Provider Call Covid-19 - Call 7

Chair	Sophie Chester-Glyn (Manor Community & Coproduce Care)
	David Smallacombe (Care & Support West)
Date	06.05.2020
Time	12:00pm – 1.30pm

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

Speakers:

- Harriet Soderberg Project Manager at Bristol, North Somerset and South Gloucestershire CCG
- Jon Shaw Head of Partnerships and Commissioning at South Gloucestershire Council
- Cllr Ben Stokes Cabinet Member role for Adults and Public Health at South Gloucestershire Council
- Daniel Lloyd Inspector Manager at CQC
- Lindsey Thomas Locality Manager at Skills for Care

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

- Sophie introduced who the speakers would be for today's call.
- Sophie said she had a catch up with her managers and one said they felt like they were just giving the same information constantly to the LA's.
- Sophie said she was on a call this morning which an insurer was on, she said she would try and get an insurance company on one of these calls.

Introduction from David Smallacombe (Care and Support West)

- David said that he has been co-chairing these calls for the last 6-7 weeks and they have been really helpful.
- David replied to Sophie and said he would be happy to talk to Towergate insurance about coming on one of these calls.
- David said he was going to contact the 4 LA's again about the second tranche of money and how it was going to be spread around.

Harriet Soderberg (BNSSG CCG)

- Harriet introduced herself as service improvement facilitator/project manager with BNSSG. Harriet said she has been working alongside Anne Clarke who is the South Glos Director for Adult Social Services and Housing as well as Sirona.
- Harriet said they were listening to everyone's concerns and working to find solutions. She said PPE supply keeps coming up as a concern and also financial support to providers, Harriet said that people should have received letters with an offer for support and another letter is expected to come from CCG now. Harriet said that testing is the other large issue.
- Harriet said they send out joint weekly updates and they have also set up a
 wraparound team and an online resource library. Harriet said if you are not
 receiving the joint weekly updates then to contact her harriet.soderberg@nhs.net
- Harriet said they were happy to have launched the wraparound support team
 which usually takes months but it has taken weeks. She said it is an accessible 24
 hour helpline and the team includes community nurses, pharmacists and LA's. She
 said it is a single point of contact for support you need for any type of inquiry.
 Harriet asked if people could please feedback their experiences so they can see
 how to improve. The number is 03001256789
- Harriet said the online resource library can be found on the Sirona website or the BNSSG CCG website. https://www.sirona-cic.org.uk/advice-information/Covid-19-resources/information-for-care-providers/ https://bnssgccg.nhs.uk/clinicians/resources-care-providers-during-Covid-19/
- Harriet said there were a few digital projects they had started before Covid which
 they are now continuing on. She said these projects were: NHSmail, Capacity
 Tracker, Connecting Care, Data Security & Protection Toolkit (DSPT). Harriet said
 there is a push to get care providers on NHSmail and now 131 providers have
 signed up whereas it was 26 at the start of February. Harriet said if you send your
 completed form to her colleague Lauren Oakes(lauren.oakes@nhs.net) she will
 be your first point of contact.
- Harriet said that NHS England are hosting webinars every Tuesday, Wednesday and Thursday to support care providers with how to register and use NHSmail and MS Teams.
- Harriet said Capacity Tracker still needs to be updated daily by care homes, she said they will need to input their bed vacancies, PPE, staffing and Covid-19 infections. She said that 231 care homes in BNSSG are registered. Harriet said that dom care providers need to complete CQC's online form.

- Harriet explained about Connecting care and said that 5 BNSSG providers are now connected to Connecting Care. She said they haven't forgot everyone who expressed interest but they need to prioritise making onboarding simpler.
- Harriet said that the DSPT is not a priority at the moment so they have temporarily
 paused this project. She said they are looking at ways they can complete it in the
 future after covid and make it easier through videos and resources rather than
 completing half a day workshop.

Q. Question on further uplift from central government, emailed you and understand CCG has also received uplift. We hear nothing about this or where it is going. How much is there and how are the CCG planning to distribute it?

