REPUBLIC OF SLOVENIA
MINISTRY OF LABOUR, FAMILY AND SOCIAL AFFAIRS

AGE WORKING GROUP
LONG - TERM CARE

WeDO project

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MINISTRY OF LABOUR, FAMILY AND SOCIAL AFFAIRS

THE SOCIAL PROTECTION COMMITTEE (SPC)

Treaty-based Committee (Article 160 of the Treaty on the Functioning of the EU),

advisory status (to promote cooperation on social protection policies between Member States and with the Commission),

composed of two delegates from each Member State and the Commission,

the SPC elects a Chairperson who holds office for a two-year non-renewable period and who is assisted by the Secretariat;

MAIN TASKS:

- to monitor the social situation and the development of social protection policies in the MS and the Union,
- to promote exchanges of information, experience and good practice (SOCIAL OMC),
- to prepare reports, formulate opinions or undertake other work,

to support its work, the SPC sets up sub-groups for certain tasks.

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A VOLUNTARY EUROPEAN QUALITY FRAMEWORK FOR SOCIAL SERVICES

OVERARCHING QUALITY PRINCIPLES FOR SOCIAL SERVICE PROVISION:

- Availability;
- Accessibility;
- Affordability;
- Person-centredness;
- Comprehensiveness;
- Continuity;
- Orientation towards outcomes.

AGE WORKING GROUP (SPC sub-group)

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Set up to deepen SPC work on the challenge to social protection from population ageing:

1st phase: adequacy aspect of income provisions in old age,

2nd phase: provision of services in ageing societies.

in 2012, focus on OMC health and long-term care strand (on the basis of the **Commission Staff Working Paper on LTC**) through discussions on :

postponing, mitigating or reducing the needs for LTC,

ensuring long-term sustainability of LTC systems.

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Long-Term Care EU CONTEXT

Reasons for coordinating long-term care at EU level:

1. Common challenges
   - Ageing of population is associated with higer dependency and disability rates
   - Access for all and greater users choice must be balanced against financial sustainability.
   - Spending on long-term care is expected to grow fast .
2. Long-term care is inadequate and of low quality in many MS
3. The possible use of EU structural funds to support capacity-building and promote training of care personnel.

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SPC REPORT ON LONG TERM CARE IN THE EU (2008)

To meet the foreseen increase in demand for LTC Member States have strived:

- to ensure a sustainable mix of public and private sources of finance,
- to boost care coordination within the various LTC systems,
- to find mechanisms to respect the universal access to LTC,
- to ensure high quality of care in residential or community settings,
- to ensure an adequate supply of long-term (formal and informal) care workers.

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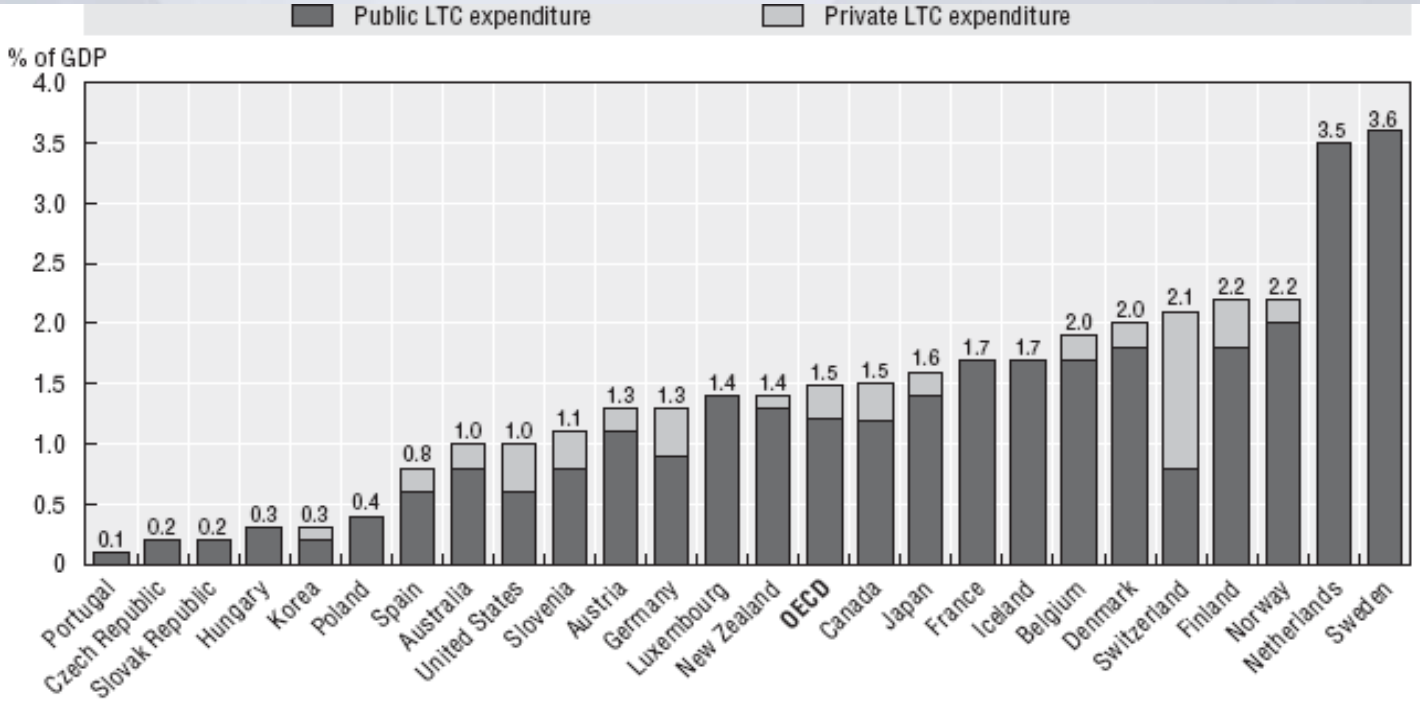
HIGH-QUALITY LONG-TERM CARE IN AN AGEING EUROPE CHALLENGES AND POLICY OPTIONS

