

## **Adult Social Care Cabinet Lead Report – March '23**

This report provides an update on two issues that have caused some concern and speculation in recent months so I felt it would be helpful to appraise the panel of the current situation prior to the end of my term of office, due to the upcoming local election:

### **1. Death Rate in Local Care Homes**

Figures published on the second wave of Covid infections showed B&NES to be an outlier in that a high proportion of local Covid deaths occurred in care homes with a low proportion occurring in hospital. This was investigated by Public Health and Prevention who identified:

- During the second wave, B&NES had a lower rate of cases of COVID-19 and a lower death rate than the England average
- Nearly all deaths from COVID-19 in B&NES during the second wave occurred in either a care home or hospital, with a small number occurring at home.
- The rate of deaths in local care homes was higher than the England average
- The rate of deaths at the Royal United Hospital was lower than the England average
- B&NES has a higher number of nursing home beds and a lower number of residential care home beds than the England average (people with more complex needs and physical frailties are more likely to require nursing rather than residential care)
- People with more complex health needs and physical frailties are more likely to die from COVID so a higher proportion of our care home population had an increased risk of death from COVID.
- Data on deaths from all causes in the years prior to the pandemic showed that, compared to the England average, B&NES has had a consistent pattern of:
  - a higher percentage of deaths (from all causes) occurring in care homes
  - a lower percentage occurring in hospital
  - and a lower rate of deaths overall than the England average
- For some years B&NES has been ahead of many other areas in ensuring that care homes are well supported by a dedicated GP service and that proactive work is done with care home residents, to plan choices for care and treatment in the event of a future severe illness. This has enabled more people who chose to, to have a dignified death at home and has reduced the number of admissions to hospital where treatment is unlikely to affect the outcome.
- This resulted in emergency admission rates from care homes to hospital being much lower in B&NES than in neighbouring areas for a number of years prior to the pandemic and that continued during the pandemic

The above information confirms that the overall death rate from COVID in B&NES has been lower than average. That a higher proportion of people in B&NES care homes are likely to be physically more vulnerable due to the higher number of nursing beds and that the established trend of more people choosing to die at their place of residence with fewer people dying in hospital, continued during the pandemic.

To supplement this analysis, the public health team also commissioned an independent Applied Research Collaboration, ARC West to undertake additional research in local care homes to identify any factors that were associated with COVID-19 cases and deaths. This included interviewing care home staff and that element of the work has been delayed due to staffing shortages and pressures in care homes making it difficult for staff to be released for the research interviews.

The findings of the ARC research have therefore been delayed until all data is available and this delay has led to some unhelpful and ill-informed speculation about COVID deaths in local care homes. I hope that this report assures the panel that the number of deaths in B&NES due to COVID was lower than average, that the location of deaths was in line with local trend data and reflected individual wishes and that a comprehensive report, which this panel may wish to discuss, will be published when ARC West complete their research. In the meantime, an interim report is available on the B&NES Strategic Evidence Base Document Library.

## **2. B&NES Managed Care Homes**

B&NES council took on the management of three Care Homes when the Community Resource Centres (CRCs) transferred back in house in October 2020. It was recognised that the CRC services would require investment and modernisation and the council has started that process. However, as was discussed in some detail at the last scrutiny panel in January '23, significant concerns were identified in relation to Charlton House Nursing home which was rated as inadequate by the Care Quality Commission (CQC) in December '22

There is a comprehensive action plan to address the concerns identified by the CQC and good progress is being made but I thought it would be useful to share some of the issues identified in a recent report by Care and Support South West which summarised the challenges that providers across the South West (and indeed, the rest of the country) are facing. These include:

- Problems recruiting and retaining staff with local turnover rates far exceeding the national average of 15%. This is a particular problem for management and clinical lead roles.
- Over reliance on agency staff, with agencies filling shifts for many providers on a daily basis. This is very costly and impacts on continuity, reducing the quality of the services provided

- Contracted staff having to work excessive amounts of over time, leading to poor health and burnout.
- Managers having to cover shifts so not having the time to manage services effectively. This reduces their ability to embed effective systems and to improve services.
- Services running short staffed due to the lack of availability of staff with impacts on the care provided.
- Services reducing or closing, with knock on effects for those with care needs their families and for other health and care services

Staff in the Care sector work with these challenges on a daily basis and the shortage of people available to work in leadership roles played a significant part in the problems experienced in Charlton House.

A major factor in the progress we are making at Charlton House is that we have been able to recruit an experienced manager who came into post just before the January meeting of this group. We were still struggling to recruit to clinical leadership roles and were reliant on agency nurses until the RUH agreed to second one of their senior nursing staff across to us. She also came into post in January and she and the new registered manager are working together to address the long standing structural issues at Charlton house. Many of the changes they are introducing will be relevant to our other two care homes and the clinical lead will be providing input to all 3 facilities.

I hope this provides some reassurance that, despite the many challenges experienced across the care sector, we are now making measurable progress on the improvements that we need to make and are confident that the quality of care continues to improve. The new leadership has also helped attract more staff into the service which is key to sustained improvement. However, we cannot under-estimate the scale of the ongoing challenge in providing high quality care services. The new panel, under the next administration may wish to receive regular updates on this subject.

**Alison Born – Cabinet Lead ASC**