EPSU contribution to consultation on European Innovation Partnership “Active and Healthy Ageing”

Brussels, 28 January 2011/4 February 2010

Contact person: Mathias Maucher, EPSU Policy Officer Health and Social Services

1) Explanatory remarks and overview on structure of contribution

The EPSU contribution builds on a presentation given at the hearing of the Intergroup on Ageing and Intergenerational Solidarity, organised by AGE and hosted by MEP Lambert van Nistelroij on 27 January 2011.

EPSU decided not to reply to the questionnaire as only section “Existing initiatives” could have answered properly from the perspective of a European Federation of Trade Unions. Instead and given the strong encouragement by the host MEP and the representatives of the European Commission (DG Digital Agenda; DG SANCO) during the hearing mentioned above EPSU decided to submit some reflections structured around four different issues:

- Scope and focus of the European Innovation Partnership “Active and Healthy Ageing”
- Key issues of concern and interest for trade unions and the workers/employees they represent at enterprise, sectoral, national and European level
- Initiatives to address the challenge of the ageing workforce in the health care and social services sector instrumental to cater for the needs of an ageing population
- Possible roles of the EU with regard to the European Innovation Partnership “Active and Healthy Ageing”

Sources

- Given time constraints, EPSU could not consult its reply on the European Innovation Partnership “Active and Healthy Ageing” (EIP AHA) with its members.
- EPSU’s input, however, builds intervention on a study the European Social Partners in the hospital and health care sector, HOSPEEM and EPSU, had jointly commissioned in 2006. It’s entitled “Promoting realistic active ageing policies in the hospital sector”.
- Using this study, in section 5) of this contribution a range of sample initiatives to address the challenge of an ageing workforce further elaborated on in the study are enumerated.
- The contribution also uses material elaborated to prepare a presentation at the conference “Healthy and Dignified Ageing” held under the Swedish Presidency of the Council of the European Union in September 2009 in Stockholm.

It might also be interesting for those who now do the next steps towards the setting up and implementation of the European Innovation Partnership “Active and Healthy Ageing” that problems and solutions to address of the challenge of the ageing workforce will be one of the priority issues on the work programme 2011-2013 of the European Social Partners in the hospital and health care sector, HOSPEEM and EPSU, and will therefore be dealt with in working group meetings and/or plenary meetings of the Sectoral Social Dialogue Committee “Hospital Sector”.

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2) European Public Service Union (EPSU) – Who are we?

- EPSU represents 8 million workers in 250 TUs in 47 countries across Europe, 60% of whom are women
- EPSU covers 4 key sectors
  o Local and regional government (municipalities, districts, provinces/regions)
  o Central government and EU administration
  o Health and social services
    o Public utilities [services of general interest] (network industries: electricity, gas, water, waste)
- EPSU’s four horizontal issues are public services and the EU, collective bargaining, gender equality and global issues (such as migration, climate change)
- EPSU has 3 main objectives
  o Promote quality public services and jobs
  o Improve members/workers’ and employees’ working and pay conditions, i.e. individual labour rights
    • Social dialogue
    • Policy and advocacy work
    • Campaigns to defend public services (e.g. ‘Turning the tide’) and strikes
  o Safeguard trade union rights, i.e. collective labour rights (enterprise, sectoral, national, European level)
- EPSU provides a platform for coordinated trade union action in all fields of public services, having 5 activities in focus
  o Employment issues for public service workers
  o Quality of public services for citizens
  o Exchange experiences, define policy
  o Increase skills and capacity
  o Workers’ and employees’ participation in social dialogue and through collective bargaining (enterprise, sectoral, national, European level)
- EPSU has 6 priorities in the field of health and social services
  o Quality of care
  o Equal rights for all/non discrimination in access
  o Improve working conditions
  o Cross-border health care (i.a. role of multinational enterprises)
  o Social dialogue
  o Strengthening trade union rights

3) Some comments on the European Innovation Partnership “Active and Healthy Ageing”

Trade unions – representing and voicing the interests of workers and employees in the health care and social services sector – might be interested and concerned by initiatives coming under two of the four aims of the EIP AHA: First, by objective 1, “Improve the health and qualify of life of older people”; Second and more importantly by action taken under objective 3, “Contribute to the sustainability and efficiency of health and social care systems”

