

# Healthcare and social welfare 2040 vision

Views and proposals of Ministry of Social Affairs and Health officials regarding needs for changes to the healthcare and social welfare service system

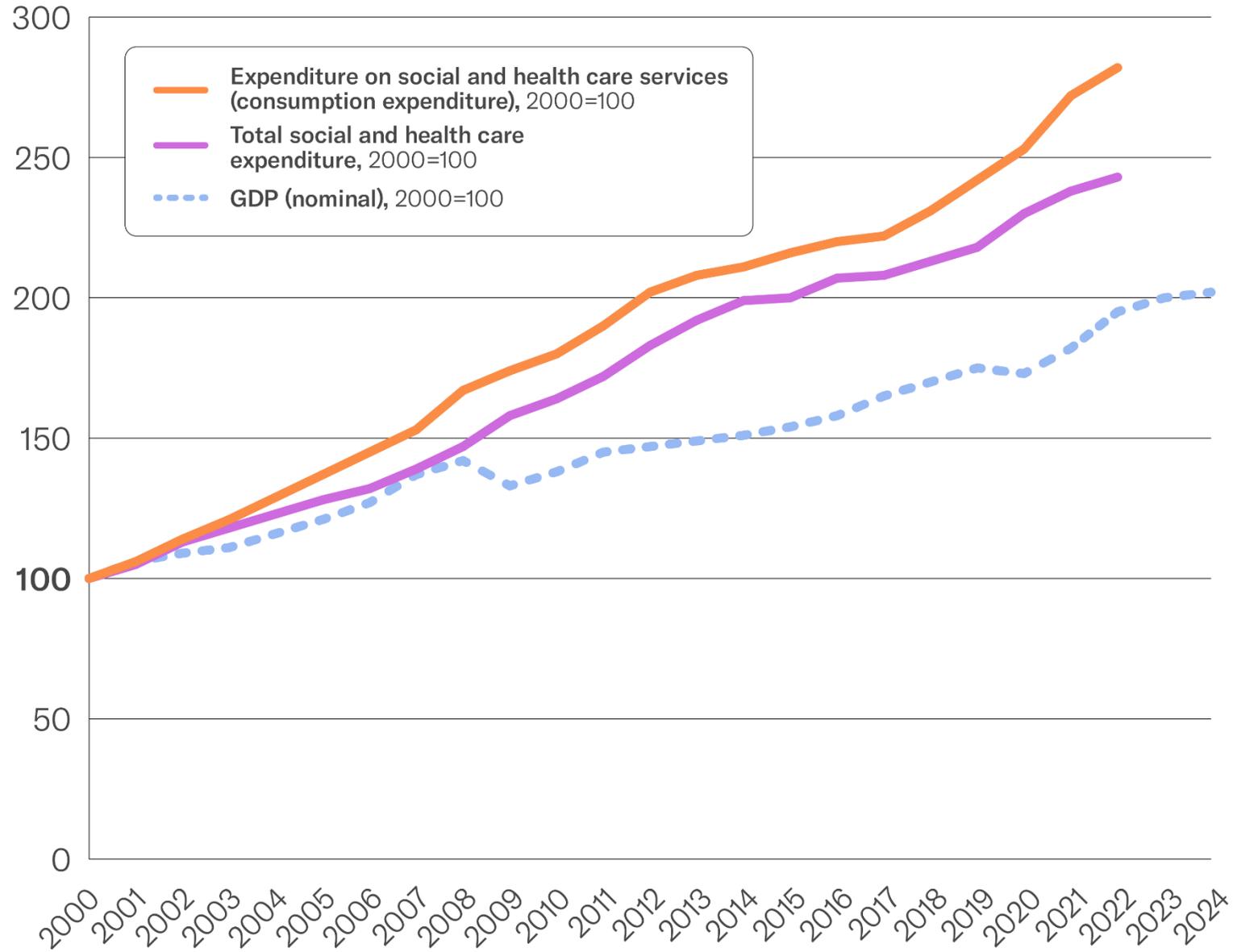
Permanent Secretary Veli-Mikko Niemi



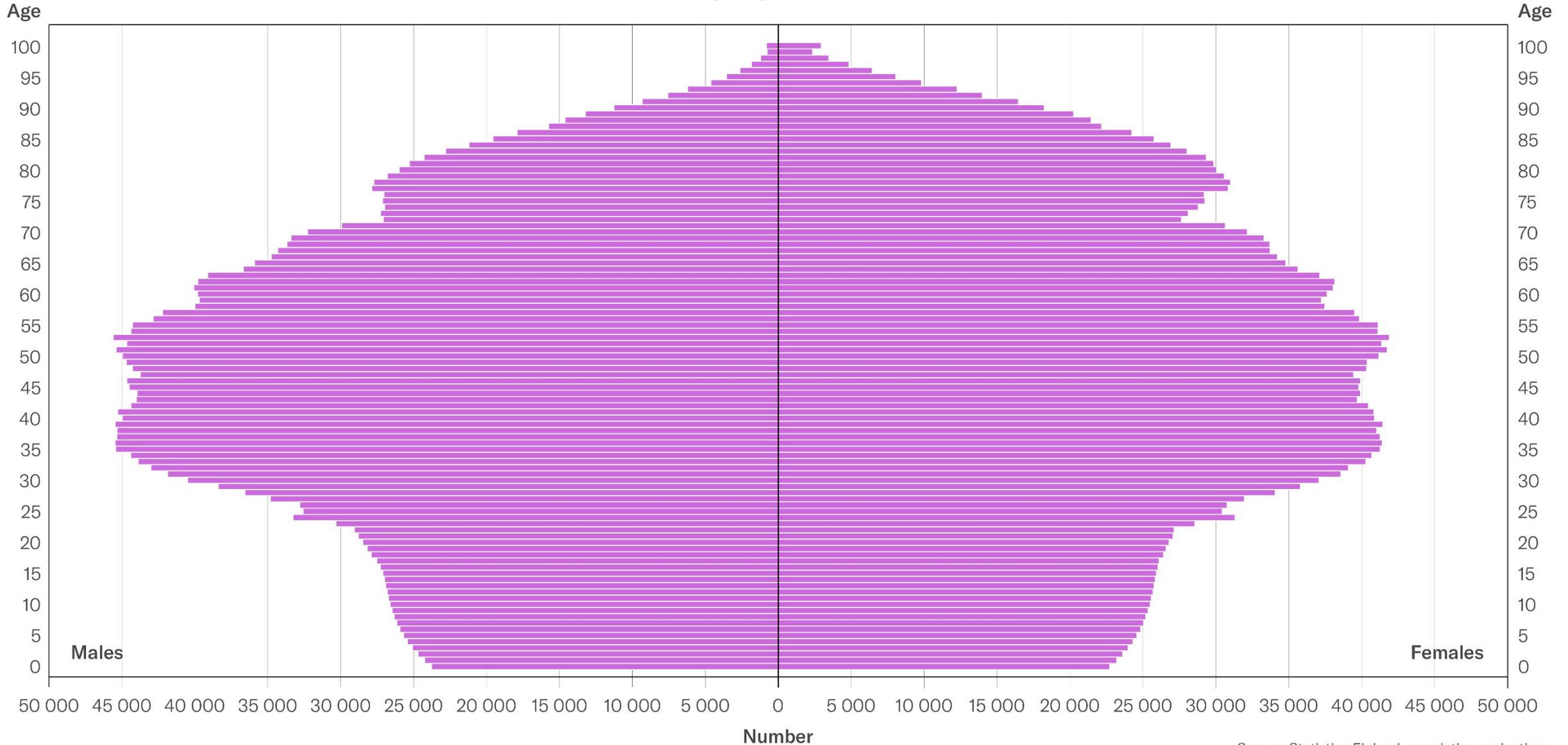
# Contents of the presentation

In “Healthcare and social welfare 2040”, Ministry of Social Affairs and Health officials present their unified view of the future of the entire healthcare and social welfare service system. The structure of the presentation is as follows:

- **The key variables** – in two pictures
- **Operating environment** – what trends need to be taken into consideration?
- **Purpose of the work** – why do we need a vision for healthcare and social welfare?
- **Vision** – what does healthcare and social welfare of the future look like?
- **Core problems** – what problems need to be addressed in the service system?
- **Actions** – how can a change in direction be achieved?
- **Process** – what happens next?



