Long-term care in Europe: challenges and trends

Kai Leichsenring
European Centre for Social Welfare Policy and Research, Vienna (Austria)

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Overview

• Emerging long-term care systems
  – Definitions, Rationales, Concepts

• Selected key-issues and trends
  – Practice examples

• The social innovation potential of LTC

• Conclusions: Social investment needed!
Towards integrated long-term care systems

Social care system
- Services
- Residential care providers
- Professions
- Methods
- Legal framework policies

The formal – informal care divide

Volunteers

Migrant Carers

The health-social care divide

Long-term care linked-in, co-ordinated, integrated?
- Identity - Policies - Structures - Functions - Processes - Resources/Funding

Users

Informal carers:
- family, friends ...

Health care system
- Hospitals - Services providers - Professions
- GPs - Methods
- Legal framework policies

Sources: Leichsenring et al., 2013; http://interlinks.eurocentre.org

Why do we need an integrated long-term care system?

- Outstanding success of the health care system
  - but difficulties to deal with the consequences of surviving with chronic diseases and LTC needs

- Informal care as the backbone of LTC
  - but difficulties to deal with increasing burden, cultural backlogs and role conflicts

- Acknowledgement of LTC as a social risk
  - but difficulties to overcome fragmentation
No standard definition of entitlements
Share of older people (65+) entitled to LTC in total population, based on national eligibility criteria, around 2010

Source: Own calculations; http://interlinks.euro.centre.org

Different levels of expenditure
Public expenditures on LTC in per cent of GDP (2011)

Source: Eurostat (latest available year)
Different ways of funding
Long-term care expenditures by source of funding

- Switzerland
- Germany
- Spain
- Slovenia
- Austria
- Finland
- Denmark
- Sweden
- France
- Netherlands

Source: OECD Health System Accounts, 2010

A weak relation between supply and potential demand

- Demography and number of beneficiaries alone do not fully explain differences in public expenditure
- Policies and legacies of welfare regimes matter
  - Different pathways across Europe
- Informal care remains the backbone of long-term care
  - 60-98% of overall LTC provision
  - The lack of formal care impedes a rise of (female) employment
  - Moral economy of care vs. socio-economic realities
Strategies needed to shape the elements of an integrated long-term care system

Selected key-issues to construct integrated long-term care systems

- Improve access and needs assessment
  - For better ways of planning and steering:
    Multi-professional teams to assess care needs (Alto Adige, Italy)
- Embedding prevention and rehabilitation in LTC
  - To prevent the deterioration of living conditions:
    Home rehabilitation and activation (Fredericia, Denmark)
  - To overcome ‘taylorised’ home care (Buurtzorg, The Netherlands)
- Integrated funding
  - To overcome the social/health care divide:
    Joint budgets to steer care pathways (Norrtälje, Sweden)
Integrated needs assessment: An important ‘moment of truth’

- **Aim:** To provide access to the formal care system and to assess individual needs in the user’s context
- **Example:** *Assessment by tandems* (Alto Adige, Italy)
- **Joint team of health and social care workers**
  - Assessment with beneficiaries and family at home
- **Standardised needs assessment using the V.I.T.A. (Valutazione Integrata dei Tempi Assistenziali) instrument**
  - Dialogue with users and carers
  - Focus on physical, mental, social care needs, (instrumental) activities of daily living
  - Information and care counselling
- **Benefits in cash and in kind**

Source: Leichsenring, 2008

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Embedding prevention in long-term care

- **Aim:** A paradigm shift in the provision of LTC to reduce expenditures by investing in prevention and rehabilitation
- **Example:** ‘*Living at home as long as possible*’ (Fredericia, Denmark)
- **Identifying needs as soon as possible** (hospital, home care)
- **A focus on self-care:**
  - Staff in a monitoring role (trainers)
  - Intensive training in activities of daily living at the onset of care needs in the user’s housing environment
- **Return on investment after short time, better quality of care with less formal care services**

Source: [http://interlinks.euro.centre.org](http://interlinks.euro.centre.org)
Re-inventing home care

- Aim: To overcome ‘Taylorisation’ of care and to reduce overhead costs in home care organisation
- Example: ‘Buurtzorg’ (The Netherlands)
- Paradigm change: Community nurses provide holistic, user-centred care in the neighbourhood (promotion of self-care)
- Autonomous teams of 10-12 community nurses and assistants
- Growth 2006-2015: from 12 to more than 8,000 staff members
- Cost reduction around 40-50% as against normal home care
- Small centralised back-office for support services (ICT, coaching, administration)

Source: Huijbers, 2011; Leichsenring et al., 2014

Integrated funding

- Aim: Joint health and social care budgets to steer care pathways
- Example: ‘TioHundra AB’ (Norrtälje, Sweden)
- An outsourced public company owned by the county (health) and the municipality (social care)
  - Hospital, Primary Care Centres, Home Care Services
- Defined care pathways, discharge management, home care services combining nursing, home help and rehabilitation
- Integrated care, choice and competition

Source: Leichsenring et al., 2015
Integrated funding and user choice

More key-issues to construct integrated long-term care systems

- Supporting informal carers and volunteers
  - To overcome the formal/informal care divide: respite, counselling and proactive strategies

- Ensuring quality across care pathways
  - To implement integrated quality management:
    From minimum standards to continuous improvement

- Enhancing governance and regulatory frameworks
  - To promote integrated care processes:
    From education to new job profiles and appropriate incentives
  - To create financial incentives: ‘Accountable Care’, ‘bundled budgets’
Social innovation and social investment

- A focus on the local level involving professionals, users and carers
  - Pilot projects with a business plan
- Public and private investment to drive organisational and political change
  - Business knowledge and new types of partnerships
- New types of employment in the local context
  - Social animation, new job profiles, matching demand and supply

Social innovation and social investment

- Creation of new products and markets
  - Time-banking, social networks, ICT applications
- Creation of new alliances and networks
  - Overcoming silo-thinking, inter-organisational initiatives, research
- Searching for synergies between sectors
  - Housing, health and long-term care
  - Cross-national learning and exchange of experiences
Conclusions

Long-term care as an emerging system offers a wide range of potentials for social innovation:

• Still a ‘fragile’ area due to lack of structural funding and professional resources
• Realising synergies between existing structures and resources (e.g. housing, transport, health systems)
• Social business plans, rather than ‘projectitis’ without follow-up and sustainable structures

Further information

http://interlinks.euro.centre.org
http://mopact.group.shef.ac.uk/
www.euro.centre.org

Contact: leichsenring@euro.centre.org

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