



Integrated long-term care for older people living at home: theory and innovative practice

Kai Leichsenring

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Aims of the presentation

- To argue for the necessity to further develop emerging long-term care (LTC) systems in Europe
 - Theoretical background: systems theory; the INTERLINKS Framework for LTC
- To identify key-issues for social innovation
 - At the interfaces between health and social care, between formal and informal care
- To illustrate the feasibility and sustainability of innovation and improvement
 - Examples of good practice



Evidencing systemic deficiencies: The phenomenon of migrant carers



- Italy: over 700,000 ‘badanti’
 - Partly legalised
 - In addition there is a high proportion of moonlighting migrant carers
- Austria: over 30,000 ‘24-hours assistants’
 - From neighbouring Slovakia, Czech Republic and Hungary
 - Legalised in 2007
- Similar situation in Germany, Greece, Spain ...
- ‘Globalised care work’: A (legalised) phenomenon with a close expiry date?



Innovation in long-term care: A revolution by professionals

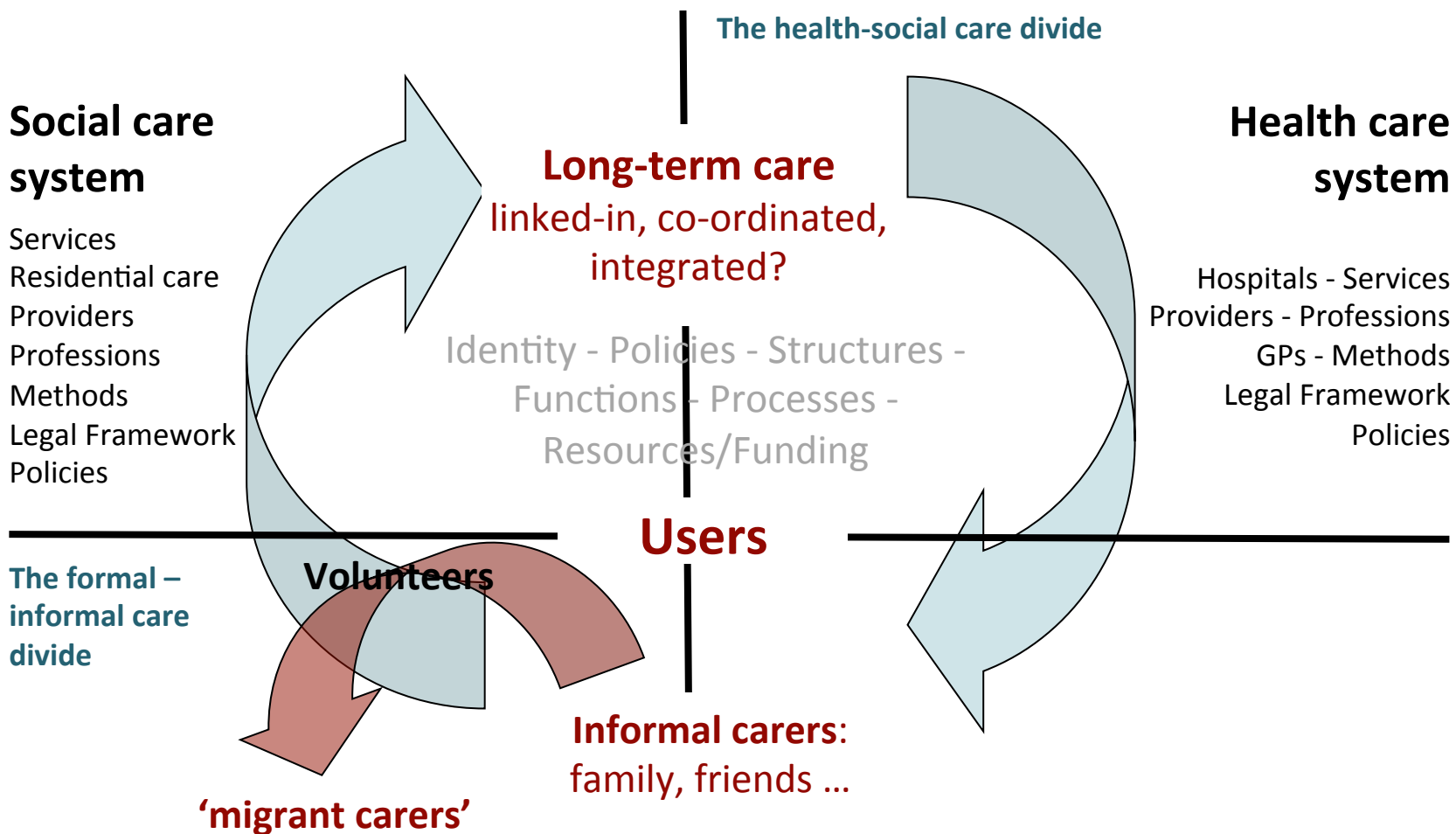


“Buurtzorg” (The Netherlands): More autonomy, less cost

- 2006: Unsatisfied community nurses develop an innovative approach
- Care in the community (neighbourhood): Users at the centre
- Autonomous, multi-professional teams of max. 12 professionals
- Networking with local, formal *and* informal resources
- Quality management and transparent outcome indicators
- Very high user satisfaction
- Organisational costs as low as possible: cost decreased up to 50%
- Efficient use of information technology (small back-office)
- Promoting activation and self-care in the neighbourhood
- Staff grew from 2007-2012 from one team of 12 to 6,000 professionals
- Netherlands' Employer of the Year 2011



Towards an integrated system of long-term care



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Why do we need a long-term care system?

- Tremendous success of health care and the medical model
 - A strong focus on CURE: ‘ill’ vs. ‘healthy/not-ill’
 - Highly specialised, defined hierarchies, decent funding
 - BUT: failures when ‘patients’ are in need of long-term care
- Acknowledgement of LTC as a social risk
 - BUT: piecemeal solutions, based on social assistance rationales
 - BUT: heavy reliance on informal care
- Users experience lack of coordination between social and health care
 - isolated health reforms (DRG financing)
 - no ‘common language’, visions, values

