

## **1 of 3 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?**

Thank you for the enquiry. We do appreciate the concern in regards the number of deaths in care homes. We would like to offer further information about the data and some of the contributing factors.

In general terms Shropshire has a very high number of care homes in the locality for a rural population with over 3500 beds registered with CQC. Shropshire has the highest number of care homes for a rural authority in the region with 120 homes, this does mean that there are occasions when data comparisons require further analysis because we can at times look disproportionately higher.

In terms of occurrences in both care homes and hospital a local analysis of care home deaths between weeks 38-47 shows that 21 care home deaths were registered in the 10-week period. Another hospital death has been reported in this period, so the breakdown now on the data originally presented by Dr Peacock is 22/58 in care homes (38%) and 38/58 (52%) in hospitals.

We can see from the data that the deaths occurred in 8 of the 10 weeks. During the 10 weeks outbreaks were also occurring in the community and the prevalence of Covid was high compared to the current prevalence.

Of the deaths recorded in care homes only 2 were individuals who did not have other co-morbidities. Of these 2, 1 was 59 years at death and the other 95 years. Of those with co-morbidities all were older than 74 years, with the 19 being older than 79 years. Of these individuals 15 had diagnosis of dementia.

We have had several outbreaks of Covid in care homes with dementia beds, 16 deaths were recorded during outbreak situations.

It is important to recognise that Shropshire has a proportionally high number of care homes (120) and that the demographics of our population mean that we have high numbers of more elderly residents than in many other counties.

In addition, there are a large number of care homes in Shropshire who specialise in care for very frail and vulnerable people and people with dementia which is a group that can be considered at higher risk from Covid.

The ASC, PH and infection control teams have worked extensively with our local care homes to prevent infection. Once infection is in the home, whatever the route, the teams act quickly to identify the source of infection and put in place a plan to control that infection. Shropshire care homes have worked extensively to control the levels of infections.

---

<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>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.