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

Presentation for LTCcovid webinar on 24th May 2021

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ACKNOWLEDGMENTS

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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
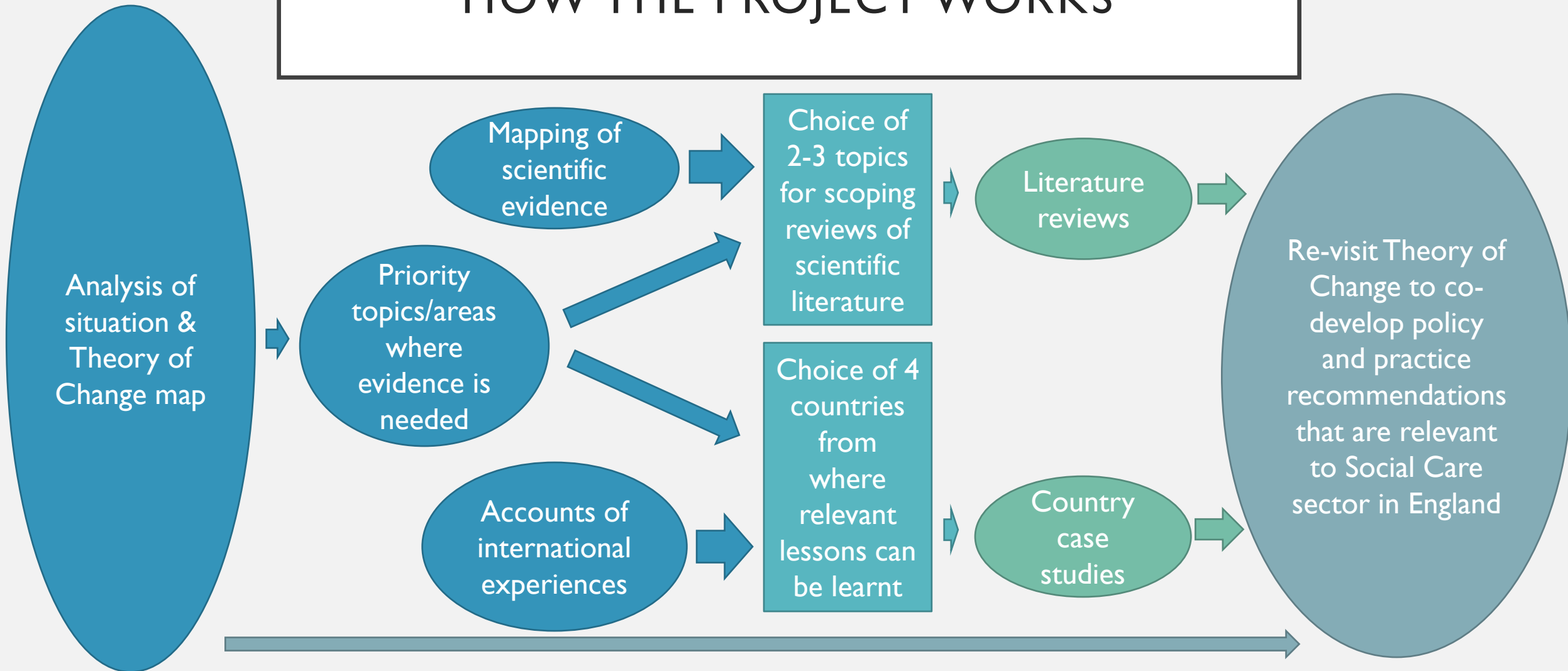
SITUATIONAL ANALYSIS: AIMS

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

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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

I. UNDERLYING STRUCTURAL CHALLENGES

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"

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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"

"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"

"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"

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"

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PHASED APPROACH TO IDENTIFY AND REVIEW RELEVANT EVIDENCE

Mapping review

What social care interventions/ measures have been studied during the pandemic?

