





Universal access to health and security

The KASTE programme is the statutory strategic steering tool of the Ministry of Social Affairs and Health in managing social welfare and healthcare policy. Adopted by the Government on 31 January 2008, the programme defines the aims and focal development and supervision areas of social welfare and healthcare policy in Finland in 2008–2011, as well as the reforms and legislative projects, guidelines and recommendations in support of the implementation of these.

The programme seeks to reduce social exclusion and to enhance the inclusion, wellbeing and health of municipal residents, and also to narrow regional and demographic disparities in health and wellbeing.

The following sub-objectives have been adopted in the sector of increasing inclusion and reducing exclusion:

- A downturn is seen in the number of children, relative to the entire age group, placed in care outside the home by child welfare authorities
- Over ninety percent of the population aged 17–24 is enrolled in education
- The share of young people aged 18–24 receiving long-term social assistance is halved
- The number of the long-term unemployed falls below 30,000
- Long-term homelessness is halved

inclusion

The following measures will be undertaken to increase health and wellbeing and to reduce health inequalities:

- Total alcohol consumption is reduced to the level seen in 2003
- The share of the obese among persons of working age is restored to the level seen in 1998–2001
- The share of 16–18-year-olds who smoke falls by five percentage units
- Less than ten percent of families with children count as low-income households
- Age-adjusted functional capacity among older people improves
- The number of serious and fatal home and leisure accident injuries is reduced by ten percent

health and wellbeing

Improvements in the quality, effectiveness and availability of services and a narrowing of regional disparities will be sought with the following measures:

- Satisfaction with services as observed from client feedback improves
- The deadlines imposed for access to care in healthcare are observed
- The deadlines imposed for assessing the need for home help services for older persons are observed
- Regular home care according to needs is available to 14 percent of the population over the age of 75
- No more than three percent of the population over the age of 75 are in long-term institutional care
- The shortage of doctors and dentists in primary healthcare is alleviated
- The shortage of social workers is alleviated
- Regional disparities in the effectiveness of specialised medical care are reduced

services

How to achieve the goals?

The KASTE programme will be implemented by the municipalities. The programme is a compendium of 39 distinct measures which will be reviewed annually. The main objectives of the measures are to prevent problems from arising and to address at the earliest possible time any problems that do arise, to ensure the adequate supply and skills of employees, and to create an integrated set of services and effective operating models within social welfare and healthcare.

Prevention and early intervention

Prevention and early intervention will be made part of the entire municipality's activities. Cooperation between non-governmental organisations and local government will be supported to allow these to jointly develop new models for prevention and early intervention. Services for children, young people and families with children will be re-organised by integrating services in support of child development and services to prevent and address problems. New ways of working will be introduced in the rehabilitation of persons with low employability.

Ensuring the adequate supply and competence of employees

An adequate supply of employees will be safeguarded through a regional allocation of student intake to correspond to labour needs in the respective regions. Regional recruitment and substitute staffing systems will also be developed. Staff skills are ensured through the provision of more

extensive continuing education in keeping with the regulations and recommendations issued. A more professional approach will be introduced in management. The job structure recommendation concerning social welfare professionals will be implemented more widely and the attractiveness of health centres as places of work will be enhanced.

Creating an integrated set of services

Service structures will be revised, an integrated set of services created in social welfare and healthcare, and primary health care augmented. Health centres, the National Research and Development Centre for Welfare and Health STAKES and the Social Insurance Institution KELA, the Finnish Institute of Occupational Health and the universities will be networked in pursuit of the systematic development of primary healthcare. Cooperation between primary and specialised healthcare will be strengthened and the collaboration and division of duties among hospitals intensified by special responsibility area. Patients will be given greater freedom to choose their place of treatment.

