

National Objectives for the Organisation of Healthcare and Social Welfare



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National Objectives for the Organisation of Healthcare and Social Welfare

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National Objectives for the Organisation of Healthcare and Social Welfare

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Abstract

The responsibility for organising healthcare, social welfare and rescue services was transferred to 21 wellbeing services counties on 1 January 2023. In addition, the City of Helsinki retained its responsibility for organising healthcare, social welfare and rescue services, and HUS Group its responsibility for organising specialised healthcare. Provisions on the national objectives for healthcare and social welfare are laid down in section 22 of the Act on Organising Healthcare and Social Welfare Services (612/2021).

The first national objectives for healthcare and social welfare for 2023–2026 were published in December 2022. These objectives have been updated based on the Programme of Prime Minister Petteri Orpo's Government and the national service reform. There are a total of eight national objectives for healthcare and social welfare. At the heart of these objectives are equality, cost-effectiveness, cooperation and information.

The structures for guiding the wellbeing services counties will be developed and streamlined during this government term. In future, the national objectives will be drawn up under the coordination of the Ministry of Finance to apply to all duties of the wellbeing services counties. Upon their entry into force, these common government objectives for the wellbeing services counties will replace the objectives entering into force now.

Keywords strategic guidance, wellbeing services counties, healthcare, social welfare

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Valtakunnalliset tavoitteet sosiaali- ja terveydenhuollon järjestämiselle

Sosiaali- ja terveysministeriön julkaisuja 2024:7

Julkaisija Sosiaali- ja terveysministeriö

Yhteisötekijä Sosiaali- ja terveysministeriö
Kieli englanti

Sivumäärä 21

Tiivistelmä

Sosiaali- ja terveydenhuollon sekä pelastustoimen järjestämisvastuu siirtyi 1.1.2023 21 hyvinvointialueelle. Hyvinvointialueiden lisäksi järjestämisvastuu säilyi Helsingin kaupungilla ja erikoissairaanhoidon osalta HUS-yhtymällä. Valtakunnallisista sosiaali- ja terveydenhuollon tavoitteista säädetään sosiaali- ja terveydenhuollon järjestämisestä annetun lain (612/2021) 22 §:ssä.

Ensimmäiset sosiaali- ja terveydenhuollon valtakunnalliset tavoitteet vuosille 2023–2026 julkaistiin joulukuussa 2022. Nämä tavoitteet on päivitetty pääministeri Petteri Orpon hallitusohjelman ja kansallisen palvelureformin pohjalta. Sosiaali- ja terveydenhuollon valtakunnallisia tavoitteita on yhteensä kahdeksan. Sosiaali- ja terveydenhuollon tavoitteiden ytimessä ovat yhdenvertaisuus, kustannusvaikuttavuus, yhteistyö ja tieto.

Tällä hallituskaudella hyvinvointialueiden ohjausrakenteita kehitetään ja selkiytetään. Valtakunnalliset tavoitteet laaditaan jatkossa valtiovarainministeriön koordinoimana koskemaan kaikkia hyvinvointialueiden tehtäviä. Tullessaan voimaan nämä valtioneuvoston yhteiset tavoitteet hyvinvointialueille korvaavat nyt voimaantulevat tavoitteet.

Asiasanat strateginen ohjaus, hyvinvointialueet, terveydenhuolto, sosiaalihuolto

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De riksomfattande målen för ordnandet av social- och hälsovården

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Referat

Ansvar för att ordna social- och hälsovården samt räddningsväsendet övergick till 21 välfärdsområden den 1 januari 2023. Vid sidan om välfärdsområdena kvarstod organiseringsansvaret hos Helsingfors stad och i fråga om den specialiserade sjukvården hos HUS-sammanslutningen. Bestämmelser om de riksomfattande målen för social- och hälsovården finns i 22 § i lagen om ordnande av social- och hälsovård (612/2021).

De första riksomfattande målen för social- och hälsovården 2023–2026 offentliggjordes i december 2022. Dessa mål har uppdaterats utifrån statsminister Petteri Orpos regeringsprogram och den nationella servicereformen. Det finns sammanlagt åtta riksomfattande mål för social- och hälsovården. Kärnan i målen för social- och hälsovården är likabehandling, kostnadseffektivitet, samarbete och information.

