POLAND

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

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, 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.*

The long-term care (LTC) system in Poland is expected to face increasing pressure in the coming years due especially to the ageing population that is likely to lead to higher demand and reduced financial resources deriving from taxes to ensure future supply of LTC. There are more than 7.5 million people aged 65 and over in Poland. The share of the population of this age group in the general population is defined by old age indicator and in 2023 it was 20.1% [1]. An increase in the number of people at post-working age is significantly influenced by the population of the elderly people (aged 80 and more). In 2000, the group of the oldest people comprised of 774 thousand (2% of total population), while in 2023, more than 1.6 million, and represent 4.3% of the population of Poland in total - more than double increase is the result of extension in life expectancy. The dependency ratio has been increasing for several years - in 2023 it amounted to 71 against 55 in 2010 [2]. In 2023, male life expectancy was 73.4 and female life expectancy was 81.1 years.[3]

The population ageing process in Poland will continue – an increase in the percentage of people aged 65 and more and a significant decrease in the number of children and young people (0–17 years) will take place in the forthcoming decades. All scenarios predict that by 2060 the number of people aged 65 and over will increase compared by 2022. The largest increase is estimated in the high scenario - by half, in the medium scenario by almost 37%,

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This section is based mainly on Statistics Poland (GUS) data as well as on the findings presented in 2021 EC-SPC Report on LTC vol. 2 (Poland fiche) and Strategic review of long-term care services in Poland prepared by The World Bank and contributed as the first milestone of RRP reform on LTC

[1] Population. Size and structure and vital statistics in Poland by territorial division in 2023. As of 31 December, Statistics Poland, GUS, Warsaw 2024, p. 27 https://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/5468/6/36/1/ludnosc_stan_i_struktura_oraz_ruch_naturalny_w_przekroju_terytorialnym_na_31-12-2023.pdf

[2] Ibidem, p. 28-29
[3] Strategic review of long-term care services in Poland, The World Bank, June 2024, p. 16

and in the low scenario by 22%. The number of people aged 85 and over will increase by 83% in low scenario, or almost three times – according to the high scenario[1].

Long-term care (LTC) benefits and services are available in the health and social sector, targeting different population groups (older people, people with disabilities, those incapable of living independently). Homecare services reached 3.4 % and residential care 2.7 % of the population aged 65 and over. Cash benefits reached 37.2 % of the population older than 65 in 2019. LTC employment is low compared to other EU-27 countries – 0.5 LTC workers per 100 older people (EU-27 average: 3.8, 2016 data). The number of carers is increasing, but ageing of medical and nursing staff will put additional pressure on ensuring adequate care.[2]

Process-oriented measures in assuring care quality are present in both sectors, in social sector particularly in residential services.

The government introduced several programs aimed at increasing access to care services for older people, investing in community care and supporting people incapable of independent living and those vulnerable to poverty with income transfers and introducing respite care solutions. The sustainability of the adopted measures should be strengthened and closer coordination of health and social functions in LTC is needed.[3]

In Poland LTC (especially for the elderly) is traditionally and legally a family domain[4]. Public institutions intervene when families are not able to ensure adequate care measures. Therefore LTC is mostly provided informally – about 80% of the total, with formal care accounting for the remaining 20%– and the burden on informal and formal care services is set to increase.[5] About 5 % of the adult population is engaged in care provision either within their own household or outside. Out of these, more than every third person (34.1%) provides intensive (more than 20 hours per week) care or assistance. Care providers are typically women in their 50s and people at risk of unemployment.[9]

Public LTC benefits are rooted in separate legal regulations in the health and social sector, with different sources of financing and management structures.

