

Long-Term Care Opportunities & Challenges

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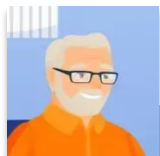
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What is Long-Term Care?

OECD focuses on services that alleviate pain and reduce/manage the deterioration in the health status of people with a degree of dependency.

EU Definition includes needs & dependency related to social, physical and medical needs.

WHO expands its definition to more traditional health services such as management of chronic geriatric conditions, and preventive services.



Independent people

- Community participation
- Later life learning
- Day centres
- Home support services
- Preventative services
- Digital literacy



People with care needs

- Home care
- Day care
- Home support services
- Supported living
- Family support services
- Community support



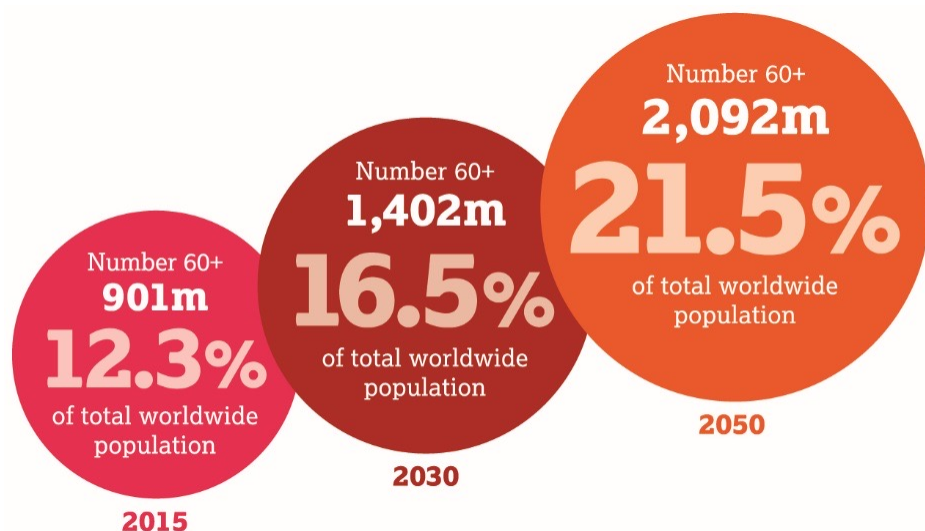
people with complex needs

- Care homes
- Nursing homes
- Palliative care
- Family support services
- Specialist care services (e.g. Dementia care)

Definitions vary, but they generally include a broad range of social and medical support and services for people with a degree of LTC dependency.

Responsibilities are shared across several governmental departments, private & independent providers and families/communities.

Why Long-Term Care?



