## Public Questions for Shropshire Council Meeting 17 December 2020

**Context:** Since July, public questions have been raised in various boards and committees locally<sup>1</sup> about how effective the system-wide, multi-agency approach has been in terms of 'learning' from local transmission<sup>2</sup> in the first wave in order to minimise the impact of the second and subsequent waves of infection in care homes. Responses from multi-agency STP partners SaTH and SCCG indicate the burden of responsibility lies primarily with the local authority.

Q1. In the first ten weeks of the second wave there appears to have been an unusual pattern of care home deaths compared to hospital deaths in Shropshire, when considered alongside CQC's fifteen comparator local authorities (see Table A below). This is more of a concern when comparing care home and hospital deaths in the first wave of Covid-19 with those of the second wave, where by this time the percentages of care home deaths to total deaths have significantly reduced everywhere apart from Shropshire (see Table B overleaf). Can the Council, working with their multi agency partners, please provide the public (especially those who have lost relatives or are worried about their relatives in care homes) with a full and transparent analysis of the reasons for this and a statement of what is being done to safeguard our vulnerable care home residents in the future?

## Second wave of Covid-19 deaths weeks 38-47

| Area name ♥ and occurrence of Covid-19 death [Provisional] → | Care Home | Elsewhere | Home | Hospice | Hospital | Total | % deaths in<br>Care Homes | % deaths in<br>Hospital |
|--|-----------|-----------|------|---------|----------|-------|---------------------------|-------------------------|
| Warrington   | 7         | 0         | 2    | 2       | 85       | 96    | 7%                        | 89%                     |
| East Riding of Yorkshire                                     | 18        | 0         | 13   | 0       | 66       | 97    | 19%                       | 68%                     |
| Herefordshire, County of                                     | 3         | 0         | 1    | 0       | 11       | 15    | 20%                       | 73%                     |
| Bath and NE Somerset   | 0         | 0         | 3    | 0       | 3        | 6     | 0%                        | 50%                     |
| North Somerset   | 8         | 0         | 0    | 0       | 15       | 23    | 35%                       | 65%                     |
| South Gloucestershire  | 5         | 0         | 2    | 0       | 21       | 28    | 18%                       | 75%                     |
| Isle of Wight  | 1         | 0         | 0    | 0       | 5        | 6     | 17%                       | 83%                     |
| Cheshire East  | 10        | 1         | 1    | 0       | 45       | 57    | 18%                       | 79%                     |
| Cheshire West & Chester                                      | 13        | 0         | 4    | 2       | 52       | 71    | 18%                       | 73%                     |
| Shropshire   | 22        | 0         | 5    | 1       | 29       | 57    | 39%                       | 51%                     |
| Cornwall   | 1         | 0         | 1    | 0       | 14       | 16    | 6%                        | 88%                     |
| Wiltshire  | 8         | 0         | 1    | 0       | 20       | 29    | 28%                       | 69%                     |
| Central Bedfordshire   | 3         | 0         | 1    | 0       | 21       | 25    | 12%                       | 84%                     |
| Northumberland   | 14        | 0         | 5    | 0       | 84       | 103   | 14%                       | 82%                     |
| Stockport  | 7         | 0         | 5    | 0       | 66       | 78    | 9%                        | 85%                     |
| Solihull   | 3         | 0         | 1    | 4       | 52       | 60    | 5%                        | 87%                     |

Table A: ONS Death registrations and occurrences by local authority and health board data [latest access date, 13.12.2020]. Pivot table information from lahbtablesweek481.xlsx downloaded 13.12.2020 at 14.59. N.B. Deaths from Covid-19 in previous 28 days [provisional] for weeks 38-47. According to ONS these data 'may change slightly due to late registrations being received' hence data are still in provisional format. Totals and percentages added by respondent. As there were no deaths in the 'other communal establishments' column, it was not included in the table.

<sup>&</sup>lt;sup>1</sup> Questions to: Shropshire Council's Cabinet, Shropshire Health & Adult Social Care Overview & Scrutiny Committee, Shropshire CCG, Shrewsbury & Telford Hospital NHS Trust and the Healthwatch Shropshire Board.

<sup>&</sup>lt;sup>2</sup> Learning, in particular from the implications for care home residents of patterns of cases and analysis of potential causal agents, availability of key resources such as PPE and testing, use of agency staff, hospital admissions & discharges and subsequently the deployment of the Infection Control Grant.

