Included as CMO if any context is mentioned

'Barriers' may be out of org. control and lower faith, whereas facilitators which can be actioned are more linked to trust

Study	Partnership type	Key driver	Existing CMOs	New CMOs	Mandated/voluntary (where clear)
(Adedoyin et al., 2016)	Merger	Efficiency	 Conducive environment for discussion → more interpersonal communication → certainty/faith Ongoing 'external' evaluation → novel unbiased perspective → conflict reduction 	 Organizing clusters of personnel from both organisations → cultural commonality → reduced conflict Seek understanding of differing cultures → reflection on existing culture → shared vision Mutual understanding of culture → trust → shared vision Honest dialogue → improved trust → reduced conflict Shared vision → improved faith → task accomplishment 	
(Allen et al., 2016)	Joint commissioning	Efficiency	History of competition with an organisation → reduced trust → increased conflict	 Regulatory uncertainty between competition and collaboration → slowed task accomplishment → reduced faith Regulatory freedom 	Mandated

				to collaborate → reduced competitive behaviour → increased faith • Reduced competitive bidding → reduced workload → improved task accomplishment • Mandated collaboration → lack of faith → reduced synergy	
(Ball et al., 2010)	Community health partnership/integrated care	Care quality	 High enough trust → risk management Effective communication → improved trust → reduced conflict Background of effective collaboration → improved trust → improved task accomplishment 	 Development of enabling environment → better trust → reduced conflict Alignment and pooling of budgets → greater trust → reduced conflict 'Inclusive ethos' → increased trust → reduced conflict 	Mandated
(Care Quality Commission, 2017)	Sustainability Transformation Partnership/Accountable Care Organisation	Care quality	 Prior poor relationships between orgs. → reduced trust → increased conflict Lack of shared vision → reduced trust → increased 	 Workforce churn → lack of task accomplishment → lack of faith Lack of staff engagement in process → lack of faith → conflict 	

			conflict • Collaborative inertia → Lack of task accomplishment → collaborative inertia	 Leadership turnover → inability to build trust → increased conflict Lack of IT system integration → reduced information sharing → reduced task accomplishment 	
(Cereste et al., 2003)	Merger	Efficiency		 Greater stakeholder support → increased faith → reduced conflict Mandated Mandated 	
(Community Network, 2020d)	Provider alliance/ Integrated care	Care quality	Shared vision → increased trust → reduced conflict	 Empathetic leadership → improved trust → reduced conflict Starting with small problems → improved task accomplishment → increased trust Involving staff in process → reduced workforce churn → improved task accomplishment 	
(Community Network, 2020e)			 Background of effective collaboration → improved trust → improved task accomplishment Shared vision → 	 IT system integration → improved information sharing → task accomplishment 	

	increased trust →	
	reduced conflict	
(Community Network, 2020b)		 Staff in position dedicated to service transformation → greater task accomplishment (for partnering) → reduced inertia Leaders espousing virtues of collaboration → increased faith → reduced conflict
(Community Network, 2020a)		 Shared accountability → improved trust → reduced conflict Strong shared vision by leadership → improved cultural integration → improved trust Joint meetings and colocating staff → improved cultural integration → improved trust Support mechanisms for staff during change period → improved cultural integration → improved trust

(Community Network, 2020c)			 Geographical coterminosity → greater communication → increased trust Shared vision → increased trust → reduced conflict 	
(Crump & Edwards, 2014)	Provider chains	Efficiency	 Ongoing evaluation →improved task accomplishment → improved trust Geographical coterminosity → greater communication → increased trust Greater geographical distance → reduced task accomplishment → reduced trust 	 Multisite providers require single management system (e.g. central head office) → reduction in task complexity → improved synergy Site manager leadership maintains values of chain leadership → maintenance of shared vision → improved trust 'Talent management' and enhancement → improved task accomplishment → improved trust Espousal of 'good followership' → improved culture → improved trust Innovation → processes for

