COVID-19 and people who use and provide Long-Term Care

Adelina Comas-Herrera
Care Policy and Evaluation Centre
London School of Economics and Political Science

a.comas@lse.ac.uk, @adelinacohe

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COVID-19: a tragic exposure of the weaknesses of Long-Term Care Systems

• Early warnings about the risk of COVID-19 for older people and those with pre-existing conditions (the majority of those who use Long-Term Care)

• However, in most countries, initial responses to COVID-19 ignored the high risk of infection spread and deaths in care homes

• In many countries, lockdown and curfew rules did not account for care provision to people living in different households

• Large numbers of people died in care homes, but we know little about deaths among people who rely on care in the community, and we still know relatively little about other impacts
Mitigating the impact of COVID-19 across long-term care services (July 2020)

Targets:
• Policy makers and authorities in local, subnational, and national level

Structure:
• Eleven policy objectives
  • Challenges
  • Implications in the context of COVID-19
  • Key actions
    • Whole of sector
    • LTCFs
    • Community
  • Country examples

Excess deaths during the pandemic by place of death, England (up to 30\textsuperscript{th} October):

What has happened in care homes during COVID-19?
COVID-19 related mortality among people who live in care homes

• Data from 21 countries shows that 46% of COVID-19 deaths were among care home residents
• Population in care homes represents 0.75% of all population in those countries
• Age and underlying health conditions alone do not explain this magnitude of impact
• Some potential explanations:
  • Difficulty (o even impossibility?) of implementing physical distancing in care homes
  • Late / insufficient access to testing and PPE
  • Late adaptation of guidance to recognize “geriatric COVID symptoms” and asymptomatic transmission
  • Reduced access to healthcare
Different shares of deaths in hospital among care home residents

International data on mortality among people living in care homes

What have we learnt from international mortality data in care homes?

• Data comparability is problematic, but there are large differences in the share of care home residents who died (1 in 25 in some countries!)

• Best explanation for country differences appears to be overall levels of infection, suggesting that attempts to “shield” care homes have not worked, despite visiting bans.

• National studies also suggest spread of infection/mortality linked to size of care homes, crowding, staff working in more than one care home
Wellbeing, physical and mental health of people living in care homes

- Increasing evidence of negative impacts on wellbeing, physical and mental health
- These have been linked to lack of social interaction within the care home, decrease in activities, and restrictions on visiting
- Some evidence of increased use of anti-psychotics for people living with dementia
What has happened to people relying and providing care in the community?
Emerging evidence

• Decrease in use of formal care services (due to closure of day care centres/fear/need to quarantine)

• Informal and formal carers not recognized as key workers in initial part of the pandemic:
  • Having to break curfews to provide care
  • Lack of access to testing and PPE, lack of guidance

• Increased burden/stress and financial strain for unpaid carers

• Anecdotally: admissions to care homes due to less community-based care

• Large number of deaths in households: lack of access to palliative care?
What have we learnt?
Structural challenges behind international failures in the LTC COVID-19 responses

• **Low political priority** for LTC (compared to acute health care & other policy areas)

• Fragmented systems, responsibilities split between different government departments and levels of government (local/regional/national): **no one was in charge**

• Failures in health/LTC coordination resulting in access to health care

• **Weak regulatory oversight** and **inexistent or underdeveloped information systems**

• Lack of recognition of **human rights** of people living in care homes

• **Under-recognition of care staff**: low pay/staff shortages/poor working conditions

• **Under-recognition** of the role and needs of **unpaid carers**