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Coordination of Social and Health Services in the Framework of the Finnish Reform of Social and Health Policy

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PROLOGUE

- **”Medical-social services owes its origin to Dr. Richard C. Cabot, who in 1905 organized the first social service department in the out-patient department of the Massachusetts General Hospital.....**

What Dr. Cabot had in mind in bringing trained social workers into the dispensary and later in separate clinics was not a mixture of medical and social work but their chemical union.”

Mary E. Richmond: Social Diagnosis 1917, 35

THE CONTENT OF THE PRESENTATION

- **Concepts used**
- **Basic facts of the country**
- **The Social and Health Organization at present**
- **Proposals for Social and Health Policy for the Future**
- **Questions, Challenges and Developments for the Social Work Profession**

CONCEPTS

- **Interaction**
- **Integration**
- **Coordination**
- **Collaboration**

FINLAND

- Population: 5,5 million
  - Finnish speaking 90 %
  - Swedish speaking 5,3 %
- Local administration
  - 317 municipalities (1.1.2015)
  - Variation of population in municipalities (Åland excluded): 626 000 (Helsinki) – 720 (Luhanka)
  - Helsinki metropolitan area (4 municipalities)

    1,1 million

LOCAL AUTHORITIES AND SOCIAL AND HEALTH POLICY AT PRESENT (1)

- **Strong position, self government based in the Constitution, right to collect taxes**
- **Statutory responsibility to provide and finance social and health services – and basic education**
- **Production of services:**
  - **municipalities, associations of municipalities, purchasing from third or private sector**
- **State subsidy in lump sum, based on population profile and some territorial features**
- **Users' share on expenditure appr. 6 %**

THE STRUCTURE OF THE PRODUCTION OF SOCIAL AND HEALTH SERVICES (1)

- **Health services.**
  - **Primary health care at local level: health centers**
  - **Specialized medical services at regional level: associations of municipalities, 20 district hospitals**
  - **The highest expertice in medicine: 5 special associations of municipalities, 5 university hospitals**