# Forecast of Finland's population structure in 2045



# Operating environment: What trends need to be taken into consideration?



As society changes, there is a need for the continuous renewal of structures, as well as solutions that flexibly safeguard people's wellbeing, health, safety, work ability and functional capacity in all life stages and situations.



The dependency ratio is deteriorating and the population is becoming increasingly concentrated: the proportion of the elderly population, the declining birth rate, personnel shortages, regional differences, immigration, population diversity.



The service needs of the population are growing and changing. Examples include challenges related to unemployment and mental health, obesity, reduced trust and reduced sense of community, growing inequality



The outlook for economic growth is weak and there are uncertainties related to security: it is likely that Finland will have to get by on scarce resources in the future



Technology is developing rapidly and changing health and social services fundamentally and, in part, unpredictably: organisation, production and roles will change.

# Purpose of the work: Why do we need a vision for healthcare and social welfare?



Consistent development, clear objectives and concrete measures must be based on a shared view.

Without a vision, development can pull in different directions and lead to unfavourable consequences for the population.

A single government term is too short to respond to the challenges arising from the changes in the operating environment.

The vision prepared by Ministry of Social Affairs and Health officials includes a view and proposals for changes that span multiple parliamentary terms.

**What kinds of values and goals should Finnish healthcare and social welfare promote through the parliamentary process?**

# Healthcare and social welfare 2040 vision:



The population receives effective, equal and sustainable services which they need, and which they trust.

In 2040, health and social services are managed through a single route.

Information moves with people in the services.

Care continues seamlessly, regardless of time, place or the professional.



We will ensure that everyday health services remain available and uninterrupted, and are supportive and proactive.



We will clarify the entire healthcare and social welfare system so that help is easy to find in the right place.



We will make the necessary choices to keep the system well-managed and sustainable



WE WILL UTILISE DATA AND TECHNOLOGY TO ENSURE THAT SERVICES REMAIN FUNCTIONAL IN THE FUTURE.



# Breakdown of the vision statement

*The population receives effective, equal and sustainable services which they need, and which they trust.*

Choices made in the phrasing of the vision statement

- **Needed by the population:** not the patient, customer or individual. Not everything for everyone, but service according to need.
- **Effectiveness:** effects on the life of the individual and the community.
- **Actual equality** (needs-based), including different regions, socio-economic variables, customer and patient groups, gender equality and differences between publicly funded services and services financed in other ways.
- **Sustainable:** ensure everyone's access to needs-based and high-quality services without unreasonable financial obstacles (UHC concept), while accepting critical forecasts regarding the central government's financial situation
- A comprehensive **set of services and support** for the needs of the population: due to the area of responsibility of the Ministry of Social Affairs and Health, the focus of the vision is on health and social services.
- **Trust**, including taxpayers, service users, decision-makers, professionals, the comprehensive security model

# Core problems: what problems need to be addressed in the service system?



The reform of health and social services ensured a strong foundation. The wellbeing services counties form the backbone of the system, but their operations, cooperation and division of responsibilities must be developed.

The reduction of health and wellbeing inequalities has not been sufficiently successful.

The equal availability and continuity of services are inadequate.

Public trust in the healthcare and social welfare service system has deteriorated, and the system's resources are not allocated appropriately.

The service system, which has become a multi-channel system, is difficult to guide at the national level.