In the health sector, LTC provision is made under the Act of 27 August 2004 on health care benefits financed from public funds (ustawa o świadczeniach opieki zdrowotnej finansowanej ze środków publicznych) and the Act of 15 April 2011 on medical activity (ustawa o działalności leczniczej). Nursing and care units can be private, non-governmental or public, operating on the basis of a contract for service provision with the National Health Fund (Narodowy Fundusz

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[1] Population projection 2023–2060, Statistics Poland, GUS, Warsaw 2024, p. 35-36 https://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/5469/11/1/1/1prognoza_ludnosci_na_lata_2023-2060_.pdf
[2] 2021 EC-SPC Report on LTC vol. 2, p. 320
[3] Ibidem
[4] Sowa-Kofta A., ESPN Thematic Report on Challenges in long-term care – Poland, European Social Policy Network (ESPN), European Commission, Brussels, 2018. https://ec.europa.eu/social/BlobServlet?docId=19863&langId=en
[5] Strategic review of long-term care services in Poland, The World Bank, June 2024,, p.17
[9] 2021 EC-SPC Report on LTC vol. 2, p. 323

Zdrowia – NFZ). All healthcare services, including LTC services, are financed from the National Health Insurance. However, in residential care, there is cofunding for any accommodation and catering required. A monthly out-of-pocket payment is set at 250 % of the minimum pension but cannot exceed 70 % of a resident's monthly income.

Social sector LTC services are granted according to the Act of 12 March 2004 on social assistance (ustawa o pomocy społecznej). Care services are managed locally at county[6] level (mostly residential care) or at commune[7] level (some residential care and home care). Services are financed partially from the local government's budgets and partially out-ofpocket. The level of cofounding is set by local authorities, with possible partial or full exemption depending on the financial standing of the recipient. Residential services are financed by care recipients or their families up to the level of 70% of individual incomes, however, for those incapable of covering the cost, co-funding by the local government is possible.

Cash benefits are provided by social security or within family policy funded by general taxation. There are several types of benefits granted based on different entitlements and eligibility criteria.

The public expenditures on LTC are rather low in Poland compared to other EU countries. The out-of-pocket payments are estimated as relatively high, both in terms of users copayments for publicly provided services and as coverage of private care costs. However, in recent years there has been a steady increase in public expenditures on LTC services and benefits.

In 2021, a total of nearly PLN 8.5 billion was allocated for LTC in the public LTC services sector with more than PLN 6.5 billion assigned to the social sector and about PLN 1.9 billion allocated for this purpose in the healthcare sector. Those calculations do not include cash benefits from social protection system (social insurance and family policy).

The National Health Fund's expenditure on LTC services in 2022–2024 is gradually increasing from nearly PLN 2.8 billion in 2022 to almost PLN 3.8 billion in 2024[8] increasing by almost 37% during this time.
Moreover, from February 1, 2023, the price values of settlement units in contracts for the provision of home LTC services have increased (by 17%, 14% and 10%).
Additionally, in order to improve the financial situation of healthcare providers and increase access to services, the National Health Fund (by decision of the Minister of Health) in 2024 paid for the so-called 'overperformance' in 2023. This secured over PLN 116 million necessary to finance the costs of LTC services provided in 2023 above the limit specified in the contract on the provision of limited and unlimited LTC services.
On February 15, 2024, the Minister of Health commissioned Agency for Health Technology Assessment and Tariff System (Agencja Oceny Technologii Medycznych i Taryfikacji – AOTMiT) an analysis and preparation of a report on changing the method or level of financing of health care services, and issuing recommendations in connection with the increase in the minimum salary. Therefore, from July 1, 2024, further increases in expenditure are planned, including for LTC services.

[6] in Polish: powiat
[7] in Polish: gmina
[8] Plan as of July 4, 2024, source: Ministry of Health

It is difficult to compare overall Poland's LTC expenditure with other EU countries due to differences in calculation methodologies[9].

As the first step of the broad LTC reform A4.6 "Increase labour market participation of certain groups by developing long-term care" implemented under the Polish Recovery and Resilience Plan (RRP), the "Strategic review of long-term care services in Poland" was elaborated by the World Bank as part of the milestone A69G. On the basis of this analytical work the key challenges facing LTC in Poland were identified in the areas of governance, financing, human resources, quality, private sector and infrastructure. The next step is the entry into force of legal act or acts implementing selected reform priorities identified the strategic review (see section 2.2).

