

Velkommen til debatseminar om

FREMTIDENS ÆLDREVELFÆRD

Dagens program

- 15.00 – 15.10** **Officiel velkomst**
- 15.10 - 15.40** **Hvordan borgernes behov for pleje, service og boligydelse opfyldt i Sverige?**
Mark Jensen, CEO, Ambea
- 15.40 - 16.10** **Kan Danmark lære af ældreplejemodellen i Tyskland?**
Marc Rapp, professor, Philips universitetet i Marburg, Tyskland
- 16.10 - 16.40** **Hvorfor kender vi ikke de kommunale afregningspriser – og hvad er konsekvenserne?**
Finn Lauritzen, Axcel Future og tidligere direktør i Konkurrencestyrelsen
Troels Yde Toftdahl, Dansk Erhverv, og
Paul Erik Weidemann, OK-Fonden
- 16.40 - 17.10** **Hvilke løsninger kan pensions- og forsikringsbranchen bidrage med?**
Jesper Brask Fischer, PFA
- 17.10 - 17.30** **Kan nye løsninger og boligformer, der understøtter et aktivt og sundt ældre liv lette presset på det offentlige plejesystem?**
Perspektiver fra Anette Damgaard, Falck Healthcare og Katrine Lester, Danske Seniorer



Danmark har
sammen
med Holland
verdens bedste
pensionskasse-
system.

OECD/Mercer m.fl.



Da min gamle mor blev syg, fandt jeg ud af, at sundhedsvæsenet ikke er for ældre uden pårørende

Næste år vil der for første gang være flere ældre end børn og unge

Markant flere ældre presser kommunernes økonomi

“Ældreplejens problemer er velfærdssamfundets allerstørste udfordring”

Må jeg bo hos dig, når jeg bliver gammel?

Jeg er skrækslagen ved tanken om at skulle på plejehjem

Kan det offentlige levere værdig ældrepleje? Danskernes tillid svigter, viser undersøgelse

Finansministeriet med forsigtigt bud: I 2030 mangler over 18.000 sosu'er og pædagoger



61% af danskerne
føler sig utrygge ved
måske en dag at
skulle på plejehjem

CAWI-undersøgelse foretaget
af Wilke i oktober 2020

Der skal anvendes
yderligere
30 milliarder kr.
til 16-17.000
plejehjemspladser
frem mod 2030.

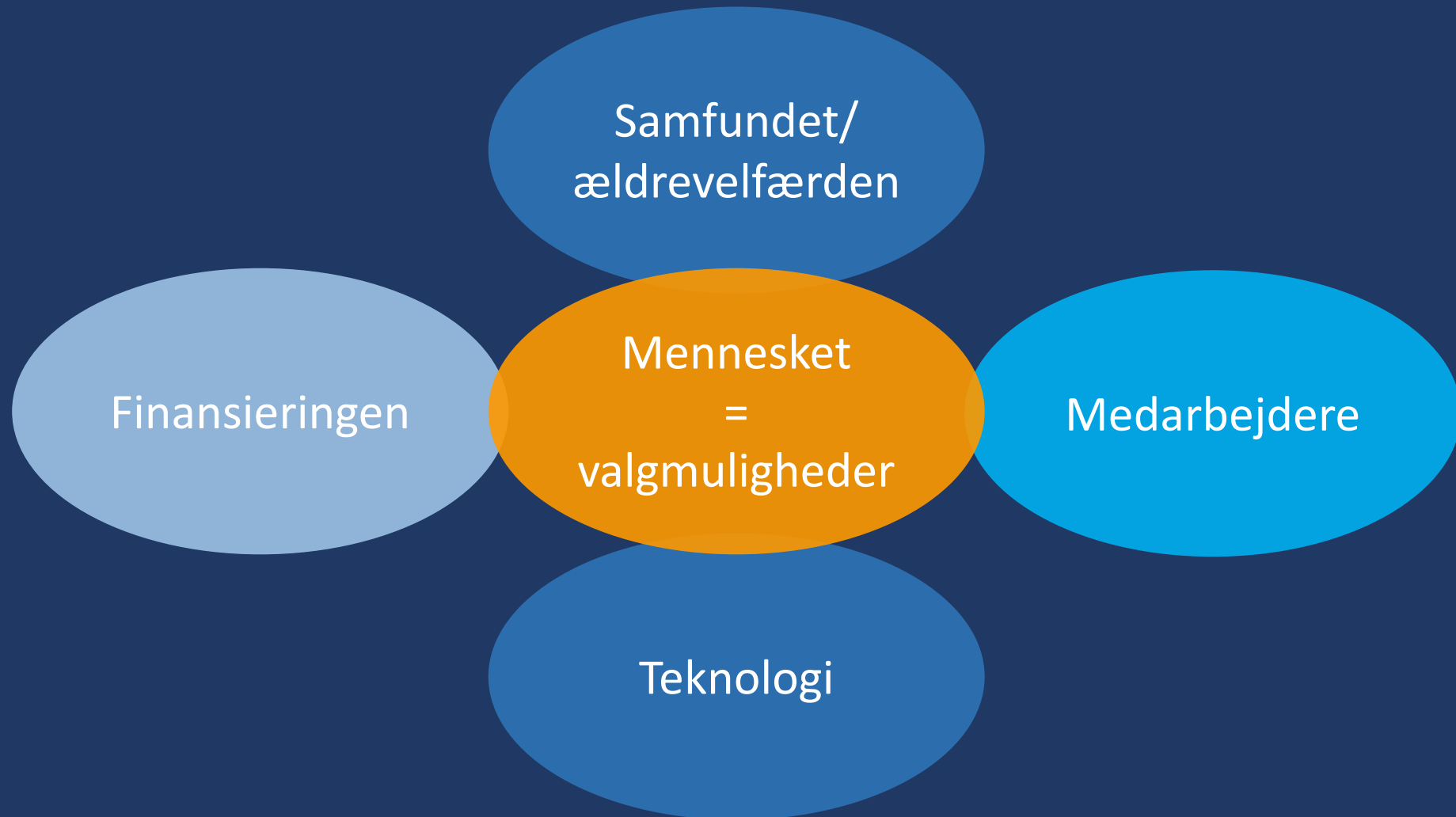
Beregninger baseret på tal fra Danmarks Statistik





80.000 danskere er interesserede i seniorboliger og dette behov vil være stigende til 144.000 i 2044.

Behov for ny forskning med udgangspunkt i mennesket og nye muligheder



Årets temaer

Vi vil fokusere på 3 centrale spørgsmål:

- Kan vi lære af modeller og løsninger fra andre nordeuropæiske lande?
- Kan pensions- og forsikringselskaber bidrage til nye løsninger?
- Hvorfor er der ikke gennemsigtighed om de kommunale afregningspriser og hvad er konsekvenserne?

Hvordan opfyldes borgernes behov
for pleje, service og boligydelse
i Sverige?

MARK JENSEN

CEO, AMBEA



Vi gør verden lidt bedre, ét menneske ad gangen

vardaga nytida stendi altiden læra klara

Our world



CHALLENGES
Care needs are growing
Fewer will have to support more
Growing shortage of care workers



VISION
We make the world
a better place,
one person at
a time.



MISSION
Together we create a
safe, secure and sustainable
care for everyone

CORE VALUES
Respect Knowledge Simplicity Responsibility

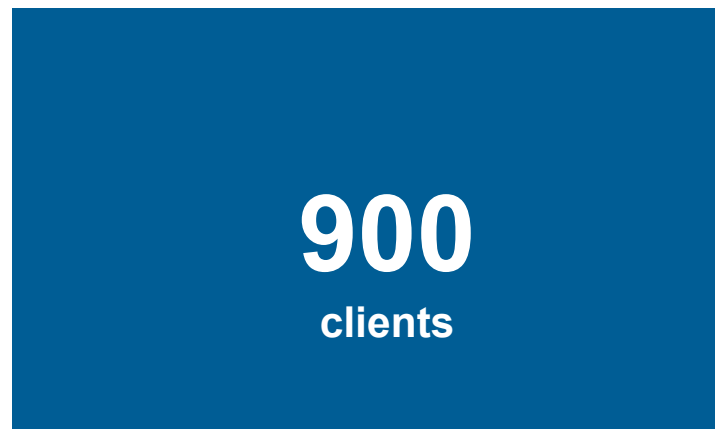


STRATEGY
We offer care services with our customers in focus
We deliver quality through competence
We make time for care
We accelerate innovation and welfare technology



