

A tale of integration and fragmentation: LTC services provision in four European cities.

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Background

- The study of long term care has generated two traditionally distinct research traditions:
 - a macro-tradition, focusing on the definition of LTC policies and on their impacts at the local, regional or national level (Osterle, 2001).
 - a micro-tradition, mainly focusing on the study of individual actors as care givers or patients (Huber et al., 2009).
- The study of how the recursive effects of local policies affect the services provision process, and of how policies can be shaped according to the individuals' needs of care, has so far been neglected (cf. Comas-Herrera et al., 2003).



Research goals

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- The logo for BOCOM is positioned vertically on the left side of the slide. It consists of the word "BOCOM" in a bold, orange, sans-serif font. A small orange dot is placed above the letter "O".
- Thus, in this presentation we aim to investigate the micro-level services delivery process in the light of local policies for LTC adopted in four cities in Europe (Leipzig, Marseille, Parma, Oxford).
 - We adopt a managerial perspective to the study of LTC, reconstructing through qualitative investigation the relationships between users and suppliers in the different stages of their care pathways.
 - The aim is to take the user's perspective and assess her/his experience from the first access and request of information following the emergence of LTC, to the need assessment stage, to planning of care and service provision.

Bridging the Micro and the Macro: a mixed method approach

- In this research we have followed a mixed methods approach (Creswell & Clark, 2007), providing in-depth, contextualized insights of qualitative research coupled with the analysis of quantitative research.
- From a macro-perspective (Combs et al. 2011), we have re-analyzed data from multiple sources (mainly national accounts, but also governmental reports, grey literature and previous scholarly research) to compare resources, services and quotes of need coverage in the four countries.
- From a micro-perspective (Bryman, 2006), we have conducted qualitative investigation through 22 interviews and 5 focus groups involving both policy makers, managers and professionals to reconstruct and compare pathways of care from the perspective of both users and suppliers.

Our conceptual model



1. Macro-level



2. Meso-level







3. Micro-level







- *Welfare pillars and expenditure for LTC at the national level*
- *Governance of the LTC system at the local level: actors involved, roles, competences.*
- *Care pathways: first access and information following need emergence, need assessment, planning of care, service provision*

1. The public expenditure in the four countries

				
	% of GDP			
PUBLIC EXPENDITURE FOR WELFARE	32,7%	28,4%	27,1%	26,3%
PUBLIC EXPENDITURE FOR PAYING INTERESTS ON PUBLIC DEBT	2,6%	2,5%	4,8%	3,2%
PUBLIC EXPENDITURE FOR OTHER FUNCTIONS	20,6%	14,0%	18,6%	22,4%
OVERALL PUBLIC EXPENDITURE	55,9%	44,9%	50,6%	51,9%
PRIVATE EXPENDITURE	44,1%	55,1%	49,4%	48,1%
GDP	100,0%	100,0%	100,0%	100,0%
GDP (euros per capita)	€ 30.600	€ 31.700	€ 26.000	€ 27.800





SOURCES: “National accounts, Eurostat-2011”; “Rapporto: Elementi per una revisione della spesa pubblica, di Paolo Giarda – 2012” (Italia); “UK National Accounts at UK National Statistics 2011” (Inghilterra); “Finances Publique, Insee -2011” (Francia); “Public finances and taxes, Destatis -2011” (Germania)

1. LTC expenditure as a percentage of public welfare expenditure

				
LTC	8,40%	10,16%	7,91%	13,19%
Families and children	8,98%	11,07%	3,10%	6,66%
Social exclusion	2,39%	0,21%	5,26%	7,19%
National Insurance	42,50%	40,29%	53,22%	35,92%
Health	26,41%	31,60%	21,74%	33,53%
Job search and unemployment allowances	8,7%	4,65%	8,69%	2,32%
Housing	2,62%	2,05%	0,09%	1,19%
Total welfare public expenditure	100%	100%	100%	100%





