

Provider Call Covid-19 #9

Chair	Sophie Chester-Glyn (Manor Community & Coproduce Care) David Smallacombe (Care & Support West)
Date	10.06.2020
Time	12:00pm – 1.30pm

(please note that the speakers have not verified these minutes)

Speakers:

- **Oona Goldsworthy** Chief Executive at Brunel Care.
- **Hugh Evans** Director of Adult Social Services, Bristol City Council.
- **Thangam Debbenoire** MP for Bristol West and Shadow Secretary of State for Housing.
- **Kate Barnes** Programme Manager for Adult Social Care Dept of Children, Adults and Health, South Gloucestershire Council.
- **Lesley Hutchinson** BANES Director of Adult Social Care, Complex and Specialist Commissioning
- **(Time set out at end for open forum discussion)**

(Attendees: 78)

Introduction from Sophie Chester-Glyn ([Coproduce Care](#) and [Manor Community](#))

- Sophie explained that the call would change format slightly this week to try out an open forum conversation at the end.
- Sophie introduced the speakers for today's call.
- Sophie said that our first speaker Oona and the new format change are part of a wider push to make sure the perspective of care providers can be promoted more.

Introduction from David Smallacombe ([Care and Support West](#))

- David briefly agreed with the need to make sure provider perspectives are heard

Oona Goldsworthy ([Brunel Care](#))

- Oona started by thanking everyone, saying she was new to her role when the pandemic started and introduced Brunel Care as a community access finder.
- Oona said she would like us all to reflect on how the care sector has responded to the pandemic and gave details of Brunel care. 14 people accessing services contracted the virus, 6 unfortunately died. 6 staff members contracted the virus, 2 became seriously ill but now all have recovered. One of their sites was shut down completely due to infection control.

- Oona said she has kept a record of how guidance informed each decision, and that even though we appear to have done well for infections in our region she would like to go through her thoughts and how we collaborated in order to reflect on what to do next. This falls into 5 areas and she has a document covering it all.
- Oona talked about authorities and their crisis response first, saying that the hierarchy of the CCG and the gold command made it difficult to get help, they used it once and came close two other times. They first tried with 72 hours of PPE left and did in fact get down to 12 hours' worth. There was also confusion about the CCG support being separate from the LA crisis response which she criticised for having an email address for contact, as many would not want to send an email when there is a PPE emergency. Brunel Care eventually publicised their PPE crisis and were supported by the community.
- Second point is clinical expertise and support. The advice coming from PHE was too complicated, and they have had people agree it was too hard to understand. They reached out to NHS and PHE for help but told just to do own risk assessments. 20,000 masks got ordered but Oona ordered the wrong size. They also know of a supplier who sent out the wrong masks and had to recall. Oona asked about other providers having a clinical lead, as they do not have one but are supposed to.
- Covid positive hospital discharges was next point. Oona described a 'Dunkirk spirit' but this ended when their first positive cases were people who had been released to them by a hospital. From March 14th they stopped and demanded tests before accepting any new hospital discharges, but they are still being asked. Oona believes there should be more guidance about being approached to take hospital discharges and what you can say.
- PPE next. Oona usually needs 1000 pieces a day but during this it went up to 2,5000. Prices were high, started to come down but by end of May they had used all our PPE. 40-200% cost which would be the same as a number of new carer workers. They had to go to new providers and so were making mistakes. Didn't know who was good or what to look out for and had to pay upfront, which is a massive risk and against their procedures. They did get some support from local departments but needed a 1000 a day and were only getting 100. Agency staff was also a big issue for them.
- Oona finished by looking towards the future. She said she wants a living wage for care but currently providers struggle to make minimum wage. Oona expressed a want to keep these conversations going so things change when we start to move towards normal running.

David Smallacombe thanked Oona saying that practical realities like needing 2000 PPE a day is really useful. **Sophie Chester-Glyn** said we are trying a forum section of the call later.