Ambea in brief

Family of care



This is how we create value



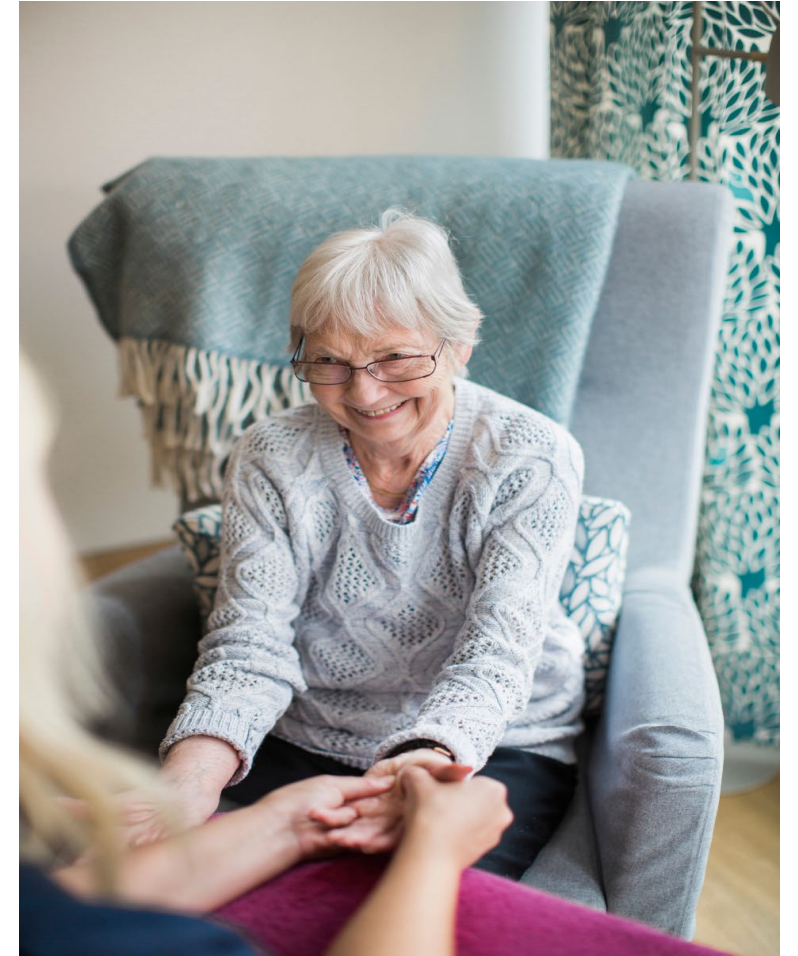
Overview of the elderly care in Sweden

2022

- Municipalities are responsible for the elderly care
- Today 230 000 people has home care
- 88 000 people live in a nursing home
- 20 % of the nursing homes are privately operated

2030

- The 80+ age group will increase with 250 000 people to 2030
- >400 new nursing homes are needed during the same period
- In addition, many public nursing homes that were built 30–50 years ago are in poor condition today



Vardaga elderly care for better quality of life



- 4600 care receivers
- 105 nursing homes
- 2400 home care customers

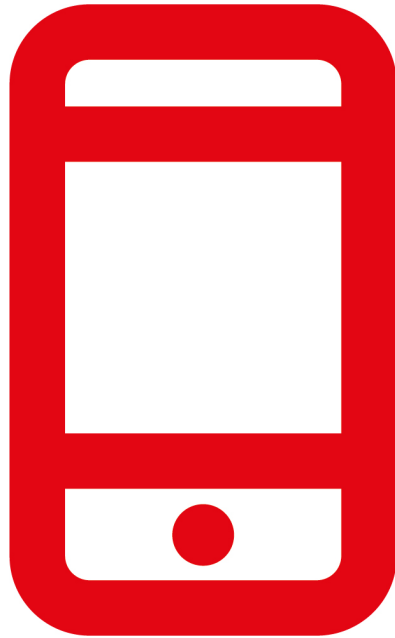
The Good Day – care based on your preferences

Clear concepts create quality and efficiency

- Active daily living
- Meetings over generations
- Pet therapy
- Dementia Academy
- Food like home
- The importance of sleep
- End-of-life care



Feel free to take a tour and discover more



rundtur.vardaga.se



Ambea has unique knowledge in building and operating smart and efficient nursing homes

- Last 12 months we opened 427 care placements, and in our pipeline, we have over 1 100 new placements
- We prioritize expansion of own managed nursing homes to municipalities with a stable "freedom of choice" model in place
- Today we have two own management nursing homes in Denmark (Fribo Holte/Greve)



Accelerate the development in Denmark

What prerequisites need to be in place for the private sector to grow and contribute more?

- Freedom of choice – give the opportunities for people to choose
- Volume and predictability so the private sector can invest
- Coverage for actual costs
- Unbiased control of the price calculations





Questions?

ambea 

**Vi gør verden lidt bedre,
ét menneske ad gangen**

Kan Danmark lære af
velfærdsmodellen i Tyskland?

MARC RAPP

PROFESSOR, UNIVERSITETET I MARBURG



German Long-term Care Insurance “Pflegeversicherung”

Prof. Dr. Marc Steffen Rapp | MACIE - Marburg Centre for Institutional Economics



Copenhagen, October 5th, 2022

There is a significant need for long-term care in many developed countries

OECD and the European Commission estimate that some 16.4m – 27.6m older people are in need of long-term care in Europe

EU-27



Some **20 %** aged 65+ need long-term care



Some **30 %** aged 65+ need long-term care

Table 1: Share of population aged 65+ estimated to have long-term care needs, by level of severity and by gender, based on self-reported difficulties

EU-27	Low needs		Moderate needs		Severe needs		Any needs	
	Men	Women	Men	Women	Men	Women	Men	Women
%	7.2-12.9	11.0-18.8	4.5-7.0	6.7-11.4	2.7-4.3	4.2-6.8	14.5-24.2	21.9-37.0
Totals	2,694,960-	5,540,079-	1,697,692-	3,353,085-	1,012,243-	2,087,506-	5,404,895-	10,980,670-
%	4,819,458	9,450,392	2,609,968	5,738,049	1,600,092	3,415,910	9,021,656	18,604,352

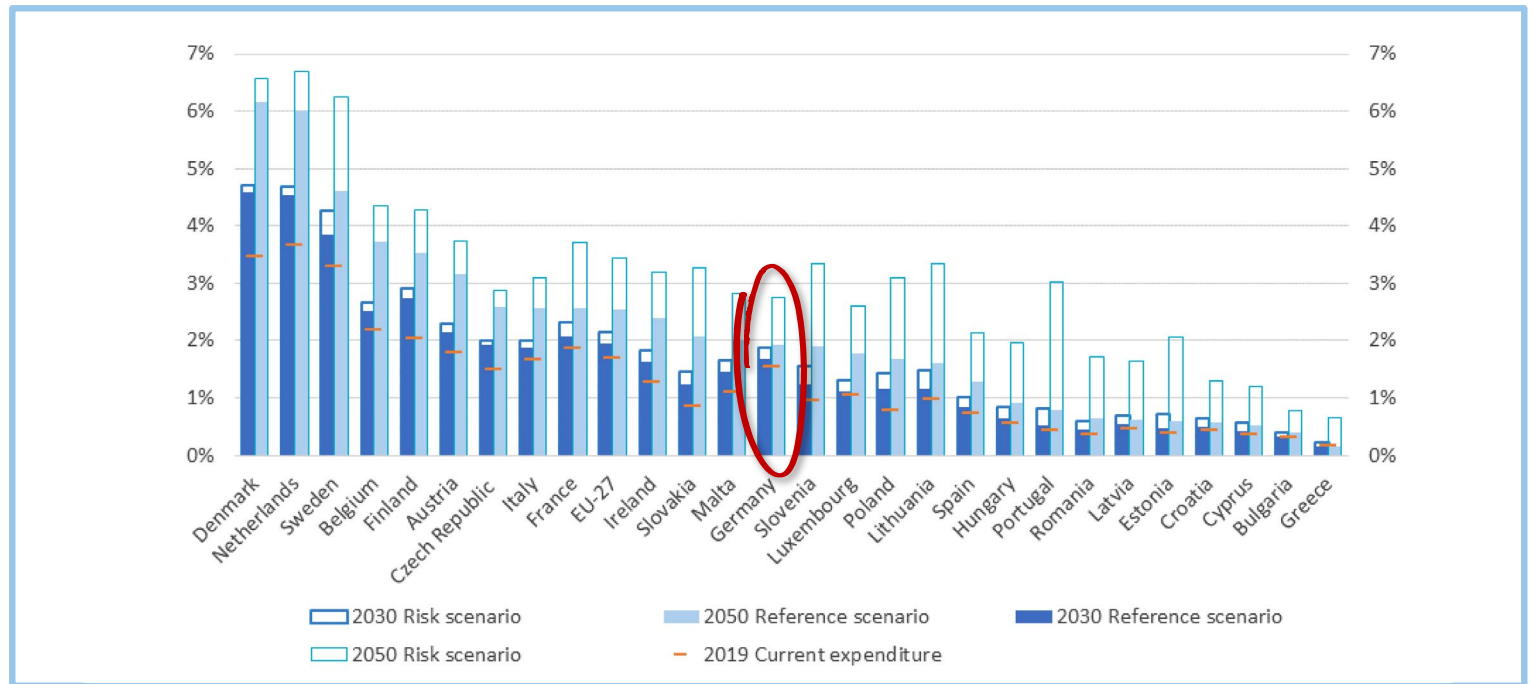
Averaging across the EU-27 for people aged 65 or over, 19-32 % are estimated to have low, moderate or severe long-term care needs.⁸⁵ The intervals reflect different approaches used to match typical cases to self-reported difficulties. More specifically, the OECD estimates that, across the EU-27, 9.4-16.3 % of Europeans aged 65 or over have low needs, 5.8-9.5 % have moderate needs, and 3.5-5.8 % have severe needs. These estimates suggest that 8.3-14.3 million Europeans aged 65 or over have low needs, 5-8.3 million have moderate needs, and 3.1-5 million have severe needs.

Source: EU Commission (2021, p. 49), 2021 Long-Term Care Report - Trends, challenges and opportunities in an ageing society, Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL).

