



“EU Uniform Care” The Way Ahead or a Hazard?

Long-term Care in a (still) divided Europe

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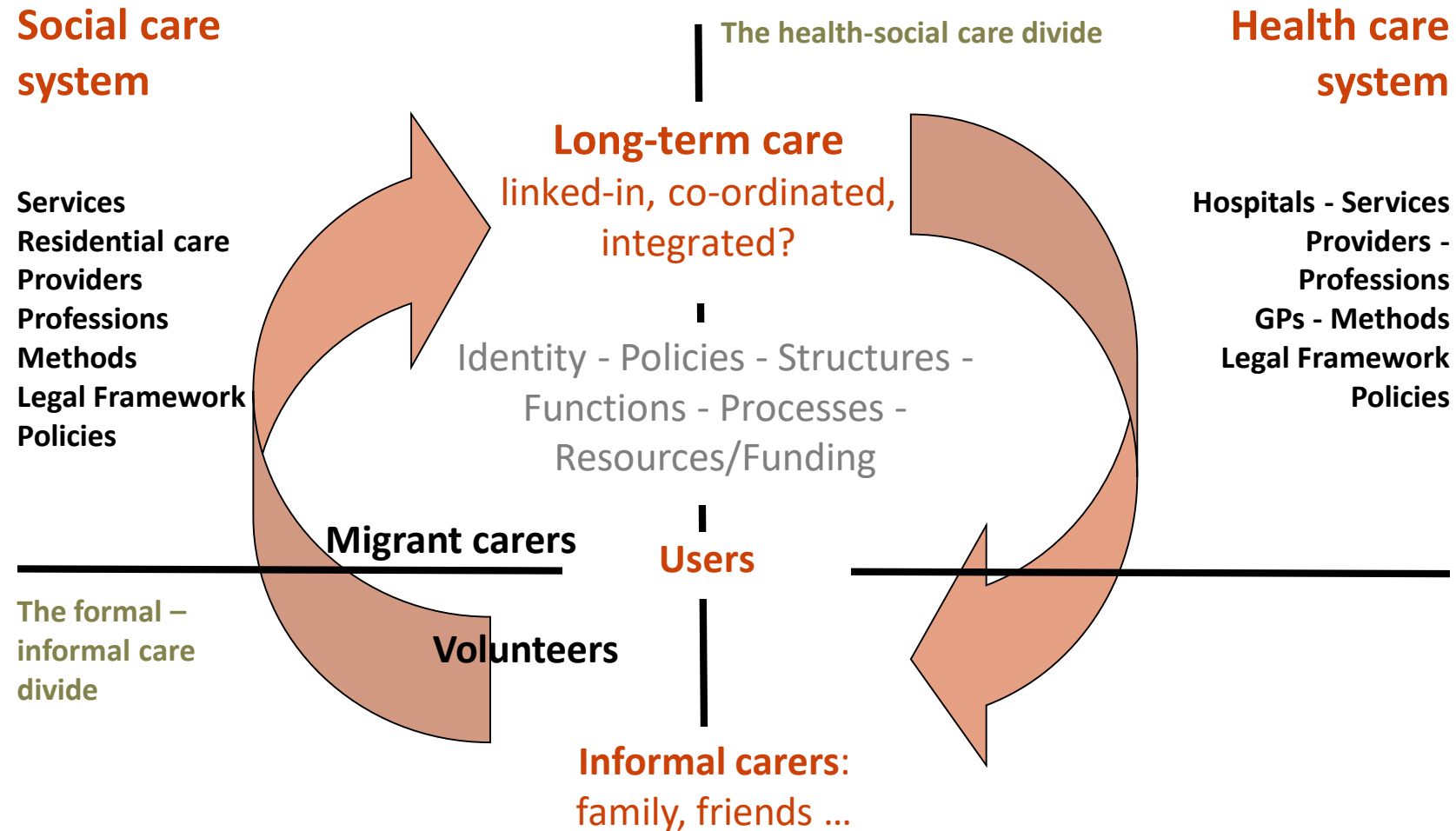
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Key-issues

- Are we meaning the same thing when we talk about 'long-term care'?
- Do we all want to become Dutch, Danes or Swedes, rather than Romanians or Turkish, when it comes to LTC?
- The way ahead: preventive, integrated, outcome-oriented, BUT also
 - rooted in local networks and partnerships
 - learning from others
 - person-centred

What do we mean by long-term care?