It is interesting to note that in a summary paper on the EIP AHA (Annex III: EIP AHA) neither the providers of health and social services (i.e. the employers here), nor professional associations or organisations, nor the workers/employees, nor trade unions had been mentioned as “Europe’s major players” in section “Actors and governance” (p.2). This deficiency has, however, been remedied for in the questionnaire for the consultation on the EIP AHA, where health and social care professionals (not: trade unions!) and service providers are mentioned in different sections.
Yet it is still far from being clear for EPSU to which extent the EIP AHA will actually concern workers and employees in the health care and social services sector and or to which extent it will make sense to get associated with the implementation of the EIP AHA and/or to which extent this is being foreseen.

- The focus of the third objective “Contribute to the sustainability and efficiency of health and social care systems” is very much on spurring innovation or at overcoming barriers to innovation focused on products, devices and services to support independent, active living. This makes sense when looking to the objectives of this initiative under the Innovation Europe Flagship Initiative of the Europe 2020 Strategy.
- There is also a strong consumer/client perspective as the EIP AHA should ‘trigger demand driven measures and mechanism’ and ‘develop business models for more integrated care systems’. This is again in line with the conceptualization of the EIP AHA.
- But still EPSU wonders – having been invited to the hearing on 27 January 2011 and having been happy to contribute to this event – where the health and social services work force comes in/is actually taken into consideration as “co-actor” in the construction of the multi-stakeholder partnership that is mentioned in several documents?
- EPSU also wonders if there is a role for social partners, i.e. both employers (this equals service providers in this context; at European level they are represented by HOSPEEM) on the one hand and employees (this equals trade unions and their representatives at enterprise or sectoral level; represented at European level by EPSU) on the other?

EPSU shares all statements/concerns made in the contribution of AGE as to the need to
- develop solutions for all under the EIP AHA, paying more attention to the less well off/excluded and to address rather than to widen existing health inequalities
- involve all stakeholders including health care professionals and carers
- reflect the UN Convention on the Rights of Persons with Disabilities in the EIP AHA

4) Where and how trade unions are concerned by the European Innovation Partnership “Active and Healthy Ageing”?

In EPSU’s view there are two main issues concerning trade unions and the interests of workers and employees in the health care and social services sector they are representing and voicing.

- Integrated service provision
  - This means continuity of care and good management of chronic diseases and the integrated/seamless provision of services provided in hospitals and care institutions as well as at home
  - We are here in the field of organisation, regulation and financing of the provision of health and social services
    - Trade unions do not decide on them; neither are these issues being dealt with under social dialogue
    - But these modalities of service delivery obviously have an impact on the profile of professional qualifications needed and on working conditions, both to be adapted to integrated care. And “working conditions” in the health care and social services sector are often characterised in particular by physical and emotional stress, irregular working hours, increasingly part-time and short-time contracts, low pay (in particular in home care).
  - Important question for EPSU: Is the shift towards integrated care promoted by the legal framework at Community level underpinning the policy orientation of market
making and market regulation within Member States and at EU level being the dominant trend across the whole EU?

- These questions are normally discussed in the framework of policy processes on the legal and quality framework for social services of general interest. EPSU is far from sure, rather skeptic, that the current legal framework at Community level will be supportive to the appropriate extent to promote the broadly shared policy objective “integrated service delivery”
- Market making in the field of health and social services implies the delegation of services to private, not-for profit and commercial providers as well as competitive tenders for specific services (as a rule not for an integrated service delivery)
- This approach also means few or new benefit for an orientation towards building up network between different providers at local level. It is rather advantageous and favours a trend towards an investor model (one financial investor front line to deal with costs of investment in infrastructures, with a range of specialised providers experts for the service provision behind). It paves the road towards more (contract-based) private-public partnerships.
- In EPSU’s opinion there is, however, a clear need to promote and implement models of integrated care in the context of in-house provision, public-public partnerships and a co-operation between public and not-for-profit providers

