MEETING	**PUBLIC BOARD MEETING** **16 September 2020**
Agenda Item **Paper Number**	**8** **CM/09/20/08**
Agenda Title	**Provider Collaboration Reviews**
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** **Charles Rendell, Strategy Manager Engagement Policy & Strategy** **Dominique Black, Strategy Manager Policy & Strategy**

PURPOSE OF PAPER:

Actions required :

- Note the **progress** to date (section 2)
- **Note** the future modules and changes to the approach (section 3)
- Note moving PCRs beyond March 2021 (section 4)

1. Summary

This paper details CQC's plans for the Provider Collaboration Reviews (PCRs). It updates the Board on our current progress rolling the programme across the 42 ICS/STP areas in 2020/21 and sets out options for taking the PCR approach forward in 2021/22. Our 42 COVID-19 PCRs will identify themes and learning that are intended to help providers, and leaders of local health and care

systems to work more effectively together and can be used to inform planning for the coming winter and any subsequent spikes of COVID-19.

2. Provider collaboration reviews – Phase 1

We have rapidly mobilised and completed the first phase of 11 COVID-19 PCRs between June and August. The reviews include understanding the journey for people over 65, with/without COVID-19 across health and social care providers, including the independent and voluntary sector, as well as council and NHS providers. Each area received a summary of findings, highlighting themes, trends, creativity, innovation and partnerships, as well as highlighting where any fragmentation has acted as a barrier. These system summaries were not published by CQC in phase 1. Nationally we are providing high-level messages via September's COVID-19 insight (included in the Board papers), and a full report via a chapter in October's 'State of Care' report.

3. Moving beyond Phase 1 – September 2020- March 2021

We will review the remaining 31 system areas (ICS/STP) through four sequenced phases through to the end of 2020/21. The review in each phase (2-5) will focus on one module (subject). The objective of using PCRs, is to drive provider, system, regional and national learning and improvement by sharing our findings. The initial 11 PCRs were inevitably dominated by a focus on the immediate response to COVID-19. The expectation is that as the work evolves it will focus on the ongoing response to, and impact of COVID-19.

3.1. Future modules

We have consulted externally on the next modules for phase 2-5 through a digital participation platform and with CQC's Integrated Care External Advisory Group. We had 334 responses on the platform and overall the most popular modules were Mental Health (146), Learning Disabilities (74), Cancer and Inequalities (57). In August, ET agreed that Urgent and Emergency Care (UEC) should be the next module (phase 2). Following the consultation ET have now agreed the next modules (phase 3-5) following UEC with be cancer, people with a learning disability and autism, and finally mental health. Each of the modules will follow the Key Lines of Enquiry used in Phase one and will include a deep dive on inequalities with a focus on the BAME population.

3.2 Phase 2 - Urgent and Emergency care

Phase 2 will include eight reviews of how providers are collaborating to develop urgent and emergency services together in light of COVID-19 prior to a potential second peak and winter 20/21. We have commenced work on this module. The methodology is being developed with advice from CQC's national clinical advisors and the expert advisory group. Our operational activity will take place in October 2020 and we will produce a report based on our findings in January 2021 following an externally published headline summary in November 2020. As with Phase 1 for each review we will interview a range of providers to inform our findings, including NHS 111, Out of Hours, Urgent Treatment Centres, Accident & Emergency and Ambulance services. We will look at new models of collaborative provision across systems including access and flow. We will also interview providers likely to experience urgent and emergency care services, including care homes and domiciliary care agencies. We will not be focusing on commissioning arrangements.

3.3 Reporting

We have agreed with ET that we will report in the following way for the next phases.

3.3.1 National Reporting

Each module will report the headline summary of findings the same way as phase 1 via an insight report. The full findings and case studies will report via a PCR standalone module report. This will allow for early dissemination of headline findings followed by a more in-depth report.

3.3.2 Local high- level summaries

We will invite system responses to the findings, together with requesting a summary of intended actions. We will publish the entire set of individual system summaries (inclusive of the action plan summary) at the same time as we publish the full national report.

3.4. Engaging with people who use services

The initial findings from the phase 1 reviews indicate that there have been issues in gathering the views of people who use services due to the work being undertaken remotely and within tight timescales. We are working on future methodology to carefully consider

how best to gather this feedback for the UEC module and other modules moving forward. We are working with Experts by Experience to explore how we can engage local patient forums and user groups in each area.

3.5 Legal Considerations for the 42 PCRs

We are not using our powers under Section 48 of the Health and Social Care Act 2008 (HSCA 2008) for this phase of the work. Section 48 of the HSCA 2008, allows us to consider commissioning as part of the review if we obtain the approval of the Secretary of State. Our powers for this work fall within section 58 of the HSCA 2008, which relates to publication of information, and is ancillary to our powers in chapter 2 of the HSCA 2008. This means the work can be fee funded.

4. Moving PCRs beyond 2020/21

It is important to see our PCR programme in the wider context of our evolving role in reviewing and commenting on system working. We see this programme as the next step in our long-term journey and we expect to continue this approach through transition and until we can achieve legislative change so we can also review (not regulate) commissioners. Securing the required legislative changes would allow us to deliver a more effective, detailed and strategic role in system oversight.

We will continue to explore all options to deliver Local System Reviews inclusive of commentary on commissioning.

By March 2021 we will have a set of tools and PCR methodologies which can be used to take the approach forward. We should have a range of operational staff who have been involved with the PCR programme and who have been upskilled to work at a system level and understand the PCR approach. This will support the programme moving to business as usual at a regional level.

5. Conclusion and Next steps

Delivery of the PCR programme sees CQC take its next steps in reviewing and commenting on system working as a much more integrated way of working, both internally and externally.