Published as pre-print on LTCcovid.org; under review at peer-reviewed journal

Targeted scoping reviews

Selected topics:
Does relevant evidence on intervention X exist? What parameters have studies on X focused on (effectiveness; implementation; etc.)?

Evidence summaries

- 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

STUDY CHARACTERISTICS

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Number of studies
1   57
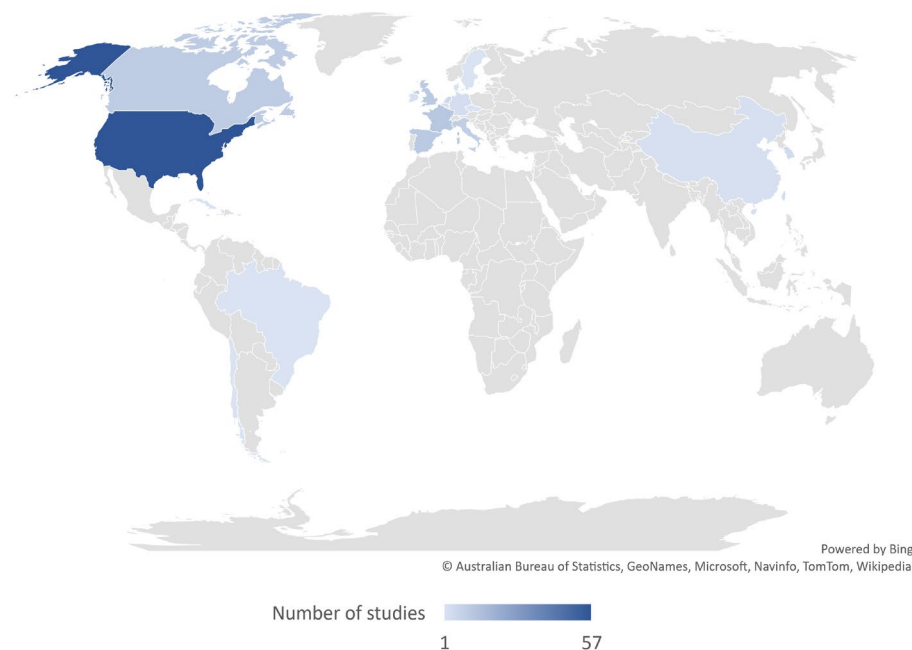
137 included studies, conducted in **22 countries**

- 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

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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"

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EMERGING LESSONS FROM OTHER COUNTRIES:

Australia	• Rapid response teams ready to support homes with outbreaks, to prevent staff shortages (in practice, though not sufficient support for affected care homes)
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)

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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

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WHAT IS THEORY OF CHANGE?