In spite of all the available schemes, benefits, services and additional programs, Poland is currently facing considerable challenges relating to the provision of high quality and affordable long-term care. LTC capacity in Poland is affected by shortages of staff and carers, constraints related to coordination of available services and overall governance capacity, limited financial resources and insufficient and non-harmonized across sectors quality oversight and standard setting, especially in home care and private sector.

Three main elements of reforms needed to take place in the coming year or two in order to facilitate addressing those challenges include:

- adoption of legal definition of LTC (in view of improving LTC system governance, financing, and quality in both health and social systems)
- increasing of LTC financing
- preparation of the LTC quality framework.

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.*

In Poland, all draft of legal acts and strategic documents are subject to public consultations as well as consultations with relevant stakeholders and competent entities.
Relevant stakeholders, including governmental institutions, civil society organisations and independent experts are usually included in committees or working groups for the implementation and monitoring of strategic documents or particular initiatives.

For example, at the Ministry of Family, Labour and Social Policy recently there has been established a dedicated team of experts and different stakeholders, with the aim of introducing some vital changes to the social assistance system, in order to improve its effectiveness.

[9] Strategic review of long-term care services in Poland, The World Bank, June 2024, p. 174

Furthermore, an *Interministerial Team for systemic solutions related to care for the elderly* has been establish at the Chancellery of Prime Minister, with one of the Working Group for LongTerm Care.

Currently, all stages of work carried out, all forms of cooperation (e.g. working groups, dedicated teams) and activities and measures undertaken involve a wide range of stakeholders, in particular social partners, civil society and non-governmental organizations.

Ensuring dialogue with relevant stakeholders at all level of governance with the involvement of civil society and non-governmental organizations, and social partners is of crucial importance.

As part of the "Strategic review of long-term care services in Poland" that is a part of the Polish RRP reform on LTC, multilateral consultations were also carried out and various stakeholders were involved in this process, including social partners dealing with long-term care provision, informal carers, persons receiving care, those who do not receive care but should receive it, and local authorities. An extensive report from those consultation is published on the official websites of the Ministry of Family, Labour and Social Policy and the Ministry of Health together with the report from strategic review itself (see links provided in section 2.2).

Public consultations were carried out in various forms among target groups involved in or interested in long-term care. The meetings took place, among others: with non-governmental organizations (NGOs), representatives of the Patient Ombudsman, local governments (offices cities, voivodeship offices, selected rural communes, selected urban communes), representatives of chronic care facilities (ZOL), nursing facilities (ZPO), social assistance homes (DPS), primary health care (POZ), as well as with entities providing nursing long-term home care, home mechanical ventilation providers, formal and informal caregivers (such as family, medical caregiver, community caregiver, home caregiver from social assistance, assistant of a person with disability, guardian of an older person, regional social policy centres (ROPS), municipal centres of social assistance (GOPS), social assistance centres (OPS), Social Services Centres (CUS), lawyers and seniors (those receiving care as well as those who do not receive care but should receive it).[10]

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.

Poland is undertaking a number of initiatives to support various elements of the existing LTC system in both health and social sector. There are strategic and legal acts setting the overall framework for the LTC system in Poland. Many additional governmental initiatives have been

[10] Annex 5 (PL version) , Strategic review of long-term care services in Poland, The World Bank, June 2024

taken in order to support the provision of LTC services by local governments and relevant institutions.

Additionally, in order to improve the entire system, its coherence and coordination, as well as to determine further necessary directions for the development of LTC system in Poland, reform regarding LTC is currently being implemented as part of the Polish RRP.

