

Shropshire Health and Wellbeing Board - 10 September 2020
Public Question from D.Peacock: The impact of Covid-19 on care home residents
Received: 07.09.20

It is widely documented in Shropshire Council papers and in Adult Services correspondence with the Rt Hon. Helen Whately, Minister of State, that a 'system-wide', 'multi-agency' approach working with STP partners to support care homes was operational locally by April 2020. Data from commissioners and providers collected by various national agencies¹ when combined with local intelligence² will have enabled the pattern of Covid-19 cases from March to June 2020 to be analysed at granular level. We know that Covid-19 can be seeded into care homes in various ways, and risks may vary depending on specific demographics, localities, types of care home and support agencies. It is in the public interest that there is a shared understanding among agencies about the factors that influenced local patterns of infection in the early months of Covid-19. In the event of further community upsurges and in terms of public confidence, it is vital that what has been collectively learned from the local evidence base is used to minimise risks to care home residents. Open, evaluative responses to the questions below should be possible without breaching data protection, data sharing protocols or common understandings.

Question

1. Which group (or individuals) within this local system-wide, multi-agency partnership is responsible for the collation, synthesis and analysis of quantitative and qualitative data relating to the impact of Covid-19 on care home residents in Shropshire 2020?

Response

We are and will continue to work closely with System partners, including Public Health England (PHE), NHS Colleagues and Shropshire Partners in Care (local voice for the independent adult social care sector) to monitor and support our care homes. As a multi-agency approach, there is no specific 'team' or individual within one organisation who is responsible for the collation and analysis of data.

The ongoing analysis of a range of data is a vital part of our system wide structures to plan, action and respond to issues with care homes as they arise. This gives us a good level of confidence in our system response which consists of:

- Gold Command (daily)
- Silver Command (daily)
- Shropshire Telford and Wrekin Care Sector Task and finish Group (System wide care sector group including CCG, both authorities, community and primary care - weekly)
- Shropshire Care Home support team – IPC, Public Health and ASC welfare support calls (weekly)
- Shropshire Care home risk management Team and risk management process (continuous)
- Daily Care home review meeting (ASC Commissioning and Public Health)
- The Care Home Advanced Scheme (CHAS) Enhanced Service
- COVID Council Wide Business Continuity Team (3 x weekly)
- ASC COVID response team (Senior Manager Team- 3 x weekly)
- CCG Primary Care locality team (initially meeting daily, now 3 x weekly partners invited as required)

Shropshire Council Adult Services instigated practical support for care homes and domiciliary care providers in response to the Covid-19 crisis at the beginning of March 2020. We have continued to engage with all providers on a regular basis, and to manage emerging risk immediately and effectively.

We have a Care Home Risk Management process for all providers in Shropshire and through constant monitoring the analysis of information from a range of sources we have a robust and thorough understanding of risk to our markets; low bed occupancy levels, loss of income and increasing costs across the sector due to staffing and PPE and the measures required to support and mitigate risk.

Question

2. On the basis of widely available data was there any correlation between staff sickness/agency cover and Covid-19 cases in local care homes in the early months of the pandemic? If yes, what was the degree of correlation and what specific mitigations are now in place locally to minimise the risk of further cases in care homes?

Response

In the early days of the pandemic this information was not widely available, so, we are unable to suggest any correlation between staff sickness/agency cover and Covid 19 cases in care homes. The following measures however were implemented from the outset to minimise the transmission and outbreak risk.

In order to minimise the risk of transmission and prevent outbreaks, Shropshire Councils Adult Services implemented practical support for care homes in response to the Covid 19 crisis at the beginning of March. The formation of the Care Home Welfare Support Team (made up of member of staff from Commissioning, Contracts, Public Health) offered support to care homes in weekly welfare calls.

The main aim of the calls was to make a general check on the home' welfare, to give them opportunity to ask questions, share and send information and enable us to understand their individual response to Covid-19, including the management and isolation of staff with symptoms and staff cover arrangements supported closely by the Infection Prevention Control team in the CCG who also answered care homes concerns in individual phone calls.

Homes are signposted to guidance where available and given guidance and reassurance where needed. Working in partnership with Telford and Wrekin and Shropshire Partners in Care (SPiC), the local voice for the independent adult social care sector, we developed a set of Frequently Asked Questions (FAQ) as a means of communicating widely with the sector, updated daily at first, to augment the individualized support homes received in 'welfare' calls. The FAQ provided a source for general national and local information, including key messages about management of symptomatic staff.

