

Welcome



Provider Collaboration Review

Devon Team

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How have providers worked **collaboratively** as a system in response to the Covid19 pandemic?

The Scope and Objective

- The experience for people over the age of 65 with/without Covid19 across health and social care providers, including the independent sector, local authorities and NHS providers
- The objective is to support providers across systems by sharing learning on the Covid19 period



The Outputs



- Feedback for each local system
- Insight report – September 2020
- Final report – Chapter in CQC State of Care report October 2020

- How have **providers collaborated** to ensure that people moving through health and care services have been seen safely in the right place, at the right time, by the right person?
- Was there a **shared plan** and system wide governance and **leadership** during the Covid19 period?
- Was there a plan for ensuring the **safety of staff**, and sufficient health and care skills across the health and care interface during the Covid19 period?
- What impact have **digital solutions** and technology had on providers and services during the Covid19 period?

How we carried out this Review



- Focused on the local authority area of **Plymouth**
- During the week of 20 July, we spoke with a wide range of frontline health and social care staff, senior managers and executive leaders from across the system
- Carried out 25 interviews with individuals and teams covering providers and networks for adult social care, NHS funded providers (including the ambulance service) a hospice, GPs and primary care networks. We spoke with dental providers and pharmacists, the local authority and clinical commissioning group and we spoke with the local Healthwatch organisation

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*ANALYTICAL DATA
DEVON – PLYMOUTH*

- Plymouth has a **lower number of older people** compared with the rest of Devon which has many areas with a medium to high proportion of older people
- The south region of Devon has **lower levels of deprivation** when compared to the north of the county – although this is much lower around Barnstaple
- Plymouth has a lot of areas of **high population density**
- **Ethnicity** in Devon is in the lowest 20% nationally
- Plymouth shows a low **small area vulnerability index (SAVI)** to Covid19. Almost the whole county scores around the lowest 20% nationally on this vulnerability index. Rises (although still only low to medium) in an area between Axmouth and the border with Dorset, and some of the more rural areas (*University of Liverpool*)

- In Plymouth, both total life expectancy and healthy life expectancy at age 65 for females are below the England average
- For males in Plymouth, total life expectancy is also below average, but healthy life expectancy is above average
- Across the system, life expectancy is worst in Plymouth for both females and males, and healthy life expectancy for females is also the lowest. However, healthy life expectancy for males is lower in Torbay than in Plymouth
- **In Devon, older people in Torbay and Plymouth live the longest in poor health**

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KEY LINE OF ENQUIRY FINDINGS

Key Findings – How have providers **collaborated** to ensure that people were seen safely in the right place, at the right time, by the right person?



What we were told went well:

- Fast removal of **barriers**
- Strong and quick uptake of **cooperation and leadership**
- Great **links** forged – special relationships
- New **respect** for each other and different provisions of care, particularly for older and vulnerable people
- **Faith** in people being able to deliver
- Support from **independent health** sector
- Local authority and commissioner support particularly for adult social care – **knowing the system**
- Safeguarding was supported to be strong and enhanced to **react** to new threats

Key Findings – How have providers **collaborated** to ensure that people were seen safely in the right place, at the right time by the right person?



Future focus:

- Early issue with **treatment escalation** plans – anxiety
- **Mixed messages** around shielding
- PPE differences in guidance – led to **fear**
- Creation of the right type of **capacity** - ensure others consulted when changing service provision
- Care homes **anxious** about being assertive to protect people
- **Overwhelming** support for care homes hard to manage at times
- Cessation of **visiting** – impact has been hard on so many
- **Asymptomatic** patients and atypical symptom recognition
- **Impact** on patients from this pandemic still to be understood

Key Findings – Was there a **shared plan** and system wide governance and **leadership**?



What we were told went well:

- Major providers/stakeholders were quick to agree **roles and responsibilities**
- Systems established for managing **outbreaks**
- Systems let **experienced** communities take the lead
- Command and control became **nuanced** – only where necessary
- Key people coming together under **shared direction and plans**
- **Learning** was shared widely. Confidence to **speak-up**
- Changes will be made for the future from **new ways** of working
- Governance was **scaled back** to enable pace and innovation but remained active

Key Findings – Was there a **shared plan** and system wide governance and **leadership**?