Hugh Evans BCC

- Hugh began by giving updates from Bristol and BNSSG. For care homes, the chief executive sent support plan to Care England. Links available to submission that covers primary care and support funding. Hugh said they are fighting for coverage of supported living too.
- Infection control fund grant monies are in process of being distributed. Understands the criteria for filling this out is onerous. Support and wraparound service is still working for BNSSG care provider cells.
- Bristol support still available 7 days a week. There is PPE available as Business West helped bulk buy but still prioritising those with less than 72 hours left. Hugh acknowledged Oona's point about sending an email at that time but reassured that you get a response quickly.
- Finance, Hugh said it is clear councils have been put under pressure. He estimates Bristol shortfall is more than 50 million pounds. Mentioned LGA announcement that care will cost 6 billion nationally and estimates 40 million cost for Bristol.

- Day services, Bristol is looking at remobilising social distanced day centres. Understand that most vulnerable are not going to have anything change for a while. Rag rating risks according to people and prioritising need.
- Noted that both he and Oona started their roles leading up to pandemic start and echoes need for forums and conversations. Hugh talked about care provide rand equalities forums being set up.

Sophie-Chester Glyn asks about the forums, **Carol Watson** talked about the care board saying they have invited Bristol's largest providers and chaired by care and support west. More general strategic discussion. About learning from the last few months moving forward into how to commission in the future. Hugh said we will get the minutes from these meetings and reacted to Oonah confirming that masks alone cost half a million. **David Smallacombe** asked for Hugh to commit to setting up a future learning steering group which he did after waiting for Carol.

Thangam Debbenoire MP

- Thangam started by explaining she is MP covering central Bristol to Easton and Horefield common. She said she believes testing is the main concern, this is wanting to know when are they available and how long it takes to get back. She said to keep telling your MP what you want to know.
- She said they are working across parties, they have no interest in the government not succeeding. They speak to Labour and Labour are able to voice concerns.
- She wanted to say a big thank you and said she has been receiving moving messages about care that has been provided, especially by friends or family of someone who has sadly died.
- In response to David asking about testing, Thangam said she agrees with providers that guidance is not clear enough. She doesn't know if there is a consensus of weekly or daily but wants a statement about ongoing testing now lockdown is not strict.
- In response to Sophie asking about people with LDs, she said she knows it is an issue and can include this in their request for specific information. She felt frustrated that she couldn't give any more details. Said we have had the equalities minister saying they will lead on report to understand why. Prime minister has just said we are looking at the report. He also said that is why we have to prioritise testing which may be positive, but need to know what this means so she said she will look into it.
- Oona asked her if there is any more information about the latest injection of money that seems very restricted. Thangam asked what she would like to know, Oona said it should cover PPE as this is the main cost and current support is not even covering it. Staff costs are also high. Thangam said she will raise and asked if Hugh wanted to add anything. Hugh mentioned recent ADASS and LGA release, looking into overall costs of covid for care over 6 months. 6 million nationally, he estimated Bristol is 40 million. They will have in first quarter paid 4 million to providers in enhanced payments. But as Oonagh says this is not touching the side. Thangam said she can use this in raising with govt.
- [missed question form SCG but Thangam said she will raise and it always helps if people report issues to their MP]
- David asked question about the 25% on top. When is it coming and what restrictions? Hugh answered saying they are working on ideas of how to spend what will be about 1 million pounds. Focus is on care homes but he said is aware of the effect on other services, dom care obviously but supported living also.
- Dan Lloyd (local CQC inspection manager) asked if Thangam is aware of issues with tests. He said they were aware of courier problems but now had one case of the test agency getting back in touch later to say the test result was wrong. Thangam said it is really helpful that if this happens you tell your MP as this is what they can take up. Can also say that a lot of journalists have asked her if this is an issue in Bristol.

- Thangam finished by thanking again, saying she knows it is even more work but the more you tell your MP the better. Happy to return and update on the issues raised.

