

Health Workforce & Service Delivery Unit

Strengthening long-term care delivery in the European region



World Health
Organization

European Region

#AddingLifeToYears

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Our work priorities: Common challenges facing LTC systems in the European region



Informal caregivers

Support services, training, improving social protection

Integration HC/LTC



Care pathways, common standards and procedures, funds pooling and training of managers and planner on integrated care delivery



Up-coming



Care workforce

Working conditions, workforce planning, recruitment and retention, development of training curricula

Sustainable financing



Cost projections, revenue raising, financial reviews and budgeting processes

Up-coming



Quality management

Quality standards (adapted to each care setting), strategies to promote quality improvement

Local capacity building



Coordination of service delivery at local level, training for local decision-makers, knowledge exchange and support for local financing and budgeting processes

Up-coming



Tech & data infrastructure

HIS interoperability, data collection, monitoring, standardized indicators, digital solution for cost containment & remote populations

Needs assessment



Standardized needs assessment instruments, comprehensive assessment, population wide need for care



EC-WHO partnership on building more accessible, better quality and more resilient long-term care systems

Two Key Objectives



1

Strengthen appraisal and monitoring of long-term care systems and reforms

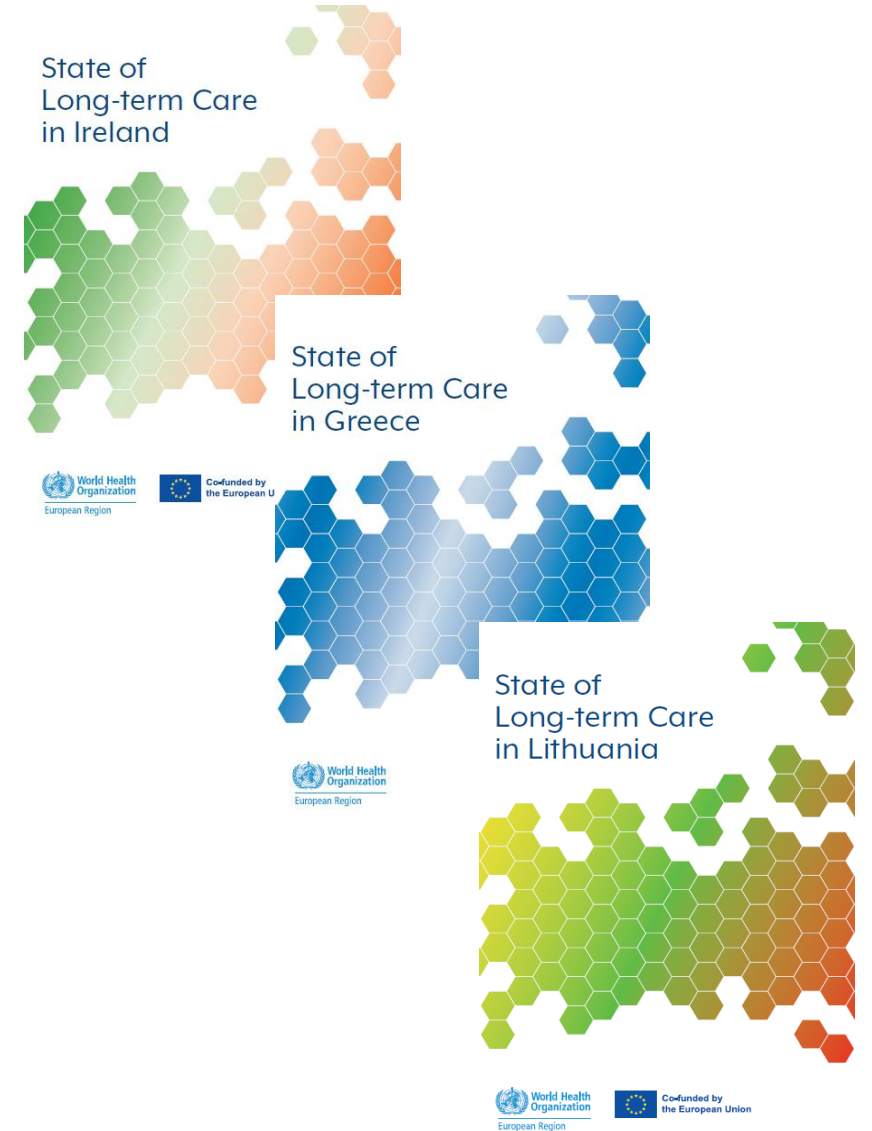
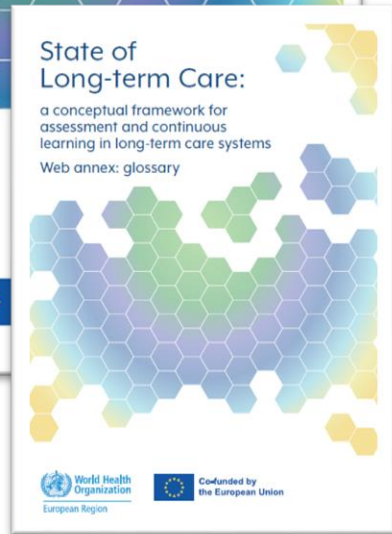
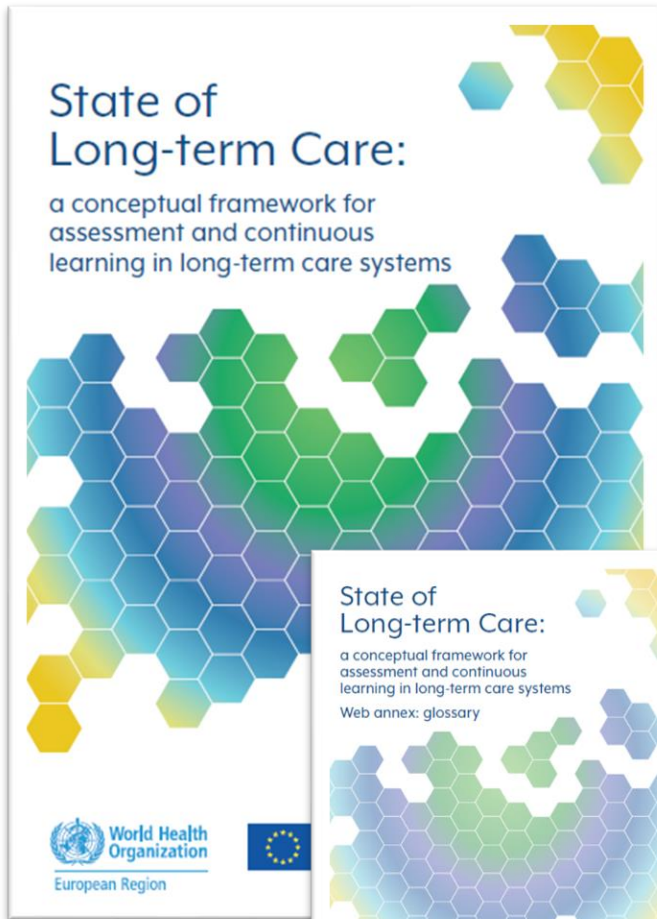
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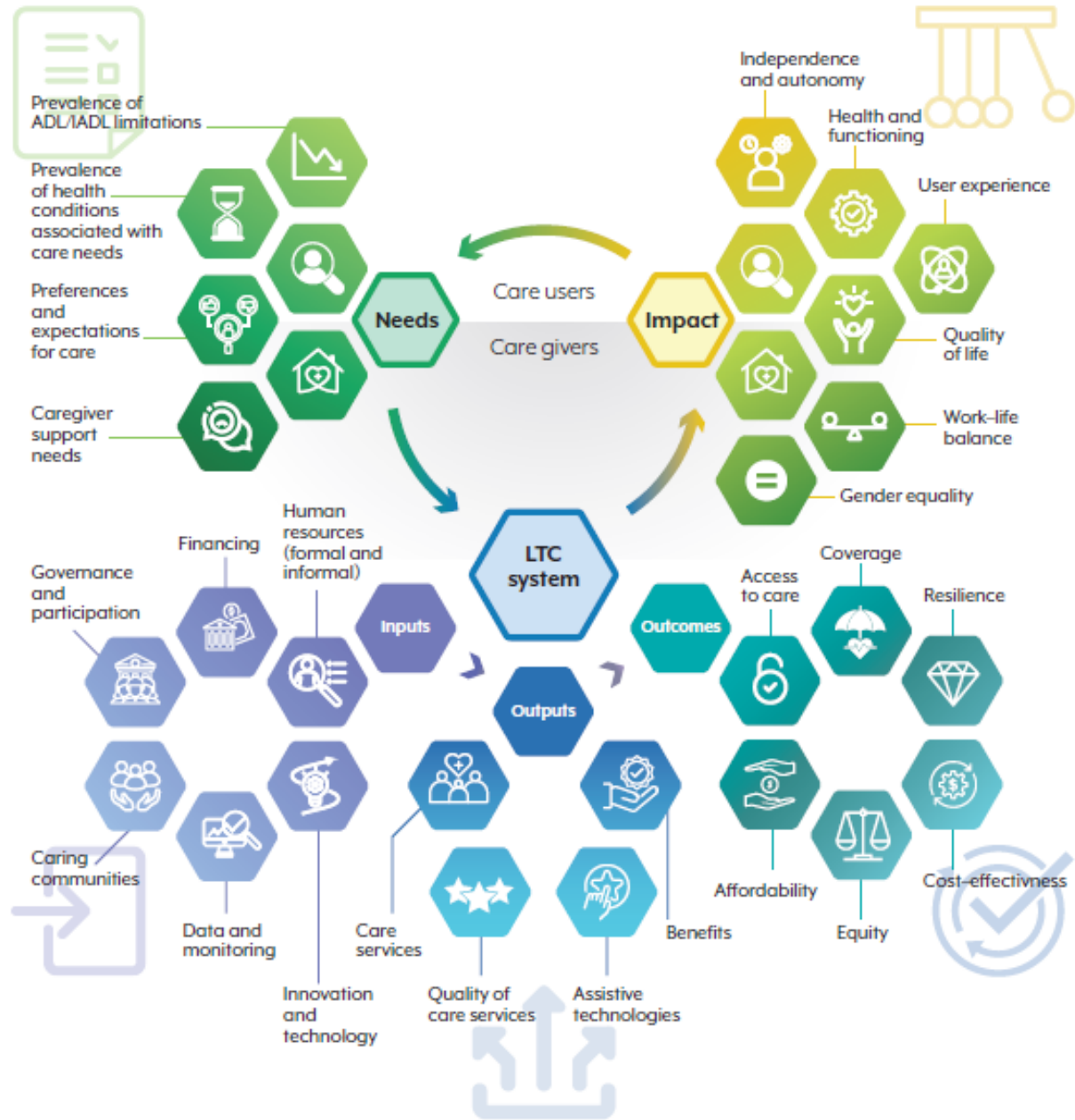
Improve access to information and support tools for informal caregivers