- **Sustainability and efficiency of health and social care systems**
  - Selected relevant EU policies/initiatives to contextualise the EIP AHA relevant for EPSU: OMC HC + LTC (and/or what is left of it under the Europe 2020 Strategy and the Flagship Initiatives); health inequalities; health workforce; cross-border recognition of professional qualifications; cross-border patient mobility and rights, European Voluntary Quality Framework for Social Services of General Interest (SSGI); Integrated Guidelines/Employment Guidelines
  - Question for EPSU: How are policies dealing with the relevant contexts mentioned above linked to initiatives to be set up under the EIP AHA?
  - Target group “professional care givers” (including nurses, carers, midwives, doctors, etc.): Who is in the workforce (today; in the future)? Which are the relevant framework conditions for them (financing; reimbursement rules; staffing; qualification profiles) in health systems
    - Challenge 1: Need to qualify workforce to cope with changing demands related to different models of service provision (integrated care; trend towards more de-institutionalisation and more home care), new management models (extended responsibilities and tasks) and technical innovation (ICT) to support independent living
    - Challenge 2: Issue ageing workforce. Some data for illustrative purposes:
      - Strong increase of number of jobs, 1996/2006 about 4.5 million in the sector
      - Strong increase of employment rate of age group 55-64 (highest shares of workers/employees 55/59: S, GB, DK; highest shares of workers/employees 60-64: S, GB, IRL), but on average for women still 20% lower than for men!
      - Above average speed of ageing in the HSS sector; e.g. in France 50% of nurses employed in 2005 are expected to be retired in 2015
      - High feminisation of workforce, about 90% (top share across whole economy)
      - Migrant workers, again mostly women, partially without residence and work permit. What the increasing role of migrant workers could imply in view of specific challenges for the development of health and social care systems in Europe is not yet taken account of under the EIP AHA. In EPSU’s view this deficiency should be addressed when implementing it.
5) Initiatives to address challenges of the ageing workforce in the health and social services sector by measures of retention and recruitment

The following sample initiatives involving social partners at different levels are taken from the study “Promoting realistic active ageing policies in the hospital sector” the European Social Partners in the hospital and health care sector, HOSPEEM and EPSU, had jointly commissioned in 2006. It concludes that the pursuit of a comprehensive policy approach, based on an explicit strategy, with personal and institutional commitments is critical to success. In this contribution we focus exclusively on the United Kingdom and list below key initiatives that have been implemented by various NHS Trusts on both a pilot and regular basis. E.g.:

- Improving attractiveness of working environment by taking into account specific needs and wishes of older employees, e.g. better provision of continued education and training, change in working hours; preventive: setting up well-being centres to monitor stress, burdens, individual adaptation needs
- Slow step-down option, i.e. into a less demanding job but which corresponds to professional qualifications and experiences
- Wind down, i.e. longer phasing out, reduced working hours at an earlier state, but then later no early retirement; work on negotiated basis, with chosen number of hours and their position during the day and week
- Part-time work to reduce working time and to reduce shift work for older employees
- Managing knowledge transfer (including tacit knowledge and experience)
- Ongoing participation in life-long learning, retraining of older workers to facilitate adaptation to new technologies, administrative procedures, management techniques, etc.
- Workforce planning including age profiling
- Measures to remove discrimination based on age (e.g. in recruitment and retention procedures)

Measures as described above and similar to them should also be promoted on the basis of the “Recruitment and Retention: A Framework of Actions” signed by EPSU and HOSPEEM on 17 December 2010 that will develop into the major reference point for joint activities under the Work Programme 2011-2013 (cf. 1) above).

6) What could be the role of the EU with regard to the EIP AHA?

In EPSU’s view European institutions could be instrumental with regard to a range of measures of support and coordination:

- **Support exchange of good practice** on
  - How to **better integrate geriatric medicine into primary care and specialist care** and how to adapt related models of case management
  - Better **preparing health systems for the projected increase in dementia**
  - **Improved coordination between health and social services and other sectors** such as transport and housing in view of improving independence and supporting empowerment/self direction and self care, where appropriate
  - Programmes to **increase the attractiveness of professions working in the health and social services field** through better remuneration, other improved working conditions (working time, reconciliation policies), continued training, higher recognition of value of caring and support to elderly, disabled, etc.
- The EU could support networks of reference centres on healthy and active ageing
- EPSU welcomes the **link between the EIP AHA and Structural Funds** to be used for these purposes