Kate Barnes (South Glos)

- Kate started saying she sits in care for the council but also part of BNSSG team. Wanted to share the work of university hospitals on vulnerable staff assessments. PHE already mentioned and certainly more recommendations to come. Know that our staff are vulnerable or BAME so need to know more to make adjustments. There is currently no template to share. Based on the NHS framework now so looking at relative risk. These are based on context so wouldn't be one size fits all. Wanted to make group aware of this support now though and ask what would help.
- SCG said that as a medium provider all the risk assessments and new processes on top of business as normal is too hard. Any template to say this is what people are doing was really helpful, should be more scope for have feedback about what we are struggling with as a provider.
- Kate agreed and suggested examples to help providers adapt it for them. She said she also knows annual leave is an issue that we could share.

Short Forum Interval

- From Chat: heard of a choir for LD s, not sure how it work but shared link.
- Oonagh: really looking at opening up, looking at working with families so that they can help us get visits going again.
- SCG: outside activities have gone well.
- Mik Albarn talks of similar
- SCG raises point of bed bound people
- Forum chat: can move some processes outside.

Lesley Hutchinson (BANES)

- Says she will be brief and go to questions because of time.
- BANES are in a very difficult financial situation and we are juggling this with continuing support for you. Looking at four Rs of what happened in response, reaction, help to restart and reimagining services going forward. How can we reshape services. How can we carry on working together before org restrictions stop us again. Action plan went out in May and should be in public domain. Now we are looking at 25%, supported living providers particularly.
- Lot of work in BANES around infection control. Got weekly infection control meetings. Meetings including GPs and providers. Looking at track and trace, saw some TV messaging yesterday that is ahead of what they have. Social workers have said there is resistance to visits in certain settings because of fear of infection. Have made sure right PPE is worn but still seeing resistance, need to work through this together.
- SCG: Matt Hancock talked about Weston which is not your patch, then said about local area. Said it was exemplary that they tested then closed, asked if that is right he said yes. Are you going to turn towards testing local area for care homes?
- Lesley said she can't give an answer. Knows the testing is going to all services. In BANES they have a great PH team working on it linked to regional and national teams. Would be unusual for them not to follow Weston but can not promise anything.
- David S asked about publishing the four Rs information. Lesley said they have submitted to ADASS and will share once cleared.

Forum Discussion

- Deian Glyn (Manor Community) talked about a query from a manager he received that morning. Support workers are running around doing all the checks of nurses and social workers. Are others seeing care workers being asked to do other services work?
- David Smallacombe: one message about all their residents being given the same gp.
- SCG: Toby Lowe and systems change. Moving away from outcomes we are not in control of like getting someone back into work if no opportunities. He talks about human learning systems.
- Forum: expected to carry on all the firefighting processes into normal running without any recognition of how much more work.
- David S: We should be reporting this, need to show we are being asked for this.
- David S: Got a message about staff member taking train the trainer diploma to carry on training safely internally. Great point but we need to keep cost noted so that commissioners don't start thinking RMs can just pick up all the training requirements at no cost.
- SCG: Staff extra time off due to medical procedure that they need to isolate for. Have to pay staff isolating and replacement staff.

Sophie and David Finished by thanking everyone, giving updates about upcoming livestreams, Sophie made a point about handling staff and the BLM protest. David said there is a blog on C&SW which is available to all.

Chat Notes

Summary

- Discharge of covid positive / negative individual from hospital
- Death rates in care homes / services vs the rest of the country
- PPE obtaining and costs
- Completing capacity tracker / update frequency and process
- Support for BAME support staff
- Obtaining testing kits / courier issues / information about antibody tests / inconsistencies in results
- Accessing webinars and training
- Activities / visits for clients during lockdown
- Forums and remote discussions between providers
- Claiming SSP relating to covid

Links

- Link to the ONS / CQC learning disability report: <https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-people-learning-disability>
- Adult care commissioning: adultcommissioning@bristol.gov.uk
- Follow us on Facebook: <https://www.facebook.com/seta.keats>
- Follow us on Youtube: https://www.youtube.com/channel/UCJMZQ6O_T37n7Ylf3cvu-mQ
- soundabout on-line choir for adults with LD: <https://www.soundabout.org.uk/soundabout-inclusive-choir/>

Notes

- It would be good to share that timeline please.
- Advice also changed almost on a daily rate. But probably understandable given the novelty of the situation for all stakeholders.
- you are so right in highlighting the issue of discharge of COVID positive people in to care homes back in March. I am horrified the pressure for this to continue is still going on.

