



# CARE AND SOCIAL SERVICES FOR THE ELDERLY

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## SUMMARY

### The Relevance of the Assessment

In Lithuania, as in many countries around the world, the number of elderly people is increasing and their share in the population structure is growing<sup>1</sup>. According to the data of the Department of Statistics, at the beginning of 2020, there were 555.9 thousand people aged 65 and over<sup>2</sup>, i.e. 19.9% of the population.

According to Eurostat projections, in 2014 and 2049, Lithuania's population will decline and the society will continue to age.<sup>3</sup> By the beginning of 2050, 31.5% of the elderly are projected to live in Lithuania.<sup>4</sup>

The rapid ageing of the population is becoming a major challenge for the country to take care of the health and quality of life of the elderly. Their reduced capacity for self-care and health impairments increase their need for care and/or social care services. When people are unable to live a full life due to poor health or difficulties in social integration, they increasingly need integrated (care and social) services to improve the quality of life of persons and their relatives.

The National Audit Office, aware of the relevance of the quality of life of the elderly and with a view to encouraging stakeholders to take action to address the current problems in the provision of care and social services for the elderly, carried out an assessment.

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<sup>1</sup> Strategy for Demography, Migration and Integration Policy 2018-2030, approved by the Seimas Resolution No XIII-1484 of 20 September 2018, p. 87

<sup>2</sup> Internet access: <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=ab672ada-e22f-409e-9ce0-33915afade8f#/> (accessed on 02/08/2021).

<sup>3</sup> Ibid p. 89

<sup>4</sup> Internet access: <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=4e1ece1b-e180-4ce3-83c1-ff9d161bbeb3#/> (accessed on 02/08/2021).

## Objective and Scope of the Assessment

The aim of the assessment is to assess whether the care and social services available to the elderly meet their individual needs.

Key assessment questions

- whether the accessibility to care and social services for the elderly is adequate;
- whether the conditions for quality care and social services for the elderly are ensured.

Assessment entities:

- Ministry of Social Security and Labour: shapes social services policy, organises, coordinates, and monitors its implementation, implements it in cases provided for by law, analyses and evaluates the state of social services in the country.
- Ministry of Health: shapes, organises, coordinates and monitors the implementation of the State policy on personal health care.

We collected data and information from all (60) municipalities; 35 (out of 444) health care institutions and 27 (out of 152) social services institutions, institutions subordinate to the Ministry of Social Security and Labour (Disability and Working Capacity Assessment Office, the Department of Supervision of Social Services), and institutions subordinate to the Ministry of Health (National Health Insurance Fund, State Health Care Accreditation Agency, and the National Public Health Centre) were selected.

We cooperated with representatives of the National Health Council, the Council of Affairs of Retired Persons under the Ministry of Social Security and Labour, Vilnius and Kaunas Universities of Health, the Rehabilitation and Nursing Centre “Gemma”, the Association of Local Authorities of Lithuania, the Association of the Elderly of Lithuania, Lithuanian Union of Political Prisoners and Deportees, and the Lithuanian Nurses Association.

At the request of the National Audit Office, Market and Opinion Research Centre “Vilmorus” carried out a survey of 1,005 respondents on issues related to the provision of care and social services on 5–15 March 2021.

The assessed period is 2017–2019, however, to assess the changes, we have also used data from previous years and 2020–2021.

This assessment is not an audit and no recommendations are made on the basis of its results. The scope of the audit and the applied methods are described in more detail in Annex 2 “The Scope and Methods of the Assessment” (p. 36).

## Key Assessment Results

The conditions for the elderly to receive care and social services of equal quality are not ensured. The exact scale of demand for these services is unknown, people have to wait in queues, there is a shortage of nurses and social workers, and there is no sustainable model for integrated care and social services (long-term care).

## 1. Accessibility to care and social services for the elderly

### Data disposed by municipalities on the elderly in need of care and/or social services

The exact extent of the demand of the elderly in need of care and/or social services is unknown, as all (12) selected municipalities only have information on the elderly who have applied to them for social services or have been informed by other institutions (e.g. health care institutions, police, etc.) about elder people' need for social services. According to the case study data, 65% (177 out of 273) of the persons recommended by the Disability and Working Capacity Assessment Office in 2019 as needing the assistance of another person did not apply to the municipalities to receive social services. Municipalities could make a greater contribution to the provision of care and social services if they had data on all the elderly in need of these services (Section 1.1, p. 12).

### Growing waiting queues for care and social services

- In 65% (13 out of 20) of the selected hospitals, there were waiting queues for care and maintenance therapy services in 2017–2019. More than half (54%) of the hospitals where people were waiting for these services are located in the municipalities of large cities. As a result, people waiting for these services had to stay at home and receive other health care services than in hospitals, or go to other private health care institutions and pay for the services at their own expense (Section 1.2, p.15).
- In all (12) of the selected municipalities, there were waiting queues for social services in 2018–2020. According to the municipalities, this was due to the fact that when the time came to receive the services persons needed, they refused to receive the services on the grounds of the care they were receiving at home or because they were not satisfied with the service offered in the social care institutions, and because they would prefer to receive the services in the institution they wanted. These persons continued to stay in waiting queues even though they refused to receive services. This does not ensure the provision of the correct information on waiting queues for these services, as well as creates artificial waiting queues (Section 1.2, p. 15).