(Dickinson & Glasby, 2013)	Integrated care Merger	Care quality Efficiency	 Geographical coterminosity → greater communication → increased trust Involvement of stakeholders (service users and carers) → increased authenticity of arrangement → increased faith 	dispersing innovative practice → synergy Rolemodelling by leaders → improved culture → improved trust Identification of unstated aims → improved task achievement → improved trust High quality planning/due diligence → improved task achievement → improved trust Alignment and pooling of budgets → greater trust → reduced conflict Operationalisation of pooled budget → innovation → improved task achievement Transformational Mandated
2007)	Wei gei	Lincicity		leadership' → improved cultural

(Expected all		Care quality		assimilation → improved trust & faith Perception of merger by staff (i.e. not as a takeover) → cultural assimilation → trust & faith Joint meetings and co- locating staff → improved cultural integration → improved trust Too much consensus → collaborative inertia → reduced task achievement (innovation) Having too many partners (breadth) → reduced interpersonal communication (depth) → reduced trust
(Erens et al., 2017)	Integrated care	Care quality	 Increased organisational size → increased task complexity → reduced task accomplishment Compatible IT systems → 	 Strong commitment → improved faith → synergy Information governance making data sharing difficult → reduced task accomplishment →

			reduced task complexity → greater task accomplishment • Cultural closeness → reduced conflict → improved trust	reduced faith Conflicting government policy → increased task complexity → reduced faith Competing demands for time → reduced task accomplishment → reduced trust, collaborative inertia
(Findlay, 2019)	Health boards	Care quality	 Shared values and purpose → improved trust → reduced conflict Strong interpersonal communications → improved trust → reduced conflict 	 Strong commitment to partnership as a form of governance → increased faith → reduced conflict Strong history of successful partnership working → increased faith → reduced conflict Lack of clarity → lack of faith → lack of task accomplishment Absence of key players → lack of leadership → lack of authority Poor behavioural practices → reduced faith → reduced engagement Passivity rather than

				parameters of partnership working → reduced task accomplishment → reduced faith • Robust structures independent of individual partner characteristics → improved conflict resolution → improved trust • Significant time commitment for partnership functioning → temporarily reduced organisational performance → reduced faith
(Forbes et al., 2010)	Integrated care	Care quality	Previous experience of joint working → initial trust level → initial risk appetite	 Cross-sector working → lack of inter-sector trust for managing services → increased conflict Imbalance of partner input → increased conflict → reduced trust Conflicting priorities → conflict → reduced trust Sense of 'take over' →

				increased conflict → reduced trust Administrative burden of systems integration → reduced task accomplishment → reduced faith/trust Improper evaluation (wrong performance metrics) → perceived lack of success → reduced faith Financial deficit → increased task complexity → reduced faith Lack of policy guidance → increased task complexity → reduced faith Increased workload → increased conflict → reduction in faith	
(Foundation Trust Network, 2014)	Buddying	Care quality	 Shared values → improved trust → reduced conflict Greater geographic distance → reduced communication → reduced trust 	 Increase in workload of core personnel → reduction in task accomplishment → reduction in faith Access to external expertise → innovation → synergy Organisational freedom to choose 	Mandated & voluntary

			 Cultural closeness (context) → reduce conflict (mechanism) → avoiding degradation in trust (outcome 	partners → improved trust → reduced conflict
(Fowler Davis et al., 2020)	Vanguards	Care quality		 Inadequate funding → reduced task accomplishment → reduced faith & trust Unclear outcome metrics → reduced perception of success → reduced trust & faith
(Fulop et al., 2002)	Merger	Efficiency	 Greater geographic distance → reduced communication → reduced trust Workforce churn → reduced task accomplishment → reduced trust 	 Collaborative inertia → reduced task accomplishment → reduction in care quality Pulling together of clinicians → share of good practice → synergy Larger trust size → more sharing of ideas → synergy Larger trust size → more remote managers → loss of informality/ interpersonal

			communication • Greater cultural differences → greater task complexity → reduced task achievement
(Gannon-Leary et al., 2006)	Partnerships (mixed)	Care quality	 Unclear outcomes → unclear task achievement → reduced task accomplishment Increase in workload of core personnel → reduction in task accomplishment → reduction in faith Fear of loss of organisational autonomy → reduced faith → increased conflict Information governance making data sharing difficult → reduced task accomplishment → reduced faith Access to external brokers → avoidance of conflict → increased trust

