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Social care covid recovery & resilience

Learning lessons from international responses to the covid-19 pandemic in long-term care systems

Nuffield Trust and Care Policy & Evaluation Centre (LSE)

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Other sessions from the project

Friday 9th September 14.00-15.15 – COVID impact on LTC systems:

England's social care sector during Covid-19 (Nina Hemmings)

Saturday 10th September 11.15-12.30 – COVID impact on LTC systems:

A conceptual framework for the English social care system to identify opportunities for learning from evidence and from other countries' experiences of the Covid-19 pandemic (Adelina Comas-Herrera)

What long-term care interventions and policy measures have been studies during the Covid-19 pandemic? Findings from a systematic mapping review of the scientific evidence published during 2021 (William Byrd)

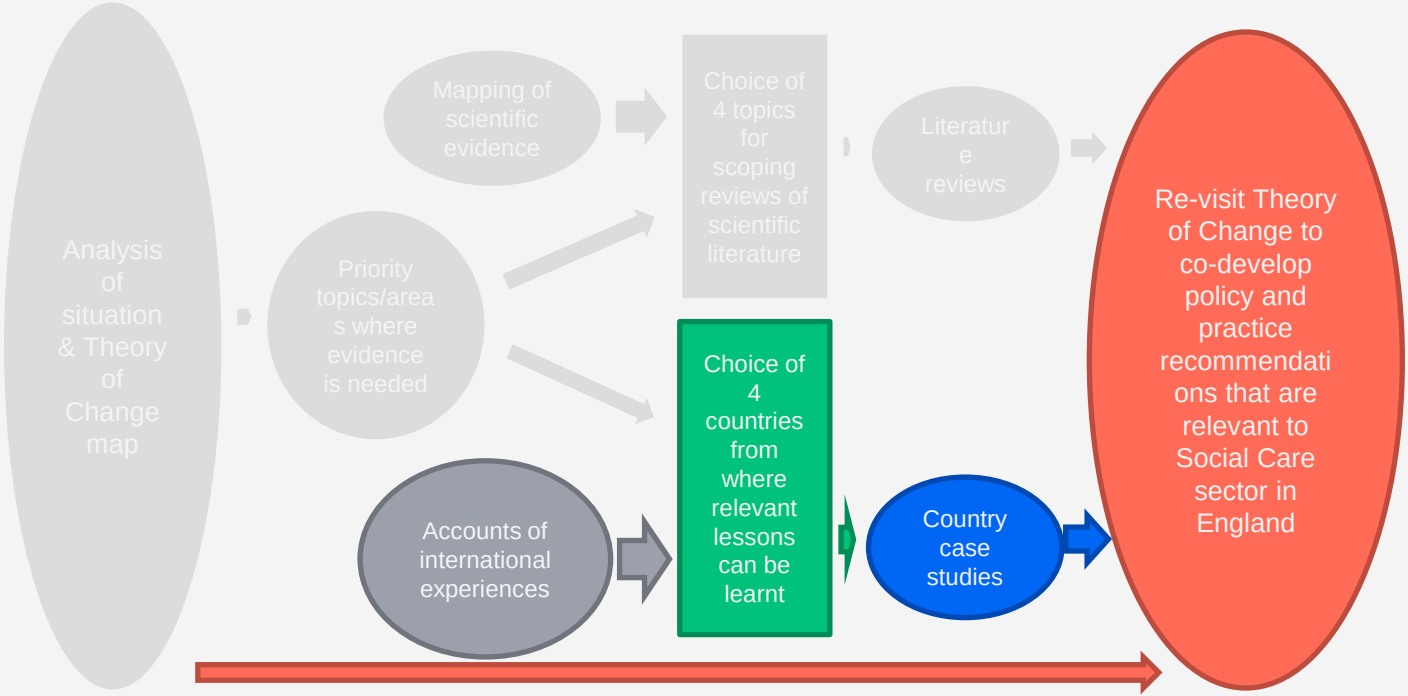
Our research questions

What can we learn from **international evidence** and experiences in order to support the **recovery of the social care sector**, and to inform the development of policies to **prevent and manage future outbreaks** in social care settings in England?