...and this need will grow over time and challenge societies

Public spending on long-term care as % of GDP, current and projections

Germany	
2019	1.6 % of GDP
2030	1.7-1.9 % of GDP
2050	1.9-2.7 % of GDP

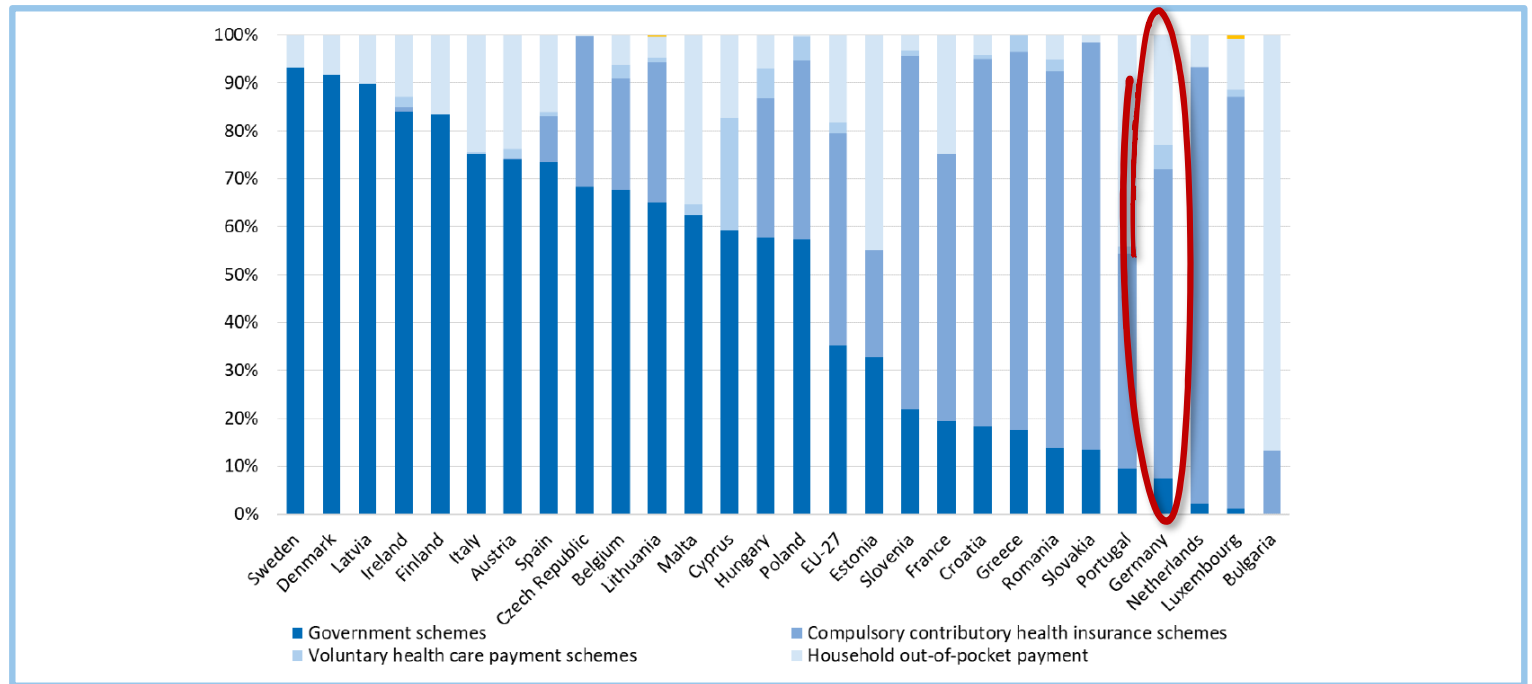
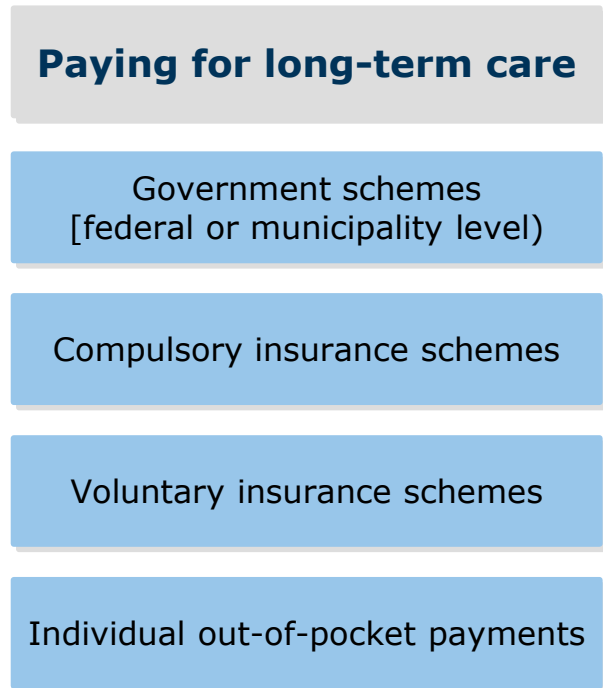


Note: Member States ordered according to the 2050 reference scenario. Member States reported some public expenditure data on social long-term care, which are not included in the SHA, directly to the AWG; therefore, the public expenditure recorded in the Ageing Report may exceed the total expenditure recorded by Eurostat.

Source: EU Commission (2021, p. 94), 2021 Long-Term Care Report - Trends, challenges and opportunities in an ageing society, Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL).

As such, a key question is how to finance long-term care?

Share of expenditure by financing schemes for the health component of long-term care expenditure



Note: Eurostat, SHA249 2018, hlth_sha11_hchf, data for long-term care (health). No information available for: out-of-pocket payments for EL; voluntary healthcare payment schemes for CZ, SK and SE; and rest of the world financing scheme for BE, CY, CZ, DE, ES, FI, FR, HR, IE, IT, MT, PT, RO, SE, SI, and SK (assumed as 0 in figure).

Source: EU Commission (2021, p. 98), 2021 Long-Term Care Report - Trends, challenges and opportunities in an ageing society, Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL).

The German long-care insurance (“Pflegeversicherung”)

Germany has opted for a pay-as-you go insurance system

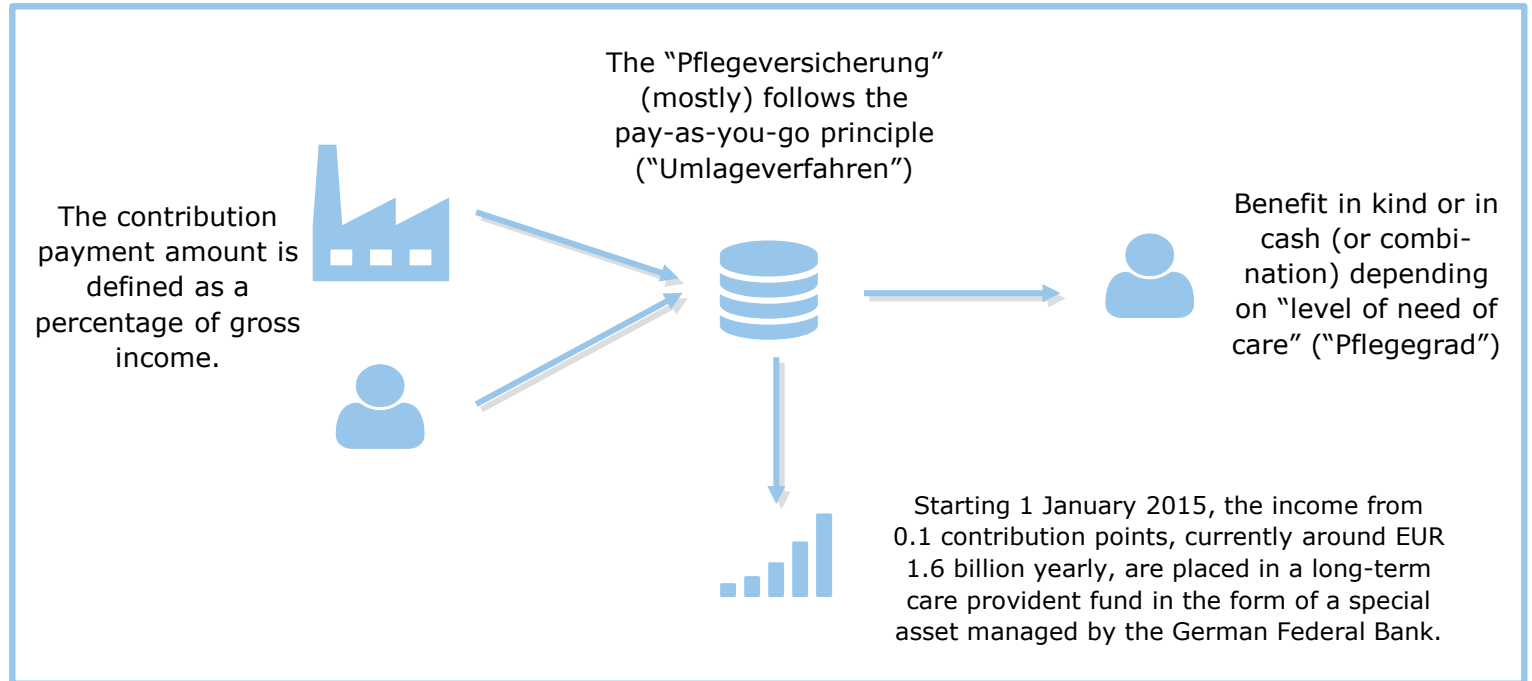
“Pflegeversicherung”

...youngest pillar of the German social security system (health care, unemployment, pension, accident, long-term care)

...compulsory for all individuals subject to compulsory health insurance (“long-term care insurance follows health insurance”)

...premia are collected together with premia for health insurance
[in total 82.7m individuals covered, as of 2022]

... private long-term care supplementary insurance plans are available (voluntarily; partially preferential tax treatment)



Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance (“Pflegeversicherung”)

Contribution payments are capped and contributions are paid by employees and employers according to specific rules

