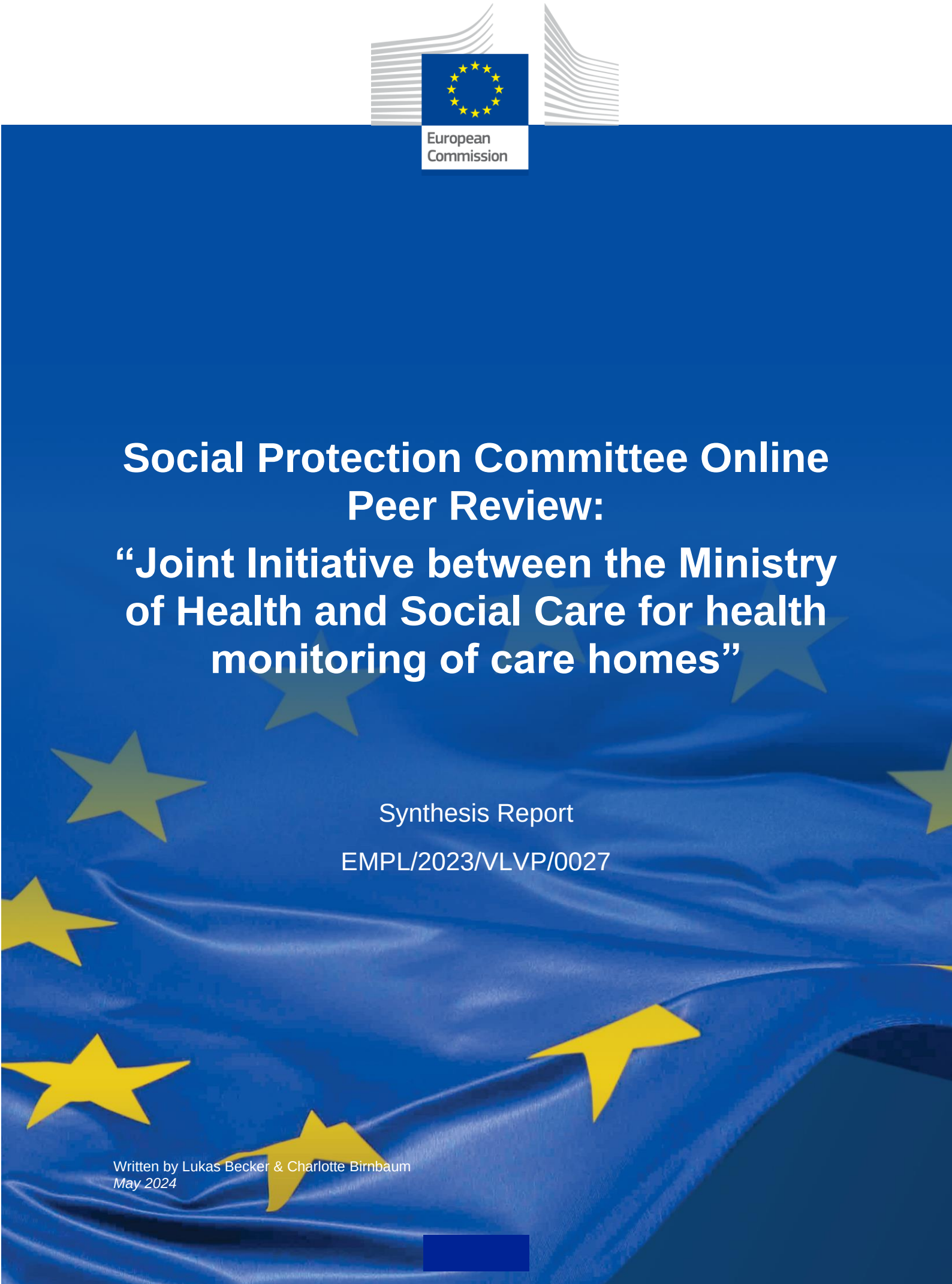


# Social Protection Committee Online Peer Review:

# "Joint Initiative between the Ministry of Health and Social Care for health monitoring of care homes"

Synthesis Report

EMPL/2023/VLVP/0027

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**EUROPEAN COMMISSION**

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# Specific analytical support for the Social Protection Committee peer review meeting: Joint Initiative between the Ministry of Health and the Social Welfare Services of Cyprus for health monitoring of care homes in relation to the COVID-19 pandemic

Synthesis Report

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# 1. Introduction

The focus of this Peer Review was on monitoring of health and well-being of residents in LTC homes. Drawing on experiences and lessons learned during the COVID-19 pandemic, the Cypriot Ministry of Health (MoH) and the Cypriot Deputy Ministry of Social Welfare (DMSW) presented their Joint Initiative between the Ministry of Health and Social Welfare Services of Cyprus for health monitoring of care homes in relation to the COVID-19 pandemic; this was the starting point for discussions about approaches to prevention and control measures of infectious diseases in long-term care (LTC) facilities during and after the pandemic.

The pandemic shed light on the lack of adequate protocols and measures to manage disease outbreaks and revealed that institutions, such as care facilities, were insufficiently prepared to manage the outbreak of COVID-19. Due to the lack of overarching guidelines and outdated legal and regulatory frameworks, care home managers and professionals in Cyprus developed bottom-up coordinated policies which resulted in the establishment of innovative practices and the refinement of existing protocols.

In the spirit of peer learning and exchanges among EU countries through the Open Method of Coordination, the Social Protection Committee invited representatives from Cyprus, Bulgaria, Germany and Greece to discuss:

- the monitoring of health and well-being in residential care settings in the event of disease outbreaks
- forward-looking policies integrating social and health care approaches, and
- approaches to improve LTC and the well-being of care residents more broadly.

The Peer Review meeting was hosted by the Cypriot Ministry of Health's (MoH) and the Cypriot Deputy Ministry of Social Welfare (DMSW) and took place online on the 16 - 17 April 2024. The meeting brought together representatives from the Ministry of Health and the Cabinet of the Secretary General for Social Solidarity and the Fight Against Poverty from Greece, the Federal Ministry of Health from Germany, the Bulgarian Agency for Social Assistance Programming and the Sofia Regional Health Inspectorate, as well as the Bulgarian NGOs Global Initiative on Psychiatry and the Institute for Community-based Social Services.