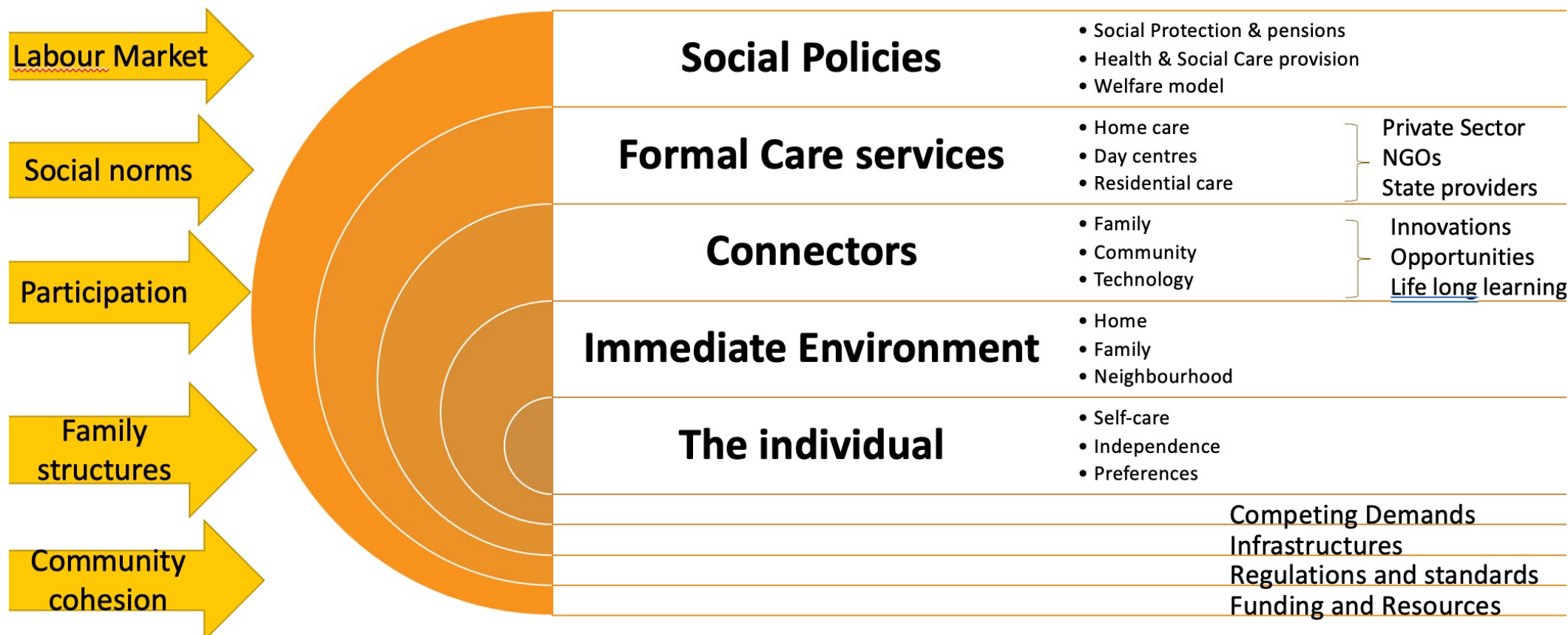
Demographic, social, economic and environmental changes create new challenges and vulnerabilities.

Population ageing, poverty, climate change and migration

Rights, Inclusion, Responsibilities and Cost

-  Expansion of years lived in less than full health
-  Escalating needs and demand
-  Cross-sectoral care ecosystems
-  Economic factors
-  Intersecting policy areas

