



Workshop

20-03-2019

13.00 – 15.00

- 1) Vulnerability
- 2) Which target groups?
- 3) Living situation and the course of vulnerability
- 4) Longer in the nursing home
- 5) Capacity of nursing homes until 2030 in the Netherlands
- 6) 5 billion euros
- 7) Solutions



vulnerability

**Vulnerable people, in particular,
have a great need for a safe environment
with regard to living and living and care provision**



Research also shows that two groups are at risk of being vulnerable.

1. Those who do not feel safe in the neighborhood. Those with strong feelings of insecurity run an extra risk of permanent vulnerability. This group is still insufficiently mapped out. However, given the demonstrated risk of frailty, it is important to pay attention to the safety of the living environment.

2. Those who make adjustments to the home or request professional care or retain that assistance. The (new) use of these facilities clearly depends on becoming and staying vulnerable. This suggests that they can only receive help at the moment that their vulnerability is no longer reversible.

Further research is needed to find out who these people are and whether the deployment of facilities is well timed.



Which residential care situation relates to the course of frailty in the elderly?

1. The elderly who stay in an accessible home are relatively often permanently vulnerable.
2. Likewise elderly people who report a less attractive living environment.
3. Those who receive professional care are mainly permanently vulnerable elderly people.
4. Non-users of professional care are often not or (only) temporarily vulnerable.
5. Private help and informal care are not significantly related to the course of frailty.
6. A move to a single storey home is not common (15%). Such a change in the living situation does not correlate significantly with the development of vulnerability.
7. Elderly people who live in an accessible place can therefore become just as likely to become more or less vulnerable than the elderly living in an inaccessible dwelling.
8. Other objective characteristics of the housing situation, such as the degree of urbanization of the place of residence or the value of a home, also play no role in the development of vulnerability.



Longer in the nursing home

1. Strong regional differences in NL.
2. For example, certain parts of Amsterdam will become too expensive for many elderly people to continue living and rural development must be taken into account in Drenthe (countryside), while the rest of the population is shrinking.
3. The regional plan for the vicinity of Apeldoorn and Zutphen (cities in more rural environments in the Middle East Netherlands) indicates, that the capacity that is now left, will soon be needed because there is a growing group of elderly people with dementia.
4. In the Flevoland region, a number of healthcare providers are already working on new construction or refurbishment of existing locations to cope with the increase in long-term care clients.



Hundreds of new nursing homes needed (1)

- The nursing home care has to take in some 35 thousand elderly people between now and 2030.
- Hundreds of new nursing homes have to be built for this.
- Up to now, little attention has been paid to this in the sector, after an analysis of the Dutch nursing home care. (*Consultants Rune Aresvik (bureau Vardetun) and Frans van der Plaat (Verstegen accountants)*)



Hundreds of new nursing homes needed (2)

1. The analysis is diametrically opposed to the current policy, with the emphasis on getting older people living at home longer and reducing intramural capacity.
2. Aresvik and Van der Plaat assume the same demographic outlook!
3. They assume that the number of 80+ people in the Netherlands will grow explosively in the coming years. (Babyboom after World War 2, 1944-1954)
4. The expectation is indeed that a large part will remain healthy for longer and indeed live longer at home.
5. Nevertheless, some of this growing group will need a form of nursing home care in the future, some 35 thousand people.
6. This means that hundreds of new nursing homes have to be developed in the Netherlands.
7. "Depending on the large scale of the newly to be developed locations, this involves 200 (on average 175 places per location) up to 700 locations (an average of 50 places per location)
8. "They expect new healthcare locations to be needed both in the city and in the province.



5 billion euros

1. The required financial investment is estimated by the researchers at around four to five billion euros.
2. The current financial position of many healthcare organizations is not good enough to absorb this.
3. It has become less attractive for external parties, such as banks, to invest in health care real estate because health insurers do not give any guarantees about the reimbursement of healthcare.



Researchers propose three solutions for the financing problem.

1) "Current suppliers must be given the opportunity to increase profits and reserves" The tariffs up, incentive to reserve surpluses from real estate, more flexibility in the use of the extra quality funds of 2.1 billion euros, etc.

2) In addition, the sector should be made attractive for risk-bearing capital provision, including the possibility of making a profit and paying it out as a dividend.

3) The doors must be open to wealthy (foreign) investors who can bring knowledge and experience of international care for the elderly. "

The latter is already happening. For example, French Orpea has acquired Dutch healthcare real estate last year. Also in the Czech Republic I visited a care center of Orpea in 2017!



And now dialogue and conversation!

Who knows THE solution,
can say it!!



Evropská unie
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THANK YOU !!!

Ernst van Drumpt
The Netherlands

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