The issues of a coordinated policy for the elderly and a coherent long-term care system are also reflected by the appointment of Minister for Senior Policy. The office of the Minister for Senior Policy was established on December 13, 2023. The basic tasks of the Minister were specified in the regulation of the Prime Minister and include, among others:

1) conducting analyses and assessing the effectiveness of legal solutions in the field of senior policy;
2) coordination of activities of government administration bodies in monitoring the situation of older people;
3) initiating, supporting and promoting solutions in the field of senior policy;
4) developing proposals for the development of senior policy;
5) developing and giving opinions on draft legal acts and other government documents in the field of senior policy;

The most important activities undertaken in the first half of 2024 concerned the preparation of assumptions and the draft act on senior voucher.

Moreover, an *Interministerial Team for systemic solutions related to care for the elderly* has been establish at the Chancellery of Prime Minister, with one of the Working Group for LongTerm Care. The Team includes representatives - with the rank of minister - including: Ministry of Family, Labour and Social Policy, Ministry of Health, Ministry of Finance, Ministry of Development Funds and Regional Policy, Ministry of Agriculture and Rural Development, Ministry of Climate and Environment, Ministry of Interior and Administration. Its task is, among others, analysis of solutions related to the care of the elderly, proposing solutions in areas related to the care of the elderly, as well as developing recommendations for the assumptions of legislative solutions regarding the care of the elderly.
Working Group for Long-Term Care includes several LTC experts and stakeholders. The Group works on developing solutions to improve the functioning of the LTC area, also in the context of implementing the elements identified as part of the LTC reform in the Polish RRP.

There are also works recently undertaken on the reform of social assistance system, including long-term care services provided within this system. Minister of Family, Labour and Social Policy has established the Team for the Reform of the Social Assistance System (Order no.24 of 27 June 2024 of Minister of Family, Labour and Social Policy regarding the establishment of the Team for the reform of the social assistance system). The team consists of different stakeholders, including independent experts and practitioners. Several thematic working group have stated their work focused among others on social services provision and reform of residential care facilities within social assistance system. The aim of the Team's work is to analyse and assess the effectiveness and adequacy of existing solutions within the social assistance system in Poland, including the implementation of deinstitutionalization, the availability of benefits, services and other forms of support, and the situation of social assistance employees, as well as to develop proposals for systemic and legal solutions reforming the social assistance system.

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(ies) and cooperation with stakeholders**, **evaluation** and **cross-linkages with other measures**.*

Under the Polish RRP the specific reform on LTC is implemented, namely the reform A4.6 "Increase labour market participation of certain groups by developing long-term care".
The overarching objective of the reform is defined as: to increase the labour market participation of certain groups, in particular women, by developing the LTC system in Poland. To that end, a strategic review of the LTC system shall be performed and followed by relevant legislative changes.
The reform consists first of the publication of an analysis of the LTC system in Poland. This milestone was concluded by the end of June 2024. The analysis in particular explored the possible ways to:

- integrate social and health LTC;
- the deinstitutionalisation of these services;
- put them under a single authority;
- reduce fragmentation of care provision;
- create a stable system of adequate financing of the LTC services, especially the community-based and home care;
- introduce a quality framework on long-term care services.

The analysis has been done in consultation with relevant stakeholders, including social partners dealing with LTC provisions, informal carers, persons receiving care, those who do not receive care but should receive it and local authorities. In this way the scope of the analysis in general covers also the objectives and main points of the Recommendation.

The report from the strategic review together with its annexes is published on official websites of Ministry of Family, Labour and Social Policy[11] and Ministry of Health[12].

In its second step, under the milestone A70G, the reform shall consist in the entry into force of legal act or acts implementing selected reform priorities determined on the basis of the strategic review of LTC in Poland (based on the conclusions of the milestone A69G).

The reform priorities include in particular:

- to define "long-term care" in a way that is consistent across the country's care system as a whole (i.e. both health and social assistance);
- to define the concepts of "informal carers" and "informal care";
- to increase the financing of LTC system by introducing the "senior voucher";
- to amend the legal provisions or adopt new provisions on quality standards for LTC in

[11] https://www.gov.pl/web/rodzina/reforma-nr-a46-kpo-pn-wzrost-wspolczynnika-aktywnosci-zawodowejokreslonych-grup-poprzez-rozwoj-opieki-dlugoterminowej
[12] https://www.gov.pl/web/zdrowie/przeglad-strategiczny-opieki-dlugoterminowej-w-polsce-opracowanyprzez-bank-swiatowy

the social assistance and health care system, in accordance with the results of the analysis carried out;
- define the bodies responsible for coordination of LTC system, overall monitoring and evaluation of quality and information activities.