				 Participatory and democratic governance arrangements → increased trust → reduced conflict
(Gulliver, 1999)	Joint commissioning, mental health	Care quality	 Shared vision → increases trust → reduction in conflict Workforce turnover → reduced trust → increased conflict 	Commitment by leadership → improved faith → reduced conflict
(Gulliver et al., 2001)	Joint commissioning, Mental health	Care quality		 Loss of organisational identity → increased difficulty of cultural merger → increased task complexity Co-location of staff → greater interpersonal communication → greater cultural assimilation Lack of shared vision → loss of staff autonomy → reduced faith Reduced faith → staff turnover & emotional exhaustion → reduced organisational

				performance	
(Hearld et al., 2015)	Alliances	Efficiency		 Clear vision → reduction in participation costs → increased faith Leadership perceived as effective → reduction in participation costs → increased faith & trust Changes in leadership → reduction in clarity of vision → reduced faith Negatively perceived leadership → change in leadership → increased faith 	Voluntary
(Henderson et al., 2020)	Primary care networks	Care quality	 Staff turnover → reduced trust → increased conflict Geographical coterminosity → increased interpersonal communication → increased trust 	 Information governance making data sharing difficult → reduced task accomplishment Lack of faith → prioritisation of non- partnership work → lack of task accomplishment Hiring of dedicated partnership 'champions' → improved task accomplishment → 	

				 improved faith Differences in organisational culture → lack of trust → lack of task accomplishment Willingness by actors → increased trust and faith → reduced conflict Geographical coterminosity → increased interpersonal communication → enhanced cultural integration
(Idel, 2003)	Merger	Efficiency	Staff involvement in transition → improved faith → improved task accomplishment	 Rejection of changes brought about by partnership → reduced faith → reduced task accomplishment Perception of merger as a threat → reduced faith → reduced task accomplishment
(Jones, 2020)	Primary care network	Care quality		 Mutual understanding → improved trust → reduced conflict
(Kershaw et al., 2018)	STP	Care quality	Shared vision → increased trust → reduced conflict	 Cross-sector Mandated partnering → greater cultural divide →

			 Pre-existing relationships → greater initial level of trust → greater risk appetite Clear vision → improved task accomplishment → increased trust Lack of 'natural geography' that works for partners → enhanced task complexity → reduced faith 	greater task complexity • 'champion' leaders → improved trust → reduced conflict • Poor reputation of partnership type (STPs) → reduced faith → reduced uptake by stakeholders • Lack of agreement on process of partnership → unclear tasks → reduced task accomplishment • Regulation favouring competition and not supporting the partnership → increased task complexity → reduced faith
(Lalani et al., 2018)	Quality improvement collaborative	Care quality/shared learning	 Task achievement → improved perception of progress → improved faith Staff turnover → reduced faith → reduced collaborative behaviour 	 Clarity of purpose → improved faith → improved collaborative behaviour 'champion' leaders → improved faith → more collaborative behaviour Conflicting priorities

			Lack of shared vision → reduced trust → reduced collaboration	 → reduced perception of progress → reduced faith Low faith → reduced cultural assimilation → increased conflict Insufficient capacity → reduced faith → reduced collaborative behaviour Positive reputation of the collaboration → improved initial faith → improved collaborative behaviour Occurrence of inspections → increased initial faith → increased collaboration 	
(Leach et al., 2019)	Buddying	Care quality	 Regular meetings → improved communication → improved trust Clear responsibilities → improved task accomplishment → improved trust 	 Appoint champions → improved trust → reduced conflict 	Mandated
(Lewis, 2005)	Primary care partnership	Care quality	 Legal agreements/ requirements to 	 Prior history of competition in locality 	Mandated