# Goals: What do we want to achieve by 2040?



## Goals

Improved health and wellbeing of the population and reduced inequality

Integrated services that respond to the needs of patients and customers

Clarity and coordination of service channels

Overall guidance of the system

## Sub-goals

Promoted on a cross-administrative basis:

- The health and wellbeing of the population have improved
- The work ability and functional capacity of the population have increased
- Social inequality and social exclusion have decreased
  
- The continuity and availability of services has improved across all service channels
- The effectiveness, quality and customer involvement of services have improved
- Adequate numbers, competence and work ability in all occupations
- Public trust towards the public service system has increased
- Equality has increased between population groups, regionally and nationally
- The increase in costs has been curbed
  
- Stability of funding: fluctuations in resource allocation have levelled off
- The guidance of the multi-channel system has become clearer: principles, structures, practices, tools and knowledge base

# Actions: How can a change in direction be achieved?

The population receives effective, equal and sustainable services which they need, and which they trust.



## HEALTH AND WELLBEING OF THE POPULATION

**Promoting health, wellbeing, safety, work ability and functional capacity is a strategic cornerstone** that guides operations and their development. Horizontal and vertical cooperation constitute the foundation for effective and sustainable operations.

**Everyday environments and various communities, as well as people's daily choices, support wellbeing and inclusion** while reducing the need for health and social services. Every individual feels that they are part of a community characterised by wellbeing and safety, where functional capacity is strengthened throughout life.

## SERVICES

### Integrated services that respond to the needs of the population

Wellbeing services counties\* and other organisers ensure equal, effective and cost-effective health and social services for all. The customer participates in decision-making and monitoring concerning his or her services. The availability, continuity, quality and timeliness of services is secured. Digital services are an established and developing part of service production.

## SERVICE SYSTEM

### Clarity and coordination of organisation responsibilities

People trust the service system when health and social services are organised clearly, appropriately and on the basis of the quality, accessibility, continuity and client orientation of services. There is no overlap in the system. The basic solution is universal public health and social services, funded by tax revenue and for which the responsibility for organising lies with the wellbeing services counties, and the range of services is subject to national guidance. The system functions effectively with regard to the health, wellbeing, work ability and functional capacity of the entire population, while also reducing inequality.

## NATIONAL GOVERNANCE

### National governance of the healthcare and social welfare system

The national governance of healthcare and social welfare is strong and knowledge-based. There are clear structures and responsibilities for the national governance of the system. Public funding is sufficient and in line with society's capacity, and it provides incentives for effectiveness and enables equality. There is a balance between the responsibilities and funding of the wellbeing services counties.



# SERVICES

## Integrated services that respond to the needs of the population

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## Proposals towards the 2040s

Everyday environments, everyday choices and health and social services work together to support the wellbeing and inclusion of the population. The vitality of civil society is strengthened, which increases cohesion and inclusion. Various government branches support the promotion of health and wellbeing in people's daily life. For example, housing solutions respond to the needs of the population, local nature is accessible to everyone, the built environment takes different life situations into consideration, and healthy choices are attractive.

### **Capable guidance, personalised support in daily life, and accessible and effective services**

*Action: Ensure that customers can establish contact quickly, accessibly and on a multi-channel basis. Focus on early-stage guidance. The need for care, support and services is assessed by the designated workers together with the customer. Service providers have a broad and concrete integration obligation at the operational level.*

### **Integration within and between social welfare and healthcare**

*Action: Through legislative amendments, ensure that the contents of healthcare and social welfare complement each other seamlessly. This enables the actual integration of social welfare and healthcare services, thus effectively realising the promotion of the health and wellbeing of the population and providing the customer with the services they need.*

### **Continuity in primary care for everyone**

*Action: the personal doctor and named nurse service concepts, which are based on national models, will be expanded to public health work throughout the country, responding to local needs. Deploy the designated case worker model in social services. Promote the customer's freedom of choice.*

### **Define an effective range of services and best practices in day-to-day operations**

*Action: Apply defined criteria for the range of services and prioritisation at the national and regional levels, and at different levels of customer work. Create structures for implementation support, monitoring and assessment.*

### **Competent healthcare and social welfare personnel in the right place**

*Action: Ensure cost-effective and safe division of duties and the personnel's work ability and training volumes by basing decisions on foresight information at all levels of operations.*



# SERVICE SYSTEM

## Clarity and coordination of organisation responsibilities

People trust the service system when health and social services are organised clearly, appropriately and on the basis of the quality, accessibility, continuity and client orientation of services. There is no unnecessary overlap in the system. The basic solution is universal public health and social services, funded by tax revenue and for which the responsibility for organising lies with the wellbeing services counties, and the range of services is defined at the national level. The system functions effectively with regard to the health, wellbeing, work ability and functional capacity of the entire population, while also reducing inequality.