SOURCES: “Bilancio sociale INPS – 2010”, “Istat – 2009”, “Ministero del Lavoro e Politiche sociali – 2009”, “Bilancio INAIL – 2010”, “Rapporto Coesione Sociale Istat – 2010” (Italia) “HM Treasury Data 2011”; “Public spending data UK 2011”, “Work and Pension Department 2011”, “UK Local Authorities Accounts at UK National Statistics 2011”, “UK National Accounts at UK National Statistics 2011” (Inghilterra); “La Protection sociale en France et en Europe 2010, Insee” (Francia); “Sozialbudget 2011, Destatis” (Germania)

1. Quote of > 65 y.o. in need of LTC receiving public services

					
> 65 y.o.		13.186.000	16.844.000	12.301.537	10.563.000
> 65 Y.O. IN NEED OF LTCT	THIS NUMBER HAS BEEN ASSESSED FOR THE 4 COUNTRIES USING AN AVERAGE PERCENTAGE OF 18.5% OF THE OVERALL NUMBER OF POPULATION > 65. Y.O. (B)	2.439.410	3.116.140	2.275.784	1.954.155
> 65 Y.O. RECEIVING PUBLIC SERVICES OR ALLOWANCES (C)		1.200.000	2.041.800	2.220.404	1.377.000
% 65 Y.O. IN NEED OF LTC RECEIVING PUBLIC SERVICES OR ALLOWANCES (C/B)		49,19%	61,12%	97,57%	70,4%
% 65 Y.O. RECEIVING PUBLIC SERVICES OR ALLOWANCES (A/C)		38,53%	40,05%	97,57%	56,5%

Sources: "ISTAT - Sebastiani, Iannucci, Vannoni, 2008 - Disabilità e non autosufficienza - pubblicato su Monitor, 3° supplemento al n. 22" (Italia); "Dilnot Commission Report 2011" (Inghilterra); "Ministry of the Economy and Finance, INVALIDITE ET DISPOSITIFS GERES PAR LA CNSA, 2013", (Francia); "Federal Ministry of Family Affairs, Senior Citizens, Women and Youth Prospects and constraints of self-contained living of people in need of help and care, 2008" (Germania); "ISTAT - 2004-2005" (Italia); "King's Fund Report on LTC 2011", "Dilnot Commission Report 2011" (Inghilterra); "Ministry of the Economy and Finance ,INVALIDITE ET DISPOSITIFS GERES PAR LA CNSA, 2013", "Les chiffres clés de l'aide à l'autonomie, CNSA, 2012 » (Francia); " Federal Ministry of Health, Selected facts and figures about Long term care, 2012" (Germania).

1. LTC expenditure for single user

				
Overall public expenditure for LTC (elderly people and adult disables)	€ 54.939.720.120	€ 74.636.000.000	€ 33.940.890.000	€ 60.388.000.000
> 65 Y.O. RECEIVING PUBLIC SERVICES OR ALLOWANCES (a)	1.200.000 (*)	2.041.800	2.220.404	1.377.000
ADULT DISABLES RECEIVING PUBLIC SERVICES OR ALLOWANCES (b)	956.600 (**)	418.200	571.520	745.000
OVERAL NUMBER OF PEOPLE RECEIVING PUBLIC SERVICES OR ALLOWANCES (a+b)	2.156.600	2.460.000	2.791.924	2.122.000
ANNUAL EXPENDITURE per USER	€ 25.475	€ 30.340	€ 12.157	€ 28.458
MONTHLY EXPENDITURE per USER	€ 2.123	€ 2.528	€ 1.013	€ 2.372