In May 2020, the Government announced grant funding to support care homes. The Adult Social Care Infection Control Fund worth £600 million nationally. The primary purpose of this fund is to support adult social care providers to reduce the rate of Covid-19 transmission in and between care homes and support wider workforce resilience. The aim was to ensure that care homes have the financial support they need to implement unprecedented changes to the way they operate, including the management of staff. Given the evidence of the prevalence of asymptomatic transmission, Public Health England strongly recommended that care homes do all they can to restrict staff movement (use of different agency workers etc.) in their home wherever feasible.

Interim reports from care homes on their intended use of the Infection Control Fund, suggests that at over 50 (of 120) care homes have used some of their grant allocation towards actions which minimise the movement of staff within their home now and in future. Other homes do not use agency staff and a very small proportion of homes indicated they were confident in their ability to minimise the movement of staff. These homes were contacted by the welfare support team and offered additional guidance and support in this area, including the use offer of redeployment of staff from across the system, as required to further reduce the risk.

Question

3. On the basis of widely available data was there any correlation between hospital discharges into local care homes and subsequent patterns of Covid-19 cases in local care homes between March and mid-May? If yes, what was the degree of correlation and how did this inform multi-agency planning to minimise future risks.

Response

ONS data showing the number of care homes reporting a suspected or confirmed outbreak of COVID-19 to Public Health England (PHE), together with the cumulative proportion of all care homes that have reported an outbreak) 2 or more suspected cases) are including each week from the 2nd March 2020 to 13rd July 2020 shows that 43 out of our 120 care homes have reported an outbreak (36%). These however do not have a correlation to hospital discharge as we do not have the evidence to suggest this was where the outbreak started.

During April 2020 government escalated the COVID risk across the UK to 4. This means that infection was being generally transmitted in the community.

To minimise risk of transmission and break outbreaks in Shropshire Care homes following a hospital discharge Shropshire Council issued a tender on 31/03/2020. This went to all providers offering the opportunity for them to submit an expression of interest to provide recovery beds in their care homes for patients who were medically optimised and ready to be discharged from hospital who could/would be Covid positive. This was clearly laid out in the tender. The contracts were commissioned in April and remain in place.

Operational processes were agreed with clear and robust guidance with a cohesive multi agency approach to discharge. Open lines of communication for all parties, and key contacts from both the provider and hospital social work team shared.

Initial reports from feedback from the care homes managers who secured the contracts advised transmission of COVID 19 in the one group of care homes that have received residents who have a Covid + result is low. Additionally, two care homes that initially had outbreaks before they went live with the recovery beds contract have not seen further outbreaks following residents being placed from hospital further suggesting there is no correlation between hospital discharges of Covid + placements and Covid -19 outbreaks.

The National Capacity Tracker asks care homes to report on their experience of people being discharged from hospital into their care home. This self-reporting tool offers a good insight and indication of the perception of care homes but relies on regular updating by care to remain current.

Information taken from the tracker on 8th September, shows that 98 out of 119 care homes were confident that the people they had admitted to their care home from hospital had been tested, and results shared with the home, on discharge. 11 homes reported that tests had not

been completed on discharge, however it has been recognised that the initial question has caused some confusion, it was worded;

“Have all residents discharged to your Care Home from hospital been tested for COVID 19 and do you have the results?”

We appreciate that several homes have no experience of discharge in the pandemic, and were left having to respond positive or negative to something that was not relevant to them. We can therefore assume that homes who hadn't had any discharges, answered 'no' simply because they couldn't answer 'yes'.

The question has now been amended, and to ensure ALL our providers are confident with the hospital discharge process we will speak directly to those homes who said 'no' or who didn't respond and ask them to review their answer and ensure they are confident in the process to mitigate the risk of an outbreak following a discharge from hospital.

We are satisfied at Shropshire that we have robust local discharge procedure in place that requires all patients to be tested before being discharged into a care home. Additionally, along with our colleagues in Public Health we are in regular contact with every provider to offer support and answer queries amongst other things, around hospital discharge and support with national guidance particularly around admission into care homes.

Question

4. What assurance can the Board provide that supplies of PPE to care homes – problematic until mid-May according to local care homes – can be sustained in the event of a community outbreak?

Response

We acknowledge and appreciate the difficulties our care providers had sourcing and purchasing PPE. The Government's response to the challenges with accessing PPE supplies was to provide each local authority with supplies through the Local Resilience Forum (LRF) and as soon as Shropshire Council were made aware of this, we set up and launched on 17th April an emergency PPE supply process for Shropshire, Telford and Wrekin (STW), which continues to be available. This has also included Shropshire Council's own stocks being provided where LRF stocks were not enough to support the market.