How we're going to get there

Where we want to get to

Where we are

TREASURE MAP
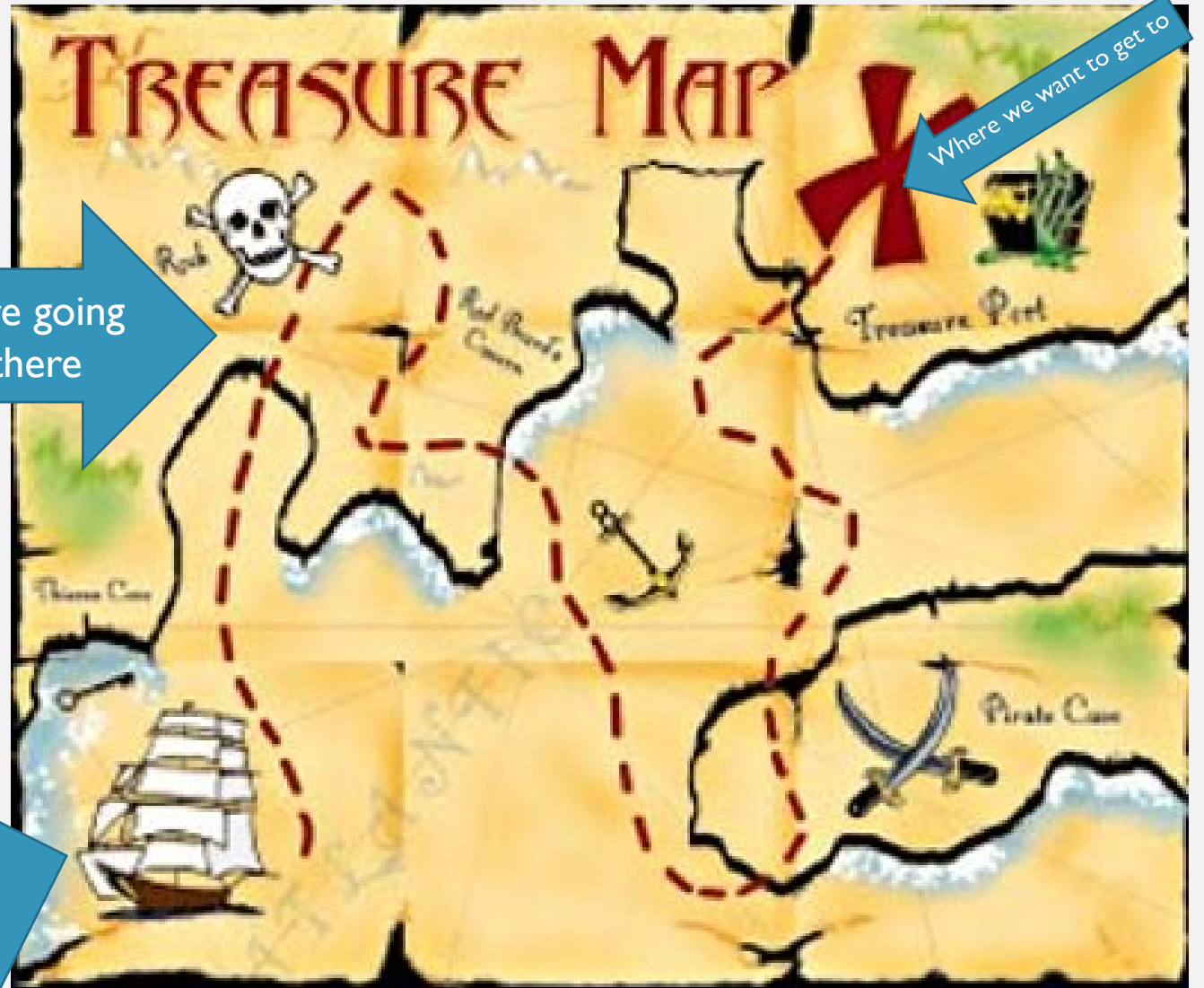
A WIDE RANGE OF EXPERIENCES AND EXPERTISE IS IMPORTANT TO CO-DEVELOP A THEORY OF CHANGE:

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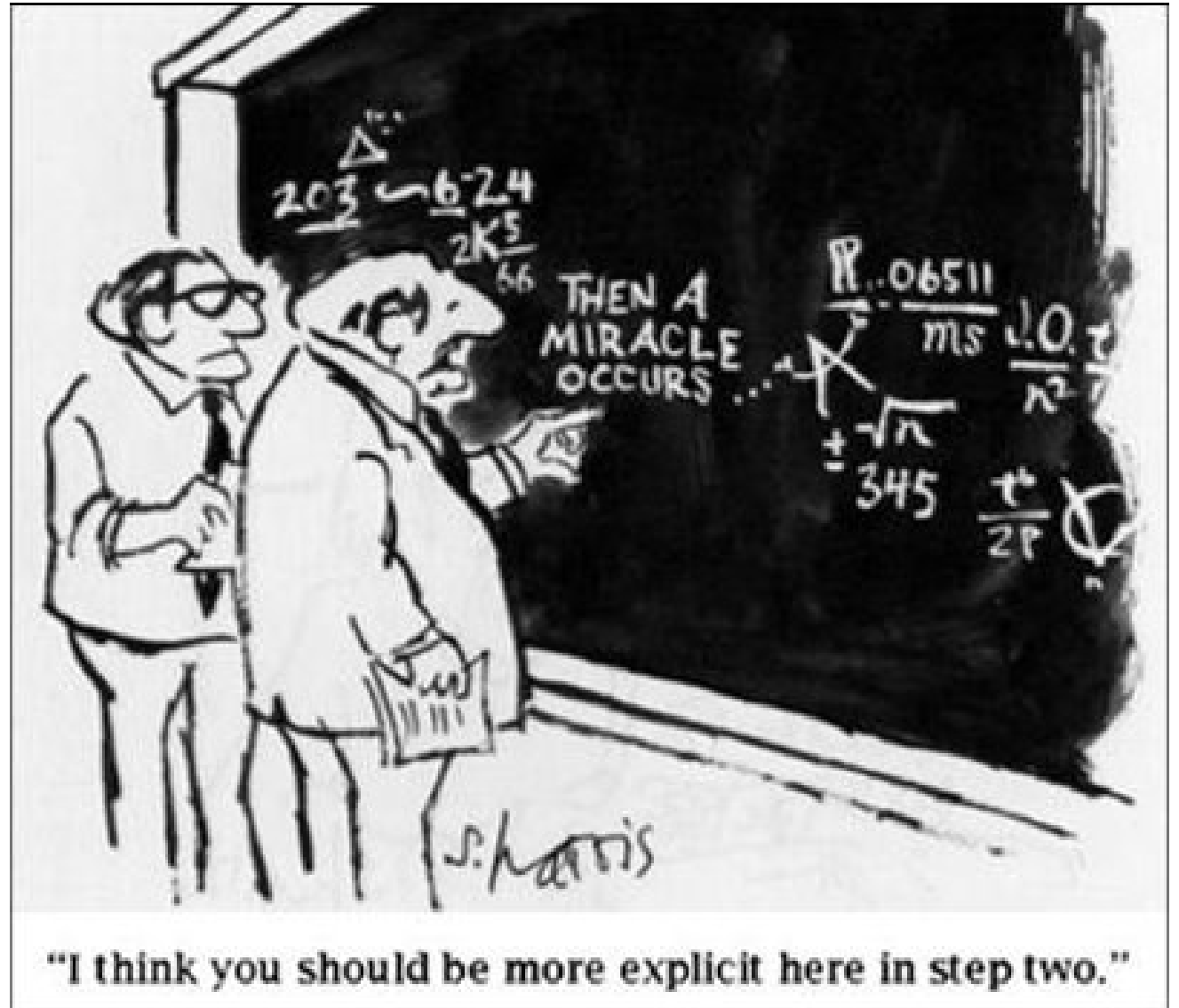
DEFINITION OF THEORY OF CHANGE

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?

STRATEGIC DIRECTION

REPORTING AND ACCOUNTABILITY

INTERVENTION DEVELOPMENT

PROVIDING A FRAMEWORK FOR RESEARCH AND EVALUATION

Example and guidance for using ToC for strategic direction/policy framework development:
Breuer et al (2019) *STRiDE Theory of Change Workshops: Guidance and Resources. STRiDE Research Tool No.1*, available at:
https://stride-dementia.org/wp-content/uploads/2019/11/STRiDE-THEORY_OF_CHANGEWORKSHOPS.pdf

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
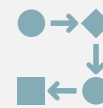
Reviewing the ToC