Commission Staff Working Document (January, 2012)

1. INTRODUCTION
2. THE INCREASING NEED FOR LTC
3. THE SUPLLY OF AND ACCESS TO LTC
4. POLICY OPTIONS – DILEMMAS
5. EU SUPPORT FOR DEVELOPING LTC STRATEGIES

The share of public LTC expenditure is higher than that of private LTC expenditure in OECD countries (Percentage of GDP, 2008)



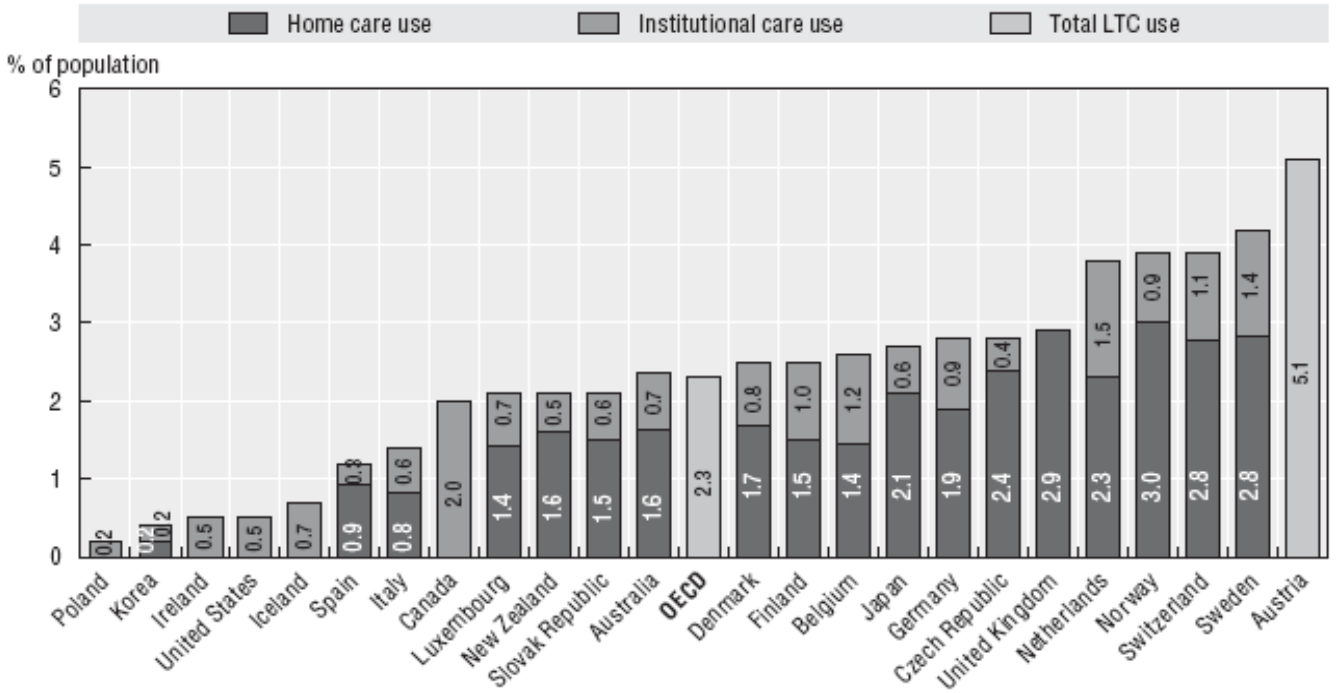
Note: Data for Austria, Belgium, Canada, the Czech Republic, Denmark, Hungary, Iceland, Norway, Portugal, Switzerland and the United States refer only to health-related long-term care expenditure. In other cases, expenditure relates to both health-related (nursing) and social long-term care expenditure. Social expenditures on LTC in the Czech Republic are estimated at 1% of GDP (*Source*: Czech Ministry of Health, 2009). Data for Iceland and the United States refer only to nursing long-term care in institutions. Data for the United States underestimate expenditure on fully private LTC arrangements. Data for Poland exclude infrastructure expenditure, amounting to about 0.25% of GDP in 2007. Data for the Netherlands do not reflect user co-payments, estimated at 8% of total AWBZ expenditure in 2007. Data for Australia refer to 2005; data for the Slovak Republic and Portugal refer to 2006; data for Denmark, Japan and Switzerland refer to 2007.