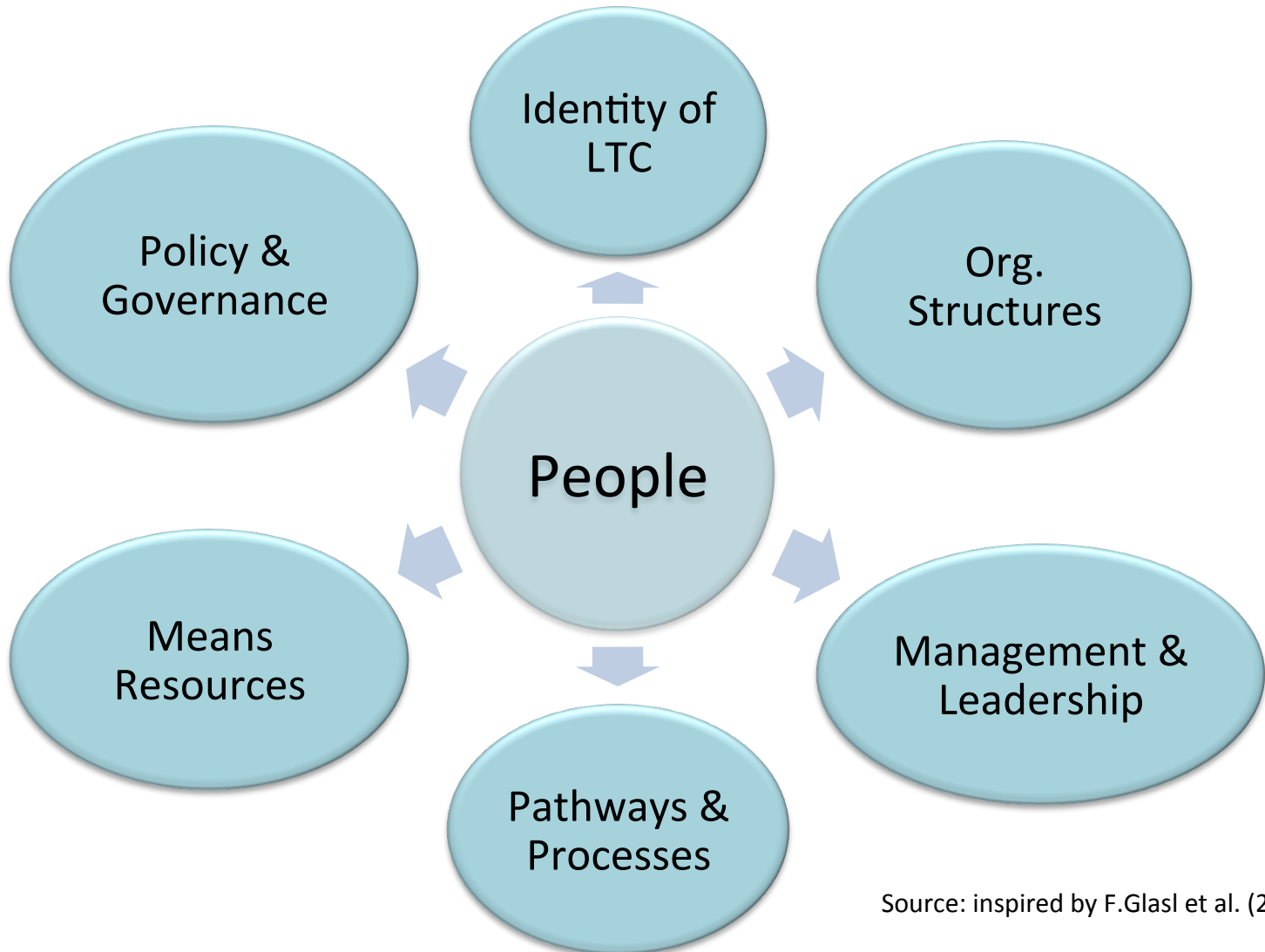


Background

- INTERLINKS: Health Systems and long-term care for older people in Europe (EU FP7 Programme)
 - 15 partners from 13 countries (incl. AT, DE, DK, ES, IT,NL, UK ..)
- Results
 - A European Framework for LTC
 - 6 themes, 29 sub-themes and 135 key-issues
 - illustrated by about 100 validated practice examples
 - underpinned by more than 30 national reports and European overviews
 - An interactive website → <http://interlinks.euro.centre.org>
 - Book ‘Long-term care in Europe – Improving policy and practice’ (Palgrave Macmillan, 2013)



