



## WEBINAR

# Coronavirus and the Social Care Sector – The Long View

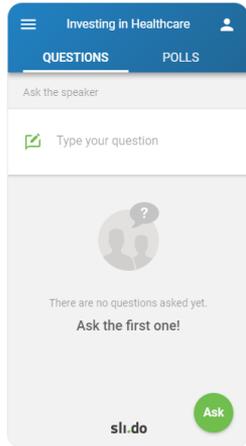
# Setting the scene

- Feedback from our Twitter poll



# Q&A and live polling

# slido



## How to join the event

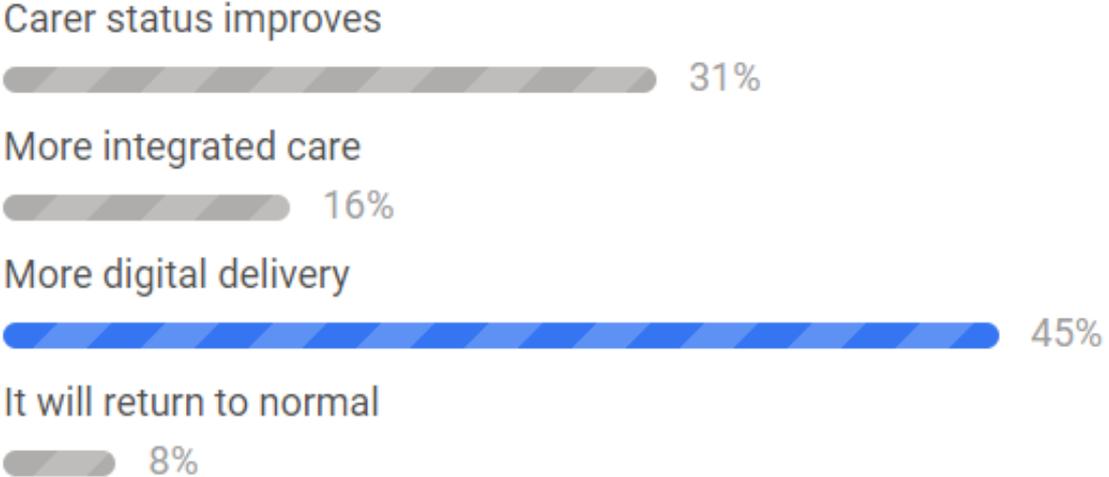
1. Open a browser on any laptop, tablet or smartphone
2. Go to [slido.com](https://slido.com)
3. Enter the event code #TLV

Ask questions throughout the webinar by adding your questions via slido in the questions tab

# Live polling result

How will social care change after coronavirus?

1 4 7



# Key themes

- Questions from attendees
  - PPE
  - Integrated Care
  - Reset on perception of social care
  - Can homes run on skeleton staff
  - What is the impact of no CQC inspections
  - Does NHS/LA block booking at premium prices offer an upside to the sector
  - How well can providers manage Coronavirus – they are used to flu every year

