RISING FROM THE COVID-19 CRISIS: WORKFORCE POLICY RESPONSES IN LTC

International workshop on COVID-19 and Long-Term Care systems: What have we learnt and what policies do we need to strengthen LTC systems?

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COVID-19 IMPACTS AND PRE-EXISTING CHALLENGES
40% of COVID-19 deaths were among LTC residents on average

Note: Data on cumulative deaths up to early February 2021. 1. Includes confirmed and suspected deaths. 2. Only includes deaths occurring within LTC facilities. 3. Data come from regional governments using different methodologies, some including suspected deaths. 4. Includes deaths in nursing homes and social LTC facilities. Source: (Comas-Herrera et al., 2021), (ECDC, 2021), (OECD Questionnaire on COVID-19 in LTC).
Incidence among residents mirrors that of workers in LTC facilities

England

Note: Confirmed cases based on PCR tests.
Source: 2021 OECD questionnaire on COVID-19 and LTC.
Pre-existing structural challenges

- **Poor working conditions**: low tenure, part-time employment, low pay
- **Lower spending**, a large number of preventable safety failures occurring in the sector prior to the pandemic
- **Insufficient quality standards** and monitoring
- **Insufficient co-ordination**
The rate of LTC workers varies widely across countries

Note: 1. Break in time series. 2. Data for Sweden cover only the public providers. In 2016, 20% of beds in LTC for the elderly were provided by private companies (but publicly financed).

Source: OECD Health Statistics 2021, complemented with EU-LFS.
LTC expenditure was estimated at 1.5% of GDP and health expenditure at about 9% across OECD countries.

Note: Data refer to 2019. 1. Estimated by OECD Secretariat. 2. Countries not reporting spending for LTC (social). In many countries this component is therefore missing from total LTC, but in some countries it is partly included under LTC (health). 3. Country not reporting spending for LTC (health). 4. OECD estimates for 2019 for health spending.

Source: OECD Health Statistics 2021; OECD (2020, “Focus on spending on long-term care”).
POLICY RESPONSES
Emergency preparedness in long-term care was insufficient.
Task forces were created, but very few are permanent

If task forces were created, did they include at least one LTC expert?

- Crisis groups and task forces were specific for LTC, but included at least one LTC expert: 46%
- Crisis groups and task forces were not specific for LTC, but included at least one LTC expert: 35%
- No: 19%
Measures to address staff shortages

- Some countries also suspended minimum education degrees or required qualifications for many tasks
- Use of mobile teams - 11 countries set up mobile teams to facilitate testing in LTC facilities
Measures to reward workers and make LTC more attractive

- **In Germany**, the basic wage will increase to 15.4€/h (2,500€/m) for a qualified carer and 12.55€/h for auxiliary workers in 2022.

- **In France**, the minimum tariff for home care will increase 22€/h in 2022. The “new” Fund will receive a share of the General Social Contribution (the main tax for health) has a budget of €31.6 billion for 2022 (€28 billion in 2020).

- **In Lithuania**, the Economic and Resilience Plan has a budget line of €11 million to finance 90 mobile teams and 10 day care centres in 2022-2024.

- **In Croatia**, the Economic and Resilience Plan has a budget line of €49.1 million for the construction and equipment of Centres for older people (including staffing).

- **In the UK**, the new health and social levy (National Insurance contributions) should raise £12.4 billion a year.
CONCLUSION
Vaccination has been a game-changer, but the new variant brings uncertainty

Previous COVID-19 waves = learning opportunities?

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<th>WORKFORCE</th>
<th>• Address existing workforce issues, improve working conditions and staff ratios</th>
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<tr>
<td>DATA</td>
<td>• Ensure standardized, comprehensive and timely data collection</td>
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<tr>
<td>INFECTION CONTROL</td>
<td>• Regular update of infection control protocols</td>
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<tr>
<td>HOME CARE</td>
<td>• LTC recipients at home seem to be better protected from COVID-19. Home-based options require adequate staffing, more sustainable resources and support to informal caregivers</td>
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ANNEX
Day care centres closed while LTC facilities shielded, requiring organisational changes
Care integration has improved, but could be strengthened further

Coordination with primary care providers
- Before the pandemic, 10 OECD countries reported having guidelines or legislation on the integration of LTC and primary care.
- Since the pandemic, 8 OECD countries have introduced new measures to foster multi-disciplinary teams, with the aim to integrate more primary care in LTC facilities (EE, CA, CO, FI, LV, LU, PT, SI).

Coordination with hospitals
- Since the pandemic, 7 countries introduced new guidelines on the integration of long-term care and care in hospital (BE, CO, EE, EL, FR, HU, NL).