## 1.1 EU context

The EU faces structural and demographic challenges as the general population ages: a decline in functional ability typically associated with ageing will exacerbate preexisting issues and stretch limited capacities in the LTC sector in EU Member States[1]. The COVID-19 pandemic amplified these structural issues (i.e. insufficient funding, lack of personnel, unattractive working conditions, insufficient personal protective equipment, supplies and resources, etc.) and presented practical and ethical dilemmas in dealing with the high mortality rates. Containment measures were introduced to alleviate the pressure on healthcare systems, given their overstretched capacities[2]. Existing policies and emergency

[1] Council Of The European Union, Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care 2022/C 476/01, accessed at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01) (24.04.2024)

[2] Verelst, F., Kuylen, E., & Beutels, P. (2020). Indications for healthcare surge capacity in European countries facing an exponential increase in coronavirus disease (COVID-19) cases, March 2020. *Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin*, *25*(13), 2000323, accessed at : https://doi.org/10.2807/1560-7917.ES.2020.25.13.2000323 (03.05.2024)

protocols were insufficient to respond to the catastrophic effects of the pandemic and led to a reckoning on the limitations of pandemic preparedness and response measures developed on the basis of medically-driven considerations. In fact, beyond the repercussions witnessed from a medical point of view, effects on the populations' well-being were mostly neglected when implementing measures such as social distancing and isolation of infected and vulnerable persons and discontinuation of activities crucial for people's day-to-day lives.

In LTC settings, high mortality and large outbreaks of COVID-19 revealed the need for a new quality assurance approach to monitor hygiene and health compliance in such settings. However, the measures taken to protect care residents, such as quarantine and social distancing, also had a profound impact on the mental and physical well-being of residents (and their families) [3]. Ethical questions as to whether personal safety takes precedence over personal quality of life arose when shifting the focus from medical safety to including other health and well-being drivers (e.g. mental health).

While these questions are not new within LTC settings, discussions around the priorities and expectations of LTC are ongoing. The shift from personal safety to well-being, person-centred and human-rights-based approaches invites reconsideration as to what adequate, affordable, high-quality LTC implies, especially in view of increased demand projections. Key prerequisites for quality LTC primarily depend on effective quality assurance mechanisms, which are often lacking or under-resourced[4], as exemplified by the Cypriot context and the shortage of trained staff.

Even before the COVID-19 pandemic hit, the European Commission began to consider the implications of European ageing societies, also in terms of LTC[5], feeding into the European Pillar of Social Rights[6] and the correspoding Action Plan[7].

> *"Everyone has the right to affordable long-term care services of good quality, in particular home-care and community -based services"*
>
> - Principle 18 of the European Pillar of Social Rights -

Alongside the protection of those who are cared for (addressed by Principle 18), the European Pillar of Social Rights also highlights in Principle 9[8]:

- the right of people with caring responsbilities to suitable leave, flexible working arrangements and access to care services;

[3] McGarrigle, L., Todd. Chris (dd) The adverse effects of social isolation and loneliness on psychological and physical health outcomes in care home residents during Covid-19, accessed at:https://assets.publishing.service.gov.uk/media/611e8334d3bf7f63b086cb41/S0584_Adverse_effects_of_social_isolation_and_loneliness_in_care_homes_during_COVID-19.pdf (03.05.2024)

[4] Council Of The European Union, Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care 2022/C 476/01, accessed at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01) (24.04.2024)

[5] European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Long-term care report – Trends, challenges and opportunities in an ageing society. Volume I, Publications Office, 2021, accessed at: https://data.europa.eu/doi/10.2767/677726 (24.04.2024)

[6] European Commission, Commission Recommendation (EU) 2017/761 of 26 April 2017 on the European Pillar of Social Rights, Official Journal of the European Union, 113 (29), 2017, p.56-61. Accessed at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32017H0761. (3.05.2024)

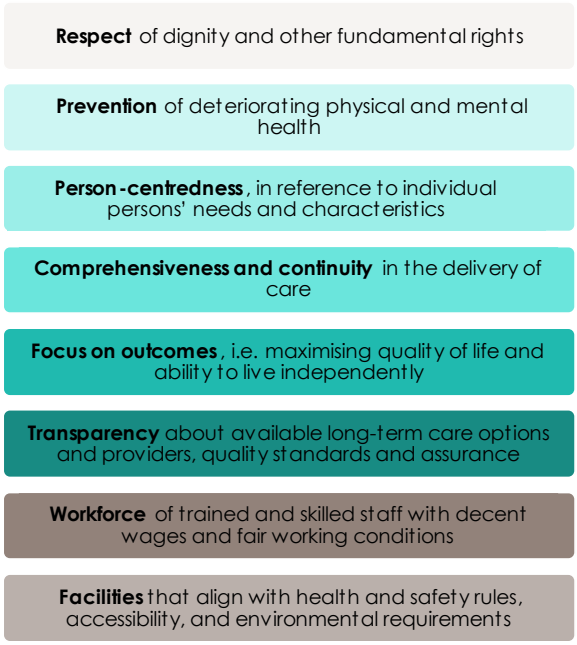
[7] European Commission, Directorate-General for Employment, Social Affairs and Inclusion, The European Pillar of Social Rights Action Plan, accessed at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2021%3A102%3AFIN&qid=1614928358298#PP1Contents (30.04.2024)

[8]European Commission, Commission Recommendation (EU) 2017/761 of 26 April 2017 on the European Pillar of Social Rights, Official Journal of the European Union, 113 (29), 2017, p.56-61. Accessed at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32017H0761. (3.05.2024)

- the right of women and men to have equal access to special leaves of absence in order to fulfil their caring responsibilities, while being encouraged to use them in a balanced way.

The Commission proposed common LTC quality principles in a Council Recommendation[9], which the Council of the European Union then adopted in December 2022[10][11] (see Figure 1).

*Figure 1 Principles for long-term care in the Council Recommendation*




Source: Authors' own elaboration based on Council Recommendation of 8 December 2022 (2022/C 476/01)

The Council Recommendation highlights the need for an integrated person-centred approach with a concerted effort from all relevant actors in health and social care at EU, national and local levels to develop a range of services, such as home care and community-based services, to ensure that those in need of LTC can access the care they need, while being included in society and that the quality of all types of LTC is ensured. The European care strategy[12] also talks about the need for better funding and the tackling of workforce issues and emphasises the immediate requirement to enhance the resilience of LTC systems and increase efforts to foster personal autonomy and independent living of people in need of care.

