

Shropshire Health & Adult Social Care Overview and Scrutiny Committee 25 January 2021

Public Questions from Diane Peacock

Since July 2020, public questions have been raised in various boards and committees locally about the efficacy of Shropshire’s system-wide, multi-agency approach particularly in terms of the pooling of (anonymised) intelligence and ‘learning’ from the first wave of Covid-19, in order to minimise the impact of the second wave on care homes. The majority of questions about care homes and care home residents addressed to SaTH and SCCG were either referred on to other agencies or unable to be answered, indicating STP partners considered the full burden of responsibility lies primarily with the local authority.

Q1. Will the committee please investigate further why the percentages of deaths in care homes in Shropshire from mid-September continued to be higher than CQC comparator areas below for weeks 38-53, while percentages of Shropshire Covid-19 deaths in hospital were lower?¹ This could be a critical if care homes are to be protected from further surges in cases. Please read Footnote 1 for context. N.B. Table B (overleaf) indicates that the five local comparators below had similar or greater numbers of care beds and the second lowest number of community cases?

Table A: Second Wave of Covid-19 weeks: 38-53. Cause of death COVID 19: provisional totals

Place of death. Sum of Covid-19 deaths weeks 38-53								
Area name	Care home	Elsewhere	Home	Hospice	Hospital	Totals	% deaths in care homes	% deaths in hospitals
Cheshire East	32	1	2	1	145	181	18%	80%
Cheshire West and Chester	36	0	13	2	168	219	16%	77%
Shropshire	38	0	6	2	79	125	30%	63%
Cornwall	12	0	4	0	34	50	24%	68%
Wiltshire	31	0	5	1	91	128	24%	71%
Northumberland	63	1	8	0	157	229	28%	69%

ONS Death registrations and occurrences by local authority and health board data [accessed 19.01.21, 14.40]. Pivot table information from: 2020 edition of this dataset [lahbtablesweek01to532020.xlsx](#) at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard> N.B. Deaths from Covid-19 in previous 28 days [provisional] for weeks 38-53. ONS data ‘may change slightly due to late registrations being received’ hence data are still in provisional format, however this trend has been maintained for long enough to warrant multi agency analysis. Totals and percentages added by respondent. As there were no deaths in the ‘other communal establishments’ column, it was not included in the table.

(Note: The above text is a reproduction of the explanatory text provided in the original document.)

¹ Context: In the first ten weeks of the second wave (week 38-47) there appeared to be unusual patterns in the percentages of Covid-19 deaths in care homes and hospitals in Shropshire when compared with all 15 of CQC’s comparator areas. This matter was raised with the Council on 15th December 2020. However, because public questions had been over subscribed, it not discussed at the Council meeting on 17th December 2020. The ONS data also showed less improvement in Shropshire’s death rates when comparing first wave of Covid-19 deaths to the second wave. The Council’s explanation, made directly to DP, cited various factors for why Shropshire’s figures ‘can at times look disproportionately higher’. These were: Shropshire’s high number of residential beds and care homes when compared to rural counties in the ‘region’ (West Midlands?); high prevalence of community cases at particular times; higher number care homes and older demographics; high numbers of extremely vulnerable frail residents and people with dementia than many other counties. Many of these characteristics are evident in CQC’s comparator area profiles and although differential patterns of percentage deaths in Shropshire’s care homes and hospitals from Covid-19 are less marked when extending the data to weeks 48-53, the trend is still evident when comparing Shropshire with five CQC rural comparator counties (see Table A above) with similar or higher numbers of beds accommodating residents with similar levels of frailty and dementia care and in three cases, more community cases (see Table B overleaf).

Table B: CQC numbers of residential care and nursing beds for 65+ people in five comparator areas² with similar profiles (2019). And LGA rolling case totals³ for 2020-2021

CQC Local areas	Care beds	Nursing beds	Total 65+ residential beds	Rolling 7-day total number of Covid-19 confirmed cases
Cheshire East	1377	2666	4043	16,156
Cheshire West & Chester	1105	1989	3094	16,620
Shropshire	1653	1932	3585	10,882
Cornwall	2970	2194	5164	10,545
Wiltshire	2503	2314	4817	12,297
Northumberland	1729	1681	3410	13,712

Q2. How many of Shropshire’s 120 homes have had any gaps in their serial Covid-19 testing timetable (i.e. weekly for staff and monthly for residents) since the beginning of September 2020?

Q3. How many of Shropshire’s 120 care homes have, as of today (19.01.21), received the vaccination? What additional safeguards will be put in place if some staff or residents decline the vaccination?

Q4. How many patients with a positive test for Covid-19 have been admitted to and/or discharged from hospital into any of Shropshire’s care homes since the beginning of September 2020?

Q5. The Adult Social Care Infection Control Fund⁴ (May and July 2020) was allocated on a per-bed basis via local authorities to operators (care providers). Its six measures were intended to reduce infection transmission between and within care homes. In the interests of transparency is the committee able to provide a break down of what proportion of the fund has been used to support each of the six broad infection control measures in Shropshire care homes?

² CQC’s area data profiles: <https://www.cqc.org.uk/publications/themes-care/area-data-profiles#profiles-s>

³ https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E92000001&mod-group=AllUnitaryLaInCountry_England&mod-type=namedComparisonGroup

⁴ Local authorities had to ensure that 75% of the Adult Social Care Infection Control Fund was allocated to support the following measures in respect of care homes <https://www.gov.uk/government/publications/adult-social-care-infection-control-fund> This included: ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so; ensuring, so far as possible, that members of staff work in only one care home; limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; to support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme; steps to limit the use of public transport by members of staff; and providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.