The Themes of a Long-term Care System

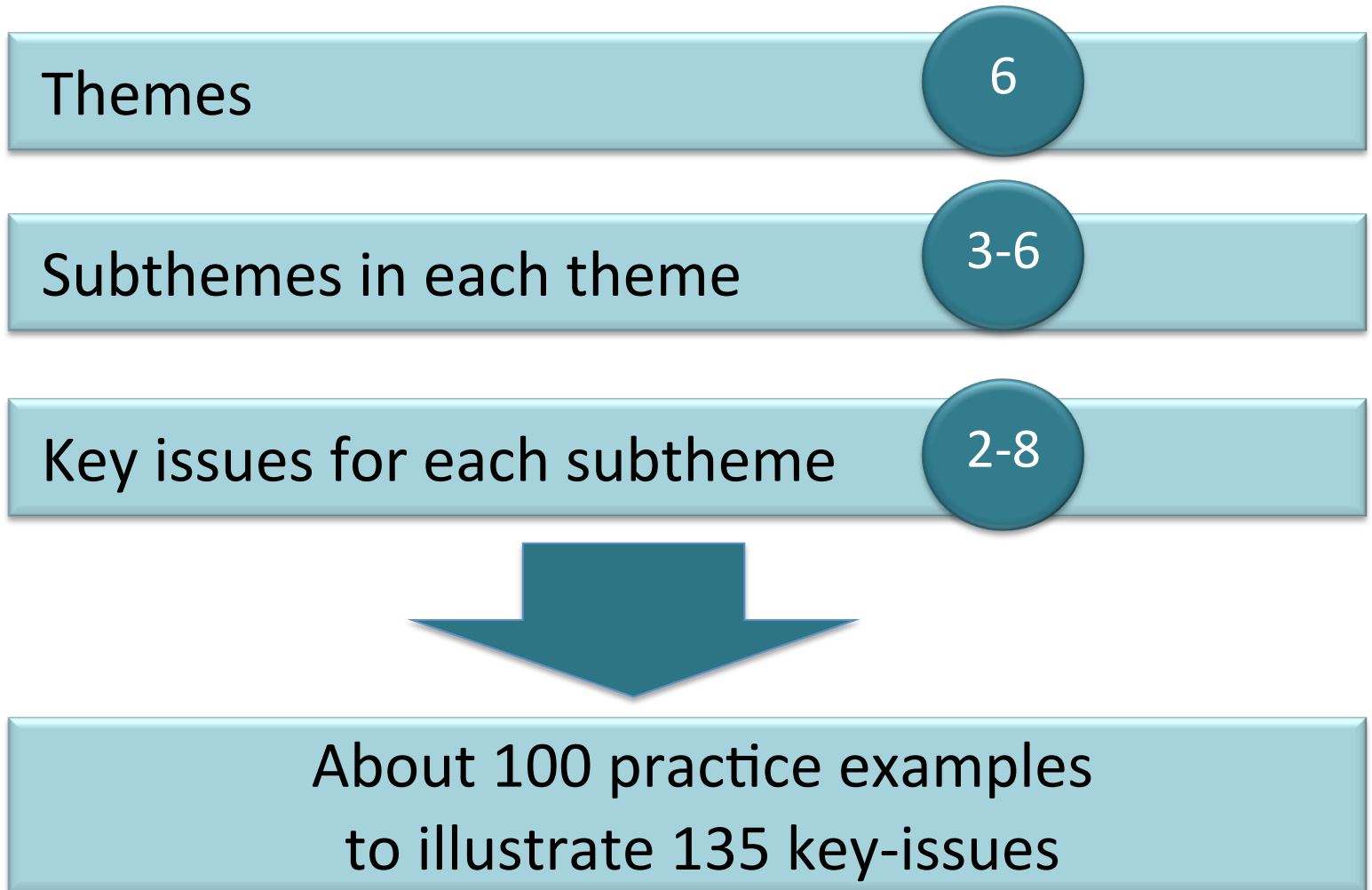


Source: inspired by F.Glasl et al. (2005)