[9] Council Of The European Union, Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care 2022/C 476/01, accessed at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01) (24.04.2024)

[10] European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Long-term care report – Trends, challenges and opportunities in an ageing society. Volume I, Publications Office, 2021, accessed at: https://data.europa.eu/doi/10.2767/677726 (24.04.2024)

[11]Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy. Accessed at : IMMC.COM%282022%29440%20final.ENG.xhtml.1_EN_ACT_part1_v12.docx (europa.eu) (24.04.2024). See also : A European Care Strategy for caregivers and care receivers - Employment, Social Affairs & Inclusion - European Commission (europa.eu)

[12] European Commission, A European Care Strategy for caregivers and care receivers, 2022. Accessed at: https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169 (3.05.2024)

## 1.2 Approaches to LTC in the Member States

An increased demand for LTC will derive from the increasing lifespan of European citizens, challenging already stretched capacities of LTC facilities. In response to the changing demographic and economic structures in the EU, Member States, have developed different policy reforms in LTC to increase access, fiscal sustainability and quality of affordable care, publicly or privately provided.

Member States' modes of LTC provision varies, in terms of governance structure and level, degree of coverage, provision criteria and funding[13]. The governance structure takes the form of an "integrated"system, when LTC is part of the broader public social protection services, and of a "split" system, when LTC is split between healthcare and social care/assistance and between institutions in charge of providing cash benefits and those providing in-kind services.

Variations are also found at the levels of responsibilities and organisation of LTC (national, regional, local). In most EU Member States, LTC provision is a shared responsibility across governmental level, based on the service provided (healthcare, social care services or cash allowances). In the Nordic countries it is organised at the municipal level (DK, FI, SE), while in most of the Continental countries it is provided at the national level (AT, DE, LU, NL).

While all Member States offer services, including residential or semi-residential care, different home care and other in-kind forms of support, the degree of coverage of these services differs across countries, with several Central and Eastern European Member States displaying comparatively lower coverage, especially of home and community-based services[14].

Another key differentiating aspect is whether LTC is provided universally (i.e. publicly provided to all residents) or in a selective manner, whereby conditionalities apply to different population groups (needs-based or income-based). Selectivist and mixed models are mostly found in Central Eastern and Southern European countries, while quasi-universalist and universalist systems are mostly in place in Continental and Northern European countries. Linked to LTC service provision is the financing, which can derive from taxation, compulsory social contributions, or from a mix of these.

Considering all the above factors, LTC provision relies on different degrees of state intervention and varying degrees of capacity. Nonetheless, the main challenges that the LTC sector faces are largely common across EU Member States[15][16]. These entail:

- Unmet LTC needs of many people;
- Quality of LTC;
- Difficulty in retaining and attracting formal (and trained) care workers;
- Struggles encountered by informal care workers, e.g. insufficient access to support measures or resources;

[13] Pavoloni, E. (2021), Long-term care social protection models in the EU, European Social Policy Network, Luxembourg: Publications Office of the European Union.

[14] Pavoloni, E. (2021), Long-term care social protection models in the EU, European Social Policy Network, Luxembourg: Publications Office of the European Union

[15] European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Long-term care report – Trends, challenges and opportunities in an ageing society. Volume I, Publications Office, 2021, accessed at: https://data.europa.eu/doi/10.2767/677726 (24.04.2024)

[16] Spasova, S., Baeten, R., Vanhercke, B (2018) Challenges in long-term care in Europe, Eurohealth Observer, 24 (4). https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes

- Inequalities in accessing (quality) LTC;
- Gender imbalance within the care workforce, whereby care responsibilities are overwhelmingly attributed to women, which consequently excludes them from the labour market. At the same time, women are more likely to need LTC, but are not as likely to be able to access it;
- Financial sustainability, as LTC is the social expenditure increasing the fastest in the EU, projected to rise from 1.7% to 2.5% of GDP between 2019 and 2050.

In light of differences in policy measures adopted across EU Member States in confronting common challenges, the Social Protection Committee's Open Method of Coordination encourages mutual learning processes to facilitate exchanges, peer learning and capacity building regarding policy developments and reforms. The Ministry of Health of the Republic of Cyprus, in collaboration with the Deputy Ministry of Social Welfare, embraced the opportunity to gain feedback on their programme to improve access to high-quality care in residential settings through collaboration between health and social services. In particular, the peer review discussions focused on:

- monitoring of infection rates in care homes (during and after COVID-19),
- strategies to ensure well-being through a wide array of activities,
- strengthening collaboration between stakeholders from the health and social care sectors.

The Cypriot MoH also sought to better understand how peer countries tackled the COVID-19 pandemic in their own contexts. The aim of the peer review was to ultimately identify transferable aspects of participating countries' practices and approaches, following in-depth discussions and critical reflections on strengths, weaknesses, threats, and opportunities that these provide.

# 2. Host country's joint initiative for health monitoring of care homes in relation to the COVID-19 pandemic

## 2.1 National LTC context in Cyprus before the pandemic

The global health emergency caused by the spread of COVID-19, as declared by the World Health Organisation (WHO) on 11 March 2020, forced the Republic of Cyprus' MoH[17] to confront long-standing structural challenges and issues in the LTC system. In the context of the increasing dependency ratio due to the ageing Cypriot population, a lack of sound and coordinated national strategies and action plans and the fragmentation of services between the MoH and Deputy Ministry of Social Welfare (DMSW)[18], extraordinary and urgent measures were needed to rapidly mitigate the pandemic's negative effects on the residents of care homes. A piecemeal quality assurance framework coupled with an outdated legal and regulatory framework for LTC facilities, prevailing underfunding of LTC services, a shrinking workforce, and the absence of reliable and granular data constituted long-standing

[17] In particular the Unit for Surveillance of Communicable Diseases.

[18] Known as the Social Welfare Services (SWS) until 2021

challenges which required a proactive and holistic response. Further challenging factors within the Cypriot LTC system pointed to:

- A lack of collaboration and coordination between the MoH and the Ministry of Social Welfare,
- Difficulties in setting standards and weak quality assurance mechanisms,
- Increased misalignment between policies developed by regulators and the way in which these translate into practice by home care providers and
- Shortage of professionals due to the unattractiveness of working conditions provided in the sector.

