SOCIAL CARE COVID RECOVERY & RESILIENCE:

LEARNING LESSONS FROM INTERNATIONAL RESPONSES TO THE COVID-19 PANDEMIC IN LONG-TERM CARE SYSTEMS

Project running Jan 2021 to June 2022

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PROJECT AIMS:

To draw lessons for policy and practice from international Covid-19 experience & scientific evidence to support the English social care sector:

To **recover** from Covid-19 in the short-term

To be able to better **withstand** future waves of Covid-19/similar shocks in the medium-term

To become more **resilient** in the long-term
WHAT DO WE MEAN BY: SOCIAL CARE SECTOR

• We include all people and institutions involved in using, providing, organising and funding adult social care:
  • Paid and unpaid
  • In own homes and communities, and in residential settings
  • Including public and self-funded care
HOW THE PROJECT WORKS

Analysis of situation & Theory of Change map

Mapping of scientific evidence

Priority topics/areas where evidence is needed

Accounts of international experiences

Choice of 2-3 topics for scoping reviews of scientific literature

Choice of 4 countries from where relevant lessons can be learnt

Literature reviews

Country case studies

Re-visit Theory of Change to co-develop policy and practice recommendations that are relevant to Social Care sector in England
1. SITUATIONAL ANALYSIS: COVID-19 AND THE SOCIAL CARE SECTOR IN ENGLAND
SITUATIONAL ANALYSIS: AIMS

1. To identify what learning should we take from the covid-19 experience as we look to recovery and long-term resilience through examining:
   - How was the sector (incl people drawing on care, unpaid carers, care workers) impacted by covid-19?
   - What were the strengths & weaknesses in the pandemic response?
   - What was learnt between waves? What positives should we keep?
   - What has covid-19 demonstrated/highlighted in the sector?

2. To identify priorities for the sector in the short, medium and long term that can guide our international work

3. To ensure that learning from other countries is relevant & timely to the English context & offers value
OUR APPROACH

Stakeholder mapping

Interviews with stakeholders

Theory of change workshop

Document review

Thematic analysis

Outputs e.g. briefing on lessons learnt from covid-19; England response document

Reflecting on findings in presentations & meetings with different audiences

Input into framework for international case studies

February March April May June July Ongoing
FOCUS OF ANALYSIS OF ENGLAND EXPERIENCE

Three groups of factors determined the impact of covid on the sector:

i. Underlying structural faults
ii. The response itself
iii. Preparedness for such an event
Covid highlighted & exacerbated a number of underlying structural challenges:

- Cuts to social care spending over time
- High levels of unmet need
- Limited investment & innovation
- Fragile provider market
- Workforce shortages, terms & conditions, and training
- Limited and variable integration between health & social care
- Limited reliable data on the sector

“those breakdowns were absolutely fundamentally there before that and yet nobody was taking responsibility for it… the crisis was precipitated by that”

“I think if you were designing a structure which was fit for pandemic response you would not have designed the social care sector that you had”

“could we have predicted where the weaknesses would have been in any crisis…probably, because they were pre-existing”
II. COVID RESPONSE

Documents & interviews point to:

- National response: action plan published 15 April
- Low visibility: an adjunct to the NHS with too little consideration of the fragility & complexity of the sector
- Limited of coordination re PPE & testing at first
- Stretched capacity and operational knowledge of social care among key decisionmakers in central government
- Complex accountability & communications mechanisms

“could not get air time for social care… as a standalone set of issues like, how do we protect people, or what do we do about getting extra arrangements in place for financial support, those weren’t really able to be up on the agenda”

“There was a lot of ambition to get testing in place for social care… but we weren’t able to make headway, because… a wave was already washing through the system”

“it is very rarely clear in social care who is responsible for what bit… even where the accountability was clear, it still might not have been right”
III PREPAREDNESS

Missed opportunities for better preparedness in wave one:

- Learning from China in the early stages re population groups most affected
- Experiences of care homes in Italy and Spain
- Exercise Cygnus (2016)

Some lessons learnt & implemented in wave 2:

- Taskforce recommendations
- Winter plan & specific proactive financial support to the sector
- Testing speed & spread accelerated
- Vaccine roll out
- Capacity at the centre expanded
- Positives to embed around use of technology & willingness to gather & share data

