Report on implementation of Council Recommendation on access to affordable high-quality long-term care

26 JUNE 2024

MINISTRY OF HEALTH, WELFARE AND SPORT
the Netherlands

Content

1. Context and baseline

1.1. Diagnosis of the gaps and remaining challenges

*This section provides a **brief assessment of the national situation** in relation to the building blocks of the Long-term Care Recommendation (Adequacy, Availability and Quality; Carers; Governance, Monitoring and Reporting), identifies **challenges to be addressed** (if there are any). To the extent possible, the assessment, identification of challenges and good practices should be mapped with the relevant articles/letters of the Recommendation. It could rely, inter alia, on Semester Country Reports/Country Specific Recommendations/National Reform Programmes/ Recovery and Resilience Plans, 2023 SPC Annual Report, 2021 EC- SPC report on long-term care.*

1.1.1. Demographics

By the end of 2023, the Netherlands had 17.9 million inhabitants (50.3% female and 49.7% male). Over the coming decades, the Dutch population is projected to grow continuously, to 18.5 million inhabitants by the year 2030 and to 19.7 million by 2050. The population is growing mainly due to migration and increased longevity. By 2050, almost a quarter of the population will be 65 or older.[1] In 2023, grey pressure amounted to 34 percent, meaning for every person aged 65 or older there were 3 persons of working age (20 to 64 years). This will increase to almost 50 percent in the coming years, according to the population forecast.[2]
According to recent projections by Statistics Netherlands (CBS), the life expectancy of 65-year-olds will increase from 19.7 years in 2023 to 21.7 years in 2030. Life expectancy for women is higher than for men.
Healthy life years at 65 were 9.5 years in 2023, with women (9.7 years) spending a slightly larger share of their last years in good health than men (9.2 years).[3]
The total number of potential care dependents is expected to rise from 1,129,600 in 2019 (6.5 % of the total population), to 1,301,200 in 2030 (7.2 % of the total population), and 1,471,400 in 2050 (8.1 % of the total population).[4]

Approximately 290.000 people are living with dementia in the Netherlands. This number is forecasted to increase to 420.000 in 2030 and 620.000 in 2050. Health care costs for dementia will rise accordingly, from €9,5 billion in 2020 to €15,6 billion in 2040. Dementia is quickly developing into the leading cause of death in the Netherlands and the most expensive health care condition.[5]

For more information see Annex 1.

1.1.2. Characteristics of Dutch Health System

Long-term Care in the Netherlands has a high level of quality. At the same time, it is one of the most expensive Long-term Care systems in the world. The philosophy underpinning the Dutch health care system is based on several more or less universal principles: access to care for all, solidarity through medical insurance (which is compulsory for all and available to all) and high-quality health care services. Inevitably, the Dutch system has also been shaped by a number of historical trends and developments and social conditions. Since the reform of the Long-term care system in

[1] Population counter | CBS
[2] Population counter | CBS
[3] OECD.Stat 2024, Health status, life expectancy, Healthcare Utilisation (oecd.org)
[4] Long-term care report, Trends, challenges and opportunities in an ageing society. Volume II, Country profiles, 2021
[5] Factsheet cijfers en feiten over dementie, Alzheimer Nederland

2015, the Netherlands has taken the first steps in decentralising parts of long-term care, thereby also working towards financial sustainability and providing person-centred care. The subsequent reform of Long-term Care led to a further realignment in legislation. As a result, Long-term Care in the Netherlands can be found in the Long-term Care Act (Wlz), Social Support Act (Wmo), Youth Act and Health Insurance Act (Zvw).

- the Health Insurance Act (in Dutch: Zorgverzekeringswet/Zvw): all residents of the Netherlands are entitled to a comprehensive basic health insurance package. This act is implemented by private competitive health insurers and healthcare providers for curative care. The system mandates all residents to purchase insurance encompassing a government-defined benefits package. Insurers are obliged to accept all applicants, engaging in negotiations and contracting with providers based on quality and cost considerations.
- The Long-term Care Act *(in Dutch: Wet langdurige zorg/Wlz)*: is a national act governing Long-term healthcare throughout the Netherlands and is strictly intended for the most vulnerable categories of people and those requiring permanent supervision or 24-hour home care. This law is implemented regionally and administered by special Long-term Care administrators at the behest of the central government. Clients and their representatives, the central government, the Care Assessment Agency, the Dutch Healthcare Authority, the healthcare administration offices and the healthcare providers are the main parties involved in the implementation of the Wlz.
- The Social Support Act *(in Dutch: Wet maatschappelijke ondersteuning/Wmo)* is based on the principle of personalised solutions and an individual approach and is implemented by municipalities by providing support to people with disabilities; this includes people with physical, mental or psychological disabilities, including people with learning disabilities and the elderly. The support (e.g. assistance and day programmes/daytime activity; household support; support by an informal carer) is designed to ensure that people can continue to be productive members of society and to enable them to continue living at home or sheltered accommodation.
- The Youth Act *(in Dutch: Jeugdwet/Jw)* implemented by local authorities covers support, assistance and care for young people (up to age 18, which may be extended in some cases to age 23) and their families coping with parenting and developmental issues, psychological problems and disorders. Young people who require ongoing support, for example due to a severe mental disability, are not covered by the Youth Act but under the Wlz. The type of care provided ranges from general prevention to specialised voluntary or compulsory care. In enforcing the Youth Act, the local authorities aim for children to grow up in safety and in good health, become independent and become productive members of society based on their own abilities.

In fact, the Netherlands has a more decentralised scheme involving national, regional and local governance levels, with responsibilities divided between public and private bodies, and between health and social care sectors. As of 2024, 342 municipalities[6] are primarily responsible for care under the social support act, 20 health insurers divided over 10 groups[7] of companies are responsible for care provision under the health insurance act and regional care offices (zorgkantoren) and Long-term care-providers in 31 care regions carry out the Long-term care act.

[6] Gebiedsindelingen | Bestuurlijk | Volksgezondheid en Zorg (vzinfo.nl)
[7] Kerncijfers zorgverzekeraars | Zorgverzekeraars | Nederlandse Zorgautoriteit (nza.nl)

1.1.3. Quality

The four healthcare-related acts form the foundation of the Dutch healthcare system. The motivations behind these laws are opportunities to improve the quality of the care provided, promote an integrated approach, and keep healthcare available and affordable in the face of an ageing population and when many people suffer from chronic illnesses. The foundation of these domains are people's opportunities rather than their shortcomings. Initially, people are encouraged to draw on their own network and resources for support, but support is always available for those unable to secure it themselves.
In addition, the parties involved in the implementation of Long-term act together determine the quality of the act and the healthcare services covered, as well as implementing initiatives to improve the quality of the care provided.
If clients are not satisfied with the care provided, they have the option to switch to another contracted healthcare provider. Individuals who manage their own healthcare needs through what is known as a "personal healthcare budget" can also select their preferred provider and the quality required when purchasing care services.

1.1.4. Governance

The Wlz applies to a smaller group of people that includes the most vulnerable groups in society, such as elderly people in the advanced stages of dementia, people with serious physical or intellectual disabilities, and people with long-term psychiatric disorders. It covers the care sectors nursing (home) care (v&v), care for the disabled (ghz) and long-term mental health care (gzz).

Long-term Care is provided in roughly two different ways depending on the assessment and preference of the insured client: Care in kind while residing in an institution (nursing or care home, disability care institution, mental health care institution) and care at home either on a contracted basis purchased by healthcare administration office from specific healthcare providers or through a personal healthcare budget, whereby people purchase and organise their own healthcare. The client and the healthcare provider subsequently draft a healthcare plan (for contracted care) or a budget plan (for personal care), while the healthcare administration office informs the healthcare provider that the care can be provided.