			work together → greater interpersonal communication → greater trust	→ reduced trust → reduced desire to partner/increased conflict	
(Lim, 2014)	Merger	Efficiency	Involvement of staff in process → improved faith → reduced conflict	 Effective management of staff expectations by leaders → improved faith → improved task accomplishment 	Mandated
(Maniatopoulos et al., 2020)	Vanguards (eleven different cases)	Care quality	 Prior history of collaboration → increased initial trust → reduced chance of conflict Overambitious aims → reduced task accomplishment → reduced trust 	 Government focus on competition → increased task complexity → reduced faith Insufficient funding → increased task complexity → reduced faith Perceived competitiveness by partners → reduced trust → increased conflict Cultural collision → reduced trust → increased conflict Forming relationships prior to beginning the project → increased initial trust → reduced conflict 	

(Mervyn et al.,	Network	Care quality	• Geographical	 Conflict → additional work on 'partnership functioning' → reduced synergy/effectiveness Workforce churn → greater need for interpersonal communication → continued trust-building Cross-sector working → greater cultural divide → greater difficulty of cultural integration Work focus diverted to partnership → reduced organisational performance → reduced faith in partnership Unequal renumeration for involvement → reduced trust → increased conflict Leaders perceived as
2019)	IVELWOIK	care quanty	proximity → improved communication → improved trust	uninterest → reduced faith → reduced synergy Having supportive city

			culture → improved faith → improved synergy • Shared vision → improved progress → improved faith • Enthusiastic leader → improved synergy • Transformational leadership → improved synergy • Synergy → improved organisational learning from partners → improved effectiveness • Slow progress → reduced faith → reduced synergy
(Murray et al., 2018)	Accountable care organisation	Care quality	 Shared culture → improved trust → reduced conflict Openly addressing tension → improved conflict reduction → improved trust Constructive approach to conflict-resolution → reduced conflict → improved trust Cultivation of

(Navior et al.	Integrated care	Caro quality	Shaved visites N	perception of complementary expertise in partner → increased trust → reduced conflict • No visible return on investment → reduced faith → further reduced funding • Lopsided receipt of benefits of partnership → reduced trust → conflict
(Naylor et al., 2015)	Integrated care	Care quality	 Shared vision → increased trust → reduced conflict Appropriate governance structure → clear accountability → improved trust Clear outcomes, effective evaluation and review → improved task accomplishment → improved trust History of joint working → improved trust → improved trust 	 Leadership based on shared accountability → reduced competitive behaviour → improved trust Cross-sector working → more significant cultural divide → increased task complexity Cross-sector leader appointments → reduced cultural divide → reduced task complexity Resource pressure → return to competitive behaviours →

			reduced conflict Increased interpersonal communication improved trust reduced conflict	reduced trust • Joint appointments → improved trust → reduced conflict • Contractually mandated risk-sharing → better conflict resolution → increased trust • Competition law → real or perceived barriers to partnership working → reduced faith
(NHS Employers, 2017)	Vanguards	Efficiency	 Prior history of competition → reduced trust → increased conflict Prior reputation of organisation → trust → conflict Proximity → greater frequency of communication → increased trust 	 Collaborative behaviours → reduced trust → increased conflict Perceived regulator instability → reduced faith → reduced uptake of partnership Behavioural consistency → increased trust → reduced conflict Cultural distance → trust → conflict Fear of ceding control → competitive behaviour → reduced trust Implementing 'quick

(NHS Providers,	Integrated care	Care quality	• Prior history of	wins' → task accomplishment → increased trust Overpromising → not achieving tasks → reduced trust Helping others out in difficult circumstances (leadership) → increased trust → reduced conflict Inclusive decision- making → shared vision → increased trust Showing evidence that collaboration will work → increased faith → reduced conflict Formation of cross- partner teams → increased trust → reduced conflict Documenting and sharing successes across partnership → increased trust → reduced conflict Obtaining agreement
2019)			collaborating → increased trust/faith →	of employees to changes → increased faith → reduced

