



SDP's county election manifesto 2022

THE NEXT STEP IN WELLBEING

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THE NEXT STEP IN WELLBEING

Finland's story is a story of a small, poor country growing to be one of the most successful societies and the happiest people in the world. The story is built on a strong welfare state that has facilitated competence, innovations, and prosperity. It is a story about trust, aspiration to equality, and everyone's right to contribute to their lives and the society.

The Social Democrats have been building Finnish wellbeing for over 120 years. For us, wellbeing arises from a well-functioning everyday life, reliable services, openness of society, and democracy. From carrying everyone along and everyone having the ability to influence their own lives and the society.

A well-functioning daily life supports good living. What is needed for people's daily life to function well is confidence in that the society will support every one of us, that we have access to treatment if we need it, that we are backed and protected, and that in exceptional circumstances and during crises, the society will endure. The welfare state forms a safety net for Finns, which is there for us in both our everyday life and during crises.

However, prosperity and wellbeing are not distributed equally. Over the years, differences in welfare have again started to increase. All children who are born, all elderly people who need care, or all working-age people who seek support are not in an equal position. This is why we have worked to reform health and social services. After over a decade of work, the reform is taking place and wellbeing services counties will start operating in the beginning of 2023. This is an important reform so that people's equal right to wellbeing can be protected everywhere in Finland.

For us Social Democrats, equal, accessible, high-quality services are the key to our

nation's success also in the future. Equal wellbeing generates cohesion that increases social trust, security, and the functioning of the society. Every one of us is entitled to high-quality health, social, and rescue services irrespective of where we live and in both national languages.

Services must be available when they are needed, with a low threshold and within a reasonable distance. The Social Democrats want that every Finn can be confident that an ambulance or a fire engine comes when needed, that access to treatment is swift, whether it is for a stomach ache or mental health problems, and that support and advice are available when needed.

The first county elections that will be held in January 2022 are particularly important, as the county councils that are elected will form the basis and direction for the future of the wellbeing services counties. The first councils will make decisions on the networks and contents of services and the status and inclusion of personnel alike.

Every wellbeing services county is different, and each county is the best expert on their region's needs. That is why the Social Democrats publish separate agendas for each county. This manifesto addresses objectives that are common for all counties and SDP's key agendas for all of Finland.

Sanna Marin, SDP Chair



STRONG WELLBEING SERVICES COUNTIES GUARANTEE SERVICES

The health and social services reform is a significant step in the development of the Finnish welfare state. The objective of the reform is to establish stronger, more equal and better-functioning services everywhere in Finland. Every one of us must be able to count on getting support and care when we need it. To reach these goals, we need strong wellbeing services counties with efficient decision-making, user-centred services, secure financing, and functioning democracy.

The Social Democrats want to build strong, well-functioning public services. In producing health and social services, organisations and companies are necessary partners, and cooperation with them can help increase provision of services, respond to individual needs, and reduce the care backlog. The responsibility for organising services must, however, always lie with the public operator, and public service provision must be sufficient to guarantee services. The wellbeing services counties must be reliable and predictable partners for companies and organisations.

As the new wellbeing services counties begin operating, they must focus on ensuring cooperation with service providers, municipalities and the state alike. Establishing a new level of government must not generate any additional barriers or leave blind spots where someone might fall through the safety net. The reform enhances cooperation between health and social services and multidisciplinary work, in particular, but at the same time it must be ensured that, for example, cooperation between preventive work by municipalities and remedial work by wellbeing services counties or between healthcare and social welfare services and educational services is seamless.

Locally accessible services must be ensured in all of Finland

SDP promotes locally accessible services. Health and social services must be available near people also in the future.

Each wellbeing services county makes decisions regarding its network of services, that is locations of its service points, based on the needs of the county. For SDP, the accessibility of services is the guiding principle in defining the network of services. It means that there are enough service points and that they are within easy access. Services that people use the most in their daily life must be the easiest to access, and the location of services should support the objectives of integration: help and advice for a range of problems should be available from one place instead of having the customer look for help from separate places.