The EU Policy Context

- Only derived competencies, indirect influence (market and competition rules, deinstitutionalisation)
- Since 2006: LTC as a key element of the Open Method of Coordination on Social Protection and Social Inclusion
- Since 2010: European Semester, with Country Specific Recommendations (CSRs), few on LTC
- 2010: Social Protection Committee: European Quality Framework for Social Services
- 2012: Guiding Principles for Active Ageing and Solidarity between Generations
- 2017: European Pillar of Social Rights highlights the right to affordable long-term care services of good quality

The WHO approach

- First World report on ageing and health (2015)
- Global strategy and plan of action on ageing and health (2016/17)
 - Strategic objective 4: **Developing sustainable and equitable systems for long-term care**
 - New conceptual model of healthy ageing – towards a decade of healthy ageing
 - New framework for Integrated Health and Social Care Delivery (IHSD)
 - New role for primary health care
- United Nations 2030 Agenda for Sustainable Development
- Major reforms to health and long-term care systems prioritizing interventions that optimize older people's physical and mental capacities over their life course:
 - Towards an integrated delivery of health and social care services ...



Diverging systems, rather than uniformity

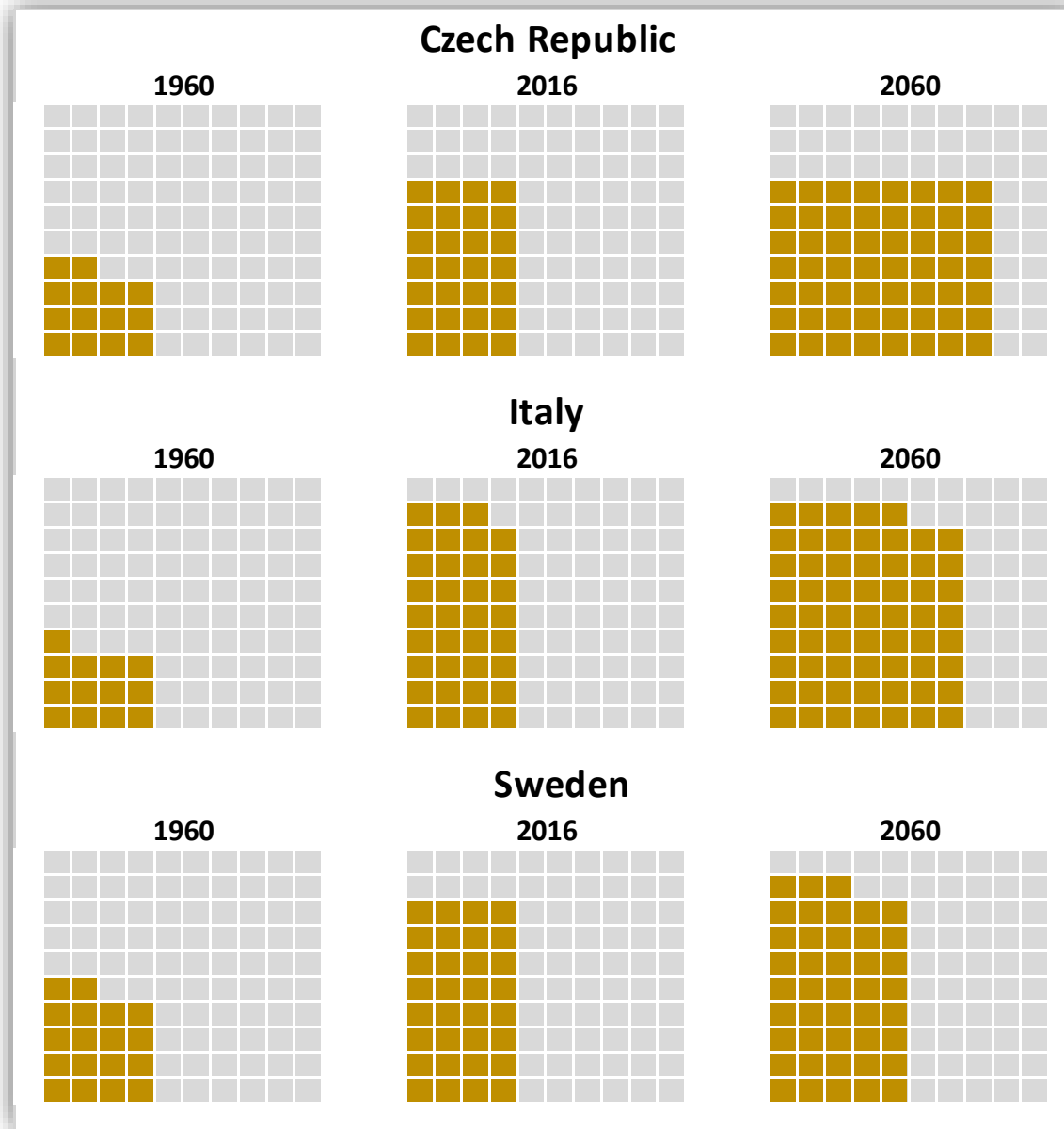
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Demographic change