## Our speakers



**William Laing**, Chairman  
LaingBuisson



**Chris Day**, Director of Engagement  
CQC



**Pete Calveley**, CEO  
Barchester Healthcare



**James Thorburn**, CEO  
City & County Healthcare



**Martin Green**, CEO  
Care England



**George Tuthill**, President  
Oxfordshire Carehomes Association



**Iain MacBeath**, Director of  
Adult Care  
Hertfordshire CC



**Cathy Winfield**, Chief Officer  
Berkshire West CCG

# William Laing

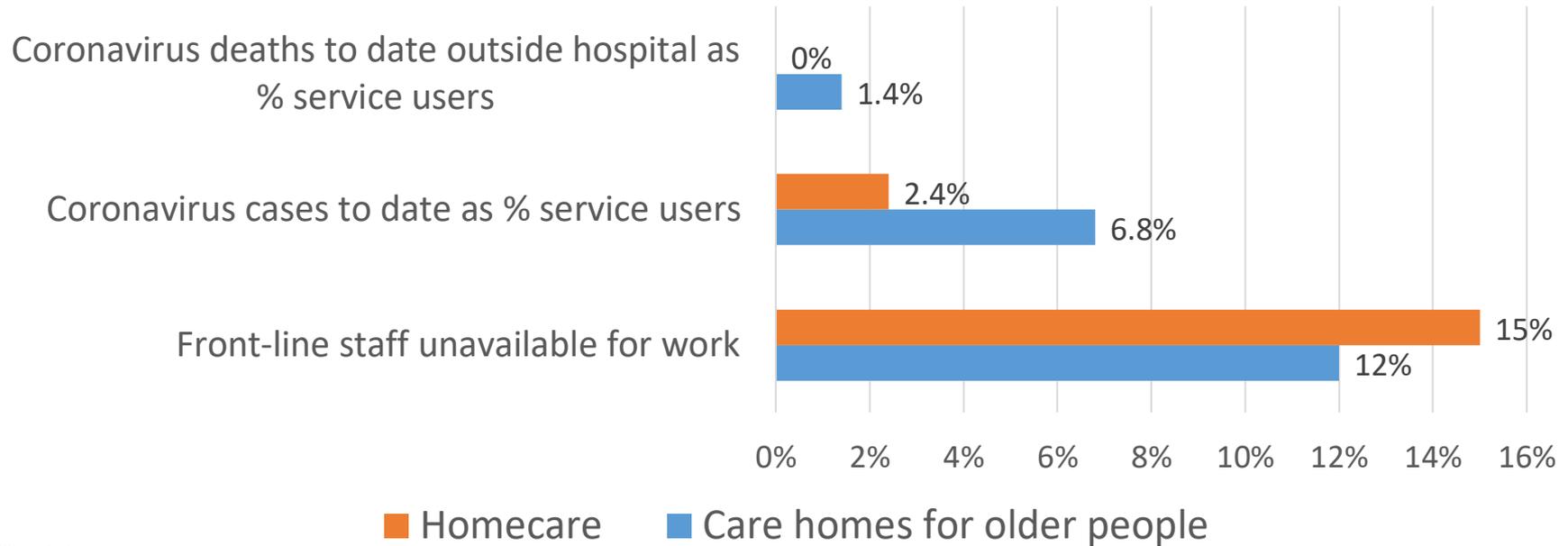
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**Chairman**  
LaingBuisson