## Proposals towards the 2040s

Promoting health, wellbeing, safety, work ability and functional capacity is a perspective that guides operations and is linked to all services and the functioning of the entire service system. Preventive services are targeted on the basis of evidence, and their implementation, resources and impacts are assessed as part of the monitoring of operations.

### **Elimination of overlap between the operations of different organisers**

*Action levels: Coordinate and clarify the operations of different organisers (wellbeing services counties, employers, Kela, the State) through legislative amendments, negotiations and national tools\* in order to reduce unnecessary overlap and implement services that correspond to the needs of the population.*

### **Division of duties and cooperation in highly demanding services**

*Action: Through regulations or guidance, allocate the responsibility for organising all public health and social services to the wellbeing services counties. Increase the centralisation of the organisation and provision of specialised medical care to ensure special expertise and cost-effectiveness. Create effective structures and operating processes for social welfare services that require highly demanding special expertise.*

### **Strategic and efficient increase in the use of the multi-provider model**

*Action: Eliminate barriers to the use of the multi-provider model so that the wellbeing services counties can develop Finland's mainly tax-funded service system in an agile manner, in strong partnership with private and third-sector operators.*

### **Specifying the role of occupational healthcare**

*Action: Increase cooperation between occupational healthcare, the employer and employees in matters relating to occupational health and safety, work ability and work. Increase cooperation between occupational healthcare and the wellbeing services counties in improving the work ability and functional capacity of working-age people and reduce overlap in the treatment of diseases.*

### **Alternatives related to the multi-provider model**

*Action: Simplify the multi-provider organisation of services by developing the division of responsibilities between organisers and gradually expanding the funding and organisation responsibility of the wellbeing services counties to the appropriate extent. In this process of expansion, ensure national equality and the necessary funding. Ministry of Social Affairs and Health officials are not in favour of a system based on private insurance.*



# NATIONAL GOVERNANCE

*National governance*

## National governance of the system

The national governance of healthcare and social welfare as a whole is strong and knowledge-based. There are clear structures and responsibilities for the national governance of the system. Public funding is sufficient, provides incentives for effectiveness and enables equality.

## Proposals towards the 2040s

The guidance and funding of healthcare and social welfare steer the operations effectively towards the promotion of wellbeing, health, safety, work ability and functional capacity.

### **Strategic guidance, coordination of policy instruments and dynamic balance**

*Action:* Clarify the long-term goals of healthcare and social welfare, and change the balance of information-based, normative and resource-based guidance in an agile manner to facilitate the achievement of the goals. More enabling framework legislation on healthcare and social welfare is based on mutual trust between citizens, the central government and other parties.

### **A national governance model, expert support for decision-making and a strong knowledge base**

*Action:* Select the parties responsible for the national governance of the system, and increase preparatory responsibilities and cooperation among the parties participating in the implementation of decisions. Implement a single knowledge base for healthcare, social welfare and the promotion of health and wellbeing, which supports all operations in an up-to-date and effective manner.

### **An adequate and predictable funding package and its joint assessment**

*Action:* Expand the wellbeing services counties' responsibility for funding and agree on annual frameworks for budgeting through a joint negotiation procedure. Develop the funding model so that it is predictable and provides incentives for effectiveness (the welfare economy principle).

### **Controlled, safe and secure expansion of new technology**

*Action:* Expand the use of health technology, and AI in particular, as part of the healthcare and social welfare service system. Through cross-sectoral cooperation, support the use of technology to support everyday choices.