As of 2022	Year	Month
Contribution assessment threshold pension and unemployment insurance (West)	84,600 EUR	7,050.00 EUR
Contribution assessment threshold health and long-term care insurance	58,050 EUR	4,837.50 EUR
...maximum standard contribution to long-term care (3.05%)	1,771 EUR	147.54 EUR
...age 23+ and without children (additional 0.35%)	1,974 EUR	164.48 EUR

(“long-term care insurance follows health insurance”)

In federal states that have reduced the number of public holidays by 1 (mostly “Buß- und Betttag” / “Day of Prayer and Repentance”), the standard contribution payment amount is shared by employers and employees

In federal states that have not reduced the number of public holidays (such as Saxony), employees have to pay the first 1%, the remaining standard contribution payment amount is shared by employers and employees

The contribution for individuals without children is charged to the employee

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de

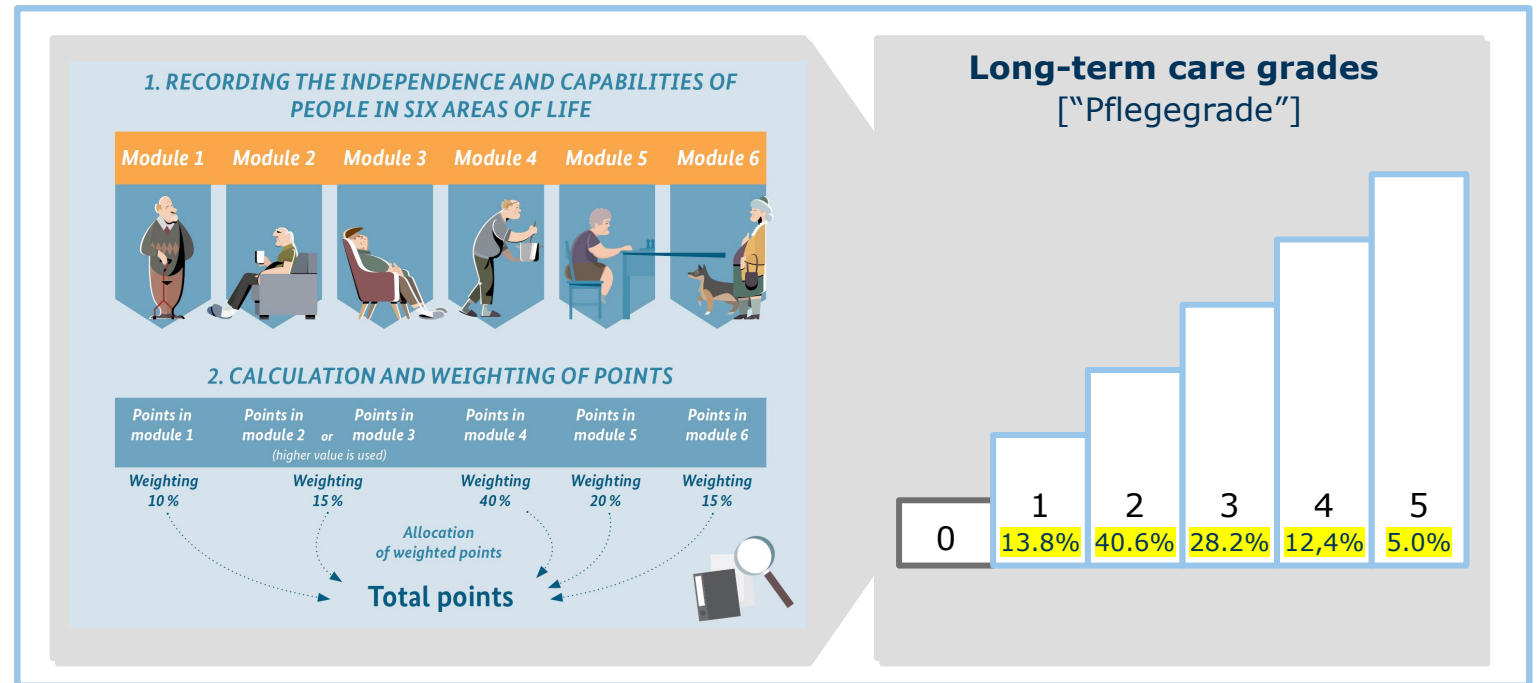
The German long-care insurance (“Pflegeversicherung”)

Long-term care benefits are granted only after an independent assessment along 6 modules which yields a long-term care grade

Long-term care benefit

Individuals that dependent on the help of others over some time (generally at least six month) because of health conditions, physical, mental, or psychological disability may be eligible for benefits of the long-term care insurance

Upon request (application for long-term care) the Medical Advisory Service for the statutory health insurance (MDK) or another independent evaluator will be charged with the assessment of the need for long-term care.



Notes: Data refer to end of 2021. As of end of 2021, **4.6 m beneficiaries** of the public long-term care insurance were recorded.

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance (“Pflegeversicherung”)

Module 1-5 of the assessment

Module 1 „Mobility“: The evaluator will take a look at bodily movement. For example: Can the affected person stand up alone and move from the bed to the bathroom? Can they move through their residence independently and can they climb stairs?

Module 2 „Mental and communication-related abilities“: This area covers comprehension and talking. For example: Can the person maintain their orientation in time and space? Can they understand facts, recognise risks, and hold conversations with other people?

Module 3 „Behaviour and psychological issues“: This includes restlessness at night or anxiety and aggression that negatively impact the person needing care as well as their family members. If they react to nursing care measures defensively, this is also taken into account here.

Module 4 “Self care”: Can the applicant wash and dress themselves, go to the bathroom themselves, eat, and drink themselves?

Module 5 „Independent handling of requirements and challenges associated with illness or therapy – and their management“: The evaluator will check if the affected person can take their medications themselves, for example, if they can independently measure their blood sugar, if they are capable of using aids such as prosthetics or walker, and if they are capable of seeking out a doctor.

Module 6 “Everyday life and social contacts“: Is the affected person capable of planning and going through their day independently? Are they capable of contacting people directly or going out for a game of cards without assistance?

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance ("Pflegeversicherung")

Soziale Pflegeversicherung
Leistungsempfänger nach Altersgruppen und Pflegegraden
am 31.12.2021
- insgesamt -

Alter in Jahren	ambulanz						stationär						in Einrichtungen der Behindertenhilfe						insgesamt						in %
	Pflegegrad					zusammen	Pflegegrad					zusammen	Pflegegrad					zusammen	Pflegegrad					zusammen	
	1	2	3	4	5		1	2	3	4	5		1	2	3	4	5		1	2	3	4	5		
bis unter 15	19,429	76,226	76,255	23,859	8,568	204,337	2	14	37	52	144	249	1,008	1,312	743	525	3,588	19,431	77,248	77,604	24,654	9,237	208,174	4.5	
15 bis unter 20	4,770	21,413	19,207	8,607	4,945	58,942	6	2	3	17	79	107	1,314	1,498	1,022	781	4,615	4,776	22,729	20,708	9,646	5,805	63,664	1.4	
20 bis unter 25	3,808	14,410	12,831	6,604	4,762	42,415	14	24	33	40	175	286	2,134	2,050	1,619	1,262	7,065	3,822	16,568	14,914	8,263	6,199	49,766	1.1	
25 bis unter 30	3,952	11,237	9,358	4,895	3,945	33,387	6	49	41	73	267	436	2,886	2,680	1,850	1,383	8,799	3,958	14,172	12,079	6,818	5,595	42,622	0.9	
30 bis unter 35	5,243	12,265	9,368	4,922	3,848	35,646	10	98	121	177	402	808	3,774	3,032	2,405	1,602	10,813	5,253	16,137	12,521	7,504	5,852	47,267	1.0	
35 bis unter 40	6,663	13,697	9,058	4,713	2,991	37,122	26	192	248	251	573	1,290	4,260	3,008	2,365	1,348	10,981	6,689	18,149	12,314	7,329	4,912	49,393	1.1	
40 bis unter 45	8,344	17,047	10,511	4,436	2,432	42,770	27	280	439	456	711	1,913	4,628	2,993	2,143	955	10,719	8,371	21,955	13,943	7,035	4,098	55,402	1.2	
45 bis unter 50	10,846	22,324	13,046	4,950	2,220	53,386	27	552	795	735	943	3,052	5,147	3,104	2,096	817	11,164	10,873	28,023	16,945	7,781	3,980	67,602	1.5	
50 bis unter 55	19,279	40,169	22,252	7,260	2,776	91,736	80	1,350	2,190	1,863	1,861	7,344	8,030	4,764	2,735	998	16,527	19,359	49,549	29,206	11,858	5,635	115,607	2.5	
55 bis unter 60	30,394	64,221	35,000	10,549	3,800	143,964	167	2,880	5,050	3,953	3,123	15,173	9,794	5,642	2,990	835	19,261	30,561	76,895	45,692	17,492	7,758	178,398	3.9	
60 bis unter 65	38,162	84,488	45,232	13,380	4,379	185,641	259	4,710	8,253	6,434	4,173	23,829	8,626	4,549	2,122	593	15,890	38,421	97,824	58,034	21,936	9,145	225,360	4.9	
65 bis unter 70	45,501	104,707	56,519	16,804	5,222	228,753	268	6,373	11,549	8,672	4,862	31,724	5,738	2,918	1,228	334	10,218	45,769	116,818	70,986	26,704	10,418	270,695	5.9	
70 bis unter 75	60,083	141,138	76,177	22,854	6,828	307,080	369	8,005	15,411	12,435	6,716	42,936	3,212	1,822	726	186	5,946	60,452	152,355	93,410	36,015	13,730	355,962	7.7	
75 bis unter 80	78,482	187,484	101,282	31,162	8,911	407,321	421	10,526	22,807	19,942	10,501	64,197	1,448	966	342	90	2,846	78,903	199,458	125,055	51,446	19,502	474,364	10.3	
80 bis unter 85	150,992	375,541	196,448	58,409	15,903	797,293	797	24,741	53,267	45,721	22,547	147,073	935	636	287	56	1,914	151,789	401,217	250,351	104,417	38,506	946,280	20.5	
85 bis unter 90	106,251	321,969	182,408	55,874	14,935	681,437	894	30,627	64,010	52,541	24,059	172,131	298	198	112	27	635	107,145	352,894	246,616	108,527	39,021	854,203	18.5	
90 und älter	38,627	176,157	131,305	51,212	14,774	412,075	725	32,205	69,576	60,302	26,703	189,511	62	48	28	7	145	39,352	208,424	200,929	111,542	41,484	601,731	13.1	
insgesamt	630,826	1,684,493	1,006,257	330,490	111,239	3,763,305	4,098	122,628	253,830	213,664	107,839	702,059	63,294	41,220	24,813	11,799	141,126	634,924	1,870,415	1,301,307	568,967	230,877	4,606,490	100.0	
darunter Überleitungsfälle	289	224,562	279,676	142,177	60,812	707,516	9	22,843	77,979	85,005	54,021	239,857	32,714	24,790	15,705	7,930	81,139	298	280,119	382,445	242,887	122,763	1,028,512		
Insgesamt in %	16.8	44.8	26.7	8.8	3.0	100.0	0.6	17.5	36.2	30.4	15.4	100.0	44.8	29.2	17.6	8.4	100.0	13.8	40.6	28.2	12.4	5.0	100.0		