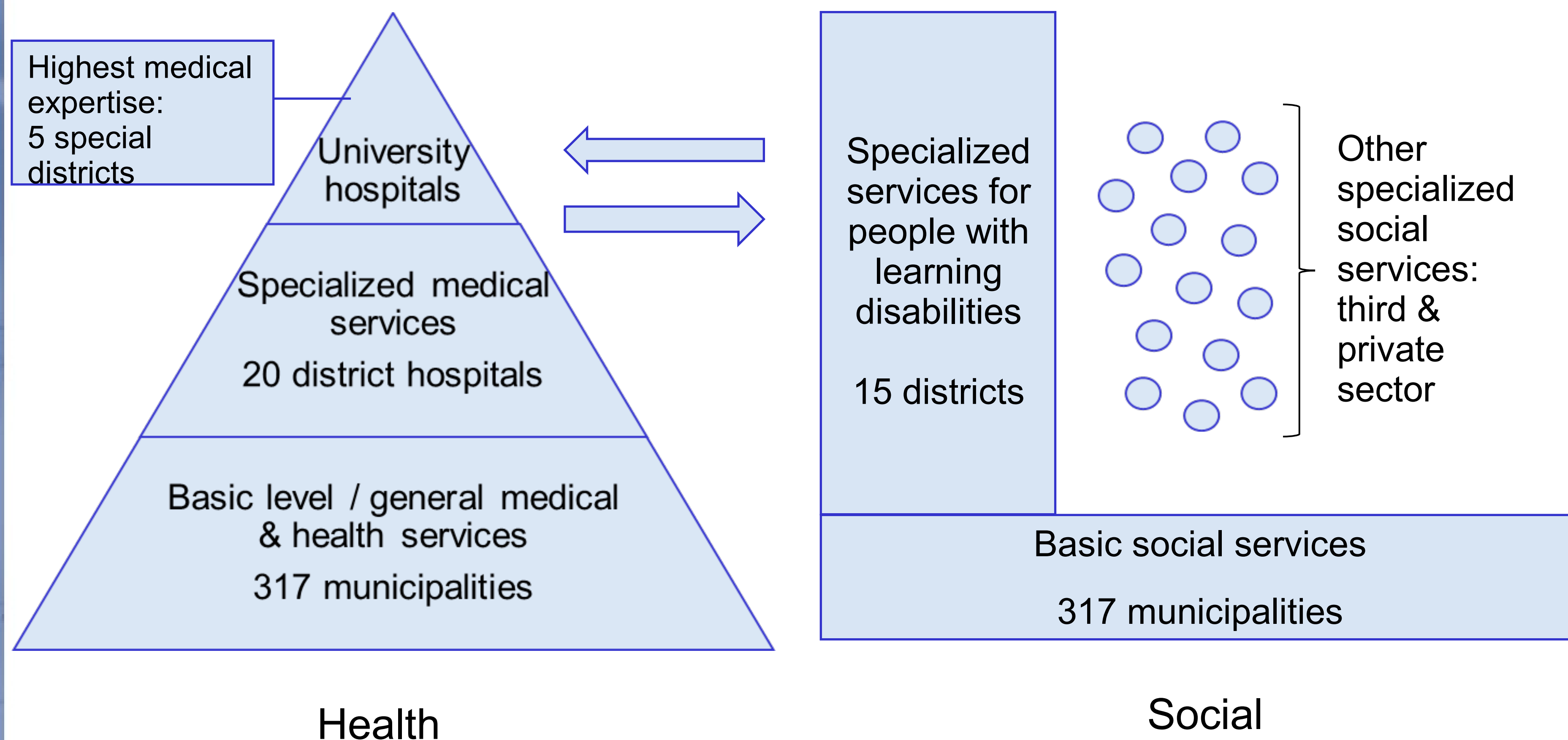
THE STRUCTURE OF THE PRODUCTION OF SOCIAL AND HEALTH SERVICES (2)

- **Social services**
  - **Produced mainly at local level: municipal social welfare offices**
  - **15 municipal associations for production of services to people with learning disabilities**
  - **Other special services produced either by municipalities or third or private sector, based on purchasing contracts**

THE STRUCTURE OF THE PRODUCTION OF SOCIAL AND HEALTH SERVICES (5)

- *Most part of municipalities have integrated social and health services*
- *This was made possible in the Public Health Act from 1972*

THE STRUCTURE OF THE PRODUCTION OF SOCIAL AND HEALTH SERVICES (3)



WHY THE REFORM IS NEEDED ? (1)

- ***Differences in the health and social well-being between population groups are growing – the national goal is the opposite***
- ***Institutional and/or specialized care both in health and social services is taking growing share of expenses – the national goal is to strengthen open care and basic level services***
- ***Small municipalities do not have resources enough to finance needed services***

WHY THE REFORM IS NEEDED ? (2)

- ***The highest costs are caused by cases where social and health factors are interdependant and require long-lasting care***
- ***A need for services is growing among groups where social and health factors are interdependant***

  (elderly people, people with mental health and drug problems, disabled people, children living in vulnerable circumstances)
- ***Recommendations of international organizations (e.g. OECD) to build closer integration of social and health sectors***

THE REFORM GOALS (1)

- *To decrease the polarization of health and social well-being*
- *To strengthen the promotive and preventive approaches both in health and social fields*
- *To strengthen the basic level of services in order to decrease the need for specialized and institutional care*
- *To decrease the raise of expenditure in social and health services*

THE REFORM GOALS (2)

- ***To improve an integration of different levels of services and of different professional skills to create more comprehensive and user-centered care process***
- ***Two integrative goals:***
  - ***To Integrate primary health care and specialized medical care into one organization – financially and administratively***
  - ***To integrate social services and all levels of health services into one organization – financially and administratively***