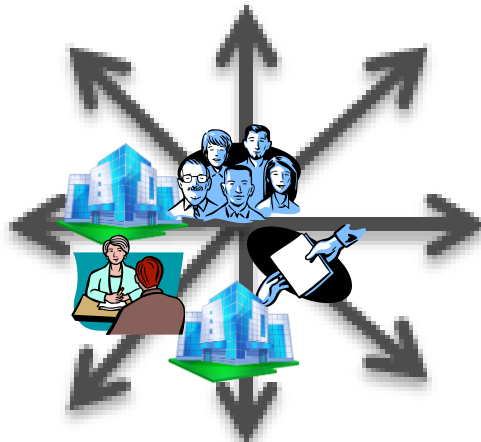
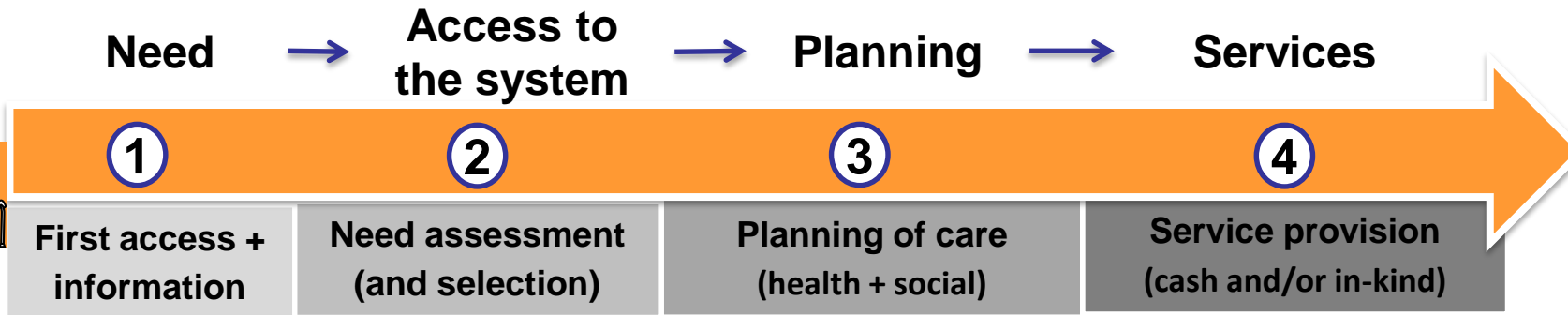
Sources: : “ISTAT – 2004-2005” (Italia); “King’s Fund Report on LTC 2011”, “Dilnot Commission Report 2011” (Inghilterra); “Ministry of the Economy and Finance ,INVALIDITE ET DISPOSITIFS GERES PAR LA CNSA, 2013”, “Les chiffres clés de l’aide à l’autonomie, CNSA, 2012 » (Francia); “Federal Ministry of Family Affairs, Senior Citizens, Women and Youth Prospects and constraints of self-contained living of people in need of help and care, 2008”, “ Federal Ministry of Health, Selected facts and figures about Long term care, 2012” (Germania).

2. Governance of the LTC system at the local level in 4 cities

- Actors involved in the different stages of the pathway of care that have been surveyed in the research through interviews and focus groups

STAGE	MARSIGLIA	LIPSIA	PARMA	OXFORD
Planning of care for health needs	Municipality, Local Government	Municipality	Municipality	Local Council Oxfordshire
Planning of care for social needs	Geriatric Network	LTC Insurance	Local Health Authority	Joint Commission Oxfordshire
Residential care provider	Private provider	Private provider	Private provider	Private provider
Home care provider	Private provider	Consortium of providers	Non profit provider	National private provider with local branch

3. Pathways of care: 4 stages



Stage 1. First access and information

	Marseille	Leipzig	Parma	Oxford
WHERE IT SHOULD HAPPEN (POLICY)	MUNICIPALITY'S INFORMATION BOOTH	LTC INSURANCE (BOOTH OR WEB)	LOCAL INFORMATION BOOTH	LOCAL AUTHORITY
WHERE IT HAPPENS (PRACTICE):	MUNICIPALITY'S INFORMATION BOOTH	LTC INSURANCE (BOOTH OR WEB)	LOCAL INFORMATION BOOTH	CALL CENTER LOCAL AUTHORITY; GENERAL PRACTITIONER (GP)
FIRST MOVER:	RELATIVES	RELATIVES	RELATIVES	RELATIVES OR GPs
WHY THE FIRST CONTACT:	EMERGENCY	EMERGENCY	EMERGENCY	EMERGENCY
ROLE OF THE FIRST ACCESS (POLICY):	ORIENTING	GIVING INFO	GIVING INFO ORIENTING GATEKEEPING	GIVING INFO
ROLE OF THE FIRST ACCESS (PRACTICE):	GIVING INFO	GIVING INFO	GIVING INFO ORIENTING GATEKEEPING	URGENT SERVICES
INFO REQUESTED:	ABOUT THE SERVICES	ABOUT THE DIFFERENT CARE PATHWAYS	ABOUT THE SERVICES	ABOUT THE SERVICES