Developing strategies

Identifying indicators

Week 1

Week 2

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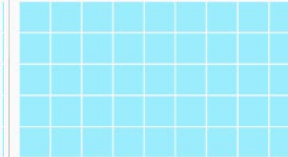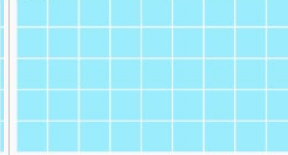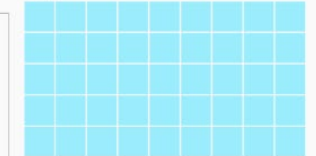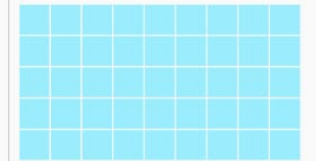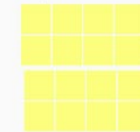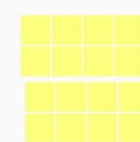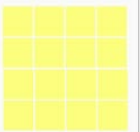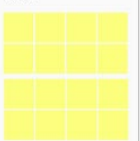
AN ONLINE WORKSHOP

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

WHAT EMERGED FROM THE WORKSHOP

SOCIAL CARE COVID RECOVERY & RESILIENCE: THEORY OF CHANGE MAP
V. 18TH MAY 2021

Legend

- Outcomes
- COVID related outcomes
- Impact

Partnership between local and national social care providers

COVID related evidence is available

People who use social care understand and voice their rights

Voice of people who use social care is heard and respected

Sector learns from evidence and experience

Co-developed evidence informed road map out of lockdown

Evidence based and co-developed vaccination policies

Needs focused funding

Consolidated and clear pandemic related guidance

Sector builds on COVID innovations

Sector able to assess and respond to changing needs

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

Employers able to develop and support workforce

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

Successful innovations & good practice are embedded

Increased understanding and valuing of social care leads to urgency in addressing problems

Political will for reform

Evidence is available and used

Stakeholders are involved in national settlement

New national settlement/ vision is produced and reform implemented, funded and adopted

New governance framework

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

Workforce strategy adopted and implemented

Sustainable, equitable, needs based funding

Well, linked single point of entry data systems

Strong communication facilitates decision making and accountability across social and health care

Staff have good working conditions

Voice of people who use care heard and rights upheld

People who need care receive high quality care

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

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

Joined-up policies for people who provide unpaid 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

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

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SOCIAL CARE COVID RECOVERY & RESILIENCE: THEORY OF CHANGE MAP

Legend
- Outcomes
- COVID related outcomes
- Impact

Yellow annotation boxes:
- Sector learns from evidence and experience (including of users and frontline staff)
- Co-developed evidence informed roadmap out to recovery and ongoing COVID is adopted & funded
- Sector is able to respond to changing COVID situation
- Sector is able support to people who use & provide care to recover
- 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
- Voice is heard and rights are upheld
- System leaves no one behind (including unpaid carers)

Diagram boxes:
- Partnership
- Evidence based and
- People who use social care understand and voice their rights
- social care is heard and respected
- Sector learns from evidence and experience
- Co-developed evidence informed road map out of lockdown
- Sect able assess respond to changing needs
- and support w
- People who provide or use care recover from impacts of COVID
- People who provide and use care and were affected by COVID are supported
- The social care sector in England is able to recover from COVID and be resilient in the short term
- Sector builds on
- Successful innovations & good practice are embedded
- Social care and healthcare are integrated, have strategic capacity and strong leadership and joint accountability and ability to plan
- Workforce strategy adopted and implemented
- Political will for reform
- New national settlement/vision is produced and reform implemented, funded and adopted
- needs based funding
- Staff have good working conditions
- Social care workforce is sustainable, provides continuity of care and have appropriate skills
- 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
- Stakeholders are involved in national settlement
- Well, linked single point of entry data systems
- Strong communication facilitates decision making and accountability across social and health care
- Care system meets the needs of all people in need of care
- Joined-up policies for people who provide unpaid care
- 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

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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: LTCcovid.org (evidence summaries, international reports, webinars and more)

On Twitter: @LTCcovid