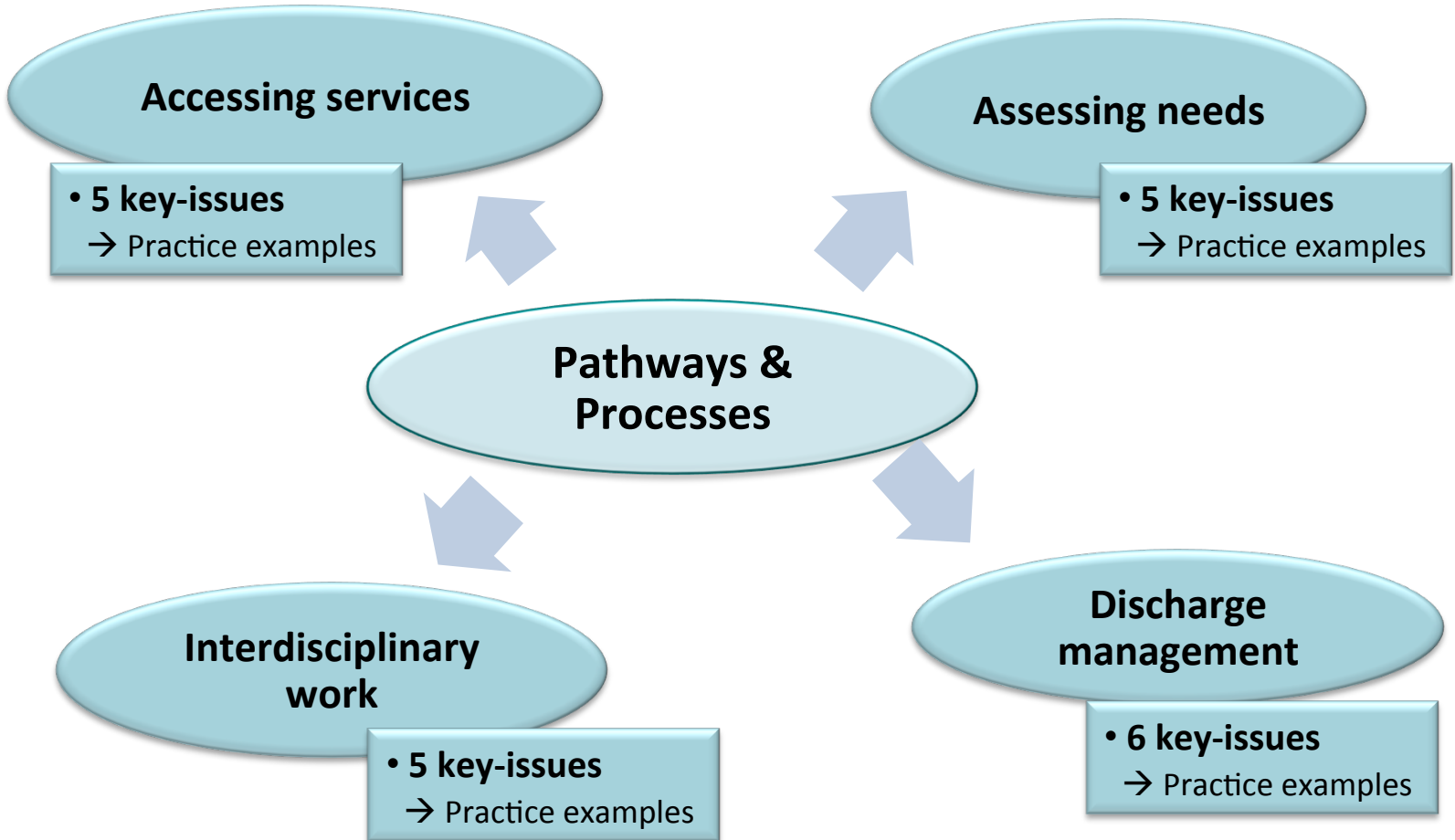


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Describing and analysing individual themes



Theme 3: Pathways and Processes



Selected key-issues in integrating health and social care services

- **Policies:** Using contracts or agreements to enable and sustain processes between services and/or organisations
 - Reimbursement (fines) for delayed hospital discharges
- **Organisational structures:** Initiatives to promote prevention and rehabilitation, quality development and empowerment of users
 - Implementing the self-care approach in Fridericia
- **Management & Leadership:** Shaping (new) job profiles, fostering and mutual understanding of comprehensive pathways
 - Case managers for people with dementia and their informal caregivers



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Selected key-issues in integrating health and social care services

- **Pathways & Processes:** Fostering a culture of collaboration, inter-professional exchange and transfer of information
 - Integrated home care and discharge practice for home care clients
- **Management & Leadership:** Establish leadership competencies regarding the management of networks
 - Organising a radical reform of local LTC provision
- **Identity:** Values and mission statements that address the interfaces with health and social care services, and with informal carers
 - Developing new professional approaches: 'Buurtzorg'



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Reimbursement (fines) for delayed hospital discharges (Sweden)



- Aim: To reduce ‘bed-blockers’ in hospitals
- Reform: Municipalities (responsible for community care and housing) have to reimburse Counties (responsible for hospitals) if patients cannot be discharged due to the lack of local services and arrangements
- Methods: joint care planning
- Results: Decrease of ‘bed-blockers’ between 1992 and 1999 from 2,500 to about 1,000