Under den här regeringsperioden ska välfärdsområdenas styrningsstrukturer utvecklas och förtydligas. De riksomfattande målen ska framöver utarbetas under samordning av finansministeriet så att de gäller välfärdsområdenas samtliga uppgifter. Statsrådets gemensamma mål för välfärdsområdena ersätter vid ikraftträdandet de mål som träder i kraft nu.

Nyckelord strategisk styrning, välfärdsområden, hälso- och sjukvård, socialvård

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TO THE READER

Prime Minister Petteri Orpo's Government Programme and the national service reform are apparent in many ways in the updated version of this publication. Equality, effectiveness, securing the availability of skilled labour and strengthening basic services are priority measures in trying to respond to the challenges brought about by societal changes. Social welfare and health care activities must be socially, economically and ecologically sustainable. Equality, cost-effectiveness, cooperation and knowledge are at the core of social welfare and health care objectives.

The wellbeing services counties and ministries have been consulted in the work to update national targets. In the future, both national and regional implementation, monitoring and evaluation will determine how the objectives will be achieved. The attainment of these objectives will require extensive cooperation between national and regional actors, but also regional cooperation with other wellbeing services counties and municipalities and stakeholders in the region.

Veli-Mikko Niemi, Permanent Secretary
December 2023

1 Background

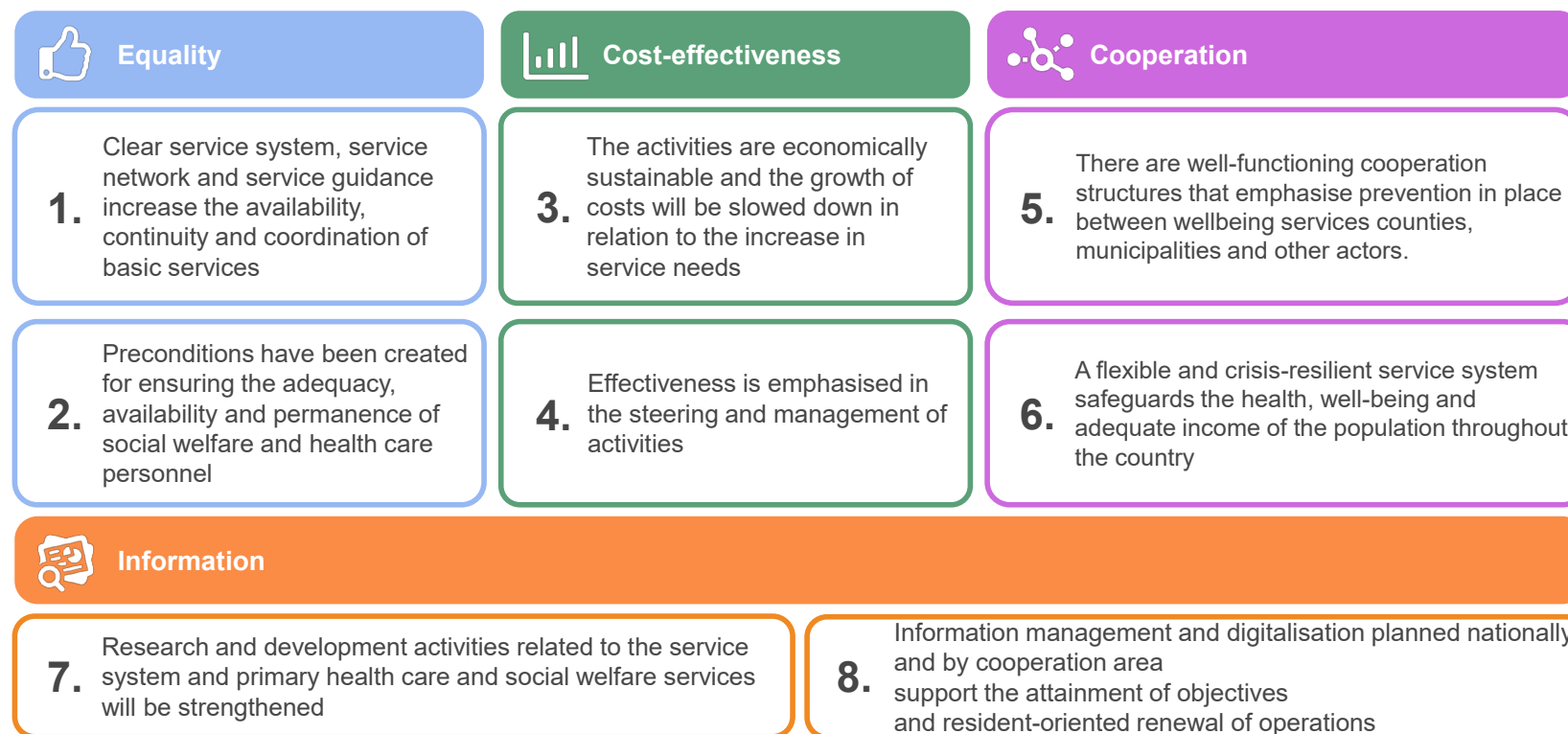
The responsibility for organising social welfare, health care and rescue services was transferred to the 21 wellbeing services counties on 1 January 2023. In addition, the City of Helsinki is responsible for organising social welfare, health care and rescue services as a municipality, and HUS Group is responsible for organising specialised medical care in Uusimaa. Provisions on national objectives are laid down in section 22 of the Act on Organising Healthcare and Social Welfare Services (612/2021). The national objectives for healthcare and social welfare are strategic objectives and apply to the activities of the entire Finnish healthcare and social welfare system.