Age dependency ratio: Population 65+ as a percentage of working-age population, selected countries

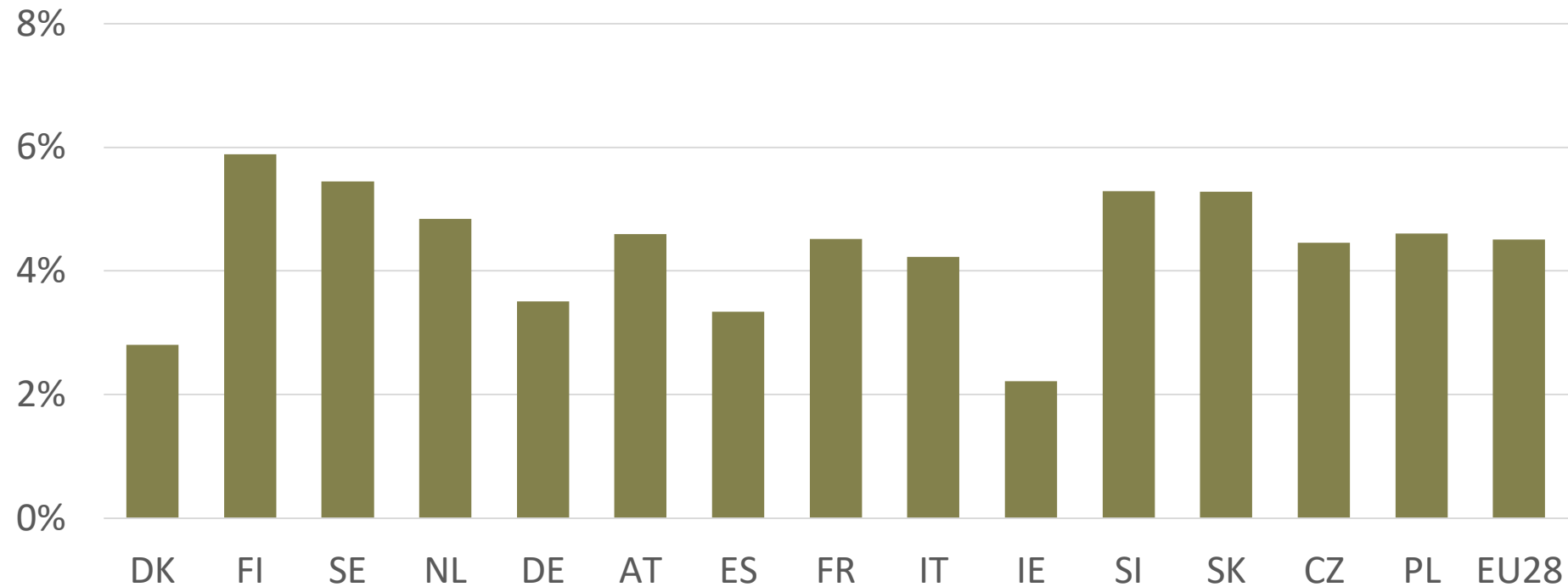
Will future generations of people over 65 be more healthy, more wealthy and more active?