### **Central government investments and a comprehensive package of incentives**

*Action:* Transfer the decision and funding responsibility for significant, long-term and far-reaching investments to the central government. Expand the responsibility for putting forward initiatives for, and planning, healthcare and social welfare investments to also include other parties besides the wellbeing services counties.

# Summary: The population receives effective, equal and sustainable services which they need, and which they trust.

LEVEL



**PROBLEMS**



**GOALS**

**SUB-GOALS 2040**

The goals of the health and social services reform and related legislation remain relevant



**15 ACTIONS**

**HEALTH AND WELLBEING OF THE POPULATION**

The reduction of health and wellbeing inequalities has not been sufficiently successful

Improved health and wellbeing of the population and reduced inequality

- The health and wellbeing of the population have improved
- The work ability and functional capacity of the population have increased
- Social inequality and social exclusion have decreased

**The health and wellbeing of the population is a cross-cutting perspective across all actions**

**SERVICES**

The equal availability and continuity of services are inadequate.

Integrated services that respond to the needs of the population

- The continuity and availability of services has improved across all service channels
- The effectiveness, quality and customer involvement of services have improved
- Adequate numbers, competence and work ability in all occupations

5 actions at the individual level, which are realised in people's everyday environments and the daily life of professionals who work in service provision

**SERVICE SYSTEM**

Public trust in the service system has deteriorated, and the system's resources are not allocated appropriately.

Clarity and coordination of organisation responsibilities

- Public trust towards the public service system has increased
- Equality has increased between population groups, regionally and nationally
- The increase in costs has been curbed

5 actions at the organisational level, which are implemented at the service organisation level and require the division of responsibilities between at least two organisations

**NATIONAL GOVERNANCE**  
*National governance*

The service system, which has become a multi-channel system, is difficult to guide at the national level.