Different services and combinations of services are needed in different places. It is important that the network of services is regularly evaluated and services are organised where their users are. Also the use of mobile services must be explored regionally and increased when possible. The competence, in particular, of social services in mobile and outreach services must be extended to health and social services as a whole.

The quality of services must be evaluated from the user perspective

User-orientation should be a primary measure for assessing services and their location. Services must be easily accessible and also available when they are needed. This means, for example, that the goal should be

to increase services available on evenings and weekends so that people in different life situations and with different working hours have access to them. Evening appointments should be available in health and social services centres for both acute care and ordinary health clinic check-ups or non-urgent doctors' appointments.

Appointment systems, contacting, and advisory services must be organised so that they are smooth and swift to use.

The voice of service users must be heard in the evaluation and development of services. User panels should be set up in the wellbeing services counties to evaluate and develop different services.

Guaranteeing linguistic rights

Linguistic rights must be guaranteed for the national languages of Finland in the new wellbeing services counties. Services must be available in both Finnish and Swedish, and in Sámi languages in the Sámi region.

Also the growing number of inhabitants who speak other languages must be considered, and their needs for services must be met better.

Financial sustainability

The new wellbeing services counties must have a genuine capacity to make decisions regarding services near each one of us. This also requires a sustainable financing model that secures adequate funding and encourages the counties to operate efficiently and cost-effectively. Raising funds to finance services as close as possible would increase the responsibility of the members of county councils to their voters and give incentive to spend money effectively and economically. The proposal to establish a new county tax is the most feasible model that has been presented so far to implement a financing model like this is. For these reasons, SDP

has backed the preparation of the right of counties to collect taxes.

The implementation of new financing models must not lead to higher overall taxation, and there is a requirement in all models for an equalisation system in order to be able to guarantee services and ensure that disparities between counties are not aggravated. The right of counties to collect taxes is currently in broad-based preparation and, once the work is complete, comments can be made on the details of the model.

Toward better services with cooperation and pilot projects

The wellbeing services counties must ensure good cooperation with both municipalities and other relevant operators. When forming the new counties, the functioning of service interfaces and cooperation must be evaluated and revised closely in the beginning.

Openness and sharing information with operators and collaborators must be taken seriously in the reform. When forming the new counties, good practices and ideas should be effectively introduced to all counties.

Management must be open-minded and of high quality and seek incentives to generate ever better services.

The major challenges that the world faces are solved through science and research. Finnish municipalities have been open to try out innovations and implement achievements of domestic science and research. Also the wellbeing services counties can be significant supporters and enablers of science, research, and innovation. The key, regionally, is cooperation between companies, organisations, higher education and research institutions as well as municipalities and other public sector actors. The wellbeing services counties must gather data and informa-

tion regarding the statistical and experienced wellbeing of its inhabitants and also regarding the effects of made decisions on their wellbeing.

Procurements to promote sustainable development

The wellbeing services counties are significant procurers. The counties must promote the criteria of sustainable development in their procurement policy, for example, by including life cycle considerations, domestic origin as well as environmental and energy efficiency criteria in their procurement manuals.

Opportunities for employment as well as the participation and chances of succeeding of small companies and third sector actors in tendering must be secured when defining the terms of tendering and the sizes of packages. Also the quality and effectiveness of services must be considered in tendering.

Facilities of the wellbeing services counties prevent waste, make low-emission choices and increase the share of locally and sustainably produced food.

As for procurements, particular attention must be paid to procurement of information systems and software in collaboration with different counties and the state.

Systematic effort must be put in the development of procurement expertise in the wellbeing services counties. Without adequate competence, procurement will not create sustainability impacts and other targets will not be reached either.

Reconstruction and preparation after the pandemic

The Finnish welfare state has proven its strength and resilience. The effects of the COVID-19 pandemic have touched all of us but as a country, in international compar-

ison, we have got through the pandemic very well with regard to health, the economy and wellbeing alike. That being said, we still face a significant period of reconstruction, during which we must be able to clear the accumulated care backlog and answer the question of how to better prepare for future crises.