Sources: Worldbank (for 1960); European Commission, DG ECFIN, 2018 Projections

Different definitions and eligibility criteria

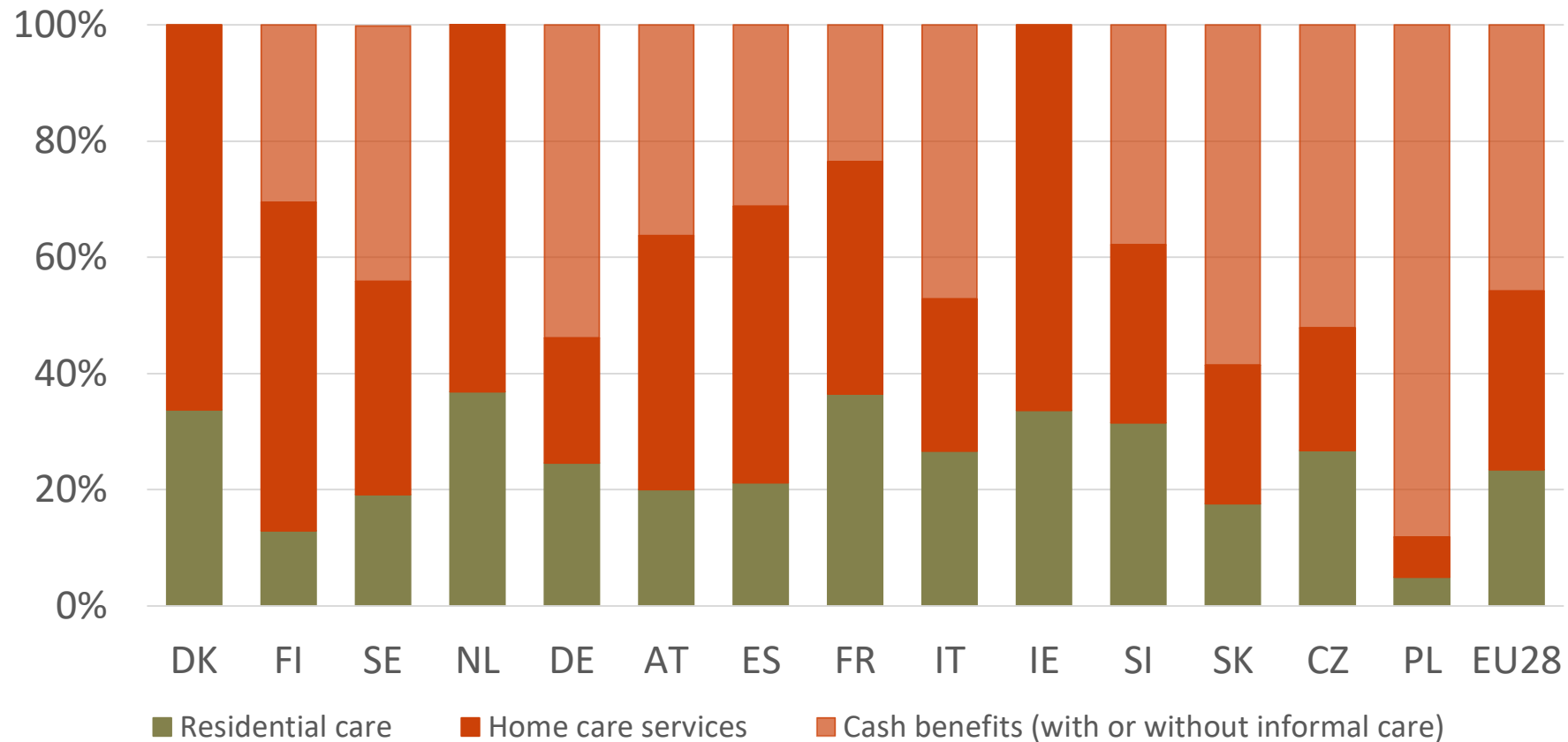
Share of older people (65+) entitled to LTC in total population, based on national eligibility criteria, around 2010



Source: EC, DG ECFIN, AWG reference scenario 2018 projections (own calculations, partly corrected for potential double counts)