## 2.2 Policy response and objectives of the Joint Initiative

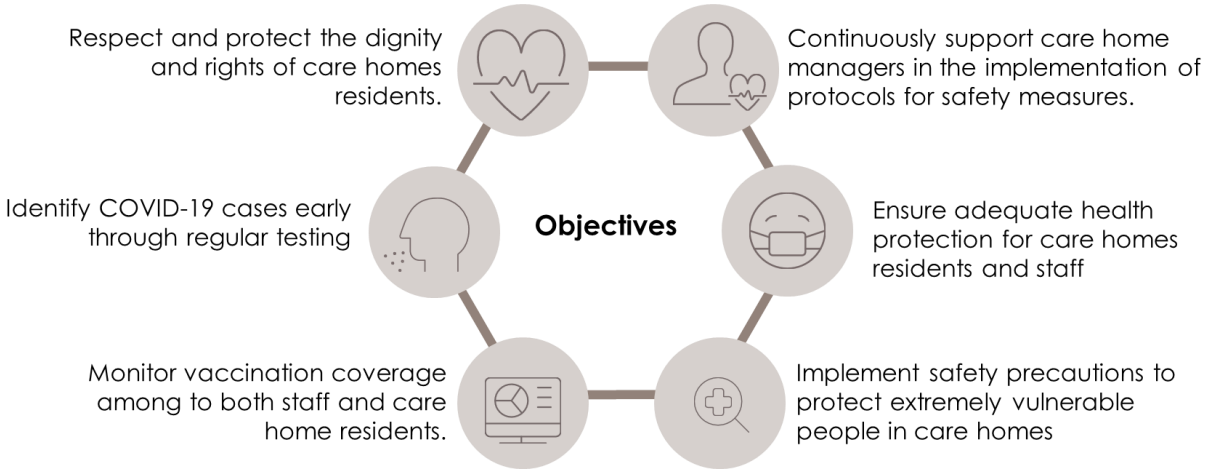
To tackle the rising infections and deaths in LTC facilities associated with COVID-19, a National Scientific Advisory Committee[19] was appointed to work in close collaboration with the DMSW, as well as with care home administrations. Through a proactive and collaborative approach, these stakeholders were assigned with designing a well-suited policy through capacity mapping, needs assessment and planning to ensure an adequate level of health protection for both residents and staff of LTC residential settings.

The joint action between the MoH and the DMSW was envisaged to address the following objectives:

- Respect the dignity and rights of LTC residents and prevent and manage the spread of infectious diseases in a humane and compassionate way;
- Continuously support care home managers in the implementation of protocols for safety measures;
- Early identification of positive or contact cases of COVID-19 through weekly testing with mobile units and provision of free self-testing kits to care homes;
- Ensure maximum health protection for LTC residents, including interactive online training for staff and the provision of free PPE;
- Determine the percentage of vaccination coverage of care home residents and offer vaccinations to both staff and care home residents;
- Document the number of extremely vulnerable people in a care home and ensure that they are adequately protected by implementing all safety measures, such as immunisation testing, hygiene, etc.

[19] The National Scientific Advisory Committee was made up of scientists and academics from various disciplines who acted as COVID-19 scientific advisors to the government.

*Figure 2 Main policy objectives of the Cypriot initiative*




The resulting policy of monitoring LTC facilities during and after the COVID-19 pandemic included a comprehensive series of actions that drew on documents and guidelines from the European Centre for Disease Prevention and Control (ECDC)[20] and the WHO[21] - including hand hygiene, personal protective equipment (PPE) donning and doffing - and which fully aligned with the horizontal priorities set by the MoH for the protection of vulnerable populations and for improving safety and quality standards in LTC facilities. The conceptual framework adopted was linked to the WHO's recommendation for a multimodal improvement strategy[22], which identifies five key elements for improving infection prevention and control. The WHO's proposed strategy, in this case, consisted of pillars that were implemented in an integrated manner with the common goal of improving COVID-19 notification of infection rates and indirectly reducing COVID-19 deaths in care homes.

*Box 1 Components of the WHO's multimodal improvement strategy adopted*

**Components of the WHO's multimodal improvement strategy adopted**

1. Continuous monitoring: epidemiological COVID-19 surveillance;
2. Alignment of standard operating procedures (SOP) for care homes;
3. Promotion of volunteerism and active participation;

[20]Prevention and control of COVID-19 in long-term care facilities. Accessed at: https://www.ecdc.europa.eu/en/all-topics-z/coronavirus/threats-and-outbreaks/covid-19/prevention-and-control/LTCF;

European Centre for Disease Prevention and Control. Surveillance of COVID-19 in long-term care facilities in the EU/EEA, 19 May 2020. Stockholm: ECDC; 2020. https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-long-term-care-facilities-surveillance-guidance.pdf;

European Centre for Disease Prevention and Control. Surveillance of COVID-19 in long-term care facilities in the EU/EEA, November 2021. Stockhom: ECDC; 2021. Accessed at: https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-surveillance-in-long-term-care-facilities-november-2021.pdf; Healthcare-associated infections in long-term care facilities. Accessed at: https://www.ecdc.europa.eu/en/healthcare-associated-infections-long-term-care-facilities

[21] WHO, Infection prevention and control guidance for long-term care facilities in the context of COVID-19, 2021. Accessed at: https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-IPC_long_term_care-2021.1 (3.05.2024)

[22]WHO Multimodal improvement strategy. Accessed at: https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/hand-hygiene/tools/ipc-cc-mis.pdf?sfvrsn=425b25d_6&download=true (3.05.2024)

4. Continuous training, communication, and feedback to the managers of the care homes;
5. Intensification of audits in the care homes;
6. Activation of a task force to identify confirmed cases and cluster events.

## 2.3 Activities carried out during the Joint Initiative

The initiative on the monitoring of LTC facilities – developed by the MoH and DMSW – included a wide range of activities targeting different stakeholders. Target groups were, on the one hand, residents of all care homes in Cyprus, the majority of whom included people over 65 years of age in need of care, with or without physical and/or mental comorbidities. On the other hand, all staff in these LTC facilities, such as carers, nurses, doctors and administrative and support staff, were also targets of this initiative.

The following activities relied on strong and close collaboration between the DMSV, MoH and LTC providers, marking a new cooperation that had not previously been established, due to the traditionally separate strands of work carried out in relation to LTC sector work as a whole (including community care, home care and residential care). As shown in the Figure below, the initiative sought to: (i) enhance epidemiological surveillance through constant monitoring, (ii) set Standard Operating Procedures to be applied across all care homes, (iii) provide capacity-building training initiatives and strengthen communication and feedback channels, (iv) increase audits in care homes to ensure upholding of SoPs and (v) develop recommendations on how to improve residents' wellbeing and the overall quality of LTC care services.

*Figure 3 Activities implemented through the policy*


### 2.3.1 Continuous monitoring: epidemiological COVID-19 surveillance

Continuous monitoring of COVID-19 cases was carried out through regular and weekly testing for all working employees and bi-weekly testing for residents of care homes with rapid antigen tests; 23 mobile testing units across the country were deployed. Weekly schedules and appointments for testing were provided to care home managers. Following the identification of a confirmed COVID-19 case, all staff and residents were retested on days 3, 7 and 14 with rapid antigen tests.

