

Newsletter Spring 2021

EAN reaction on Commission's Greenpaper on Ageing

The European Ageing Network (EAN) has submitted its repsonse to the consultation on the Greenpaper on Ageing, which the European Commission published in January this year. EAN's input is based on the EAN-vision on longterm-care in 2030. It is based on the statement that ageing is not a disease but a stage of life and that elderly care should focus less on medical aspects and more on social ones.

The Commission's greenpaper frames the debate on ageing by setting out the speed and scale of the demographic changes in our society, as well as the impact this has across our policies and the questions we need to ask ourselves in response. This covers everything from promoting healthy lifestyles and lifelong learning to strengthening health and care systems to cater for an older population. It underlines the need to bring more people into the workforce, highlights the opportunities for job creation and looks at the impact of ageing on our careers, wellbeing, pensions, social protection and productivity.

The greenpaper takes a life-cycle approach, reflecting the universal impact of ageing on all generations and stages in life. In doing so, it highlights the importance of striking the right balance between sustainable solutions for our welfare systems, and strengthening intergenerational solidarity.

UNIC as a Way to Care



The UNIC (towards User-centred funding models for long term Care) project aims to develop, test and validate a set of innovative tools to help key stakeholders to implement Personal Budgets funding model. The project UNIC is run under The European Ageing Network (EAN) that groups more than 10.000 care providers across the European continent. Members represent all types of organisations and individuals active for

older persons and all types of ownership including for profit, not-for-profit and governmental organisations.

User-centred funding models are considered a radical transformation of the traditional funding models. Traditionally, public authorities directly fund service providers, through reserved markets or public procurement and this model has the tendency to dominate and limit the choice and control of individuals with care and support needs.

On the contrary, user-centred funding models, allow room for flexibility when designing and providing services, tailored towards the needs of each beneficiary. A funding model as such stipulates a shift in power, where power is placed in the hands of each individual, giving users more choice and control over the care and support they receive, allowing them to meet their individualized needs, wishes and preferences and to live their lives as they want. User centred funding models are seen as a way to empower persons with disabilities to have more freedom, citizenship and access to their human rights, in line with the UN CRPD and the European Pillar of Social Rights.

User-centred funding models have been increasingly gaining traction and interest by public authorities throughout Europe and across the world. Although these models have common goals, such as facilitating choice and control of persons with care and support needs and improving effectiveness and efficiency of traditional funding models, their implementation across countries varies. Therefore, there is not one common international term, rather than a variety of ways to refer and describe a user centred funding model (aka individualized funding models).

Objectives of the UNIC project are set clearly:

- To map existing LTC funding models (with a particular focus on personal budgets) across the EU and identify drivers/barriers for the development of personal budgets in LTC
- To develop challenges-responsive guidelines for the design, implementation and evaluation
 of a user-centred funding model for LTC focused on personal budgets. The guidelines will
 cover the LTC challenges identified in the call:
 - Access and affordability: financing, provision and personal income
 - Sustainability: cost, investment and impact of informal care
 - Employment: workforce professionalisation, skills development, recruitment & retention
 - Quality: high quality care, integration of services, quality standards
- To develop a set of innovative tools to support the design, implementation and evaluation of personal budgets
 To build the consolity of key actors involved and act up multi level partnerships to support the
- To build the capacity of key actors involved and set up multi-level partnerships to support the design, implementation and evaluation of personal budgets, with a particular focus on the better integration of LTC with other community-based services
- To develop a planning, evaluation and validation model to test the impact of an innovative funding model personal budgets- for LTC (outcomes-based measurement)
 To design a transferability model with a view to potential upscaling using EU funds & financial instruments (particularly ESIF & EFSI).

More information about the UNIC project can be found here.



The UNIC project have received financial support from the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020). For further information please consult: http://ec.europa.eu/social/easi

Alzheimer Europe outlines state-of-play of dementia policy in Europe

Alzheimer Europe has launched the report "Dementia Monitor 2020", providing a high-level overview of how countries across Europe have responded to the challenges posed by dementia. Alzheimer Europe's Dementia Monitor 2020, provides a high-level overview of countries across Europe, outlining their responses to dementia, across 10 areas, including care and support services, participation in European research, policy drivers and legal protections. The report was developed by Alzheimer Europe, working together with its national member associations.

Alzheimer Europe published a similar report in 2017 which established a benchmark for countries and has made it possible to identify changes in the dementia landscape over the past three years. Some key highlights from the Dementia Monitor 2020 include:

- Care and support services continue to be largely insufficiently available, despite some minor improvements since 2017
- A majority of care and support services continue to receive some level of financial support from the state (either fully funded or co-funded)
- An increasing number of countries are engaging in policy processes designed to prioritise dementia, for example, through the development of dementia strategies
 Countries in control and costorn Europe continue to be loss well represented in clinical trials
- Countries in central and eastern Europe continue to be less well represented in clinical trials related to dementia
 A majority of countries continue to have a near level of legal protections in place to
- A majority of countries continue to have a poor level of legal protections in place to guarantee the rights of people with dementia or carers, particularly in relation to employment matters
- There continues to be significant differences between Western and Northern European countries and those in Central and Eastern Europe in terms of how governments are responding to dementia.

Commenting on the launch of the report, Alzheimer Europe's Executive Director, Jean Georges, stated: "There is a mixed picture emerging from the Dementia Monitor 2020. Whilst we have seen some minor improvements in the availability and affordability of care since the 2017 Dementia Monitor, it remains the case that overall, too many services remain insufficiently available. Whilst progress in the areas of policy and international commitments are certainly welcome, it is evident that there is still much work to do in order to translate commitments on paper into everyday reality for people living with dementia.