A. Harriet said she can't talk on behalf of LA finance. She said they have agreed a support package with CCG and she can confirm it will be backdated but is waiting on confirmation and expects a letter to go out tomorrow. Harriet said she can't say anymore without confirmation.

Q. On NHSmail – could we have a generic contact to make staff turnover less difficult. Obviously have security around it but it would be really helpful.

A. Harriet said she has heard this a lot, especially from nursing homes, can escalate this. Harriet said to email her with any specific queries.

Jon Shaw (South Glos Council)

- Jon introduced himself as head of commissioning and partnerships at South Glos council.
- Jon said one thing they have been looking at is care home vacancies. He said the
 sector is expecting some more government support around care homes and care
 home support. Jon said they started looking at vacancy levels based on capacity
 tracker, he said that the provider will be contacted after 3 days if capacity tracker
 hasn't been updated.
- Jon said that most care homes are still pretty full and the overall capacity was around 95% and the lowest percentage was around 40% and the highest. Jon said they were also looking at deaths and they have modelled it on the beds they commission. He said for a traditional month from spring last year there were 7 22 deaths and this month it was 63. Jon explained that another trend is new starts, he said they don't know fully but beds they commission at South Glos have halved to about 15. He said that some of this will be homes saying they won't take new clients and others are individuals and families not wanting to go to a home at the moment.

Q. Question about figures, do they only apply to older person homes or do they include LD support and supported living?

A. Jon said yes, this is across the sector, he said that residential care for older people is 86% nursing 96% and dementia 94%. He said that the lowest individual home is 45%, and these are the homes adversely affected by covid.

Q. Still waiting for your LAs response to my tranche inquiry, including spread to other providers that aren't commissioned?

A. Jon said that the first almost all completely went to children, families and health and covered rise in fees. He said the tranche is not for adult care it is for all the authority. Jon said he was yet to see anything about second tranche and said what he can tell us is the council is set to spend more on covid than the tranches add up to.

Q. If the costs are so much more than you are being given, can you escalate to government?

A. Jon said there are three leaders on the council who are dealing with the key issue of cost to authority and also smaller allocation. He said they didn't expect a second tranche so quickly at the start. Jon said he doesn't think there is more generous uplift than the South West and if they make announcements about vacancies, voids and support for the sector it needs allocations for LA to deal with that.

Q. Going back to PPE, knowing costs would be really helpful as seen some go up to 99p a mask from 15p. Communicating what is coming down the line could help with managing as provider. Pound an hour only covered South Glos.

A. Jon said other authorities did pound an hour, and they did 10% uplift which is probably double others. He said for PPE, a snap survey has just gone out to care homes to monitor the use. He said they are not stepping in to be a provider for all PPE and they are just a provider of last resort.

Q. In a lot of cases you are already last resort, normal suppliers are out or price has gone too high, undermining sustainability of care business.

A. Jon agreed and said that's the reason for the survey. He said they need to know what it means to be provider of last resort. He said they are doing a lot already and need to know about the need and cost and not just not stepping in and saying they are first call.

Cllr Ben Stokes (South Glos Council)

- Ben said he is a local ward member in the North East Bristol area, a rural ward which includes Marshfield, Wick, and 9 villages.
- Ben said he is also a cabinet member for adults and social care of 7 cabinet members at South Glos. He said the cabinet has moved to emergency measures, most meetings have been cancelled and powers changed. Ben said they were planning on having their first virtual meeting this week.
- Ben said that Jon and Harriet were talking about operational issues, and said himself as a cabinet member he gets involved in more high level decision making. He said a lot of response from LA has been around yourselves and the work they have been doing with you. He said they have been moving at a very rapid pace to try and communicate as best as possible.
- Ben said that as an authority, they have a very good relationship with MPs. He said
 a lot of work is best focused through Toby Savage as he has been referring issues
 to local MPs. He said they have worked closely with the local government
 association and that some are in regular contact with them. Ben said there is also
 ADAS, and Anne Clarke is involved with them and is a regular participant in their
 discussion.
- Ben said that he was pleased that some of this lobbying is being heard.
- Ben said he knows that PPE is an issue and said that Cllr Savage is working with minsters and local MPs stressing the importance. He said they are waiting for the app that is being tested in the Isle of Wight currently.

