

DANISH  
REGIONS



# THE REGIONS

- IN BRIEF





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# The regions ensure growth and well-being

Since 2007, we have had five regions in Denmark with popularly elected members. The regions are tasked with ensuring the quality of the Danish Healthcare System. They also bear the responsibility for the highly specialised social services area, regional mass transit, tasks connected with soil pollution, tourism and a number of growth initiatives intended to create growth in both rural as well as urban areas.

We have achieved much in the work with developing well-being and creating a good, fertile environment for growth. This pamphlet is intended, in compressed form, to provide you with an understanding of the results, tasks, structure and finances of the regions.

Happy reading.

Bent Hansen  
Chairman of Danish Regions

Carl Holst  
Vice Chairman of Danish Regions





## Five different regions

The five regions of Denmark differ in relation to their physical geography, areas and populations. For example, more than 30 per cent of the inhabitants of Denmark live in the Capital Region of Denmark, which at the same time is the absolute smallest region in terms of its area.

Other characteristics differentiating the regions include the composition of their business communities, educational offerings and infrastructure.

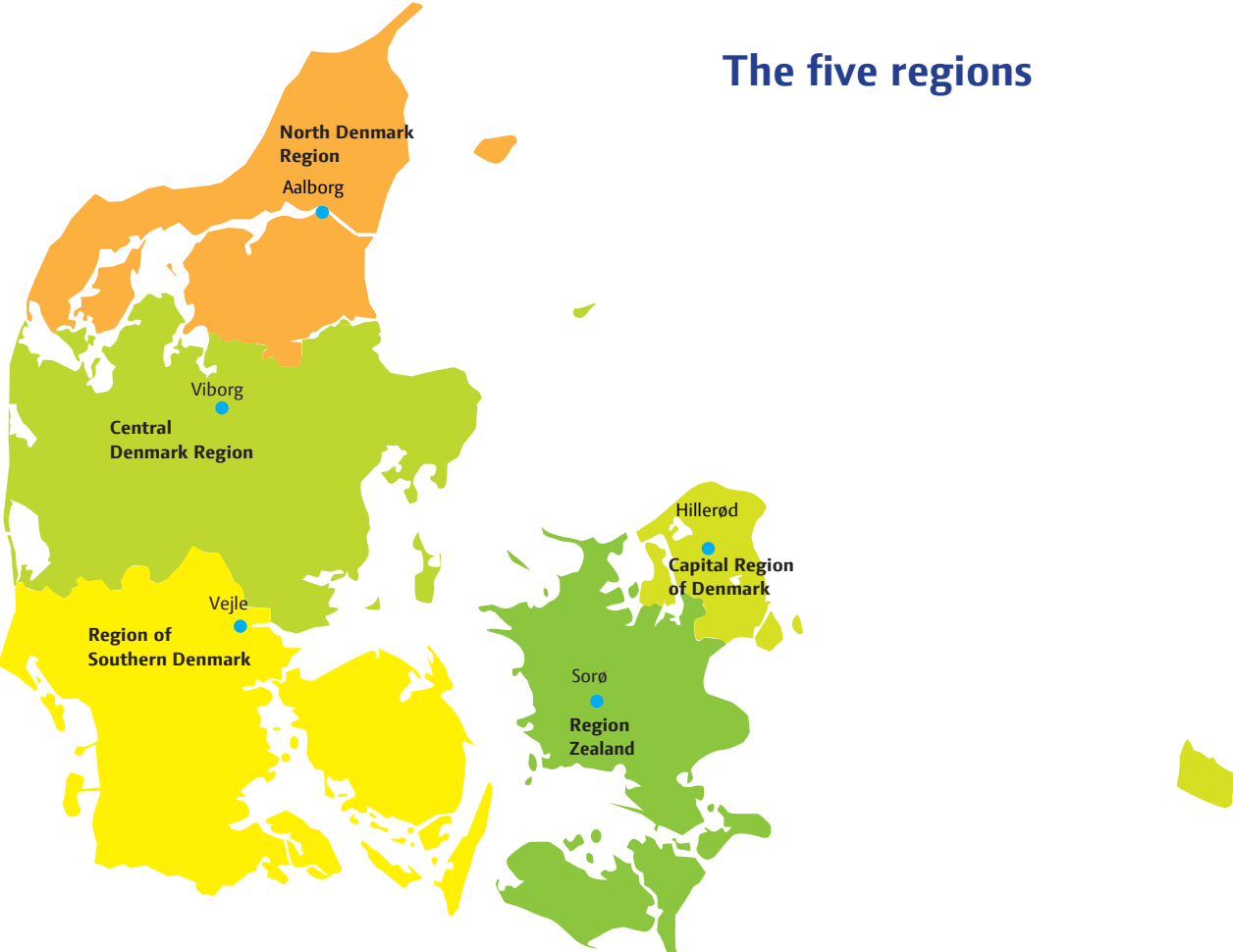
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### Areas and populations of the regions, April 2011

