

Helsinki



Wellbeing, health and security for the residents of Helsinki

Social Services, Health Care and Rescue Services Division Service Strategy 2026–2029



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City of Helsinki Social Services,
Health Care and Rescue Services
Division Service Strategy 2026–2029

Table of contents

1 Introduction	5	3 Service Strategy themes.	20
1.1 Service Strategy	5	3.1 Availability and effectiveness of services .	21
1.2 Relationship to national objectives and the City Strategy.	8	3.2 Operational and financial balance	25
1.3 Preparatory process.	10	3.3 Sufficiency of skilled staff.	27
1.4 Key factors influencing strategic choices.	11	3.4 Security and preparedness.	29
2 Principles of organisation.	17	4 Follow-up and evaluation	30

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1. Introduction

1.1. Service Strategy

Background

From the beginning of 2023, health care, social welfare and rescue services have formed a single division in Helsinki. The merger was implemented as part of the national welfare services county reform, which transferred responsibility for organising social welfare, health care and rescue services from municipalities to wellbeing services counties.

Helsinki is independently responsible for organising the City's social welfare, health care and rescue services. This means that Helsinki does not form a separate administrative structure like wellbeing services counties do. However, in many respects, the Social Services, Health Care and Rescue Services Division is a similar actor compared to wellbeing services counties. This is reflected, for example, in the fact that Helsinki is subject to the same legal obligations on services as wellbeing services counties. The services provided by the Social Services, Health Care and Rescue Services Division are also fully financed by central government funding and client contributions, similarly to other wellbeing services counties.

The Service Strategy is one of the key strategic documents relating to the responsibility for organising services. Its aim is to ensure that Helsinki is able to meet the service needs of its residents in the best possible way. The Service Strategy is drawn up every council term for financial and operational planning and management purposes, and its preparation is provided for in section 11 of the Act on Organising Healthcare and Social Welfare Services (laki sosiaali- ja terveyshuollon järjestämisestä 612/2021).

The Service Strategy is supplemented by a service level decision that steers the rescue services. The document is approved by the City Council and drawn up in line with the key policies of the Service Strategy in Helsinki.

The Service Strategy contains the long-term objectives and policies of the social services, health care and rescue services whose organisation falls under the responsibility of the wellbeing services county, as well as the objectives for the implementation of the services.

The strategic choices of the Helsinki Service Strategy for this strategy period are focused on four themes: accessibility and effectiveness of services, financial and operational balance, adequacy of skilled staff, and safety and preparedness. The service promises, objectives and measures specified for each theme are described in the strategy. The Service Strategy also contains the principles of organisation that apply to the whole of the Social Services, Health Care and Rescue Services Division and a section on the monitoring and evaluation of the Service Strategy.

Basic mission and responsibility for organising services

The wellbeing services counties and the City of Helsinki have a duty to ensure that the tasks assigned to them by law are carried out, that the rights of residents under the law are respected and that service entities are coordinated. Section 7 of the Act on Wellbeing Services Counties also stipulates that the wellbeing services county is responsible for ensuring equitable availability of the services provided; defining

the need, quantity and quality of the services; selecting the method of provision of the services; controlling and monitoring the provision of services; and exercising the powers of public authority.

The Helsinki Social Services, Health Care and Rescue Services Division organises the statutory social welfare, health care and rescue services for Helsinki residents. We provide these services either in-house or in cooperation with other wellbeing services counties, or we source them from private or third sector service providers. We manage, monitor and steer services as a whole.

We provide services equitably for all residents, as required by law. All our client groups receive high-quality services that meet their needs, regardless of the service provider.

Our aim is to provide the best possible services for the residents of Helsinki with the financial resources available to the City. We use the financial resources of our division responsibly and effectively.

Our fundamental mission is to support and strengthen the wellbeing, health and safety of Helsinki residents by providing services that meet their needs. We are prepared to provide critical services in all conditions and security situations.