### 2.3.2 Alignment of standard operating procedures for care homes

A key aspect of the monitoring policy was to standardise and align the standard operating procedures (SOPs) across care homes. The action included revising the existing national

protocol for emergency preparedness against COVID-19 for care homes, focusing on the development of an emergency plan and on the promotion of best practices in infection control and prevention based on ECDC and WHO input. As a result, a checklist based on the revised protocol was finalised (see Box 2) to monitor, assess and audit the compliance of the care homes in a standardised manner.

The action involved the recruitment of medical students who conducted weekly anonymous assessment visits on-site, complying with the checklist of SOP. Additionally, staff members were educated on best practices, with a focus on proper application, use and disposal of PPE, use of social bubbles, avoidance of indoor crowding, etc. The students received online training and were tested weekly with a rapid antigen test before going to the care homes. The weekly timetable and schedule (visits in groups of two led by a senior inspector from the MoH) were provided to the students' liaison officers by the MoH. The results of the visits, including needs and risk assessments, were also analysed in order to adapt the educational seminars for the managers and the staff of the care homes.

*Box 2 Checklist and Standard Operating Procedures*

**Checklist and SOPs**

The checklist is divided into nine sections. The first and second sections relate to general health and safety management and applied health protocols. The third section deals specifically with cleaning and disinfection procedures. The following two sections cover guidelines for residents and employees of care homes. The proper use of appropriate PPE is also a key point mentioned in the checklist. The final four sections are about monitoring whether the correct procedures are being followed for confirmed or suspected COVID-19 cases.

In addition, the SOPs have been adapted to the care homes' needs and are in line with ECDC and WHO guidelines on health and safety measures, cleaning and disinfection, screening of staff and residents, management of suspected and confirmed cases, and PPE.

### 2.3.3 Intensification of audits in the care homes

The initiative included a weekly schedule of audits based on the checklist of designated inspectors from DMSW and MoH to monitor care home infrastructures, practices, processes, and results and to submit the data as a weekly report to the MoH.

### 2.3.4 Continuous training, communication, and feedback to the managers of the care homes

In line with the ECDC and WHO's recommendations, the initiative included weekly remote seminars (four in total) on infection prevention and control and contingency planning for care home managers. These focused on raising managers' awareness of the COVID-19 situation, on better preparedness planning/management taking into account the specificities of each care home and on the provision of continuous feedback mechanisms with weekly reports on the epidemiological situation in the care homes in Cyprus. The seminars were followed by Q&A sessions to jointly discuss the current COVID-19 issues and improve communication and engagement. In addition, the managers of the care homes were in constant dialogue with the officials of the MoH and DMSW via email or in person during the week.

The continuous training and feedback loops were pivotal to bringing about a significant decrease in COVID-19 cases.

## 2.4 Health safety and well-being

A fundamental aspect of the Cypriot approach to tackling disease prevention and control was to account for residents' psychosocial needs (well-being), which were likely to be compromised by infectious disease control measures such as lockdown and social distancing or isolation when infected, thus impacting on residents' quality of life. While health safety was generally prioritised to limit the spread of COVID-19 cases within the care homes, measures aimed at upholding residents' well-being were nevertheless implemented where and when possible, as this generated resilience against negative psychosocial effects caused by isolation and loneliness[23]. Examples of actions implemented in care homes in this sense, included:

- Provision of tablets for online communication with loved ones;
- Collaboration with professional counsellors and psychologists for mental health workshops and one-on-one visits;
- Encouragement of social activities (e.g. cinema nights, group games) and expression of feelings through various mediums (e.g. writing, singing, dancing);
- Physiotherapy and occupational therapy;
- Direct involvement of directors of care homes in the organisation of different social activities and in the communication with occupants' relatives.

In essence, the Cypriot approach to disease prevention and control in care homes not only aimed to limit the spread of COVID-19 but also fostered resilience and maintained the quality of life for residents amidst challenging circumstances.

# 3. Peer country approaches

As part of the peer review, the representatives of the peer countries Germany, Greece, and Bulgaria presented their practices developed during the COVID-19 pandemic to monitor and improve long-term care. They shared insights into the organisational and institutional backgrounds of their country's LTC systems, the challenges faced by their LCT sectors before and during the pandemic, and the measures developed in response to them.

## 3.1 Bulgaria

### 3.1.1 Background information

During the COVID-19 pandemic, infections in Bulgaria were especially high among individuals aged 40-79, with higher morbidity and mortality observed among users of social services, particularly those with mental health problems or dementia and those over the

[23] i, J.L., Basanovic, J. & MacLeod, C. Social activity promotes resilience against loneliness in depressed individuals: a study over 14-days of physical isolation during the COVID-19 pandemic in Australia. *Sci Rep* **12**, 7155 (2022). https://doi.org/10.1038/s41598-022-11315-4

working age. As of February 2024, 16,371 individuals in Bulgaria, including 3,067 children and 13,304 adults, are placed in social services for residential care. The Social Services Act governs the provision, financing, quality, and monitoring of social services, with municipalities responsible for their provision; state and municipal budgets fund the services. Quality standards for social services are mandatory for all providers, regardless of the funding source, as outlined in the Regulation on the Quality of Social Services.

### 3.1.2 Action plan at district and municipal level for integrated health and social services for residential care

The action plan encompasses several key activities. Firstly, it involves the development of individualised COVID-19 action plans for each social service or specialised institution. These plans include implementing anti-epidemic measures, conducting staff training on infection prevention, establishing mechanisms for hiring extra staff if needed, setting up an immediate notification system to alert the Regional Health Service in case of infectious diseases, devising action protocols for confirmed COVID-19 cases, and coordinating with local health authorities and relatives of infected individuals. Additionally, at the district level, there is a focus on creating an action plan specifically tailored for COVID-19 outbreaks in residential care services and specialised institutions. This plan entails mechanisms for providing additional hospital beds and wards for COVID-19 treatment and arranging staffing for medical monitoring and care in alternative locations.

The primary objective of the action plan is to safeguard the lives and health of individuals residing in residential care services and specialised institutions, as well as the staff working within these facilities. This overarching goal drives the development and implementation of tailored COVID-19 action plans at both individual service provider and district levels, ensuring comprehensive measures are in place to prevent, detect, and respond to outbreaks effectively. By prioritising the protection of users and staff within these settings, the action plan seeks to minimise the impact of COVID-19 and maintain the safety and well-being of vulnerable populations.

