Strategic planning in the LTC sector: the benefits of using data. Evidence from the Lombardy region.

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Giovanni Fosti, Francesco Longo, Giulia Galimberti, Elisabetta Notarnicola, & Stefano Tasselli

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Background

- Strategy-making requires evidence: data and analysis.

- This is particularly through when planning strategies in the context of LTC, in which policy makers (and managers) are required to provide solutions to the population's needs.

- However, decisions are rarely made in the light of evidence. Despite increasing calls for "evidence-based management" in the field of health and social care services, a wide corpus of research shows that decisions concerning service provision are often taken following path dependency (Bevan & Robinson, 2005), isomorphism (D'Aunno, Sutton & Price, 2001) and even a-strategic, garbage-can models (Grady & Wallston, 1988).

- In this presentation, we provide an example of such inconsistency between needs and services concerning LTC. We suggest that switching to a more need-oriented system would allow public actors to address the gaps between services and needs, and to strategically plan accordingly.
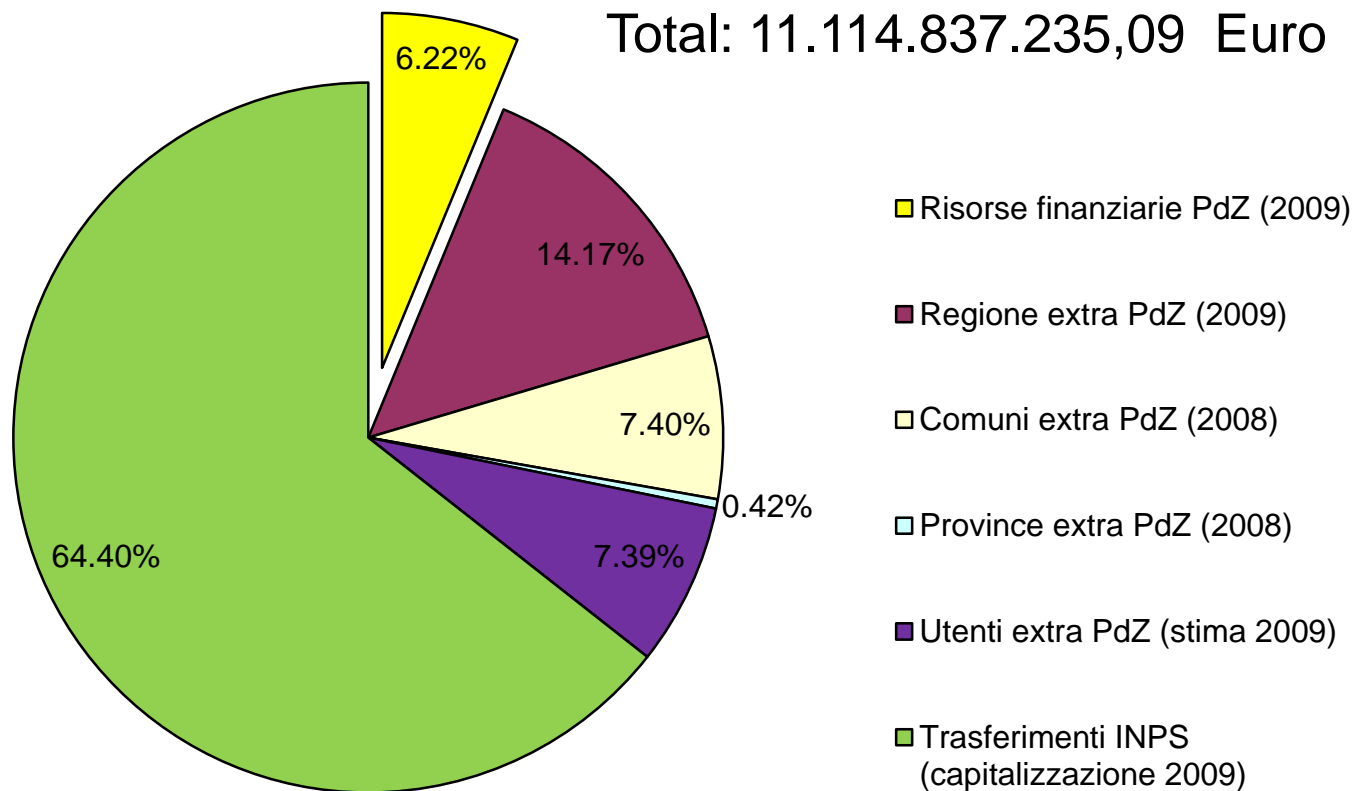
The case

- We show the case-study concerning the gap between LTC needs and service provision in Lombardia Region, in Italy.
- The overall population is 9,921,913 inhabitants, of which 1.985.000 > 65 y.o.
- The target population in need of LTC includes 368.239 individuals.