- Now stable at about 1,100, but other factors are also important:
 - Availability of alternative residential and other forms of care
 - Availability of local resources
 - Partnership approach, rather than ‘passing the buck’



Less can be more: Improved self-care in local services | Fridericia (Denmark)



- Aim of the project “Living at home as long as possible”:
 - A paradigm shift in the provision of LTC to reduce expenditures
- Investment in prevention and rehabilitation, in interventions to close the gap between hospital and home care, and to introduce self-care and new technologies
- Help to self-help:
 - Staff in a monitoring role (trainers)
 - Focus on activities in everyday life
 - Intensive training at the onset of care needs (hospital, first request)
- Effects:
 - Return on investment after 2 months (in a context of intensive service supply)
 - Better quality with more than 800 hours less home care per year



Case managers for people with dementia and their informal carers (The Netherlands)



- Aim:
 - Enhancing user orientation and co-operation in community dementia care
- Multidisciplinary teams: case managers, geriatricians, a psychologist and a dementia consultant
- Effects:
 - Positive effect on clients' mental health, general health and vitality
 - Decrease of informal caregivers' burden



The PALKO Model to improve interdisciplinary working (Finland)



- Aim:
 - To establish standardised practices and agreements between hospital and home care
- Defining practices, responsibilities and support tools
 - Accompanying the client's whole pathway: home – hospital – home
 - A care/case manager pair for each home care client
 - Multidisciplinary team work moving away from a reactive to a proactive way of working
- Effects:
 - Process improved, no extra resources needed
 - Similar models in other countries, but often reduced to 'hospital discharge management'



Organising alternatives to nursing homes | Birmingham (England)

