Peer Review on "Germany's latest reforms of Long-term care"

11-12 January 2018, Berlin (Germany)

Summary report

The Peer Review, which took place over 1.5 days in Berlin, discussed Germany's latest reforms to its long-term care (LTC) system, in particular the three 'Long-Term Care Strengthening Acts' that were implemented from 2015 to 2017. The event was hosted by the German Federal Ministry of Health. The review was carried out by Government representatives and independent experts from twelve Member States, namely Austria, Bulgaria, Czech Republic, Cyprus, France, Ireland, Malta, Portugal, Latvia, Lithuania, Slovenia and Spain. The European Commission also participated in the event. In addition, two study visits were organised: to a local counselling centre for people with care needs and carers, and a nursing home with an integrated general practitioner service.

'Long-term care', although defined slightly differently across Member States, offers help, care and support to people of all ages with a wide range of needs arising from disability, illness or other life situations. Long-term care services and facilities help people live as independently as possible, protect them from harm in vulnerable situations, balance risks with rights, and offer essential help at times of crisis. More broadly defined, long-term care systems are concerned with enabling people to live full lives, participating in families and communities.

However, pressure on the emerging long-term care systems across Europe is growing, with similar challenges across Member States: population ageing, the increase of age-related neurodegenerative diseases, changing family structures and women's increased participation in the labour market all contribute to the increased demand for long-term care services. EU programmes offer Member States support in their efforts to tackle some of these challenges, while recognising that long-term care is firmly the remit of Member States. In line with national policy goals, the European Pillar of Social Rights puts an emphasis on community home care, quality and work-life balance. Moreover, the Social Protection Committee, especially in the framework of the Open Method of Coordination, has been promoting exchange on solutions for adequate support of people in need of long-term care.

Germany's comprehensive system of long-term care has been further developed by the recent reforms. The social and private long-term care insurance introduced in 1995 is a compulsory insurance to cover a portion of long-term care costs. In 2017, about 3.3 million people received support from the long-term care insurance funds, and about 73% of these beneficiaries get long-term care at home where they can choose between benefits in kind provided by professional nursing care services or cash benefits for informal care (or a combination of both). Beneficiaries can also choose between community care services and residential care homes.

The recent reforms in Germany stand out by introducing a new definition of long-term-care needs which takes also cognitive and psychological impairments into account. It therefore significantly improves access to services and higher benefits for people suffering from dementia. With the new care grade 1, up to 500,000 people will get for the first time access to selected long-term care insurance benefits. To complement the new definition of care needs, Germany has invested into measures to strengthen long-term care at home, such as support for family carers, local support structures and the development of new forms of housing for care recipients.

In the light of these recent legislative changes in Germany, this Peer Review sought to discuss Member States' long-term care policies around four main themes:

1. Widening access to long-term care and the related issues of defining care needs, eligibility and assessment.
2. The development of care at home and in the community.
3. The development of new residential and semi-residential care facilities.
4. The issue of better coordination and integration of health and social care, particularly around care homes.

The key policy messages from the Peer Review can be summarised as follows:

Access and assessment:

- Eligibility to access formal long-term care services or funding support is assessed in various ways across participant countries, and the threshold at which people are granted support is set at different levels, reflecting different political and financial priorities. Some Member States have started to widen their assessment criteria, for example countries like Austria and Germany have recognised raising rates of people suffering from dementia by considering cognitive impairments in their needs assessment schemes.

- There is some interest in developing 'asset-based' or 'resource orientated' approaches: determining what a person has (in terms of physical and social assets) and can do first (in collaboration with them), before thinking about what they do not have and cannot do. However, this approach also needs to consider very vulnerable people with severe care needs. This approach is also at odds with an explicitly 'medical model' in some countries, where assessments are very much focused on medical diagnoses.

- With increasing access, public authorities need to take steps to ensure that demand for preventative and early interventions is matched by a supply from the private, state or charitable sector. They will also need to be realistic about rising costs as a result of widening access. This has proved a challenge across participating Member States.

