

Towards integrated long-term care systems in Europe – Overcoming divides and investing in innovation

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Overview



- Integrating long-term care in “Active and Healthy Ageing”-Strategies
 - Definitions, Rationales, Concepts
- Selected key-issues for integrating long-term care
 - Practice examples
- Conclusions: Social investment needed!

Active Ageing and long-term care

Active Ageing as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It allows people to realise their potential for wellbeing throughout their lives and to participate in society according to their needs, desires and capabilities, **while providing them with adequate protection, security and care when they need assistance**” (WHO, 2002: 12).

Towards integrated long-term care systems

Social care system

Services
Residential care
Providers
Professions
Methods
Legal Framework
Policies

The formal –
informal care
divide

The health-social care divide

Health care system

Hospitals - Services
Providers - Professions
GPs - Methods
Legal Framework
Policies

**Long-term care
linked-in, co-ordinated,
integrated?**

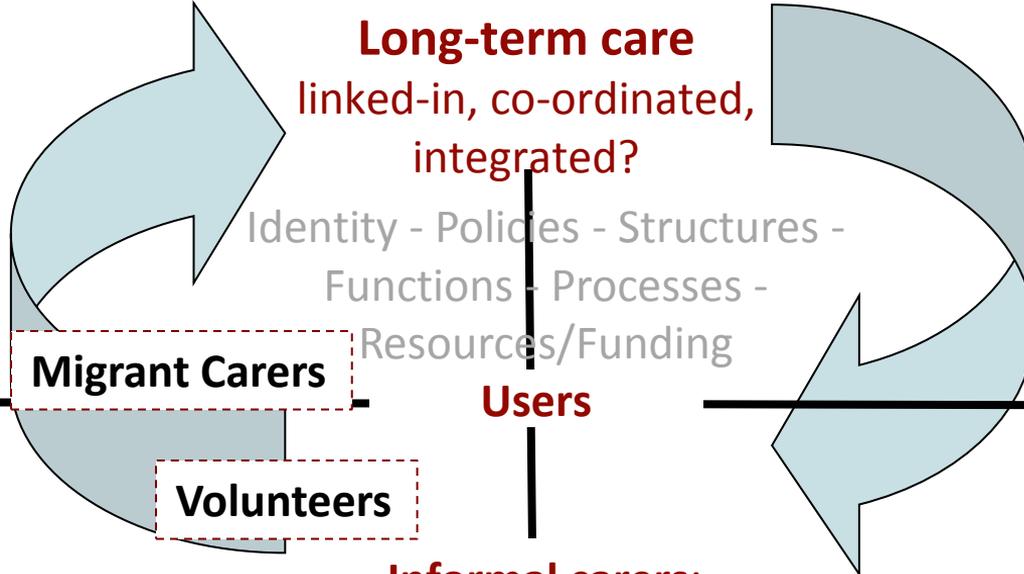
Identity - Policies - Structures -
Functions - Processes -
Resources/Funding