- I'd like to share something that I don't think has had enough exposure relating to people with learning disabilities. Not sure whether it fits with the agenda as I've not seen this. A report jointly undertaken by CQC and ONS seems to have gone under the radar having been published briefly on BBC website on 2nd June where I first saw it but from which it had vanished later in the day presumably because something "more newsworthy" had come up. The report found that over a five week period in April and May this year more than twice as many people in learning disability services had died than in the same period this year. These deaths occurred in a lower age range group than in the wider population and at the very least make a case for people with learning disabilities to be prioritised for tests. Link for the report is here <https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-people-learning-disability>
- I am still trying to obtain clarity from South glos in the IPC Fund criteria as there is contradictions to the DHS Q&A summary I saw over the weekend.
- what is that source re purchasing PPE at cost?
- The cheapest I have been able to get face mask are at £0.60p per mask and unfortunately I agree that we too due to size of our care home need over 1000 face masks a day
- Can I check how often are providers (care homes) completing the capacity tracker? We have received advice to complete it regularly and other services have asked to complete it daily.
- Hi I was told daily is preferred but three times weekly is acceptable for the capacity tracker. There are some changes going on to it this week apparently
- We have been asked for the capacity tracker to be done everyday
- I've seen on the gov update on the infection control fund that this is to top up pay for staff who are self-isolating on SSP to full pay. Are staff already doing this?
- Thanks we were completing three times per week (based on guidance) but one of our services we contacted and advised it had to be daily. We only have smaller homes so there is very little change on a daily basis.
- What is the advice in terms of risk assessment/any additional support for our BAME support staff?
- The top up for SSP initially I believed was for all guidance isolating due to symptoms or those in your household with symptoms. However a Q&A sheet then said it was only for those with symptoms or awaiting a test and therefore not for 14 days isolating due to someone in your household with symptoms. I have raised questions and asked for better guidance and perhaps acceptable examples of use of money to improve isolating with in homes etc but no feedback as yet.
- What is happening in terms of raising this at a central gov level? My read is that these figures do not include supported living so probably an underestimate, but 134% increase in deaths needs some national focus.
- I just don't want us to be side-lined again to NHS for the antibody testing
- It hasn't been easy to access testing kits from GOV. The process is very complicated and can truly be simplified
- I would like to know more about the plans for ongoing testing too.
- DHSC ran webinars on training, but wouldn't answer any of my questions about regular testing or about testing SL services.
- LD clients in supported living need testing too. When can this be expected
- We would like to know how to get anti body test as well
- Regarding testing we don't appear to be having a problem receiving tests for our services. We are receiving more kits than we request. We have had an issue this week where one of the people within our service received a positive test result via text (our first) We implemented our procedures and isolated the individual as best we could. As of today the

manager of the service received an email to say the test was negative. This is being chased up to find out which is the correct result.