The regional care administration office ensures that everyone with an indication under the Wlz receives the care they need. Long-term Care is not always just about Wlz care but also concerns people with a chronic care need, without a Wlz indication. These are clients who receive care under the Healthcare Insurance Act (Zvw), Social Support Act (Wmo) or Youth Act (Jw).

The central government is responsible for ensuring that the healthcare system functions properly and determines the quality requirements which the providers under the Wlz must satisfy. In addition, there are several government agencies that are responsible for supervision. The Authority for Consumers and Markets oversees competition in the healthcare sector, so that private individuals dependent on the Wlz can benefit as a result. The Dutch Healthcare Authority (Nza) checks whether healthcare providers, healthcare insurers and healthcare administration offices comply with the rules. Finally, the Dutch Healthcare Inspectorate oversees and enforces the quality and safety of care under the Wlz.

Monitor Long-term Care (MLTC)
Commissioned by the Ministry of Health, Welfare and Sport, a monitor on Long-term Care was set up in 2013 by Statistics Netherlands (CBS) with the aim of understanding figures on indications for, use of and volume and expenditure on Long-term Care and (social) support in the Netherlands. The figures help stakeholders understand the different aspects of care and support for people with Long-term Care needs. It includes data on Long-term Care financed by the General Act on Exceptional Medical Expenses and the Social Support Act until 2015. In 2015, the General Act on Exceptional Medical Expenses was replaced by Wlz and from 2015 onwards the MLTC includes data on Long-term care financed by the Long-term Care Act, Support Act 2015, the Health Insurance Act and the Youth Act.

1.1.5. Finance

The Dutch long-term care system combines public financing with private contributions. The Wlz is financed through the long-term care Fund, which is managed by the National Healthcare Institute. It includes income-dependent premiums (automatically deducted from wages or benefits by the tax authority; the amount of the premium is based on a fixed percentage (9.65%) of the income tax, on a maximum amount of EUR 38,098.), government contributions, including a tax-based government grant depending on the need for extra budget, and personal contributions (co-payments) that are income dependent and on whether the client lives at home or in a care facility, is younger or older than 65, and is single, married or has a domestic partner. The amount of care is not relevant for the co-payments.
The Zvw is financed through a 'nominal' premium paid to health insurer by all individuals aged 18 and over and income dependent contributions that are paid by the employers. In addition, a mandatory policy excess of EUR 385 (amount for 2023) is also paid by the consumer, one of the objectives of which is to increase cost awareness among the general public.
For the execution of the Social Support Act (Wmo) municipalities receive a non-earmarked block grant from the national government through the Municipal Fund to provide care, which is financed from general taxation. This block grant means that municipalities bear the full financial risk for organising this home care. In addition, the Wmo is financed by the contribution from care recipients, which since 2019 is a fixed deductible for providing individual-specific ('tailor-made') social support and assistance (maximum €20 per month in 2023).

In 2022, 339,970 people used long-term care[8] and 1,240,195 people used social support services funded by municipalities.[9]
In 2023, the total public financing of the Wlz was EUR 33.4 billion, own contributions amounted to EUR 2.2 billion[10]. Public spending on the Wmo in 2022 was EUR 5,1 billion[11] and own contributions were EUR 112 million[12].
In 2021, Long-term Care was a large health spending category in the Netherlands (EUR 4,570 per capita and adjusted for differences in purchasing power), accounting for 4.4% of its GDP. High Long-term Care expenditure reflects the wide scope of coverage of the

[8] Monitor Langdurige Zorg: Aantal personen met een ZP indicatie, naar sector van geïndiceerd profiel, naar gebruik, jaar 2022
[9] Monitor Langdurige Zorg
[10] Begroting | Ministerie van Financiën - Rijksoverheid (rijksfinancien.nl)
[11] *StatLine - Gemeentelijke uitgaven Wmo-maatwerkvoorzieningen; type voorziening, regio (cbs.nl)*
[12] StatLine - Inkomsten uit eigen bijdragen Wmo excl. verblijf en opvang; inkomen, regio (cbs.nl)

Dutch long-term care scheme, including elderly care, care for disabled people and long-term mental healthcare.[13]

1.1.6. Access to long-term care

The number of people with a Wlz indication and the number of people using Wlz (overall and by sector) has risen consistently in recent years (see table in annex 1).
The total number of people with an indication for Wlz in the Netherlands and per sector has increased in the past years, from 297,520 in 2019 to 339,970 in 2022.
Waiting lists are an indicator of the extent to which healthcare offices manage to provide clients with timely and appropriate care according to their preferences. The total number of people in the Netherlands on the Wlz waiting list rose from 18,688 in 2021 to 24 862 in 2023.

1.1.7. Labour Market

In 2021, the size of the long-term care workforce was 8.2 workers per 100 individuals aged over 65. The majority of these formal long-term care workers (94.4%) are female.
Also, a large (and increasing) share of the population (16%) received informal care among those aged over 50, while the reliance on informal care is increasing. Women as informal carers are still overrepresented.

Currently, there is no nationwide registry system for informal caregivers. On a local level, municipalities may choose to register informal caregivers in order to effectively target their support. The depth of this registration differs between municipalities.

1.1.8. Challenges

Demographic trends, such as rising life expectancy, accompanied by an increasing demand for care combined with the growing and structural shortage of caregivers, the increase in care costs and the tightness in the housing market are most visible in elderly care. Not only elderly care is under pressure: this also applies to disability care (ghz) and mental health care (ggz).

In its summary report on the implementation of the Long-term Care Act (Wlz)[14], the Dutch Healthcare Authority (NZa) has indicated that the Long-term care is under increasing pressure. Since the introduction of the Wlz in 2015, costs have been rising. This is partly due to the increasing number of people with a Wlz indication (see table 4: Total number of people with long-term care indication in NL). But the cost per client is also rising[15], as is the number of people waiting.
The summary report on the implementation of the Wlz further concludes that despite increasing pressure on long-term care, the vast majority of clients still receive appropriate care in a timely manner. But for certain client groups (e.g. requiring specialised care and or with multimorbidity), this is becoming difficult.

It is up to the new Cabinet that will take office in 2024 to formulate additional policies, given these challenges.

[13] State of Health in the EU, *Country Health Profiles, 2023,* Netherlands: Country Health Profile 2023

[14] file (overheid.nl)
[15] De kosten van onze langdurige zorg in 2022 (Deelrapport Toezicht op de langdurige zorg) - Nederlandse Zorgautoriteit (overheid.nl)

In addition, the content of appropriate care and support for people with (multiple) disabilities in Long-term Care is complicated. The availability of the necessary sufficiently qualified staff/support workers and forms of cooperation (such as between the ghz and the ggz) add to the complexity.

Care providers are already indicating difficulty in filling existing vacancies and are therefore already unable to fully deploy available nursing care places.
A major role is played by the social network around people in need of care, putting more and more tasks on the shoulders of informal carers in providing care and/or supervising the care process.
Supporting measures focused on social security for informal carers and adequate financial assistance is lacking. The challenge is to further develop existing care leave schemes to allow for a balanced combination of work and informal care for the future, with increasing pressure on formal and informal care.

At the same time, there are good examples where social and technological innovations are breaking through this and leading to new insights into how things can be done differently and better.
It is important to better facilitate these innovations, encourage cooperation and accelerate implementation. Chapter 2 discusses this further.