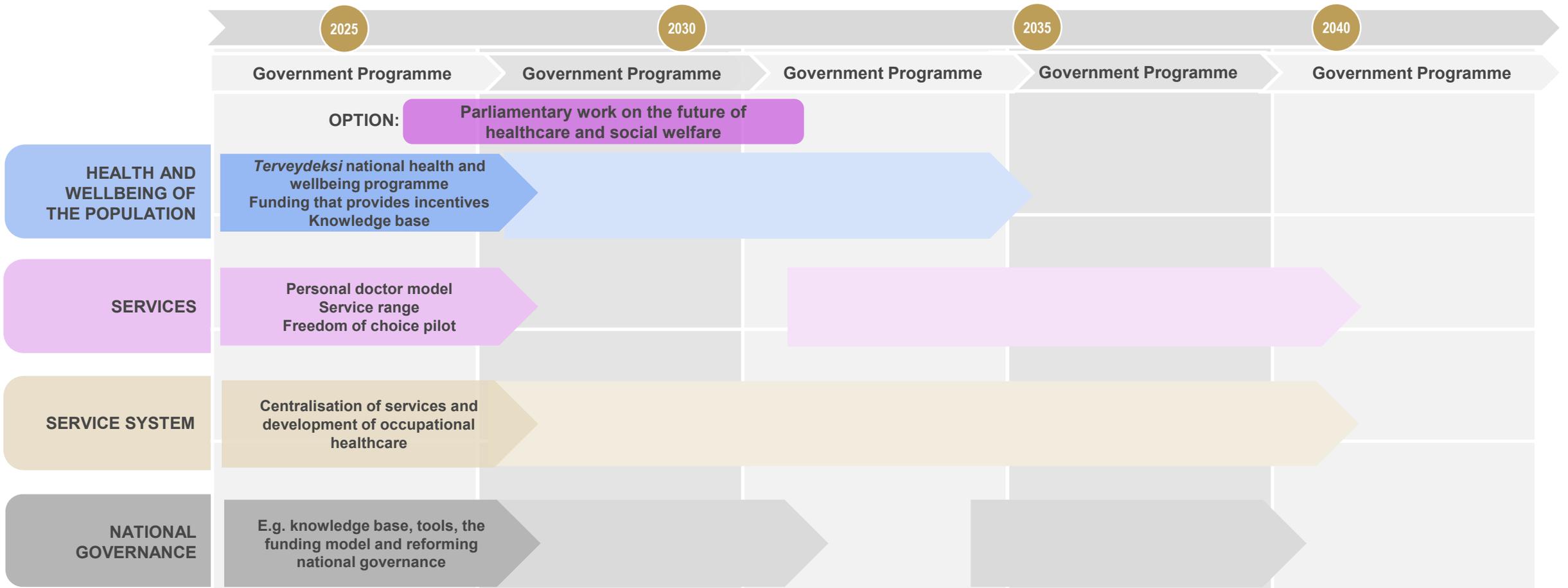
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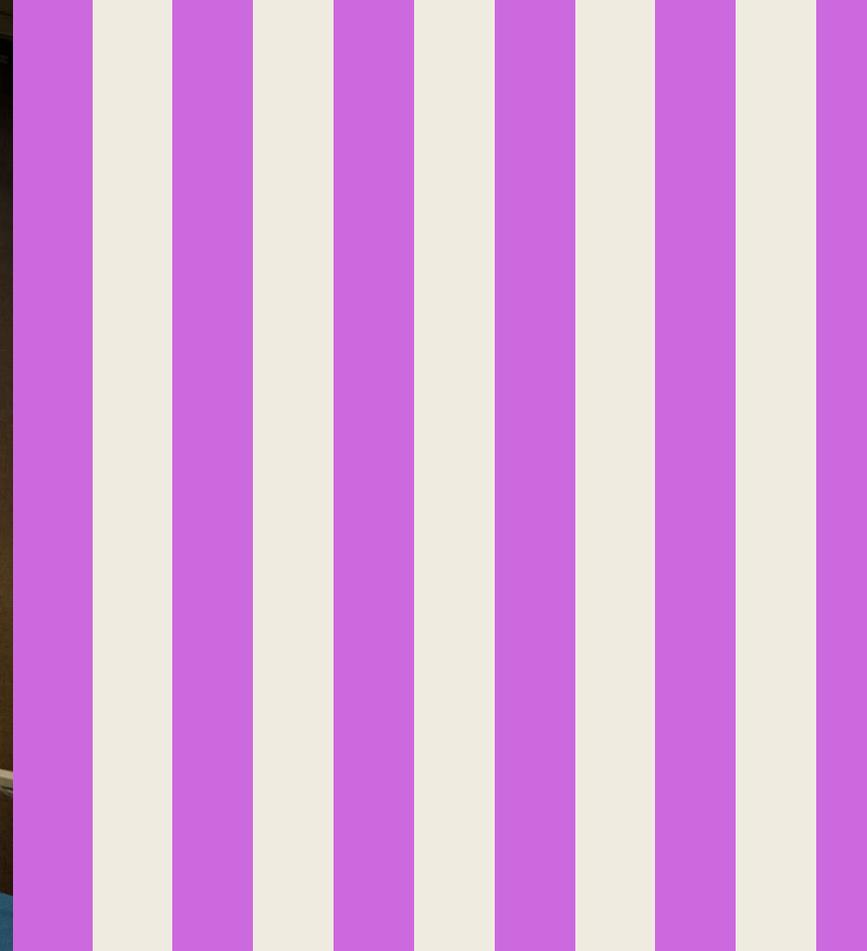
- Stability of funding: fluctuations in resource allocation have levelled off
- The guidance of the multi-channel system has become clearer: principles, structures, practices, tools and knowledge base

5 actions at the national level, implemented by different parties consistently, led by the central government

# Next: Change that spans multiple parliamentary terms requires parliamentary preparation

The healthcare and social welfare vision will not be realised overnight. It will take at least a decade to change the complex system. Change requires commitment, continuous dialogue and choices.





The discussion is now open,  
let's continue it together!

Thank you.



Ministry of  
Social Affairs and Health