Q. Assume you would welcome providers communicating day by day to you?

A. Ben said of course, he has had people contact him already so he would really would welcome that.

Q. Recently announced FNC rates to 11% with 9% backdated to April 2019 which is key for home care. will it go to providers?

A. Jon Shaw said he can give reassurance that's how it has to work.

Q. In terms of coming out of lockdown, what does the guidance need to look like, maybe a space where we can have a conversation about what it will look like after lockdown?

A. David Smallacombe said that Carol Watson had been talking about setting up a forum.

Daniel Lloyd (CQC)

- Daniel said he didn't want to repeat too much but has taken on point about people saying there is an information overload, he said they have been trying to work on this.
- Daniel said he is pleased to see the rate of the capacity tracker being completed in the area. He said they are getting that information on a daily basis which is really helpful so they don't have to keep calling services and asking them for an update.
 Daniel said if you are completing these it will benefit you.
- Daniel said CQC are starting to do the emergency support framework next week.
 He said this will be a supportive assessment on how your service is managing in
 this situation. He said it will be planned beforehand to speak to a registered
 manager or a manager on the phone for 1 hour. Daniel said it's not going to be a
 discussion where you will need lots of information for, it's going to be more of a
 support. He said results will not be published anywhere and he wants to welcome
 all feedback and said if you have any queries or worries then to please contact
 him.
- Daniel said that it is essential that you fill in capacity tracker as it saves time on the call.
- Daniel said a thanks for the amazing job everyone is doing, and said inspectors are amazed on a daily basis at what everyone is doing.

Q. Suggestion of a message that went out to public domain which says a thanks to everyone, a generalist comment on how dedicated the care setting is?

A. Daniel said he will speak to his team and director about this as he thinks it will be really important.

Q. Worry about claims afterwards about staff safety, is it best to speak to CQC if you need to make a decision just outside of current guidance?

A. Daniel said that this could be something to talk about on the framework conversations. He said they can obviously only say to follow the PHE guidance, but they know in LD and dementia services where people do not want to wear masks. He said they are also covering services affected by covid and everyone there feels some guilt for bringing it in. so it is difficult, need to handle on an individual basis, use framework calls with inspector.

Lindsey Thomas (Skills for Care)

• Lindsey said Skills for Care have set up a national Facebook group which would normally only be available to members but it has been opened as a national group

to get support. She said that locally Mik Alban has made the decision to set up a WhatsApp group for local support, she said she has arranged to share her slides so hopefully people will be able to pick up any links on there.

- Lindsey said they have set up webinars that last around 30 minutes and which cover things like essential training, HR and keeping your team motivated.
- Lindsey said Skills for Care have also recently set up an advice line for registered managers which can help with resources and funding, she said it includes the latest guidance and advice from others but focuses on skills for care resources mainly.
- Lindsey explained the safe and rapid recruitment, and said the offer at the moment is if you use one of 12 endorsed providers you get free induction training.
- Lindsey said they have sadly had to update the end of life resources, so they have been thoroughly reviewed.
- Lindsey said she knows that nurse deployment came up in the chat last week, she said that capacity tracker covers workforce and if you have problem with registered nurses then there is a link which you can follow up with an email to get support.
- Harriet Soderberg said that with the issues with staffing, you should go to your local authority and add to capacity tracker, she said they can help but it is coming out from capacity tracker and not the wraparound service.
- Lindsey said they want to help spread good practise, so to please contact the marketing team if anyone has any good stories to share.

Q. Is the advice line to talk about anything specific or just anything?

A. Lindsey said you can call in about anything, she said it is not 24/7 like the local wraparound but they will help with anything they can. She said they only opened last week so no uptake yet.

Q. Are the webinars available to anyone?

A. Lindsey said yes they are available on the website to anyone.

Q. Question on deployment of nurses and temporary registration, some can't take tests because covid and being oversees but could work.