Source: OECD Health Data 2010.

StatLink http://dx.doi.org/10.1787/888932400722

More LTC users receive care at home than in institutions

LTC users as share of the population in OECD countries, 2008



Note: Data for Canada, Luxembourg, Denmark, Belgium and the Netherlands refer to 2007; data for Spain refer to 2009. Data for Japan refer to 2006. Data for Japan underestimate the number of recipients in institutions because many elderly people receive long-term care in hospitals. According to Campbell *et al.* (2009), Japan provides public benefits to 13.5% of its population aged over 65 years. Czech home-care users include 300 000 recipients of the attendance allowance. Polish data underestimate total LTC users. Austrian data represent recipients of cash allowances.

Source: *OECD Health Data 2010*, the Korean computerised administrative network and additional Australian and Swedish data.

StatLink http://dx.doi.org/10.1787/888932400608

POLICY OPTIONS - DILEMMAS

1. Supporting families to do the work?

- Predominant role of the informal care in the EU (families/relatives)
- Reservoir of informal carers has been contracting (higher employment participation of women and older workers)

Advantages	***Drawbacks***
low costs to public budgets; care provided by closely related and (generally) trusted carers.	*reduced labour force participation; social hardship for carers; poverty, gender dimension: most carers are women; future prospects: geographical distance, fewer children*

2. Getting families and households to pay out of pocket for their care needs?

- Private spending = hard burden for family members
- Growing need for additional private financing

Advantages	Drawbacks
low costs to public budgets, relatives don't have to give up their jobs to care.	*high costs to the families concerned, qualifications and working conditions of carers; illegal immigration, undeclared work, exploitation, lack of quality control for care in the absence of a formal framework for employing family carers.*

3. Publicly funded formal care provisions

Home care arrangements predominate (older people's preference)
Share of employment in health and social work has been rising
Access to LTC services (means-tested)
Common objectives: accessibility, quality, financial sustainability

Advantages	Drawbacks
burden on families is alleviated; generally well-trained professional carers	*high and rising costs for public budgets; risk of staff shortages, risks of elder neglect and abuse if insufficiently funded.*

4. Reducing the need for care: prevention strategies
KEY MESSAGES:

- ***Prevention of dependency*** *conditions is possible through adequate policies and also support of technology. There is growing evidence that preventions policies are* ***cost-efficient.***

- *Ageing in place, independent living and rehabilitation can be achieved through* ***age-friendly environments****, assistive technology and a minimum of adequate LTC support.*

- *Rehabilitation at early stage and properly used has proved to be* ***cost-efficient for the health care systems and beneficial for the patients****. Evidence-based innovative practices have been implemented with success in several Member States.*

5. Efficiency/productivity gains in LTC provision and delivery

Improving the provision of formal LTC can be achived through better integration

- **Umbrella organizational structures** to guide integration of strategic, managerial and service delivery levels;
- **Multidisciplinary case management** for effective evaluation and planning of client needs, providing a single entry point into the health care system;
- **Organized provider networks** joined together by standardized procedures and clinical update guidelines with constant updating, service agreements, joint training, shared information systems and even common ownership of resources to enhance access to services; and
- **Financial incentives** to promote prevention, rehabilitation and the downward substitution of services, as well as to enable service integration and efficiency.

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EU SUPPORT FOR DEVELOPING LTC STRATEGIES

SOCIAL OMC AS A PIVOT OF LTC

Exchange of experiences and best practice

Peer Reviews

DG Employement, Social Affairs and Incllusion

DG SANCO
DG Research
DG Information society

SPC-LTC

THANK YOU

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