Stage 2. Need assessment (and selection)

TYPES OF SERVICES

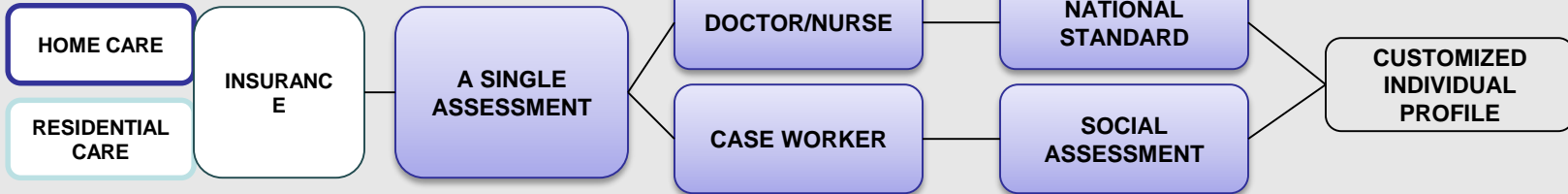
ASSESSMENTS

WHO IS IN CHARGE

HOW IT HAPPENS

OUTPUT

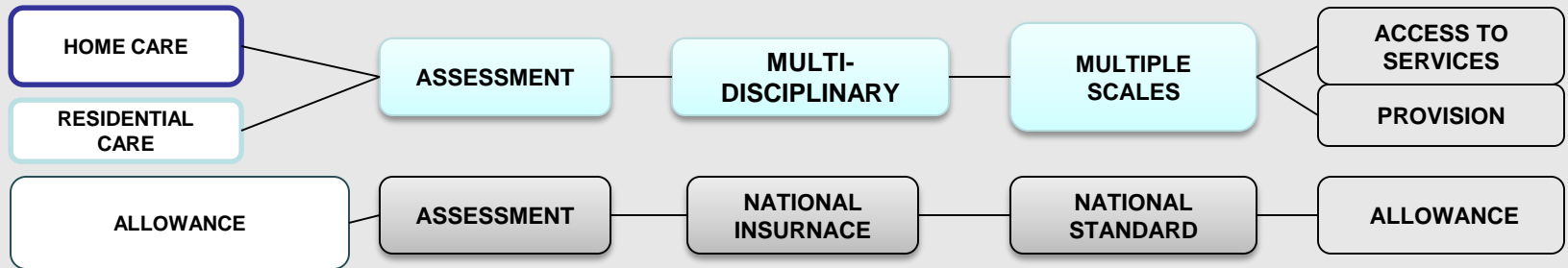
Marseille



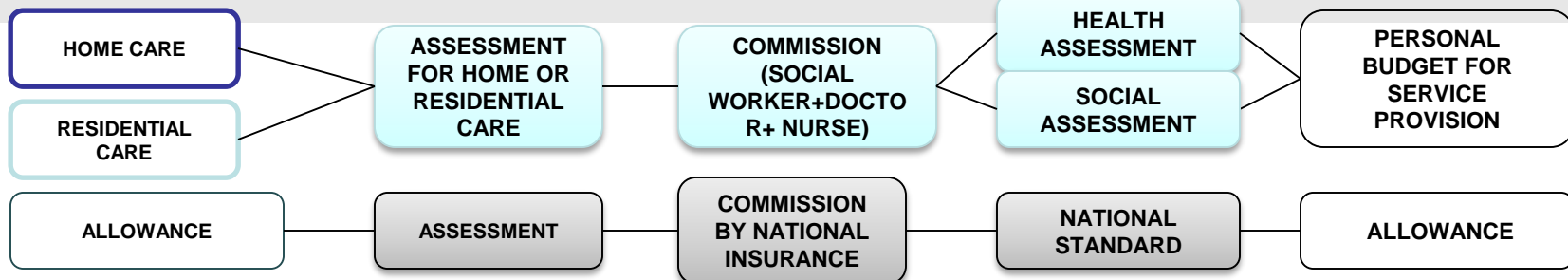
Leipzig



Parma



Oxford



Stage 3. Planning of care (for home care)