The steering structures of the wellbeing services counties will be developed and clarified during this government term to ensure equal and high-quality health and social services, the adequacy of personnel, to curb the increase in costs and to promote cost-effectiveness taking into account the regions' need to preserve the ownership of the wellbeing services counties in their own finances. According to the Government Programme, the coordination of the steering of wellbeing services counties is entrusted to the Ministry of Finance in such a way that the overlapping statutory instruments of different ministries concerning the operation of wellbeing services counties and financial steering are combined and the statutory negotiation procedures are clarified, and clearer objectives are defined for the negotiations.

The attainment of the national objectives for healthcare and social welfare will be monitored and evaluated annually. Indicators have been defined for each objective, and these can be used to monitor the progress of the target. The wellbeing services counties must take into account the national objectives for healthcare and social welfare e.g. in their service strategy and operational and economic change programmes.

On 1 December 2022, the Government approved the first national objectives for healthcare and social welfare in 2023–2026. Under section 22 of the Act on Organising Healthcare and Social Welfare Services, the national objectives for healthcare and social welfare can be changed during the four-year period if necessary. The latest changes to this publication are based on an initiative by the Ministry of Social Affairs and Health. Only changes that are mandatory from the perspective of Prime Minister Petteri Orpo's Government Programme and the

national service reform have been made to the publication so that the wellbeing services counties can take the national priorities into account in their change programmes and collaboration agreements. With the development of steering, the following national objectives will be drawn up under the coordination of the Ministry of Finance to apply to all tasks of wellbeing services counties. When this proposal enters into force, these joint Government objectives for the wellbeing services counties will replace the objectives in this publication and the national objectives of the rescue services.

Figure 1. National objectives for the organisation of healthcare and social welfare

2 National objectives for the organisation of healthcare and social welfare

There are a total of eight national objectives for healthcare and social welfare. A more detailed background is given for each objective in its own chapter, in which the content of the objective and possible measures that enable it to be attained are described. In addition, indicators have been defined for the objectives, some of which are from the Finnish Institute for Health and Welfare's Statistics and Indicator Bank Sotkanet. Numbers identifying Sotkanet indicators are described in brackets.

2.1 Clear service system, service network and service guidance increase the availability, continuity and coordination of basic services

2.1.1 Background and purpose of the objective

The healthcare and social welfare service system secures equal, high-quality, effective and cost-effective services for the entire population. This requires a clearer structure in which preventive health and well-being services, basic-level services and specialised services form an effective and cost-effective entity.

All client groups will receive high-quality, effective and appropriate health and social services at the right time and in the right place regardless of where the client lives. Appropriate cooperation and division of labour between services and service processes as well as a well-functioning service network and the user- and life situation-oriented targeting of services support the effectiveness and cost-effectiveness of the activities. The population's own agency, awareness and participation in matters related to well-being, health, work ability and functional capacity will be strengthened as part of a clearer healthcare and social welfare service system.