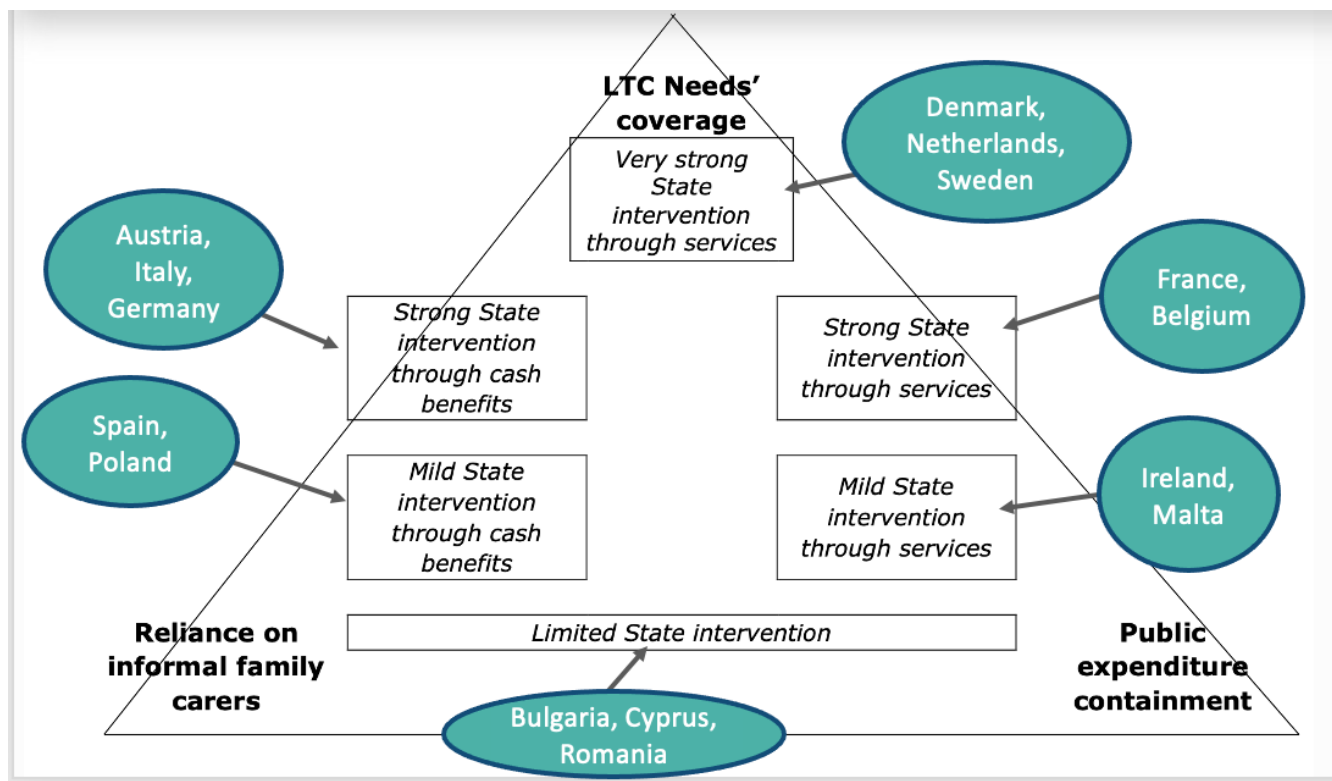
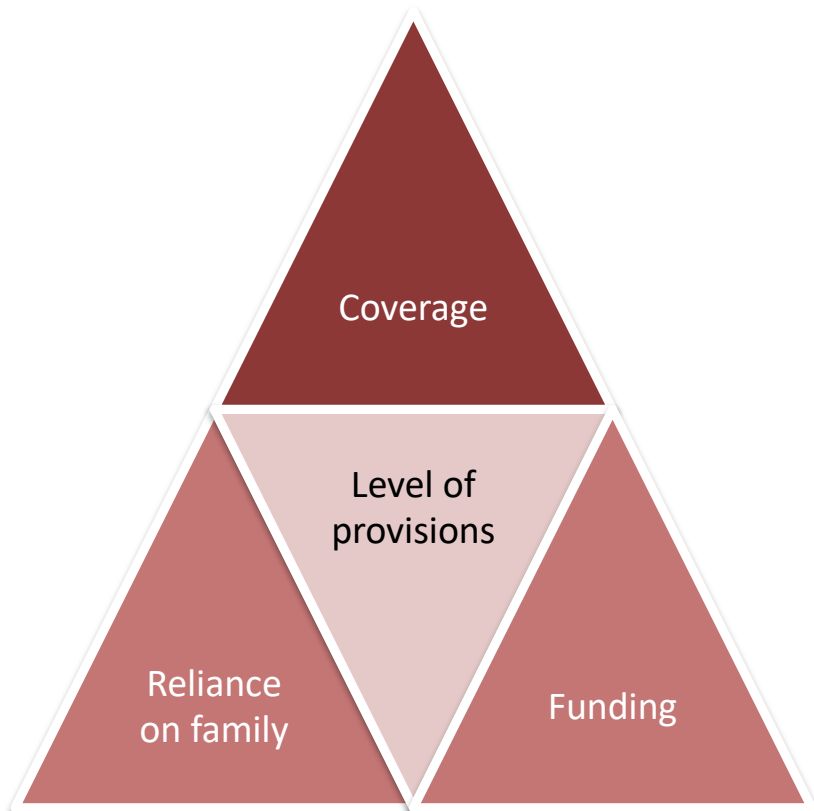
Long-Term Care Eco-Systems