# Coronavirus and the social care sector - the long view

Provider survey results 14/15 April 2020

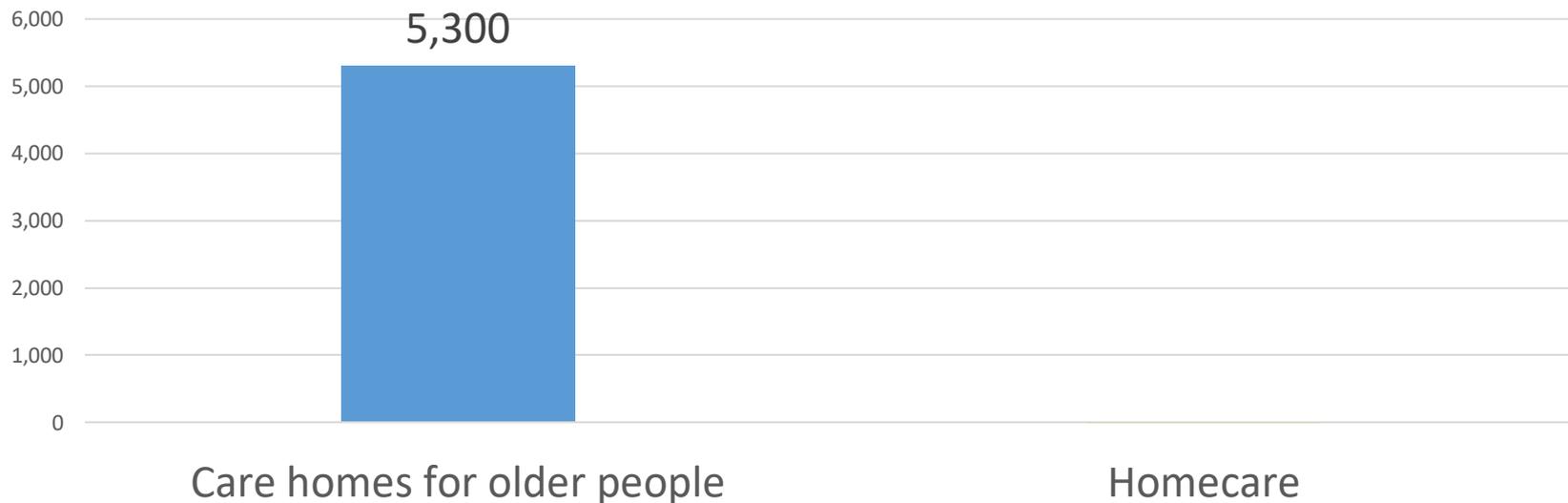


William Laing  
LaingBuisson webinar 16 April 2020

# Coronavirus and the social care sector - the long view

Provider survey results 14/15 April 2020

Deaths outside hospital to date - UK extrapolation

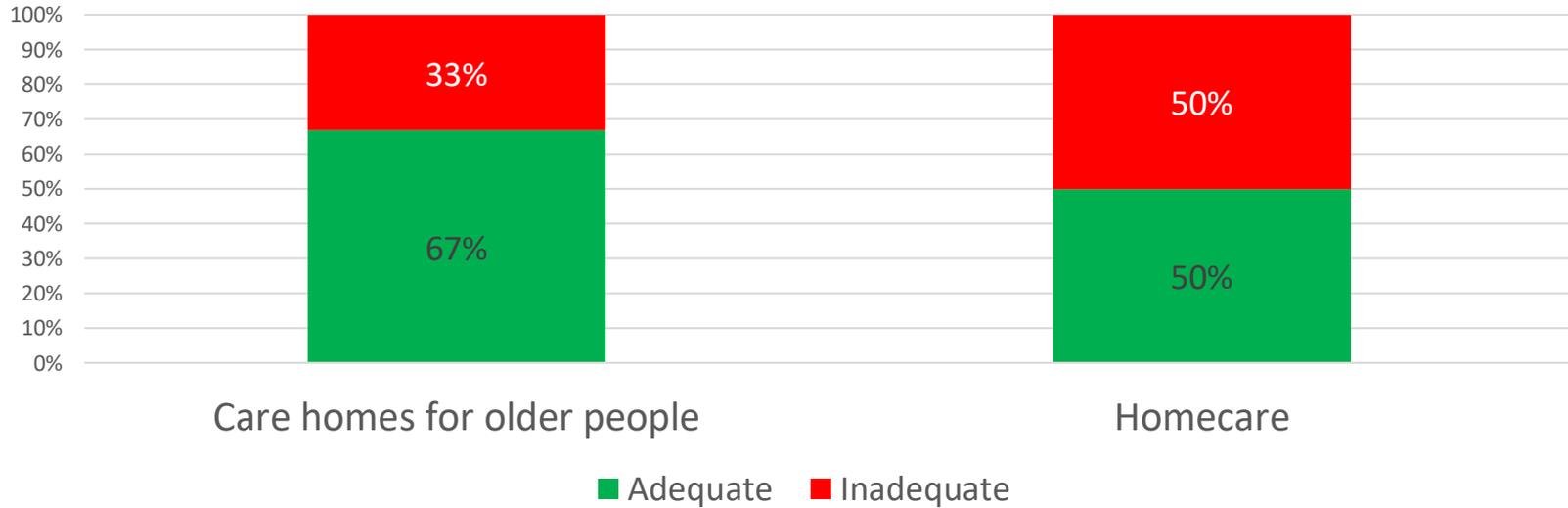


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# Coronavirus and the social care sector - the long view

Provider survey results 14/15 April 2020

## Adequacy of PPE



William Laing  
LaingBuisson webinar 16 April 2020

# Pete Calveley

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**CEO**  
Barchester Healthcare

# Impact to date

- 196 (1.5% of residents) deaths across 32% (75) of our homes
- 66 (0.5%) died in hospital 130 (1%) died in our homes
- 663 (5.3%) residents either with symptoms or tested +ve being barrier nursed in 118 (50%) of our homes
- 978 (6.3%) staff isolating and 600 (3.8%) off sick due to all causes