### Management of the information on people registered for care and maintenance therapy services in hospitals

- Since 2019, personal healthcare institutions have been obliged to register people in the Information System for Pre-registration of Patients (ipr.esveikata.lt) for services paid by the Compulsory Health Insurance Fund<sup>5</sup>. We found that all (20) selected hospitals do not register people for these services as the information system is not set up to register them. The centralised data in the system would help hospitals to manage waiting queues – to check that a person is only registered for services once, and to obtain information on the failure of pre-registered persons to arrive at the appointed time (Section 1.3, p. 17).
- The Law and/or the Order of the Minister of Health does not establish priority eligibility criteria for care and maintenance therapy services in hospitals, paid from the budget of the Compulsory Health Insurance Fund. Therefore, in order to ensure the accessibility of services to individuals, 55% (11 out of 20) of the selected hospitals have taken the initiative to establish their own priority eligibility criteria for these

<sup>5</sup> Order of the Minister of Health No V-812 of 16 July 2018 on approval of the description of the procedure for registration of patients for personal health care services, p. 2.3.

services. The criteria set by the hospitals varied. When hospitals apply different criteria, this leads to unequal priority accessibility to hospital services covered by the budget of the Compulsory Health Insurance Fund (Section 1.3, p. 17).

## 2. Ensuring the conditions for the elderly to access care and social services of equal quality

### Provision of integrated (care and social) services for individuals

For more than 20 years (since 1998), the country's strategic documents have included measures to develop a model of integrated care and social services (long-term care), but it has not been developed so far (1 July 2021), which means that people are not guaranteed a sustainable provision of integrated (care and social) services:

- none of the 12 selected municipalities organised the provision of long-term care services at home, as they are not obliged to do so by law;
- the duration of the EU-funded integrated support services is fixed (until 2027).

Failure to ensure conditions to receive integrated (care and social) services individuals need limits their opportunities to live fully at home for as long as possible (Section 2.1, p. 21).

### Provision of care and maintenance therapy services in hospitals

The 120 days per calendar year for the provision of care and maintenance therapy services covered by the budget of the Compulsory Health Insurance Fund, as laid down in the Law on Health Insurance, is not sufficient to meet the treatment needs of individuals. 25% (5 out of 20) of the selected hospitals, by individual requests, in 2017–2019 continued to provide these services, which were paid by individuals themselves. The Ministry of Health did not provide evidence on the reasonableness of the 120 days period established to provide these services. On average, EUR 47.7 million of the Compulsory Health Insurance Fund's budget was used to pay for these services for the elderly in 2017–2019. The evidence-based analysis would help to set optimal targets and choose the most effective ways to address the pressing issues of meeting individual needs for care and maintenance therapy services (Section 2.2, p. 26).

### Number and workload of social workers, nurses and their assistants in hospitals and social care institutions

- In the selected institutions providing social care, the actual number of staff per elderly person in 2017–2020 was lower than the number established by the Order of the Minister of Social Security and Labour:
  - out of 11 institutions providing day and short-term social care in a person's home, on average, 4 institutions lacked social workers, 2 institutions lacked nurses, and 2 institutions lacked care assistants;
  - out of 13 institutions providing long-term (short-term) social care, on average, 3 institutions lacked social workers, 2 institutions lacked nurses, and 2 institutions lacked care assistants (Section 2.3, p. 28).
- In the selected hospitals, the workload of nurses and their assistants in 2017–2020 was not in line with the workload recommended by the Order of the Minister of Health as:

- in 79% (15 out of 19) of hospitals, the average number of people per nurse was 16, which is 3 times the recommended maximum number of people per nurse;
- in 58% (11 out of 19) of hospitals, the average number of people per assisted nurse was 17, which is 2 times the recommended maximum number of people per assisted nurse; (Section 2.3, p. 28).

Inadequate numbers of social workers, nurses and their assistants in hospitals and social care institutions are preventing people from accessing quality nursing and care services (Section 2.3, p. 28).

#### Hygiene standard application for the installation of single and isolation wards

The provisions of the hygiene standard on the provision of single and isolation wards apply only to newly built and/or reconstructed healthcare institutions. We have found that

- 95% (19 out of 20) of the selected hospitals did not have isolation wards for people with infectious diseases equipped according to the hygiene standard;
- 10% (2 out of 20) of the selected hospitals' care and maintenance therapy units did not have single wards, and 10% (2 out of 20) of the selected hospitals did not have single wards in all its units.

Thus, the failure to ensure quality and safe provision of care and maintenance therapy services is particularly relevant in the context of the COVID-19 pandemic (Section 2.4, p. 29).

#### Monitoring the use of targeted compensations for its intended purpose

In 2017–2019, an average of EUR 129.3 million per year was paid for targeted compensations to 84,000 elderly people. Municipal administrations must monitor how people use the compensations they receive and, if they are not used for their intended purpose, provide them in a non-monetary form. 95% (57 out of 60) of municipal administrations did not perform the monitoring of the use of targeted compensation for its intended purpose as, according to them, there was a lack of regulation of these procedures. As a result, it is not possible to ensure that people get the care services and special aids they need. The results of the survey showed that 41% (43 out of 104) of the respondents used these compensations for food and utility costs instead of their intended purpose. When people are assessed as having a special need for long-term nursing and care (assistance), it is important to make sure they get the services and facilities they need to live a full life at home (Section 2.5, p. 31).

## Changes during the assessment

- The Government has drafted the Economic Recovery and Resilience Facility “New Generation Lithuania”, which was approved by the European Commission on 2 July 2021. It foresees a reform of the provision of long-term care services between 2021 and 2026. It aims to improve access to integrated – social and healthcare – services for the population by designing and implementing a sustainable model for the provision of long-term care services.

- In order to solve the problems of accessibility of healthcare services, the Ministry of Health signed a financing and administration contract with the Central Project Management Agency for the project on the development of the information system for pre-registration of patients on 29/09/2020. The Project will modernise the system by 31/10/2022 by introducing an additional function for registering persons for care and maintenance therapy services.