A. Lindsey said her understanding is that NMC are taking temporary registration, she said she will ask the question though.

Sophie Chester-Glyn (Coproduce Care and Manor Community)

- Sophie said she has started the livestreams, she said they did a test one with David and Deian and then last week Belinda Schwehr who spoke on care act easement. Sophie said these are all on YouTube, and they are doing another one tonight with Belinda on law and PPE. Sophie said they have got Deputy Mayor, Asher Craig on tomorrow. She said they are going to be speaking to as many people as possible on these livestreams which will be on 7pm on Wednesday and Thursdays.
- Sophie said they have got quite a few people on the Facebook group and that Carol Watson said they might be able to help.
- Sophie said if anyone has any ideas for future speakers then to let her know.
- Sophie said the notes from these calls are on the website and she will upload the slides from today on there too.

Summary

- PPE availability and costs, especially masks / homemade masks
- Safe use off PPE / social distancing in different care environments
- Testing / retesting for new and existing clients and staff and issues with this
- False negative test results and delays in test results
- Issues with admittance and discharge
- Increase in rates vs rising costs of PPE / other costs such as insurance
- Sharing experiences of when someone has a confirmed case and what they did
- Access to the webinars for non-managers
- When businesses will start reopening as lockdowns ease

Links

- thangam.debbonaire.mp@parliament.uk
- https://www.manorcommunity.co.uk/lessons-learnt-from-preparing-formicrosoft-teams-to-replace-skype - teams pilot by Manor Community
- bnssg.careprovidersc19@nhs.net testing
- there is a second guidance document that is for other care settingshttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/att achment data/file/882376/Domiciliary guidance England.pdf
- mental health>economic crisis>COVID-19 interesting read in regards false negative (possible both terms are being used now)-https://www.health.harvard.edu/diseases-and-conditions/if-youve-been-exposed-to-the-coronavirus

Chat

- please continue to email further questions or things that you'd like Thangam Debbonaire MP to know to thangam.debbonaire.mp@parliament.uk. I will be reporting back to Thangam to ask questions in her weekly call with NHS CCG.
- Info overload incl. CQC. They are all recycling the same info. We need real help on major issues?
- I would to say that your information is being provider for institutions but the voluntary sector has not been included and we provide support in the community.
- True costs of PPE coming through. Just masks adding £500k pa.
- as about masks, is there any PPE Consultant who would help us to ensure that PPE we get is legally valid?
- It seems likely that masks will eventually be recommended for the public to wear, concerned about price increase with increased demand? Is there any pressure being put on the gov to increase supplies available to the sector as the gov suppliers never seem to have any stock.
- Any update on testing in care homes. Still being told by CQC not ready yet for staff or residents.
- we put our mask order yesterday and north Somerset dropped them today
- Query on tracker for staff it asks for full time equivalents. majority of my staff are part time and to avoid time trying to calculate this out, i have just been putting in numbers of staff and not full time equivalents.
- Yes, we are very keen to be able to share information. I'm sorry about the repeating. We contact you all to make sure we can offer support: it shouldn't be just about answering questions, but the intelligence helps us make a case for resources, think about solutions. We are working on this!
- Re PPE, we are receiving deliveries from NHS/SS which is great, but I think if we
 knew what was aimed at being delivered we could save items being delivered that
 we did not need due to what we are actually using. It could help to spread what
 we do have to where it is more likely to be put to best use
- We have a prospective resident in the community, who would like to be a
 permanent resident with us. we would like to do Covid-19 test before he comes
 into our home. Who should the family contact to arrange the tests. Please advise.
- Does anyone have any experience of COVID support for people placed by other local authorities (not the host authority). Camden have been silent to our request.
- Interesting figures re: occupancy, I feel the true reflection on those will be seen in the coming months due to a reduction in referrals, especially within residential care