→ First we show facts and figures about the gap between needs and services in Lombardia

→ Then we examine, through a case study involving mixed-methods primary data gathering, the gaps between managers' knowledge and population needs

LTC in Lombardia.
Facts and Figures

Resources and actors for social and health-social services in Lombardy

Total: 11.114.837.235,09 Euro

Legend:
- Risorse finanziarie PdZ (2009) — 6.22%
- Regione extra PdZ (2009) — 14.17%
- Comuni extra PdZ (2008) — 7.40%
- Province extra PdZ (2008) — 0.42%
- Utenti extra PdZ (stima 2009) — 7.39%
- Trasferimenti INPS (capitalizzazione 2009) — 64.40%

→More than 70% of resources is managed directly by the families, and not by the Region or by other public actors

Sources dati Regione Lombardia; database AIDA PA; Ministero del lavoro, della salute e delle politiche sociali.

Residential services

Beds available in residential structures. Lombardia vs. Italian Regions

Region	Beds/places				
	Residential structures	Structures day onlu	Total	x 100.000 inhabitants	% over 65
PROV. AUTON. TRENTO	4.554	109	4.663	897	4,5%
VENETO	32.213	9.119	41.332	846	4,1%
PROV. AUTON. BOLZANO	3.640	67	3.707	743	4%
LOMBARDIA* (2012)	57.483	10.487	67.970	685	3,4%
EMILIA ROMAGNA	22.065	7.401	29.466	679	3,0%
FRIULI VENEZIA GIULIA	6.866	531	7.397	601	2,5%
PIEMONTE	22.192	3.325	25.517	576	2,5%
TOSCANA	13.711	3.592	17.303	467	2%
UMBRIA	2.087	1.012	3.099	347	1,5%
LIGURIA	4.209	699	4.908	304	1,1%
ABRUZZO	2.689	201	2.890	217	1,0%
MARCHE	2.078	398	2.476	158	0,7%
LAZIO	6.873	1.492	8.365	149	0,7%
SARDEGNA	1.770	451	2.221	133	0,7%
VALLE D`AOSTA	131	33	164	129	0,6%
PUGLIA	4.008	704	4.712	115	0,6%
BASILICATA	522	70	592	100	0,5%
CALABRIA	1.695	229	1.924	96	0,5%
SICILIA	2.392	565	2.957	59	0,3%
CAMPANIA	2.132	1.222	3.354	58	0,3%
MOLISE	60	17	77	24	0,1%
ITALIA	193.334	41.724	235.058	392	1,9%

*Ministero della Salute; *DGR (Deliberation by Regione Lombardia) 116, 14/05/2013*

Residential services

Number of people in need of LTC in residential structures (2012)

Servizio	People	Turnover (people/places)
Residential structures	93.162	1,62
Day-only structures	15.516	1,48
Total	**108.678**	**1,6**

*DGR (Deliberation by Regione Lombardia)
116, 14/05/2013*

Home care services

Number of people in need of LTC accessing home care (2012)

	Users	Users/people in need of LTC
Health-based home care	72.000	19,5%
Social-based home care	22.078	6%
Total	**94.078**	**25.5%**

DGR (Deliberation by Regione Lombardia) 116, 14/05/2013

Home care services

Hours of home care per user– Anno 2012

Servizio	Users	Overall hours per year	Hours per week per user
Health-based home care	72.000	≈7.488.000	≈2
Social-based home care	22.078	≈3.444.000	≈3

DGR (Deliberation by Regione Lombardia) 116, 14/05/2013 ISTAT (2013); Ministero della Salute (2013); Comune di Milano 2012 per SAD

Allowances

People in need of LTC receiving allowances (504 euros per month)

Regione	2010	
	beneficiari 65+	% beneficiari su popolazione 65+
Piemonte	95.296	9,4
Valle d'Aosta	2.608	9,8
Liguria	46.489	10,7
Lombardia	**195.745**	**9,9**
Trentino-Alto Adige	16.068	8,4
Veneto	105.334	10,8
Friuli-Venezia Giulia	32.871	11,4
Emilia-Romagna	107.311	10,9
Toscana	97.443	11,2
Umbria	40.566	19,5
Marche	48.762	13,9
Lazio	151.347	13,5
Abruzzo	41.893	14,7
Molise	8.669	12,4
Campania	159.537	17,2
Puglia	114.117	15,3
Basilicata	16.049	13,6
Calabria	66.034	17,6
Sicilia	133.442	14,4
Sardegna	51.018	16,0
Italia	**1.530.599**	**12,5**