Since 2021, Long-term Care for people with mental disorders (ggz) has been part of the Wlz framework and is still developing as a sector. This has led to an unexpectedly large number of users of Wlz care by this group. As a result, the sustainability of long-term mental health care in the Wlz is under pressure. It is also questionable whether the care provided under the Wlz is actually the most appropriate care for all people who have now received an indication for this care. To mitigate this undesirable effect, additional agreements have been made with the ggz sector.

There is an important task for municipalities, care offices and care providers to work together at regional level to provide appropriate care and support for people with a mental disorder and Long-term Care needs, especially at the interface between the Wmo and the Wlz. There are regional differences in the number of people with a mental disorder who receive an indication for care in the Wlz[16].
The Ministry of Health, Welfare and Sport, together with relevant parties, continues to closely monitor the progress of the inflow.
In the coming period, regional relevant parties will work on a variety of measures supported by a plan of action and regional picture (regio-beeld)[17] developed by KPMG in cooperation with the Ministry of Health, Welfare and Sport (VWS). These measures are, for example, about better cooperation in the region around this target group, the organisation of (sub)regional case tables, but also tighter scrutiny of applications for a Wlz indication.

1.1.9. Council recommendation on access to affordable high-quality long-term care

In general, the Council's recommendations are in line with Dutch policy on long-term care, both in home and institutional care.
The Dutch government prefers to balance and maintain supply and demand with effective organisation of care and the use of (labour-saving) technology, with supply also covering

[16] Kamerbrief over stand van zaken ggz in de Wet langdurige zorg, Kamerstuk | 07-05-2024
[17] A summary analysis of the action plans drawn up by KPMG can be consulted on the dashboard developed by KPMG. The dashboard and summary analysis primarily serve the approach at a regional level, but are publicly accessible.

generally accessible facilities and, for example, alternative supply in the home environment that matches clients' needs and wishes.

A number of council recommendations are not or partially adopted because they do not fit within the Dutch healthcare system. These relate to:

1. A national quality framework for long-term care: The Dutch government endorses the added value of continuously improving quality measurement in long-term care. However, such a comprehensive framework is not feasible in the Dutch healthcare system due to the large sectoral diversity and different financial responsibilities. The government does support efforts to ensure a smooth transition between the different sectors and funding.
   These quality measurement outcomes are necessary to organise Long-term Care as cost-effectively as possible. Nevertheless, measuring quality of Long-term Care is a complex task in which much attention should be paid to defining the right indicators without increasing the administrative workload of care providers and other partners.

2. A Long-term Care coordinator: The Ministry of Health, Welfare and Sport has appointed a focal contact person instead of a national coordinator for long-term care. Relevant parts of the council recommendation are already in place in existing programmes and plans for Long-term Care or will be taken into account when developing new programmes. The Long-term Care Department at the Ministry of Health, Welfare and Sport is responsible for providing an effective system of care for people with chronic limitations resulting from permanent physical, intellectual or mental health conditions. Its main objectives are to ensure the quality, accessibility and efficiency of care services through different (policy) programmes, agreement with sector partners, need assessment system, deployment of administrative and financial instruments. Given the long-term care and support system in the Netherlands, appointing a coordinator and a national action plan for the implementation of the council recommendation are not of added value. The national contact person participates in the long-term care coordinators meeting and in the mutual learning workshops for Member States organised by the Commission to exchange knowledge and best practices on Long-term care.

3. The government is not in favour of facilitating regular work for undeclared workers in long-term care. The government attaches importance to the fact that when a third-country national enters the Dutch labour market, he or she holds both a valid residence permit and work permit. This has to do with the Netherlands' interest in pursuing a restrictive admission policy and discouraging illegal residence.

4. With regard to labour migration, the Foreign Nationals (Employment) Act already offers scope to grant work permits to healthcare personnel from outside the European Union (EU)/ European Economic Area (EER) if there is no supply within the EU/EER. The deployment of foreign healthcare personnel can therefore relieve healthcare organisations in certain situations, if the conditions of the relevant laws and regulations (such as the Foreign Nationals (Employment) Act and the Individual Healthcare Professions Act) are met.

5. In addition to the current framework, the government sees labour migration from outside the European Economic Area (with the exception of highly skilled workers) as a last resort in alleviating labour market shortages. For instance, the Netherlands still has untapped labour market potential of people with a background in healthcare or

affinity with healthcare who can be employed in the Dutch healthcare sector; the government is also looking at part-time workers to extend their hours where possible.

6. The government also considers it important to address ethical concerns about recruiting health personnel abroad. In a World Health Organisation context, it has been agreed that health personnel will not be recruited from countries if this leads to staff shortages in the country of origin (brain drain). Furthermore, the government is of the opinion that it is up to the member states whether to pursue sector-specific policies on labour migration.

7. The government partly agrees with the recommendation on providing the informal carer with access to social protection and/or to adequate financial support, while making sure that such support measures do not deter labour market participation. Promoting the combination of being active in the labour market and providing informal care is in line with the Dutch policy. To a lesser extent, this is the case for the recommendation to provide financial support. Under the Social Support Act (Wmo), municipalities are responsible for providing appreciation and sufficient demand-oriented and appropriate care and support for informal carers (including respite care). MantelzorgNL (a Dutch national association)[18] also provides a helpline, advice, information and knowledge at national level. There are leave arrangements for informal carers and the Work & Care Foundation supports employers in becoming an informal carer-friendly organisation where it is easy to combine work and informal care. Within the legal framework, it is possible to apply for a personal budget (persoonsgebonden budget) if the informal carer replaces (indicated) formal care.

1.2. Stakeholders' involvement

*This section explains **how the various stakeholders were involved** in reviewing national Long-term Care policy in relation with the Long-term Care Recommendation and in defining national measures to address the identified challenges.*

Stakeholder engagement is a key component in the process of policy development and implementation by the Ministry of Health, Welfare and Sport. Chapter 2 outlines stakeholder engagement for the various programmes.

2. Policy objectives and measures (to be) taken

2.1. Overall policy response

This section describes how the gaps identified in relation with the objectives of the Recommendation have been/will be addressed. It provides a breakdown of the overall policy response into a list of concrete measures, mapped to the extent possible with the relevant articles/ letters of the Recommendation.

Reforms

Reforms may be necessary to keep the system sustainable, but this depends on political choices.

[18] MantelzorgNL is the national association that stands up for everyone who cares for a family member, friend or neighbour.

The focus of the Dutch government is on optimising current healthcare systems to deliver the Right care in the right place. This is a Dutch movement on changing care together through intensive collaboration between different parties. This prevents unnecessarily expensive care or overtreatment, transfers and organises care around people (Relocate healthcare from institutions to home) and replaces care with other forms of care such as e-health, domotics or social workers.

In this regard, in 2021 and 2023, the Ministry of Health together with other Ministries has started working on several major projects with additional national budgets. These include:

1. The **Healthy and Active Living Agreement** (In Dutch: Gezond en Actief Leven Akkoord (GALA)) aims to promote the movement towards mental and physical health and prevention. The municipalities make agreements with Ministry of Health, Welfare and Sport and health insurers about strengthening prevention and public health. With a focus on a healthy and active lifestyle, the movement towards appropriate care is being stimulated with the aim to limit the cost increase expected by the ageing of the population.
   It aims to provide equal opportunity to grow up healthily and live a healthy life by investing in support for vulnerable groups. The partners that signed the agreement are working on reducing health inequalities, building healthy environments that promote exercise, promoting social cohesion and support at a municipal level, making healthy lifestyles available for everyone, strengthening mental health and resilience, and growing old while being physically strong and healthily. These goals are set to be achieved through local and regional collaboration.

