Below is a table with the questions that members have asked in advance of the Corporate Review Select Committee. Questions which do not have a response can be asked at the meeting.

<table>
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<tr>
<th>Evidence/Questions</th>
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| 1. In order to get an understanding of the increase in the disease burden in the community due to people not seeking help, when they would otherwise normally have done for serious conditions, as a result of this crisis, what is the difference between in the numbers between April 2020 and April 2019 at UHNM and UHDB for the following procedures:  
- Emergency Heart By-pass surgery.  
- Emergency coronary angioplasty.  
- Hyperacute Stroke Unit attendances.  
- Non Covid related respiratory admissions in both adults and children?  

**RESPONSE:** Response will be available at the meeting. |
| 2. The ONS figures show a substantial rise in deaths in the County compared to April 2019 from all causes. How much of the increase is Covid related and how much is non Covid?  

**RESPONSE:** There were 865 more deaths during the ten week period for weeks ending 13 March to 15 May in 2020 than the average for the preceding five years. This is consistent with the pattern nationally. Of these around three quarters (666) were recorded as due to COVID-19. Further details are provided in the accompanying figure at the end of this note. |
| 3. Albeit, you cannot give an exact figure till the cases have been through the Coroner’s Court, but is there any evidence for an increasing suicide rate during lockdown?  

**RESPONSE:** There is no evidence of increase in suicide rate. Because there are low numbers of suicides (fewer than 100 a year) it is very unlikely that trends would be identified over a period of just a few weeks. |
| 4. What proportion of NHS and Social Care Staff are still in self isolation because they or a member of their household is symptomatic?  

**RESPONSE:** For social care staff working for the Council, both adults’ and children’s, data from HR at week ending 29 May showed 4.4% recorded as being absent due to self-isolation. This includes staff who are symptomatic, with a household member who is
symptomatic and staff who are ‘shielding’ because they are in one of the ‘clinically extremely vulnerable’ groups. For care homes, data from the national 'Capacity Tracker' for 02 June shows 7.6% of nursing staff, 5.9% of care providing staff and 5.9% of non-care providing staff absent. This relates to 191 care homes who had provided data within the previous 24 hours.

**Response in respect of NHS staff will be available at the meeting.**

5. **What increase, if any, has there been in both the NHS and Social Care Sector for staff having to go off sick for reasons due to their mental health?**

For social care staff working for the Council, both adults’ and children’s, data from HR at week ending 29 May showed 16 people recorded as being off sick due to psychological disorders, equating to 1.1% of the workforce. This is consistent with the average since October 2019, which has been around 20 people off sick due to psychological disorders. No data is available from independent care providers about the causes of staff absence.

**Response in respect of NHS staff will be available at the meeting.**

6. **What are the norovirus and C.Diff. rates in UHDB and UHNHM when comparing April 2019 with April 2020?”**

**RESPONSE: Response will be available at the meeting.**

7. **PPE: Are all care/ nursing homes now aware of where to obtain supplies of PPE? What responsibility is the County Council taking to supply PPE to privately run homes? Are those homes expected to supply their own PPE from their usual supplier if they can do so? Does the County Council charge for PPE or is it provided for free? What are the arrangements regarding PPE for domiciliary care agencies? Are they the same as for care homes?**

**RESPONSE:**
Yes. Care providers should be using their normal suppliers for PPE and if unable to obtain supplies then contact the Council for emergency supplies. The procedure for accessing emergency supplies is on the Council website and care providers have been made aware of this on multiple occasions. This applies to all care providers including care homes, home care, Extra Care and Supported Living. Well over one million items of PPE have been supplied through this route. These are not charged.

8. **Are all patients discharged from hospital tested for Covid -19 and the results of the tests known before they are admitted to a care/nursing home?**

**RESPONSE:** All people discharged from hospital to a care home should be tested for COVID-19 and have their results available on discharge. Anyone who is COVID-19 positive should be isolated for 14 days.

9. **What is the local Test and Trace capacity within Staffordshire? How long does it take for the results of a test to be notified to the person tested? Who carries out the tests? Who is responsible for checking that those who are required to quarantine for 14 days do so?**
RESPONSE:
Test and Trace is a national service. Testing is carried out at one of the Regional Testing Centres or Mobile Testing Centres by trained staff, or alternatively people can request a postal self-test. We do not get local data about how long results take or what the results are although we have asked government for this data on multiple occasions.
Under Test and Trace where people test positive then they will be phoned to identify their contacts. These contacts will then be advised to self-isolate for 14 days. They are encouraged to self-isolate in order to protect their relatives, friends, work colleagues and the wider community. Self isolation is not routinely enforced.

10. What arrangements are there in place to test staff and residents for Covid-19 in care/nursing homes? Is this done only when someone displays symptoms? How long does it take for test results to be reported. If someone tests positive, what subsequent tests are done within the home to ensure that Covid-19 has not spread to others within that care setting.

RESPONSE:
There is a national programme of testing all residents and staff in care homes for older people / dementia. 156/181 eligible care homes have been registered. Five have already been tested through a pilot programme. 20 have registrations pending. We do not get local data about whether tests have been returned, how long results take or what the results are although we have asked government for this data on multiple occasions. We are in the process of phoning care homes to confirm that they have had the results are whether they are positive or negative.
Where there are suspected or confirmed cases in care homes then Public Health England advise on who should be tested and Midlands Partnership Foundation NHS Trust staff carry out the tests. Results are usually available within 48 hours.