The availability of services and access to care vary across the country in health and social services, and the coronavirus pandemic, and the challenges related to the availability of health and social sector personnel have further increased the backlog

of care, rehabilitation and services. In order to respond to social welfare and health care challenges, the focus of services must be shifted from the services that load the service system the most to those that will strengthen basic services. Primary health care and social services should be accessible to everyone in a timely and high-quality manner. Faster access to services can prevent the accumulation and prolongation of problems and reduce the need for specialised services. Delayed access to treatment can exacerbate the client's situation and complicate the treatment of many health problems, thus increasing costs.

The aim of reconciling health and social services is to increase the smoothness and continuity of services and increase cooperation between healthcare and social welfare professionals. High-quality emergency medical services can be ensured through cooperation between rescue services and health and social services. Digital services are utilised when possible and when appropriate and safe from the perspective of care or service. Information management and information systems support the seamless and client-oriented implementation of health and social services.

The national languages of Finland are Finnish and Swedish. In addition, the Sámi have a constitutional right to use the Sámi language when using the services of authorities. The realisation of linguistic rights will be supported and strengthened, especially in the Swedish and Sámi languages and sign language, taking into account other language groups and regional special features.

2.1.2 Indicators for the objective

The objective is monitored using the following indicators:

Availability

- Realisation of the maximum 14-day waiting period for access to non-urgent outpatient care in primary health care for different occupational groups, % of visits to outpatient care (Finnish Institute for Health and Welfare database reports)
- Those who have waited for specialised medical care for more than 6 months / 10,000 inhabitants (ind. 3332 and 4771)
- Mental health services for children and young people, % of people who have waited for over 90 days, psychiatric specialities in total (Finnish Institute for Health and Welfare database reports)

Continuity

- The continuity of basic healthcare and social welfare services will be developed on the basis of a long-term and personal care and service relationship¹ (Finnish Institute for Health and Welfare estimate)

Coordination

- The percentage of patients aged 75 years or older receiving home care who have received inpatient care starting with emergency services, % of home care patients of a similar age (ind. 5028)

2.2 Preconditions have been created for ensuring the adequacy, availability and permanence of social welfare and health care personnel

2.2.1 Background and purpose of the objective

The shortage of skilled personnel in the health and social services sector is a threat to the availability of health and social services throughout the country both now and in the future. Without skilled personnel, health and social services cannot be organised equally and sufficiently. A happy and healthy personnel will produce well-being for clients.

In order to address the personnel shortage and cover the labour needs in healthcare and social welfare, a wide range of regional and national measures, as indicated in the Programme on the sufficiency and availability of healthcare and social welfare personnel are needed:

- Increases to amount of training and development of training structures
- Supporting appeal and holding power
- Clarifying the division of labour between personnel
- Reduction of tasks
- Expansion of recruitment (including international recruitment)
- Knowledge base and anticipation

1 For example, based on the system for the continuity of care (Finnish Ministry of Social Affairs and Health Reports and Memorandums 2022: 17, System for the Continuity of Care: Final report of the Personal Doctor 2.0 survey)

2.2.2 Indicators for the objective

The objective is monitored using the following indicators:

Information in the **Programme on the sufficiency and availability of healthcare and social welfare personnel and the personnel report** on all personnel and the largest professional groups, including:

- Number of person-years
- Age structure of personnel
- Turnover of permanent staff
- Absences due to sickness
- Developing the competence of personnel / training days
- Key personnel shortages
- Use of temporary agency work

2.3 The activities are economically sustainable and the growth of costs will be slowed down in relation to the increase in service needs

2.3.1 Background and purpose of the objective

Funding for wellbeing services counties accounts for more than a quarter of the state budget, which means that productivity measures in the health and social services sector have a significant impact on the sustainability of public finances. The ageing of the population and the low birth rate are weakening the dependency ratio, which is challenging the funding base of the welfare state.

Structural changes aimed at incentivising and steering the funding model are made in a controlled and predictable manner. For this reason, the funding model of the wellbeing services counties will remain unchanged in 2023–2025. The imputed funding model and the fiscal policy objectives of government finances include the objective of curbing the increase in costs.