2. The **Integral Care Agreement** (in Dutch: Integraal Zorgakkoord (IZA))[19] aims to make the transition to appropriate (curative) care while taking into account the limits of the labour market and affordability. Appropriate care is about providing the right care in the right place for patients and clients, with health as the first priority. The ministry of Health, Welfare and Sport signed the Integral Care Agreement with a range of representatives from the healthcare sector including umbrella organisations of hospitals, mental health care and elderly care, and the Association of Netherlands Municipalities (VNG), to drive solutions needed to keep healthcare accessible, affordable and of good quality now and in the future. The IZA parties further agreed to increase the job satisfaction and retention of healthcare providers by having healthcare providers pay explicit attention to training and career opportunities, recovery time, the work-life balance, and involvement in strategy, policy and implementation in an ongoing dialogue with their employees.

3. The **Living, Support and Care for the Elderly programme** (In Dutch: Wonen, ondersteuning en zorg voor ouderen (WOZO)) aims to promote an independent lifestyle, living at home for as long as possible and support from digital solutions when possible. It aims to work towards a future-proof elderly care system. For elderly people with the most complex care needs, a place in a nursing home will remain available where necessary, where integrated care and support is provided and the care offer is linked to the physical location.

4. The **National Dementia Strategy** 2021 - 2030, with a 10-year road map, has a

[19] Kamerstuk 31 765, nr. 655.

mission: Persons with dementia and their loved ones can continue to function as valuable members of society and receive appropriate support and care. To achieve this mission the strategy aims 1) to produce sufficient scientific research into the possibilities for preventing, treating, and curing dementia; 2) to ensure that persons with dementia are given the opportunity to continue playing a role in society in line with their wishes and capabilities and 3) to improve the support and care provided to persons with dementia and their loved ones.

5. The **Future agenda for care and support for people with disability** (in Dutch: Toekomstagenda zorg en ondersteuning voor mensen met een beperking) aims to future-proof care and support for people with disabilities by renewing the care offer in disability care and making 'care organisations' more resilient. This will enable the care offer to better adapt to the changing care demands of people with disabilities.

6. The **Future-proof Care and Welfare Labour Market programme** (in Dutch: Toekomstbestendige Arbeidsmarkt Zorg en Welzijn (TAZ)) aims to create more time and space for (1) innovative ways of working, (2) employee retention and (3) learning and development of the workforce.
   In order to alleviate labour shortages a programme for a future-proof labour market for care & welfare (TAZ programme) has been implemented, combining various initiatives to stimulate innovative working methods, improve employment practices and better retain employees, and encourage learning and development. Primary responsibility for important aspects lies with healthcare employers. With TAZ the ministry supports them in this challenge together with other relevant parties, such as health care employees, unions, insurers and the education sector.

7. A **future-proof Social Support Act** aims to provide appropriate care and support in the social domain, with special attention for informal assistance (mantelzorg), which has resulted in an Informal Care agenda (in Dutch: Mantelzorgagenda; 2023-2026)[20]. The aims of the Informal Care agenda are to recognise and strengthen the position of the informal carer. This involves not only supporting the informal carer, but also facilitating preconditions, such as combining work and support tasks.

8. The **Youth Reform Agenda** is a package of measures to improve youth care and at the same time make it affordable. The starting point is that children and families should receive help that suits them and that is effective. The Youth Reform Agenda[21] was approved by client organisations, professional associations, youth care providers, the municipalities and the national government in 2023.

With these ambitious reform agendas, the government is taking steps towards a system of care and support that will be able to cope with the increasing demand for care. However, further elaboration and anchoring of the reforms is needed and it will be worked on in the coming period. Moreover, in July 2024, new ministers will take office who may want to add their own touches and adjustments to the various programmes based on progress and current events.

[20] Kamerbrief over aanpak Sociale Basis inclusief Mantelzorgagenda 2023-2026 | Kamerstuk | Rijksoverheid.nl
[21] https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport/nieuws/2023/06/20/hervormingsagenda-over-verbeteringen-jeugdzorg-definitief-vastgesteld

2.2. Detailed description of the measures

This section provides further details for each of the measures listed in the previous section. For each measure, MS should provide a detailed description. This could include, for example, information on the ***aim****,* ***type*** *(e.g. legislative reform, investment, etc.),* ***target group*** *(definition and size),* ***results and impact*** *(expected or achieved),* ***timeline****,* ***financial resources*** *(national and/ or EU funding),* ***implementing body or bodies and cooperation with stakeholders****,* ***evaluation*** *and* ***cross-linkages with other measures****.*

Five of the mentioned programmes in section 2.1 have a direct impact on long-term care:

1. The Living, Support and Care for the Elderly programme (WOZO).
2. The Future agenda for care and support for people with a disability.
3. The Future-proof Care and Welfare Labour Market programme (TAZ).
4. The National Dementia Strategy.
5. A future-proof Social Support Act / Informal care agenda.

The five programmes will be explained in more detail below. The various programmes use different strategies and implement their plans and collaborate at different levels. They work across the three sectors of Long-term care; elderly care, care for people with a disability, and care for people with a mental disorder. While the sectors have different policies when it comes to future-proofing long-term care, all three sectors have been moving towards support and care adjusted to clients' preferences to retain control of their own lives for as long as possible. As a result, heavy and complex care needs can be postponed or even prevented for as long as possible.

2.2.1. The Living, Support and Care for the Elderly programme (WOZO)

2022-2026

The central goals of the national programme WOZO (2022) in relation to the Long-term care system (Wlz) and the subject of housing for elderly are:

- Improving quality of Long-term care for the elderly.
- Stabilising the number of nursing homes and investing in clustered housing where elderly pay their own rent. (At the moment, for most clients rent is part of the long-term care provision).
- Improving selection of elderly who need care in nursing homes and who can receive care outside nursing homes. Promoting care at home.
- Improving collaboration between care providers (for instance district nurses) and municipalities who provide care and assistance alongside nursing homes (paid by the social support act or the national health insurance).

The programme has five lines of action:

- Topic 1: Aging and vitality (Prevention, reablement, local support).
- Topic 2: Optimal basic care (District nurses, general practitioners, care at home).
- Topic 3: Optimal Long-term Care (New quality standards, dividing care and living).
- Topic 4: Housing and care for older clients (Creating new clustered housing for older persons).

- Topic 5: Labour market and innovation labour shortage (Attracting and educating new personnel, promoting e-health).

Topic 1: Aging and vitality encourages people to think about the future and stimulates intergenerational housing based on the idea that seniors should not be segregated from other generations and that people of all ages benefit from connecting with one another in daily life. It also focuses on knowledge development and scaling up the application of reablement to assist the elderly to regain functional capacity and improve independence.

Preparing for ageing is also an important topic. A 'Talk Today About Tomorrow (in Dutch: 'Praat vandaag over morgen')' campaign was launched in spring 2024, calling for: talk about how you want to stay fit, how you want to live and what you can do for each other if help is needed later. The campaign will also be featured on TV, in dailies, magazines, on waiting room screens, on social media and at www.praatvandaagovermorgen.nl over the next few months. The campaign includes true stories, experiences and emotions about the future and what people want to do for each other. The website features tips, conversation cards, videos and stories of experience. These show what older people themselves do to maintain their self-reliance.
In this topic, local initiatives are also supported (via municipalities) in areas such as, promoting resilience and social skills, expanding the social network and offering a wide range of accessible social activities.
Special attention is paid to the topic of fall prevention. Fall accidents among the elderly are a serious and growing problem. In 2022, direct medical costs due to these accidents were €1.3 billion. Because several cost-effective approaches for fall prevention are available in the Netherlands, agreements have been made both in the IZA and the GALA programmes with healthcare parties and municipalities to introduce fall prevention nationwide. A structural commitment for an effective fall prevention strategy is needed, given that the number of frail elderly will increase in the coming years due to the ageing of the population.