In the coming years, investments must be made particularly in the sustainability and accessibility of services in order to prevent the build-up of new care backlogs. The mental health problems brought out by the pandemic and the mental health care backlog must now be addressed. Also staff wellbeing must be ensured in the midst of this major reform.

RESCUE SERVICES REFORM GUARANTEES THE STANDARD OF SERVICES IN THE ENTIRE COUNTRY

The rescue services reform is implemented simultaneously with the health care and social welfare reform, and rescue services will be transferred to the wellbeing services counties. The aim of the reform is to secure a close link and cooperation between rescue services and health and social services particularly in prehospital care. The rescue services and prehospital care synergy benefits are indisputable.

For rescue services, the objective of the reform is to maintain the current level of service or to improve it. The rescue services reform shall be reflected as improved and more harmonised services.

The use of regional characteristics in improving rescue services in the new organisation in the wellbeing services counties must be ensured. The organisation structure, strategic direction, and management system of rescue services must be reformed as part of the overall reform.

As for regional and local preparedness and security planning, smooth cooperation between the wellbeing services counties and municipalities must be ensured.

The status of rescue services personnel must be secured

Ensuring the standard of services in the entire country requires that an adequate number of rescue services professionals is employed in municipalities and the wellbeing services counties. The adequate level of rescue services resources must be defined on the national level.

The status of rescue services personnel must be secured in the reform. The personnel must also be able to influence the development of their own work as part of

the reform. The maintenance of the skills of rescue services personnel must be ensured.

The status of contract fire brigades must be secured

There are around 700 contract fire brigades that consist of volunteers in Finland. Contract fire brigades provide rescue services almost everywhere in Finland. About 50–70 percent of all call-outs in the country are handled by contract fire brigades either alone or together with rescue professionals. In the largest cities, contract fire brigades support professional fire brigades and act as a reserve.

It is important to also consider the effects of the rescue services reform on contract fire brigades. Current contracts and cooperation will be transferred from municipalities to the wellbeing services counties altogether and on current contract terms. For the implementation of rescue services, it is, however, key that the wellbeing services counties have enough expertise to ensure the operations of contract fire brigades, too.

Within rescue services, it must also be ensured that the voice of organisations is heard also in the future. Because of contract fire brigades, the role of organisations in the implementation of rescue services is significant. That is why the role of organisations in developing and reforming operations must be included in the structures of rescue services.

CARE MUST BE AVAILABLE WHENEVER IT IS NEEDED

Timely services both generate wellbeing and save money. It is of paramount importance to clear the care backlog that has accumulated during the COVID-19 pandemic. We need a treatment time guarantee and adequate, high-quality services and service networks in order to be able to keep the treatment promise.

For SDP, the treatment promise means, for example, that in primary healthcare the need for care is assessed during the same day when a customer contacts the health and social services centre (HSS centre), and access to non-urgent care is provided within seven days from the assessment of the need of care.

The treatment promise covers both physical and mental health problems, so care is available within a week also for mental health challenges.

Also dental care must be available to all at the right time, the need for care assessment is done during the same day when the customer contacts the service, and the treatment time guarantee for non-urgent care is shortened from six months to three months.

Strengthening the basic level

Care must be available at the right time and people shall be treated so that problems are not prolonged. When prolonged, problems tend to get bigger, accumulate and become more expensive to treat. Prompt assistance is thus important and sensible from both a human and an economic point of view.

Health and social services centres must offer such locally accessible services and service packages that people need. Services must be easily accessible with a low threshold, without bouncing people back and forth. When necessary, there are multidisciplinary teams of both healthcare and social welfare professionals with broad expertise to serve

customers.

Health and social services for children must be offered with a low threshold also as part of the daily life of schools.

Specialised healthcare is developed also in the future

Finland has a high-quality public hospital system that treats emergency patients on a 24/7 basis in the entire country. 24/7 hospital emergency services are guaranteed in the entire country.

Also other services offered by hospitals in the 50 different medical specialities are very important to the population. SDP supports and develops specialised healthcare as an important part of the healthcare and rescue system in our country. Appropriate specialised healthcare services must also be available in health and social services centres.