(NHS Providers,	Integrated care	Care quality	• Legal agreements	conflict • Staff passport arrangements → increased communication → increased trust • Pooled resources → shared projects → increased trust • Legislative change to support system working → increased faith → reduced conflict • Cross-sector working → greater cultural divide → greater task complexity • Collaborating on staff recruitment → increased organisational cross- working/flexibility → increased trust • Place-based model of recruiting staff → more effective working patterns → improved task accomplishment/care quality • Competitive
2018)		. ,	in early phase (i.e.	behaviour → reduced

(NHS Providers &	MoU) → greater initial trust → reduced conflict • Effective evaluation → improved task accomplishment → improved trust • Staff engagement and involvement → improved faith → reduced conflict	trust → increased conflict • Extension of risk- management systems to system-wide risk → mutual accountability → increased trust
(NHS Providers & NHS Clinical Commissioners, 2018)	 Lack of shared purpose/vision → reduced trust → increased conflict Engagement with patients and the public → focus on care quality → improved faith 	 Collaborative leadership which transcends organisational boundaries → improved trust → reduced conflict 'Fortress mentality' → reduced collaborative behaviour → reduced trust/faith Legislation favouring competition → reduced collaborative behaviour → reduced trust/faith (Leaders) not shying away from difficult conversations → improved trust →

				reduced conflict • (leaders) including all partners equally → improved trust → reduced conflict • Agreed-upon conflict resolution mechanisms/ accountability → improved conflict resolution → reduced conflict • Open book accounting → reduced competitive behaviour → increased trust • History of prior system failures → reduced initial trust & faith → reduced collaboration
(Peck et al., 2001)	Joint commissioning	Care quality	Shared culture → improved trust → reduced conflict	 Co-location of staff → improved cultural integration → improved trust Mutual understanding of culture → improved trust → reduced conflict Cultural integration → improved trust → reduced conflict
(Pickup, 2004)	Integrated care/joint	Care quality		 Co-location of staff →

	commissioning, mental			greater interpersonal
	health			communication ->
				greater cultural
				assimilation
				Dedicated leadership
				team for managing
				partnership →
				improved task
				accomplishment →
				improved trust
				Involvement of many partnership
				partnership organisations ->
				increased difficulty of
				communication ->
				reduced
				coordination/task
				achievement
				Equal participation of
				leadership of partners
				on shared board →
				improved trust →
				reduced conflict
(Round et al.,	Integrated care	Care quality	Overambition →	
2018)	.0		reduced task	
			achievement >	
			reduced	
			trust/faith	
			Lack of	
			communication \rightarrow	
			reduced trust $ ightarrow$	
			increased conflict	

(Shaw, 2002)	Mergers	Efficiency	 Evaluation → increased task achievement → increased trust Stakeholder involvement → improved faith → reduced conflict Cuts to funding → increased task complexity → decreased task accomplishment Unclear outcome measures → lack of task accomplishment → reduced trust/faith History of competition → 	 Strong culture → reduced intra- 	Mandated
			reduced trust → increased conflict	organisational conflict → improved trust • Preexisting strong cultures → mutual distrust → increased conflict • Perception of external interference → reduced faith → reduced task accomplishment • 'Open' rather than	

				'closed' organisational culture/leadership style → improved collaborative attitude → increased trust • Staff turnover → reduced faith → increased conflict • Unclear base of authority → reduced task accomplishment → reduced faith • Empathetic approach to managing staff reaction to merger process → improved faith → reduced conflict
(Smith et al., 2020)	Primary care network	Care quality	 Clear roles for leaders → improved shared vision → improved perception of progress Clear communication → improved progress → improved faith Shared goals → improved progress → improved progress → improved progress → improved faith Incompatible IT 	 Leaders empathetic to staff → improved faith → reduced workforce turnover Having a single 'collaboration champion' → improved trust → reduced conflict Lack of strong leadership → lack of progress → lack of faith Having dedicated operational managers