Topic 2: Optimal basic care is focused on district nurses, general practitioners and care at home.
Many elderly people choose to stay at home if they need care, instead of being in a nursing home. To provide an environment in which patients can live independently and to ensure the accessibility and availability of primary care for all inhabitants, an ambitious vision ('vision primary care 2023') has been developed in close collaboration with relevant primary care stakeholders and published in January 2024.
To achieve the aims of the vision, dedicated actions through various funding programmes and allocating extra budget are being taken to deliver appropriate care and to strengthen the organisation of primary care both at district and regional levels. These actions for example are focused on:

- Improving the collaboration between all health care professionals in primary care and providers of social support.
- Implementing the revised *'guidance for vulnerable elderly people at home'* so that all elderly receive care at home that is aligned with all the health care professionals involved.
- Improving the coordination and standardisation of support processes in regional and local governance to reduce the workload for professionals (less administration, more time for patient care), to optimise pharmaceutical care and implement a dental health plan for the elderly.

- To customise care (e.g. focus on quality of life) and to make the knowledge and expertise of the Specialists in Geriatric Medicine (SO) also available for elderly people living independently at home (the Medical Generalist Care (MGZ) trajectory) by making agreements about the division of tasks and responsibilities between GPs, doctors in disability care and SOs regarding access to and quality of Medical Generalist Care.

Topic 3: Optimal Long-term Care to adequately respond to the growing demand for care by older people who rely on the Wlz. This involves defining and delivering appropriate care in the Wlz. In this regard additional funds are allocated through different projects/programmes to:

- Stabilise the number of nursing homes and invest in clustered housing where elderly pay their own rent. (At the moment for most clients rent is part of the long-term care provision).
- Improve the selection of elderly who need care in nursing homes and who can receive care outside nursing homes. Promoting care at home.
- Improve collaboration between care providers (for instance district nurses) and municipalities who provide care and assistance alongside nursing homes (paid by the social support act or the national health insurance act). A new law has been proposed to parliament to stimulate the cooperation between different care providers hired by the municipalities and health care insurers.
- Commit to appropriate care in the long-term care. The National Health Care Institute is working on a report on appropriate care in Wlz endorsing the use of informal carers where it is possible and safe. The desire to provide more space for informal care in the field is strong. This is obvious from the care providers applications for support in programme 'Waardigheid en Trots'[22] in which nursing care at home[23] and cooperation between formal and informal care is desired.
- Improve quality of Long-term care for the elderly. Under the supervision of National Health Care Institute, the 2017 quality framework for nursing home care has been further developed into the quality compass (Dutch: kwaliteitskompas) 'Working together on quality of life' and an implementation agenda is drawn up covering both care at home (including district nursing) and nursing home care. Several organisations in long-term care (client organisations, professional organisations, branch organisations, knowledge parties, purchasing parties and system parties) were involved in the development of the quality compass. For patients, clients and their loved ones, the compass will soon be a clear guide to know what they need and can expect from care and support. It is expected that the National Health Care Institute will register the quality compass by 1 July 2024, giving it the force of law.

Topic 4: Housing and care for the elderly is focused on providing adequate housing for the elderly in collaboration with the Ministry of the Interior and Kingdom Relations. The housing task for the elderly has been quantified at 290,000 new homes to be built by 2030, including 170,000 zero-step homes, 80,000 clustered homes and 40,000 care-appropriate homes for those with a heavier demand for care. Zero-step homes and clustered homes would make it easier to continue to live independently and can delay or avoid the transition to a nursing home.

[22] Waardigheid en Trots (translation: dignity and pride) is part of the policy programme Living, Support and Care for the Elderly (WOZO) which helps professionals, organisations and networks to become future-proof by sharing knowledge and good examples and supporting organisations in execution. The programme is implemented by knowledge organisation Vilans in cooperation with the Ministry of Health, Welfare and Sport.
[23] Nursing care at home means that the client receives the attention, care and support he or she would receive in a nursing home, at home. Together with the client and the client's relatives, the care provider coordinates what is important for the client.

Efforts are also being made to create more suitable housing types and environments to make it more attractive for the elderly to move to these housing types.
In addition, incentive schemes are being implemented for projects that promote the construction of new types of housing (such as Intergenerational Housing Subsidy Scheme, Care Suitable Housing Subsidy Scheme, Meeting Spaces Subsidy Scheme).

Topic 5: Labour market and innovation labour shortage focuses on the transition to a future-proof labour market needed to ensure affordable, accessible and high-quality care for the elderly in the future. An important link in this transition is the deployment of smart innovations and digital applications so that the elderly can live independently at home for longer with the same or reduced deployment of care or support staff. Several activities are taking place to achieve this; two examples are mentioned below:

- In 2023, the minister of Health, Welfare and Sport signed an agreement with relevant organisations in long-term and elderly care (ActiZ, Zorgthuisnl, V&VN and Zorgverzekeraars Nederland to invest for three years in the training and education of district nursing in a different way to make it more innovative, future-proof and efficient.
- An Incentive Scheme on Technology in Support and Care (in Dutch: Stimuleringsregeling Technologie in Ondersteuning en Zorg (STOZ)) stimulates the use of digital and hybrid processes in care and support so that older people can continue to live independently at home for longer. This will also help to deploy care and support staff more effectively and/or ease work in care and support.

Cooperation with stakeholders

- The WOZO programme is supported by 40 organisations also representing care providers, clients and Long-term care financial responsible organisations (like insurers and municipalities).
- The building programmes are in cooperation with the Ministry of the Interior and Kingdom Relations (BZK), housing cooperatives, care providers, insurers, municipalities and provinces.
- Improving the primary care with the 'vision of primary care 2030' is a project in collaboration with many stakeholders: health care professionals, health care insurance, municipalities, patient groups and health care organisations. A governance structure has been started with multiple working groups to work towards the joined vision.

2.2.2. The Future agenda for care and support for people with disability

2022 – 2026

The aim of 'Future agenda for care and support for people with disabilities' is to future-proof care and support for people with disabilities. The focus of this future agenda is on other, new ways of working and organising that should lead to more appropriate care and support and more self-direction and self-reliance for people with disabilities. Ultimately, working and organising differently also helps to ensure that care and support is available, affordable and of good quality in the long term. The Future Agenda prioritises the following themes with their own societal challenges and goals; the progress on the underlying actions and goals will be monitored from 2024 onwards:

1) Complex care.
2) People with mild intellectual disabilities.
3) Improved use of client support.

4) More sustainable use of innovation & technology.
5) Labour market: engaging, binding and utilising.
6) Lifelong, lifewide Social support care.

Theme 1 and theme 5 mainly relate to Wlz and fit within the Council recommendation on access to affordable high-quality long-term care.

For theme 1, the following elements related to Wlz will receive attention in the coming years:

A. A solid knowledge infrastructure: To provide good and appropriate care, developing and sharing knowledge is essential for people with complex care needs. As a result, these people are better supported, resulting in a better quality of life. To achieve this, an adequate knowledge infrastructure will be set up in the coming years for knowledge development, knowledge application, knowledge sharing and knowledge assurance for the target groups with non-congenital brain injuries (NAH+), People with a Severe Intellectual Disability and Difficult to Understand Behaviour (EVB+), People with a mild intellectual disability and behavioural problems (LVB+), Very Severe Intellectual and Multiple Disabilities ((Z)EVMB) and autism.