Aims of the presentation

- Present our project methodology using country case studies
- Reflect on our experience of undertaking cross-country comparative research during Covid-19
- Present early case study findings from France and potential learning for England

How the project works



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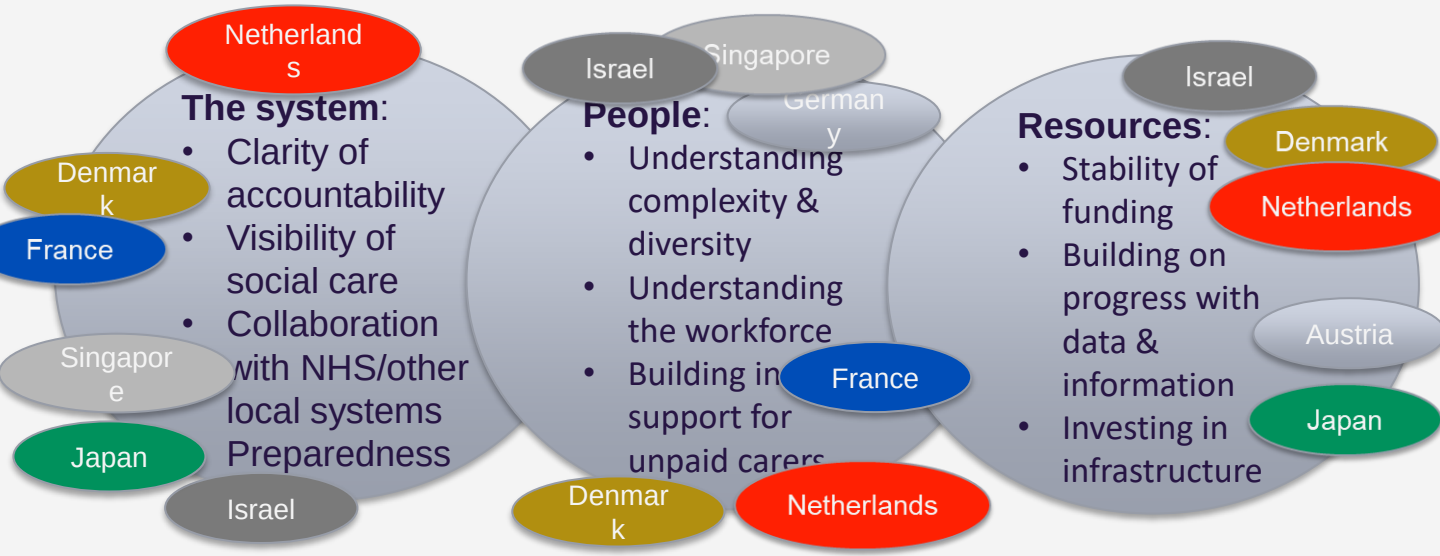
Resilience: Priorities for reform

Mapping themes to countries

Final choices:



https://ltccovid.org/

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What we settled on…

France	Japan	Netherlands	Denmark
Similar challenges to England going into the pandemic Prioritisation of different elements of reform to support recovery, e.g. around workforce	Strong governance structures already in place Preparedness plans due to experience of other pandemics	Emergence of new governance structures during Covid-19 Existence of client councils in care homes	Strong tradition of collaboration + focus on community Seemingly good performance during first waves of Covid-19

Reflections on methods

Iterative: Refining our learning and knowledge as we have progressed

Rapid turnaround: Feeding in factual learning to stakeholders

Consultants as a strategic resource: Drawing from consultant expertise and networks to finesse our knowledge

Finding consultants within the timescale: identifying consultants and being able to protect their time

Adapting to Covid-19: Changing nature of the pandemic and country responses

Methods

- One lead … n the ground
- Analysis …
- 10x inter…
  - C…
  - L…
  - G… EX of re…
  - A…

Theme	Code	Notes	1
System	Integration, innovation and collaboration	Positive innovations but unclear accountabilities mean that questions over who needs to run/fund all these innovations: if hotline is made national, will be implemented differently across regions as unclear governance and funding. Mobile geriatric teams not reinforced/financed - depends on existing competencies/skills in particular areas.	solidarity with much more concrete actions Use of integration networks such as CPIAS (local centres for health related infections): were able to put in place mutualised nurse hygienists in care homes. These actors already in place but not very visible. Local Trust put in place geriatric hotline and web conferences - stepped into that space by default Rolled out mobile geriatric teams through the Trust, using the local integration network could be replicated at regional level. Did mobile testing as care homes struggled to access testing, geriatric hotline (still exists for coordinating doctors, coordinating nurses or care home managersRole in peer support. Now trying to reorient people towards omnidoc (secure messaging service through health insurance). Web conferences also organised through local integration networks - access to geriatricians, infectious disease specialists, hygienists… Now continuing but only once per month. FAQ website - had to stop after first wave as almost full time. Put in place ethical reflection and support cells (ERED: Espace de reflection ethique de Bretagne) - to have emergency crisis ethical reflection cells. These innovations have stopped as ARS wanted to take over (power struggles) to put in place an FAQ, even though questions were being addressed in web conferences. Nothing to keep the platform going - has died down. Certain things will continue on a local level but not generalised - subject to a certain vulnerability. Innovations driven by particular individuals