Region	Population	Area in km <sup>2</sup>	Inhabitants per km <sup>2</sup>
Capital	1,702,388	2,561	665
Zealand	819,071	7,273	113
Southern Denmark	1,200,858	12,191	99
Central Jutland	1,262,115	13,142	96
Northern Jutland	579,787	7,931	73
In total	5,564,219	43,098	129

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# The five regions



## Regional Councils chart the course for each region

Each Regional Council consists of 41 elected representatives constituting the highest decision-making body in each of the five individual regions. At the centre of each Regional Council stands the Chairman of the Regional Council, who is elected by the members of the Regional Council.

Each Regional Council has a number of ad hoc committees covering the areas for which the regions are responsible. The regional politicians of the committees provide carefully crafted recommendations for the subject areas being addressed by their committees to the Regional Councils. Precisely because the regions are geographically diverse, and have populations with varying compositions, the regions will occasionally choose different solutions to a number of responsibilities.

The politicians of the Regional Councils are interested in the viewpoints of their constituents. Hence, the regional politicians are constantly conducting a dialogue with the citizens at sizeable events such as Citizens' Summits, hearings, debate meetings and through both new as well as more traditional media.



The most recent regional election was held on 17 November 2009. The Social Democrats were the largest winners with 68 regional representatives, while 54 were elected from the Liberal Party of Denmark (Venstre). Four of the regional chairmen are from the Social Democrats and one is from the Liberal Party.

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#### Distribution of seats and chairmen's colour distributed by parties and regions

Region	A	B	C	F	O	V	Ø	L
Capital	12	3	6	8	4	6	2	
Zealand	12	1	3	8	5	12	0	
Southern Denmark	12	1	4	6	4	13	0	1
Central Jutland	15	1	3	6	3	11	0	2
Northern Jutland	17	1	4	4	3	12	0	
In total	68	7	20	32	19	54	2	3

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## Areas of responsibility for the regions

The regions have the responsibility for all treatment provided by the Danish Healthcare System. The regions operate the public hospitals. The regions are also responsible for the medical practice sector functioning. For example, the regions are the guarantors for all Danes having access to a practising physician. The regions also enter into agreements with a number of privately practising specialist physicians and other occupational groups, for example dentists, psychologists and physiotherapists, whose services are used by Danes.

The regions also have the responsibility for a number of institutions in the highly specialised social services area.

In addition, the regions must ensure regional development through growth initiatives, planning educational offerings and co-ordinating regional mass transit.

The five regions have a total of around DKK 100 billion at their disposal annually to look after these areas.

Nearly 117,000 people are employed full-time by the regions to do this.

The tasks the regions work with will be covered in depth in the following pages.





## Better treatment by the Danish Healthcare System

Since the regions were formed, they have been working on improving the quality of the Danish Healthcare System. The fundamental idea is that improved quality of treatment benefits both the patients and the economy, including because the patients avoid longer stays at the hospitals as well as re-admittances.

As part of the improvement of the treatment quality, the regions focus on disseminating the elements that work well. There is also an emphasis on eliminating waste in both the clinical and administrative processes. Finally, very important elements in the quality-related work of the regions are the systematic prevention of medical errors and avoiding injuries to the patients. In connection with this, there is a particular emphasis on preventing bedsores, pressure ulcers and infections from developing in patients when they are admitted to the hospitals.

The regions maintain some 50 joint quality assurance databases as part of this work of ensuring that the quality of the treatment being offered is high and uniform across the entire country. These databases enable the regions, hospitals and administrative divisions to



follow the results as well as the quality of the treatment for a number of large and significant fields of medicine. This allows the clinics to monitor whether patients are receiving the correct treatments.