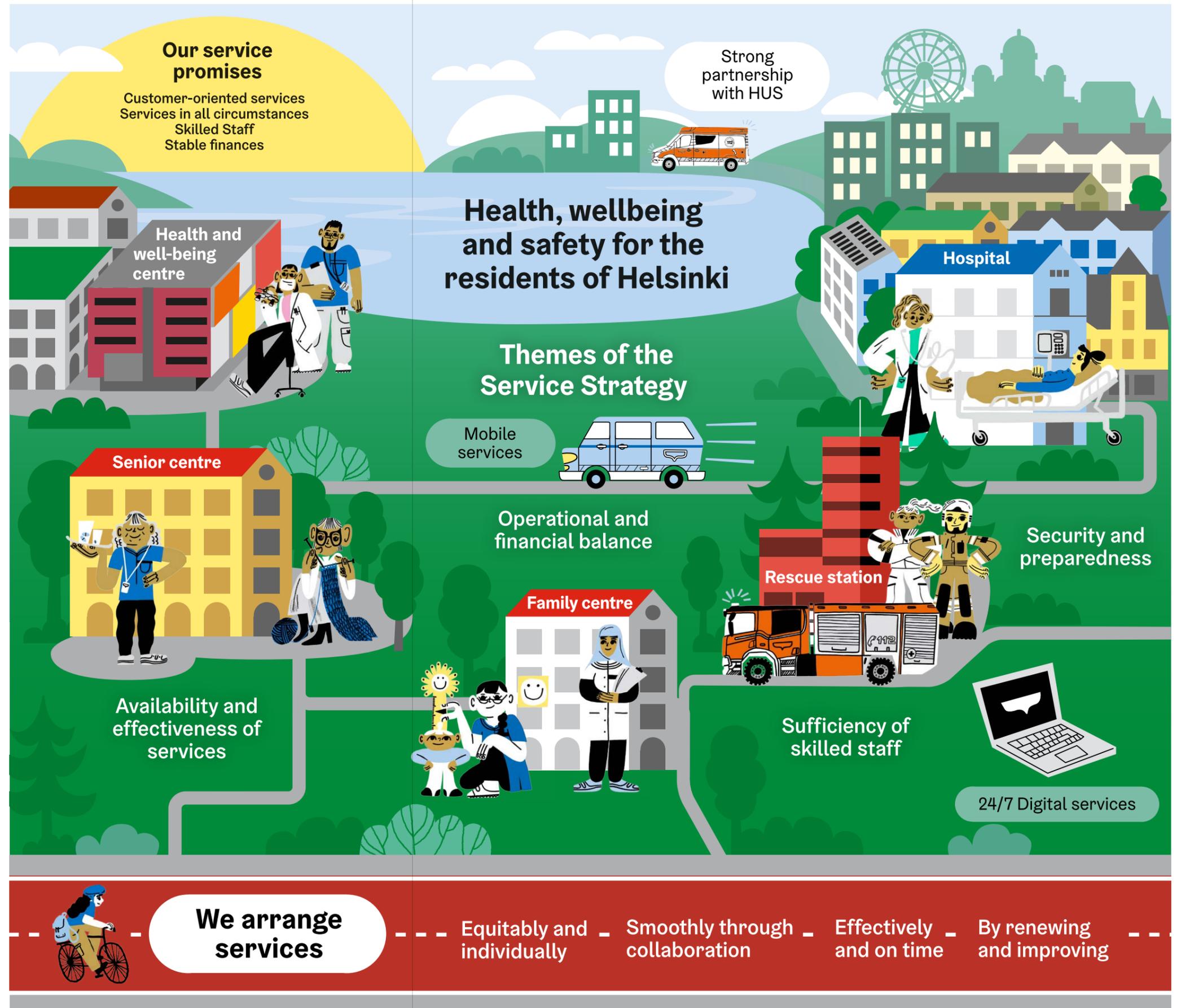


Image 1. Social Services, Health Care and Rescue Services Division Service Strategy 2026–2029

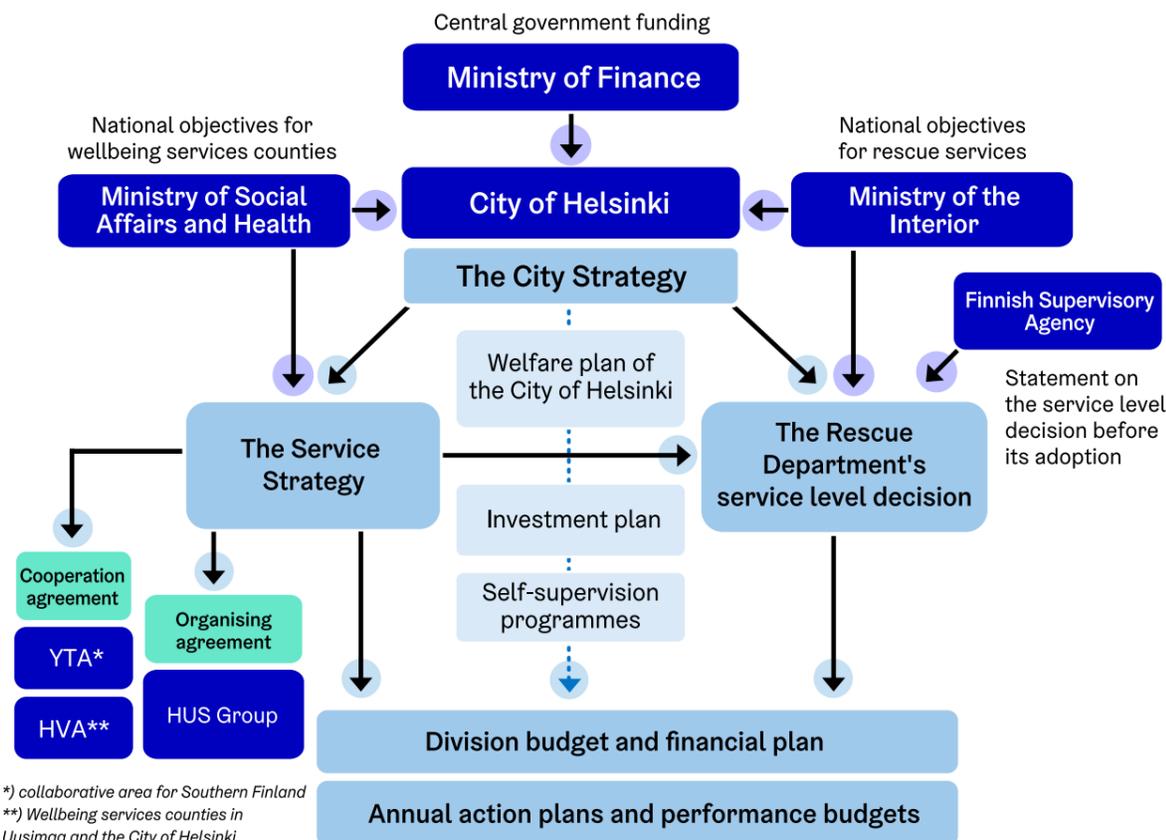
1.2 Relationship to national objectives and the City Strategy