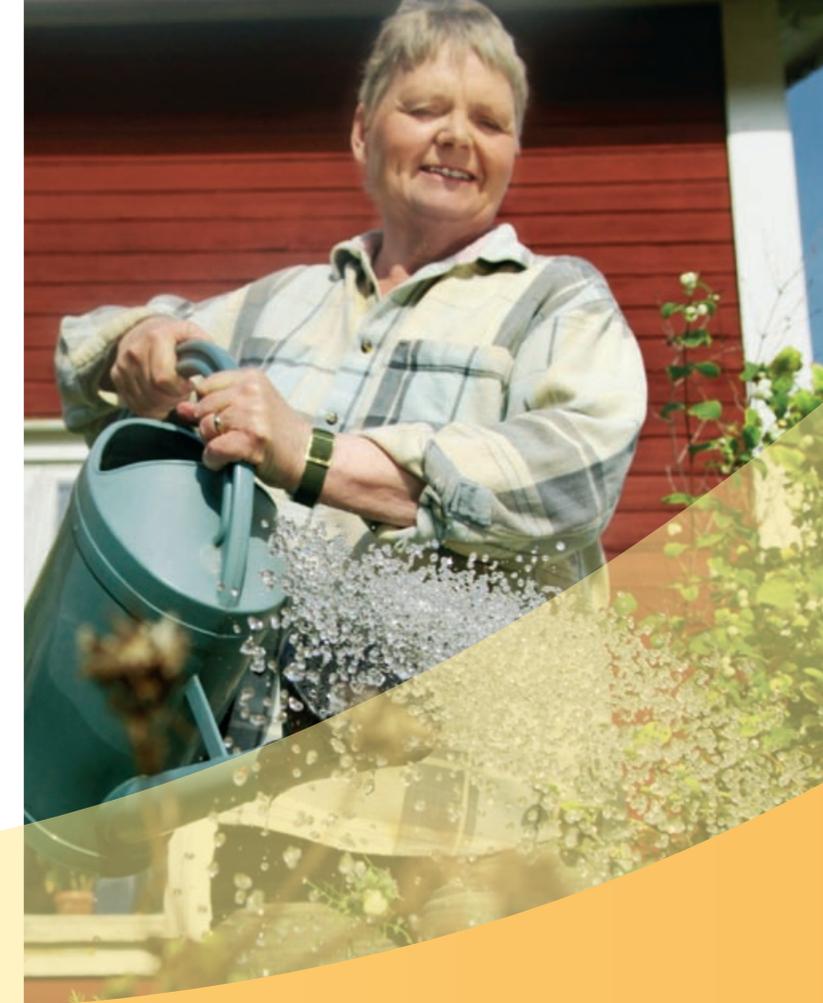
The areas of specialist services provision in social welfare will be revised and the permanent structures for the development of social welfare and the links of these with universities and polytechnics will be strengthened.

The status of the client will be bolstered, a wider array of e-services provided to citizens, a Best Practices network created and quality recommendations revised.

Programme funding

- The KASTE programme receives its funding from the annual State budgets. Central government transfers to municipal social welfare and healthcare will rise by an annual EUR 21.3 million during the term of the programme. The following allocations have been set aside in the State budget framework for development projects by local government: EUR 24.8 million in 2008, EUR 25.8 million in 2009, and EUR 26.8 million in 2010 and 2011.

funding





National advisory committee in charge of implementation

The implementation of the KASTE programme has been tasked to the National Advisory Committee on Social Welfare and Health Care, which monitors programme implementation, issues guidelines for the achievement of the objectives and submits proposals on the allocation of appropriations to the various areas of emphasis in development.

The Advisory Committee is chaired by the Minister of Health and Social Services and it consists of representatives of the Ministry of Social Affairs and Health as well as the Ministry of Education, the Ministry of Employment and the Economy, and the Association of Finnish Local and Regional Authorities.

Consolidation, regional and civic sub-committees

The National Advisory Committee on Social Welfare and Health Care comprises the consolidation, regional and civic sub-committees.

The civic sub-committee provides a channel for the views of private individuals, clients and non-governmental organisations. It consists of representatives of the Ministry of Social Affairs and Health and non-governmental organisations in the fields of social services and healthcare.

The consolidation sub-committee prepares and coordinates development and other measures by which the agencies in the administrative sector support local government in the implementation of the programme. It also prepares the foci of supervision central to the programme.

The regional sub-committee compiles, coordinates and transmits proposals for programme objectives and necessary measures from local government and other regional actors. The sub-committee also provides regional support to foster advances in the nationally agreed measures.

Regional management teams in charge of local implementation

The Ministry of Social Affairs and Health has appointed five regional management teams tasked with attending to the implementation of the KASTE programme in their respective regions.

In addition to representatives of local government, the regional management teams also comprise representatives of non-governmental organisations, private service providers, centres of excellence in the social services sector, the National Research and Development Centre for Welfare and Health, State Provincial Offices, Regional Councils and educational institutions.

The plans drafted by the management teams provide the basis for negotiations in the Advisory Committee on Social Welfare and Health Care regarding the development funding to be allocated annually to the regions. The plans shall also cater to the development of services available in Swedish and Sámi.

Programme supervision and evaluation

The State Provincial Offices and the National Authority for Medicolegal Affairs contribute to the supervision of the KASTE programme, paying particular attention to the realisation of legislation on guaranteed access to care and the monitoring of long-term inpatient care and intensive assisted living services. The State Provincial Offices are tasked with ensuring that the service structures to be created within the framework of the PARAS project aiming to restructure local government and services are practical for the population and that the promotion of health and wellbeing is taken into account in these. The effectiveness of the programme will also be assessed by an independent outside evaluator.

www.stm.fi/english >
> Strategies and Projects >
National development plan for social welfare and health care (Kaste)

further information

■ MINISTRY OF
SOCIAL AFFAIRS AND HEALTH

Ministry of Social Affairs and Health
PO Box 33, FI-00023 Government
Meritullinkatu 8, Helsinki
Telephone +358 9 160 01
Email: kirjaamo@stm.fi

www.stm.fi/english

Ministry of Social Affairs and Health
brochures 2008:5eng
ISSN 1236-2123
ISBN 978-952-00-2686-8 (pb)
ISBN 978-952-00-2687-5 (PDF)