Developing Long-Term Care Systems

<p>Division of care responsibilities Who to provide care for? What to provide? How to finance SC services? Governance & planning LTC Workforce Regulation and monitoring</p>	<p>Care Regimes</p>	<ul style="list-style-type: none"> • Care Mix (Western) • Universal (Nordic) 	<ul style="list-style-type: none"> • Family-based (Mediterranean) • Transitional (Central/East Europe)
<p><i>Care Philosophy – Care Ecosystems</i></p>	<p>Convergence of care models across Europe</p>	<ul style="list-style-type: none"> • Marketisation/ Commodification of care • De-institutionalization • Ageing in place • Fragmentation 	<ul style="list-style-type: none"> • Informal/private care arrangements • Workforce challenges • Migrant workers
	<p>The role of the state, family and individuals</p>	<ul style="list-style-type: none"> • Shifting responsibilities • Familiarization/ Intergenerational support 	<ul style="list-style-type: none"> • Re-emergence of caring communities • Social Capital

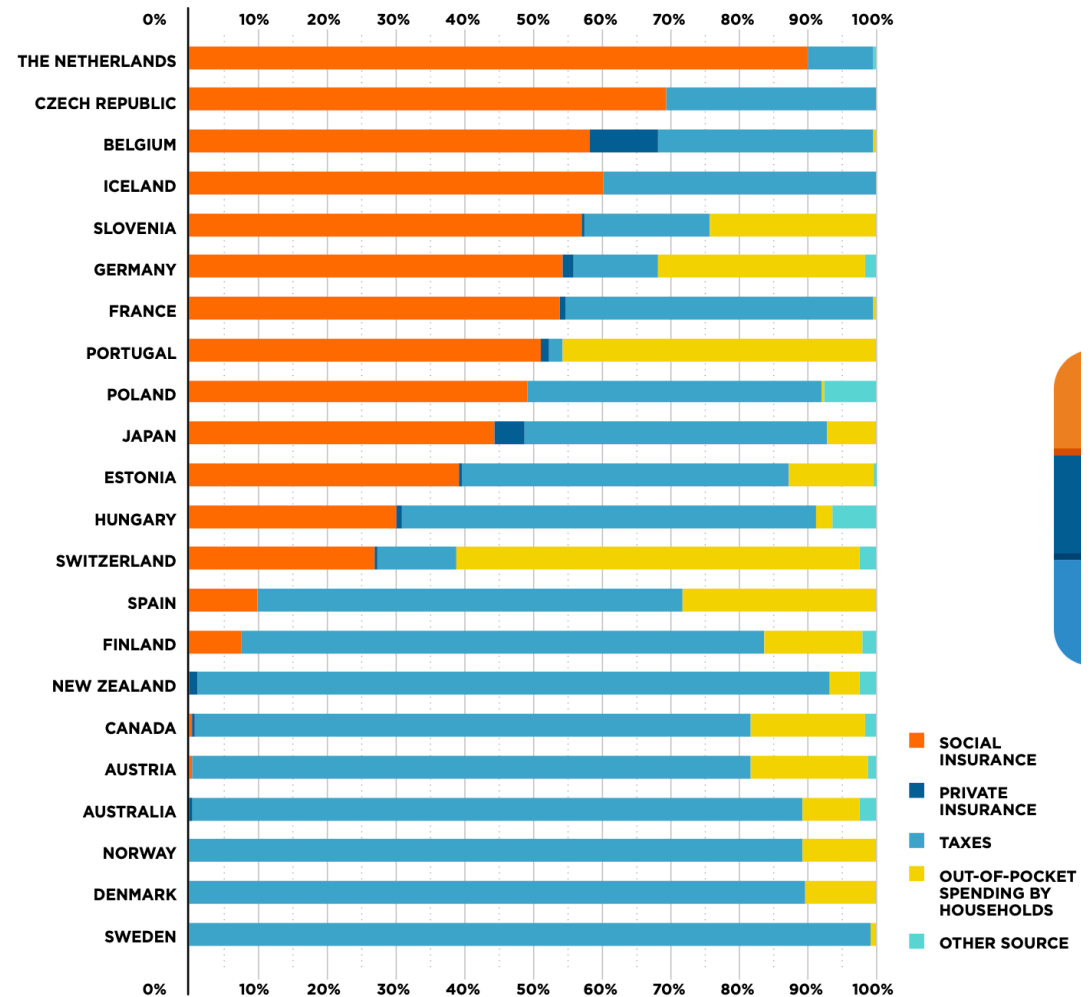
Trade-Offs and Compromises



LTC Funding

Generating LTC Funding

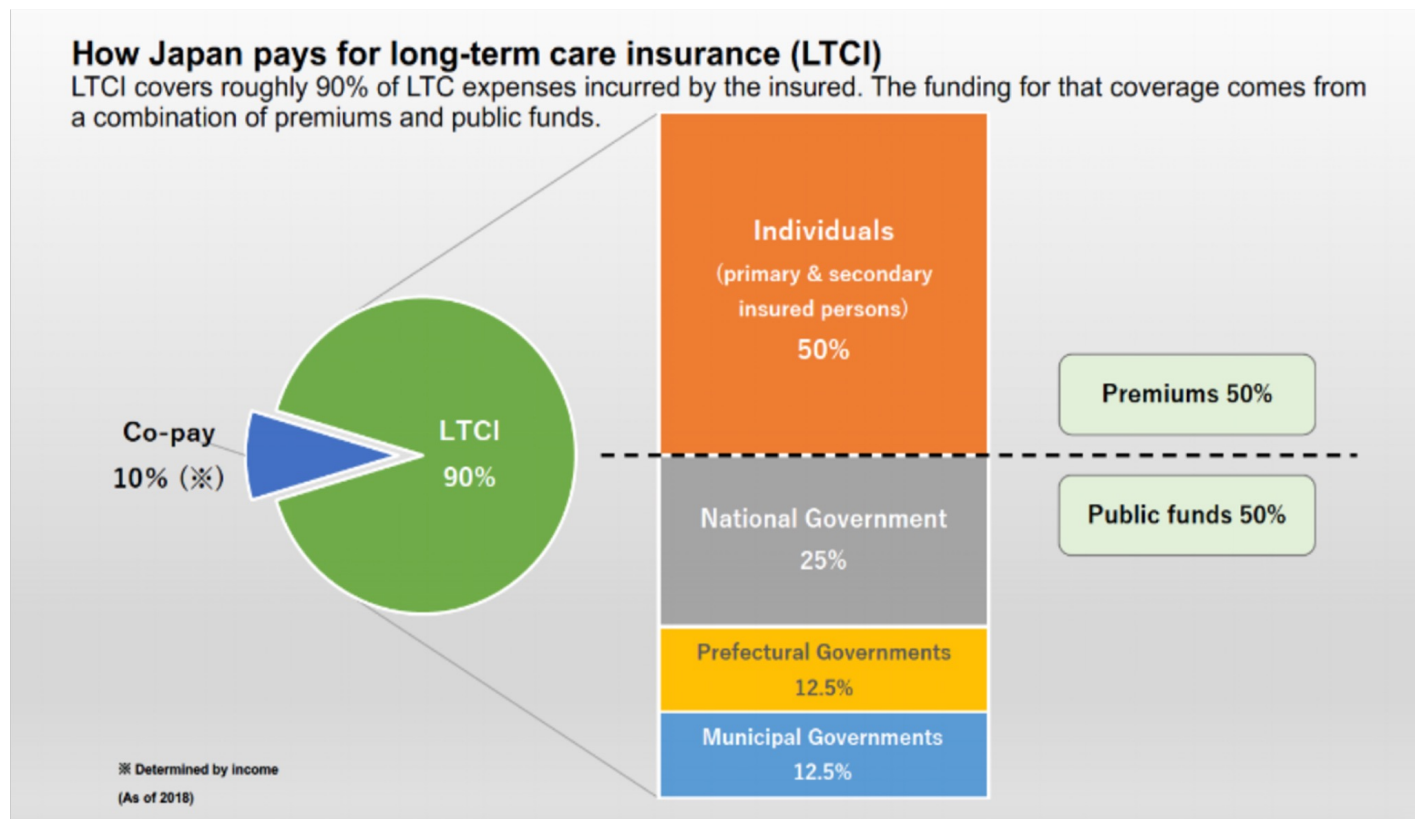
	SOCIAL INSURANCE	GENERAL TAXATION
Pros	<ul style="list-style-type: none"> • Difficult to evade because it is based on mandatory contributions. • Predictable resources since there is a specific fund. • Connection between contributions and benefits. 	<ul style="list-style-type: none"> • Broader tax base, including capital gains and indirect taxation, and everybody contributes. • Access to benefits does not depend on employment status. • It can be easily combined with a means-tested approach.
Cons	<ul style="list-style-type: none"> • People without a formal job are not entitled to the social insurance benefits. • Restricted to wage income. • Difficult to modify the benefits. 	<ul style="list-style-type: none"> • Less predictable resources, since there is no specific fund. • Difficulty ensuring resources due to competition with other causes.