In addition to the changes in the legal framework, the following measures shall be taken:
- to adopt the public expenditure review to evaluate the effectiveness of public finances for long-term care and propose budgetary solutions to ensure the fiscal sustainability of the system;
- to adopt a document proposing a harmonised definition of quality of LTC in the social and healthcare systems and an integrated system of quality monitoring and evaluation, data gathering and use.

The implementation of this step (milestone) of the reform shall be completed by 31 December 2025.

The institutions responsible for this RRP reform are: Ministry of Family, Labour and Social Policy, Ministry of Health, Chancellery of the Prime Minister – Minster for Senior Policy and Ministry of Development Funds and Regional Policy.

Development of LTC services is also covered by the current strategic documents in the field of social policy and health.
Strategy for the development of social services, public policy until 2030 (with a perspective until 2035), was adopted in June 2022. This sets out directions of activities aimed at the development of social services in Poland.
The planned main directions of activities also related to LTC services include:
- priority of social services provided in the local community over inpatient (24/7 care facilities) services,
- using the resources and potential of existing institutional LTC for the development of new community-based services,
- development of various forms of housing with a baskets of relevant social services (including care services).

The implementation of the activities set out in the Strategy takes place successively and is spread over time. The process of introducing legislative changes aimed at implementing the directions set out in the Strategy has already started. On November 1, 2023, amendments to the Act on Social Assistance entered into force, which provide, among others:
- introduction of regulations enabling the provision of short-term support services by social welfare homes (in the form of 24-hour stay and daily stay),
- introducing the possibility of providing care services in the form of neighbourhood services,
- introduction of new regulations regarding supported housing (training housing and assisted living facilities).

The Ministry of Family, Labour and Social Policy implements a number of initiatives consistent with the Strategy for the development of social services in accordance with the idea of deinstitutionalization and financially supporting the activities of local governments in the development of various types of community services for people in need of care and support:

- In 2024, the Program for the development of family care homes is being implemented; the aim of the Program is to improve access to care and living services provided in facilities intended for no more than eight people (the Program co-finances the creation of new family assistance homes, as well as financial support for municipalities in the costs they incur for the stay of people sent to family assistance homes);
- The creation and further operation of community self-help homes (support centres for people with mental disorders) is financed from the state budget (as a task commissioned from the government administration);
- "Care 75+" program is being implemented, aimed at improving access to care services, including specialized care services for people aged 75 and over, living in small urban, rural and urban-rural communes;
- “Senior Support Corps" program - the aim of the Program is to provide support for seniors aged 65 and over by providing services resulting from identified needs in a given commune, falling within the areas indicated in the program, and providing care services through access to the so-called "remote care" aimed at improving the safety and ability to function independently in the place of residence of older people;
- The "Senior+" program, aimed at increasing active participation in the social life of seniors by expanding the infrastructure of support centres in the local environment, by increasing the number of places in "Senior+" support centres, i.e. "Senior+" Day Homes and "Senior+ Clubs" (since 1st of July 2024 the supervision on the programme has been transferred to Minister for Senior Policy);
- Family members or carers of people with disabilities have the opportunity to benefit from support under the "Respite Care" Program, which is intended to temporarily relieve family members or guardians of people with disabilities from everyday duties related to providing care, providing them with time for rest and regeneration;
- Under the "Personal Assistant for a Person with Disabilities" Program, it is possible to benefit from support in the form of providing a personal assistance service, in particular the assistant's help in performing everyday activities by the Program participant;
- “Care and Housing Centres" program aimed at helping adult people with disabilities with a significant or moderate degree of disability; the program also includes financial support for local government units in carrying out tasks for people with disabilities. People to whom the program is addressed, in addition to various support (including health and care needs, stimulation and development of mobility skills, cognitive and social competences), are provided with the opportunity to function independently and with dignity, according to their needs, in the local community, in conditions similar to home; support is provided in the form of daily and 24-hour stays.

