

Provider Collaboration Review

Black Country and West Birmingham STP

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Provider Collaboration Reviews



How have providers worked collaboratively in a system in response to the COVID-19 pandemic?

The Scope

- The journey for people over the age of 65 with/without COVID-19 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 COVID 19 period and on how providers are preparing to re-establish services and pathways in local areas.



The outputs



- Feedback for each local System
- Insight report – September
- Final report – Chapter in state of care report October 2020.

Key Lines of Enquiry



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

How we carried out this Review



- We carried out this review at pace during the week of 27 July 2020.
- We spoke with a range of health and social care staff, senior managers and executive leaders.
- We carried out 30 interviews with groups of people such as Primary Care Networks, providers of adult social care and providers of NHS funded care.
- This review focused on the Local Authority area of Walsall, the geographical footprint of which is within the Black Country and West Birmingham sustainability and transformation partnership (STP).
- The review did not assess the role that commissioning plays within the system as we do not have the legal powers to comment on the commissioning of services.

Walsall in Context



- There are high numbers of BAME populations across Birmingham and into Sandwell, as well as in Wolverhampton city and a segment of Walsall.
- Walsall has areas where there are lower proportions of older people.
- Older females in Dudley and older males in Walsall live the longest in poor health, which may have implications for demand on health and care services in these areas.
- Large areas across the STP are among the most deprived in the country. In Walsall there is large variation between areas in the west with very high deprivation and areas in the east of the local authority where deprivations are much lower.
- Diagnosis rates are higher than the England average across the system. Dudley – where population density is low but deprivation high in pockets – has the lowest rates in the system, but they are still higher than the England average. Walsall, the LA of focus, has the highest rates in the system.

Key Findings – 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?



What we heard went well:

- **Joint working** was led and coordinated through “Walsall Together” a programme that included representation from a broad range of stakeholders. Including representatives from the voluntary sector.
- **Effective** daily/weekly Multi Disciplinary Team meetings and SITREP (situation reports) report with all Walsall partners in attendance **enabled decisions to be made quickly**. This meant that **patient care was more effective** to all including those over 65.
- There had been **a proactive approach** to setting up a PPE distribution infrastructure was in place from March 25 2020. This **co-ordinated response** ensured that it was improving access to PPE.

Key Findings – 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?



- Rag rating system helped them to identify patients over 65 and those that were most vulnerable which **enabled care to be directed and prioritised** accordingly. This was one aspect of the collaborative COVID-19 response that was leading to **improved ways of working** and there were plans to embed these innovations going forward. This enabled those that needed to be seen to be seen quicker.
- There was **good local, consistent communication** across the whole geographical area to support dental staff and patients over 65.
- The Clinical Commissioning Group worked with the **palliative care** lead at a local hospital and a care homes pharmacist during COVID to help **ensure** people could access the right medicines in a **timely way**.

What we heard went well:

- There was consistent feedback that the STP system was **well established**, however it was widely recognised within Walsall the collaboration and partnership working through **‘Walsall Together’** had been more **effective** than other parts of the wider system.
- The **‘Walsall Together’** partnership working enabled **smooth transition** for over 65’s that may have previously been in hospital longer than required. Length of stay **reduced** from 7 and half days to less than 2 days.
- Nursing home feedback said that **competition between providers had disappeared** and that any **previous barriers had been broken down** which had a **positive impact** on patients.
- **Advance care planning** for patients meant that out of 43 patients that had passed away 41 of them had passed away in their preferred place.

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 heard went well:

- There was an **increase** in delegated tasks undertaken by carers and family members during the COVID-19 period (i.e. basic observations and processes to follow.) This meant that over 65s' were able to be **monitored** more and **reduce the risk of the infection spreading**.
- **Utilisation** of local dental professional **volunteers** supported the urgent dental centres.
- **Risk assessments** were undertaken in response to specific staff groups. For example, BAME staff, pregnant women and people with long term health conditions.

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



What we heard went well:

- Video conferencing worked well to **establish local relationships** and ensure any problems could be raised and addressed quickly and **learning could be shared** across the system. This was also used to **provide training** to staff in for example, infection prevention and control including donning and doffing of PPE and oral health.
- Multidisciplinary and multi-agency meetings were **facilitated rapidly** through the use of Microsoft TEAMS.
- Technology was used to **support virtual consultations and assessments** and the roll out of this was done at pace.
- Care homes were supplied with a digital health kit, including blood pressure monitor, pulse oximeter, and a thermometer **enabling vulnerable residents to be closely monitored** and give staff the **reassurance to act on situations quickly** if symptoms changed. Findings were shared with other professionals such as paramedics or GPs when needed.

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



- Wider sharing of access to SystemOne **enabled providers** across sectors to view individual patient records and **share treatment plans**.
- Use of social media and public broadcasting **enabled the system** to inform the public of **critical information**. Besides informing the public about COVID-19 and where to seek help, they were also able to **keep the public updated** on any changes to service delivery.

- It was recognised across the system that the volume and frequency of guidance from national government was challenging to manage and adapt to at times.
- We were told that there were concerns that the patient voice had not been captured throughout this period of the pandemic. Feedback was that since lockdown it had been more difficult for user voice to be captured and it was felt that there should have been more patient input into the pathways and changes made.
- Healthwatch raised concerns about deaf members of the community accessing consultations and the challenges that face masks present if lip-reading.
- There was frustration from ASC services as to a lack of clarity in early stages and the role of Primary Medical Services (GP's). We heard from some that they had 'shut up shop' and 'hid themselves away'. However GP's we spoke with said that there had been some virtual ward rounds implemented but acknowledged that the first 2 weeks may have been more focussed on setting up of red sites for patients.
- Due to the demographics in Walsall and lack of access to technology for some groups in deprived areas there may have been people unable to access the care they needed.
- Concerns around changes to 'Hot' sites that are in place with a risk of a second wave.

“With Walsall, we wouldn’t always like what they were saying but they were open and transparent with good and bad news, they kept in contact regularly.”

“Almost under the wing” vs. “left out in the cold” from Sandwell LA

“We already had the Walsall Together senior management team prior to COVID but I think what it’s given us is a punchier, pacier way of working.”

“When I talk to my colleagues across the Black Country and wider, I just thank my lucky stars for all the things we had in place just prior to COVID that we were able to very quickly expedite in order to have all of the key components that we need, and Healthwatch was one of those.”

- Each group we spoke to commented on the strong pre-existing relationships which existed within the system.
- The Walsall Together partnership working was a thread between all services and providers with wholly positive feedback throughout.
- Previous barriers regarding funding panels and bureaucracy had been removed which enabled decisions to be made to deliver the right care at the right time.



- It was recognised by partners across the system that directives from national government sometimes had been conflicting and had not been shared with the providers prior to a public announcement.
- The system as a whole identified and understood the individual needs of the population in Walsall. Risks had been identified and managed through a system approach within Walsall.



- The localised testing needs were still not meeting the specific needs of the Walsall population.
- The necessary Command and Control structure and emergency situation meant that consultation with people was unable to happen in similar ways than before.
- Expectations and agreements of the offer to care homes from primary care could have been managed better from the beginning. There was an initial delay in support offered to care homes.



Your questions please