Different types of care mixes

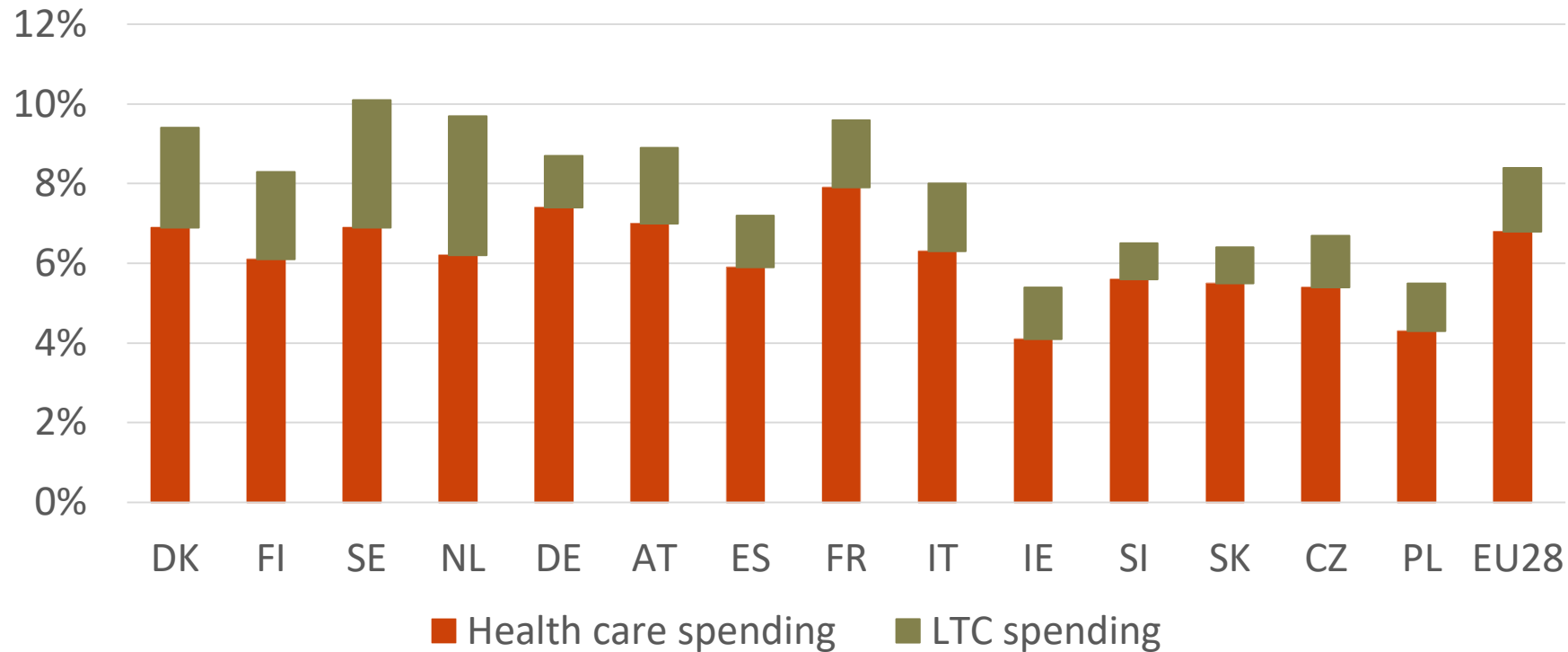
Distribution of beneficiaries by type of care arrangement