11. Why was the survey of care homes to be carried out by Healthwatch halted by the County Council?

RESPONSE:
Care homes are extremely busy at the moment managing the impact of the pandemic and are receiving data requests from several different agencies. The Council and Healthwatch felt that this would not be the best time for an additional survey. We are interested in some joint research about the impact of the pandemic on care home residents' well-being.

12. The County Council has been providing emergency food supplies to residents while my (Lichfield) district council has worked with volunteers to provide a very successful shopping assistance project with Cooperative Stores. There has been confusion and gaps in support from County and district authorities on helping residents with prescriptions. Now that there are business support funds going separately to districts and County Council, how is this being coordinated to avoid duplications and missing businesses that are harder to reach?

RESPONSE: Response will be available at the meeting.
13. Paragraph 11 of the Cabinet report says that the “hospital discharge pathway is holding up well”. What influence does SCC have in relation to the discharge pathway and the testing regime for discharged patients, now and previously?

RESPONSE: Social care staff working for Midlands Partnership Foundation NHS Trust on behalf of the Council inform decisions about discharging people from hospital. All people admitted to hospital in an emergency are tested for COVID-19 on admission and again prior to discharge if they require ongoing care and support in a bed based setting.

14. The report that came to Cabinet on PPE procurement said that MHCLG had provided less than 4% of the PPE needed by the health and care sector within our LRF area. Is this experience typical across the country?

RESPONSE: The Council has been able to secure PPE from a variety of sources, which has ensured that our supply chain is resilient. Over one million items have been distributed so far. This has been one important factor in a successful local response. Many areas of the country are far more reliant than Staffordshire on the MHCLG supply drops. This means that they have had significantly worse problems with supply chains.

15. Paragraph 12 refers to care easements: how many such easements have been implemented so far and how many people are now waiting for full care assessments?

RESPONSE: 1470 COVID-19 assessments were completed during the period when social care capacity was reduced. These people received funded care or support from the voluntary sector commensurate with their needs. Full Care Act assessments are now being completed to determine and meet their longer term care and support needs.

16. The Health Secretary recently announced the procurement of 2 billion items of PPE. This would equate to around 12 million items of PPE for top tier authorities like Staffordshire. The Cabinet Member & Deputy Leader has also now announced an additional £1.7m to be allocated towards the costs of PPE. Are the Council and our residents paying twice for PPE via national and local taxes?

RESPONSE: The Council will continue to procure and distribute PPE until we are confident that national supply chains are robust. This will ensure that care providers can continue to count on a resilient supply chain.

17. As far as the plans for the Recovery phase are concerned, I note that senior officers at SCC are involved and that there is a LRF planning group. Can you tell me please what involvement do members, with all of their local knowledge and intelligence, have or can we have in these planning processes?
RESPONSE:
The arrangements being established within the County Council to oversee recovery follow the normal structures and way of working of the county council. Members will be involved in the usual way i.e. cabinet members providing policy direction within their portfolios, cabinet collectively taking key decisions and setting overall policy, all work subject to scrutiny by elected members.
Response - Question 2

Chart 1: Staffordshire All Deaths – 2020 and 5 Year Average Comparison

Table 1: Staffordshire Excess Deaths – 2020 and 5 Year Average Comparison

<table>
<thead>
<tr>
<th>Week ending</th>
<th>13-Mar</th>
<th>20-Mar</th>
<th>27-Mar</th>
<th>03-Apr</th>
<th>10-Apr</th>
<th>17-Apr</th>
<th>24-Apr</th>
<th>01-May</th>
<th>08-May</th>
<th>15-May</th>
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<tbody>
<tr>
<td>2020 - All causes</td>
<td>178</td>
<td>149</td>
<td>189</td>
<td>290</td>
<td>365</td>
<td>356</td>
<td>320</td>
<td>254</td>
<td>195</td>
<td>193</td>
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<tr>
<td>2020 - COVID-19</td>
<td>1</td>
<td>3</td>
<td>16</td>
<td>88</td>
<td>134</td>
<td>117</td>
<td>122</td>
<td>84</td>
<td>56</td>
<td>45</td>
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<tr>
<td>2020 - Other causes</td>
<td>177</td>
<td>146</td>
<td>173</td>
<td>202</td>
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<td>239</td>
<td>198</td>
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<tr>
<td>2015-19 Weekly average</td>
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<td>153</td>
<td>155</td>
<td>153</td>
<td>159</td>
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<td>Excess 2020 deaths (all causes)</td>
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<td>9</td>
<td>118</td>
<td>200</td>
<td>203</td>
<td>165</td>
<td>101</td>
<td>36</td>
<td>37</td>
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<tr>
<td>Excess 2020 deaths (COVID)</td>
<td>1</td>
<td>3</td>
<td>16</td>
<td>88</td>
<td>134</td>
<td>117</td>
<td>122</td>
<td>84</td>
<td>56</td>
<td>45</td>
</tr>
<tr>
<td>Excess 2020 deaths (Other causes)</td>
<td>5</td>
<td>-15</td>
<td>-7</td>
<td>30</td>
<td>66</td>
<td>86</td>
<td>43</td>
<td>17</td>
<td>-20</td>
<td>-8</td>
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