- We are experiencing a situation where we have had hardly any referral's in the past month, despite the capacity tracker with a current occupancy of under 70% occupancy
- we have received some funding from Oxford and another one I can't remember. it just arrived; we did not ask.
- What is better legally invalid PPE or home made cloth masks which we can wash in 90 degrees?
- I would also question the helpfulness of news articles about relatives removing residents from care homes due to fear of potential outbreaks
- Sorry how are payments being identified as we have not received any payments to my knowledge
- Re second tranche of £1.6b S Glos say they dont know the share yet in their council re adult social care. Does Bristol know this yet?
- If the council could source best value PPE and we could have options of purchase that would be worth pursuing.
- how do we know if councils get best value PPE? what is best value? is that the best quality too?
- who is PPE Consultant in the UK, pretty please?
- Payments are all arriving separately and from S Glos and BCC they are clearly marked Covid-19 temp funding
- please could you email bnssg.careprovidersc19@nhs.net with your query re arranging testing for your resident in the community and we will be able to look into this for you.
- is that true (as I was told) that safeguarding responsibilities of getting PPE is on care provider not on the councils?
- We've had BBC remittance stating it's for Covid temp funding but no breakdown at all so that we can check it. Could this be sent as routine please.
- Are there specific letters from LA's regarding the covid funding- we have had remittance advice from a LA, but no specific clarification on from when/what/whom
- Re PPE and Bristol. Many of the Bristol care providers would have been contacted by us and have benefited from 180000 items to support providers in last resort, We are sorry we can't do more. Any Bristol provider whom are struggling with PPE supply can contact adultcommissioning@bristol.gov.uk We have a seven day response.

The LRF supplies are limited so BCC calls on the BNSSG health and social care system to support any provider in urgent need via mutual aid with other authorities and organisations.

The BNSSG logistics cell is offering to assist larger providers in procuring PPE. Providers would need to update their supply and demand on a PPE 'Stockwatch'

- online management tool to benefit from this. We will sending further details out on this.
- The need for PPE is likely to be long term so we will be contacting providers to explore ways that we can build consortiums of smaller providers to buy in bulk.
- the BNSSG Local Authorities have sent out letters to providers in their area. I would recommend touching base with your Local Authority to ask for more info.
- Does anyone know whether keyworkers can get immunity test for covid anywhere yet?
- Re remittance. Yes, I will look into that if you aren't getting detail. It is a separate payment deliberately, as its been calculated on basis of how many people we fund on a placement/ hours we commission but is a short term additional payment.
- we have a dedicated person that now spends all their time (40 hrs +) sourcing and purchasing PPE. my understanding is it's our responsibility to provide PPE.
- In South Glos the 10% temporary fee uplift is a separate payment in advance which was calculated based on service users on 7 April, so won't change if care homes have fewer residents afterwards. I have heard with providers who have already received it.
- can you ensure that discharge procedure from the hospital of anyone from care homes/supported living is following up to date information? I have been given 'Advice for patients being discharged' at the hospital in Plymouth dated 17.03.2020 (discharge did happen on 02.05.2020)
- are talking about setting up a forum for that in Bristol
- Has anyone working in 'supported living' had to deal with Covid outbreaks and how challenging have you found this? Our experience is that service users who share a house with 4-5 others find it really difficult to practise social distancing. Also, the set-up in supported living accommodation is not always conducive to self-isolation making it hard to stop the spread of infections. So far we have been following the guidance in the 'How to work safely in care homes' document from PHE but we find that not all advice applies to our setting.
- the shear understanding for staff that have been working through all this and when we come out the other end will be tired but expected to carry on as normal. How we manage that so as not to undermine everything they have done over these month, just by keeping going.
- social distancing in care homes is slightly disturbing as it's people's home, so should be treated as home, no different social distancing from the rules at home (ideal world). The problem is that each care home/supported living accommodation etc. is being access by outsiders (staff), perhaps we could redirect our attention towards managing staff first
- have not had to deal with an outbreak of Covid-19, but social distancing has been problematic.