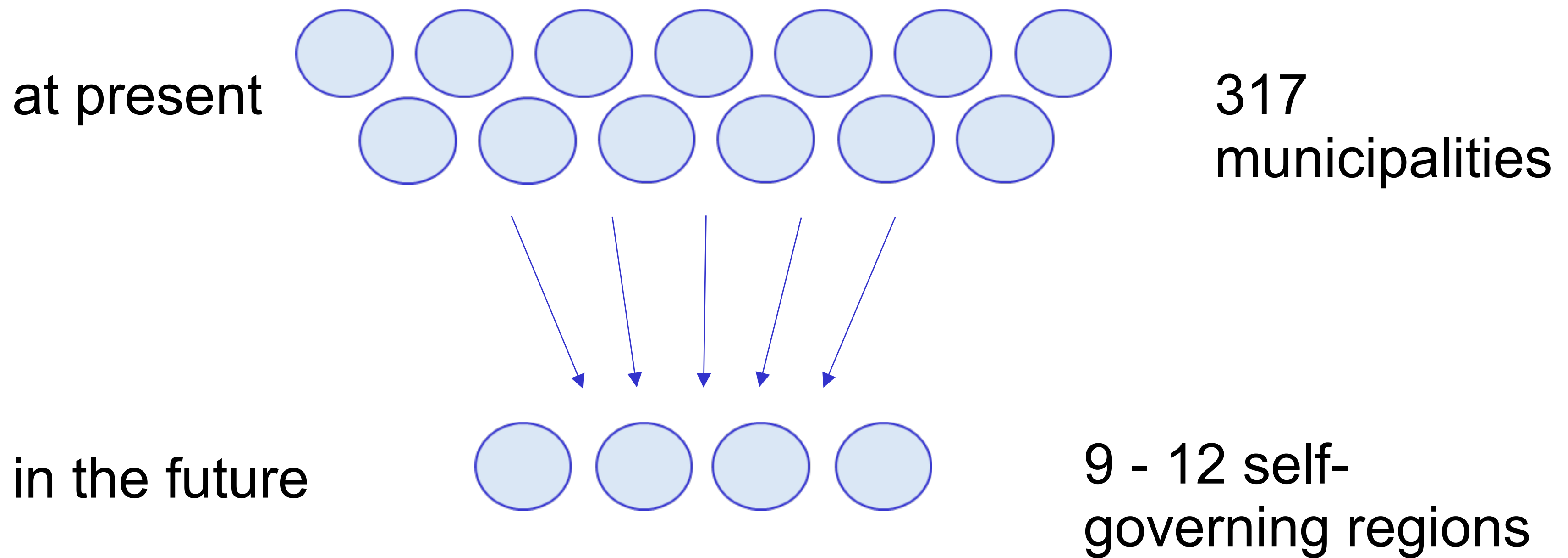
INTERNATIONAL ASPECTS

- ***Recommendation of international organizations (e.g. OECD) for closer collaboration of social and health services and organizations***
- ***Nordic countries have different variations of social and health organizations, even though all have strong public system; no model can be taken from other Nordic countries***
- ***No model for social and health integration can be taken from other countries, either***

PROPOSAL FOR THE NEW STRUCTURE
(August 2015)

- ***Responsibility for providing social and health services in an integrated manner will be given to self-governing regional units***
- ***The number of units will be 9 – 12; exact number will be decided on the basis of further planning***
- ***Services will be produced either by regional units themselves or purchaced from third or private sector***
- ***Local authorities are responsible of promotion of health and social well-being, together with other actors***

THE DESIGN OF THE NEW STRUCTURE



DIFFERENT FUNCTIONS OF SOCIAL AND HEALTH POLICY AND THE REFORM (1)

