Welcome to the LTC covid webinar, 22nd February 2021

COVID-19 and the care homes of the future

- Adelina Comas-Herrera (CPEC, London School of Economics)
- Stefanie Ettelt (LSHTM and LSE)
- 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

[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](https://www.nccmt.ca/uploads/media/media/0001/02/3133bc00b0f5ec21b2efe70a10719e4440493411.pdf)

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”