Our entire Service Strategy is strongly guided by national objectives. The national objectives for wellbeing services counties are a key part of the national strategic steering for healthcare, social welfare and rescue services. The objectives relate to the functioning and capacity of the wellbeing services counties. The operational objectives concern the wellbeing, health and safety of the population, equitable services and economic sustainability. Effectiveness must be emphasised in all wellbeing services county operations, management and steering. Objectives concerning operational preconditions include a healthy and sufficient workforce, quality information and effective cooperation.

The Act on Organising Healthcare and Social Welfare Services (laki sosiaali- ja terveydenhuollon järjestämisestä 612/2021) provides for the obligation of wellbeing services counties to draw up a wellbeing services county strategy defining their long-term operational and economic objectives. Instead of a separate wellbeing services county strategy, the City Strategy will be taken into account in Helsinki.

The Service Strategy supports the implementation of the City Strategy and supplements the objectives of the City Strategy with common objectives and measures for the Social Services, Health Care and Rescue Services Division.

Image 2. The Service Strategy is part of strategic management



*) collaborative area for Southern Finland
 **) Wellbeing services counties in Uusimaa and the City of Helsinki

The Helsinki City Strategy was adopted in August 2025, and its key content has been taken into account in the preparation of the Service Strategy. The City Strategy is valid for the council period of office (2025–2029), meaning that the Service Strategy will be implemented in parallel with the City Strategy.

The five strategic priorities of the 'A Helsinki we can be proud of' City Strategy are: pleasant neighbourhoods with a strong sense of community, widespread wellbeing, a smooth everyday life and functional services, development that respects nature and makes the city more attractive, and activity, vitality, skills and growth. Alongside the strategic priorities, the City Strategy includes the following operational cornerstones: financial management, climate and nature, staff and leadership, security and preparedness, and advocacy and internationalism.

The priorities and cornerstones of the City Strategy also include objectives for the Social Services, Health Care and Rescue Services Division. These objectives have either been included as such in the Service Strategy or otherwise taken into account as part of the more detailed objectives of the Service Strategy. To implement the City Strategy, a series of programmes have been identified – such as the plan to prevent segregation – in which the Social Services, Health Care and Rescue Services Division plays an important role. Plans for joint City-wide programmes will be refined as the strategy period progresses, but preliminary plans have been taken into account in the preparation of the Service Strategy.

Together, the Service Strategy and the City Strategy serve as the basis for preparing the budgets and action plans of the Social Services, Health Care and Rescue Services Division.

Image 3. City Strategy 2025–2029

How we work

We exist for the people of Helsinki. We care about the wellbeing of the city and its residents.

Priorities of the strategy



Operational cornerstones



1.3 Preparatory process

The senior management of the Social Services, Health Care and Rescue Services Division served as the steering group for the preparation of the Service Strategy. The preparation was carried out in cooperation between the service areas and involved a wide range of specialists and professionals as the preparation process progressed.

