Welcome to the LTC covid webinar, 5th July 2021

Taking stock of Covid-19 and the Long-Term Care sector in Germany

- Klara Lorenz-Dant: “Introduction to the Long-Term Care COVID-19 experience in Germany”
- Heinz Rothgang: “Differences in outcome: The role of structural factors in COVID-19 mortality in care homes in Germany”
- Franziska Laporte Uribe: “Dementia and COVID-19 in New Zealand, Chile and Germany: Learning for resilience”
- Klara Lorenz-Dant: Summing up
- Q&A
A brief overview of the COVID-19 experience in Germany

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**Brief background on the German LTC system**

- 4.13 million (4.9% of the German population) with Long-term care needs assessed at levels 1-5

### Care in the community
- 3.3 million live at home (almost 80%)
- 2.1 million people (64% of those living at home) receive care only from relatives/friends (receipt of care allowance)
  - 86.4% with care levels 2 & 3.
- 982,604 people receive domiciliary care (30% of those living at home)
- 14,688 domiciliary care providers
  - 32%: private not-for-profit providers
  - 67%: private for-profit providers
  - 1%: public providers
- Domiciliary care workers: 422,000 (72.2% providing direct care)
  - 12% aged 60+
  - 41% aged 50+

### Residential care
- 0.9 million people live in residential care settings (22%).
  - 79% of care home residents with care levels 3-5.
- 15,380 residential care homes
  - 53%: private not-for-profit providers
  - 43%: private for-profit provider
  - 5%: public providers.
- Residential care staff: 796,000 (74.5% providing direct care)
  - 13% aged 60+
  - 43% aged 50+

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All numbers for 2019  
Source: Statistisches Bundesamt, 2021, Gesundheitsberichterstattung des Bundes, 2021
How the system is funded

- **LTC insurance (since 1995)**
  - main goal: enabling people to live self-determined life
  - covers people with LTC needs at all ages
  - people can choose between care allowance, in-kind home care & residential care
  - financed through equal contributions between employer and employees
  - childless people pay a slightly higher rate (3.30% of gross wages vs. 3.05%)

- **LTC insurance not designed to cover all LTC-related costs**
  - people living in residential care settings pay up to €2,400 per month (including food and rent for the room)
  - social security mechanisms for people who cannot should the costs
  - private contribution towards residential care costs varies between Länder* (e.g. Baden-Württemberg + €1000; Thuringia - €450)
  - Care Reform 2021 to reduce contributions

*Complex situation reflecting different wages rates/ living costs between states in former West and East Germany*
The organisation of care in Germany

- Legal framework in the Social Code Book XI
- Since 2018 the Federal Government has a dedicated person responsible for care
- Länder and local authorities responsible for infrastructure
- Providers responsible for quality (close cooperation with LTC funds and municipalities)
- System of independent quality controls

- The Long-Term Care Insurance act prioritised informal/unpaid care.
- Reliance of a mix of both formal and unpaid/informal care
COVID-19 mortality in Germany

By 1 July 2021:

<table>
<thead>
<tr>
<th>Across the German population</th>
<th>In residential care settings*</th>
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<tbody>
<tr>
<td>‧ 3,729,033 confirmed cases</td>
<td>People living in residential care settings</td>
</tr>
<tr>
<td>‧ 90,938 deaths</td>
<td>‧ 136,943 cases</td>
</tr>
<tr>
<td></td>
<td>‧ 105,497 (77%) of cases among people 60+</td>
</tr>
<tr>
<td></td>
<td>‧ 22,034 (17%) deaths</td>
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</tbody>
</table>

People working in residential care settings

| 67,968 cases  | 7,751 (11%) of cases among people 60+ |
| 179 deaths    |                                           |

Source: Robert Koch-Institut

* § 36 IfSG: Residential care settings, asylums for homeless people, group accommodation for asylum seekers, prisons, other group accommodations
Issues the COVID-19 pandemic highlighted in the German LTC sector & main policy responses

**Existing issues pre-COVID-19:**
- Workforce shortage
- Technical infrastructure of local health authorities

**Preparedness**
- National Pandemic plan for influenza regularly updated
- Federal Government has dedicated person responsible for care
- High rate of intensive care beds
- High laboratory capacity

**Issues Highlighted by COVID-19:**
- Reduced workforce (infection/isolation)
- PPE shortage (early pandemic)
- => associated cost
- Vaccination
- Lack of uniform response: Länder responses differed

**Residential care:**
- Difference in level of preparedness regarding hygiene plans by LTC providers
- Issues around training on infection control among LTC workforce
- Workload: Infection prevention protocols (incl. testing) & administration
- Access to external service providers including medical doctors
- ‘Visitors’ in care homes: issues of social isolation & deterioration of physical health
- Stop of admission
- Implementation of visiting protocols

**Responses:**

**Sector:**
- Prioritisation for vaccination

**Workforce:**
- Increase in pay for care staff (Care Reform) & bonus payment

**Care providers:**
- Temporary support for care homes from armed forces & Civil Protection organisations
- Guidance on infection prevention measures (RKI)
- PPE supply
- Funding package to support payments for care providers to fill gaps
- Deviation on some rules around staffing & subcontracting
- Suspension of quality controls
- Access to testing

**Unpaid carers**
- Additional & flexible use of funding; funding for protective equipment
- Extension of right to stay away from work
- Interest free loan due loss of income

**Preparedness**
- National Pandemic plan for influenza regularly updated
- Federal Government has dedicated person responsible for care
- High rate of intensive care beds
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Sources:


- Statistisches Bundesamt (2021) Pflegebedürftige nach Versorgungsart, Geschlecht und Pflegegrade. Available at: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Tabellen/pflegebeduerftige-pflegestufe.html;jsessionid=57A0AEF2E327546B686CB585985DD245.live742#fussnote-2-96978


Thank you

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Next webinars:

**12 July:** COVID-19, vaccinations and immunity in care homes: emerging evidence from the VIVALDI (UK) and C19Immunity Study (Canada)

With Laura Shallcross (UCL) and Amy Hsu (Bruyere)


**19 July:** COVID-19 and long-term care systems: perspectives from France, Italy and Portugal, and an overview of OECD responses

With Layla Ricroch, Elisabetta Nottarnicola, Oscar Brito Fernandes and Paola Sillitti