Quelle: Bundesministerium für Gesundheit

Source: German Federal Ministry of Health. Available at www.bundesgesundheitsministerium.de

The German long-care insurance ("Pflegeversicherung")

Long-term care benefits (as of 2022)



Care grade	1	2	3	4	5
Benefits in kind ("Pflegesachleistungen")	---	724 EUR	1,363 EUR	1,693 EUR	2,095 EUR
max Benefits in cash ("Pflegegeld")	---	316 EUR	545 EUR	728 EUR	901 EUR

Both benefits can be combined. Benefits in cash are granted according to "Max Benefits in cash" x [100% - (use of "benefits in kind" in %)].

Additional benefits available (short-term care, stand-in care, etc.)

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de and German Federal Ministry of Health (2022), Zahlen und Fakten zur Pflegeversicherung. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance ("Pflegeversicherung")

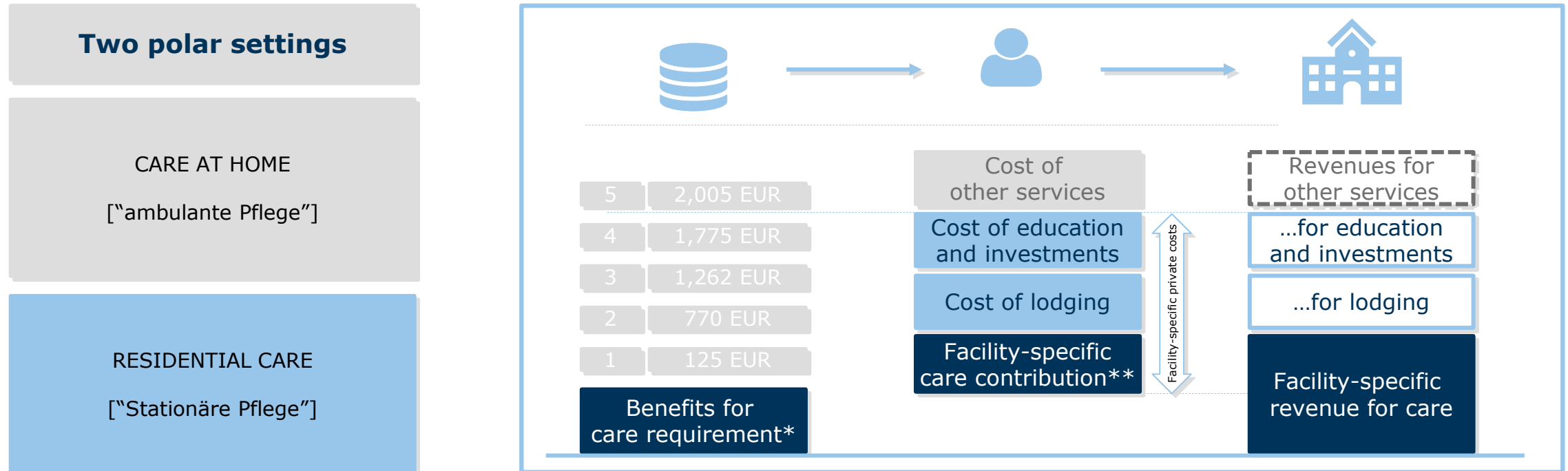
Overview of long-term care insurance benefit entitlements of insured persons in 2020 Data as of 2019

		Care grade 1 low level of impairment of independence or capabilities	Care grade 2 significant level of impairment of independence or capabilities	Long-term care grade 3 serious level of impairment of independence or capabilities	Care grade 4 the most severe level of impairment of independence or capabilities	Care grade 5 the most severe level of impairment of independence or capabilities with special long-term care requirements
Home care	Nursing allowance of € per month ¹	–	316.00	545.00	728.00	901.00
	Long-term care benefits in kind of up to € per month ^{1,2}	–	689.00	1,298.00	1,612.00	1,995.00
Stand-in care³ provided by close relatives or members of the same household ⁴	Care requirement of up to 6 weeks per calendar year of up to € per year	–	474.00 (1.5 times 316)	817.50 (1.5 times 545)	1,092.00 (1.5 times 728)	1,351.50 (1.5 times 901)
	by other persons ⁵	–	1,612.00	1,612.00	1,612.00	1,612.00
Short-term care⁶	Care requirement of up to 8 weeks per calendar year of up to € per year ⁷	–	1,612.00	1,612.00	1,612.00	1,612.00
Semi-residential day and night care	Care requirement of up to € per month	–	689.00	1,298.00	1,612.00	1,995.00
Relief amount for non-residential care	Benefit amount of up to € per month	125.00	125.00	125.00	125.00	125.00
Additional benefits in group homes with non-residential care	€ per month	214.00	214.00	214.00	214.00	214.00

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance ("Pflegeversicherung")

Long-term care benefits and revenue stream of care homes



* **Additional benefits:**

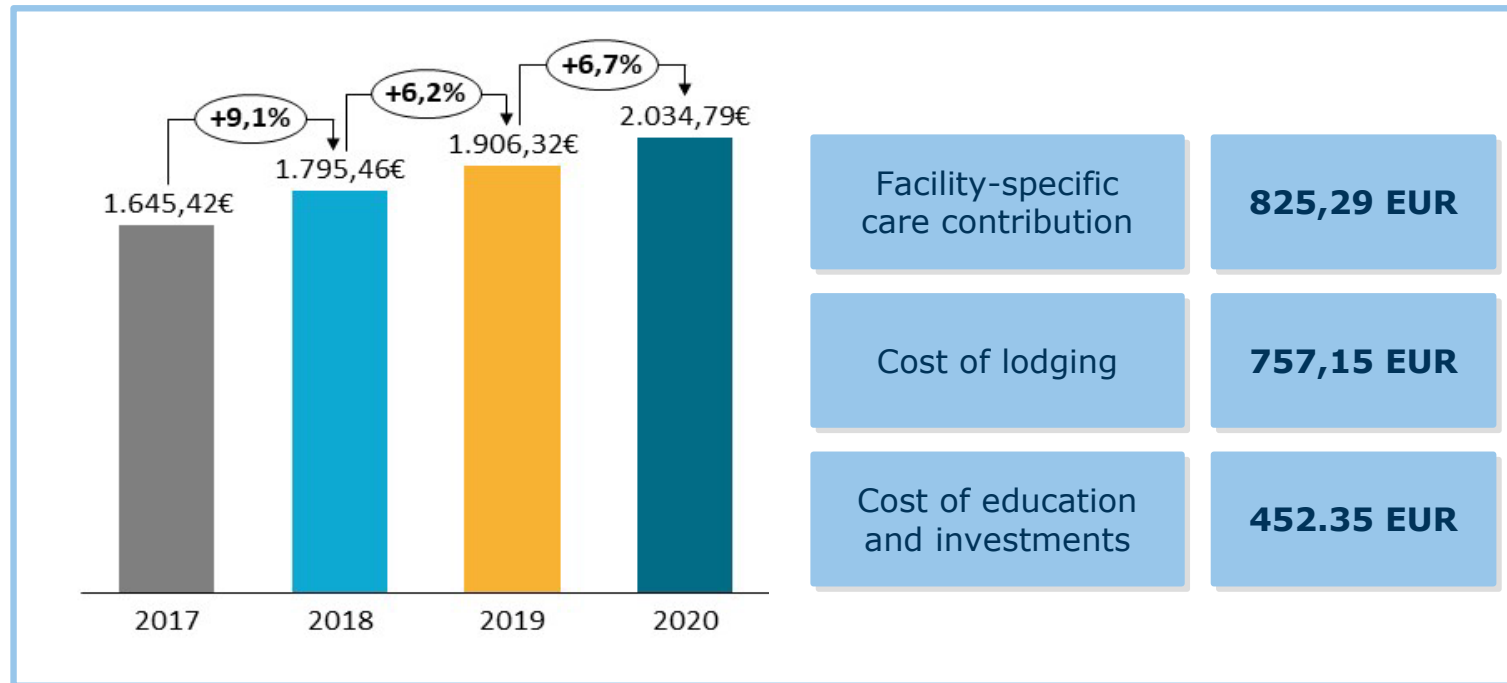
- Starting with month 1: 5% of "contribution to cost of care and education"
- Starting with month 13: 25% of "contribution to cost of care and education"
- Starting with month 25: 45% of "contribution to cost of care and education"
- Starting with month 37: 70% of "contribution to cost of care and education"

** Since 2017 the private contribution to care within one facility must be **independent of the care grade**. It might, however, differ across facilities.