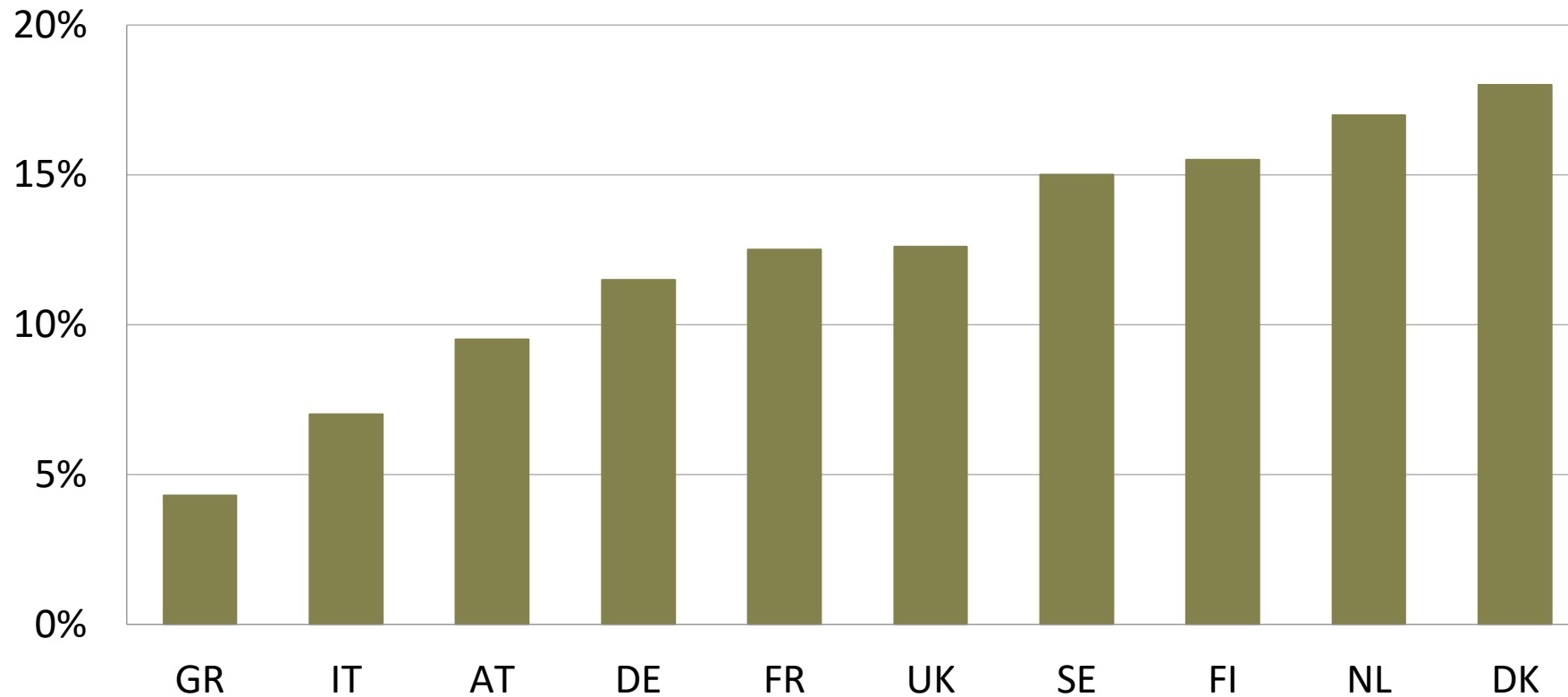
Source: : EC, DG ECFIN, AWG reference scenario , 2018 projections (own calculations, partly corrected for double counts)

Different budget lines and responsibilities

Health and LTC spending as a percentage of GDP, selected countries



Source: EC, DG ECFIN, AWG reference scenario , 2018 projections

Different levels of supply**Employment in health and social work activities in % of total employment**

Source: Cedefop, based on Eurostat (Labour Force Survey)

More differences than similarities**Many European models of LTC**

- More differences regarding funding mechanisms, welfare mix, 'family ethics' ...
- LTC and employment policies
 - The role of women in the labour market
- LTC and live-in migrant carers
 - A regular development or a hint on 'system failure'?
- LTC and the workforce crisis
 - Lack of staff already now!
- LTC and technological development
- LTC and multi-level governance
 - Regional disparities

Sources: Schmidt et al., 2016; Bettio et al., 2015; Rothgang et al., 2017

Differences within countries ...**The example of staffing levels in Austrian care homes****Minimum staffing levels in selected regions, residents with medium/high care needs (level 5)**

Region	Minimum staffing levels	Minimum mix of skills and grades
Salzburg	No pre-defined staffing levels	No criteria defined
Upper Austria	1:2.0	20-25% Nurses, 60-70% Geriatric Social Carers, 10-15% Home Helpers
Styria	1:2.3	20% Nurses, 60% Geriatric Social Carers, 20% Home Helpers
Vienna	1:1.5	Minimum of 30% Nurses; max. 20% supporting staff

Based on funding possibilities, rather than on evidence!



So which way ahead?