BARCHESTER

*Celebrating life*

# Pressures and solutions (1)

- **Staff self-isolating/off sick/furloughed**
  - HR call every member of staff to ascertain whether genuine reason, fix return to work date
  - Critical Staffing Escalation Service – linked to staffing level triggers
    - Own staff extra shifts
    - Bank Staff
    - Sister homes staff with or without shift incentives
    - Agency
    - Local Authority and NHS staff
    - Central support teams
    - Volunteers – 500 now with DBS checks and have completed basic e-learning modules
  - Recent availability of antigen testing for staff at CQC co-ordinated Pilot Sites – 280 staff/family have been identified and sent for testing
- **Availability of PPE**
  - Supply chain generally resilient, patchily supported by government supply and, more recently patchy support from Local Resilience Fora
  - Not helped by ever increasing PPE guidelines and local maverick interpretations by some Local Authorities, CCGs and health professionals
- **Availability of testing**
  - Huge frustration in early days
  - Inconsistent agreement from local PHE bodies as to whether to test symptomatic clusters of residents or not
  - Very belated opportunity to access staff testing, which is now very welcome. We have referred over 280 self-isolating staff or their relative for testing

# Pressures and Solutions 2

- **'Lock-down'**
  - 1 week before government lock-down
  - Stopped all non-essential visits including Regional Directors, Support Services, Non-essential refurbishment/maintenance works
  - Weekly teleconference call with all General Managers (300 attendees) with Q+A
  - Coronavirus helpline 24/7 for all queries, PPE requests, Infection control policies, reporting support, daily tracker of cases
- **Relatives**
  - All homes Skype-enabled with relatives booking daily Skype or telephone calls
  - Coronavirus helpline for all relatives to email queries
  - Weekly update letter/email sent to all relatives
- **Internal Quality Review/Audit**
  - Now moved to self-audit with weekly calls from Regional Director regarding progress of outstanding Central Action Plan issues
- **Recruitment and Induction**
  - Record number of applications for care, kitchen, housekeeping, admin, maintenance
  - Online Skype interviews, fast-track DBS, truncated referencing. E-learning induction prior to start with observed practice elements once started. Final interview in home
- **Training**
  - Moved from operational trainer model back to extended e-learning plus observed practice by experienced staff member and skype observation by learning and development specialist

# Positives

- Innovative solutions and new ways of working
- 300 block contract beds across 30 services with 200 more in negotiation
  - Better working relationship with health and social care commissioners
  - Blueprint for winter pressure issues in the future?
- Staff recognition as an employer
  - Enhanced SSP for self-isolation (double rate)
  - 80% of salary to all staff with positive Covid-19 while off work
  - 100% of salary to all staff who are off for 12 weeks with NHS 'shielding' letter
  - £200 bonus to all 17,000 staff at the end of this crisis

# Chris Day

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Director of Engagement  
Care Quality Commission

- Providers of all sectors remain concerned about the quality and availability of PPE, coupled with confusion over guidance on how to use appropriately
- Concerns have been raised about loss of service provision, domiciliary care in particular and lack of information about community health services
- There is a lack of clarity of where and how to access mental health services currently, and there is concern that this will be an issue after the pandemic
- Troubling financial reality for some ASC providers who may now face a shortfall in people using their services
- Conflicting advice; Paramedics and hospital staff aren't letting homes know if older people are Covid-19 positive
- There is a disproportionate impact on people from BME communities and on staff from a BME background
- Stay at home advice has worried some people and particular concern for those that are self-isolating alone ie. there is no one monitoring them
- Some people are finding 111 advice incorrect or hard to access

## CQC's concerns and what we are doing about them



- Testing for colleagues
- PPE and supplies
- Testing for service users
- Providing support and maintaining oversight
  - Data sharing with others
  - Developing the Emergency Response Framework

# George Tuthill

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**Chairman**  
Oxfordshire Carehomes  
Association