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de and German Federal Ministry of Health (2022), Zahlen und Fakten zur Pflegeversicherung. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance ("Pflegeversicherung")

Average "private" cost of residential care (i.e. cost not covered by the compulsory long-term care insurance)



Private costs can vary widely from facility to facility.

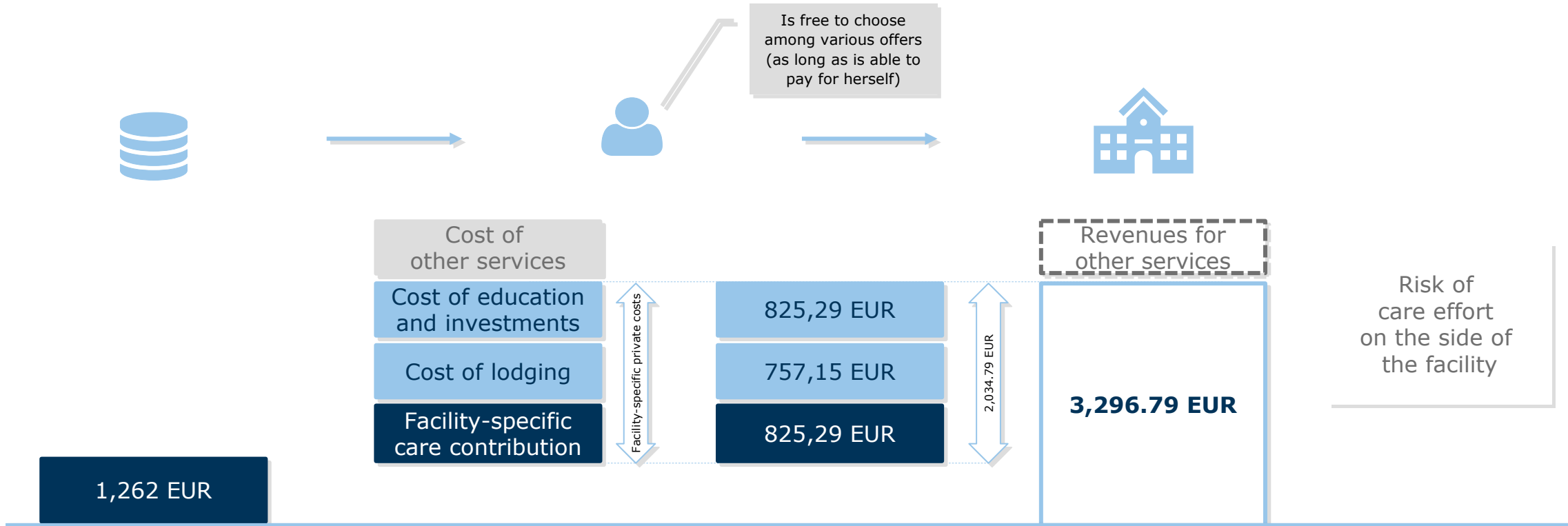
Cost increases have been significantly higher than inflation and increases in retirement pension.

Residential care homes are offered by (1) for profit firms, (2) not-for-profit organizations, and (3) municipalities.

Source: <https://www.pflegemarkt.com/2020/09/01/kosten-liste-zahlen-steigerung-pflegeheime-2020/>

The German long-care insurance ("Pflegeversicherung")

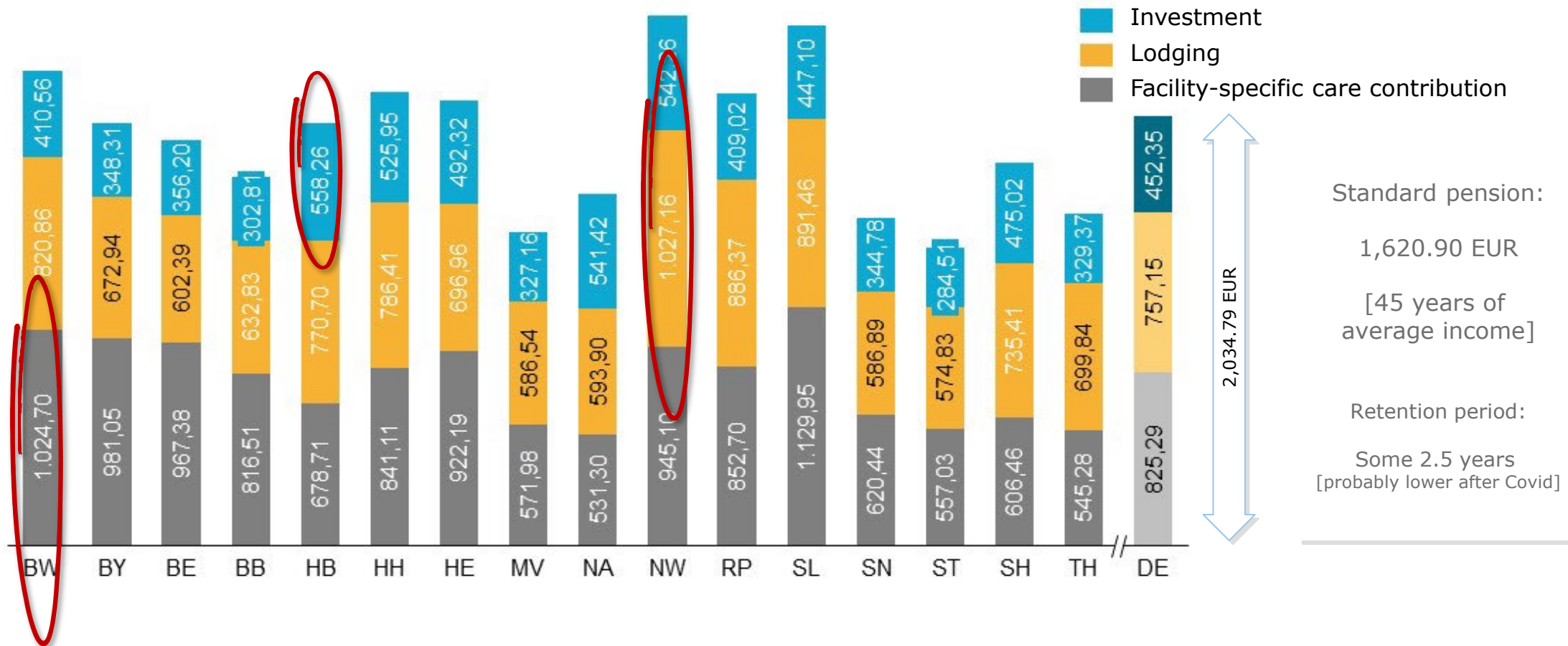
The example for an average German care grade 3 individual (first month of residential care)



Notes: Own contribution to care and education decrease over time. In case, individuals are not able to pay the cost, children may have to step in (in case on income 100+ kEUR).

Source: <https://www.pflegemarkt.com/2020/09/01/kosten-liste-zahlen-steigerung-pflegeheime-2020/>

The German long-care insurance ("Pflegeversicherung")



Source: <https://www.pflegemarkt.com/2020/09/01/kosten-liste-zahlen-steigerung-pflegeheime-2020/> and https://www.deutsche-rentenversicherung.de/SharedDocs/Downloads/DE/Statistiken-und-Berichte/statistikpublikationen/rv_in_zahlen.pdf

The German long-care insurance (“Pflegeversicherung”)

Overview of long-term care insurance benefit entitlements of insured persons in 2020			Data as of 2019			
		Care grade 1 low level of impairment of independence or capabilities	Care grade 2 significant level of impairment of independence or capabilities	Long-term care grade 3 serious level of impairment of independence or capabilities	Care grade 4 the most severe level of impairment of independence or capabilities	Care grade 5 the most severe level of impairment of independence or capabilities with special long-term care requirements
Fully residential care	Care requirement of a fixed amount of € per month	125.00	770.00	1,262.00	1,775.00	2,005.00
Care of people with disabilities in fully residential institutions or facilities within the meaning of section 43a SGB XI in conjunction with section 71 para. 4 SGB XI ⁸	Care requirements in the amount of	–	15% of the remuneration agreed under part 2 chapter 8 of the Ninth Book of the Social Code, up to €266 per month			
Consumable nursing supplies	Requirements of up to € per month	40.00	40.00	40.00	40.00	40.00
Technical aids and other consumable nursing supplies	Requirement per aid in the amount of		100% of costs; however, in certain circumstances a co-payment of 10 % (no more than €25 per nursing supply item) must be made. Technical nursing supplies are mostly made available on loan, i.e. free of charge.			
Measures to improve the living environment	Requirements in the amount of up to		€4,000 per measure (up to four times this amount – i.e. a total of €16,000 – when several entitled persons live together)			
Payment of pension insurance contributions for caregivers⁹	depending on type of benefit up to € per month (eastern Germany)	–	159.95 (151.16)	254.74 (240.74)	414.69 (391.90)	592.41 (559.86)
Payment of unemployment insurance contributions for caregivers¹⁰	€ per month (eastern Germany)	–	38.22 (36.12)	38.22 (36.12)	38.22 (36.12)	38.22 (36.12)

