

Brussels, December 2022

HOSPEEM intervention at the EESC Hearing on the European Care Strategy

Dear Chair,

Thank you for inviting me to this very timely discussion.

Before I dive into the topic, very quickly about HOSPEEM –

Since July 2006, HOSPEEM is the recognised European social partner, representing the employers in the sectoral social dialogue for Hospital and Healthcare, alongside the European Federation of Public Service Union (EPSU).

There are two main reasons on why we as HOSPEEM follow the European Care Strategy:

First, there is an obvious connection between hospital care and long-term care

The hospital sector is experiencing a backlog and we are aware of cases where beds could potentially be freed up if more places in long-term care were available where patients could be transferred to.

Hence, providing smooth-running long-term care will benefit the hospital sector.

Second, some of our members also provide care services and thus we have contributed to the dedicated hearings of the European Commission as well as your input sessions earlier this year for the Health Workforce and Care Strategy opinion.

This brings me to the question of the implementation of the European Care Strategy, the topic of today's panel.

I believe there is not one specific answer to how this can or will be implemented:

This document is covering different national systems facing different questions, in differing degrees of intensity too; systems that also involve a variety of providers.

How concretely it can be implemented, or what concretely the challenges of the Care Strategy are, depend on the national situation. The design and implementation of the appropriate solutions are hence at the national level.

The adoption of the recommendation at the Council tomorrow in my eyes is only going to be the start, the kick-off, to continue these discussions, on national level. I think this is where the EESC can also play a role, as your members are not just active on European but also on national level.

There are two elements however that I want to highlight that come up more often in the national contexts, that can definitely contribute to how the different challenges can be tackled

First, there is funding.

The recommendation asks to “align the offer of care services to needs” through different cost-intensive means:

Such as improving home care and community-based care, digitalisation, and improving accessibility of care to patients in rural and depopulating areas and others.

The recommendation calls for promoting the highest standards of occupational safety and health. The most recent report European Survey of Enterprises on New and Emerging Risks (ESENER) on Human Health activities by the EU-OSHA agency, pointed out how micro/small and medium companies, which characterise the long-term care sector, have less staff available to conduct risks assessments.

The recommendation lists good ambitions, however, they need to be matched with appropriate resources to turn them into reality.

The document recommends to Member States to “mobilise and make cost-effective use of adequate and sustainable funding for long-term care”, a call that feels familiar to what the hospital sector needs.

This question, the one for adequate and sustainable funding for long-term care, has already been referred to in the country-specific recommendations of the European Semester Spring Package earlier this year of not all, but some Member States,

Namely in the cases of Austria, Belgium, and Estonia.

The European Semester and the national recovery plans thus play an important tool to guide and support Member States in their efforts.

And second,

The Recommendation, also as amended in the Council, includes the role of social dialogue.

I want to use the opportunity to thank the members of the European Economic and Social Committee and the rapporteurs of the Health and Care Workforce opinion for identifying

social dialogue and social partners as key to a transformative care strategy and resilient health and care systems.

The active involvement of social partners at different levels plays an important role in how care, either for long-term care or hospital care, is designed and provided across Europe.

The European Care Strategy comes at an important time: Europe is ageing, with the number of people living in Europe aged 80+ being forecasted to rise from 5% in 2016 to 13% in 2070. This is going to increase the demand of long-term care, affect public spending, but also the way that care is delivered.

With the time frame of 18 months that Member States will give themselves tomorrow, to report on the set of measures that they aim to take or have implemented, I look forward to this renewed attention across Europe, given to the long-term care sector – and indirectly connected also given to the hospital sector.

Thank you for your attention.

Marta Branca

HOSPEEM Secretary General