

Quality and cost-effectiveness in long-term care and dependency prevention



POLICY SUMMARY: SPAIN

Promotion of personal autonomy and care for dependent people

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Policy theme	Long-term care coverage for permanent dependency conditions
Design and implementation level	National design, locally implemented (by regions)
Policy objective	Ensure economic benefits and services for dependent persons and their caregivers (formal and informal care)
Start date – End date	January 2007 – no end date planned at present

Aims

The System of Autonomy and Care for Dependency (SAAD) is funded from three sources: (a) items fixed annually in the General State Budget; (b) the budget of each administrative region (comunidad autónoma); (c) user contributions.

Law 39/2006 sets out that the public funding is based on transferred credits at a minimum financial level. In addition, the general state administration can sign agreements with the regions to increase the minimum level of protection guaranteed. This minimum level is established for each level of dependence, and its financed annually for all beneficiaries from the general state budgets.

The general state administration annually transfers credits to the administrative regions in the form of general funding through the Law 22/2009 which regulates the system of financing the administrative regions.

Contribution from users are determined according to their personal financial capacity, and the type and cost of the service involved. No user can be refused the service for economic reasons. The personal financial situation of the beneficiary is also taken into account to determine the amount of the economic benefits that can be granted.

Implementation

The Law is implemented through the SAAD, with the collaboration and participation of all public administrations.

The main purpose of the system is to guarantee the basic conditions and levels of provision stipulated in the Law. It is a mechanism to coordinate the collaboration and participation of public administrations and to optimize public and private resources. The Law establishes a minimum level of protection, defined and financially ensured by the general state administration.

The second level of provision of services and benefits for citizens defined in the Law is developed, and jointly financially funded, between the general state administration and regional administrations. Finally, regional administrations can voluntarily promote, and

finance, additional services and benefits – third level of provision--.

The cooperation between the general state administration and the autonomous communities is articulated through the Territorial Council of the System for Autonomy and Care for Dependency. The functions of the council include the design of the inter-administrative cooperation framework, the degree of intensity of the services of the catalogue (art. 15 Law 39/2006 includes the social services for the promotion of personal autonomy and care for dependent people) the requirements and amount of economic benefits, the criteria for the copayment participation and the scale for the recognition of the situation of dependency. The definition of all these

Implementation (continued)	<p>issues allows the subsequent deployment of the system through the agreements of the general state administration and regional administrations.</p> <p>Dependency benefits may be long-term care services and economic benefits. All of them are addressed to promote personal autonomy and to cover the needs of individuals who have difficulty with the basic activities of daily life.</p> <p>Social services include: (a) prevention of dependency and the promotion of personal</p>	<p>autonomy, (b) tele-assistance service, (c) home care service (personal care and homemaking), (d) day and night centre service, (e) residential care service. To provide these services, a Network of Services of the System for Autonomy and Care for Dependency has been created.</p> <p>The economic benefits are (a) economic benefit linked to the service; (b) financial benefit for care in the family environment and support for non-professional caregivers; (c) economic benefit for personal assistance.</p>
Target group	Fundamentally, individuals who are in a situation of dependency in some of the severity degrees, according to the criteria	established by the Territorial Council of Social Services and the System for Autonomy and Care for Dependency.
Eligibility criteria	Eligibility criteria depend on the severity degree of the dependency (based on all three levels). Individuals with the highest degree of dependency have priority. Benefits	are granted taking into account the financial income of the individual (i.e. the amount of copayment varies according to income level).
Resources	The contribution of the general administration of the state and the regional administrations to fund the evaluation and care of dependency in the period 2007-2013 can be found at www.dependencia.imserso.es/InterPresent1/groups/imserso/documents/binario/financiacion_20072013.pdf	In 2007, the budget was approximately €302.5 million (budgets of regional administrations are not included). In 2010, the budget reached approximately €1802.9 million. In 2013 the budget fell to €1206.8 million (owing to a reduction of benefits as a result of RD Law 20/2012 and RD 1050/2013)
Performance assessment and monitoring	Permanent monitoring by the Territorial Council of the System for Autonomy and Care for Dependency. This council is attached to the Ministry of Health, Social Services and Equality, through the Secretary of State for Social Services and Equality.	Members of the council board are the representative of the ministry (president) and a representative of the area of social services and dependency of each regional administration.

Evidence of success (outcomes, quality, satisfaction, awareness)	The evaluation of the system made by the Ministry of Health is available at www.dependencia.imserso.gob.es/dependencia_01/evo_doc/index.htm	The system has reached a considerable size in a relatively short period, although, in terms of the proportion of population over 65 years covered by the system, Spain is still below the OECD average and far from that of central and northern Europe (Jiménez-Martín et al., 2016).
Transferability/ uniqueness	The transference of competences to regional administrations increases the heterogeneity in terms of benefits.	
Is this an emergent practice? Degree of innovation	Before 2007, there was no specific long-term care policy in Spain. This policy represents an important promotion of the profession of caregivers and recognition of informal caregivers.	
Sustainability	Budget constraints have significantly affected the system, especially in terms of financial sustainability.	Significant cuts in long-term benefits were implemented in 2012 and 2013 (RD 20/2012 and 1050/2013).
Academic literature on this action	Several articles have been published in recent years focusing on long-term care, such as Lopez-Casasnovas (2009); Ayuso, Del Pozo & Escribano (2010); Gómez, Hernández & Martín (2012); Escribano, Pardo & Moya (2012); Sosvilla & Moral (2011); Del Pozo & Escribano (2013); Montserrat, J. (2009), among many others.	
Documents	www.boe.es/buscar/pdf/2006/BOE-A-2006-21990-consolidado.pdf www.dependencia.imserso.gob.es	