Client charges must not prevent care

Client charges in health and social services must not prevent access to necessary treatment and care. Whenever necessary, charges must be reduced as stated by law.

SDP's longer-term goal is that appointments in health and social services centres should be free of charge.

Mental health services must be developed

Mental health problems have increased for years, and the prolonged crisis has only made the situation worse. Services need to function better and more swiftly, problems need to be recognised, and support must be actively provided.

Recognising problems earlier and getting people assistance more swiftly prevent

problems from exacerbating and becoming more complex. Faster access to treatment also makes it possible to treat more problems in primary healthcare, with shorter periods of treatment and simpler measures.

In addition to primary healthcare, SDP's treatment promise also includes mental health services. In the future, the need for care must be assessed by a professional within the same day a person contacts the health and social services centre. Access to the service that is considered appropriate must be available within seven days of the contact.

Mental health services and services for substance abusers should not have a low threshold; there should be no threshold at all. Services must be available in schools and educational institutions as well as in occupational health services in order for them to be easy to access and for assistance to be available when people need it and where people normally are in their daily life. For young people outside of studies and work, services must be available, for example, in One-Stop Guidance Centres or in connection with other services.

The effort required to seek services must not prevent access to services. With this respect, distance and digital services may offer tools for approaching and contacting services easily. The experiences gained and projects carried out during the pandemic must be utilised in developing the accessibility of services. Many organisations rapidly developed functioning forms of e-services during the pandemic. For young people, seeking assistance through e-services is natural.

The criteria for therapy available as rehabilitation supported by Kela, the Social Insurance Institution of Finland, must be lowered to clear the care backlog. The mental health and emotional skills of the population must be improved at school and at work as a measure to promote wellbeing.

A comprehensive overview of the training needs in the field of mental health is also

needed. Training in the field must be free of charge in the future.

SERVICES MUST MEET PEOPLE'S NEEDS IN ALL STAGES OF LIFE

The healthcare and social welfare reform improves services for all Finns. The integration of health and social services increases the competence to see people as a whole and to support those who need help in an individualised and comprehensive way. When people have access to the services of both healthcare and social welfare professionals at the same time, various challenges in life can be overcome more swiftly and effectively. Developing multidisciplinary work and dismantling various compartmentalised service structures is one of the central objectives of the reform.

In this major reform, particular attention must be paid in securing the services and status of vulnerable people and special groups.

A dignified life for the elderly is a human right

The right of elderly people to get services according to individual needs based on an assessment of their need for services must be guaranteed always, regardless of their form of housing. The range of services delivered at home must be diversified.

The actual implementation of the nurse-to-patient ratio in elderly care must be ensured in every wellbeing services county. Sufficient resources are needed to monitor the ratios so that people can trust that they themselves and their next of kin will be cared for.

Our aim is that elderly people can lead a safe life in their homes and receive necessary, good quality services at home. Sheltered housing with 24-hour assistance (care housing) must be available at the right time.

More safe, diverse, flexible, community-based housing and service packages that support people's functional capacity must

be established between living at home and care housing. Day activities must be made available for more people, and various forms of short-term care must be available when necessary.

Informal caregivers make a significant contribution to our society. The criteria for informal care must be harmonised throughout the country, the amount of informal care support must be reviewed, and adequate resources must be reserved for it. Informal care must not lead to cutting services, and services must support informal care efficiently.

Low-threshold family-oriented services

Life cycle thinking must be key in family policy. Services for children and families must constitute a continuous low-threshold package from the beginning of pregnancy until the time when the child and young person has grown to take responsibility for their future. Child health clinics are key in this, and their operation must be secured and developed.

That is why SDP aims to improve preventive, free-of-charge low-threshold services to families with children. At the moment, services are scattered and do not always meet the needs of families. The healthcare and social welfare reform enables equality of services everywhere in Finland. Services for children and families must be shaped into a functioning multidisciplinary package.