Our engagement with providers again highlighted that they were incurring significant additional costs in relation to the purchasing of PPE, agency staff, funding for staff who were unable to work and other financial challenges. The decision was made to provide funding as a one-off payment as there was clear evidence of an immediate need to support cash flow. In the week commencing 13th April, all County care homes the Council contract with, received a one-off payment, representative of an additional 10% of their contract value (at 31.3.20) for 12 weeks, this included joint contracts with the CCG.

We have worked with SPiC to ensure that information about effective supply chains is available through their website and we have been working with colleagues in Trading Standards to make sure that the care sector have information about fair pricing for PPE.

On 7th July the Department of Health and Social Care (DoHSC) launched an emergency PPE portal, initially for care homes with under 24 beds (GPs and Domiciliary care providers). This allowed the STW emergency supply to continue supplying larger homes and the wider community. The DoHSC offer has since been rolled out to larger care homes and is promoted through the welfare calls and through weekly comms with SPiC and the contracts team. The implementation of the DoHSC portal ensures the STW emergency supply has enough supplies to support the wider community such as those people in receipt of direct payments who are not eligible to use the portal to access PPE and supports in reducing the risk of a community outbreak.

Regular communication with care providers ascertains any concerns/difficulties with sourcing PPE. Additionally, homes reporting issues on the national capacity tracker are highlighted and called to support and signpost them to the emergency supplies promptly whilst understanding why they are struggling to source. Through a system wide approach of support from regular welfare calls, meetings with the groups highlighted in Q1 and information from the national capacity tracker we can highlight risks, concerns and issues with our providers accessing and sourcing PPE and escalate promptly to mitigate the risk

Question

5. Local agencies appear to have worked hard to mitigate ongoing national problems with swab testing in care homes. However, until all staff members in care homes are offered a swab test every 7 days, what reassurance can you give the public about the safety of care home residents given recent community and care home outbreaks in Shropshire and elsewhere?

Response

Currently government guidance and systems are in place in order that care homes can order and undertake staff testing in all care homes every seven days. We are working with care homes, as local businesses, in order to support them to be able to deliver testing. Results are reported directly to care homes. Results are also being reported to Public Health England and via Public Health England to our local public health team. In this way any outbreaks are notified. We are increasingly finding that the numbers of staff who are reporting positive are asymptomatic, and residents are asymptomatic. We are working with any care home that does have an outbreak to ensure that PPE is in place and strong infection control mechanisms. In the past six weeks we are aware that no staff, or residents have been admitted to hospital or sadly died as a result of COVID infection.

Question

6. Office of National Statistics figures for the total death toll of care home residents involving COVID-19 between 2 March and 12 June show 74.9% occurred within a care home and 24.8% occurred within a hospital. How significantly can we expect the total Shropshire death toll to rise (currently reported at 105) one care home resident deaths in hospital and earlier deaths from COVID-19 in care homes occurring 2 March – 9 April are included.

Response

It is likely that the official government mortality statistics, 2 March – 12 June, will show a decrease in COVID mortality in both care homes and hospitals. COVID mortality is now defined as death within 28 days of a positive COVID test. Previously there was no time period applied

to this definition. This does not change the significance of every COVID related death. The current total of out of hospital deaths (to September 2020) are 112. The data includes care homes. There have been no hospital or care home deaths from the past 2 months (July – September 2020).

Question

7. Has there been any scrutiny of ‘excess deaths’ – not directly attributed to COVID-19 – that sadly may have occurred in Shropshire care homes in April and May 2020? If there were excess deaths what conclusions have been drawn about possible causes?

Response

We have analysed excess deaths. The specific analysis has been undertaken on all deaths including COVID-19 related deaths. Shropshire data shows that there have been a total of 288 excess deaths. In addition to the data showing excess mortality during the period April and May 2020, the data also shows lower than expected levels of mortality in January and February 2020 and in July 2020. A significant proportion of the deaths during this period were COVID related but not all deaths. Other deaths would sadly be due to the most common causes of mortality, including cardiovascular disease, cancers, COPD.

¹ For example: NHSE, NHSx, NHS Capacity Tracker, ONS, PHE, DH&SC and CQC.

² For example: local Gold and Silver Command structures, Daily Care Home Review groups, Local Resilience Partnerships, Task and Finish Groups, Care Home Support teams, Care Home Risk Management teams and Risk Management Process groups.

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvedcovid19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional#place-of-death-for-care-homeresidents>

Source: Main points, bullet 4.