# Brief survey of eight care homes in Oxfordshire

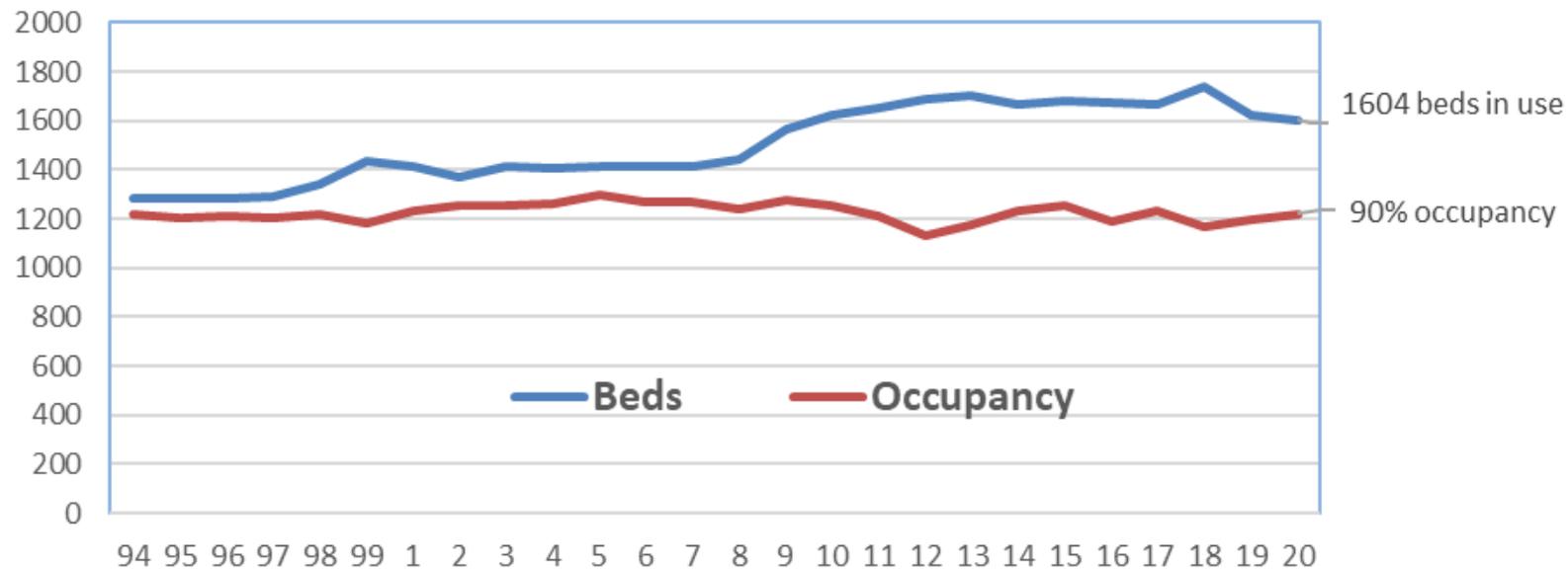
- 50% of care homes had residents with Covid-19 infections
- 17 deaths from Covid-19
- Rapid rate of spread of infection
- 2 staff members seriously ill
- 50% of staff suddenly unavailable
- Source of infection
- Homes unwilling to admit new residents
- Unavailability of testing is causing major problems