aveteres \	for contraction \
systems →	for partnership ->
increased task	improved progress →
complexity >	improved faith
reduced faith	Bigger differences in
 History of prior 	ethos, culture, and
collaborations \rightarrow	procedures >
improved initial	increased task
trust \rightarrow improved	complexity >
synergy/reduced	reduced progress
conflict	Fear of loss of
	organisational
	autonomy → reduced
	initial faith → reduced
	faith
	Lack of staff
	engagement →
	reduced cultural
	assimilation →
	reduced trust
	Only partial inclusion
	of partners involved in
	prior collaborations
	and new
	collaborations →
	distrust → reduced
	synergy
	Lack of policy focus on
	rural networks →
	increased task
	complexity ->
	reduced faith
	Difficulty recruiting
	•
	staff →increased task

				complexity → reduced faith • High standards of collaborative specification → reduced ability for small practices to meet requirements → increased task complexity
(Southby & Gamsu, 2018)	Integrated care, primary care networks	Care quality	 Regular communication → increased trust → reduced conflict Common aims → increased trust → reduced conflict Mutual respect → increased trust → reduced conflict Physical proximity → increased trust → reduced conflict Lack of resource → increased task complexity → reduced task accomplishment Cultural distance → increased task complexity → reduced faith 	 Negative view of partnership type → reduced faith → reduced task accomplishment Lack of regulatory support → increased task complexity → reduced faith Poor reputation with commissioners → reduced faith → reduced synergy

			 Staff turnover → reduced faith → increased conflict Stakeholder involvement → increased faith → reduced conflict 	
(Southwark and Lambeth Integrated Care, 2016)	Integrated care	Care quality	 Shared vision → increased coordination → increased trust Co-creation with citizens → increased legitimacy of arrangement → increased faith Effective evaluation → greater task achievement → increased faith/trust Overambition → reduced perception of achievement → reduced faith/trust Strong governance & accountability → improved conflict resolution 	 Leadership churn → lack of vision → reduced trust/faith Lack of agreed outcomes → reduction in ability to evaluate → reduced perception of task accomplishment Use of evidence to underline vision → improved faith → reduced conflict Use of robust business case with well-calibrated ambitions → increased task accomplishment → increased faith/trust Competitive behaviour → reduced trust → increased conflict

(Starling, 2018)	Vanguards	Care quality	 → reduced conflict • Building upon preexisting relationships → increased initial trust → reduced conflict • Starting small → building trust from initial successes → reduced conflict 	Use of logic models → improved shared understanding of partnership → improved faith
(Steininger et al., 2016)	Hospital merger	Care quality	 Sufficient capacity → increased perception of progress → increased faith 	 Absence of decision- making personnel → reduced faith → reduced collaborative behaviour
(Timmins, 2019)	Integrated care	Care quality		 Absence of legal structure for new organisation → reduced decision-making → reduced task achievement Reduced financial resource → increased task complexity → reduced task achievement Robust change management strategy → improved task achievement → reduced performance

				loss
(The King's Fund, 2005)	Joint commissioning	Virtuousness	 Task achievement → increased faith → reduced conflict Early winners → increased trust & faith → reduced conflict Staff turnover → reduced faith → increased conflict Involving stakeholders → increased faith → reduced conflict Clear roles for involved organisations and teams → improved task accomplishment → improved faith/trust Interpersonal communication → improved trust → decreased conflict Geographical coterminosity → improved communication →	 Clear vision → focused work → increased task achievement Leadership turnover → reduced clarity of vision → reduced task accomplishment Having a leader dedicated to partnership work → offloading of 'partnership work' → increased partnership functioning Shared financial resource → increased trust → reduced conflict Limited financial resource → increased task complexity → reduced faith

	systemwide leaders
	→ reduced authority
	of partnership
	Regulatory mandate
	to partner → reduced
	intrinsic motivation →
	reduced faith