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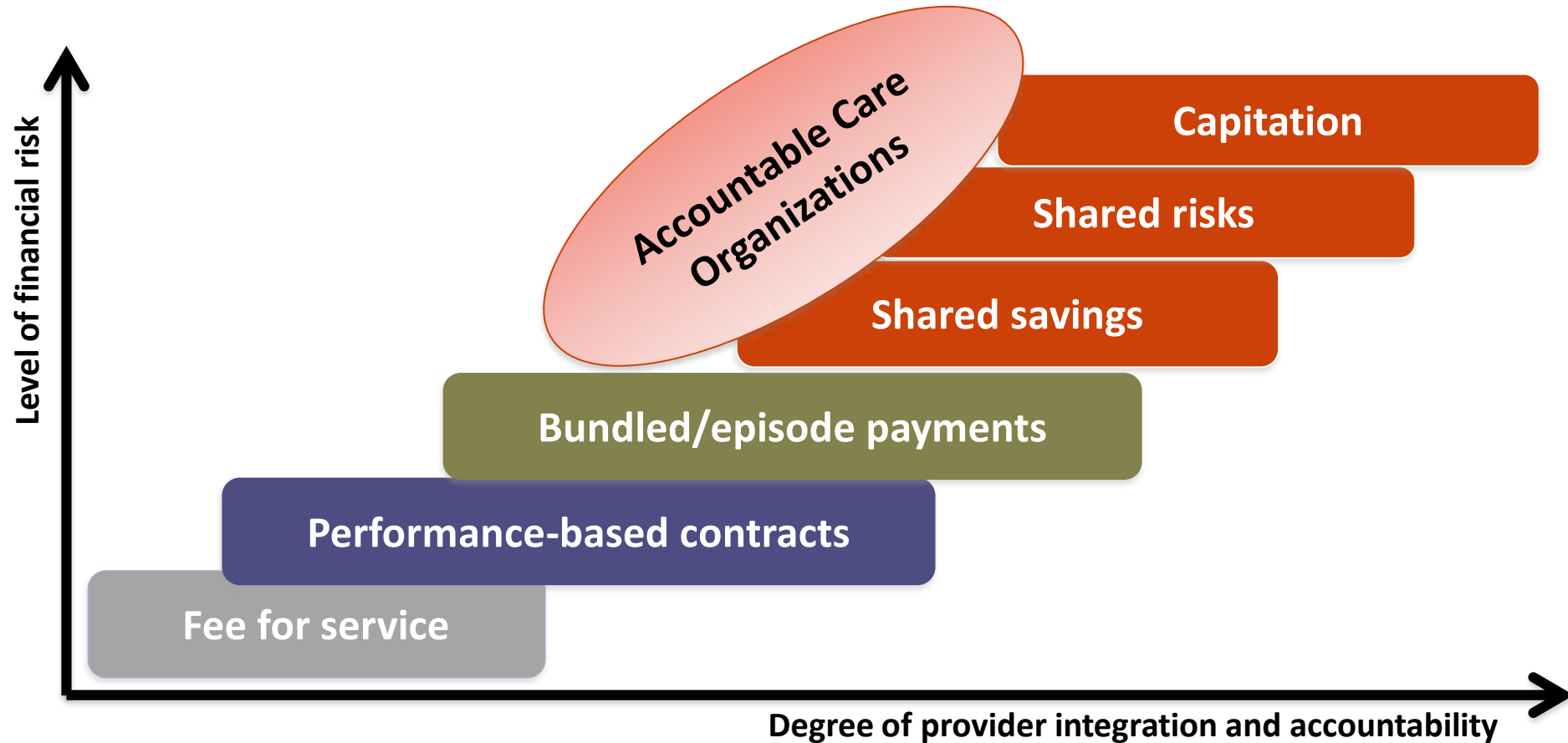
Shared issues to be addressed: Learning from each other based on local idiosyncrasies

- Assessing support needs across health and social care (shared planning and decision-making)
 - The ‘reablement’ approach (Denmark) in discharge management
- Working in partnership between professionals, home care and care homes, hospitals, primary care and LTC providers, public-private providers ...
 - ‘Care in the neighbourhood’ (Buurtzorg Netherlands)
 - Mobile Rehabilitation (Germany)
- Promoting joint working between formal and informal caregivers
 - Family care plans (‘Dignity and Pride’ programme, The Netherlands)
 - Needs assessment of informal carers (UK)

Shared issues to be addressed: Learning from each other based on local idiosyncrasies