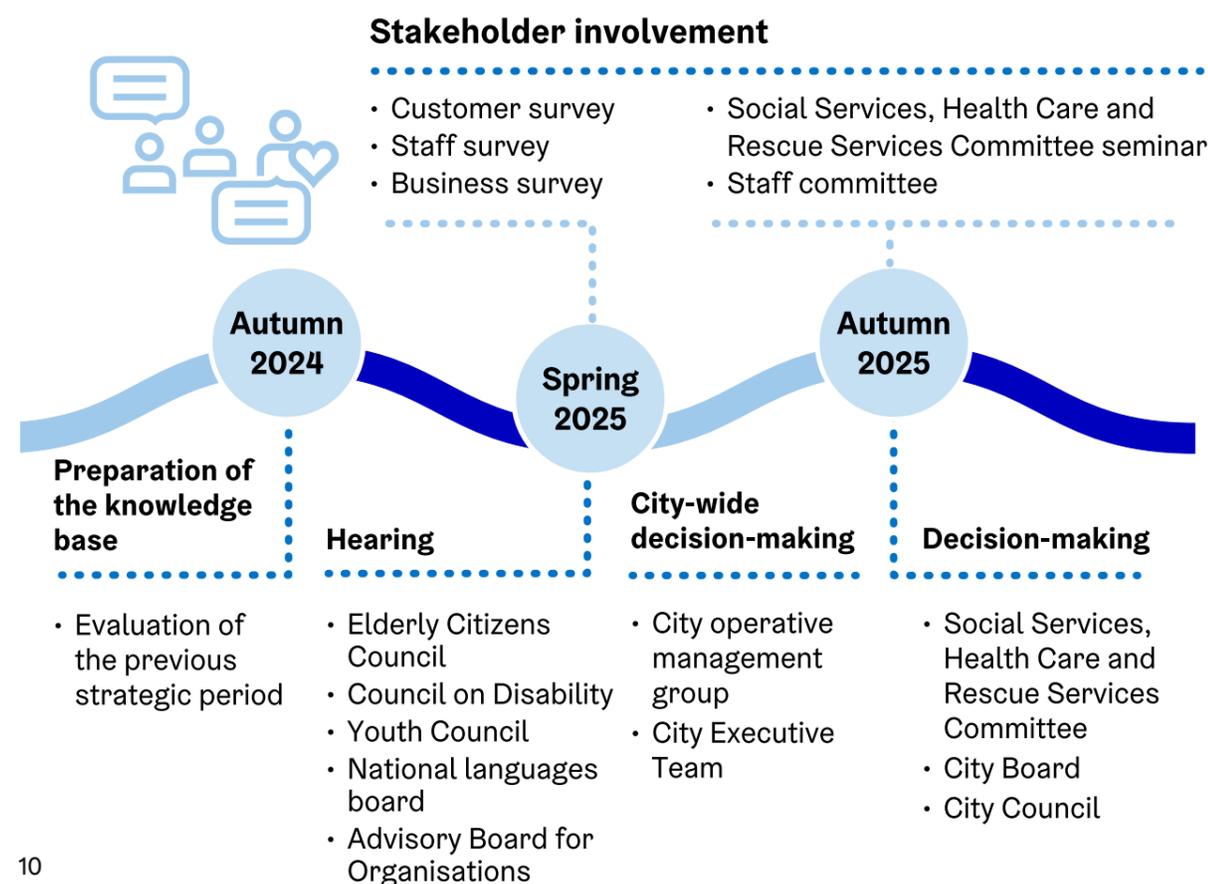
Preparation started at the end of 2024 with an assessment of the implementation of the City Strategy and the Service Strategy 2023–2025. In addition to this, at the start of the preparatory work, important issues considered vital for the strategic continuity of the future Service Strategy were identified.

The preparation of the Service Strategy has involved consultation and a variety of methods to gather insight. The methods of participation that were used included:

- resident, staff and business surveys
- hearings with the Council on Disability, the Elderly Citizens Council and the Youth Council
- hearings with the Advisory Board for Organisations and the National Languages Board
- Social Services, Health Care and Rescue Services Committee seminars.

Other materials used in the preparation of the Service Strategy include the results of the supplier survey, materials from the preparation of the City Strategy and operating environment analyses. In addition to this, the objectives and measures of the Service Strategy were discussed in the Staff Committee, the City’s Operative Management Group and the City of Helsinki Management Group.

Image 4. The Service Strategy was prepared jointly



1.4 Key factors influencing strategic choices

The preparation of the Service Strategy has been guided by an examination of the phenomena affecting society, the evolution of client needs and the current state of services. The themes have been chosen with particular attention on the key phenomena that are expected to affect the demand for, access to and organisation of services in the coming years.



Photo: Kaisa Sunimento

Availability and effectiveness of services

In Helsinki, the organisation of health care and social welfare services, specialised health care and rescue services must take into account the specific challenges of the capital city and the metropolitan area.