- I have been exploring the topic for nearly 2 months now and it's very sophisticated and complex, it can't be don't without communication with others but I believe it's possible with a bit of extra funding for additional facilities or training to train staff and REASSURE then all will be ok
- mistakes are easy to be made when mental health is breaking apart which has started now. Sad, because even the best managers, the most amazingly organised people will not carry on their amazing practice without good mental health.
- is a national mtg around Covid-19 where 3 or 4 of the provider representation organisations discuss key issues with govt departments are people hearing about that work and being asked to provide information to them and share their concerns and challenges?
- You mentioned recognition- the FM in Wales have offered all care staff £500 each from Welsh Government. Interesting to see if that is followed in England.
- We have been lucky so far but some of our staff are understandably anxious as some of our residents are still allowing visitors in the houses.
- Throughout the lockdown, my training organisation has been continuing to work
 with diploma candidates many of whom are in management positions working
 towards their level 5. What has been coming across very strongly is the
 commitment that they have shown towards their services, the amount of thinking
 on their feet and creativity that managers are having to do which is deeply
 impressive.
- webinars are they available for non-registered managers too?
- Do we have any reliable information about the rate of false negative COVID tests. I've heard from a consultant at BRI (informally) that this is an issue. I'm concerned about complacency risk if people have a negative test. I'm not sure how big an issue this is thought to be?
- I don't have any information about the rate of false negatives but you're
 absolutely right that this is an important topic. We are keen to ensure that
 everyone understands the test results are only valid the day of testing so
 retesting will be required. It is important that staff and clients do not become
 complacent.
- by having the board co-chaired by our Cab Mbr for ASC. reflecting on widening membership to the board from a representative from Care Providers either via a representative from your regional care support agency or other route. is this something you would be up for? thanks
- we had 29 residents tested under the new system last week but no one can advise where our results are!
- How reliable is the test for COVID-19? In the US, the most common test for the COVID-19 virus looks for viral RNA in a sample taken with a swab from a person's nose or throat. Tests results may come back in as little as 15–45 minutes for some

- of the newer on-site tests; with other tests you may wait three to four days for results.
- If a test result comes back positive, it is almost certain that the person is infected.
- A negative test result is less definite. An infected person could get a so-called
 "false negative" test result if the swab missed the virus, for example, or because of
 an inadequacy of the test itself. We also don't yet know at what point during the
 course of illness a test becomes positive.
- If you experience COVID-like symptoms and get a negative test result, there is no reason to repeat the test unless your symptoms get worse. If your symptoms do worsen, call your
- doctor or local or state healthcare department for guidance on further testing. You should also self-isolate at home. Wear a mask.
- we are also having delays in test results and lost results. We have to proceed as if those tested are positive, but they may not be. It is important to get results back quickly.
- I'm wondering whether when businesses start reopening and buying more PPE, they could be encouraged and facilitated to buy some and donate some to care homes? increased demand will push up prices for us, but they may be in the 'giving' mood? Is this something that councils could facilitate? obviously would need to be sure of the quality of masks.
- Has any else found their insurance premium has gone up a considerable amount?
- What about the people being discharged from hospitals returning to the care homes and community?
- We are getting staff being told to travel distances again for testing i.e. oxford etc
- but it was advice to keep isolated for 7 day after a negative testing too.
- I was unable to get a test at Bristol, was offered Exeter and Oxford
- Home test was sent took 24 hours to arrive, test picked up today, may take 5 days to get results!
- In BNSSG, the three Acute hospitals are testing everyone being discharged into care homes and providing 7 days' PPE.
- I need to know if I refused admission from hospital if they are not tested
- I was told (when I ended up in the hospital) that you get discharged regardless negative or positive results. As long as you feel well... off you go back home
- all people being discharged into care homes should be tested. Would you please get in touch with us if this is not happening?
- Resident had to go to A&E for check over, declined to have a test. barrier care for 14 days now

- If you have tested positive for Covid-19 but you are medically fit for discharge, then you will be discharged.
- we can organise for providers to receive our Covid19 stakeholder briefings brim BCC. you can also sign up for weekly e-bulletins which are available to anyone.