The number of people with dementia in Europe is likely to double by 2050, increasing from 9.78 million to 18.8 million. People with dementia and their carers must be supported throughout the duration of the illness, from the point of diagnosis through until the end of life. If this is to be achieved, particularly in light of an inevitable increase in demand for supports and services, we must see significant investment in health and social care systems to fix the shortcomings in the availability and financial support, as well as securing their long-term sustainability.

Alzheimer Europe strongly calls upon the EU to use its Cohesion Funds, including the EU4Health programme, to support Member States to address the identified gaps in care and support services for people living with dementia."

The report can be found here.

Vilans publishes report on Covid-19 in long-term care



Vilans, the national Centre of Expertise for Long-term Care in the Netherlands, has mapped out the measures taken by the governments of eight countries to deal with the coronavirus and its consequences for long-term care. The aim is to learn from these measures and to draw inspiration from them. In this third overview we show how Belgium (especially Flanders), Denmark, Germany (especially North Rhine-Westphalia), France, Norway, the United Kingdom (especially England),

Sweden and the Netherlands have operated since November 2020 until March 2021.

More information can be found <u>here</u>.

Study on the benefits of using social outcome contracting in the provision of social services and interventions

The European Commission has published a study on social outcome contracting of social services. Social outcome contracts (SOCs) is a relatively new type of mechanism in public service procurement. It focuses on harnessing the resources of the public, private, philanthropy and civil society sectors, with the goal of jointly implementing effective interventions in the public domain.

Nevertheless, little empirical research exists that compares SOC models with traditional financing mechanisms such as subsidies, grants, fee-for-service contracts, block contracts and in-house delivery. The study therefore aims to assess the effectiveness and efficiency of outcomes-based contracts in comparison to interventions delivered under traditional financing, as well as evaluating the outcome measurement methods applied to determine their impact. The study focuses exclusively on social services rather than public services more generally.

More information can be found here.

Vitamin D and Immunity: Why vitamin D

supplementation for older people, particularly in care homes, is advisable

The current coronavirus pandemic has highlighted the vulnerability of older adults to viral infections: they are at a much higher risk with regards to hospitalization and mortality.1 In addition, they are more likely to experience severe outcomes from seasonal influenza. This increased vulnerability is due to a weakening of the immune system with advancing age – often referred to as immunosenescence.

By Barbara Toersch, Global Lead Scientist for Nutrition Science and Advocacy for Medical Nutrition and Pharma DSM Nutritional Products, Kaiseraugst, Switzerland

A number of public health measures – like handwashing, social distancing and wearing face masks – help to minimize the spread of infection. Adequate nutrition is another key factor to support the immune system and vitamin D, in particular, is critical.

Vitamin D is best-known for its role in bone and muscle health, but it also has a positive influence on immune function. Studies highlight the benefit of daily vitamin D supplements in preventing acute respiratory tract infections. At the same time, vitamin D deficiency is linked to increased susceptibility to acute viral respiratory infections.

Also known as the 'sunshine vitamin', vitamin D can be produced in the skin when it is exposed to the sun. During the autumn and winter months this supplies us with very little vitamin D. Moreover, in some populations – like older adults – the production through UVB-light (from the sun) is less efficient.

Foods generally only contribute limited amounts of vitamin D and due to often decreased appetite and less efficient uptake in the gut, the vitamin D levels are particularly low in many older people. Elderly residents of care homes were found to be at an even higher risk of vitamin D deficiency than their community-dwelling peers. For these reasons, vitamin D fortified foods and supplements can play an important role in achieving optimal vitamin D intake.

An expert panel recently concluded 50 µg /d vitamin D supplements are recommended for adults to optimize the immune response, particularly against viral infections. In addition, experts are increasingly calling for vitamin D supplementation to be added to other public health measures in the current COVID-19 pandemic. Recently, supplementation with micronutrients including vitamin D has been recommended to improve the efficacy of vaccinations.

Given the increased susceptibility to inadequate vitamin D status and their high vulnerability to infections, older people are likely to benefit from such interventions. Therefore, supplements providing 50 μ g /d in communities, hospitals and nursing homes are recommended as a beneficial, affordable way to improve health outcomes.

ActiZ-members create investment fund



Dutch ActiZ members Archipel, Envida, tanteLouise, Thebe and the venture investment company CbusineZ have created an Innovation Fund for Elderly Care (IFOZ). The fund will stimulate innovations aimed at easening working in elderly care and self-sustainability of older people living at home.

Upcoming conferences and meetings

May 2021

 14 May EAN Board meeting (Virtual)

June 2021

- 28 June
- EAN Board meeting (Alicante, ES)

September 2021

- 7-8 Sept
- Global Ageing Network Summit (Virtual)

 30 Sept
- EAN General Assembly (Vienna, AT)

October 2021

- 1 Oct
- Conference on EAN Certificates (Vienna, AT)11-13 Oct
- Alzheimer Europe Conference (Bucharest, RO)
- 27-29 Oct EAN & LARES European Congress (Virtual)

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European Ageing Network (EAN)

The European Ageing Network (EAN) is the new association of the European Association of Homes and Services for the Ageing (EAHSA) and the international umbrella organisation representing national associations for directors and providers of long-term care services in Europe. The European Ageing Network groups more than 10.000 care providers, is present in 25 European countries, and is servicing millions of older people in Europe.

EAN is registered in Luxembourg, has its Secretariat in Prague and a branch office in Brussels. For more information, or for a membership application, contact <u>info@ean.care</u>.

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