Ministry of Family, Labour and Social Policy also undertakes activities aimed at preparing social assistance and integration institutions for the deinstitutionalization process. Several initiative has been implemented or are planned with the support of EU funding.
As part of Measure No. 2.8 Development of social services provided in the local community under the Operational Program Knowledge Education Development 2014-2020 (national programme for ESF implementation) the project entitled "Development and pilot implementation of mechanisms and plans for the deinstitutionalization of social services" was implemented. The aim of the project was to develop and implement local plans for the deinstitutionalization of social services in local government units selected in a grant competition. Additionally, as part of the project the nationwide framework guidelines for creating local plans for the deinstitutionalization of social services together with good practices were developed and

trainings, workshops, educational seminars and consulting sessions for representatives of local government units and social service providers were carried out.
Issues related to the deinstitutionalization process and development of community based care services are also subject of projects planned by the Ministry, which will be implemented in partnership with relevant stakeholders under the European Funds for Social Development Programme 2021-2027 (national programme for ESF+ implementation):

- support for regional institutions in the process of deinstitutionalization of social services – the project will develop a support mechanism for local government units, including preparation of recommendations for regional programs to implement the deinstitutionalization process and one of the results of the project will be the development of proposals for legal changes regarding the creation of an interdisciplinary system for monitoring the situation, quality of life, respect for human rights and the possibility of ensuring independent living for people staying in LTC institutions and recipients of social services;
- support for institutions dealing with social assistance and integration – the main focus of this project is on support for staff and on improvement of employees' competences; apart of the activities related on services for people in crisis of homelessness, a group of employees of social care facilities employed as medical caregivers will receive support for improving their competences and the assumptions for legal framework regulating supportive professions, including the profession of Care Specialist, will be developed;
- equal and quick access to good quality person-centred services through the development of social service centres (CUS – centra usług społecznych) - the aim of the project is to improve access to social services and enhance the role of CUS centres in coordination of social services at local level; the model of cooperation between CUS and social economy entities and local institutions involved in the development of social services, such as social economy support centres or social economy entities, that play an important role as providers of care services.

The demand and provision of LTC is also one of the main issues of the "Map of Health Needs", developed by the Ministry of Health, which is a complex response to the need for rational management of the resources of the healthcare system, based on actual data. The system is presented broadly: starting from the demographic and epidemiological background, through outpatient and inpatient care, including LTC and rehabilitation, ending with resources (staff and infrastructure) given the current situation in the healthcare system and a forecast of changes in the coming years. As part of the LTC system analyses conducted on large data sets (big data analysis), the current and future state of this part of the system is examined, including the number of visits, average length of stay in the facility, types of services, and the care potential coefficient. The conclusions drawn from the data allow for the formulation of key tasks in this area.
The "Map of Health Needs" also provides a diagnostic basis for strategic and directional documents such as the national and regional transformation plans and a strategic document for health care system in Poland called "Healthy Future. Strategic framework for the development of the health care system for 2021-2027, with a perspective to 2030". As part of this document the "Healthcare Deinstitutionalization Strategy: Older People" was developed, in order to shift the burden of LTC in healthcare system from residential to community and home care and to intensify health support for older people and their cares in the local environment.
The aim of the "Deinstitutionalization Strategy" is to improve the health and health-related quality of life of older people and their carers and to support them in maintaining their

independence, enabling them to function in the local environment for as long as possible. The planned activities focus on developing of community and home forms of LTC, palliative, and care for people with brain diseases with memory disorders (including dementia disorders such as Alzheimer's disease), and expanding health support for carers of older people in need of support in everyday functioning.
The “Deinstitutionalisation Strategy” consists of six strategic areas with the following measures planned to be implemented to achieve objectives of each strategic area:

