

*Welcome to the LTC covid webinar, 22<sup>nd</sup> February 2021*

## **COVID-19 and the care homes of the future**

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- ❖ Thomas Grey (Trinity College Dublin)
- ❖ Des O'Neill (Trinity College Dublin)
- ❖ Vic Rayner (National Care Forum)
- ❖ Jimena Pascual Fernandez (Government of Asturias, Spain)
- ❖ Chris Lynch (Alzheimer's Disease International)

# Re-thinking Long-Term Care after COVID:

- Pandemic has forced public/political attention to LTC: can this be an opportunity to address long-standing structural problems?
- Based on international reports on COVID and LTC discussing future implications:
  - Need to address LTC financing and workforce pay and conditions
  - The role of care homes:
    - Appetite to reduce reliance on care homes but this requires increased capacity in community care and support for unpaid carers
    - Need to modernise care home models and clarify their role in the continuum of care

Will we still need care homes in the future and how many?

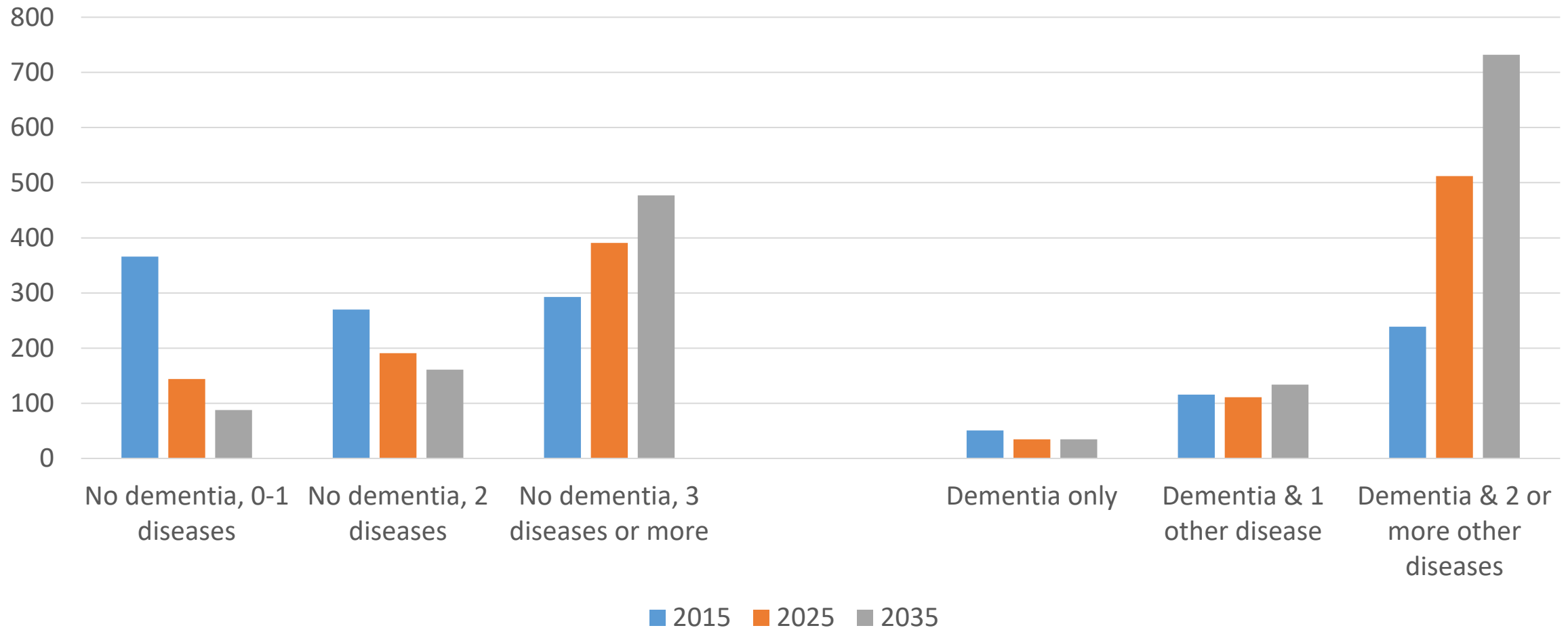
# Projections for England:

- Based on current health status of population who will become older in 2035:
- Numbers of older people needing **24-hour care** will increase from around 829,000 in 2020, to **1,065,000** in 2035\*
- Currently there are about 380,000 older people living in care homes in England, not all of them need 24-hour care
- Responding to this increase in demand for 24h care in the community will be a major challenge

\*Kingston A, Comas-Herrera A and Jagger C for the MODEM project (2018) Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) modelling study. *Lancet Public Health* (3): e447–55.

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30118-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30118-X/fulltext)

# Changing epidemiology: Future numbers of people with substantial dependency (England, 2035, in thousands)



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# What does the evidence tell us about care home characteristics and risk of COVID-19 infections and deaths

*Evidence base is developing, but still “low-moderate” certainty in evidence*

# Factors that affect risk of infections, outbreaks and mortality in care homes

*(findings from a rapid review by McMaster NCCMT)*

- **Incidence in the surrounding community** was found to have the strongest association with COVID-19 infections/outbreaks in LTC settings (*moderate certainty*)
- **Resident level factors** (*low certainty*):
  - Association with COVID-19 infections, outbreaks and mortality: **racial/ethnic minority status, older age, male sex, receipt of Medicaid or Medicare**
  - Association with infections and outbreaks but not mortality: **severity of impairment**
- **Organisational level factors** (*low certainty*):
  - **Increased staffing (particularly registered nursing staffing)** was associated with reduced risk of infections, outbreaks and mortality
  - **For-profit status\***, **facility size/density and movement of staff between** were consistently associated with increased risk of infections, outbreaks and mortality
  - *But many of these studies did not adjust for incidence in surrounding community!*

Source: <https://www.nccmt.ca/uploads/media/media/0001/02/3133bc00b0f5ec21b2efe70a10719e4440493411.pdf>

\* See <https://ltccovid.org/2021/02/17/preprint-the-relationship-between-ownership-of-nursing-homes-and-their-response-to-the-covid-19-pandemic-a-systematic-review/> for systematic review of role of sector of ownership

# Looking to the future

- More demand for 24 hour care, by people with increasingly complex needs:
  - What role for care homes/community-based care, can we think along a care continuum?
- Evidence suggests that small (and well-staffed) is beautiful
- *Public perceptions of care homes: how to move away from “deadly prisons”*