According to forecasts, the population of Helsinki will continue to grow, which will increase the need for social services, health care and rescue services. The growth of the city also affects the planning of the service network and the extent of the rescue services network, for example.

The population of Helsinki is diverse. The number and share of foreign-language speakers in the population has increased significantly and is expected to continue to grow. This must be taken into account in the planning and provision of services.

The population of Helsinki is younger than average, but in the next ten years the number of people aged 85 and over will almost double. As a result, memory disorders and multimorbidity will increase, challenging the service system.

On average, people in Helsinki feel well. Typically, the residents of Helsinki are highly educated and belong to high income groups. The health, quality of life and lifestyles of working-age and older people are better than the national average. Many common diseases are slightly less common in Helsinki than in the rest of Finland.

However, differences in wellbeing between population groups are relatively large. Socio-economic segregation is also visible between different areas of the city. Differences in wellbeing related to socio-economic status are reflected in all age groups.

In terms of mental wellbeing and substance abuse, the situation is worse than in the rest of the country. Mental wellbeing challenges have remained at an alarming level. For example, according to the annual Helsinki Health and Welfare Barometer (HYTE barometer), up to one fifth of the working-age population experiences significant mental stress.

The fact is that at the beginning of the Service Strategy period, both the number of patients in outpatient care and the number of patients in inpatient psychiatric specialist medical care wards as well as the number of treatment periods have increased in recent years.

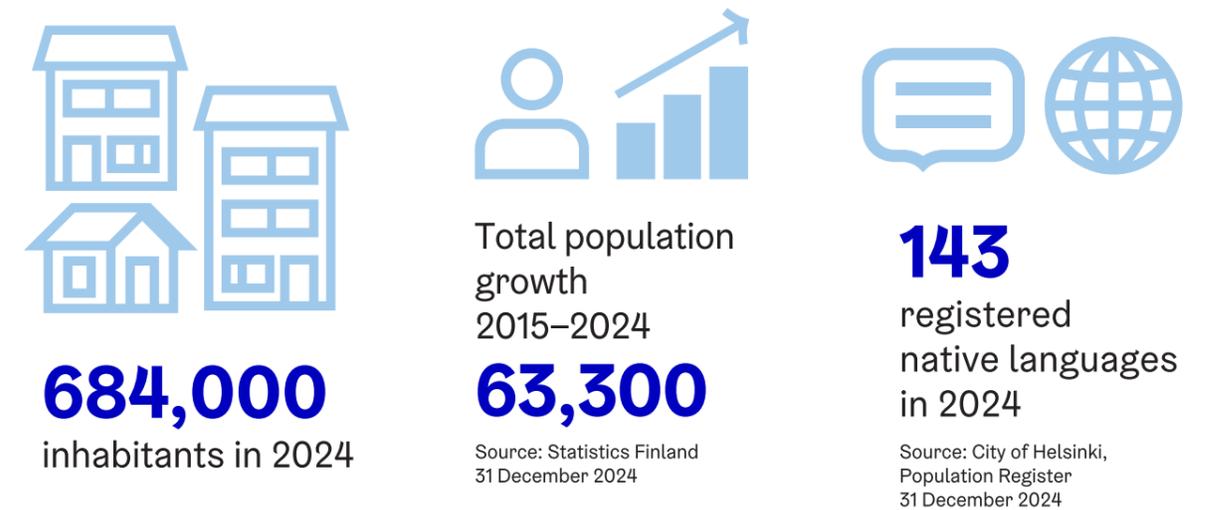
Problem drinking is more common in Helsinki than in the rest of the country. Drug use and drug-related deaths, especially among young adults, have increased.

The majority of children and young people in Helsinki are satisfied with their lives and feel that their health is good. However, around a third of young girls still experience moderate or severe anxiety, and there are also indications that anxiety among young boys is on the rise. Moderate and severe anxiety has been found to be more prevalent among young people with a family with a perceived poorer economic situation.

At the start of the strategy period, the unemployment rate in Helsinki is above the national average. A particular challenge for the city is the high number of long-term unemployed people, which has increased by more than a third in the year since August 2024. The rapid increase in the number of unemployed people under the age of 25 and their growing share of the long-term unemployed is also posing challenges to services. Long-term unemployment increases inequality and the risk of being excluded from the labour market altogether. In addition to negative effects on the individual, long-term unemployment increases the need for social welfare and health services.