## Questions for survey of homes' occupancy and pricing

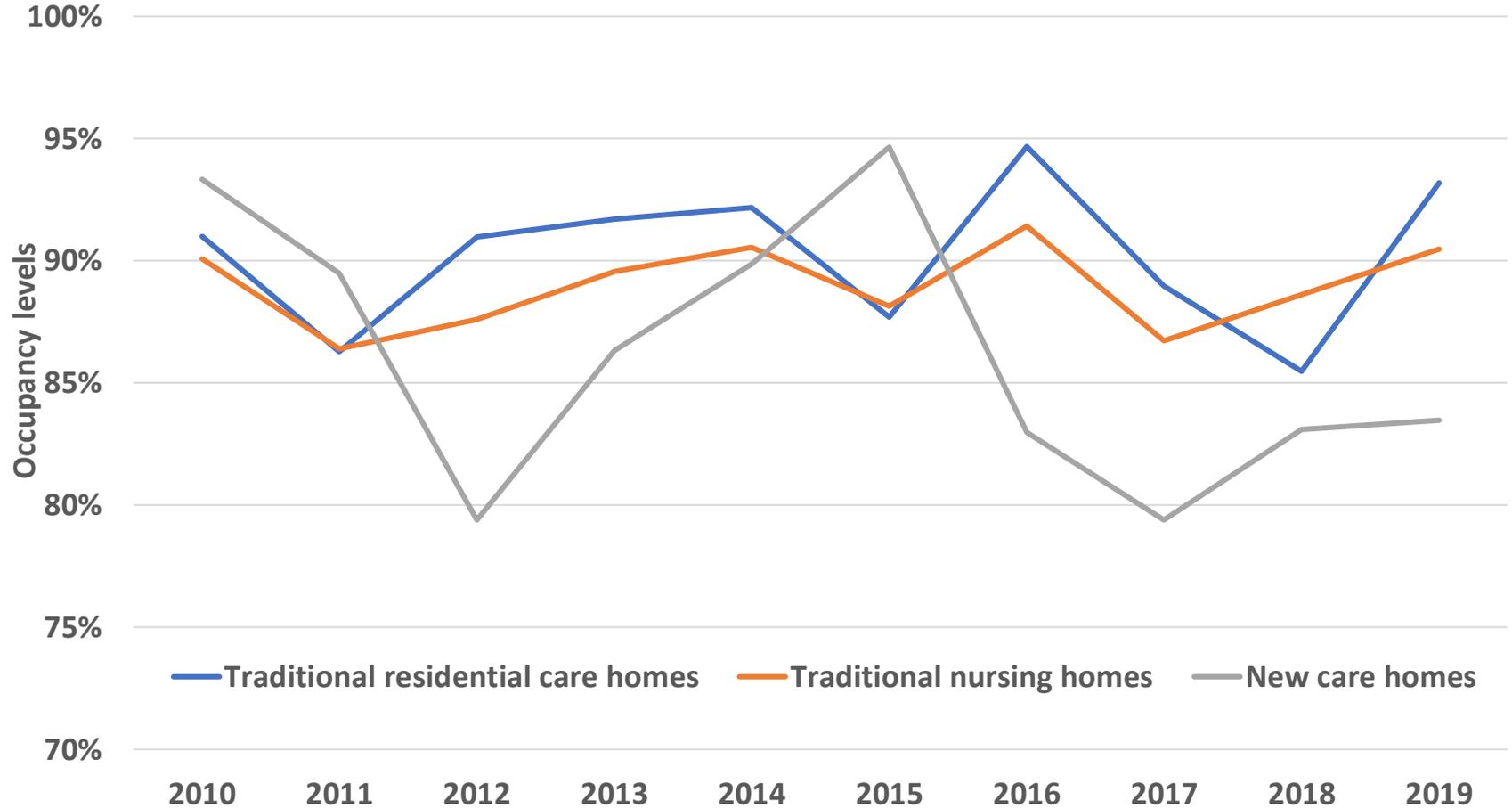
- 1) **Current capacity of the home** if it were full
- 2) **Number of beds filled at present**
- 3) **Number of Local Authority funded residents** currently in your home
- 4) **Price range for the care you provide** i.e. the highest and lowest fee

**All information provided will remain confidential**

## Long-established nursing home occupancy since 1994



## Oxfordshire care home occupancy levels 2010 to 2019



Date of survey	Nov-19
Number of nursing homes	64
Number of beds in operation	3117
Number of residents	2714
Occupancy percentage	87%
Capacity by region	
Cherwell	617
Oxford City	708
South Oxfordshire	534
Vale of White Horse	459
West Oxfordshire	799
Total Capacity	3117

Occupancy by region - %	Nov-19
Cherwell	88%
Oxford City	82%
South Oxfordshire	93%
Vale of White Horse	93%
West Oxfordshire	82%
Total Occupancy	87%
Lowest occupancy in sample	17%
Minimum fee offered	£700
Maximum fee offered	£1,884
Overage of lower fee range	£977
Overage of higher fee range	£1,302

# Pricing trends over 7 years

Date of survey	2012	2013	2014	2015	2016	2017	2018	2019
Minimum fee offered	£612	£500	£500	£560	£493	£493	£650	£670
Maximum fee offered	£1,250	£1,500	£1,500	£2,000	£1,400	£1,600	£2,000	£2,000
Average of lower fee range	£791	£820	£801	£909	£977	£1,023	£1,071	£1,080
Average of higher fee range	£1,030	£1,120	£1,123	£1,188	£1,213	£1,305	£1,392	£1,451
Year on year fee increase - lower range		4%	-2%	13%	7%	5%	5%	1%
Year on year fee increase - higher range		9%	0%	6%	2%	8%	7%	4%
Difference between lower and higher fee ranges	30%	37%	40%	31%	24%	28%	30%	34%

# Cathy Winfield

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Chief Officer  
Berkshire West CCG

# Coronavirus and the Social Care sector

## The Long View

- Building on the foundations of integrated care systems
- Tackling inequity between health and social care
- Messaging – one version of the truth
- Supporting, developing and valuing the social care workforce
- Home First: mobilising and supporting families and communities