Network Non-Autosufficienza, 2013 on ISTAT 2010

Gap between needs and services

		Percentage of people in need of LTC receiving the services
Residential care (beds)	**70.993**	**19,3%**
Home care (users)	**94.078**	**25,5%**
-Health	72.000	19,5%
-Social	22.078	6,00%
Residential care + home care	**165.071**	**44,8%**
Informal care workers (estimated)	150.000	40,7%
Residential care + home care + informal care workers	**315.071**	**85,5%**

Fonte: DRG (Deliberation by Regione Lombardia) 116, 14/05/2013; IRS, 2012

Discussion

- **44.8%** of people in need of LTC in Lombardia access **public services**, whereas additional **41%** privately buy **informal care**.
- But only 19% are included in residential services
- The amount of **home care is negligible** (only 2 hours per week)
- The market of **informal care** is partly financed by public funding through allowances, **but any form of integrated planning of care is lacking**.
- Moreover, we do not know **WHO** are the users of these services. We do not know whether people accessing to home care are the same receiving the allowance.
- This engenders the risk that more people in need of LTC than those identified in our analysis lack any access to services

Gap between managers' knowledge and population's needs

The System of Knowlede (Sistema di Conoscenza) in Lombardia

Lombardia Region has developed a **System of Knowledge** aimed at:

- **Collecting data** related to each territorial area within the Region (through the *Uffici di Piano*);

- **Awareness** about social phenomena in the territorial area

- Leading the *Uffici di Piano* to **collaborate** in network;

"SYSTEM OF KNOWLEDGE"

Assessing social needs and changes in the territorial areas

Generating knowledge and making actors sharing knowledge through a network approach

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The System of Knowledge: Goals

- The System of Knowledge has generated seven goals. Each goals is related to specific indicators (KPIs)

1. **Connecting municipalities**
2. **Connecting municipalities and Local Health Authorities**
3. **Integrating services**
4. **Integrating policies between different sectors**:
5. **Knowing needs**, how needs generate demand for services and the diffusion of forms of informal care
6. **Creating homogeneity** in access to services
7. Favoring public and families' resource **pooling**

The System of Knowledge: KPIs

15 KPIs for the 7 Goals:

- KPI 1: joint planning
- KPI 2: joint management
- KPI 3: joint innovation

Connecting municipalities

- KPI 4: joint planning of resources
- KPI 5: joint management of resources
- KPI 6: integrated case management
- KPI 7: services to the relatives

Connecting municipalities and LHAs

- KPI 6: integrated case management

Integrating services

- KPI 13: integrating policy settings

Integrating policies

- KPI 8: Knowing population's needs
- KPI 9: Knowing the diffusion of informal care
- KPI 10: average families' expenditure for care

Knowing needs

- KPI 11: Homogeneity inside the setting
- KPI 12: service intensity

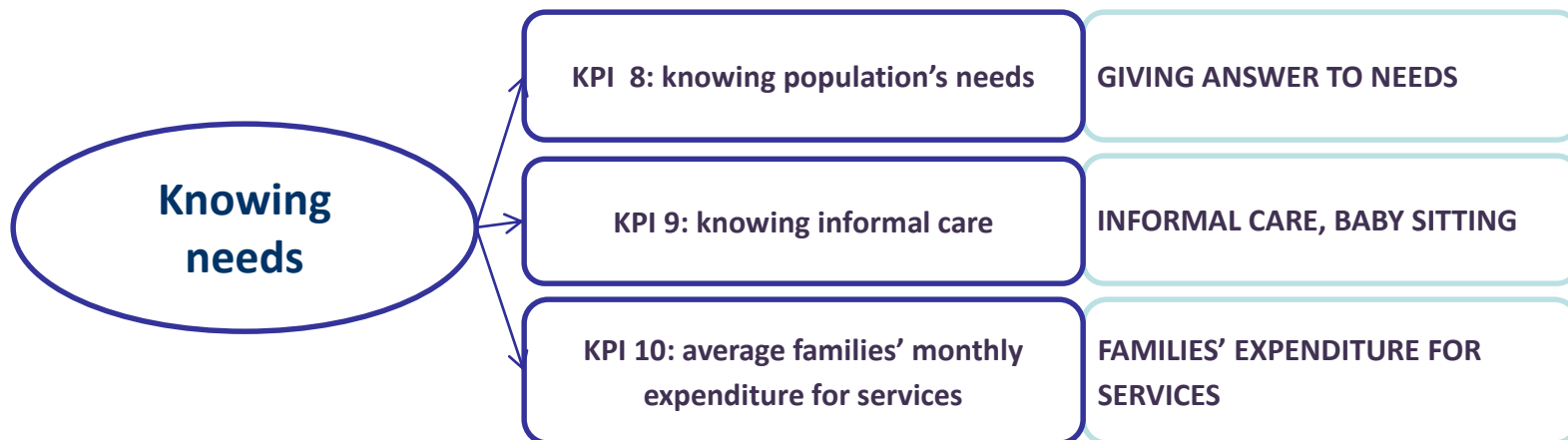**Homogenizing access to services**

- KPI 14: additional services
- KPI 15: Additional care through co-payment

Public and private resource pooling

The state of art: mapping knowledge about population's needs in Regione Lombardia