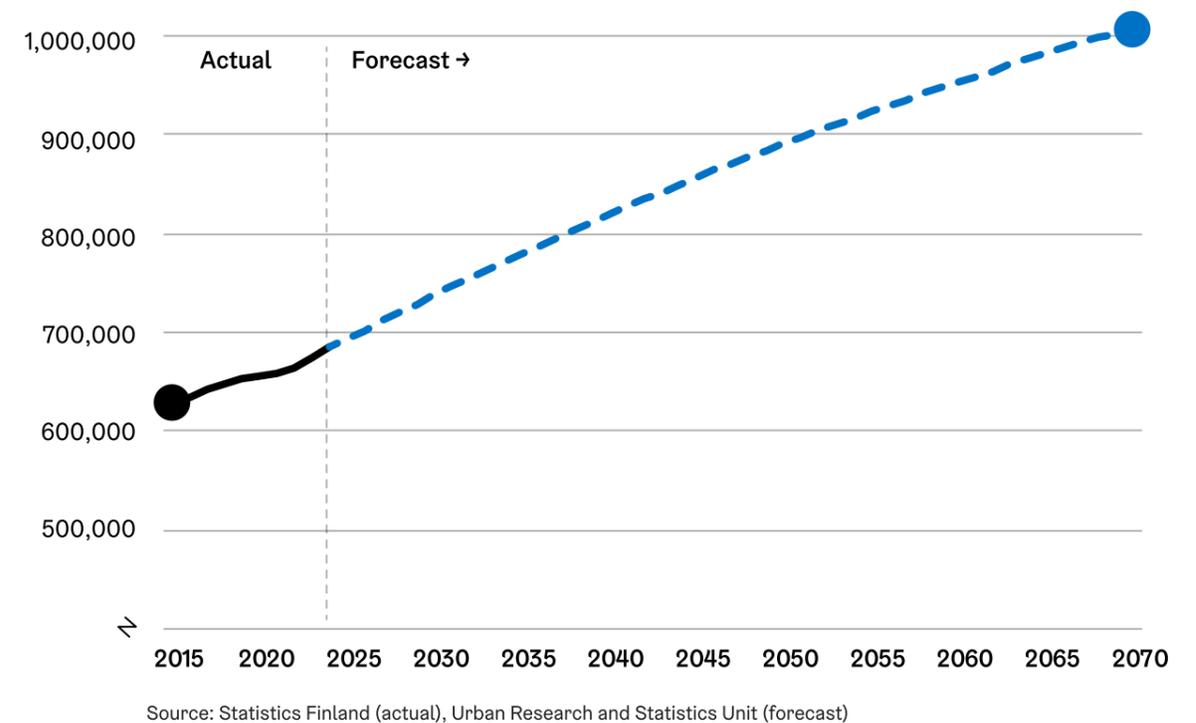
Homelessness among single people and families has decreased in recent years, and Helsinki's share of homelessness in the context of the entire country has also fallen. In 2024, the number of unhoused people started to rise slightly. A significant proportion of undocumented people in Finland reside in the Helsinki area.

Image 5. Helsinki residents in figures



The population of Helsinki continues to grow

Population size and projection in Helsinki



Operational and financial balance

Funding for the Social Services, Health Care and Rescue Services Division is based on imputed central government funding and client fees. The pressure to balance public finances is expected to continue, meaning that wellbeing services counties are not expected to receive higher increases in funding compared to the present. There are also uncertainties for the future of the reform of the funding model. The risk is that the growth in funding will be slower than the growth in demand for services.

The tightening economy poses challenges for the organisation of services and requires operational changes to bring the operations in line with the overall funding received by Helsinki in the coming years. It is essential to continue lobbying to ensure fair levels of central government funding.

The overall organisation of services needs to be assessed more systematically, as resources become increasingly limited while service needs continue to grow. Furthermore, new obligations for service providers have been introduced by legislation at the same time as the state's strategic control over social services, health care and rescue services is strengthened.

The HUS Group is the operator of specialised health care in Uusimaa. It is responsible for organising the tasks of specialised health care prescribed by law as well as the health care services agreed upon in the agreement on organising health care services in Helsinki and Uusimaa. The City of Helsinki also has its own specialised health care services. A key priority in the coming years will be to strengthen cooperation and steering between primary and specialised health care services and to integrate services.

Sufficiency of skilled staff

Changes in the age distribution of the population and the shrinking age groups of vocational qualification and training graduates, combined with increasing retirement, will lead to severe staff shortages in health care and social welfare and rescue services in just a few years' time. The importance of maintaining and developing the working capacity of skilled staff will be even more important in the coming years.

The digital transformation and the increasing use of artificial intelligence open up new opportunities, but also place demands on new skills and ways of working.

The growth of the foreign-language population will increase the diversity of work communities, which must be taken into account in the continuing professional development of staff and in ensuring their competence.