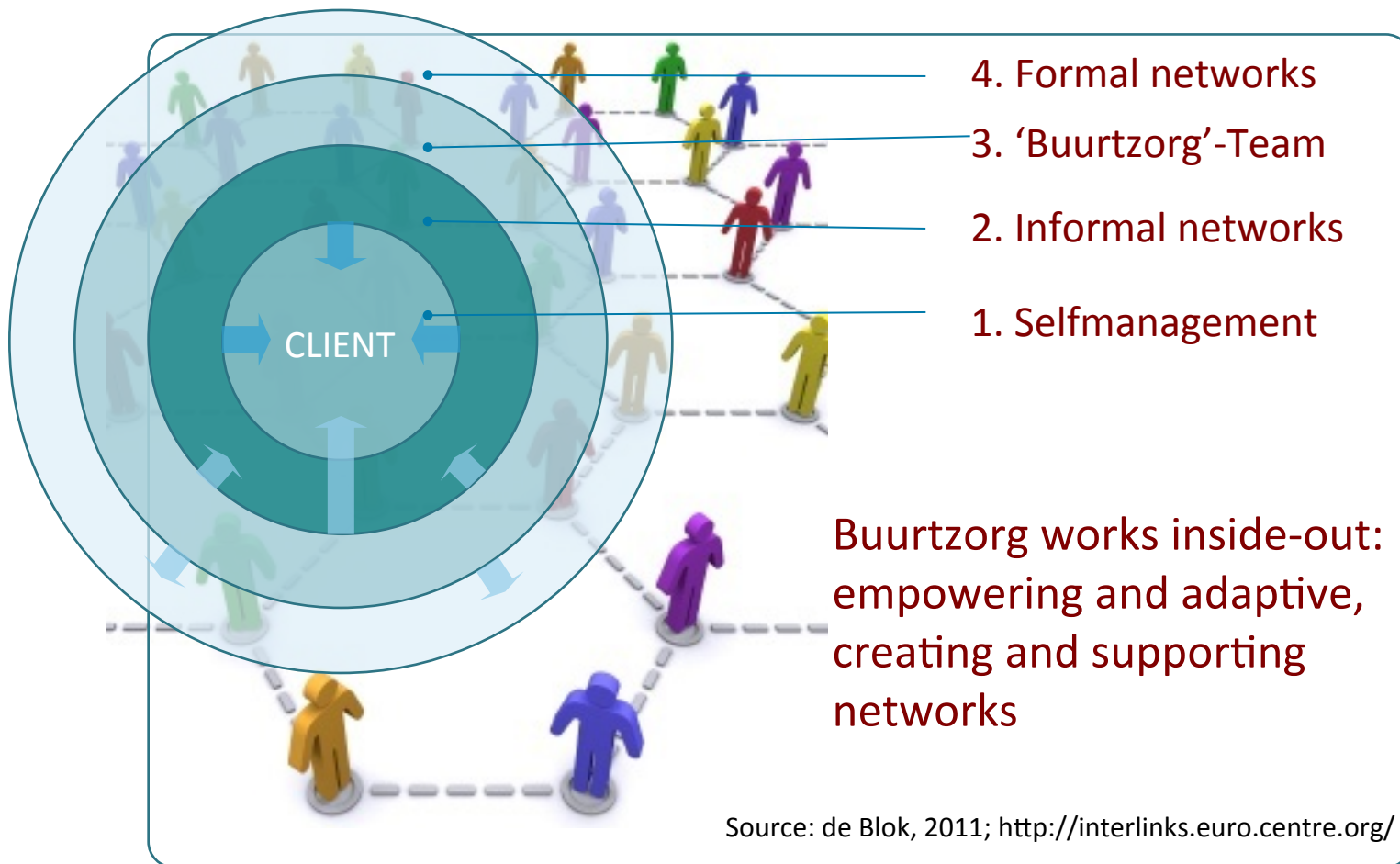


- Aim:
 - To modernise LTC services for a new generation of older people
- New 'special care centres', extra care housing and places in independent sector homes
- Closure of existing public day centres and care homes
- Accompanied process:
 - intensive multi-disciplinary needs assessment
 - participation and individual preferences ensured
- Effects after 12 months suggest positive results:
 - Majority felt valued and happy with the control they had over their life
 - 42% said life had got better, 35% said it had stayed the same



Developing a genuine identity of LTC (The Netherlands)

- 'Buurtzorg': New professional approaches
- Promoting self-care and activation in the community
- The user at the centre



Conclusions: Integrated LTC creates win-win situations by linking and networking!