### Three examples of quality improvements

#### Cancer treatments have been improved

- Standardised treatment regimens have been introduced for 34 forms of cancer, with the patients receiving rapid investigation and treatment along with clear messages during the course of the progression of the treatment.
- The number of chemotherapy treatments has nearly doubled since 2004.
- The number of radiation treatments has risen by 51 per cent from 2004 to 2010.
- Between 2006 and 2010, the time from referral to treatment for lung cancer fell from 56 to 38 days, for head and neck cancer from 56 to 34 days and with respect to melanoma cancers from 18 to 7 days.

#### Treatment of cardiovascular illnesses has been enhanced

- A total of 7,000 more patients were treated for cardiac disorders in 2010 than in 2008 due to the standardised treatment regimen.
- Waiting times for acute bypass operations have fallen from 11 to 7 weeks.

#### Fewer people are dying in the hospitals

- Mortality among the patients has fallen by 7 per cent from 2007 to 2010. The interim figures for 2011 are indicating that the positive trend is continuing.

## Most healthcare possible for the money

In step with a larger proportion of the population becoming older, the Danes' use of the Danish Healthcare System will increase. The regions are working to future-proof the Danish Healthcare System in response to this. Among other things, this is being accomplished by reorganising the hospitals so the expertise is concentrated for the benefit of the patients. In addition, the regions are in the process of building new hospitals that will match future forms of treatment and IT solutions. The regions are in the process of rationalising the Danish Healthcare System, both by re-viewing work procedures as well as by, for example, undertaking joint purchases in areas where such is appropriate.

This has meant that the regions have experienced an average annual productivity increase from 2007 to 2010. From 2009 to 2010 alone, the productivity increase was 5.6 per cent, because the overall level of activity rose while total expenses fell by 0.8 per cent.

The regions use 4.4 per cent for administration according to a report from 2011 ordered by the National Audit Office. It is the lowest percentage spent on administration in the public sector.

### The regions are treating more patients

- In total, the regions treated around 2.5 million patients in 2010.
- Approximately 100,000 more patients were treated in 2010 than in 2007.
- The number of outpatient visits during the same period rose by 14 per cent.
- Correspondingly, the number of admissions rose by 6 per cent.
- In 2010, approx. 1.3 million operations were performed in the hospitals. This is over 150,000 more than in 2007, when the regions were established.

## Venterum





A woman with light brown hair, wearing a dark blazer over a grey top and blue jeans, is sitting on a brown leather sofa. She is smiling and looking towards a young child whose back is to the camera. The child is wearing a green and white shirt. In the foreground, there is a wicker basket filled with fruit, including bananas and kiwis, on a wooden table. The background shows a window with white frames and patterned curtains, and a potted plant on the windowsill.

## More patients receiving psychiatric treatment

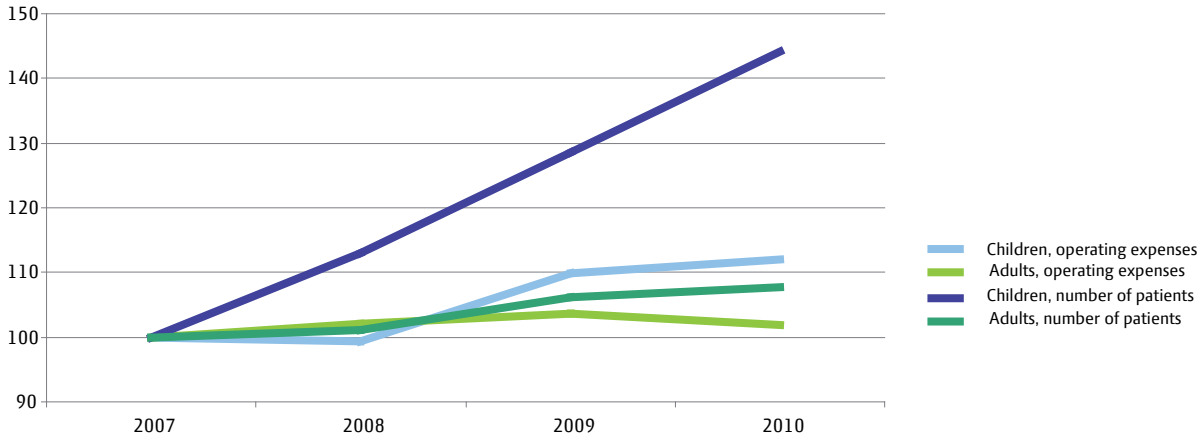
The regions are responsible for the psychiatric care that is organised under the hospitals. This concerns the psychiatric wards, psychiatric outpatients and community mental health units, from which, among other things, teams of employees are dispatched who meet with psychiatric patients in their immediate environments. The psychiatric care is interdisciplinary and designed to be able to provide treatment to persons with difficult and/or complicated illnesses.