Migrant Carers

Users

Volunteers

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



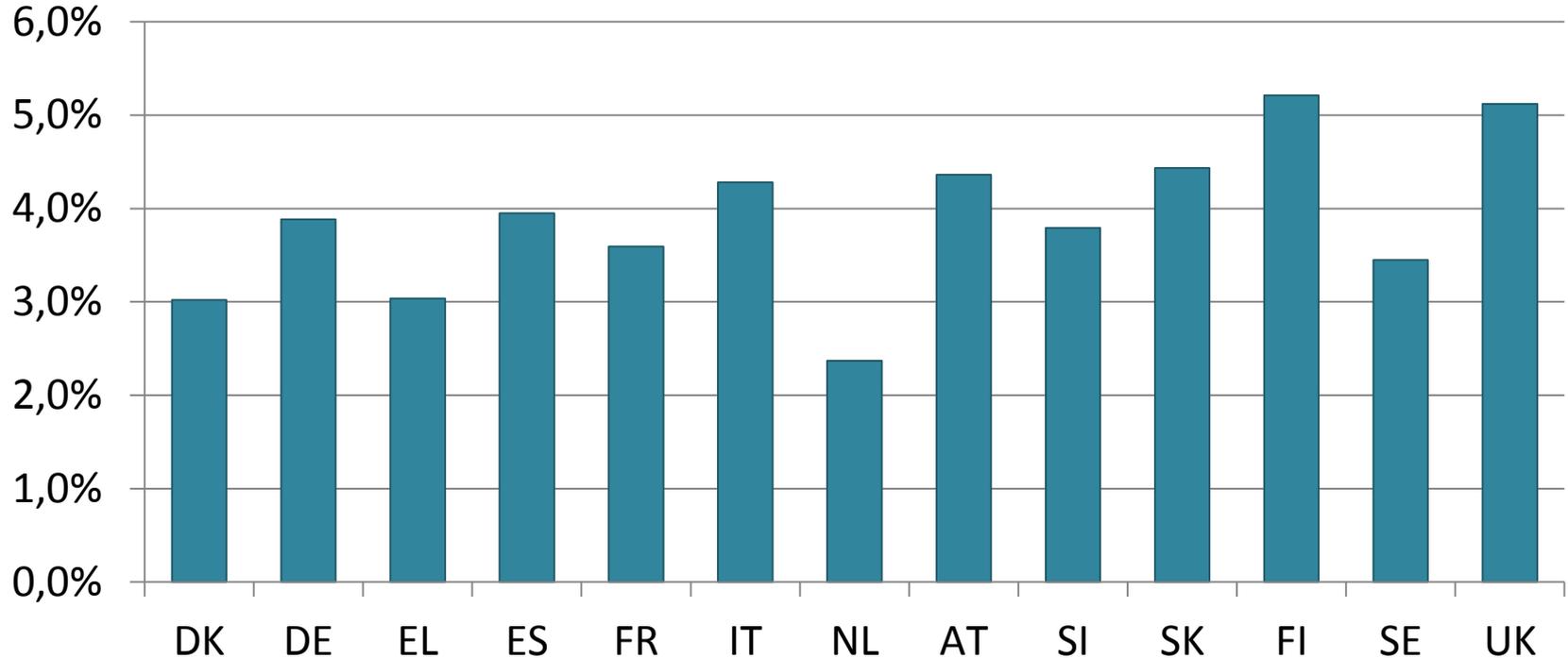
Why do we need an integrated long-term care system?