As part of the reform, services must be restored to the level equivalent to the needs of families, and adequate resources must be reserved for them. The wellbeing services counties must consider the challenges brought on by COVID-19 and investments must be made in services for children, young people, and families, and the mistakes made

during the 1990s depression must not be repeated.

Family centres must operate in a multi-disciplinary manner in cooperation with organisations and other third sector actors in order to be able to offer joint peer group activities and targeted services for various groups at the crossroads of life.

The needs of children and young people as the basis for services

Services for children and young people in places where they spend their time in their daily lives, that is in schools and in early childhood education, must be safeguarded. When implementing the healthcare and social welfare reform, attention should be paid to the interfaces between various activities. The cooperation of schools and wellbeing services with youth work must continue to function well. Also in the future, school health care, school psychologists and social workers, and other social support services will be found where children and young people are.

Low-threshold services for young adults outside of training and work must be organised so that they function well. Particularly services for young people who are unemployed or with partial work ability form a package in which healthcare and social welfare, educational, and employment services must work together seamlessly.

It must be possible to respond to more demanding needs for services without delay so that problems do not become more complex and prolonged.

Well-functioning child welfare

Preventive services and early support prevent larger problems from arising and reduce the need for placement outside of the home. This is still not always enough. And that is why we also need child welfare.

In child welfare, the emphasis must be in inter-authority cooperation with the family based on the child's best interests to foster inclusion and prevent social exclusion. Respecting children's rights must be a principle that runs through all child welfare services.

Sufficient staffing must be guaranteed in child welfare, and investments in preventive work, in particular, must be adequate. What is needed in child welfare is the development of truly cooperative, integrated services based on research.

To ensure worker wellbeing and retention, working conditions must be seen to. At the same time, the division of work and cooperation between workers should be further developed. Minimising worker turnover and ensuring that the same worker stands by the customer throughout the different stages of the child welfare process is fundamental.

Multiprofessional cooperation with other professionals as per the Child Welfare Act will be strengthened. As according to the law, legal advice is available in child welfare in every wellbeing services county.

Guaranteeing the rights of disabled people

Implementation of the rights of disabled people in the wellbeing services counties must be guaranteed as the counties begin operating. The ability of disabled people to influence their own lives and services must be safeguarded by establishing councils on disability in the wellbeing services counties like there are in municipalities, and by granting them sufficient resources.

Disability impact assessments must be carried out in the wellbeing services counties to ensure that the rights of disabled people are put into practice and that services meet the actual needs of disabled people. The disabled people must be actively involved in the planning and organising of their services.

Accessibility of services and decision-making must be implemented in all

wellbeing services counties.

Domestic and intimate partner violence must be effectively prevented

Human rights conventions, such as the Istanbul Convention, also bind the wellbeing services counties. Domestic and intimate partner violence is a serious and widespread problem that also the wellbeing services counties need to address. Those who encounter victims of domestic and intimate partner violence in their work must have sufficient information to recognise violence and the skills to refer people to get help.

There are effective treatment and service packages available for both victims and perpetrators of violence as well as for those who are exposed to it. A plan to prevent intimate partner violence must also be included in the strategies of the wellbeing services counties.

The role of organisations in service provision and their financing must be secured

Organisations provide important services and organise activities that guarantee people a complete chain of services and prevent them from falling through the society's safety net. Such services include, for example, crisis centres and helplines.

The wellbeing services counties must make sure that the operational capacity of organisations is not put at risk because of ambiguities in financial responsibilities. When organising services, the wellbeing services counties must ensure that even the small actors in the county have the possibility to provide services.

STAFF WELLBEING GUARANTEES SERVICE QUALITY

Services cannot be provided and the treatment promise cannot be kept without a skilled staff whose wellbeing is taken care of. The resource for functioning services are the people who provide them.

Healthcare and social welfare workers have been significantly burdened by the pandemic. The resilience of many has been stretched to the very limit. The work in healthcare and social welfare is responsible and it is done with dedication. For SDP, staff status, wellbeing, and working conditions are important and we promise to protect the status of the staff during the reform.