Future focus:

- Guidance for some staff was **overwhelming**
- **Impact** on GPs and their services not always recognised
- Some ASC providers felt **on their own**. Those who were confident took decisions, but not clear what was right or wrong
- ASC turned to their **own networks** in the early days – not all providers were involved in local response
- A lot of **quality surveillance** stood down
- GPs and OOH services worried about missing **face-to-face** contact from regular rounds. Impact remains to be understood
- Demand **predictions**, which did not materialise, caused major anxiety
- Pandemic **plans** did not all stand up – some worked in part

Key Findings – Was there a strategy for ensuring the **safety of staff** and sufficient health and care skills across the health and care interface?



What we were told went well:

- Care staff described as “**amazing**”
- Staff felt care was **not compromised** as it was delivered
- Impressive **redeployment** of staff where they were needed
- **Major support** to ASC home on edge of collapse from Livewell
- Major effort in staff **safety and wellbeing**
- Early **innovative** practices emerging for staff health and wellbeing
- Staff gained new skills and new **confidence** – strong future
- **Visible** leadership in all sectors – executives and senior staff were on duty

Key Findings – Was there a strategy for ensuring the **safety of staff** and sufficient health and care skills across the health and care interface?



Future focus:

- Recognising the **exhaustion** of all staff across the system
- Building **staff confidence** in new systems and ways of working – ensure all experts are given a voice
- Helping with **reducing the fear** among staff – and recognise it's there. Understand how providers might not all work the same way
- Supporting **smaller providers** where senior staff are sick or unable to work
- Rapid **consistent guidance** around PPE and staff safety needed for ASC
- **Testing** was unclear for too long – and still uncertainty
- More local input from **volunteers** – national scheme did not work for everyone

Key Findings – What impact have **digital solutions** and technology had on providers and services?



What we were told went well:

- Busting of some of the **digital myths** in all disciplines
- Fantastic virtual support which built up for ASC with **multidisciplinary input** into care and treatment
- **Transformed** so many ways of working together
- Given patients **vital time** with their families and friends
- Larger providers **helped** smaller services with equipment
- Virtual **clinician-to-clinician** time seen as great support
- Valuable work with **admissions avoidance** and support of GPs
- “Never felt **closer** to each other”
- Potential for **savings** in so many areas

Key Findings – What impact have **digital solutions** and technology had on providers and services?



Future focus:

- Systems **not talking** to each other – information in early days from overwhelmed 111 limited on detail – left risks
- Not all staff confident as yet with **new ways** of working
- **Impact** on patients and their treatment from virtual working is yet to be fully understood. Some GPs anxious **not crossing** the threshold
- Temporary relaxation of GDPR has helped, but needs to be reconsidered to support ongoing **sharing** of key information
- Home-working or remote working has implications for some staff around **wellbeing and loneliness**
- Virtual contact in ASC does **not replace** the hands-on experience and skills of health and social care staff

- Good collaboration helped arrangements for pharmacies to hold and supply medicines for end of life care during extended hours
- Had a medicines optimisation control centre – helped on a range of issues including supply of medicines
- More dialogue between local pharmacy professionals around support for care homes. CCG continued GP support remotely
- Collective problem solving and sharing good ideas/innovations
- CCG currently advancing timing for blood tests for drug monitoring to help avoid this in winter pressure period
- Devon already a high user of NHS prescription App – helped
- Consensus around building relationships in the locality between different people, organisations and sectors

- Limited dental provision. Urgent services set up. System restoring gradually. Still low patient numbers, but $\frac{3}{4}$ urgent cases seen
- Managers followed national guidance and implemented changes. Local dental council supportive with guidance, referrals, local contact, and for urgent care
- Dental staff in bubble teams – enabled good coverage of staff. Extra care for shielding patients
- Support for wellbeing of staff – holidays encouraged
- Work needed for online prescribing – some good innovations
- Some staff able to work remotely but took time to set-up due to national demand for equipment
- Great digital support from Livewell with IT and remote training

Future focus:

- The **speed and pace** of reorganisation and change was at times overwhelming
- Volume of national and local messaging made **coordination** of guidance a full-time occupation
- Organisations had a **huge task** with managing their own services, staff and patients, as well as contributing to system support
- This period has been **exhausting** for staff and many older people and they have to continue for an unknown length of time



More of the same please:

- The system **understood** its older population and what was needed to keep them safe
- Providers were **partners** and ensured each voice was heard
- Ambulance trust was **included**
- **Local** communication was key for local success
- Decision-makers **were always there**
- Many providers keeping a record of **innovations and learning**
- The **future will be different** – need to build-up networks further



Your questions please