- 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>

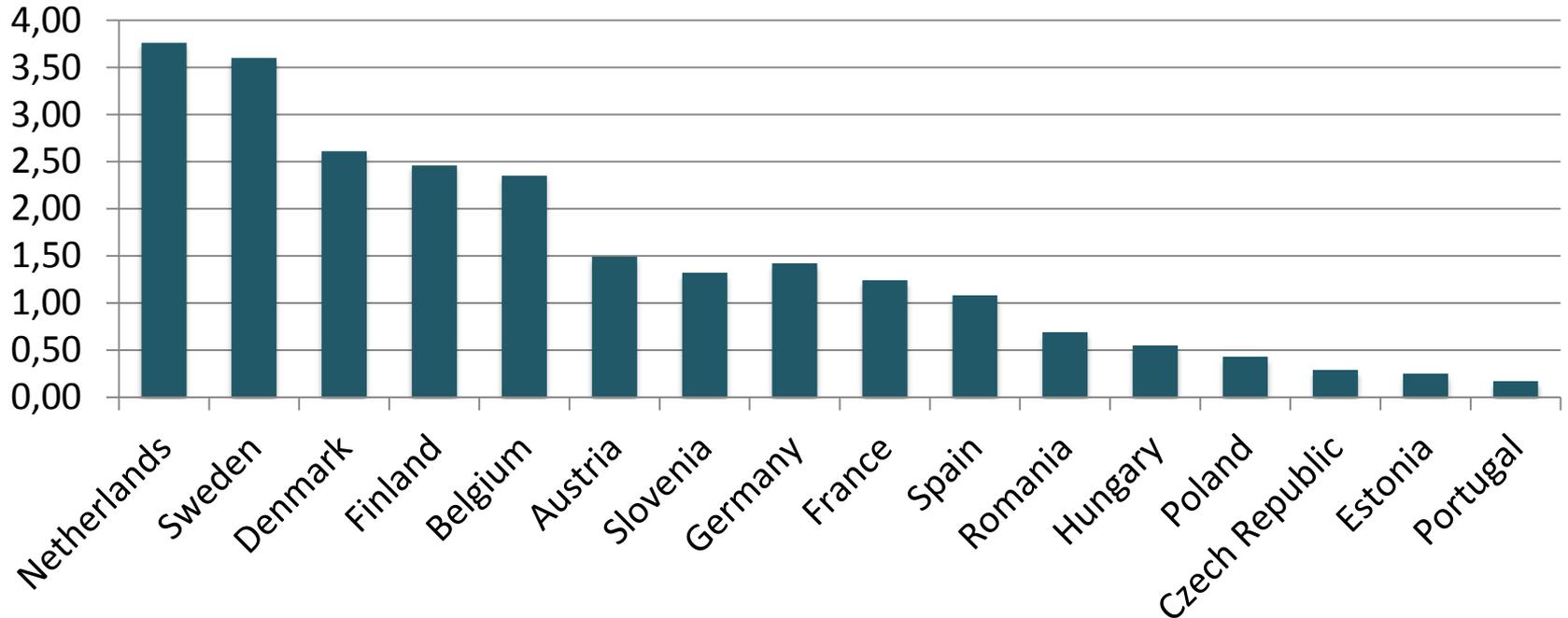


SEVENTH FRAMEWORK PROGRAMME

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Different levels of expenditure

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



Source: Eurostat (latest available year)