Source: German Federal Ministry of Health (2020), Long-Term Care Guide - Everything you need to know about long-term care. Berlin. Available at www.bundesgesundheitsministerium.de

The German long-care insurance ("Pflegeversicherung")

In total:
some 900 tsd
care places

Backup

Rank	Name	Type	Care homes [Pflegeheime]	Care places [Pflegeplätze]	Market share	Investor
1	Korian Gruppe		250	27,048	3.0%	Korian SA (France)
2	Alloheim Senioren-Residenzen SE		239	23,400	2.6%	Nordic Capital (SWE)
3	Victor's Group		118	14,580	1.6%	
4	Orpea Deutschland GmbH		146	12,997	1.4%	Orpea SA (France)
5	Kursana Residenzen GmbH		99	9,536	1.1%	Dussmann Gruppe
6	Azurit-Hansa-Gruppe		85	8,434	0.9%	
7	Johanniter Seniorenhäuser GmbH	not-for-profit	95	7,937	0.9%	
8	Evangelische Heimstiftung GmbH	not-for-profit	95	7,343	0.8%	
9	SCHÖNES LEBEN Gruppe		78	7,133	0.8%	Waterland Private Equity Investments
10	DOMICIL Senioren-Residenzen Hamburg SE		52	6,818	0.8%	
11	DOREA GmbH		76	6,624	0.7%	Maisons de famille
12	EMVIA Living		62	6,439	0.7%	Chequers Capital (France)
13	AWO Westliches Westfalen e.V.	not-for-profit	58	6,396	0.7%	
14	Vitanas GmbH & Co. KGaA		42	5,443	0.6%	Oaktree Capital Management
15	Deutsche Wohnen SE		36	4,975	0.5%	
16	Cura AG		48	4,809	0.5%	
17	Convivo Holding GmbH		63	4,512	0.5%	
18	K & S – Dr. Krantz Sozialbau und Betreuung		35	4,315	0.5%	
19	Argentum Pflege Holding GmbH		42	4,233	0.5%	Trilantic Europe
20	Charleston Holding GmbH		47	4,050	0.4%	KOS Gruppe
21	Curata Care Holding GmbH		38	3,992	0.4%	Capital Bay
22	Burchard Führer GmbH		40	3,722	0.4%	
23	VidaCura GmbH		52	3,497	0.4%	
24	ASB Baden-Württemberg e. V.	not-for-profit	61	3,447	0.4%	
25	Ev. Johanneswerk e.V.	not-for-profit	36	3,344	0.4%	
26	Caritasverband der Erzdiözese München und Freising e.V.	not-for-profit	31	3,333	0.4%	
27	HVVG Heimverwaltungs- und vermietungs GmbH		26	3,055	0.3%	
28	AWO Landesverband Thüringen e. V.	not-for-profit	41	2,923	0.3%	
29	Evangelische Perthes-Stiftung e.V.	not-for-profit	32	2,775	0.3%	
30	Alexianer GmbH	not-for-profit	37	2,757	0.3%	

Market consolidation
gaining momentum
(most large players
grow by takeovers)

Source: <https://www.pflegemarkt.com/2021/12/16/liste-der-30-groessten-pflegeheimbetreiber-2022/>

The German long-care insurance (“Pflegeversicherung”)

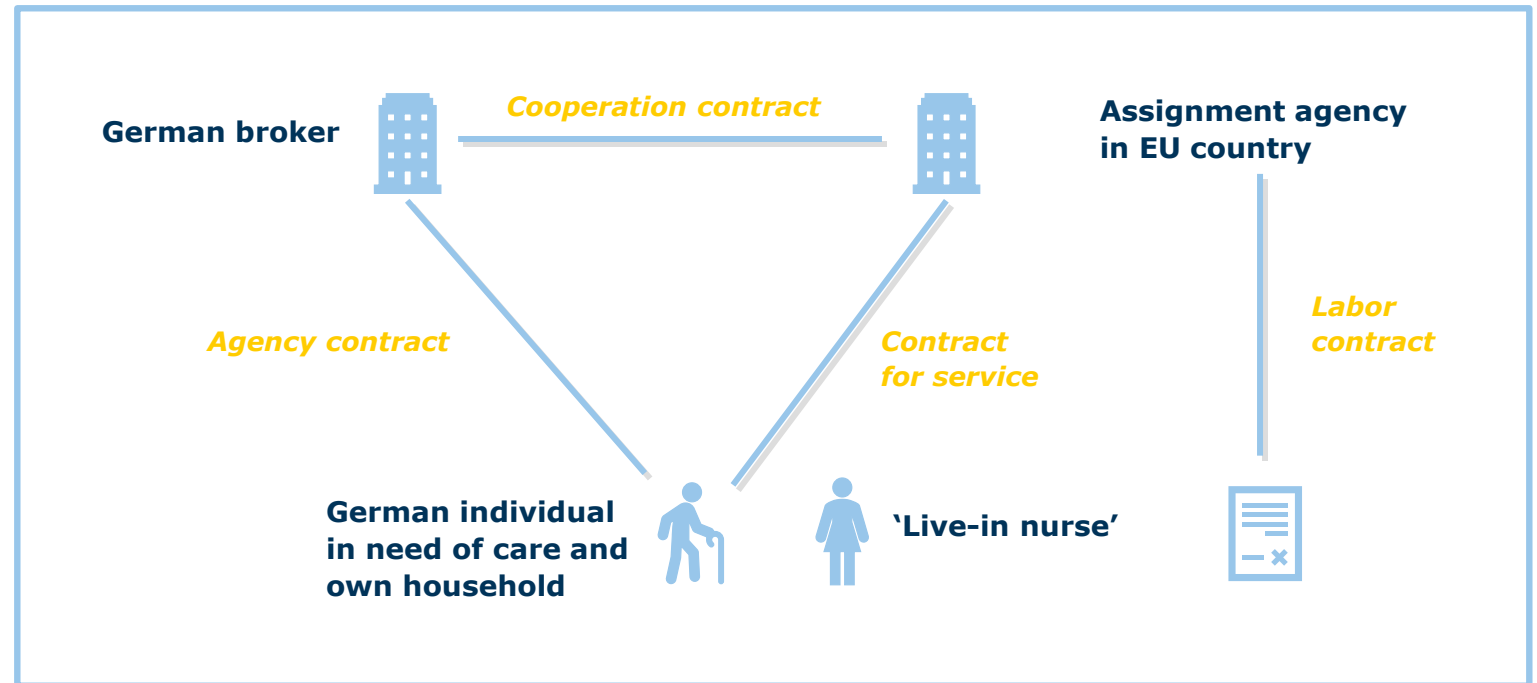
Often, elderly Germans do not want to move into residential care institutions, so “live-in care” has become a common phenomenon

Live-in care

Live-in care is often ‘informal’ and provided by foreigners

Live-in care is often considered the ‘third pillar’ of the German long-care system

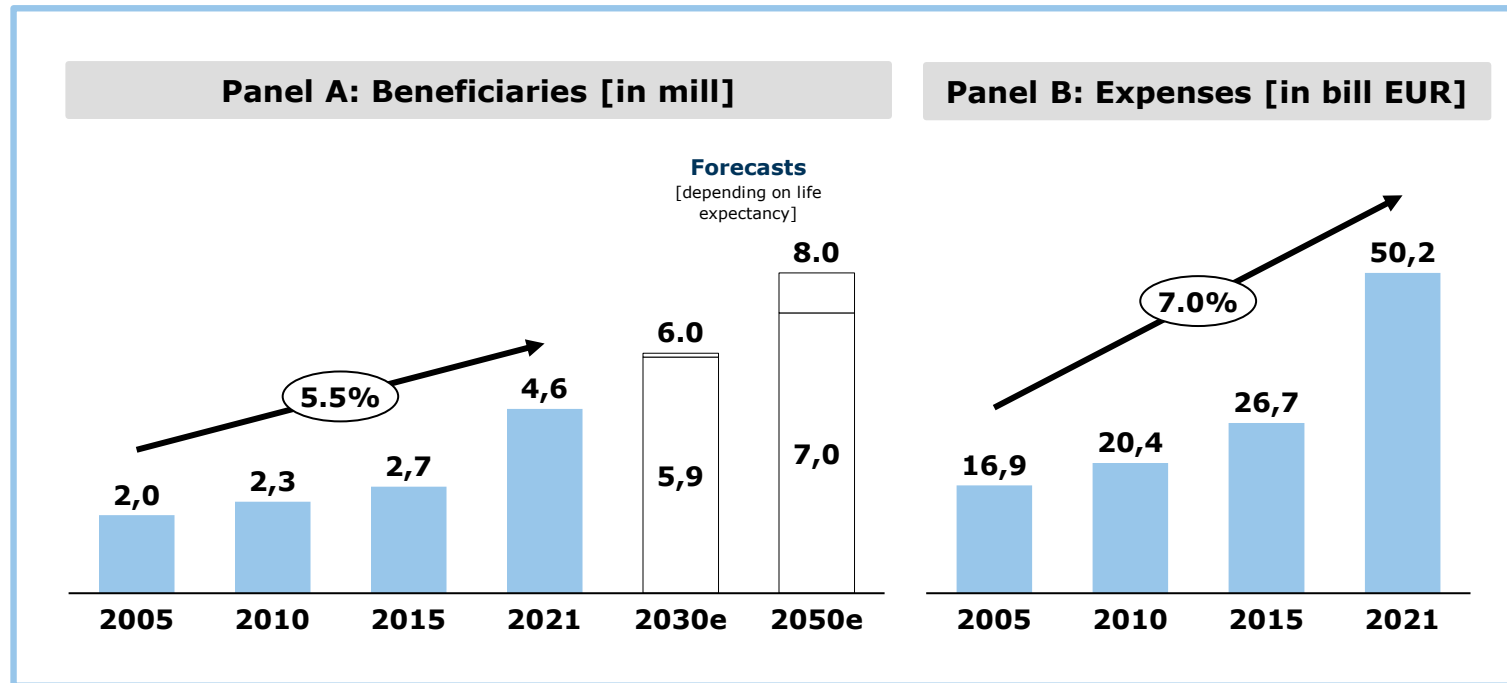
There is substantial (increasing?) demand for live-in care



Source: Sachverständigenrat für Integration und Migration, Jahresgutachten 2022. Available here: https://www.svr-migration.de/wp-content/uploads/2022/06/SVR_Jahresgutachten_2022_barrierefrei.pdf

The German long-care insurance ("Pflegeversicherung")

Number of beneficiaries and expenses of the public long-term care insurance rapidly increasing



Additional challenges

Lack of personnel

(in particular nursing staff, but also doctors, etc.)