Long-Term Care Insurance systems are also diverse & evolve over time

Germany LTCI:

- A combination of statutory and private insurance
- Collected via employers; 3.4% of gross salary split between employer & employees.
- Surcharge for childless employees
- Co-payment levels depend on care type and setting
- Multiple insurers → fragmentation



LTC Workforce

Long-Term Care Workforce: European Context

LTC Workforce Activities:

- Nursing, health and allied health professionals
- Management and coordinating services
- Providing personal care
- Empowering service users
- Helping to create an inclusive community
- A clear distinction between Professional workers and direct care workers
- Large contribution from informal (paid and unpaid) caregivers

Challenges

- Mobility and qualification recognition
- Labour shortages

Proactive Development of the Workforce

- Social Investment Package
- New Skills Agenda
- Digital Innovations

Professional workers generally requiring accredited qualifications

Direct care workers providing personal assistance and care in different settings

Informal paid caregiver
Informal unpaid caregivers

Long-Term Care workforce planning

- LTC workforce is very diverse
- Many roles, tasks and activities
- Professional and in-house training
- Multi-sectoral and multi-disciplinary work
- Increased demand → growth in the sector
- **But**
 - Image & status
 - Challenging & fragmented work
 - Pay & working conditions
 - Burnout
 - Recruitment & retention



1. Analyse

Understand the national vision for your area of work, employment initiatives and legislation, as well as local and organisational policies and priorities. What are the implications for your organisation or your team?



2. Plan

Identify financially viable, manageable steps to achieving your organisation's goals in a certain timeframe, taking into account workforce needs, new ways of working, costs, risks, resources and organisational culture.



4. Review and evaluate

Review outcomes for the people supported by your service. Share your findings with staff, leaders, managers, service users, carers and commissioners. Learn from mistakes and rethink where the process where necessary and celebrate successes.



3. Implement

Develop and manage the implementation plan. Communicate and engage with all those involved in implementing it. Monitor and review your plans and adjust where necessary.

Diversity of LTC Models



Welfare Regime

Cooperative model (LTCI)

Universal Model Scand'n

Transitioning model Eastern Europe

Mixed-residual care model

Cooperative /community model (LTCI)

Early transitioning model South East Asia

Country

Germany

Denmark

Romania

England

Japan

Malaysia

Funding Structure

LTC insurance through employers

Income/ employment taxation

Mostly out-of-pocket. Mandatory social health insurance. Fee and co-payment

National and local Taxation; out-of-pocket (self-funders)

LTCI direct from individuals 50% state funded.

Federal funding. Higher out-of-pocket, private funding

Eligibility Criteria

Benefits are earnings related.

Universal

Limited provision

Strict entitlement criteria; mean and needs-tested

Needs assessment. Five-steps eligibility

Strict mean and needs criteria. Age & citizenship checks

Types of Provision

Role of market marginalized; Role of family emphasized

Strongly interventionist state; role of family marginalised

A shift towards deinstitutionalization & decentralization, mostly informal care provision

Market-drive; decentralized; partial commissioning; high level of informal care

State regulates service fees. A focus on technology. No cash benefits

Limited formal social care services. Growth in the private sector.