Knowledge exchange

The State of LTC Toolkit (to be launched Nov 12th 2024)





The State of LTC in the European region (expected Oct 2025)

First regional report on long-term care services, focused on how we can strengthen and adapt care systems to ensure current and future cohorts of older people can enjoy health, wellbeing, dignity and independence

1. Healthy ageing and long-term care needs
2. LTC service coverage
 - Who is covered?
 - What is covered?
 - How much is covered?
3. Reshaping the future: How strong LTC eco-systems can transform the challenge of population ageing now and for future generations

Quality management in LTC

Defining quality in LTC

*“The degree to which **care services** (for individuals and populations experiencing, or at risk of, declines in intrinsic capacity and functional ability) **contribute to maximizing well-being and quality of life** and increase the likelihood of **personal and health outcomes** that are consistent with the individual preferences, human rights and dignity of **both care users and their caregivers.**”*



PROMOTING QUALITY MANAGEMENT IN LONG-TERM CARE

AUSTRIA

- Decentralized at regional level, national cash benefit programme
- Covers means-tested in-kind services, unconditional needs-based cash-benefit, support services for informal caregivers
- 1 in 4 people aged 65+ have at least one limitation in Activities of Daily Living (ADL)
- Around 80% of care provided informally, including through paid, in-home 24-hour care reliant on migrant care workers

Defining quality

- Amendments to the Nursing Fund Act (Änderung des Pflegefondsgesetzes, BGBl. I Nr. 170/2023) reference a definition of quality, measured as the degree to which the quality characteristics of professional care and nursing services are achieved
- Minimum quality standards are agreed upon by national and regional (federal state) authorities (agreement under Article 15a B-VG, Federal Constitution Act), 1993
- Federal states are charged with issuing regulations to ensure that minimum standards are respected



- Person-centered
- Effective
- Safe
- Efficient
- Timely

Quality assurance

- No national framework of quality assurance - regional governments are in charge of overseeing and ensuring quality
- Facility-based care: supervisory authority in each federal state carries out compliance checks and enforces legal requirements
- Home care: home-visits using standardized need assessment carried out by nurses for first-time home care recipients, supported by federal authorities
- Court of Auditors (national level) carries out independent audits of long-term care provision at regular intervals
- Annual quality assurance visits among a subset of beneficiaries of cash benefit

Quality assurance mechanisms at various levels of development across care settings/providers



Quality management / improvement

- Voluntary national quality certificate (NQZ), including focus on care outcomes for users and staff. Under the responsibility of the Bundesinstitut für Qualität im Gesundheitswesen, certification is based on external audit and coordinated by regional and national authorities jointly.
- The Österreichisches Qualitätszertifikat für Vermittlungsgagenturen in der 24-Stunden-Betreuung (Austrian quality certificate for placement agencies in 24-hour care) is a voluntary certificate that the agency complies with nationally set guidelines for practice

Quality standards

- Facility-based care**
 - Specified facility and room size, fully accessible (with regional variation)
 - Requirements for minimum facilities - e.g. therapy rehabilitation and visitation rooms
 - Integrated into community
- Care workers**
 - Specified staffing ratios, linked to users' intensity of care needs
 - Nationally set educational requirements and further training obligations for care workers
- Home care**
 - No minimum standards stated for home care or 24-hour care

Minimum standards at various levels of development across care settings/providers



Key components of quality

(Individual) Needs assessment

- Assessment for cash benefit eligibility acts as a quasi needs- assessment. It can be requested by the user and is carried out by a physician or registered nurse
- The assessment allows for classification in 1 of 7 levels of increasing care intensity, based on hours of help needed with personal care, household management or management of chronic conditions
- LTC cash benefit level informs eligibility and out-of-pocket payments for care services

Standardized needs assessment for care allowance (separate from health)



User engagement

- Care allowance provides financial support for care while preserving user choice - it can be used freely by the recipient to purchase care services (from a provider of their choice), remunerate informal carers or supplement household income.
- Widespread use of care user satisfaction surveys by care homes

Preferences of users considered



Data collection and information and communications technology (ICT)

- Data collection on LTC quality is not harmonized at national level, nor integrated with health information systems
- Standardized quality reporting for LTC hospitals to be piloted (2023)
- Home visits collect standardized data on: home functionality, hygiene, quality of medical care, nutrition, hydration, cleanliness and social participation
- No national level strategy to improve data infrastructure on LTC, but there are some small-scale projects aiming to increase the use of digital technology for care provision, management and improved data flows

Some user-reported outcomes routinely collected



Long-term care data not integrated with health information systems



Care workforce

- Care workforce includes nurses, nursing assistants, personal care workers, 24-hour carers, skilled social care workers, case and care managers
- Nationally set education requirements for (registered) nurses, nursing assistants and skilled social and personal care workers
- No mandated training for 24-hour workers but financial incentives are offered for hiring 24-hour carers who have completed minimum training
- High share of part-time workers and ageing workforce pose challenges to ensuring future sustainability

LTC workers per 100 people aged 65+ (2022)