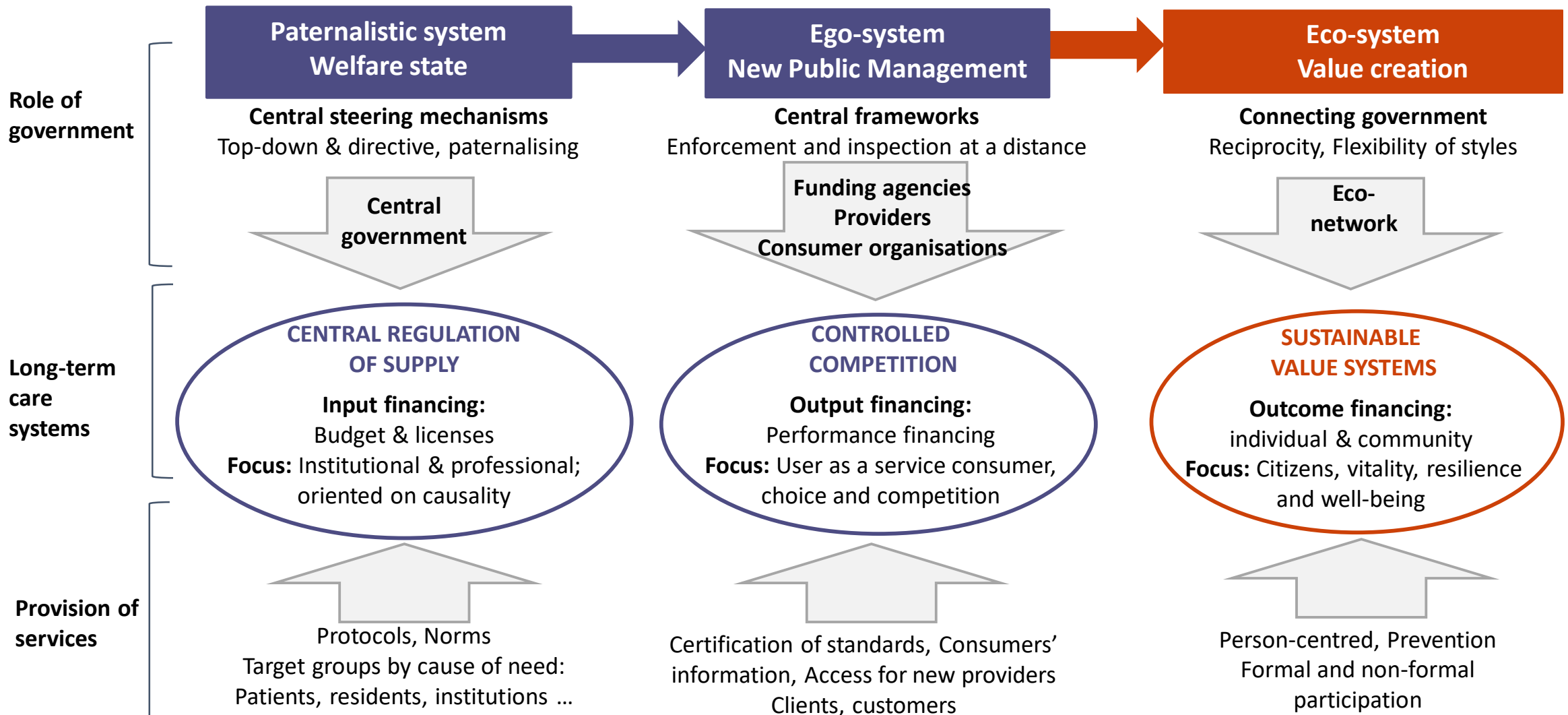
- Defining/recognizing new professional roles
 - Case managers, Social/Health Care Workers, Palliative care, Dementia care, Physiotherapists, Occupational Therapists ... (several countries)
- Organising joint learning and training
 - Residential and home care teams (?)
- Sharing information between professional groups
 - Investment in ICT and eCare
- Improving (medication) safety, sharing quality management methods
 - Learning across sectors
- Enhancing outcome-oriented funding ...

The trend towards value-based purchasing and incentives for coordination and integration



Sources: adapted from United Health Center for Health Reform & Modernization, 2012; KPMG, 2014

Creating value by new approaches to long-term care governance



Promoting change

- Establishing cross-sectoral networks
 - Implementing transformations: Open debates between relevant stakeholders
- Strategic development with people at the centre
 - Building capacity in local teams
 - Developing a participatory organisational culture
- Enabling sustainable change, including technological innovation
- Identifying opportunities for joint and outcome-based funding

Conclusions

- No uniform care but aligned values and governance
 - Appropriate financial incentives (smart investment) needed!
- Mutual learning as a driver of change
 - Time and space for reflection and coordination
- Address workforce-issues at a European level
 - Combat competition for care workers