Long-term care in Europe
Improving policy and practice

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Overview

• Terminology and definitions
• LTC services and facilities – supply and demand structures
• Challenges for LTC policies and examples of good practice across Member States
• The role of EU institutions and agencies
• Conclusions and issues to be discussed
The definition of long-term care (LTC) in the EU context

“Long-term care encompasses a range of services and support for people who are dependent over a long period of time on help with their daily living. This need is usually the result of disability caused by frailty and various health problems and therefore may affect people of all ages. But the great majority of the recipients of long-term care are older people.”

SPC/ECS, 2014: 9
Emerging long-term care systems

The formal – informal care divide

**Volunteers**

**Users**

**Informal carers:** family, friends ...

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Sources: Leichsenring et al., 2013;
http://interlinks.euro.centre.org
Demand & supply structures

Median rates of people in need of LTC by age-group in EU Member States

Sources: EPC-AWG/EC, 2018: 134; estimates based on EU-SILC data.
Demand & supply structures

Self-reported use of home care services as a percentage of population over 65 years of age

Sources: Eurostat [hlth_ehis_am7u], latest available year (2014)
Sources: OECD Stat (latest available year around 2015); own calculation.
# Challenges and potential solutions

Acknowledging LTC as a social risk calls for social solidarity

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Potential solution – good practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access, definition of needs and gate-keeping</td>
<td>Multiprofessional, holistic needs assessment and information strategy</td>
</tr>
<tr>
<td>Quality of services and facilities</td>
<td>Person-centred and integrated health and social care delivery</td>
</tr>
<tr>
<td>Human resources: Care professionals and informal carers</td>
<td>New job profiles and support for informal carers</td>
</tr>
<tr>
<td>The ‘financial challenge’</td>
<td>Increasing transparency</td>
</tr>
</tbody>
</table>
Human resources

Long-term care workers as a percentage of the population aged 65 years old and over, selected countries

Challenges

Public expenditures on LTC as a percentage of GDP, 2015

Key themes for developing LTC systems

Improvements needed

Quelle: http://interlinks.euro.centre.org
Towards a new paradigm of value creation in LTC?

**Role of Government**

- Central steering mechanisms
  - Top-down & directive paternalising
  - Central government

**LTC system**

- **CENTRAL REGULATION OF SUPPLY**
  - Input financing: Budget & licenses
    - Focus: Institutional & professional; oriented on causality

- **CONTROLLED COMPETITION**
  - Output financing: Fee-for-service financing
    - Focus: User as a service consumer, choice and competition
    - Funding agencies: Providers, consumer org.
    - Certification of standards: Consumers’ information, Individual behaviour and health, Access for new providers, Clients, customers

- **SUSTAINABLE VALUE SYSTEMS**
  - Outcome financing: individual & community
    - Focus: Citizens, vitality, resilience and quality of life
    - Person-centred: Preventive, Integrated, Formal and non-formal
    - Functioning and participation

Sources: Idenburg & van Schaik, 2013; Nies & Leichsenring, 2018
**Innovative approaches and good practice**

### Guaranteeing access: needs assessment as moment of truth

**Bolzano-Alto Adige (Italy): V.I.T.A.**
- Assessing social and health care needs
- Dialogue with person in need and informal carers (family)
- Care planning and information about possible support in the local context

**NHS England: Commitment to Carers (United Kingdom)**
- Carers have the right to request an assessment of their own needs at any time
- Integrated care package, more choice ...
- Carers as ‘experts in experience’

**Sources:** Leichsenring, 2008; NHS England/Patient Experience Team, 2016
Innovative approaches and good practice

Improving quality of LTC provision: prevention and ‘re-ablement’

Implementing re-ablement in Denmark, Norway et al.

- Addressing the interface between acute care (hospital) and care in the community
- Paradigm change towards self-care and autonomy at home: the carer as trainer
- Intensive support after hospital discharge, less care needs over the next year(s)
- 25-30% of patients 75+ with potential for re-ablement

Sources: Aspinal et al., 2016; Tuntland et al., 2015
Innovative approaches and good practice

Improving quality of care provision: care pathways, coordination and integrated care

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Sources: Aspinal et al., 2016; Tuntland et al., 2015
Innovative approaches and good practice

Improving quality of work: more autonomy, less fragmented work and new job profiles

The community nursing revolution in the Netherlands

• Care in the community (Buurtzorg) as a bottom-up movement driven by community nurses
• Autonomous work organisation within small teams
• Putting the client at the centre, using local resources, cooperation with primary care and a wide range of local stakeholders
• Reduction of hierarchies and overhead-costs (small back-office, coaches, software-support)
• Employer of the year (several times)

Sources: de Blok, 2011; Leichsenring, 2016; Staflinger & Leichsenring 2017
Innovative approaches and good practice

Improving funding of LTC: transcending the social assistance rationale

Principles of more transparent, equitable and fair funding of LTC:

• Tax funding rather than (social) insurance principles: a ‘fair deal’?
• Improving predictability over the life-course: setting individual thresholds
• Addressing the ‘hidden costs’ of LTC
• Bundled budgets, rather than fee for service
• ‘Value-based purchasing’: towards capitation

Sources: Rodrigues, 2014; Commission on Funding of Care and Support, 2011; WHO, 2014; KPMG, 2014
The EU policy context 2019

- The European Pillar of Social Rights
- European Semester
- EU Social Scoreboard
- The Social OMC and the SPC
- Peer Reviews
Guide but don’t touch me

• Only derived competencies, indirect influence (market and competition rules, deinstitutionalisation, Accessibility Act, Work-Life Balance Directive, Deinstitutionalisation)
• Since 2006: LTC as an element of the Social Open Method of Coordination (OMC)
• 2009ff.: Economic Policy Committee: Ageing Report (incl. LTC)
• 2010: Social Protection Committee (SPC): European Quality Framework for Social Services
• 2011: European Innovation Partnership on Active and Healthy Ageing – Action Group B3 on Integrated care for chronic diseases
• 2012: Guiding Principles for Active Ageing and Solidarity between Generations
• 2013: SPC Paper on Long-term Care
• 2017: European Pillar of Social Rights highlights the right to affordable long-term care services of good quality ...
The role of the EU

Steering by funding – New opportunities?

- European Social Fund (ESF) with 20% earmarked for social inclusion
  - Shift from institutional to community-based support?
- Several programmes by Directorates: DG EMPL, DG Research, DG SANTE, DG Regio, DG Justice ...  
  - R&D, extending the knowledge base, pilot projects, awareness raising
- Financial Framework for 2021-2027
  - European Social Fund Plus (ESF+) with references to LTC/Social Protection
  - €101 billion for 2021-2027
  - Social investment and social impact investment?
  - Accession countries?
Conclusions

- The ‘silo approach’ to LTC and the lack of coordination remain a shared challenge
- Funding and steering mechanisms remain to be discussed
- The ‘unsustainability’ narrative is hampering the debate about necessary social investment and social innovation in LTC
Thank you for your interest!

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