In recent years, the number of Danes who have had a need for psychiatric treatment has increased. Thus, the regions have modernised and rationalised their psychiatric care, allowing as many as possible to receive assistance.

From 2007 to 2010 alone, the number of adult psychiatric patients rose by 7.8 per cent to 93,216 persons. Treatment of children and youths during the same period rose by 44 per cent.

For the most patients with psychiatric illnesses, intensive outpatient treatment is the form of treatment that works best, and which ensures that the patients are able to return quickly to normal lives. In recent years, the largest part of the increase in patients receiving psychiatric treatment has occurred within the category of outpatient treatment, which is why the regions have focused on expanding community mental health services in particular.

**Trend in number of patients receiving psychiatric assistance of all types, index (2007=100)**



## The regions are a central player in the social services sector

The regions operate a number of institutions for people with difficult handicaps and/or social problems. For example, there are offerings for people with functional physical and mental impairments, difficulties resulting from brain damage, comprehensive developmental disorders, mental illnesses, and vision, hearing and speech impairments – i.e. small groups of people with quite difficult needs.

The offerings generally concern highly specialised knowledge and because of this are able to assist the users with their very complex needs. With the size of the regions and their population bases, they are in fact in a position to manage offerings involving highly specialised professionals in a financially viable manner. One of the central tasks in the social services sector of the regions is also the work with youth criminality in the country's secured institutions.

The children and youths who reside in these locations have most often usually been charged with or convicted of criminal acts. The secured institutions are a part of a system of punishment; however, the socio-pedagogical efforts also comprise a central part of the work. The children and youths often have serious social, personal or mental problems, and helping them is an important task in enabling them as far as possible to find sustainable paths in their lives. The regions are working on an on-going basis specifically to raise the level of quality at secured institutions by creating the best possible offerings for these youths.



### The regions are targeting their social services offerings

- The regions currently have an obligation to provide offerings in the social services and special education areas. This means that the regions have a responsibility to deliver the offerings desired by municipalities to the children and adults with handicaps and social problems. For 2011, the funding for this task amounts to nearly DKK 4 billion.





## The regions create development

The regions are working to create growth for the entire country. This occurs especially through partnerships.

Regional growth forums play a crucial role in this. Each Regional Council has appointed a growth forum with representatives from the business community, educational institutions, labour market entities and politicians from the regional and municipal levels.

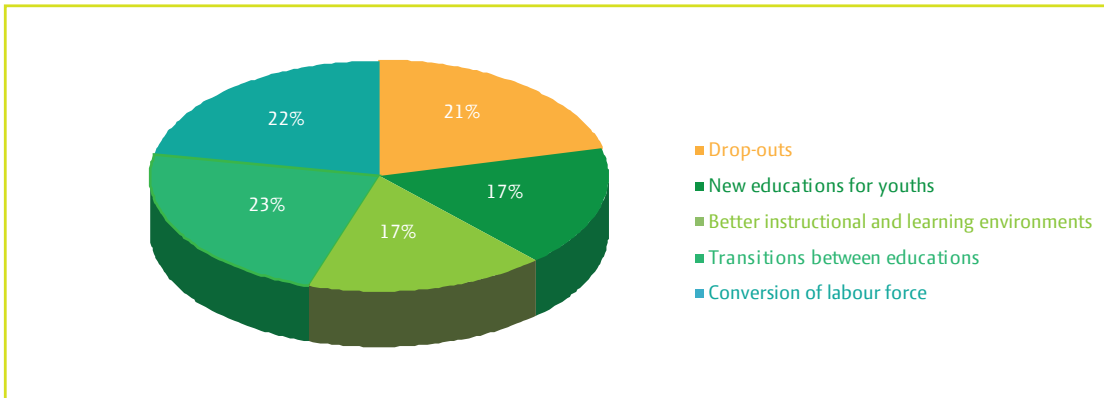
The growth forums are included in regional partnership agreements with the government involving growth and business development.