The wellbeing services counties should remain within the funding framework provided and operate with normal funding. The wellbeing services counties' investments take into account the opportunities provided by cooperation between wellbeing services counties and ensure that their ability to finance investments remains adequate. Priority will be given to investments that enable cost benefits through new operating methods, improve the availability of services and promote cooperation between wellbeing services counties.

The balance of social, economic and ecological sustainability is taken into account in healthcare and social welfare activities and decision-making in accordance the principle of the welfare economy. A better balance than at present is particularly important in decision-making concerning future generations

2.3.2 Indicators for the objective

The objective is monitored using the following indicators:

- The National Health Index (THL and Kela, including general morbidity index, sub-indices by disease group and disability index)
- Share of total costs accounted for by healthcare and social welfare services (Finnish Institute for Health and Welfare estimate)
- Accumulated surplus / deficit, EUR / resident
- Annual margin, % of depreciation
- Ratio of imputed funding to the wellbeing services county's net operating costs (THL assessment.)
- Total net operating costs of health and social services sector activities, EUR/resident (ind. 5956)

2.4 Effectiveness is emphasised in the steering and management of activities

2.4.1 Background and purpose of the objective

In social welfare and health care, effectiveness is a positive or sought-after change in people's health, functional capacity or well-being. Health and social services are organised and guided so that the services are effective for both the individual and society.

The aim of effectiveness-based referral and management is to ensure the service structure, the range of services provided and operating methods that serve the well-being, health and functional capacity of the population as well as possible, taking into account the available resources.

In order for it to be possible to target services and other measures appropriately, continuous evaluation of functions and methods as well as an up-to-date knowledge base on the impacts of services and methods used and the resources

required to achieve them – i.e. effectiveness and cost-effectiveness – are needed. The attainment of the set objectives is monitored and evaluated in comparison to effectiveness data at both the national and regional level. New types of models will be developed for effectiveness-based referral and management.

Preventive measures are fundamental for promoting the well-being, health, equality and functional capacity of the population, as well as for the sustainability of the healthcare and social welfare service system and for curbing cost growth.

2.4.2 Indicators for the objective

The objective is monitored using the following indicators:

- Development of the utilisation of impact indicators in the internal steering of wellbeing services counties (assessment by the Finnish Institute for Health and Welfare, consultations with the National Effectiveness Centre)
- Sufficient client and patient safety indicators have been introduced in the wellbeing services county (Finnish Institute for Health and Welfare estimate, consultations with the Finnish Centre for Client and Patient Safety)
- The Työote operating model is used in collaboration between specialised medical care and occupational health care for at least 10 different disease groups (FIOH estimate)

2.5 There are well-functioning cooperation structures that emphasise prevention in place between wellbeing services counties, municipalities and other actors

2.5.1 Background and purpose of the objective

Wellbeing services counties, municipalities and other actors will have numerous shared interfaces in which cooperation structures and shared operating practices enable effective cooperation in the promotion of health, work ability, functional capacity, safety and well-being as well as in the organisation of services. Local activities and procurements on shared interfaces must be socially, economically

and ecologically sustainable. The authorities will promote gender equality and non-discrimination, through such things as operational equality and non-discrimination plans.

Preventive work will be carried out in a customer-oriented manner and in cooperation with actors, such as municipalities, companies, occupational health care and the third sector. The focus will be shifted from corrective actions to effective prevention, early support and digitalisation.

The promotion of well-being, health and safety will require extensive and multidisciplinary cooperation between actors, regional cooperation structures and jointly agreed operating practices. The various areas will be promoted comprehensively, taking into account all background factors, the special characteristics of the regions and multidisciplinary services, such as employment services.

2.5.2 Indicators for the objective

The objective is monitored using the following indicators:

- Development of cooperation structures and effectiveness of common operating models (Finnish Institute for Health and Welfare estimate)
- Very poor experience of inclusion, % (ind. 404)
- Development of operational non-discrimination and equality plans (assessment by the Finnish Institute for Health and Welfare)
- Active work to promote well-being and health in TEAvisari municipalities

2.6 A flexible and crisis-resilient service system safeguards the health, well-being and adequate income of the population throughout the country

2.6.1 Background and purpose of the objective

The healthcare and social welfare services and a healthy living environment essential for health and functional capacity will be secured for the population in all circumstances.