3.7

DENMARK

- Universalist system: no user payments for home care but considerable costs for facility-based care
- Covers preventive visits, rehabilitation, home care, community care, facility-based care and support for informal carers (respite care, flexible care leave)
- 1 in 5 people aged 65+ have at least one limitation in ADL
- Limited reliance on frequent home care

IRELAND

- Centralized system including means-tested cash benefits (primarily to carers) and care services
- Covers: home support and facility-based care (subject to means and asset tests), informal carer support (care leave, cash benefit)
- Strong reliance on informal care (unpaid or family care) and disproportionately high expenditure on facility-based care

GREECE

- Fragmented governance of responsibilities for policymaking, lack of unifying national legislation on LTC
- Service supervision is decentralized to regions & municipalities
- Majority of care provided informally (by family or domestic care workers); large private sector for residential care
- Limited public capacity of mostly means-tested LTC services (primarily home-based care provided), disability cash benefits
- Around 1 in 4 people aged 65+ have at least one limitation in ADLs
- Public expenditure on LTC amounts to 0.14% of GDP (2022)

Defining quality

- Absence of definition of quality in long-term care in national legislation
- Minimum quality standards are developed nationally, but are currently confined to residential care and are separate from health care services
- Ministerial Decree, No. Π.Π.Γ.Α.8153/2007 (Πρόταση Βελτίωσης και Ενταξίας της Κοινωνίας Φροντιστικού, Ηλεκτρονικού Μ.Ο.Α.Π. και Σύνταξη εργατονομαστικού κερματίου, κ.Μ.Ο.Α.Π.)

Quality assurance

- Under the Health Act 2007, all must ensure safe, good quality care
- Health is responsible for assurance

- Person-centered
- Equitable
- Safe
- Efficient
- Accessible
- Integrated
- Coordinated

POLAND

- Care provision decentralized at local level, with national cash benefit programmes and nursing services organized under the health system
- Strong reliance on informal carers and legal responsibility for families to provide care
- Covers: facility-based care, needs-based eligibility assessment
- Limited spending on LTC (0.1% of GDP)

BISCAY

- Biscay (Bizkaia) is a province of the Basque Country, with a population of 1,146,600, of which 24% are aged 65+ (2023)
- Within a national legislative framework for universal in-kind services and cash benefits based on level of care needs, responsibilities for planning and delivery of care are decentralized to provincial and local councils
- Strong reliance on informal carers; cash benefits can be routed to informal family carers
- Share of Bizkaia's (provincial) government funding for services under regional

Defining quality

- No definition of quality in national legislation
- Minimum standards are set but separately for services and in the health-care sector
- National Health Fund sets through its contracting the Act on Social Assistance
- Facility-based care provision and private providers

Quality assurance

- No national framework of quality assurance is in charge of quality
- Facility-based care: supervisory state carries out compliance requirements
- Home care: home-visits using assessment carried out by care recipients, supported by
- Court of Auditors (national level) independent audits of long-term regular intervals
- Annual quality assurance visits beneficiaries of cash benefit

Quality assurance mechanisms not specified for all settings/providers



Quality management / improvement

- There are no harmonized in
- Providers can voluntarily join certification programmes

ROMANIA

- Responsibilities for LTC service delivery is decentralized to local public authorities, within the context of an evolving national legislative framework and a slowly growing private market
- Cash benefits are nationally regulated and funded while in-kind services are funded and provided (or subcontracted to private providers) by local authorities. A large majority of LTC continues to be provided by informal caregivers, particularly women
- Substantially most migrants of care workers and difficult working conditions pose considerable challenges to sustainability and limit pace of service development
- One-third of community living individuals aged 65+ have at least one limitation in ADLs/MOAs
- Public expenditure on LTC was 0.3% of GDP in 2022; in-kind services are primarily covered by local authorities and occasionally individual copayments

Defining quality

- No specific definition of quality in LTC, but the Law on Quality Assurance for Social Services (Law 197/2012) defines quality in social services as the set of requirements that are met by providers and the social services provided in order to respond to the needs and expectations of the beneficiaries
- Minimum quality standards, criteria and performance indicators are developed nationally by the Ministry of Labor and Social Security (MLSS) for all LTC settings (residential, home and community based)
- The MLSS Order no. 26/2019 outlines the quality standards and requirements for all licensed/accredited public and private social service providers, by care setting