Health and social services are facing a labour shortage. In addition to retirement, also an increasing need for services will add to the need for new workers. Some of those working in health and social services also experience a lack of appreciation and are considering a career change.

SDP wants that staff wellbeing is ensured in the wellbeing services counties. The working conditions and the work environment of those working for the wellbeing services counties should be such that it is truly possible to do the meaningful work well and without an unreasonable workload.

Skills development and the ability to influence one's own work

Wellbeing at work, occupational safety, and coping at work consist of many factors. The implementation of good management and the ability to influence one's own work should be a self-evident part of every work community. Workers must also have the opportunity to develop their professional skills during their career. Different life and career stages must be taken into account in personnel policy and occupational health. This requires decisive development. Investments must be made in refresher and further train-

ing for all staff categories, and workers' right to develop and update their competence during their career must be guaranteed. Opportunities for career development must be offered to those interested.

The aim must be to improve staff resilience and reduce unnecessary hierarchy. The effectiveness of these measures should be continuously evaluated.

The personnel must also have the opportunity to influence the development of their own work and the preparation of changes. The wellbeing services counties must be flexible employers that support diversity, and particular attention must be paid to management. Broad expertise in management and the service packages of the wellbeing services counties are needed in addition to clear objectives from the county councils for the management to implement. The wellbeing services counties follow good personnel policy in all branches.

Development of wages as part of the attractiveness of the healthcare and social welfare sector

As the wellbeing services counties become operational, there are wage gaps in the wages of their personnel arising from the personnel having transferred to the county from different employers. Unjustified wage differences are removed, in accordance with the law, and wages are harmonised by gradually raising the lower ones.

In wage harmonisation, open communication promotes a successful transition. Wage harmonisation is a natural step in bringing the wage level and prestige of healthcare and social welfare professions to a decent level. The actual capacity of employee representatives of different personnel groups must be ensured and their influence recognised on all levels.

Sufficient financing must be reserved for wage harmonisation, and the implementation must be prepared in close cooperation with the personnel.

Wages should be transparent and unjustified differences should be prevented. However, the wage model should be flexible in a way that allows taking regional employment situations into account and higher wages for example in regions where it would otherwise be difficult to attract workforce.

In the longer term, the salaries and working conditions in the healthcare and social welfare sectors must be taken under a broader review. A comprehensive plan is needed to bring the working conditions and wages in these sectors to a level where human resources are secured and the sectors remain attractive in the eyes of young people.

Labour shortage must be prevented in many ways

The labour shortage in healthcare and social welfare is real and it must be addressed with determination. Workers in these sectors carry out work of societal value, and its appreciation must be reflected in their working conditions, management, and resourcing alike.

The attractiveness of the sectors can be improved by developing wellbeing at work, good management, and sufficient resourcing. The wellbeing services counties must make sure that there are sufficient resources for both the number of employees required by the staffing ratios and for replacement staff needs. As for the implementation of the ratios, this also requires sufficient monitoring.

The wellbeing services counties must see to the availability of workers, for example, by offering apprenticeship opportunities and other possibilities for on-the-job learning for both young people and adults. Also the image of a good employer, arising from good

personnel policy, plays a part in steering young people to seek training in the field. Regional cooperation is needed to ensure a sufficient number of study places.

In addition, more skilled personnel from abroad is needed. The wellbeing services counties must invest particularly in the orientation and language training of employees with an immigrant background.

WELLBEING MUST BE UNDERSTOOD IN A BROAD SENSE

The reform aims at better integration of health and social services, which means that current barriers between services and service providers would be lowered, services would function better, and people's problems could be addressed more effectively and in a more multidisciplinary manner.

Wellbeing should be viewed broadly. It must be seen to that no barriers arise between preventive and remedial services and that people's wellbeing is promoted broadly and in cooperation with different actors. The chains of services that are the responsibility of wellbeing services counties and municipalities must work together seamlessly.

Wellbeing must also be understood broadly. Wellbeing consists of many factors, and it can be increased in many ways. The prerequisites for health, functional capacity, and the wellbeing that arises from them include inclusion, meaningful activities, and personal fulfilment. Thus the wellbeing services counties should, from the very beginning, take the diversity of wellbeing into account.