The model of five collaborative areas will be further established and nationally uniform operating methods will be created that will enable management and the transfer of resources across wellbeing services county boundaries in disruptions. The activities of healthcare and social welfare preparedness centres will be established to enable their continuous ability to anticipate, analyse and act reliably in disruptions on the basis of a comprehensive and reliably drafted situational picture.

In accordance with the national principles for healthcare and social welfare, structures for the steering of preparedness planning and implementation of preparedness will be established in the collaborative areas in cooperation with the preparedness centre for healthcare and social welfare.

The wellbeing services counties have a contingency plan in place. The responsibilities associated with updating this plan have been agreed upon, and it is based on nationally uniform criteria. The wellbeing services counties take care of the reliability and security of critical information systems in a risk-based manner, drawing on the best practices in the field and instructions issued by the authorities.

2.6.2 Indicators for the objective

The objective is monitored using the following indicators:

- The wellbeing services county has an up-to-date contingency plan based on nationally uniform criteria, which is regularly updated (Finnish Institute for Health and Welfare estimate)
- The preparedness centres are able to produce a reliable and comprehensive situational awareness in their collaborative area to support decision-making (Finnish Institute for Health and Welfare estimate).

2.7 Research and development activities related to the service system and primary health care and social welfare services will be strengthened

2.7.1 Background and purpose of the objective

Research and development activities in healthcare and social welfare strengthen the knowledge base used in decision-making and enable the systematic utilisation of information in the development of health and social services. The knowledge base consists of diverse information obtained from different sources. The aim of research and development activities is to promote well-being, health and safety. In particular, strengthening research and development related to the service system and basic-level services will support the coordination and effectiveness of services and their multidisciplinary nature as well as the client and patient safety of services.

Education, research, development and innovation activities in healthcare and social welfare are organised at different levels through extensive cooperation as support structures for knowledge-based management, evidence-based activities and competence management. At the same time, specific procedures for cooperation and collaboration with higher education institutions, educational institutions, research institutes, centres of expertise in the social services sector and communities providing health and social services will be ensured.

2.7.2 Indicators for the objective

The objective is monitored using the following indicators:

- Operating models related to basic level services have been created for research, education, development and innovation activities at a) the national and b) the regional level (Finnish Institute for Health and Welfare estimate)
- Regional cooperation structures have been created between stakeholders in the regions to support the implementation of each collaborative area's strategic plans for education, research, development and innovation activities (assessment by the National Institute for Health and Welfare)

2.8 Information management and digitalisation planned nationally and by cooperation area support the attainment of objectives and resident-oriented renewal of operations

2.8.1 Background and purpose of the objective

Digitalisation and advances in information management support the development of services and activities by healthcare and social welfare actors at national and especially at regional level. They facilitate the attainment of other national objectives arising from the content and development of healthcare and social welfare and provide the client with a uniform service package. Resident-oriented development should take sufficient support for residents who find it more difficult to use digital solutions into account.

The development of information management in healthcare and social welfare will be carried out in cooperation with national, regional and collaborative area level actors. As part of their collaborative area agreement, the collaborative areas will draw up a joint plan on how the procurements and deployments required for the reform of information systems will be implemented in cooperation.

The long-term objective is to implement significant information systems at the collaborative area level. In particular, collaboration should be used in the extensive reform of client and patient information systems.

The production of national and regional health and social services information will be developed so that it will allow authorities to carry out monitoring, evaluation, steering and supervision work as well as the effectiveness-based management of wellbeing services counties. The aim is to develop ICT solutions related to knowledge management in as extensive collaboration as possible.

Information security is taken into account in all development work.

2.8.2 Indicators for the objective

The objective is monitored using the following indicators:

- The wellbeing services county has taken measures to harmonise large-scale information systems and knowledge management at the level of the collaborative area (Finnish Institute for Health and Welfare estimate)
- Digital service processes will evolve using nationally developed solutions² (Finnish Institute for Health and Welfare estimate)

2 E.g. Omaolo

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