- Through the project **System of Knowledge 2012** Regione Lombardia has collected data on "14 pilot settings" that provide knowledge about population's needs;
- Data gathering concerned:
  - Population's needs in specific territorial areas within Regione Lombardia
  - Service provisions in these areas
  - Demand of services by citizens to public providers
  - Demand of services by citizens to private providers

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                    ┌─────────────────────────────────┬──────────────────────────────────┐
                    │ KPI 8: knowing population's     │ GIVING ANSWER TO NEEDS           │
                    │ needs                           │                                  │
                    ├─────────────────────────────────┼──────────────────────────────────┤
   Knowing          │ KPI 9: knowing informal care    │ INFORMAL CARE, BABY SITTING      │
   needs            ├─────────────────────────────────┼──────────────────────────────────┤
                    │ KPI 10: average families'       │ FAMILIES' EXPENDITURE FOR        │
                    │ monthly expenditure for services│ SERVICES                         │
                    └─────────────────────────────────┴──────────────────────────────────┘
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What do the settings know (and how they behave) concerning population's needs?

	% SETTINGS KNOWING DATA ABOUT:		
	USERS RECEIVING PUBLIC SERVICES	OVERALL DEMAND	TARGET NEED
PEOPLE IN NEED OF LTC > 75 Y.O.	79%	50%	14%
ADULT DISABLES (15-64 Y.O.)	71%	43%	7%
CHILDREN 1-3	71%	50%	7%
CHILDREN 4-6 ANNI	43%	29%	7%
PEOPLE DEPENDENT ON DRUG	29%	14%	0%
PEOPLE DEPENDENT ON ALCHOOL	29%	14%	0%

KNOWING NEED COVERAGE BY PUBLIC SERVICES

KNOWING DEMAND OF SERVICES TO PUBLIC INSTITUTIONS

KNOWING OVERALL NEEDS

What do the settings know (and how they behave) concerning population's needs?

How many setting know about population's demand for services?

Demand	ambito 1	ambito 2	ambito 3	ambito 4	ambito 5	ambito 6	ambito 7	ambito 8	ambito 9	ambito 10	ambito 11	ambito 12	ambito 13	ambito 14
PEOPLE IN NEED OF LTC > 75 Y.O.		🟩		🟩	🟩	🟩			🟩				🟩	🟩
ADULT DISABLES (15-64 Y.O.)			🟩	🟩	🟩	🟩			🟩				🟩	🟩
CHILDREN 1-3					🟩	🟩			🟩					🟩
CHILDREN 4-6 ANNI		🟩		🟩	🟩	🟩			🟩					🟩
PEOPLE DEPENDENT ON DRUG						🟩			🟩					
PEOPLE DEPENDENT ON ALCHOOL						🟩			🟩					

WHO OWNS DATA ON A TARGET TENDS TO OWN DATA ON MANY OR ALL TARGETS

WHO DOES NOT OWN DATA ON A TARGET TENDS TO LACK DATA ON ALL TARGETS

Key findings

- Public managers awareness for LTC is better than their awareness for other policies
- Aniway, public managers are often unaware of the real needs of the population for LTC, and do not use data about care needs in the strategic planning.
- Public managers are aware of public provision of services, but they are unaware of the private provision.
- However, when public managers tend to adopt a culture of data analysis, collecting data on a specific target, they tend to collect and analyse data on all targets
- Moreover, managers widely recognize that knowledge management is a worthwhile attribute of strategy making

What inhibits setting from developing and sharing knowledge concerning population's needs?

- The risk of understanding **inconvenient truths** (e.g., public services cover only a small percentage of the needs)

- The risk of discovering issues that are **hardly to handle politically**

- The risk of unveiling problems to which often public managers do not have practical solutions, because they do not have either the **resources** or the **knowledge** to deal with these problems

Policy implications for discussion

- The settings who collect data and develop knowledge over a specific target, tend to gather knowledge over all the targets; conversely, the settings unaware of a specific target, tend to be unaware of all the targets.

- Gathering, developing and sharing knowledge does not only help develop public policies. It is a **policy in its own** that should be incentivized in order to better understand population's needs, and provide answer to these needs accordingly

- In conclusion, sustainability of LTC systems throughout Europe needs new planning models aimed at facing uncertainty and lack of resources.

- We suggest that strategy making needs accurate knowledge of population's needs, although this is an untraditional approach for this policy field.

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Thank you!

Q&As

(giovanni.fosti@unibocconi.it)

CERGAS – Bocconi Research Group on Social Services

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