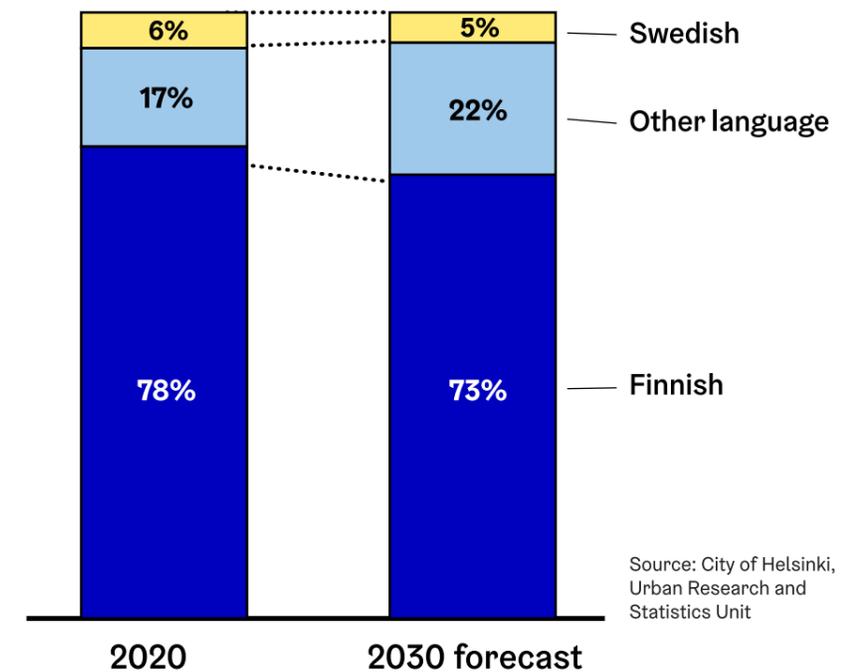
Security and preparedness

The increasing instability in the operating environment also affects services provided by the Social Services, Health Care and Rescue Services Division. The international security environment has become more volatile and the risk of global pandemics has increased. Helsinki must ensure its own adequate service provision and be prepared to operate and provide the necessary services in all circumstances. There is an increased risk of hybrid influence activities, interference with critical infrastructure and sabotage.

Climate change is progressing faster than expected, requiring the City to adapt and prepare for its adverse impacts on a large scale. Attention should be drawn to the fact that extreme weather phenomena, such as heat waves, which are becoming more frequent, can have a particularly negative impact on the health of the elderly, children and those with long-term illnesses.

Image 6. The population is diversifying and ageing

Population by language group in Helsinki



Population and population projection in Helsinki, people aged 65+

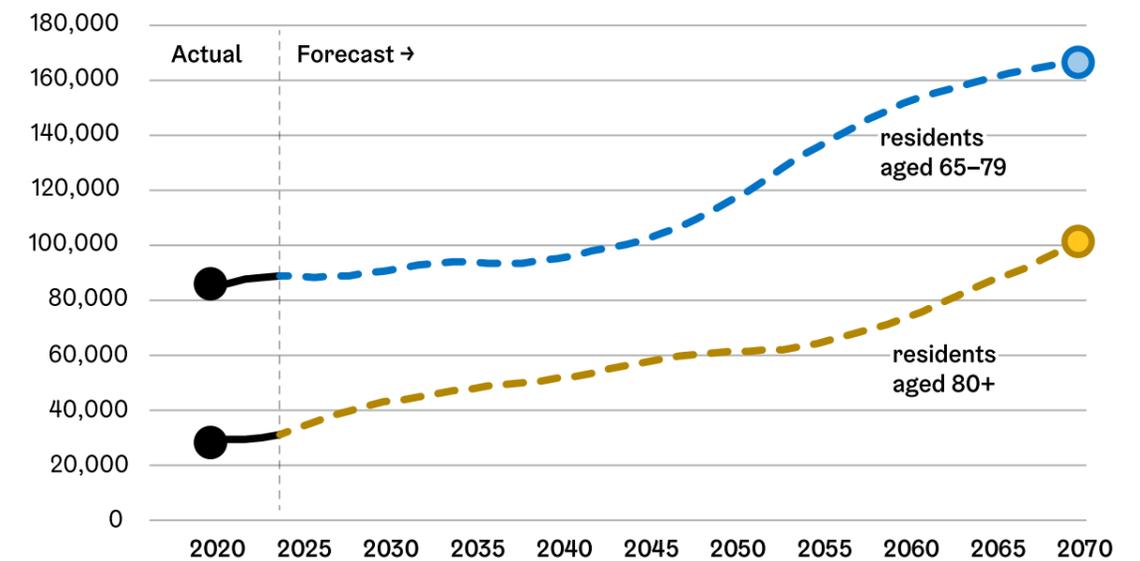




Photo: Maija Astikainen

2. Principles of organisation

The shared principles of organisation in the Social Services, Health Care and Rescue Services Division support the implementation of our responsibility for organising services in all our activities.

