Bath & North East Somerset Council		
MEETING:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING DATE:	15th April 2024	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Understanding the factors which affected death rates in care homes in Bath and North East Somerset during the second wave of the COVID-19 pandemic 2020-2021, and the experiences of care home staff in the West of England.	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: 1) Management of COVID in care homes in Bath and North East Somerset and West of England: a quantitative and qualitative analysis		

1 THE ISSUE

1.1 This agenda item refers to work undertaken to better understand the rate of deaths from COVID-19 in care homes in B&NES, during the second wave of the pandemic in 2020-2021. The rates had been higher than other local authorities with similar demographics.

1.2 The report contains two studies, one looking at data from care homes in B&NES and the other involving interviews with care home staff in the West of England.

1.3 The work undertaken by NIHR ARC West examines specific issues that might have given rise to higher cases or deaths in some care homes (such as receiving discharged patients from hospital, use of agency staff or use of lateral flow testing devices). It also seeks to understand the experiences of care home staff during that time.

1.4 It should be considered alongside earlier analysis undertaken by the Council in 2023, which was presented by the Cabinet Member for Adult Services to the March 2023 Children, Adults, Health and Wellbeing PDS Panel and is available from the Council's Strategic Evidence Base document library webpages. It found that:

- Overall, B&NES had a lower rate of COVID-19 cases and a lower rate of deaths per head of population compared to the England average.

- The rate of COVID deaths overall in B&NES during the second pandemic wave was 96 per 100,000 population. This was in the lowest 30% of local authorities in England.

- The rate of COVID deaths in care homes in our area (523 deaths per 100,000 population) was in the highest 10% of local authorities in England, however, the rate of deaths in hospital at 42 per 100,000 population was in the lowest 10% in England.

- This pattern seen for COVID-19 deaths is the same pattern that is seen for deaths from 'all-causes', and national data shows it had been this way in B&NES for several years before the pandemic began.

- For several years prior to the pandemic B&NES care homes had good access to GP care through a dedicated service which helped to ensure clinical care was available and to support residents with making decisions about escalating care in the event of a future severe illness. B&NES had also been proactive in supporting this through use of Treatment Escalation Plans (TEP) in care homes.

- NHS data shows that care home residents in B&NES have historically had lower rates of emergency admission to hospital than neighbouring areas. The same pattern was also seen for people with COVID during the second wave of the pandemic.

- Figures for England show that the percentage of people dying in hospital has been falling over the last decade and the percentage dying in their usual place of residence has been rising. It is now more common to die in someone's usual place of residence than in hospital.

- B&NES has one of the highest percentages of people dying in their usual place of residence of any unitary authority in England.

2 RECOMMENDATION

The Panel is asked to;

2.1 Note the findings of the work undertaken by NIHR ARC West, as well as the previous analysis brought to PDS in 2023.

2.2 Ask any questions of clarification.

3 THE REPORT

3.1 The detailed report has been attached separately.

3.2 It sets out two studies undertaken by researchers from the National Institute for Health Research and Care: Applied Research Collaboration West (ARC West).

3.3 The first is a quantitative study which examines data collected by B&NES Council in relation to care home characteristics and activity during the pandemic. The focus was on identifying risk factors that were associated with higher rates of infection and death.

3.4 The second study was qualitative and was based on interviews with care home staff in the West of England (B&NES and neighbouring areas) about their experiences during the pandemic and provided context, meaning and detail to complement the quantitative study. It is important to note that the qualitative data represent participants' experiences and perceptions and should not be read as an audit of practice across all care homes or policies from their local authorities or health bodies.

3.5 Both studies have limitations which are detailed in the report and are a result of the quantity and quality of data available to the research team. All the results should be viewed with this in mind.

3.6 The quantitative study found no evidence for an association between a number of potential risk factors (such as admissions from hospital, staff turnover or GP involvement) and COVID-19 cases or deaths in B&NES.

3.7 The study showed that care home size was associated with higher numbers of infections but this was to be expected as there is there is a greater population pool available for the virus to spread.