Inclusion and influence do not happen on their own

The councils that are elected in January get to create all new wellbeing services counties without ready-made structures or constraints. For the Social Democrats, it is important that as many residents, customers, service users, and employees as possible, and the entire civil society participate in this work. Democracy, inclusion, and regional influence in the wellbeing services counties should be developed from the start.

There are many ways to increase inclusion, and they should be used and applied in each wellbeing services county as appropriate.

Participatory budgeting must be implemented in the wellbeing services counties, so that local residents can express their

wishes for the development of their county. To this end, a plan must be drafted and sufficient resources provided.

Cooperation with organisations operating in the services interface must be supported in the wellbeing services counties, and opportunities must be created for different groups of residents and customers to influence decision-making and services. The operational capacity and influence of bodies that are active in municipalities, such as Youth Councils, Elderly Citizens Councils and Councils on Disability, must be ensured also in the wellbeing services counties.

Residents and customer networks must have the ability to influence decision-making. That is why direct channels for influence and initiative are needed. Customers must also be able to influence decisions that concern them. They must be informed of their possibility to complain and appeal to ensure effective legal protection.

Different customer groups must be considered in developing services. Support and training should be available for healthcare and social welfare personnel in encountering different kinds of customers in an expert and equal manner. This concerns, in particular, matters regarding sexual orientation and gender diversity as well as encountering representatives of other minorities and recognising needs for services.

The operations and decision-making of the wellbeing services counties must be evaluated also from the viewpoint of service users and special groups. Child impact assessment should be a part of the decision-making.

Wellbeing from culture and sport

Hobbies, meaningful activities, and personal fulfilment are a significant part of maintaining and creating wellbeing. Sport and

culture have an important intrinsic value as parts of a thriving society, but they also have an instrumental value in both preventive and remedial work.

SDP wants that a programme to promote inclusion and wellbeing is drafted for each wellbeing services county, in which the concepts of cultural wellbeing and promoting physical activity are also discussed. In the wellbeing services counties, a culturally meaningful life must be guaranteed also to those in institutional care. The wellbeing effects of art are verifiably great and cultural rights must be guaranteed to all. For this reason, safeguarding the cultural experiences of both those in institutional care and customers of housing services must be included in the work of the wellbeing services counties.

The strategies and budgets of the wellbeing services counties must include also the objectives and resources for cultural wellbeing. Also sport must be acknowledged in the service strategies of the counties.

For both sport and culture, activities often take place in the interfaces between municipalities and the wellbeing services counties. Planning and effective cooperation are needed in every wellbeing services county in order for the chains of services between municipal sport and other preventive services and social services of the counties to run smoothly.

Sport and culture should be seen as part of activities that strengthen and maintain functional capacity. Rehabilitative physical activity that strengthens functional capacity should also be considered as part of healthcare and social welfare for example as services delivered at home, not only as separate services that are the responsibility of municipalities.

services for unemployed people when they are in need of multiprofessional services. These are often services that support the ability to work, with rehabilitative work activities as a key service. The offered services must meet the actual needs of their recipients. The level of activities must remain the same or be improved as the responsibility for organising services is transferred from municipalities to the wellbeing services counties.

The preparatory work for the wellbeing services counties should take advantage of ongoing pilots, in which health and occupational health services are integrated more effectively into the service path for unemployed jobseekers. In services for people in mental health rehabilitation, the aim must be at being able to return to working life after being on disability pension.

The third sector is an important partner in the services for people with a less favourable labour status.

Wellbeing services counties support employment

The wellbeing services counties organise

TECHNOLOGY AND DIGITALISATION AS PART OF THE REFORM

Utilising technology and digitalisation is an ever more important part of health and social services, and they must be included in the processes of the sector. Solutions must be smooth and safe, and they must benefit both users and personnel.

New technological solutions must stem from user needs. It is important that they increase users' inclusion and do not hinder access to services. Investments must be made in service design and the user-friendliness of digital services must be improved.

