With reference to the very detailed ongoing 'whole system' Covid-19 prevention, control and support actions presented in today's committee papers relating to care homes and care home residents:

## a. What are the main areas of learning emerging in our locality regarding mortality rates involving Covid-19 deaths in care homes and of deaths of care home residents involving Covid-19 in other locations such as hospitals?

Firstly, it is important to put the death rate in care homes in Shropshire in the wider context. Shropshire has high number of care homes and beds with 120 care homes with 3,500 beds. Herefordshire as our nearest neighbour, has for example, 2,100 beds in 87 homes and Worcestershire has 8,786 over 186 homes with a population double Shropshire's.

The rate of deaths in care homes from COVID-19 in Shropshire is 39% with 50% of deaths in hospital and 11% elsewhere. For total deaths 25% of deaths were outside of hospital or care home settings. This compares to 49% in Herefordshire. Shropshire has seen 42 outbreaks across 120 homes (35%), which is the same as the West Midlands average, below Worcester but above Herefordshire. All but one home is privately run. Every death in this pandemic has been a tragedy and our sincere condolences go to the family, friends and staff who have lost a loved one to this disease.

We have continued to learn and develop our support offer to care homes throughout the pandemic; monitoring the situation closely with our homes through strong multiagency working. At each and every stage Shropshire Council has implemented the latest Government Guidelines. Measures outlined in the papers to the board have been put in place by the homes and from partners to prevent and contain the spread of the disease including closing homes to visitors, enhanced testing, PPE support, infection control advice and support and most recently contact tracing. Each outbreak would be risk assessed and support offered to the home with routine welfare calls to all homes. All of these "tools" have been valuable in preventing and containing further spread of infection and reducing morbidity amongst residents and staff.

## b. How closely does the local experience differ from or reflect recently published analysis at national level?

The recent first results from the Vivaldi study was published on the 3rd July. This a large-scale survey which looked at coronavirus (COVID-19) infections in 9,081 care homes providing care for dementia patients and the elderly in England. Across the care homes 56% that reported at least one confirmed case of coronavirus, and estimated 7% of staff tested positive for COVID-19, as reported by care home managers, since the start of the pandemic. These emerging findings reveal some common factors in care homes with higher levels of infections amongst residents. These include prevalence of infection in staff, some care home practices such as more frequent use of bank or agency nurses or carers, and some regional differences (such as higher infection levels within care homes in London and the West Midlands). There is some evidence that in care homes where staff receive sick pay, there are lower levels of infection in residents. This evidence is not routinely available at a Shropshire Council level to extract and collate but we do not believe this to be significantly different to national reports.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020

## c. What are the main barriers to achieving system-wide improvements and ensuring better outcomes for care home residents and staff in the future?

The Sustainability and Transformation Partnership (STP) is strong and robust and we have worked effectively though the Covid 19 crisis. As statutory partners/commissioners the LA and CCG have closely followed guidelines throughout and put support in place in line with that and above and beyond in some cases. This gives us a good level of confidence in our system response and we have a very effective structure to plan, action and respond to issues as they arise, particularly in relation to Care Homes in the region. This 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 infection control 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 (SMT- 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 crisis at the beginning of March '20. 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 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 etc.

Across the system we have identified some barriers and challenges that we are committed to addressing in order to ensure continued positive and improved outcomes for care home staff and residents in future. The following gaps have been identified and a range of work is underway to further enhance support to the care sector as reported in Shropshire, Telford & Wrekin COVID-19 Prevention and Support for Care Homes Action Plan.

<u>Technology and Infrastructure</u> – A plan for use of technology is required. There is a requirement for support to care home in terms of technology including free Wi-Fi for 6 months. It is noted that some practices are still having difficulty delivering video consultations due to weak WIFI signals as well as some equipment shortages (and probably training and support issues too). Also some Care Homes are unable to utilise virtual training options for IPC. A solution to this could be the provision of 4G enabled tablets that could be loaned out to homes as well as sorting the IT connections. we are undertaking a piece of work with all homes to understand their capability and need to inform support and investment

<u>Change in traditional care arrangement</u> – Care homes may need support in understanding the need to work differently in terms of using IT.

<u>Capacity within General Practice to deliver the requirements</u> – using an Multi-Disciplinary Team approach with the support of the CCG medicines management teams should reduce impact on practices.

<u>Testing capacity</u> – As set out in our response to question 2 (below) we have encountered several problems with the national testing programme. Unfortunately, this can mean repeating avoidable investigations for vulnerable residents. We continue to escalate any issues accordingly to the Midlands Covid-19 Testing Programme.

<u>Planning and information</u> - We have encountered issues with constant changes from central government impact significantly on system capacity, particularly when the local system are not aware of these changes before the public and are expected by citizens to have implemented processes and have a complete understanding of criteria and requirements before they are released from central government. This undermines the public confidence in the local system and could be avoided with a more structured and planned approach from central government to the COVID-19 response which is shared with system partners prior to being released in the public domain to allow for planning processing and action to take place.