The monitoring and implementation approach of this plan involves two key aspects: firstly, controlling and monitoring COVID-19 infections at the service provider level, and secondly, limiting outbreaks within the district. As a result of the measures taken by Bulgarian health and social care authorities, all services across the 28 administrative districts are currently prepared to enact their plans in the event of a new outbreak. Success factors include effective coordination between national and local authorities and the application of a pyramid approach to prevent COVID-19 and other infectious diseases in residential care.

## 3.2. Germany

### 3.2.1. Background on the German LTC Sector

According to figures from 2022, out of a population of 84.6 million people, about 5.2 million individuals in Germany were officially receiving LTC. Home care played a significant role, with 4.3 million people benefiting from care provided either by family members or by around 15,400 professional care and nursing services. LTC facilities accommodated around 900,000 individuals, in approximately 16,000 residential facilities nationwide. Among these facilities, 11,400 were nursing homes. Some of them offer also daycare and/or short term care. In total, there are 5,900 daycare institutions. The sector employs approximately 1.26 million individuals across all LTC facilities. Prevention measures for the spread of infectious diseases in the German LTC system are regulated through the federal “Infection Protection Act” (*Infektionsschutzgesetz*), which makes the German Federal MoH responsible for

overseeing the tracking of infectious diseases in LTC settings. The *MoH is* responsible for implementing measures and monitoring the spread of infectious diseases. In addition, German legislation for mandatory LTC insurance mandates quality assurance audits of LTC facilities. All licensed care facilities and services must ensure the provision of care while respecting human dignity. Licenced LTC facilities are also obliged to implement quality management and to define quality assurance procedures based on professionally defined standards. Furthermore, providers need to cooperate in yearly quality inspections.

### 3.2.2. Action Plan Autumn/Winter 2022/23 (“Herbstkonzept”)

Coordination for the Action Plan Autumn/Winter 2022/23 was led by the Federal MoH in collaboration with the self-regulating body of LTC Insurance funds and national care provider organisations known as the "Qualitätsausschuss Pflege" (quality committee for care). The focus was on all residential care homes, aiming to raise awareness and enhance preparedness for the seasonal increase in COVID-19 infections during the autumn and winter of 2022/23. The main activities included legislative measures, included in the Infection Law Reform Act of September 2022, which mandated care homes to designate staff members responsible for hygiene, testing, vaccination, and medication. Coordination and guidelines were established by the quality committee for care, ensuring consistency and effective implementation across the sector.

The main objectives of the action plan were to raise awareness and preparedness in all residential care homes to effectively manage the seasonal increase in COVID-19 infections during the autumn and winter months of 2022/23. This initiative included promoting preventive measures like vaccination, hygiene and infection control, defining of responsibilities and ensuring clear communication channels,. These measures were aimed at empowering LTC homes to proactively mitigate the impact of seasonal rises in COVID-19 infections, protecting the health and well-being of residents and staff. Vaccination rates among both staff and residents were monitored from April 2022 until April 2023, while promoting vaccinations in parallel.

The monitoring and evaluation of the implementation of the action plan, alongside assessing organisational adjustments and outcomes, included infection rate trends and implementation insights. Notable outcomes included the widespread adoption of organisational changes within care homes and an increase in vaccination rates until December 2022, coinciding with the conclusion of mandatory vaccinations for LTC staff. Key success factors included the involvement of self-regulating bodies and LTC providers, as well as soliciting practical feedback through ongoing evaluations, including opinion surveys and focus groups from LTC facilities and staff. Practical insights gained from these evaluations were pivotal in supporting learning processes and organisational development, highlighting the importance of incorporating such approaches for future initiatives.

## 3.3 Greece

### 3.3.1 Background on Greek government action on healthcare-associated infections and antibiotic-resistant pathogens

The Greek authorities have implemented a series of legislative measures to combat infectious diseases over the years. Beginning in 2014 with the introduction of the "Procrustes" system, they established a surveillance system targeting carbapenem-resistant pathogens and other significant infectious agents. Internal hospital regulations were also enforced, including committees for infection prevention and control, education, and strategic planning, with participation mandated for hospitals and dialysis centres. In subsequent years,

further steps were taken, such as issuing directions for antimicrobial use in hospitals, restricting certain antibiotics, and mandating prescriptions for antibiotics to curb over-the-counter sales. By 2022, healthcare-associated infections were included in the list of reportable diseases, necessitating weekly reporting from all public and private healthcare facilities. These comprehensive measures reflect a concerted effort by Greek authorities to address the challenge of infectious diseases through systematic surveillance, regulation, and reporting mechanisms.

### 3.3.2 Greek action plan

The Greek action plan against infectious diseases encompasses various key steps. Firstly, it involves nationwide surveillance focusing on infections, antimicrobial consumption, and compliance with care bundles. Secondly, the plan emphasises the implementation of infection prevention and control practices to mitigate the spread of infections. Thirdly, there is a focus on promoting prudent antimicrobial use and monitoring antimicrobial consumption to combat antibiotic resistance. Additionally, the plan includes educational initiatives, feedback mechanisms, and awareness campaigns for disseminating care protocols. Research efforts are also emphasised, including participation in European networks to stay abreast with developments. Lastly, collaborations are fostered among government ministries, national institutions, and global authorities to ensure a coordinated and effective approach to tackling infectious diseases.

Key measures include timely identification of infected patients to facilitate swift treatment and prevent further transmission, while primary care practices prioritised evidence-based prescribing and meticulous antimicrobial consumption recording to ensure judicious antibiotic use. National microbiological surveillance networks like the 'Greek System for the Surveillance of Antimicrobial Resistance', which are responsible for monitoring the spread of antibiotic resistant pathogens in the country, were bolstered to enhance diagnostic capabilities and surveillance efforts, aiding early pathogen detection and resistance pattern monitoring. Hospitals implement tailored infection prevention and control rules, while antimicrobial stewardship committees oversee prescribing practices and drive continuous improvement. These efforts collectively aim to curb the spread of resistant pathogens, mitigating the burden of antibiotic resistance in both healthcare facilities and the wider community.

# 4. Discussion points and key learnings

During the peer reviews, key points discussed by the participants included the importance of legal frameworks in long-term care, collaboration between stakeholders, leadership in setting up new multistakeholder initiatives, and care monitoring and data collection.