Digitalisation must improve accessibility

Digital solutions mean faster and smoother service and they must be developed so that also the needs of special groups are taken into account and that they are accessible for all. New digital thresholds must not be created but, instead, services accessible remotely must ease access to them for an ever greater number of users. Physical services must remain alongside digital services to make sure that everyone can get the service they need irrespective of their digital skills.

People's financial position must not limit access to digital services. Low-threshold training and support in the use of digital services must be available in all wellbeing services counties.

Public services must be digitalised in a user-centred way

Organising healthcare and social welfare in an ageing society is one of our greatest challenges in coming decades. Technology, for one, can be a solution to increasing costs. In the future, we can utilise self-di-

agnostics, artificial intelligence doctors, and a high level of robotisation to support care.

Technology can help free professionals' time for encountering people and individualised patient work. Even now there are appointment systems that improve user experience and save time, and the best ones of these systems must be implemented in all wellbeing services counties.

Digitalisation is an opportunity for Finland. Everyone keeping up with digital development ensures equality. The digital leap taken during the COVID-19 pandemic should be consolidated. In the future, people must have access to health and social services via smart phones or computers in all parts of the country.

When constructing new, the wellbeing services county must ensure that it works in an ethical way, promotes equality, and contributes to favourable economic development. Ethical questions related to technological applications must be addressed carefully and transparently according to the principles of democratic decision-making, as they have a fundamental effect on the functioning of the entire society.

Data produced with public financing or from public services to promote digitalisation must be publicly owned and available for open use in the society. Interfaces of the wellbeing services county must be opened up to be utilised by various actors in the society, with consideration to safety and privacy matters. This offers a good breeding ground for ideas and innovations. An active public sector approach promotes digitalisation and encourages private sector actors to cooperation in utilising information and data.

Smooth flow of services and the user must be considered when developing information systems

The healthcare and social welfare reform is also an immense service systems merger. Municipalities have several different information systems that do not necessarily communicate with one another. As the change takes place, sufficient resources and competence must be available for aligning the information systems. There are systems to align both within the counties as well as between them. This will ensure smooth services for users, make sure that services continue safely, and allow professionals to use their time for actual care work.

At the same time, we must prepare for shareability and accessibility of information with municipalities, in particular, and also other significant actors. This must be taken into account when procuring new information systems so that targeted services can be built for residents and successful preventive work promoted. This is particularly critical in the interfaces between municipalities and the wellbeing services counties, such as in services for children and young people, in which municipalities will continue to play a significant role. Another target group to consider are people who are customers of employment services.

THIS IS WHAT SDP WANTS IN EVERY WELLBEING SERVICES COUNTY IN FINLAND

The Social Democrats work in every wellbeing services county for the original objectives of the healthcare and social welfare services reform to be achieved. As a result of the reform, Finns will be healthier and more equal.

- 1.** The availability and coordination of health and social services improve. Client charges will not increase and, in the longer term, client charges in primary healthcare will be lowered or they can be abolished.
- 2.** Timely access to treatment is guaranteed with a treatment time guarantee that covers primary healthcare, mental health services and dental care alike.
- 3.** The status and wellbeing of personnel is secured. Improving management, enhancing working conditions, responding to the labour shortage, and improving workers' ability to influence their own work are priorities in all wellbeing services counties.
- 4.** SDP secures good elderly care with a sufficient staffing ratio, competence, and task structures. Sufficient staffing must be ensured not only in care facilities but also in home care.
- 5.** The availability of home services for families with children is improved. Fragmentation of child welfare is prevented by building strong service packages.
- 6.** Services of the wellbeing services counties must be developed in a user-centred way, consulting the users. Quality is measured also based on user experience.
- 7.** Digitalisation and adoption of technology must be promoted so that the quality, usability, and accessibility of services are improved and productivity grows.

The democratically elected, devoted decision-makers of the wellbeing services counties set targets responsibly for the good of the entire county. The elected leadership and administration are responsible for the services meeting the many needs of the residents of the county.