“I think the networks were better, the communications were better, things were being co-produced with the sector at an earlier date… but it still felt quite short-term, quite reactive rather than feeling very planned and we knew what was coming, when”

“we’ve had a huge social experiment over the last year, which is to share with one another the names of vulnerable people… we never knew them, and now we know them, so there’s potential for a prevention approach”
2. MAPPING SCIENTIFIC EVIDENCE: INTERVENTIONS AND POLICY MEASURES IN SOCIAL CARE DURING COVID-19

Maximilien Salcher-Konrad and Klara Lorenz-Dant
Emerging evidence on effectiveness of Covid-19 vaccines among residents of LTC facilities: accepted for publication at JAMDA

Information and Communications Technology and Data Sharing in Long-Term Care settings

Evidence on Covid vaccine protection from infections in social care populations

Outbreaks in care homes after vaccination
MAPPING REVIEW: METHODS

- Pragmatic approach: aim was to map the literature, not systematically review it
- Building on searches carried out for identifying evidence on COVID-19 mortality and infections in LTC settings
  - Seven databases from April-July 2020 (MEDLINE; Embase; CINAHL Plus; Web of Science; Global Health; WHO COVID-19 Research Database; medRxiv); two databases from August-December 2020 (MEDLINE; Web of Science)
- **Broad inclusion criteria:** reports that provide original data about any intervention or measure that was implemented in response to the Covid-19 pandemic in a long-term care population
- Mapping based on LTCcovid.org typology
137 included studies, conducted in 22 countries

- Most studies were from the US (n=58; or 42%)
- 11 studies were from the UK

Focus on institutional care

- 95% of studies in institutional settings, 8% home-care, and 1% community (some overlap between studies)

All studies were observational, and the majority were descriptive

- 46% outbreak reports or individual case studies; 19% case studies at national or regional level
- Remainder were analytical studies at the individual (9%), institutional (22%), or regional (5%) level
RESULTS: MAIN INTERVENTION TYPES

Half of studies reported on interventions for preventing/controlling COVID-19 infections

- **Multifaceted outbreak responses**, including testing, cohorting and isolation, visitor policies, staff cohorting. Deployment of **multidisciplinary strike teams** to control outbreaks.
- Measures to reduce risk of transmission from staff to residents included symptom screening, cohorting of staff with infected/uninfected residents, and staff confinement.

Possible targets for policies and interventions were analysed in association studies at the institutional level (18% of studies)

- Main characteristics of care homes studied: **ownership; quality** (quality ratings, adherence to IPC standards); **staffing** (number and qualifications of nurses; working across several homes).

Treating COVID-19 and maintaining access to regular health care (19% of studies)

- Observational studies of various pharmaceutical interventions for treating COVID-19, but no randomised controlled trial in long-term care setting
- Descriptions of approaches to **maintain access to health care**, including through contingency planning and the use of telemedicine
THEMES IDENTIFIED ACROSS INTERVENTION TYPES

Various applications of Information and Communication Technology

• Providing care and training (telemedicine; monitoring; providing guidance to caregivers)
• Combatting isolation through video (and phone) calls
• Sharing records on clients’ COVID status and to track exposure of staff; monitoring patients
• Algorithms using routine data for detecting COVID-19
• Show geographical location of outbreaks

Evidence gaps

• Few studies on care provided at home or in the community
• No studies of psychological or rehabilitation interventions to mitigate psychosocial impacts of isolation
• Little evidence on environment or building interventions
• Little evidence on financial/social protection for unpaid carers
• Evidence on vaccinations was thin at time of database searches, although this has since picked up
THE IMPACTS OF COVID-19 ON UNPAID CARERS OF ADULTS WITH LONG-TERM CARE NEEDS AND MEASURES TO ADDRESS THESE IMPACTS

• Rapid review of the academic and grey literature between July and November 2020: 40 studies from 10 countries

• Key topics identified:
  • Care commitment
  • Concerns related to COVID-19
  • Availability
  • Financial implications
  • Carers’ health and well-being
  • Carers’ adaptability
  • Carers of people in residential settings

• Measures to address impact on carers:
  • Technology
  • Financial assistance and support for working carers