- Development of human resources – raising the competences of care staff (medical caregivers) in the scope of care for the elderly who need support in everyday functioning in order to support LTC and palliative care provided at home;
- Development of day care forms – expanding the available forms of medical day care for older people in need of support in everyday functioning, including people with dementia;
- Development of home care forms – including training for medical staff (medical carers) on providing LTC and palliative care at home;
- Development of innovative forms of care – dissemination of telemedicine services dedicated to older people and other people in need of support in everyday functioning, and their inclusion in the scope of healthcare benefits financed from public funds;
- Providing support for informal carers – training on providing proper care at home, information on available forms of support and assistance in everyday care, and psychological support in the local environment and remotely;
- Coordination of community care – by providing a comprehensive database of information on publicly available forms of health care services for older people and health support for their informal carers.

However, in parallel to efforts to increase the level of LTC in deinstitutionalized forms, it is essential, in the face of demographic trends, to adequately provide LTC and geriatric inpatient care. In order to increase the availability of LTC and geriatric care services in the inpatient mode, the reform D1.2 of the Polish RRP is being implemented, the assumption of which is to support the transformation of district (powiat) hospitals or their parts into LTC or geriatric care units or centres.
In accordance with the chronology of interventions based on documents developed under milestones D1L ("Comprehensive review of the possibilities of creating LTC centres and geriatric wards in district hospitals in Poland") and D2L ("Scope of support for changes in the organizational structure of district hospitals in the field of long-term or geriatric care at the local level in the territory of the Republic of Poland"), a list of district hospitals selected in a competition procedure to obtain additional support for the creation of LTC or geriatric care beds (under milestone D3L) will be developed. Similar activities are planned to be implemented and finances from the Medical Fund.

On 22th of March 2024 the draft of the legislation on senior voucher has been published in the List of legislative and programmatic works of the Council of Ministers (Wykaz prac legislacyjnych i programowych Rady Ministrów). The measure will be addressed at people aged 75 and over and their working descendants (usually children). The elderly person, after meeting certain conditions for them and their descendants, will be able to receive care services in place of residence. One of the conditions for receiving support will be the professional activity of the descendant.
The senior voucher will be a benefit in kind, complementing the currently existing long-term care solutions (for the elderly). This benefit cannot be combined with care benefits already granted

under social assistance or health care. Moreover, a voucher will be granted in a situation where an elderly person is not ensured that their basic living needs are met by their family or under the other solutions currently in force.
These services will be provided by the commune (gmina) or the entity commissioned by the commune to provide them. The entity carrying out the task will employ worker to provide services in the place of residence of the elderly person. The commune will receive funds to finance the voucher in accordance with the demand resulting from the contracted number of services.
In the second half of 2024, the above-mentioned proposal will be subject to extensive consultations at both the central and local levels, so that all stakeholders can comment on it.

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.*

There are several areas of LTC system that need long-term perspective of reforms, support and cooperation on EU level or are conditioned by the findings and results of prior actions and as a such they are not (yet) addressed by current and planned measures.

The “Strategic review of long-term care system in Poland” under the milestone A69G of Polish RRP revealed some of such areas, especially related to adequate and sustainable LTC funding (e.g. sufficient LTC funding at different service delivery levels and settings, revise copayment mechanism or provide multiyear funding), LTC human resources (e.g. raise remuneration of LTC workers to support the supply of workers for care continuity or boost prestige and attractiveness of care work) or LTC quality management.

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.).*

Exchange of good practices on quality monitoring and management of LTC services between Member States, especially in the sector of home care would be of high value, as well as any initiative aimed at promotion of employment in LTC sector, coordination of LTC services and increasing of attractiveness of care professions.

There is also need for further financial support from EU funds for the development of LTC services, including the transformation of care institutions into community-based services. EU funds supporting national strategies and programs aimed at improving LTC services provision might be essential in this context.

Support from the European Commission in identifying the possibilities of using modern technologies, including digital technologies in LTC, is also important.