The six regional growth forums monitor the local and regional conditions for growth. The growth forums also draft regional business development strategies, which are based upon the business-related strengths of the regions as well as the challenges they will face in the future.



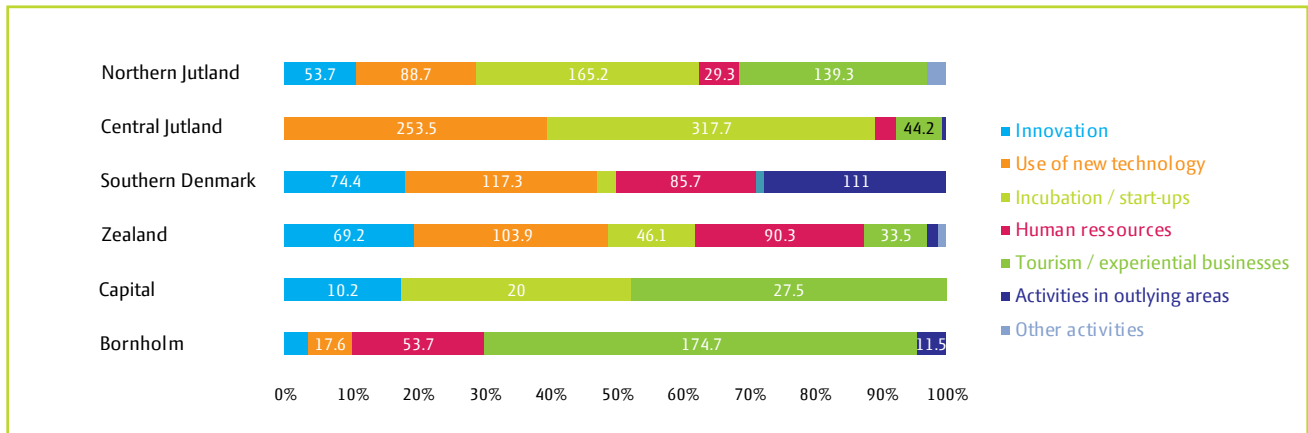
The regional growth forums are intended to strengthen business development through strategic efforts to promote growth, so new businesses are established and new jobs are created in all the regions. The funds are used in a targeted manner to support, for example, green growth, health and well-being technologies, incubation of commercial projects, development of Danish tourism and management of the growth crisis by reorganisations and raising the level of education.

### Regional investments in education in 2010, per cent



The five Regional Councils also prepare a regional development plan every fourth year. These regional development plans encompass the towns, rural districts and outlying areas. The plan focuses on the theses of nature, the environment, business and tourism, employment, education and culture.

### Investments of growth forums distributed by focus areas in 2010, DKK millions



Education is a significant area in both the regional development plans as well as in the regional business development strategies. In conjunction with the educational institutions, the regions work to ensure that there are adequate, geographically inclusive and diverse educational offerings for youths as well as general adult education offerings for everyone in the region.

#### Growth forums secure investments

- In 2010, the regional growth forums secured multi-year investments exceeding DKK 2.2 billion.
- The investments come from the business development funds of the regions, the EU's Structural Funds and external financing from, among others, businesses, municipalities and the national government.



## Mass transit going the right way

The regions are responsible for regional bus traffic and local railways. The busses are responsible for approx. 2/3 of all trips made using mass transit in Denmark, and the regions are responsible for around 40 per cent of total bus operations outside the capital region.

Well-functioning infrastructure is crucial for companies to be able to attract a labour force, as well as for educational institutions to attract students. Through co-operation with the regional transit companies, and via the regional development plan, the regions ensure integration between national, regional and municipal mass transit entities.

More direct routes between larger regional destinations, departures every half-hour on the routes and modern busses with, among other things Wi-Fi, have caused the number of passengers to rise after a number of years with declining passenger counts.

### Activity in bus and local rail mass transit in 2010

- Regional subsidies: DKK 1.3 billion.
- Regional subsidy per inhabitant: DKK 235.
- Passengers on regional bus routes: DKK 56 million.
- Passengers on local rail: DKK 12 million.
- Scheduled operating hours on regional bus routes: DKK 2.3 million.
- Passenger-financed share for busses: approx. 42 per cent.