IDENTIFYING LEARNING OPPORTUNITIES FROM OTHER COUNTRIES

Initial scoping of international experiences
LEARNING FROM OTHER COUNTRIES

- Overview of international experiences to identify learning opportunities for English social care system

- Country profiles developed through questions on:
  - Impact of Covid-19 on people who use and provide LTC
  - Brief description of key (relevant) LTC system features
  - Measures adopted: description, timing, changes, implementation, evidence
  - Barriers and facilitators to Covid-19 response in LTC system
  - Lessons learnt

- Output: “Live report” on LTCcovid.org, searchable by country and questions

- Identification of “potential for lesson learning”
EMERGING LESSONS FROM OTHER COUNTRIES:

<table>
<thead>
<tr>
<th>Country</th>
<th>Lessons</th>
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<tbody>
<tr>
<td>Australia</td>
<td>• Rapid response teams ready to support homes with outbreaks, to prevent staff shortages (in practice, though not sufficient support for affected care homes)</td>
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| Canada (British Columbia) | • Close contacts of care home residents allowed to visit throughout pandemic  
                              • Early adoption of single site work for staff, with wage compensation measures  
                              • Increased funding for NGOs providing support to family carers |
| Denmark               | • All nursing homes have private rooms with own personal space incl. kitchenette (facilitated isolation). Couples are enabled to live together in care homes.  
                              • Covid-19 was regarded as work-related “injury”, entitling workers to compensation |
| Israel                | • Financial, civil and health support for people at increased risk living in the community  
                              • Very well coordinated & robust emergency response, also enabled high speed vaccination |
| Japan                 | • Very well established infection control protocols in care homes facilitated rapid response  
                              • Strict isolation of c.h. residents with infection, usually transferring to hospital |
| Netherlands           | • Clients councils in all care homes, they have the right to make decisions about their daily lives, including visiting restrictions from 2nd wave onwards |
| South Korea           | • Mass testing in care homes whenever there were local outbreaks  
                              • Moved most c.h. residents with Covid to hospital to avoid within home spread |
THEORY OF CHANGE TO MAP A PATH TOWARDS RECOVERY AND RESILIENCE

(with thanks to Erica Breuer has facilitated this work and provided excellent slides)
WHAT IS THEORY OF CHANGE (TOC)?

- Not a theory
- A monitoring and evaluation approach
- Response to “black box” evaluations of programmes
- Seeks to understand how and why a programme brings about change
WHAT IS THE THEORY OF CHANGE?

How we’re going to get there

Where we are

Where we want to get to
A WIDE RANGE OF EXPERIENCES AND EXPERTISE IS IMPORTANT TO CO-DEVELOP A THEORY OF CHANGE:

“I think you should be more explicit here in step two.”
DEFINITION OF THE THEORY OF CHANGE

Theory of Change (ToC) is an outcomes-based approach which describes how a programme brings about specific outcomes through a logical sequence of intermediate outcomes.

Usually through a workshop with stakeholders.
WHEN TO USE THEORY OF CHANGE?

Example and guidance for using ToC for strategic direction/policy framework development:
THEORY OF CHANGE IN PRACTICE:
ADAPTING TO COVID TIMES
DEVELOPING A TOC FOR SOCIAL CARE R&R:

- Identifying challenges
- Agreeing on impact
- Developing an outcomes map
- Reviewing the ToC
- Developing strategies
- Identifying indicators

Week 1

Week 2
AN ONLINE WORKSHOP
EXPERIENCE OF TAKING PART IN THE THEORY OF CHANGE WORKSHOP

Margaret Ogden, member of the Public Involvement and Engagement Group
DEVELOPING A MURAL – THEORY OF CHANGE

- Excellent engagement with stakeholders & service users
- A step by step approach
- Developing a map
- Opportunity to consider macro issues
- How to get to a good position
MY IMPRESSIONS

• Importance of better integration of health and social care
• Taking in to account the voices of people who use care and that they are heard so they can have a good quality of life
• Sharing learning with authorities and stakeholders
• A focus on both paid & unpaid carers
• Sustainability in terms of continuity of workforce
WHAT INPUT PUBLIC CONTRIBUTORS CAN MAKE

• Ensuring micro issues are not lost
• 1st wave was about ppe equipment and quarantine
• 2nd wave is about testing and vaccines
• Care Homes opening up to visitors
• Face to face contact now possible
THANK YOU FOR THE OPPORTUNITY TO SPEAK TO YOU TODAY
A MAP TOWARDS RECOVERY AND RESILIENCE

Adelina Comas-Herrera
(CPEC, LSE)
WHAT EMERGED FROM THE WORKSHOP
People who use social care understand and voice their rights.