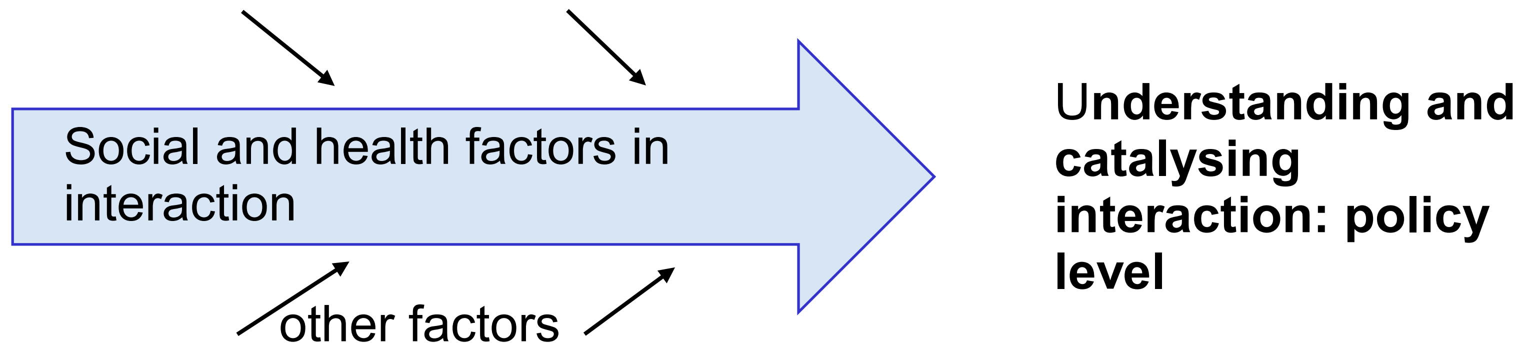
- ***Promotion of health and social well-being***
- ***Prevention of diseases/poor health and social problems/deprivation***
- ***Producing health and social services, implementing services in the collaborative process with the user***

DIFFERENT FUNCTIONS OF SOCIAL AND HEALTH POLICY AND THE REFORM (2)

- ***Monitoring and evaluation of the effects in the health and social well-being of the population***
- ***Monitoring and evaluation of the effects in polarization of health and social well-being***
- ***Following the costs of the integrated organization***
- ***Reporting the effects and redeveloping the practice on the basis of the results***

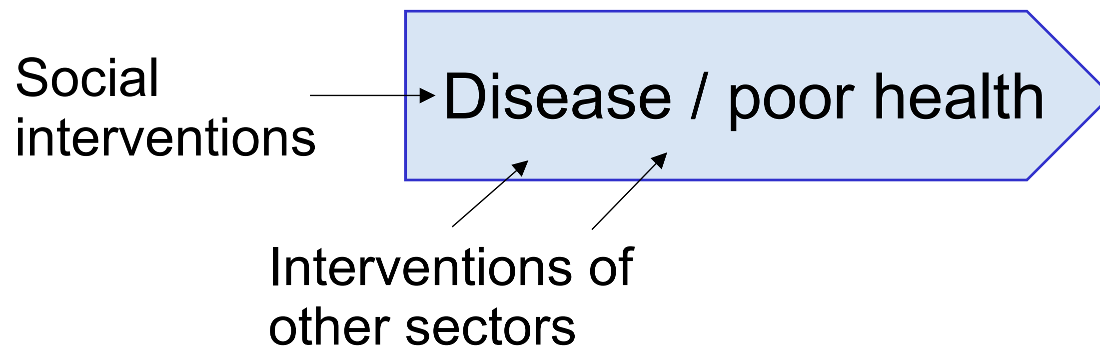
FOUR FUNCTIONS IN RELATION TO SOCIAL AND HEALTH INTERACTION (1)