## 4.1 Strong legal frameworks

A strong legal framework for monitoring and auditing both medical and social well-being aspects in LTC facilities was considered a key requisite for quality long-term care. The lack of such an up-to-date legal framework was identified by the participants as a weakness in the Cypriot LTC system during COVID-19, as there were no established inter-institutional mechanisms to effectively monitor the quality of care in LTC settings. The current framework and legislation governing care homes have remained unchanged since 1991, lacking essential quality criteria and indicators and not having a legal requirement for regular audits.

According to representatives of the Cypriot MoH and DMSW, the Cypriot government is moving to implement a new legal framework for LTC, which is envisaged to update the existing one as well as implement a new advisory body which will be made up of representatives from MoH, DMSV, municipalities, public and private care home providers, community-based care organisations and representatives of people advanced in age and people living with disabilities; the body will have the right to audit care facilities.

During the COVID-19 pandemic, rules and regulations were frequently and swiftly adapted in Cyprus and the peer countries to accommodate emergency measures in response to the needs identified by health authorities. However, as the pandemic fades into memory, there is a need for stronger regulatory frameworks to monitor and improve standards of care, which should include quality assurance criteria, regular and effective audits and guidelines and institutionalised exchanges between responsible government authorities as well as other relevant stakeholders. This will help solidify the progress made in the establishment of quality assurance criteria and coordination between different stakeholders.

**Mandatory LTC insurance in Germany**

Germany is the only peer country where LTC is provided through a compulsory LTC insurance system. Social insurance funds cover 90% of the population, and private LTC insurance companies cover the remaining 10%. Both types of insurance carry identical benefits and are designed by law as compulsory insurance.

However, Germany's LTC insurance does not cover the full costs of all care needs. The social LTC insurance funds are financed by contributions, with enrolled persons and employers each contributing half. These funds negotiate contracts and remuneration agreements with all providers of services and residential facilities. Any care residential facility or service that complies with the authorisation/licensing requirements is legally entitled to provide care services and bound to comply with legal and professional quality standards. Public facilities and services, those run by non-profit organisations, and those in private ownership all operate under the same LTC insurance regulations.

## 4.2 Collaboration between relevant stakeholders

One of the key practices in the Cypriot initiative was the strong coordination between health and social authorities, which proved successful in creating a holistic monitoring framework for both healthcare and social well-being in Cypriot LTC. In addition to the inclusion of social care authorities in the monitoring LTC quality, it is crucial to involve other stakeholder groups like professional and family caregivers, LTC providers, and representatives of LTC residents, including people advanced in age and people living with disabilities; this facilitates new insights into best practices in LTC and the establishment of practices that ensure a human rights-based and person-centred approach, enhancing the well-being of both staff and people in need of care. The main practices to improve stakeholder coordination and inclusion were the establishment of permanent advisory institutions, strong support and guidance for LTC providers and close coordination between national, regional, and local public administrations.

### 4.2.1 Permanent advisory institutions

The establishment of permanent advisory institutions was discussed to include all stakeholders, including LTC providers, staff representatives, and representatives of residents of LTC homes, like people living with a disease or disability, people advanced in age, as well as people who provide care to family and loved ones at home. The identified stakeholders

would be involved in deliberating, sharing perspectives and expertise and advising relevant authorities on setting quality standards and standards of practice while respecting the human dignity of LTC residents, the physical and mental well-being of staff and the position of LTC facilities. Examples of permanent advisory institutions include the Elder Parliament in Cyprus, which represents persons of advanced age and advises the Cypriot government and legislature[24] on policies regarding inclusion and well-being, as well as the CNCPH in France, which the French Government consults on matters and legislation regarding the inclusion and well-being of people living with disabilities.

In the absence of multistakeholder approaches, standards of practice may be established by authorities relying only on medical experts who may not be able to consider the perspectives of concerned stakeholders. This could lead to the implementation of measures that are not always fit for purpose, infringe on the rights and dignity of care recipients, or create unmanageable conditions for both staff and LTC care facility management.

**Conseil national consultatif des personnes handicapées in France**

The Conseil National Consultatif des Personnes Handicapées (CNCPH), is a permanent advisory body of 160 representatives, which include individuals living with disabilities and their families, staff and trade unions, associations of LTC facilities, local authorities, social protection authorities, researchers, parliamentarians, experts in the field of disability management and major institutions like the Red Cross. The CNCPH was established by an act of law in 1975 and has a legally defined mission to ensure the participation of persons with disabilities and the formulation of public policies that affect them. The CNCPH meets 11 times a year and has a wide legal mandate to consult the government and legislature on disability-related matters or to propose measures to the French government to improve the situation of people living with disabilities, including those who live in LTC settings.[25]

### 4.2.2 Guidance and support for care providers

Enhancing quality assurance for the well-being of both medical and LTC residents requires fostering a collaborative relationship between authorities and providers. This approach should emphasise constructive engagement rather than relying solely on punitive measures to ensure compliance with standards and regulations aimed at improving resident health and well-being in LTC settings. Rather, the constructive involvement of LTC providers should be encouraged through capacity-building efforts and guidance in adapting their standards of practice concerning infectious disease prevention and the improvement of resident well-being. Authorities should recognise the multifaceted challenges confronting LTC facilities, which must uphold residents' health and dignity while also addressing rising care demands and workforce shortages in qualified personnel.

Therefore, authorities should strive to encourage a trusting relationship with LTC providers, in which staff and care facility management can freely communicate the challenges and issues they face in a cooperative environment with authorities. In turn, this would encourage

[24]Pan Cyprian Volunteerism Coordinative Council. Accessed at: https://volunteerism-cc.org.cy/en/stirixi-draseis/gia-mko/chartografisi-proothisi-anagkon/voyli-ton-geronton/#:~:text=It%20consists%20of%2056%20'MPs,Health%20and%20Social%20Welfare%20Committees (24.04.2024)

[25] CNCPH – Conseil national consultatif des personnes handicapées

the buy-in of LTC staff and management to conduct more vigorous monitoring. Punitive approaches to compliance management could lead LTC providers and staff to underreport issues at their facilities out of fear of being punished by the authorities, thereby negatively affecting not only the quality of LTC, but monitoring efforts and data collection overall. Regardless, a trusting and supportive relationship between care providers and authorities should not lead to lax enforcement of regulations and standards regarding the health and well-being of people living in LTC settings.