B. Appropriate care with high-quality that is sustainable and affordable: Everyone with a Wlz indication is entitled to appropriate care and of a high quality. In recent years, the focus has been on people with complex care needs who could not get appropriate care from the already existing health care providers. For them, where necessary, tailor-made places have been created. In addition, much research has been done into bottlenecks in organising and providing care and support to clients with complex care needs.
In the next three years, the following activities in relation to Long-term Care will be carried out:

- researching the current care profiles, examining whether they are still appropriate. Appropriate prices are a precondition for care providers to be able to continue to provide high-quality care in a sustainable manner.
- Determining what high-quality and appropriate care is by means of a guideline 'perspective on person-oriented care', consisting of a generic part that applies to all clients with intensive care needs and specific elaborations for the target groups EVB, LVB, LG, NAH and Serious Multiple Disability (EMB).
- Setting up a development programme for care profiles VG6 and VG7[24], so that care providers on location are facilitated to broadly apply and maintain the good, appropriate care.

With regard to the Labor Market, the following elements are important:
A. Actions to ensure sufficient inflow and make courses more attractive. This will be done by, among other things, better connecting education to practice, through: actions such as more attention to internships and guest lecturers, more attention to the right image and innovation in education.
B. retaining professionals and developing the profession. This is done, among other things, by setting up a professional registration, focusing on further development of the professional code and professional compass for disability care and working with ambassadors for the profession 'disability care supervisor'.

[24] The VG7 indication is issued for people with a mental disability who have a very intensive need for guidance, care and treatment due to severe behavioural and/or psychiatric problems.

C. Actions to make better use of the existing knowledge and experience of parents and relatives. In addition, there are coaches available who search in the region for opportunities for regional cooperation in the field of labour market issues.

Cooperation with stakeholders

At the start of the Future Agenda, a governance structure was set up:

- Each chapter of the Future Agenda has a working group led by a coordinator from the Ministry of Health, Welfare and Sport. Each working group also consists of relevant stakeholders, such as external experts, insurers, industry organisations, client organisations and professional associations.
- Administrative Board meetings in the presence of the minister: The administrative Board meets once a year to discuss developments in relation to the Future Agenda. The most important stakeholders from the working groups are invited to participate.
- There is a steering group that meets three to four times a year, represented by the most important stakeholders at director level.
- Finally, the Future Agenda works with a sounding board group, composed of a proportionate number of people with disabilities, relatives and healthcare providers, to help think about policy.

2.2.3. The Future-proof Labour Market Care & Welfare programme (TAZ)

2022-2026

The ambition of the programme is to initiate a transition towards appropriate and labour-saving care so that, in the future too, no more than 1 in 6 people work in care and welfare. In the Future-proof Labour Market Care & Welfare programme various initiatives are being developed revolving around the following three pillars: (1) stimulating innovative working methods and techniques, (2) creating sufficient scope for retaining employees, and (3) encouraging learning and development for the workers in the care and welfare sector.

The primary responsibility for key aspects lies with healthcare employers. With TAZ, the Ministry of Health, Welfare and Sports support them in this challenge together with other relevant parties, such as health care employees, trade unions, insurers and the education sector.

To achieve the TAZ goals the following activities and measures, among others, have taken place:

1. *Stimulate innovative working methods and techniques*

- Implementing and scaling up innovations: With the provision of the Technology in Support and Care Incentive Scheme (STOZ), care and welfare organisations can apply for grants to support the deployment of digital and hybrid healthcare processes that contribute to reducing workload and creating more job satisfaction among healthcare employees. In addition, through the Coalition 'Digivaardig in de Zorg', efforts have been made to strengthen the digital skills of care professionals, including by disseminating knowledge and information, organising meetings for employers, trainers and care professionals and creating job profiles with digital skills for Nursing, Care and Home Care (VVT) and disability care.

- Organising work differently through task reallocation and delegation: an adage 'Bekwaam is inzetbaar' (translation: 'Competent is employable') was agreed with the relevant partners in care and welfare. The guiding principle here is that anyone who

wants and is able to work in the sector is welcome and permanently employable. In October 2023, an information campaign provided more insight into the possibilities offered by the BIG Act[25] for task delegation, so that even a non-BIG-registered[26] care employee, provided he or she is competent, can perform reserved actions under the supervision of an independently authorised BIG-registered employee. This information contributes to being able to put task delegation into practice, which contributes to greater job satisfaction and more flexibility in the labour market.

2. *Improve employment practices and better employee retention*

- Encouraging control and autonomy of professionals: The Ministry of Health, Welfare and Sport launched subsidy schemes to healthcare organisations for initiatives that give a positive boost to the co-determination and resilience (in Dutch: zeggenschap en veerkracht) of nurses, caregivers, nurse specialists and supervisors. The National Action Plan on Professional autonomy and voice[27] (in Dutch: Landelijk Actieplan Zeggenschap), in which various branches in care and welfare are represented, offers guidance to grant recipients and develops various teaching aids for this purpose.

- Restoring the balance between permanent and flexible personnel: To retain salaried personnel and combat false self-employment in care and welfare, research is currently being conducted into the state-of-the-art about the rights and obligations of self-employment and starting points for improving the provision of information. This will help individuals make an informed, conscious choice for self-employment.

- Stimulating regional employment: Regional employment offers opportunities to make better use of the labour potential, retain professionals and make better use of talents. In collaboration with the Ministry of Finance, a policy statement is being designed that will help the sector have more clarity and confidence when working together in the field of personnel. In addition, working groups have been set up together with the sector to outline the scope and conditions of various forms of regional employment, to draw up a step-by-step plan and to monitor ongoing pilots.

- Combating aggression and encouraging the willingness to report it: In order to increase the willingness to report aggression against professionals in care and welfare, and in particular to encourage the employer to report aggression, a series of regional meetings on reporting has been organised.

- Encouraging more hours of work: regional meetings have been organised to encourage contract extension in care and welfare and to inform employers about the possibilities that exist for the application of a multi-hour bonus. Furthermore, an online portal will be launched in 2024 in which all the knowledge and insights gained in recent years within other completed change processes in organisations carried out by the 'Het Potentieel Pakken' Foundation (fixing a mis-match on the labour market)[28] and funded by the Ministry of Health, Welfare and Sport, will be made widely available, so that organisations in care and welfare can get started with it themselves.

[25] The purpose of the Healthcare Professionals Act (Wet BIG) is to promote and monitor quality in health care. The Act also protects patients from careless or incompetent treatment by a healthcare professional.
[26] The BIG-register arises from the BIG Act (in Dutch: 'Wet op de beroepen in de individuele gezondheidszorg'; Individual Healthcare Professions Act).BIG-registration is obligatory for 12 healthcare professions. The BIG register is a legal, online and public register for Professions in Individual Health Care. Only healthcare professionals who are registered in the BIG register, may use the protected professional title and may independently perform the reserved actions associated with the profession.
[27] Landelijk Actieplan Zeggenschap (zeggenschapindezorg.nl)
[28] Together, we can make the Netherlands work better - Het Potentieel Pakken

3. Encourage learning and development

- Flexible and modular training with partial certificates: The Ministry of Health, Welfare and Sports is working with other ministries and care and education stakeholders to promote flexible and modular training programmes in care and welfare. This has resulted, among other things, in the availability of secondary vocational education (MBO) certificates for six vocational components of the MBO nurse course from January 2024. This will allow lateral entrants or employees such as helpers to retrain or upskill to be employable in specific nursing tasks. This contributes to lifelong development and the move towards a skills-oriented labour market.