Overall, we are confident system wide that we have been robust and effective in our response to Care Homes during the Covid 19 outbreak and that we worked with the market proactively from the beginning. We are confident also that we have strong and effective partnerships and good mechanisms in place to continue to support care homes in future.

2. Covid-19 swab test training for STW care home staff was completed by 1stJune 2020,2 and from 6th July 2020 weekly testing for care home staff and monthly testing for residents3 was 'rolled out' nationally. What oversight mechanisms were used to track testing iterations in care homes in the area prior to 6th and can the public be assured that regular, whole care home testing will now be available rapidly and equitably?

Following the announcement on 6<sup>th</sup> July regarding national roll out of weekly testing of staff and testing of residents every 28 days in care homes that do not have outbreaks, we worked with partners in health, and Shropshire Partners in Care to send communications to all care home providers on 9<sup>th</sup> July. Homes were given details of the process for them to register on the national testing portal, order testing kits and undertake the testing require. Key guidance messages were shared to enable homes to have informed discussions with staff and residents and encourage take up of testing across both groups. Communications also included information about Covid-19 antibody testing (which has been offered to over 8 thousand care home staff across Shropshire), test and trace arrangements and the new national outbreak monitoring process, including rapid whole home testing, that has been rolled out from 13<sup>th</sup> July.

As part of wider support for care homes, we have a dedicated care home support team who make regular (usually weekly) welfare calls to all homes in Shropshire. In addition to written communications, these calls provide an opportunity to reiterate current guidelines and for care homes to ask any questions, raise concerns and get the help they need. Any serious concerns or themes emerging from conversations with care homes are escalated to the wider system through our robust Care Home Risk Management process.

Regarding the ongoing 7- and 28-day testing in care homes, the government have initially prioritised care homes for the over 65s and those with dementia based on SAGE and PHE advice. The government intend to expand the testing offer to remaining adult care homes from August with date to be announced. At this early stage, there are still some issues that need to be considered and

addressed nationally. High demand from care homes across the country, ordering larger numbers of testing kits at the same time, is causing a delay in homes receiving the testing kits. Locally we have established a separate testing offer and we will continue to promote this with care homes in an aim to minimise the impact of national shortages in Shropshire. Nationally, there are also issues with the reliability of some of the tests, we have seen some types of testing kit being recalled and homes being asked to 'pause' testing with kits from certain manufacturers, we are assured that this is being dealt with as a matter of priority. A number of larger care homes, nationally and in Shropshire, have reported concerns regarding the practicalities of testing staff weekly, where homes have a large number of staff it can take 2-3 days to undertake the test itself, then more time is needed for completion of paperwork, arrangement of courier collection, and for test results to come back, making 7 day rolling testing unachievable. We will continue to represent and escalate these local concerns and support homes to work towards the 7-day testing recommendation for staff through our local testing offer and planning of staggered approaches to testing where staff numbers are particularly high.

During the process of whole home testing in June, we received weekly reports from DoHSC that identified take up of testing across all care homes in Shropshire. While the majority of homes in Shropshire were prompt in their take up of whole home testing, we were able to use this information to target our support to, and monitoring of, homes through our Care Home Risk Management process. In future we will continue to use available data to monitor update and outcome of regular staff and resident testing.

3. The SHASC Overview and Scrutiny committee papers appear to lack the most basic local quantitative4 data relating to numbers and date sequences of Covid-19 outbreaks and related deaths of care home residents in care homes and in hospitals since March 2020. Unless provided with all relevant qualitative and quantitative evidence, how can the public be assured that overview and scrutiny members are in a position to evaluate the impact of the multiple initiatives outlined in committee papers and thus hold the authority's decision makers to account5 for actions that affect our communities?

The Office National Statistics (ONS) website publishes information on both deaths and outbreaks weekly at a Shropshire Level. Individual care home data has not been provided due to small numbers and confidentiality.

Death data is recorded at:

 $\frac{https://www.ons.gov.uk/people population and community/health and social care/causes of death/datasets/deathregistrations and occurrences by local authority and health board$ 

For week 27 (up to 3<sup>rd</sup> July), Shropshire has 248 registered for COVID

Care Home Outbreaks are listed at:

https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information

We are and will work closely with System partners, including Public Health England (PHE), NHS Colleagues and Shropshire Partners in Care to monitor and support our care homes, and to ensure that up to date information goes out so that we can be sure every care home (and indeed all the domiciliary care providers) are kept up to date with all national guidance and local information and news. Outbreaks in care homes are required to be reported to PHE who support each home through

the outbreak, in partnership with Shropshire Council and the local NHS partners. This includes offering guidance on infection control, testing for staff and residents and PPE.