### 4.2.3 Bottom-up coordination between relevant authorities and stakeholders

The inclusion of local authorities and other local stakeholders, such as health authorities, charities, churches, and community-based care organisations, care facilities, and other relevant actors, enables coherent decision-making in LTC policy, as feedback and input from the local stakeholders from the foundation in policy evaluation and the assessment of best practices in as well as issues currently affecting the quality of LTC on the local level and beyond. In under-served areas, local quality assurance and capacity-building efforts in family care are especially vital, as formal care capacities and capabilities typically tend to be less developed. Here, there is an increased need for authorities to utilise and support other care settings like family or community-based care and to collect feedback from LTC facilities in underserved areas on what capacities and capabilities exist, how they can be utilised to improve the quality of care and what can be done to support care providers in the periphery.

## 4.3 Leadership in LTC

Leadership and proactivity are instrumental factors when it comes to setting up new initiatives to improve the quality of LTC, especially in the absence of strong legal frameworks and procedures. This applies even more when establishing new standards of practice or improving quality assurance to ensure human rights-based and person-centred LTC approaches. One of the main challenges when authorities attempt to set up a new multistakeholder LTC initiative to improve the quality of care is that competencies are often divided between health and social care authorities, which can lead to difficulties in coordination between stakeholders and a lack of comprehensive oversight of capacity and quality of LTC facilities. In addition to this, there may be different competencies spread out over national, regional and local administrative levels in addition to the multitude of other non-governmental stakeholders. This oftentimes fragmented LTC landscape necessitates strong leadership by authorities to approach all stakeholder groups and get them to buy into new projects or frameworks designed to quality assure and improve LTC.

Leadership was especially instrumental in the case of the Cypriot initiative between the MoH and DMSW for health monitoring of care homes established during the COVID-19 pandemic, as Cyprus lacked a strong legal framework and monitoring mechanisms. Thus, the MoH led the establishment of a working group, bringing together the relevant stakeholder groups to oversee and improve the monitoring and auditing protocols for LTC facilities.

At the same time, effective leadership is also required to institutionalise new practices and lessons learned during the COVID-19 pandemic relating to LTC standards established during the pandemic. There is a danger of backsliding into pre-pandemic practices and the dissolution of multistakeholder working groups and regular exchanges, which proved effective in dealing with COVID-19-related issues. Therefore, effective leadership is also required to keep stakeholders engaged in multistakeholder initiatives and transfer temporary initiatives into established and permanent practices, ideally with a legal framework.

## 4.4 Retention and development of staff capacity and training

The COVID-19 pandemic has highlighted the shortage of qualified staff in healthcare professions. During the COVID-19 pandemic, many measures were adopted, and staff of LTC facilities were extensively trained to improve standards of practice on hygiene and infectious disease management. However, the loss of qualified health and care workforce in LTC facilities due to potentially unfavourable working conditions could result in the loss of these important skills, expertise and valuable lessons learned during the COVID-19 pandemic. In order to retain nursing staff and make the profession more attractive, it is essential to tackle potential underlying issues such as inadequate pay, long working hours and high stress levels. It is also possible that sone may choose to relocate to other countries where working conditions and pay are perceived as more attractive.

In addition to improved working and pay conditions for nursing and care staff, training and further education could be specifically promoted as well as innovative models of work organisation in long-term care developed with special consideration of a competence-oriented distribution of tasks. Further professionalisation of nursing staff, their roles and competencies at all qualification levels could also contribute to retention and increase the attractiveness of the profession. These measures offer more opportunities for advancement within the nursing profession, which would be beneficial for both staff and LTC facilities.

## 4.5 Monitoring and data collection

Close coordination and information sharing between health and social care authorities and relevant stakeholders should be present at the national, regional, and local levels of the administrative organisation. In fact, these are key to ensuring the transfer of data and monitoring insights on the quality and implementation of measures designed to improve the health and well-being of people living in LTC settings.

It is vital that accurate information is collected at the local level and that robust data collection and monitoring are conducted by local health authorities, public, private, (not-)for-profit and community-based care organisations and facilities, as well as other relevant local actors. This information must be accessible to policymakers and national authorities in a timely manner to enable coherent decision-making at a national scale and provide workable guidance on improving the standards of LTC and monitoring infectious disease outbreaks.

Monitoring and data collection should also be coordinated holistically between both health and social care authorities, looking at quality indicators related to health and well-being. This would ensure that data and information are available to policymakers to make decisions on regulations and standards of practice based on datasets that include social and well-being indicators alongside medical and infectious diseases data.

# 5. Conclusion

The COVID-19 pandemic brought urgency to tackling long-standing structural issues in the LTC as well as in the healthcare sector more broadly. The far-reaching damage the pandemic carried in terms of death tolls and social repercussions needs to be taken as a wake-up call to action to tackle the complex challenges EU countries are already facing in light of demographic change and the diminishing capacities of the social and health services

in EU Member States. The emergency brought about by COVID-19 provided an opportunity for the development of innovative bottom-up approaches to dealing with the prevention and management of infectious disease spread and carried with it many lessons learned and promising practices that can be pursued and further refined. Specifically, the development of an integrated approach to managing the infectious disease spread in Cyprus set precedence for:

- Collaboration across ministries and organisations, involving all relevant stakeholders to overcome work in silos;
- Design of tailored measures for the different target groups, including care home residents and LTC staff;
- Allowing for flexibility in the implementation of measures and adaptability to changing situations through iterative processes;
- Identification of areas requiring structural improvements, such as modernising the legal framework governing LTC policies and monitoring the quality of LTC services.

Sharing the experiences of LTC management during the pandemic and exchanging perspectives on how future policies can draw on lessons learned across countries is a necessary reflective process to increase EU emergency preparedness and cohesion more broadly. The initiative by the Cypriot Ministry of Health enabled the identification of good and/or transferable practices for LTC from Bulgaria, Germany, Greece and the Republic of Cyprus, including:

- Continuous training and capacity-building initiatives for healthcare staff in LTC and improvement of overall working conditions for care professionals;
- Guidance and support for care providers, with an emphasis on cooperation and trust instead of purely punitive compliance approaches;
- Creation of effective communication channels and involvement of stakeholders across levels (ministries, NGOs, LTC staff etc), across fields (health and social well-being) and across disciplines (health, management, ethics etc); incentivising leadership and bottom-up initiatives in adapting protocols and guidelines to changing conditions and building on continuous ethical and practical discussions;
- Auditing LTC facilities to ensure adherence to health and well-being protocols, including continuing data collection on LTC facilities' capacity and capabilities.

The collaborative efforts and innovative approaches developed during the COVID-19 pandemic highlight the importance of proactive measures, continuous learning, and cross-border cooperation in addressing the complex challenges facing the long-term care sector, paving the way for a more resilient and responsive healthcare system in the European Union

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