- There is a clear normative element to the construction of assessment and eligibility structures (including the respective weighting of different needs): Germany's system clearly reflects the preference for home and family care: people often choose benefits in cash to support family care. Participants felt it was important to be transparent about ethical and political assumptions.

- There is a difficulty in balancing local determination with equity in the definition and assessment of need. While it is important to maintain equity and to avoid too much variation, some countries have started to consider the amount of family care provided in the assessment process, which is important for care delivery but might increase inequalities if it leads to a reduction of services in cash or in kind.

The development of care in the home and in 'the community'

- Across participant countries, there is widespread policy aspiration to support people at home for as long as possible, while 'deinstitutionalising' the experience of those in residential care settings. There have been varying levels of success, influenced by the various contexts, including an inheritance of a large and institutionally-focused state sector in Central and Eastern Europe.

- Strengthening care at home relies on family carers who are already providing the bulk of care. There have been increasing efforts to support the work-life balance of informal carers. Participants discussed the difficulties of cultural change: the ideal would be that there is no stigma in caring for a relative in need of care and related 'care leaves' should be perceived as childcare has come to be seen. However, this refocus may come at a disproportionate cost to women and their participation in workplaces and public life.

- In terms of formal workforce, participants discussed the need for developing community care workers: this involves the improvement of pay and working conditions and the development of clear career paths as well as skills development across health and social care. Furthermore, a new mix of trained staff with different skill levels was discussed. Moreover, there is a need to re-think workforce and skills development from an international perspective.

- Participants underlined the difficulty of developing community capacity and assets in a situation where local government and other public bodies have found themselves in difficult financial circumstances. This has had a knock-on effect on non-state civil institutions.

The development of new residential and semi-residential care:

- The ability to 'age-in-place' and avoid institutional forms of housing and care was discussed by participants. Innovative, more flexible forms of older-people's housing examples were mentioned. The different examples often depend on local conditions, the involvement of the community, the availability of 'age-friendly' housing stock for older people, funding, and, most importantly, preferences of the inhabitants. The development of 'new' residential forms aim to promote independence and community participation. This includes the development of more traditional sheltered housing and the use of technology. There was general consensus amongst participants that more evidence is needed for further development of new forms of housing.

- There are different forms of planning and development required in urban and rural geographies. The development and connection of community and civil assets in rural communities is vital to the development of new forms of accommodation. There was a general feeling that sensitivity was important in

order to 'go with the grain' of community life, rather than disrupt or antagonise through radical development.

Better coordination and integration of health and social care, particularly around care homes:

- No participating country had been able to avoid boundaries within and between organisations, as well as between different kinds of services such as primary care, hospital care and social care, or between professionals such as general practitioners, hospital doctors, and community care staff. These reflect many of the differences identified in funding, organisational responsibilities, and how and by whom eligibility for care is assessed and determined.

- Some participant countries did better at managing particular transitions when care coordination is critical, for example when individuals are medically fit to be discharged from hospital, but they need further services outside of hospital.

- The development of shared care records across organisational boundaries was identified as a key challenge in all participating countries. Overcoming the technical aspects of this is only one part of the broader problem: getting consensus on what it should contain and overcoming information governance issues were seen as larger obstacles.

- Participant countries discussed the importance of patient and user voice in the coordination of care, including the ownership of health and care records and the ability to make choices over care as being central to integrating from the person's perspective.

Conclusion

In a society defined by grand demographic changes Member States face common challenges. Long-term care becomes more and more important in times of longevity.

The participating Member States all have LTC policies that focuses on care at home. Therefore, all guests were very interested in the host country's report on the latest reforms in Germany on the LTC system. It was recognised that not only the question of how do we care for people in need of care, but also the question of how do we support the carers will be essential in the next years.

With regard of the lack of professional care staff, especially in a long run, unconventional solutions like new and semi-residential care options will play a stronger role and a new mix of skills of trained staff will be unavoidable.

Especially the site visits made quite an impression on the guests. Counselling and providing information to long-term care recipients and digitalisation in the field of long-term care will become more and more important.