Process of identifying care needs & receiving care services



Referral

Self-referral +



Mainly health or social care professionals



Assessment

Medical reports



Standardised tool



Observations



Panel



Eligibility

Medical needs



Social needs



Limited to low-income



Range of Services

Comprehensive range



Limited services



Types of Benefits

Services to individuals

Services to family

Cash benefits

No cash benefits



On Focus: LTC system in Denmark



Background

- **Universal**
- **Decentralized**
- **Funded through national & local taxations**
- **Limited reliance on informal care**



Key features

- **Prevention & reablement to promote independence**
- **Strong investment in the workforce & infrastructure**
- **High level of decentralization (flexibility vs. fragmentation)**
- **Local assessment tools**



Outcomes

- **One of the most comprehensive systems in the world**
- **Clear direction towards home/ community care**
- **Carers' benefits are considered remuneration.**
- **National programme: 'Learn to thank yourself every day as a relative'**



On Focus: LTC system in Italy



Background

- **A decline in LTC spending**
- **Highly selective public services**
- **Reliance on family & kinship structure**
- **Social capital**



Key features

- **Particular demographics** (oldest in Europe but generally better health)
- **Primarily Cash benefits:** companion allowance (non-means tested)
- **Strong support to informal carers in employment** (care leave)
- **Home-based care**
- **Migrant workers** play a significant role



Outcomes

- **Some informal care reconciliation but with limitations**
- **Benefits** (mainly cash) supported by strong **NGOs/ community-based** initiatives
- Support from government to **social innovations**, e.g. **intergenerational hubs** and **inclusive local communities**



On Focus: LTC system in Romania



Background

- **Post-communist**
- History of **institutional care**
- LTC was first **legislated in 2011**
- **Chronic underfunding**
- **De-institutionalization**



Key features

- **Financing** split between ministries & policies: **Social assistance, Social protection** (disabilities), **Public Pensions, Health care**
- LTC remains **dispersed** among various sectors (despite recent efforts)
- **Home-based care**
- Favours **financial benefits over services**



Outcomes

- High level of **dissatisfaction** with services
- Variable **access** (rural areas)
- Informal carers not legally recognized, with some respite care services

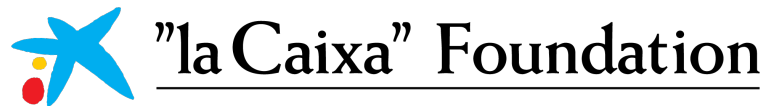
Opportunities & Challenges

Policy Complementarity, Substitution and Disconnect

- Financing & governance
- Formal and informal spheres of care
 - Duties & responsibilities (inc. legal)
 - Family care seen as the cheapest option
- Availability & access
 - Migration
 - Changes in family structures
 - Diverse experiences
- Care gaps
 - Informal care burden
 - Workforce shortages
 - Care chains
- Systems inter-dependencies
- Weakening supply of LTC
 - Both familial & formal
 - Connections across health and care
 - Continuity of care is not linear but more complex
- LTC and mega trend of climate change, digitalization and migration
- A crisis phenomena
 - Funding, public confidence, political
- System shocks
 - COVID19: current & future LTC organization & delivery

Global LTC eco-systems

- Paradigm shift from a notion of ‘crisis’ to realizing opportunities
 - The flow of knowledge and ideas across countries and continents
 - A significant role of informal care
 - Including social capital and community
 - Unequal experiences/pathways but common goals
- Placing LTC on the agenda!
 - (In)Equality
 - Rethinking the life-course
 - Learning, training and work
 - Care continuum
 - Inclusivity of the built and socially-constructed environment
 - Assistive technology and LTC
 - Re-thinking the notion of ‘ageing’
 - While acknowledging inequalities
 - Sustainability



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