3.8 There was an association between a care home manager being in post for less than a year and lower case and death rates. However, this finding was based on a small number of data and should be interpreted with caution.

3.9 The qualitative study showed a more detailed picture of the care home experience during the pandemic. The situation for the care homes was completely unprecedented. Despite this, care homes coped well in the face of staff and equipment shortages, logistical challenges of implementing isolation practices in buildings with a variety of layouts, and the social challenges that arose for residents and staff.

3.10 Staff shortages was an issue consistently identified by care homes staff, making them proactive and creative in identifying solutions to the problems.

3.11 Another key area was the widening of roles; staff took on a range of duties and activities that extended their roles to cover duties previously undertaken by visiting staff to ensure that provision of care was maintained.

3.12 The study did highlight feelings of isolation by care homes in terms of their relationship with the wider health and care services. To varying degrees, they felt abandoned by primary and secondary care providers.

3.13 The relationship with local authorities was generally described as positive and supportive. However, there were communication issues that contributed to some misunderstandings between the care homes and local authorities. There was also confusion that stemmed from advice coming from government, local authority and public health sources which was felt, at times, to be contradictory.

3.14 The issues that were identified by the quantitative study were not supported by the qualitative data. In relation to care home size the participants pointed to the layout of their buildings rather than their size as being a more substantive challenge. Care home managers saw long service in the sector and depth of experience as a positive factor in limiting the impact of the pandemic. Whilst this does not disprove the findings of the quantitative study it does highlight the limitations of the data and the need for further research.

3.15 The studies have provided some learning points in case of future pandemics:

- Staffing shortages was the biggest challenge identified by the care home staff. This is an ongoing issue with no clear answer. However, we would urge policy makers at government and local authority level to develop contingency plans that will enable care homes to be supported with emergency staff cover for pandemics and other unexpected events.

- Isolation and infection control: building layout and structure mitigated against some of the recommended policies for isolating infected residents. In partnership with local authorities care homes could develop and regularly update infection and prevention control plans that are particular to their setting.

- More consideration and autonomy could be given to care homes to enable them to find the right balance between infection control measures and the psychosocial wellbeing of their residents. There was a strong feeling that the measures imposed to support infection control went too far in removing the social aspects of residents lives, especially in homes with a significant proportion of people living with dementia.

- A key aspect to diminish the feelings of abandonment and isolation is to support and maintain lines of communication especially around policy and guidance where multiple sources of information led to confusion and uncertainty.

3.16 The overall conclusion from this report is that there was no substantive evidence to suggest that behaviour and practices undertaken by care homes contributed to the death rates recorded in B&NES during the pandemic.

3.17 For further contextual data, we recommend this report is considered alongside the B&NES briefing paper, referred to in 1.4 above, which uses national data to look at trends in where people died in the period leading up to and during the pandemic. The paper points to a trend within B&NES toward people dying in their usual place of residence rather than hospital and is another indicator that care home practices were not the reason for the higher death rates within care homes in the area.

4 STATUTORY CONSIDERATIONS

4.1 Local authorities are responsible for commissioning publicly funded social care services including residential care. Working with local care services to continually maintain quality and safety is an important aspect of this responsibility.

4.2 Local authorities also have a responsibility to plan for and respond to incidents that present a threat to the public's health, including outbreaks of infectious diseases such as COVID-19.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There are no resource implications highlighted in this report.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

7 EQUALITIES

An Equality Impact Assessment (EIA) was not carried out for this piece of work.

7.1

8 CLIMATE CHANGE

The issue of climate change was not within the scope of this very focused piece of work.

9 OTHER OPTIONS CONSIDERED

"None".

9.1

10 CONSULTATION

The report has been cleared by the Chief Operating Officer.

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Background papers	Briefing Update: Work to understand COVID-19 death rates in care homes, during the second wave of the pandemic in Bath & North East Somerset (B&NES)
Please contact the report author if you need to access this report in an alternative format	