## Controlling soil pollution

The regions are tasked with preventing and impeding harmful effects from soil and groundwater pollution. On an annual basis, the regions spend approx. DKK 400 million on these tasks.

Soil pollution originated from enterprises and industries that have used many chemicals over the years. The manner in which the chemicals have been handled is the reason for the soil and groundwater being polluted in many places. Leaky tanks or ruined sewer pipes can also be a cause of oil and chemicals having contaminated the soil.

If pollution is able to threaten a residence, a childcare institution, a public playground or valuable groundwater, the region must undertake a public sector response.

There is a large amount of contaminated ground in Denmark, and it is not possible to intervene everywhere, which is why the regions have to prioritise,



so the contamination that is most hazardous to the environment and human health is addressed first. The principle of the most environment for the money means that the efforts that are undertaken are limited to the extent that any possible residual contamination left behind does not pose a risk to humans or the environment.

If an instance of soil pollution does not pose a risk to groundwater or to human health, the region does not perform a more detailed analysis or any clean-up work.

In addition to the public sector efforts, the regions are also involved in a large number of tasks as authorities:

- The Land Depreciation Programme, which assists building owners with expediting clean-up efforts.
- The Danish Oil Industry Remediation Fund, which examines and cleans up old petrol sales sites.
- Privately financed pollution studies and clean-ups in connection with sales and construction activity.
- Statements in construction matters on contaminated ground.
- Processing of applications involving exemptions for deposition of clean soil in raw material pits.
- Advice and guidance to citizens concerning contaminated ground.
- Processing of inquiries from estate agents, lawyers and citizens in connection with purchases and sales of real estate.

In addition to these tasks in the soil pollution area, the regions are also responsible for surveying raw materials and planning.



## Mouthpiece for the regions at the national level

The five regions have formed an interest organisation, Danish Regions, which looks after the common interests of the regions at the national level.

Danish Regions works on behalf of the regions in matters in which they have a common interest. This concerns, for example, situations involving contributing to legislation, preparing technical standards such as clinical guidelines and co-operating with other interest organisations.

Danish Regions is also responsible for negotiating the annual financial framework for the regions with the national government.

In addition, Danish Regions negotiates agreements on behalf of the five regions. These are both collective bargaining agreements with employee organisations as well as agreements with the private practice sector involving, for example, practising physicians and dentists.

The Board of Danish Regions drafts the guidelines that the interest organisation then follows in its work. The Board consists of politicians from the five regions. The Board is appointed based upon the distribution of seats among the parties at the national level.



## The regions in a European context

Half of all matters on the average agenda of a Regional Council meeting are affected by decisions made within the EU. Thus, the regions also look after their interests at the European level.

Among other things, the regions are represented at the Committee of Regions, which under the EU Treaty is the EU institution that must be heard in all matters affecting regions and the areas of responsibility of other local authorities. This means that the Committee of Regions has a consultative role to the EU's Council of Ministers, the European Commission and the European Parliament

The Committee of Regions is comprised of 344 members from 27 countries. The Danish delegation consists of nine members. The regions have, via Danish Regions, three members and three alternates.

Through the work with the Committee of Regions, the Danish regions have the opportunity to affect important matters, such as the EU's rules for public



procurements, the implementation of the EU Directive on patient rights and the EU's next budget period, which is of significance to how much EU funding is granted for growth and development in the regions.

The five regions also have their own secretariats in Brussels, which look after the interests and co-operation interfaces of the individual regions. The secretariats were established in co-operation with the municipalities and in several instances the region's university, and they work in part on procuring EU funds for research and development projects.

#### Across national boundaries

Through Danish Regions, the regions are represented in a number of different forms of co-operation with other EU countries. This concerns, for example:

- Baltic Sea States Subregional Cooperation which contributes to setting the political agenda in the Baltic Sea area and to being a framework for projects involving the participating regions.
- Council of European Municipalities and Regions which has the objective in part of affecting the legislative process inside the EU and in part of sharing knowledge between its members from 37 European countries.
- The European Centre of Employers and Enterprises providing Public services, which works with issues of concern to public employers.
- HOPE (Hospitals of Europe) which is an exchange programme, where hospital and healthcare personnel learn from experiences in different countries.



## Where to find the regions:

### The Capital Region of Denmark

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### Danish Regions

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