- Nothing specific, no. Most recent is that 'whole organisation' testing has been extended to include care home provision for u65s (v. important) but not accommodation with care or other contexts.
- As I understand it, antibody tests are presently being used for 'research purposes' only, and just amongst NHS staff.
- We had some issues with the courier service in a couple of homes - not arriving when due and tests then 'spoiling' and so having to be re done.
- Could we try and get some more clarity on the 25% of infection control funding that can be used on other areas (not care homes) Extra Care Housing and Dom Care also have increased costs
- Definitely non-Care Home contexts will be considered.
- have had issue with trying to email the dhsc as per public health England regarding couriers and getting retests. after 6 weeks of calling PHE I've now being given a number for the courier service. ask PHE for this if you've had issues.
- We had a problem with the courier picking up our completed tests, there is a number to call and email address however when we called as no courier arrived to pick up the tests, we were told by the call handler that they had no training on this issue and directed us back to the email address, we were literally up all night emailing back and forth to ensure tests were picked up.
- One of our homes received 'inconclusive' swab results for residents and PHE told the home to treat as an outbreak and not to re test. The Manager did retest and all 3 came back as negative. This would have had a massive impact if we had continued to treat as positive for 14 days
- DHSC said last week in their webinar that they are changing process and there is now a number to call to book your own courier.
- I wasn't aware of that webinar sorry. I probably missed the email. Thanks.
- can you provide number for courier collecting tests please thanks
- It would be great to pool ideas for on-line activities targeting adults with LD...
- WDF. Slightly confused by this report was or wasn't scrapped?
- Are LD care home now routinely testing staff who are asymptomatic through the care home portal? Or only if there you have someone with symptoms?
- We should be on Points West later. Not very in depth but just to say we really struggled to get testing, we now have tests which is better, but we need to know on going plans. They are using testing for the theme but were really interested in the family story of our home manager and the care experience of generations across her family. Should be on from 6:30 tonight.
- We received and email after requesting asymptomatic testing for LD and have been sent 50 tests for SU and staff.
- re Testing. Our Whole Home Testing ran for three days last week. The Courier Service ran smoothly. Each days results were back within 24 hours. An impressive experience from our point of view.
- We do virtual bingo between homes ... hoping to involve families in this
- is your personal trainer in-house? or an external person?
- We held a virtual relatives meeting that was really positive
- we recently put out on our blog info from Bristol Bears Foundation on a variety of activities - the info is on our website
- One of our services appeared on Radio 4 last week talking about the songs that have got them through the pandemic

- We are doing garden visits and socially distanced walks
- We have done some garden visits and visits at the window. This has been fine but not sure how well it will go if the weather isn't so good.
- We've heard of others using a gazebo in the garden to help keep residents warm and maintain a social distance. Particularly for people who would struggle to stay distant
- We did a similar thing yesterday, encouraged a garden visit with family, where they sat on seats 2 meters away and had a cup of tea and a chat.. it went well...
- Does anyone think we could use money from the IPCF fund to help create safe visiting spaces?
- I have heard of through the window visits obviously ground floor
- We have been doing sunflower and tomato plant growing that residents are able to put on their balconies/patios and help them feel connected with each other whilst ensuring social distancing remains.
- Perhaps not the same degree of urgency as relatives and something we'll be talking to customers individually as things loosen up
- Sorry sent in error the issue is access to observe practice by diploma assessors.
- interesting social workers wanting to do visits in Banes.. South glos and bcc have been working from home and not doing any visits at all, as far as I am aware...
- Yes our manager also just has been asked to change our residents to just 1 nominated GP, so lots more paperwork and conversations. this on top of competency check for IPC, testing and staff cover.
- very tough in a small place as we all have so many hats on.
- Reg managers have been the victim of our own success in that - video GP calls - Zoom to BIAs etc - have all worked - now it is expected post crisis.
- On the forum side of things I like what Plymouth is doing (Toby Lowe talk). It would be great to see us adopting a similar approach here in the coming months/years. Not the mad expectation of providers to tick off outcomes!
- As no trainer can come in I have just had to complete a trainer the trainer diploma so that I can train my staff
- some of my staff are having to go off for scheduled operations, delayed due to Covid 19.. prior to the op they have been told to isolate for 14 days
- am I able to claim covid sick pay?
- If you are a registered nurse and a manager you are covering shifts for staff sickness and holidays too, way too many hats right now
- would be really keen to know about criteria details for this fund if you hear from South Glos
- Claims cannot be for less than three weeks