Cooperation with stakeholders

The TAZ programme has been developed and implemented in close collaboration with various stakeholders such as social partners (representative bodies of employers and employees), health care purchasers (insurers and municipalities) and the education sector. Furthermore, an advisory board of health care professionals is consulted monthly on topics that affect work in health and welfare.

2.2.4. National Dementia Strategy

2021-2030

The National Dementia Strategy 2021 to 2030 mission is that people with dementia and their loved ones can function as valuable members of our society and receive good support and care.

The strategy has three themes:

1. A world without dementia (through a scientific research programme Dementia).
2. Persons with dementia matter.
3. Tailor-made support when living with dementia.

- Under the main theme 1 'A world without dementia', ZonMw (The Netherlands Organisation for Health Research and Development) is carrying out a 10-year Dementia research programme on behalf of VWS until 2030. The programme focuses mainly on developing new knowledge to achieve personalised treatment, prevention and accurate diagnostics. In the period 2021 - 2023, 7 large multidisciplinary research consortia received grants, each with its own theme and focus: fundamental research into causes of dementia, risk reduction, diagnostics/prognosis, early-onset dementia and a broad consortium in which all relevant organisations work together to transfer the acquired knowledge to practice (care) and education as effectively and quickly as possible.
- the second main theme 'People with dementia matter' is focused on positive societal attitude towards people with dementia. The Dutch Alzheimer Association (Alzheimer Nederland) implemented the programme 'Dementia-friendly together' (Dutch: 'Samen dementievriendelijk'), which offers tools for dealing with people with dementia in daily life. This is done, among other things, by offering training courses, both physically and online. National and targeted campaigns are also being conducted to increase awareness of the impact of dementia in society and to promote recognition of the signs. The aim is for more people to recognise dementia and know how to cope with it. As a result, people with dementia and their informal carers will also feel more seen and supported by society.

In addition, through a dedicated programme 'Offering day activities for people living at home with dementia' (2021 - 2025), municipalities are facilitated in developing a demand-oriented offer for people with dementia and their informal carers, whether or not at a specially equipped meeting place. Municipalities are also supported in developing policies to make this offer future-proof and accessible to its residents with dementia and their informal carers. In addition, the social approach to dementia is being evaluated in eight municipalities. In the social approach, the living environment of the person and his/her environment is central. Any help or support is based on what the person can still do and what brings him/her happiness and pleasure. The social approach dementia teams consist of volunteers, care or welfare professionals or, for example, students and support the entire system around the person, in a way that suits him or her.

- Under main theme 3 'Tailor-made support when living with dementia', a pathway aimed at implementing the dementia care standard is ongoing. Through learning meetings and tailor-made projects, the collaborating parties in the regional dementia networks are supported to organise good dementia care. Involved parties (clients, professional groups, sector associations and funders) are supported by knowledge institutes in care and social domains such as Vilans and Movisie.
- The Netherlands, is one of the 30 Member States in the international Joint Programme for Neurodegenerative Disease Research (JPND). It is investing in the calls for proposals to use international research efforts as effectively as possible in order to improve prevention, diagnosis, treatment and patient care in neurodegenerative diseases.

Cooperation with stakeholders
Several stakeholders are involved in the implementation of the National Dementia Strategy, including the five Dutch Alzheimer Centres, the Dutch patient organisation Alzheimer Netherlands, regional dementia networks, municipalities, care providers, insurers, scientists, the business community, and - last but not least - persons with dementia and their loved ones. The Alzheimer centres have different focus areas, and are located in Vumc in Amsterdam, Radboud UMC in Nijmegen, Erasmus MC in Rotterdam, MUMC+ in Maastricht and UMCG in Groningen.

2.2.5. Informal Care agenda
2023-2026

The informal care agenda has two main objectives:

- Adequate support for informal carers. They should be approached at an early stage and asked what they need for a good balance between informal care, work and other social activities. Informal carers receive (timely) support that matches their needs and focuses on a good balance between carrying capacity and burden. Working informal carers receive good guidance and support and know how to find support.
- Formal care matches the needs and position of the informal carer. Aimed at good interaction between formal and informal care providers, based on equality. A network should be created aimed at good cooperation and strengthening each other.

The government has a facilitating and framework-setting role in this. Attention is paid to support in the combination of work and care tasks and to facilitate the collaboration with employees in long-term care.

The intended goals and results have been developed into concrete actions along three lines:
1) recognised position of the informal caregiver.
2) connections and collaboration with the informal caregiver's network.
3) individual support.

A number of actions that are in line with the council recommendations are listed below:

- The Ministries of VWS and Social Affairs (SZW) are facilitating the Work and Informal Care Foundation (Stichting Werk en Mantelzorg) to develop a support programme for employers/managers, aimed at the combination of work and informal care (2023-2025).
- The Ministry of VWS together with three other ministries[29] requested the Social and Economic Council of the Netherlands (SER)[30] to advise on solution directions within the system for a good balance between work, informal care and other social activities, a good division of care tasks between men and women. In 2025, the final advice will be submitted to the cabinet for decision-making.
- The Ministry of Health, Welfare and Sport, the Association of Dutch Municipalities (VNG), Health Insurers Netherland (ZN) and Mantelzorg.NL (the association of informal carers) are exploring how healthcare professionals can be given more space to collaborate with and support informal caregivers (2024).
- Actiz and Mantelzorg.NL will collaborate on training and equipping informal caregivers (2024/2025).
- The stakeholders will discuss with authorities responsible for courses on social work, paramedical and nursing about adding the informal care component to the lessons (2025 and beyond).
- The stakeholders encourage and facilitate municipalities in developing a targeted approach for informal care support and appreciation.
- Municipalities are working on low-threshold forms of respite care (structural).

Cooperation with stakeholders

The informal care agenda was developed in collaboration with several stakeholders including the Ministries of VWS and SZW, Association of Dutch Municipalities (VNG), Association of Dutch Voluntary Work Organisations (NOV), Movisie, Social Work Netherland (SWN; Sociaal Werk Nederland), Stichting Werk en Mantelzorg (Work and informal care foundation), MantelzorgNL (Informal Care NL), Strategic Alliance Young informal carers and Zorgverzekeraars Nederland (ZN; Umbrella organisation of Health insurers in Netherland).
A national Coalition of informal Care has been established with the above stakeholders. The actions of the Informal Care Agenda are set out and monitored by this coalition.

[29] Ministry of Education, Culture and Science, Ministry of Social Affairs and Employment and Ministry of Finance/Tax Affairs and Tax Administration
[30] The Social and Economic Council of the Netherlands (SER) is an advisory body in which employers, employees and independent experts (Crown-appointed members) work together to reach agreement on key social and economic issues. The SER advises the Dutch government and Parliament on social and economic policy. www.ser.nl

3. Remaining challenges and needs for EU support

3.1. Remaining challenges

*This section describes any potential **remaining Long-term Care challenges not addressed** by those measures already taken/planned. Reflections on why they cannot be addressed at national/regional level are welcome.*

The following challenges remain open and deserve attention in the coming period:

- Due to the demographic situation, the costs of Long-term care are rising. Measures might be necessary to reduce costs.
- Due to the environmental barriers and high prices for building materials and building staff shortages, building new houses is difficult and will take longer.
- When it comes to people with disabilities and intensive care needs, part of this group has completed a long journey before ending up in long-term care. The fact that society is not designed for people with an intensive need for care (labour market, education, schools, neighbourhoods, the pace at which we live, digitalisation) means that a group is forced to drop out of society and ends up in Long-term Care with a complex support need. The challenge for Long-term Care lies in the question of how we can aim for a society that is accessible and responsive to people with disabilities, so that they can take their rightful place.
- To explore the possibilities of funding and service provision aimed at complex respite care needs. Also related to lifelong and lifewide care. This is a complicated cross-domain issue.