Regulation

(in particular new minimum wage regulation that will jeopardize official live-in care)

Quality issues in some facilities

Source: German Federal Ministry of Health (2022), Zahlen und Fakten zur Pflegeversicherung. Berlin. Available at www.bundesgesundheitsministerium.de and Barmer Pflegereport 2021. Available at www.barmer.de.

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Carl-von-Noorden-Platz 14
DE-60596 Frankfurt, Germany

Email: msrapp@bg-c.de

URL: the-business-and-governance-consultants.de

Hvilke løsninger kan pensions- og
forsikringsbranchen bidrag med?

JESPER BRASK FISCHER

PFA

The image shows a large, white, three-dimensional PFA logo mounted on a brick wall. The letters are bold and sans-serif. The background is a brick wall with a grid pattern, and there are green trees in the foreground and background. The sky is blue with some light clouds.

PFA

Mere til dig

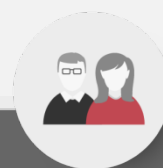
Fremtidens Ældrevelfærd

Debatseminar Carlsbergbyen 5.10.2022
Jesper Brask Fischer, Programchef

PFA har lanceret tænketank og nye senior services i tre spor



Sundhed

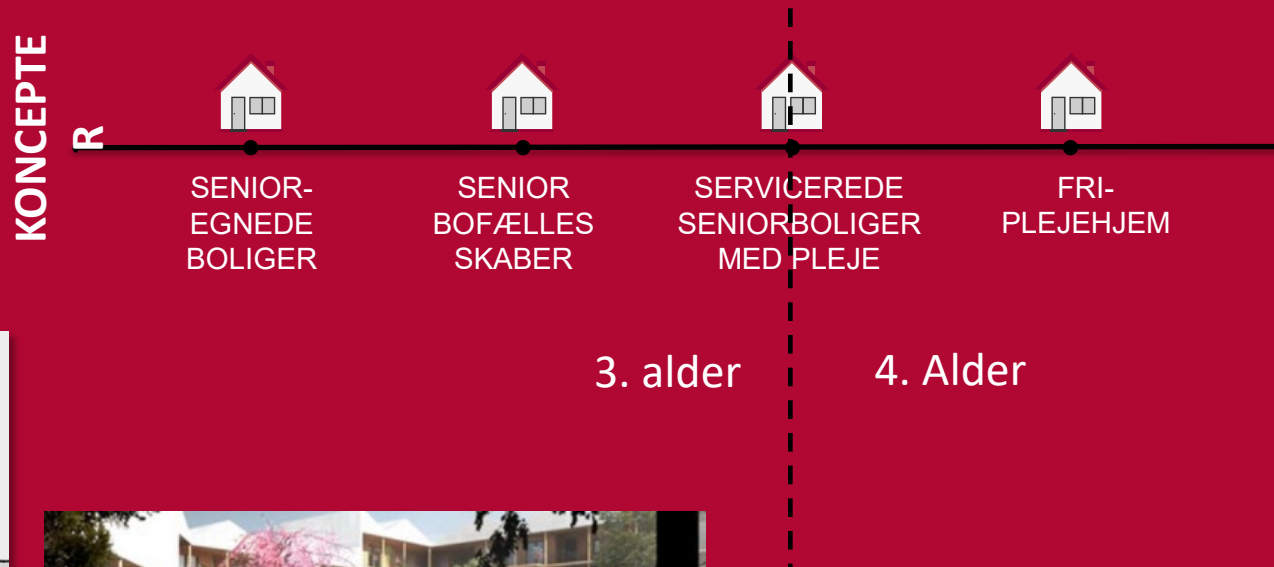


Senkarriere



Bolig

PFA's seniorbolig investeringer er med til at løfte velfærden



PFA
Mere til dig

OK  Fonden

Fremadrettet: Udgifterne til pleje vil stige

- både pga demografi og øget efterspørgsel

1%

Af BNP

2020



2%

Af BNP

2050

Forventningerne til den offentlige dækning falder

Hvordan forventer du at håndtere, at du som ældre måske bliver plejekrævende og har behov for hjælp i det daglige?

	25-34	35-44	45-55	55-64	65+
Jeg forventer, at det offentlige dækker alle mine behov	33,3%	38,4%	38,2%	41,5%	49,2%
Jeg forventer, at jeg må købe privat hjælp oven i hjælpen fra det offentlige	45,9%	46,9%	50,3%	47,6%	39,4%
Jeg forventer ikke at få hjælp fra nogen	4,6%	6,8%	6,2%	4,8%	6,1%
Jeg forventer, at familien tager sig af mig	2,1%	0,9%	0,5%	0,3%	1,5%
Ved ikke	14,1%	7,0%	4,8%	5,7%	3,7%

Seniorerne gør sig klar til selv at betale

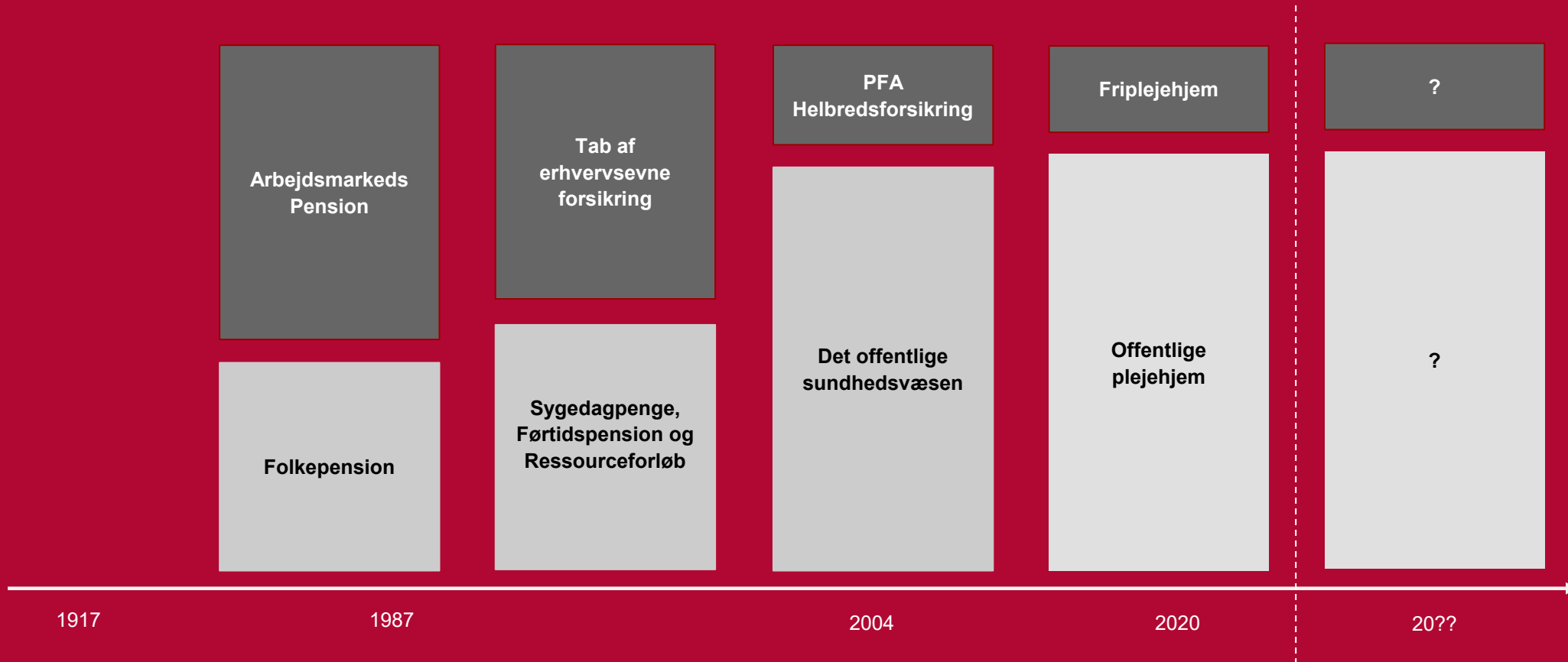
Ca. halvdelen af 60-69 årige siger, at de parat til at betale for ekstra hjemmehjælp

Ca. halvdelen af disse siger, at de allerede er i gang med at spare op til mere pleje

Kilde: Dansk Erhverv 2018

Offentlig privat samspil

- 100 års tradition som supplement til det offentlige



Vigtige observationspunkter

1. Danskernes holdning til velfærdsstaten – Den Sociale Kontrakt
2. A og B – øger man ulighed eller det modsatte
3. Manglende hænder – er der arbejdskraft nok til alle?

FREMTIDENS ÆLDREVELFÆRD