Integration, coordination and collaboration in social and health sectors

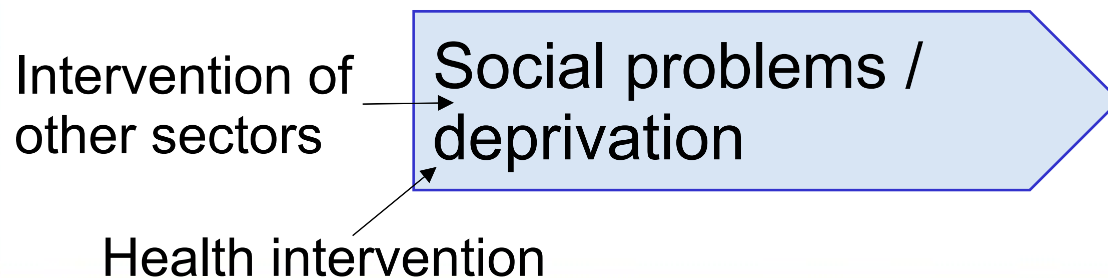


FOUR FUNCTIONS IN RELATION TO SOCIAL AND HEALTH INTERACTION (2)

2. a) Prevention of social problems and disease / poor health



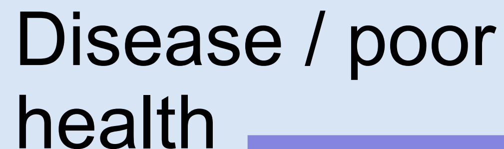
2. b) Prevention of social problems and disease / poor health



Understanding and utilizing interaction: policy and service levels

FOUR FUNCTIONS IN RELATION TO SOCIAL AND HEALTH INTERACTION (3)

3. Service process



Social problems/ deprivation

Coordination of medical services / health interventions and social services / social interventions

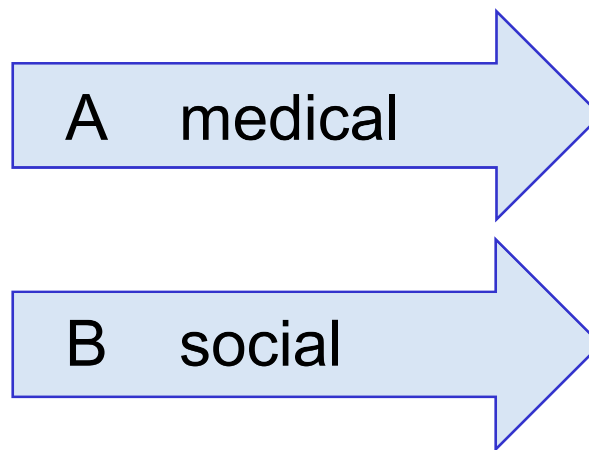
FOUR FUNCTIONS IN RELATION TO SOCIAL AND HEALTH INTERACTION (4)

4. Medical approach and social approach are alternatives

Collaboration of medical experts and social work experts

-in the assessment of situation

-in deciding the approach



Collaboration of different experts in making diagnosis / assessment and in choosing the approach

RISKS, OPPORTUNITIES, CHALLENGES (1)

- ***Risks:***
  - ***Dominance of medical approach***
  - ***Difference of knowledge base and professional cultures: collaboration does not work***
  - ***Danger that medical sector takes major part of resources***

RISKS, OPPORTUNITIES, CHALLENGES (2)

- ***Opportunities:***
  - ***Facilitates a change from sectoral or ”doing-approach” to user- or ”person-in-situation” approach***
  - ***Facilitates strengthening of promotive and preventive functions***
  - ***Facilitates effects-orientation, following the results from the point of user***
  - ***Encourages development and research of multiprofessional methods***

RISKS, OPPORTUNITIES, CHALLENGES (3)

- ***Challenges:***
  - ***Social work profession needs to make visible its skills and working methods***
  - ***Health and social professions need to create ways to combine different knowledge and skills into a whole process, in relation to user's needs***
  - ***Challenges to professional education, research and development of cross- sectoral and multiprofessional work***
  - ***Challenges to policy design and management***

THANK YOU !