- Networking and staffing
 - Finding, educating and retaining appropriate staff will be the most important challenge during the next decade – new job profiles, active outreach and cooperation are needed!
- Transparency and continual improvement
 - Develop and present your performance by showing evidence, by working in partnership and by transparency towards users!



Conclusions: Integrated LTC creates win-win situations by linking and networking!

- Participative leadership, innovation and investments
 - Create a culture of innovation by allowing for autonomy, creativity and change processes (social investment)!
- Towards integrated long-term care with an own identity?
 - Social inclusion, quality of life and universal rights
 - Shifting resources from health to long-term care

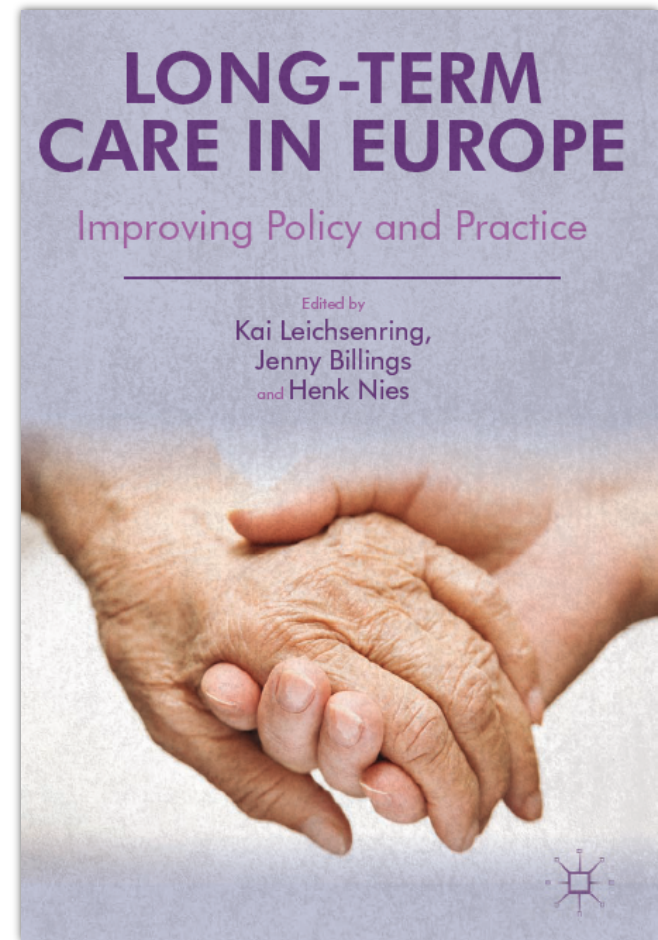


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The final INTERLINKS Publication

- Transversal issues: constructing LTC systems in Europe
- Theory and practice
- Policy-oriented
- 15 Chapters by more than 30 authors from 13 European countries
- Published by Palgrave Macmillan, March 2013



More information and contact

- <http://interlinks.euro.centre.org>
- leichsenring@euro.centre.org
- www.euro.centre.org



The screenshot shows the homepage of the Interlinks website. The browser address bar displays <http://interlinks.euro.centre.org/>. The page features the Interlinks logo at the top right, with the tagline "Health systems and long-term care for older people in Europe. Modelling the interfaces and links between prevention, rehabilitation, quality of services and informal care" below it. A navigation menu includes "THE PROJECT", "THE FRAMEWORK FOR LTC", "COUNTRY INFORMATION", "NEWS", and "CONTACT". The main heading reads "INTERLINKS - A Europe-wide resource that aims to improve long-term care for older people". A sidebar on the left lists site sections: "USING THIS WEBSITE", "PROJECT OUTPUT", "REPORTS", "PROJECT PARTNERS", "GETTING INVOLVED", and "DISCLAIMER". Below this is a search bar and a "Search" button. The main content area includes a "Mission" section with a list of goals: "work towards integrated systems of LTC", "improve planning and delivery of services for frail older people at the interfaces between formal and informal care, and between social and health care", and "integrate prevention, rehabilitation, quality management, governance and finance in the toolbox to develop LTC systems". A "Contribute!" button is also visible.