive as well as other stakeholders. In recent months, the collaborative leaders have reconfirmed their commitment to work together but have also noted the challenges that we have experienced in achieving change and improvement at the level that we aspire to.

The increasingly challenging operational context for NHS providers and the reducing role of the ICB in managing system finances and operational delivery means that we are starting to have important conversations within the Collaborative about how providers might share risk and work together more closely to manage system expectations and accelerate delivery of change. The collaborative has a formal risk and gain sharing agreement which underpins our shared delivery and has been instrumental in working through the risk sharing arrangements for the community transformation programme. Whilst this has been inherently challenging it also demonstrates our maturity as a group of providers and this is something that we will continue to work together on as we expand our shared delivery to other areas of transformation.

## **7. Forward Look and Future Board Oversight**

The Provider Collaborative enters 2026/27 with stronger foundations, clearer learning, and a more robust evidence base. Boards can be assured that the programme is well-placed to move from planning to delivery, provided that key risks including data quality, capacity, leadership, and commissioning alignment are actively addressed and supported at system and organisational level.

There is increasing alignment between the Provider Collaborative at scale and Neighbourhood working within Derbyshire. As the ICB cluster working arrangements begin to take shape and the ICB moves into more of a strategic commissioning mode, Derbyshire providers are increasingly working together to shape and deliver key our response to the 10-year Plan at a Derbyshire level and this cements the value of the collaborative as a vehicle. To truly achieve the potential of the collaborative a stronger franchise from individual organisations and greater alignment with and active input of providers' core activities will be needed.

To improve provider Boards' oversight of the collaborative, twice-yearly formal reports will be brought to Boards. Oversight by the Provider Collaborative Board and Executive Leadership Group will continue as will regular communications on progress for cascade through the year.

## **8. Summary and conclusion**

The collaborative continues to mature and has begun to demonstrate benefits over the last year, generating some real changes to the way we deliver care and support services and providing a forum for providers to come to develop shared plans for how services should be organised and delivered and take decisions in the interests of patients and the wider system. As we move into 2026/2027 our programme continues to be iterated and strengthened as an important part of the overall approach to transformation and improvement and our response to the NHS 10 year plan.