First Wave of Covid-19 deaths weeks 15-24

| Area name ♥ and occurrence of Covid-19 deaths [Provisional] → | Care<br>Home | Elsewhere | Home | Hospice | Hospital | Other* | Total | % deaths in<br>Care<br>Homes | % deaths in<br>Hospital |
|---|--------------|-----------|------|---------|----------|--------|-------|------------------------------|-------------------------|
| Warrington  | 124          | 1         | 5    | 1       | 87       | 0      | 218   | 56.8%                        | 39.9%                   |
| East Riding of Yorkshire                                      | 121          | 1         | 15   | 1       | 147      | 1      | 286   | 42.3%                        | 51.4%                   |
| Herefordshire, County   | 59           | 0         | 4    | 1       | 45       | 0      | 109   | 54.1%                        | 41.2%                   |
| Bath and NE Somerset  | 48           | 0         | 4    | 0       | 22       | 0      | 74    | 64.8%                        | 29.7%                   |
| North Somerset  | 45           | 0         | 2    | 0       | 82       | 0      | 129   | 34.8%                        | 63.5%                   |
| South Gloucestershire   | 78           | 0         | 7    | 0       | 64       | 0      | 149   | 52.3%                        | 42.9%                   |
| Isle of Wight   | 39           | 0         | 3    | 1       | 34       | 0      | 77    | 50.6%                        | 44.1%                   |
| Cheshire East   | 201          | 0         | 7    | 4       | 260      | 0      | 472   | 42.5%                        | 55.0%                   |
| Cheshire West & Chester                                       | 108          | 0         | 14   | 4       | 225      | 2      | 353   | 30.5%                        | 63.7%                   |
| Shropshire  | 91           | 1         | 9    | 2       | 111      | 0      | 214   | 42.5%                        | 51.8%                   |
| Cornwall  | 64           | 0         | 12   | 0       | 89       | 0      | 165   | 38.7%                        | 53.9%                   |
| Wiltshire   | 195          | 0         | 16   | 3       | 108      | 0      | 322   | 60.5%                        | 33.5%                   |
| Central Bedfordshire  | 49           | 0         | 8    | 2       | 174      | 2      | 235   | 20.8%                        | 74.0%                   |
| Northumberland  | 114          | 1         | 6    | 0       | 126      | 3      | 250   | 45.6%                        | 50.4%                   |
| Stockport   | 116          | 0         | 16   | 1       | 173      | 0      | 306   | 37.9%                        | 56.5%                   |
| Solihull  | 81           | 2         | 13   | 5       | 130      | 0      | 231   | 35.0%                        | 56.2%                   |

Table B: ONS Death registrations and occurrences by local authority and health board data [accessed 13.12.2020]. Pivot table information from lahbtablesweek481.xlsx downloaded 14.12.2020 at 18.11. N.B. Deaths from Covid-19 [provisional] for weeks 15-24. Totals and percentages added by respondent. \*Other communal establishments.

Q2. Shropshire Council committee responses to public questions in September 2020 suggested that their system-wide approach with 'strong' multi-agency working 'gave a good level of confidence' that learning accrued from the first wave of Covid-19 would help protect care home residents in a second wave. However, it has become apparent from SaTH and SCCG responses that anonymised data, relating to general hospital admissions from care homes (some of whom may have developed Covid-19 while in hospital), Covid-19 admissions from care homes, and patients discharged from hospital into care homes, either cannot be 'derived' or 'is not provided' for the public or local authority. Without full multi-agency engagement, how can Shropshire Partners in Care (SPIC) possibly track the (anonymised) flow of residents between care homes and hospitals? Furthermore, how can SPIC be expected to minimise Covid-19 transmission and devise effective preventive measures without being able to synthesise all aspects of Covid-19 infection relating to care home residents, whether they be in their care home or in hospital?

Q3. The Infection Control Grant<sup>3</sup> is 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 will the Council provide a break down of how the grant has been used thus far across Shropshire care homes, in relation to each of the six broad measures identified by government?

Diane Peacock. 14 December 2020

<sup>&</sup>lt;sup>3</sup> Local authorities had to ensure that 75% of the Infection Control Grant was allocated to support the following measures in respect of care homes: [abbreviated] 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.