	Marseille	Leipzig	Parma	Oxford
WHO DEFINES THE CARE PATHWAY?	COMMISSIONER	PRODUCER	CASE MANAGER	CASE MANAGER
WHAT DOES THE PATHWAY DEFINE?	<ul style="list-style-type: none"> • VALUE OF THE SERVICES (CASH EQUIVALENT) • SERVICE STANDARD 	CONTENT OF SPECIFIC SERVICES	<ul style="list-style-type: none"> • SERVICE STANDARD 	<ul style="list-style-type: none"> • INDIVIDUAL PROFILE: NEED OF SERVICES AND RELATED BUDGET AVAILABLE
IS THE USER (FAMILY) INVOLVED?	ONLY WITH THE PRODUCER	CO-PRODUCTION	ONLY FOR DETAILS	IN THE CHOICE OF WHICH SERVICES
IS THERE A CHECK OF THE EFFECTIVE SERVICE PROVISION TO THE USER?	YES	YES	YES	YES

Stage 4. Service provision

HOME CARE	Marseille	Leipzig	Parma	Oxford
CAN THE USER CHOOSE THE SERVICE/PRODUCER?	YES	YES	YES (LIMITED)	YES
DO PUBLIC ACTOR ENACT COUNSELING?	NO	NO	YES (LIMITED)	YES
IS THE CONTENT OF SPECIFIC SERVICES NEGOTIABLE?	YES	YES	YES	YES
IS IT POSSIBLE FOR THE USER BUY EXTRA SERVICES?	YES	YES	YES	YES
WHO DEFINES CO-PAYMENT (IF NEEDED)?	NATIONAL STANDARDS	BARELY RELEVANT FOR HOME CARE	BARELY RELEVANT FOR HOME CARE	BARELY RELEVANT FOR HOME CARE

RESIDENTIAL CARE	Marseille	Leipzig	Parma	Oxford
CAN THE USER CHOOSE THE SERVICE/PRODUCER?	YES	YES	YES (LIMITED)	YES (LIMITED)
DO PUBLIC ACTOR ENACT COUNSELING?	NO	NO	NO	YES
IS THE CONTENT OF SPECIFIC SERVICES NEGOTIABLE?	YES	YES	YES	YES
IS IT POSSIBLE FOR THE USER BUY EXTRA SERVICES?	YES	YES	YES	YES
WHO DEFINES CO-PAYMENT (IF NEEDED)?	NATIONAL STANDARDS	PRODUCER	REGIONAL STANDARDS	NATIONALE STANDARDS

Discussion

Marseille:

- Despite the presence of separate institutional pillars, the system is integrated by the definition of a **budget** built upon the person's specific needs. The choice of services and user's co-payment follows the budget.

Leipzig:

- Insurance-based system based on the logic that **money follows patient**. Public actors define the amount of resources available (budget), but planning of care and decisions concerning service provision are negotiated between producers and users

Parma:

- The system is fragmented (local actors responsible for service provision whereas allowances are managed at the national level). Despite this fragmentation, local actors (the Municipality and the LHA) play the role of **case managers**

Oxford:

- **Health + social** unitary **budget** is managed by the newly appointed Joint Commission. The pathway of care is defined upon the single user's need. The user is assigned a personal budget and is asked a co-payment to fill the gap between publicly-funded services and services required by her/his needs of care.

Discussion

- Our data show how public systems can cover **only part of the population's needs**
- This picture emerges consistently from the four countries, although each country has a different **system of governance**, **access** to the care pathway and service **provision**
- This inability to achieve full coverage of population's needs leads policy makers and managers to think about different **drivers** that can help answer these needs: **institutional design**, **regulation** and **service features** make the difference in terms of **integration** or **fragmentation** of LTC provision.
- Moreover, our research can be used by policy makers both on a national and on a comparative perspective. From the national perspective, policy makers can learn how policy design in their country impacts in real terms on users' experience. From a comparative perspective, they can learn which model better responds to users' needs and favours integration.

Thank you!

Q&As

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(http://www.cergas.unibocconi.it/wps/wcm/connect/cdr/centro_cergasit/home/ricerca/social+services)