

MEETING	PUBLIC BOARD MEETING 15 July 2020
Agenda Item Paper Number	6 CM/07/20/06
Agenda Title	Provider collaboration review programme (PCR)
Executive Sponsor	Rosie Benneyworth – Chief Inspector of Primary Medical Services and Integrated Care
Author	Victoria Watkins – Deputy Chief Inspector, Primary Medical Services and Integrated Care Carolyn Jenkinson – Head of Hospital Inspection, Hospitals

PURPOSE OF PAPER:

Actions required by the board:

- **Discuss** the ambition for the review programme
- **Discuss** phase one approach
- **Endorse** the development of subsequent ‘modules’ for PCR as the programme progresses through transition
- **Comment** on the balance between provider level regulation and pathway/population group review activity (via PCR) through CQC’s transition period

IMPACT:

Information for board to be aware of:

- Impact on CQC
- Impact on stakeholders
- Legal implications
- Financial considerations (approvals, funding, cost benefit)
- Media or political considerations
- Timeline for delivery

1. Provider collaboration reviews – summary and ambition

For individuals accessing the health and care system, it is well recognised experiences, outcomes and journeys are directly affected by the efforts of the system to work as partners offering seamless and well-co-ordinated care. The speed and scale of responses required by the COVID-19 pandemic has further highlighted the benefits of creativity and innovation through collaborative approaches.

We are using existing powers to rapidly mobilise a programme of provider collaboration reviews (PCR). PCR will help identify where provider collaboration has worked well to the benefit of people who use services, drawing out the detail of best practice and innovative approaches. Our approach will also help to identify approaches taken by providers to overcome challenges to working well together. The reviews include understanding the journey for people with and without COVID-19 across health and social care providers, including the independent sector, as well as council and NHS providers.

Our ambition is to review each of the 43 system areas responses (ICS/STP) to COVID-19 through quarterly phases of PCR programme activity. At the same time as progressing the programme we intend to develop a variety of alternative review 'modules'. Different modules will enable reviews of different areas or pathways of the system, as well as a focus by a variety of different population groups. As we move through transition towards our future strategy, this approach will prepare for regions ability to build the PCR programme most relevant for the issues and risks of the regional system areas. Reviews will include experiences of people who use services, their families and carers, by engaging with organisations representing their views, including Healthwatch.

The objective of PCR approach is to drive providers, systems, regional and national learning and improvement. We will do this by sharing learning about embedded approaches and for the first phases - those accelerated in response to the COVID-19. We will also set out how providers are preparing to re-establish services and pathways in local areas.

Our first phase will run virtual on-site activity through July and early August for 11 ICS/STP system areas. Each area will receive a summary of findings, highlighting themes, trends, creativity, innovation and partnerships, as well as highlighting provider approaches to overcome challenges or barriers to working well together and avoid fragmentation. These area summaries will not be published. Nationally we will provide an interim national overview via September COVID insight, and a full report via October state of care.

Learning from phase one will therefore be shared ahead of any potential 'second wave' of the virus, and ahead of next winter's pressures.

2. Phase One

The programme will commence with a module focused on the interface between health and adult social care for the over 65 population group in response to COVID-19. This will include a focus on their access to and experiences of urgent and emergency care services. We are taking this approach because of the risks that have emerged between health and social care, providers across the sectors and people living in care homes and/or in receipt of domiciliary care.

There are four key lines of enquiry for the review;

1. People at the centre.

In responding to COVID-19, how have providers collaborated to ensure that people moving through health and care services have been safely in the right place, at the right time, by the right person?

2. Shared vision, value and system wide governance and leadership System leadership

Was there a shared vision, value and system wide governance and leadership during the COVID-19 period?

3. Workforce capacity and capability

Was there a strategy for ensuring the safety of staff, and sufficient health and care skills across the health and care interface?

4. Digital solutions and technology

What impact have digital solutions and technology had on providers and services during the COVID-19 period?

The four areas are supported by "Making it Real," a framework from think local act personal for how to explore personalised care and support focusing on what matters to people.

The 11 system areas were selected based on a range of information, including cross sector indicators that inform a baseline understanding of system performance, demographics and complexity in a system.

Each review will be informed by an analysis of data CQC holds. The focus on ICS/STPs means quantitative data is not available at this level. We will therefore undertake a deeper dive into a Local Authority or CCG within the system to account for this. The data story will be followed by a variety of conversations, focus groups and workshops between inspection teams and providers, including strategic leads from the provider landscape. System leaders will be invited and welcome to contribute to our findings, though the reviews will focus on provider collaboration. These will be undertaken with providers and explore what is perceived as good integrated working for providers in a system. The interviews will be structured and based on previously coproduced KLOEs and prompts. We will ensure to hear the views of those accessing care and speak with local Healthwatch as a minimum.

3. Recommendation

Board is asked to note:

- 1) Phase one agreed approach as proof of concept.
- 2) Ambitions for PCR to secure a place in our planned transitional approach from September. Ensuring we review provider collaboration of all system areas and build a suite of different focus modules.

4. Discussion and implications

PCR's give us a greater ability to recognise and respond to risks to people using services through exploration of multi-disciplinary and multi-agency working alongside pathways experiences for those accessing care. They can help facilitate learning between providers and across systems, speeding up the development of whole-sector innovation. We know there are always pockets of excellence, PCR's allow us to identify this even in areas where the intelligence might be telling us people might not be getting a good experience.

The programme ensures CQC optimises its current legislative position, steering more holistic improvement both within and across pathways of systems for those accessing care. Where PCR's identify a regulatory risk, our regional teams can translate the intelligence back to 'monitor', ensuring appropriate provider level action.

Additional module priorities have not yet been finalised. However, our view from regional work in addition to engagement with external stakeholder groups presents anticipated priorities as: urgent and emergency care experiences, access to care and recovery for those with cancer and access to care and recovery for those with long term conditions. In addition to a number of population groups as children and young people, mental health and learning disabilities and, or autism.

The PCR approach solely focuses on provider collaboration efforts. The programme does not allow for review or comment on system commissioning arrangements. Our previous local systems review programme 'beyond barriers' included review and reporting of commissioning. We continue to consider inclusion of commissioning to our review activity aligns to our strategic role in system oversight, ensuring alignment of our strategic direction with the already evolved health and care landscape.

5. Conclusion and Next Steps

Delivery of the PCR programme sees CQC take its next steps in reviewing and commenting on system working as integrated ways of working, both internally and externally. Programme ambitions fall within and beyond our transition timeline, future proofing our activity by building on our existing model of individual provider regulation. This accelerates our approaches from and beyond COVID-19 towards our future strategy. This programme ensures we keep pace by offering a high impact and systems functional approach, until such time we are requested via secretary of state to undertake a further programme of local system reviews and, or we see amendments to legislation.