Partnership between local and national social care providers.

Evidence is available.

Voice of people who use social care is heard and respected.

People who use social care understand and voice their rights.

People who provide or use care recover from impacts of COVID.

The social care sector in England is able to recover from COVID and be resilient in the short term.

COVID related evidence is available.

Needs focused funding.

Social care providers are integrated.

Evidence based and co-developed vaccination policies.

Social care and healthcare are integrated.

Consolidated and clear, evidence-based guidance.

Evidence based and co-developed evidence informed road map out of lockdown.

People who provide or use care and work are supported.

People who use social care understand and voice their rights.

Sector builds on COVID experiences.

Market share strategists adopted and implemented.

Successful innovations & good practices are embedded.

New governance framework.

New national care/health vision is produced and reform implemented tested and adopted.

Political will for reform.

Well, joined-up policies for people who provide unpaid care.

Care system meets the needs of all people in need of care.

The social care sector in England is resilient and able to withstand ongoing and future shocks, and is well-prepared for future infectious disease outbreaks.

Jointed up policies for people who provide unpaid care.

People who need care receive high quality care.

Social care and healthcare are integrated.

People who are supported by LTC can recover from the impacts of the pandemic, can maintain their autonomy and are enabled to live independent and fulfilling lives.

Political will for reform.

Social care workforce is sustainable, provides continuity of care and have appropriate skills.

People who need care receive high quality care.

The social care sector in England is able to recover from COVID and be resilient in the short term.

The social care sector in England is resilient and able to withstand ongoing and future shocks, and is well-prepared for future infectious disease outbreaks.

Providers of LTC (including unpaid carers) can recover from the impacts of the pandemic, can maintain their autonomy and are enabled to live independent and fulfilling lives.

COVID related outcomes.

Impact.

Outcomes.
People who use social care understand and voice their rights.

Partnership between local and national social care providers.

COVID-related evidence is available.

Voice of people who use social care is heard and respected.

Sector learns from evidence and experience.

Successful innovations are kept.

Learning from the pandemic leads to increased public and political will for reform.

New National settlement addresses governance, funding, data, coverage.

Workforce strategy.

Sector is able to respond to changing COVID situation.

Sector is able support to people who use & provide care to recover.

The social care sector in England is able to recover from COVID and be resilient in the short term.

People who provide or use care and were affected by COVID are supported.

Sector is able to assess and respond to changing needs.

People who provide and use care and were affected by COVID are supported.

Social care and healthcare are integrated, have strategic capacity and strong leadership and joint accountability and ability to plan.

New National settlement addresses governance, funding, data, coverage.

Workforce strategy adopted and implemented.

Social care workforce is sustainable, provides continuity of care and have appropriate skills.

Social care workforce is integrated, have strategic capacity and strong leadership and joint accountability and ability to plan.

The social care sector in England is resilient and able to withstand ongoing and future shocks, and is well prepared for future infectious disease outbreaks.

People who are supported by LTC can recover from the impacts of the pandemic, can maintain their autonomy and are enabled to live independent and fulfilling lives.

Providers of LTC (including unpaid carers) can recover from the impacts of the pandemic and have a good quality of life & wellbeing, and decent work.

System leaves no one behind (including unpaid carers).

Well, joined-up (including unpaid carers)
SOME QUESTIONS FOR YOU:

PLEASE ANSWER IN THE CHAT OR EMAIL US

- **If you are in England:**
  - did the topics presented resonate with you and is anything missing/misrepresented?
  - what are the key topics where we need to learn more?
- **If you are in another country:**
  - what felt striking to you about the experience in England? what could we learn from your country?
- **Everyone:**
  - Are you aware of other research projects or initiatives looking at some of these topics already?
PLEASE EMAIL US ANY THOUGHTS:

Contacts:

Email: a.comas@lse.ac.uk

Keep an eye on: LTCovid.org (evidence summaries, international reports, webinars and more)

On Twitter: @LTCovid