Quality assurance

- The Law on Quality Assurance of Social Services (Law no. 197/2012) outlines quality assurance mechanisms for all social services, including LTC
- All social service providers must apply for accreditation and licensing based on minimum standards
- The MLSS monitors and ensures compliance with standards by public and private providers and authorizes public service providers
- The National Agency for Payments and Social Inspection is responsible for conducting control inspections (both announced and unannounced) but there is insufficient capacity to carry out regular inspections and instead there is a focus on administrative compliance (licensing)
- At local level, public social assistance services are responsible for monitoring and evaluating social services under their administration

Quality assurance mechanisms specified for all settings/providers



Quality management / improvement

- There are limited incentives motivating LTC provider to improve quality above minimum standards. There is ongoing work to operationalize continuous improvement of services through internal and external quality evaluation
- Social service providers are required to carry out an internal review every 3 years on meeting quality standards and improving quality, but in practice this is not systematically implemented
- Inspections will contribute to categorizing LTC providers into quality classes/ratings based on performance indicators at a sign of quality to potential service users (not yet implemented)



Thank you very much for your attention!

Please do not hesitate to write for further details:

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Online training for informal caregivers



European Region

Online training for informal caregivers

- Intended primarily for **people who have or expect to have caring responsibilities** – to improve their access to information, facilitate planning and identification of relevant supports.
- Can also be useful for:
 - **public (and private) organizations and carers' associations** who provide direct support to informal caregivers (including training) – to provide a basis on which to design/ adapt more contextualized support/ training interventions to be delivered face-to-face;
 - **public authorities** with a role in signposting, designing and implementing interventions to support informal caregivers – to provide an evidence-based overview of knowledge in the field and inform the development of stronger support services for informal caregivers
- Modular structure – material can be accessed in any order and at the participant's own pace
 - **Core modules**
 - **Country factsheets (in national language)**: covering basic country specific information and signposting additional support services

INTRODUCTION – WHAT THIS COURSE IS AND HOW CAN THE MATERIAL BE USED



FURTHER SPECIALIZED RESOURCES

COUNTRY SPECIFIC INFORMATION: NATIONAL/ REGIONAL ENTITLEMENTS & RESOURCES TO ACCESS DIRECT HELP

1

AGING & CARE

- Intro to healthy ageing, intrinsic capacity & functional decline
- Care needs, goals & preferences of older people & their carers
- Diversity & inequality (gender, culture, SES)

2

BEING A CARER

- Who is a carer: Am I one?
- Being a young carer
- Trajectories of care
- Planning ahead: health, wellbeing, employment & financial implications
- Journey together – communication & relationships
- Caring at the distance

3

PARTNERSHIPS IN CARE

- Interacting and coordinating with formal care providers
- Shared decision-making and advanced care planning
- Navigating the health and long-term care system
- Sharing care with others/ partnerships in care

4

CARING FOR ANOTHER

- Mobility support
- Personal care & Hygiene
- Cognition & Mental health
- Nutrition management
- Active lifestyle
- Social & community participation
- Advanced care planning
- Manage specialized medical equipment and medication
- Support tools – ICT and assistive technologies
- Safety in the home environment
- Promote & maintain autonomy of care users

5

CARING FOR YOURSELF

- Carer assessment: your needs & goals
- Prevent, recognize, get help for:
 1. Over-burdening
 2. Depression
 3. Social isolation
 4. Carer harm & abuse
- Coping strategies (gender-specific) & Reduce stress
- Respite
- Balancing work-care-leisure
- Explore sources of joy & satisfaction in caregiving
- Loss & grieving: life after care

6

RECOGNIZE AND DEAL WITH ...

- Emergency situations
- Behaviour changes & late life depression
- Weight loss/ sarcopenia
- Sleep dysfunction
- Medication management
- Care transitions: Residential, EoL & palliative care
- Elder abuse & ageism in care

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