To address these challenges, action must be taken at the national level. Knowledge exchange at EU level will be desirable.

3.2. EU support

*This section should highlight concrete **needs for further EU support, including in relation with remaining challenges not addressed by planned/already taken measures,** and highlight **potential contributions from your MS to the EU-level policy dialogue** in the area of Long-term Care (e.g. good practice, high-level initiatives or networking opportunities, etc.).*

The Dutch government endorses the mutual learning workshops organised by the European Commission for sharing knowledge and best practices between Member States. The Horizon Europe partnership *Transforming Health & Care Systems* (in which the Netherlands also participates) aims to support participating countries in developing national and regional, high-quality, fairly accessible, affordable and sustainable healthcare systems, including long-term care. It is expected that this partnership will fund relevant research that can help solve the challenges of Long-term Care and provide a good platform for Member States to exchange knowledge and experiences.

Furthermore, the 2025-2027 strategic work plan of the Horizon Europe programme envisages a new brain health partnership which includes 'mental health'. The Joint Programme for Neurodegenerative Disease Research (JPND) is likely to be continued under the umbrella of this new Partnership for Brain Health. Given the breadth of the 'Brain Health' theme, the focus on dementia may be obscured. Given the expected growth in the number of people with dementia in the coming years, it is encouraged to

explicitly address Alzheimer's and dementia in the goals and expected outcomes of the Brain Health partnership.

Annex 1: Background information long-term care (LTC) in The Netherlands

1. Demographics[1]		2023	2030	2050
Population (in millions)		17,9	18,5	19.7
Old-age dependency ratio		31,4		
Population 65+ (in millions)	Total	3,6	4,2	4,8
	Women	1,9	2,2	2,5
	Men	1,7	2,0	2,3
Share of 65+ in population (%)		20,2	22,7	24,4
Share of 75+ in population (%)		9,2	11,0	15,0
Life expectancy at the age of 65 (in years), 2021	Total	19,5*	21,7	24,0
	Women	20,8*	22,9	25,3
	Men	18,2*	20,5	22,6
Healthy life years at the age of 65, 2021 (%)	Total	9,5*		
	Women	9,7*		
	Men	9,2*		

**data for 2021*

[1] *Source: CBS (2024)*

2. Need and Access to LTC	Latest available data	2030	2050
Number of people with dementia in the Netherlands (x 1000), 2021 [a]	290	420	620
Share of population 65+ over total population 65+ receiving care in an institution (%), 2020[b]	4	6,3	8,8
Share of population 65+ over total population 65+ receiving care at home (%), 2020[b]	7,7	21,2	26,2
Long-term Care beds in institutions per 1000 aged 65 years and over, 2021[b]	73,9		

[a] *Source: Alzheimer Nederland, cijfers en feiten over dementie*

[b] *Source: OECD.Stat 2024*

3. # clients with Wlz care in kind	2020			2021			2022		
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
V&V-Nursing (home) care	123.140	45.680	168.820	124.215	50.820	175.035	124.620	58.585	183.205
GHZ-Care for disabled	75.100	49.205	124.305	75.500	51.620	127.120	75.720	53.515	129.235
GGZ-Mental disorders	4.390	-	4.390	16.140	6.615	22.755	17.690	9.840	27.530
Total users of LTC	202.630	94.890	297.520	215.855	109.060	324.915	218.035	121.935	339.970

Source: Monitor Long-term care, The Netherlands

4. Total number of people with LTC indication in NL	2018	2019	2020	2021	2022*	2023*
	296 885	307 105	312 265	340 125	356 660	370 130
Somatic disorder	58 820	58 305	57 375	58 375	61 415	62 255
Psychogeriatric disorder	92 335	98 805	101 445	105 080	110 330	116 610
Psychiatric disorder	5 950	5 955	5 800	25 020	30 110	33 970
Physical disability / impairment	25 475	27 550	28 835	30 415	31 430	31 640
Mental disability / impairment	111 005	113 190	115 575	118 015	120 130	122 830
Sensory disability / impairment	3 305	3 305	3 240	3 220	3 245	3 275

Source: Monitor Long-term Care The Netherlands

*Provisional figures

5. Waiting list in LTC, NL	2019	2020	2021	2022	2023
V&V - Nursing (home) care	18.245	20.223	16.947	21.795	22.218
GHZ - People with a disability	2.502	2.437	1.869	1.996	1.801
GGZ - Mental disorders	13	59	573	800	673
Total	20.760	22.719	19.389	24.591	24.692

Source: Monitor Long-term care, The Netherlands

6. LTC Workforce		Latest available data
Number of LTC workers per 100 individuals 65+, 2021[b]	Total	8,2
% of formal LTC workers, 2021	women	94,4
	men	5,6
Share of informal carers among the population aged 50+ (%), 2019 [c]	Total	16
	Women	55
	Men	45

[b] *Source: OECD.Stat 2024*
[c] *Source: SHARE, Wave 8*

8. LTC expenditure	Latest available data
Public spending on LTC (health and social) as % of GDP, 2021 [a]	4,4
Public spending on LTC (health and social) as % of the total healthcare budget, 2021 [d]	27
Public spending on LTC nursing home care as % of total LTC public spending, 2021 [a]	82
Out-of-pocket payments LTC (health) as % of current expenditure on health, 2021[b]	1,6
Out-of-pocket payments LTC as % of the overall share of health spending, 2021 [d]	17

[d] *Source: State of Health in the EU The Netherlands Country Health Profile 2023*

Annex 2: References

1. Factsheet cijfers en feiten over dementie, Alzheimer Nederland
2. Health at a Glance 2023: OECD Indicators; website: Health at a Glance 2023 : OECD Indicators | OECD iLibrary (oecd-ilibrary.org)
3. Hervormingsagenda Jeugd 2023 – 2028; Website: overheid.nl
4. Kamerbrief het Integraal Zorgakkoord (IZA): Kamerstuk 31 765, nr. 655.
5. Kamerbrief over stand van zaken ggz in de Wet langdurige zorg, Kamerstuk 07-05-2024
6. Kamerbrief over voortgang Programma Toekomstbestendige Arbeidsmarkt Zorg en welzijn (TAZ), Kamerstuk 31-05-2024
7. Long-term care report, Trends, challenges and opportunities in an ageing society. Volume II, Country profiles, 2021
8. Monitor Langdurige zorg, The Netherlands
9. *OECD.Stat: website:* https://stats.oecd.org/Index.aspx?ThemeTreeId=9#
10. Samenvattend rapport Uitvoering Wet langdurige zorg 2022-2023, Nza 18 december 2023 (website: Open.overheid.nl)
11. State of Health in the EU, *Country Health Profiles, 2023,* Netherlands: Country Health Profile 2023
12. Statistics Netherlands | CBS
13. Voortgangsbrief Wonen, Ondersteuning en Zorg voor Ouderen; Kamerstuk 16-05-2024
14. Website Nationale Zorgautoriteit (Nza) Kerncijfers zorgverzekeraars | Zorgverzekeraars | Nederlandse Zorgautoriteit (nza.nl)
15. Website vzinfo.nl/ Gebiedsindelingen | Bestuurlijk | Volksgezondheid en Zorg