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System pre-pandemic

Reform long overdue

- Implementation of reforms incomplete
- Debate over nature of long-term financing for more than 20 years

Complex financing arrangements and challenges in access

- Several sources of funding: local authorities, integrated care structures…
- High out-of-pocket payments

Workforce issues well evidenced

- Low satisfaction, poor working conditions and pay
- Consequences on provision with high vacancy levels

Providers of care under strain

- High number of people in residential and nursing homes
- Outdated infrastructure and limited drivers of quality and improvement

What Covid highlighted

Fragmented accountability limited the visibility of social care in the national response

- "The crisis was seen as a crisis in hospitals when in reality the crisis was in the home" (Carers association)
- "Local authorities in our region stood out through their absence" (Geriatrician)
- Restrictive policies on visiting in care and nursing homes

Workforce difficulties were exacerbated by the pandemic

- High turnover and difficulties in recruiting
- Insufficient attention given to staff in response

Some policies helped mitigate Covid's impact

- "Whatever it takes" policy helped maintain stability
- Existence of preparedness plans in residential and nursing homes following 2003 heatwave
- Improved collaborative working through increased flexibility afforded to local integrated networks and federations

Achieving recovery: key reforms

Reforms were introduced following a sector-wide consultation in 2020, including:

- Increased salary rates
- Minimum tariff rate for home care
- Major investment into care home infrastructure

Introduction of social care as a 5th branch of social security

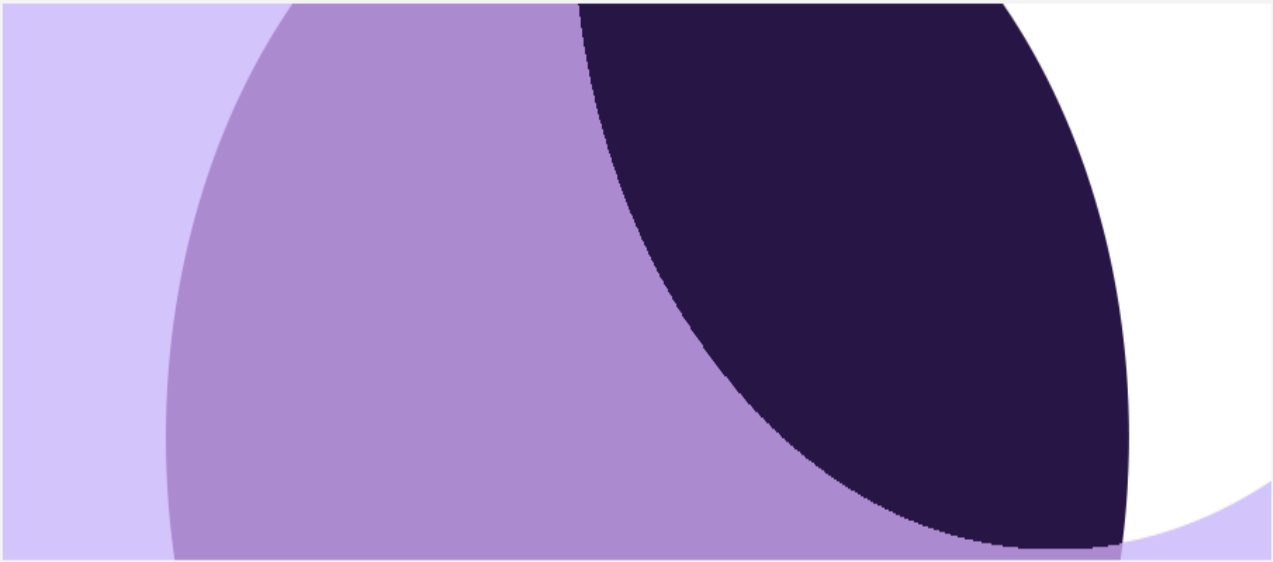
Many of these reforms were planned prior to the pandemic – did Covid act as a window of opportunity?

Learning from Covid: be adaptive and consider unintended consequences

Preparedness plans have value but need to be flexible enough to adapt to different events (e.g. pandemics, climate change, terrorism), and assigned clear lines of accountability

Workforce reforms are essential but need to be fully thought through to avoid unintended consequences

- Pay increases not initially introduced to all parts of the sector (e.g. in domiciliary care)
- Extending salary increases to other roles required some negotiation to obtain: "On the question of salary increases, in domiciliary care, it's catastrophe" (Geriatrician)
- Significant exits from the sector as a result – threat to stability



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