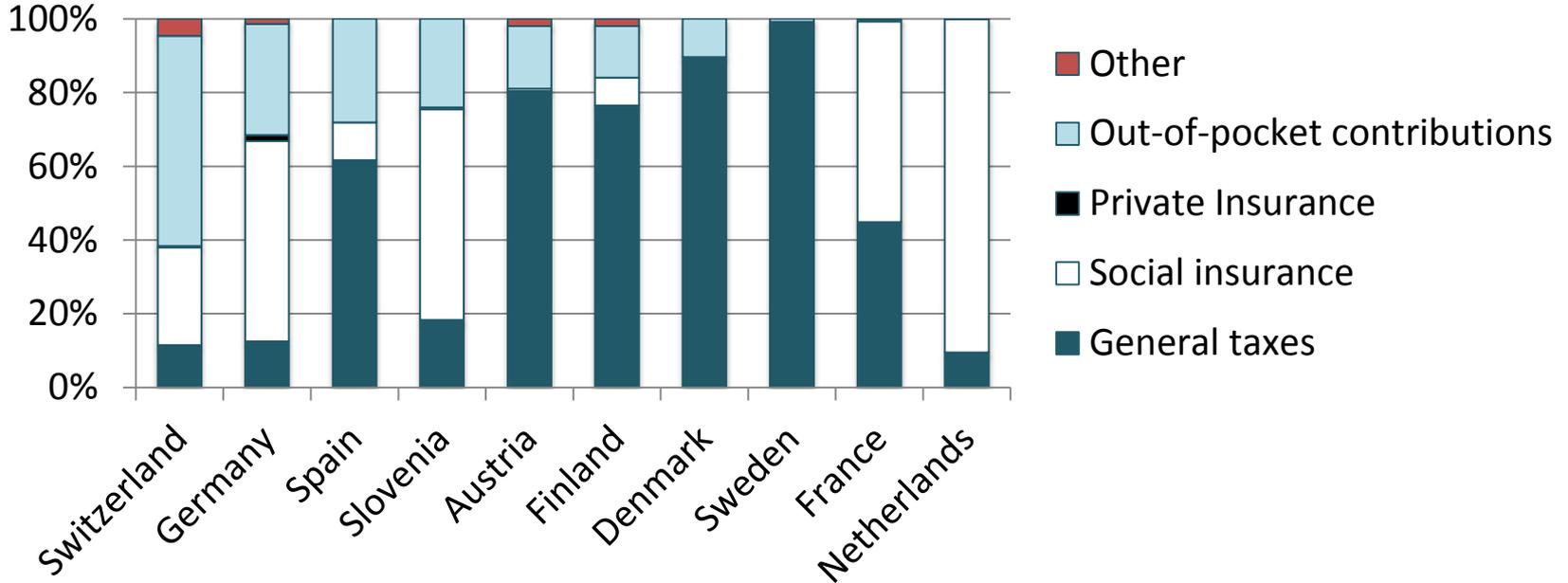


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Different ways of funding

Long-term care expenditures by source of funding



Source: OECD Health System Accounts, 2010



SEVENTH FRAMEWORK
PROGRAMME

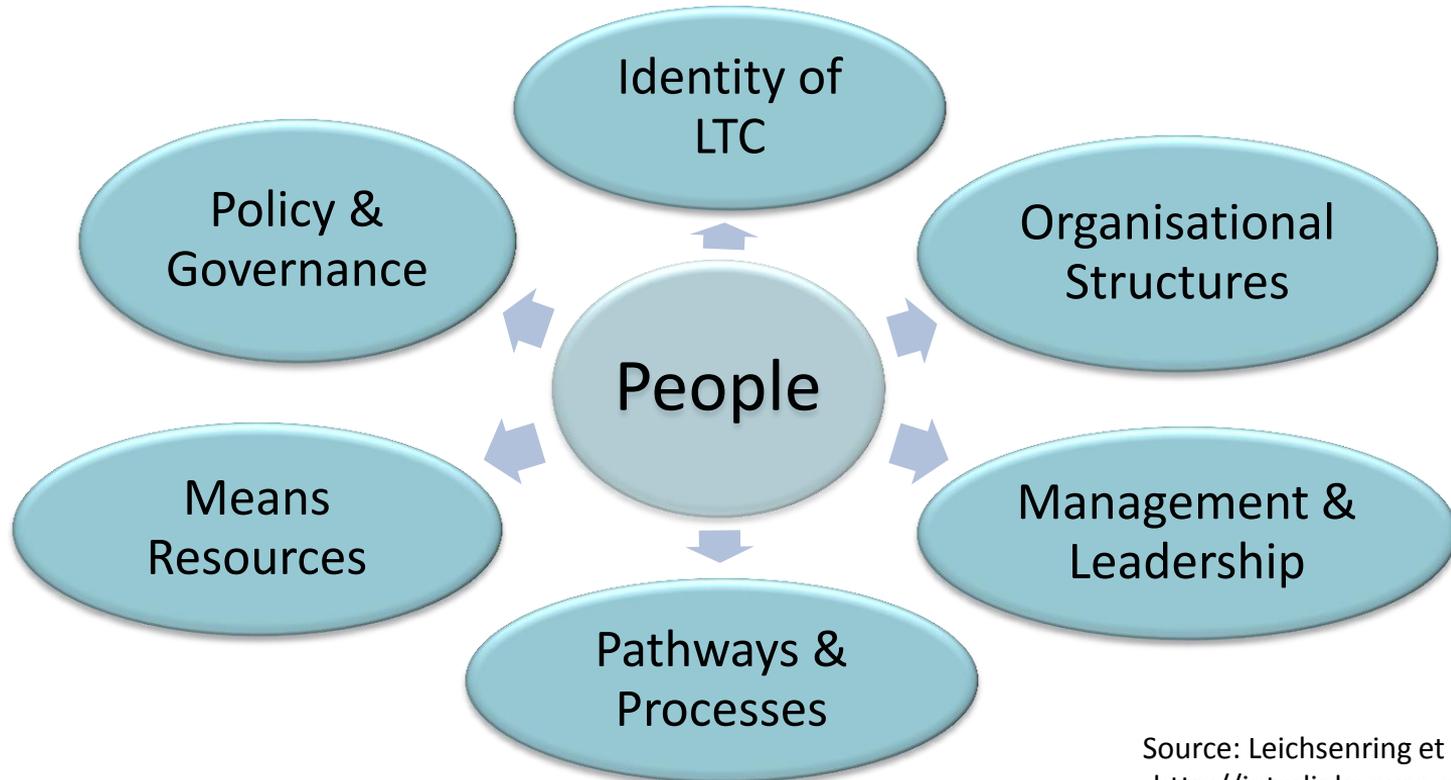
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A weak relation between supply and potential demand

- 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



Source: Leichsenring et al., 2013;
<http://interlinks.euro.centre.org>

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: The tandem of health and social care professionals (Alto Adige, Italy)
- Joint team of health and social care workers visiting beneficiaries 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



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>



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, competition and choice

Source: Leichsenring et al., 2015



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 investment for Active Ageing and LTC

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

Social investment for Active Ageing and LTC

- 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 – and insurance companies?
 - Cross-national learning and exchange of experiences

Further information

<http://interlinks.euro.centre.org>

The logo for 'interlinks' features the word in a lowercase, white, sans-serif font, centered within a light blue rectangular background.

<http://mopact.group.shef.ac.uk/>

The MoPAct logo consists of the word 'MoPAct' in a bold, purple, sans-serif font. Above the 'o' is a stylized green wheel icon. Below the text is the tagline 'Mobilising the Potential of Active Ageing in Europe' in a smaller, black, sans-serif font.

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Leichsenring, K., Billings, J. and H. Nies (eds.)
Long-term care in Europe. Improving policy and practice.

Basingstoke 2013: Palgrave Macmillan