The principles supplement the statutory obligations concerning the organisation of services, the content of which is laid down in section 7 of the Act on Wellbeing Services Counties (611/2021) and in the Act on the Supervision of Health Care and Social Welfare (Laki sosiaali- ja terveydenhuollon valvonnasta 741/2023, section 23).

The principles of organisation contribute to the planning and management of our operations and finances – and our shared operating culture. The principles also provide a common basis to support the themes chosen for the Service Strategy period and the objectives defined for them.

The principles of organisation will not replace the guidelines of the Helsinki City Strategy, but complement them and make them tangible, taking into account the specific characteristics of the Social Services, Health Care and Rescue Services Division and the obligations related to the responsibility for organising services.



Equitably and individually

- The residents of Helsinki have equal access to help, support and the care and services they need, including in different neighbourhoods.
- We take the needs of different client groups into account in the organisation and development of our services. We respect the beliefs, choices and autonomy of each individual. We make room for diversity.
- We ensure that our services are accessible in terms of the physical environment and information and communication.
- We strengthen the career paths of foreign-language speakers and immigrants in the Social Services, Health Care and Rescue Services Division.
- We will ensure that undocumented people in Finland continue to receive health and social services in Helsinki.



Smoothly through collaboration

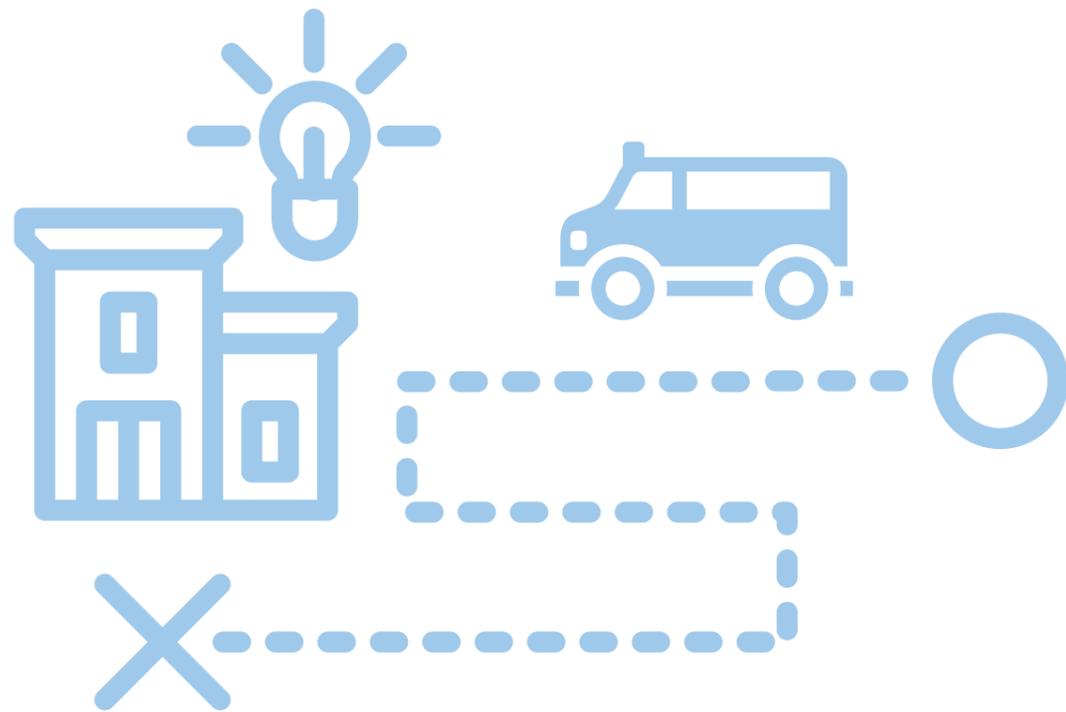
- We work together to build cooperation. We actively promote cooperation with our clients and their loved ones.
- We involve our clients in the planning, development and evaluation of services. We ensure uninterrupted service pathways and continuity of care through close cooperation between operators and service providers.
- We work closely with different authorities and all City of Helsinki divisions. Our cooperation with our staff, organisations, businesses and communities is streamlined. We will intensify our cooperation with social welfare and healthcare organisations and ensure that the conditions for cooperation are in place.

Effectively and on time

- Our management is based on knowledge. We strive for effectiveness in everything we do.
- The clients' experience of availability and quality of our services is an important indicator of success for us. We collect client experience data on the availability and quality of the services we are responsible for providing.
- Our operations are cost-effective. Early client-centred support prevents the need for more costly and more burdensome last-resort services.
- We make the best use of available resources to promote and support the wellbeing, health and functional capacity of our residents.
- We will spread best practices from our own activities and those of organisations and companies to benefit the entire division.

By renewing and improving

- We innovate and renew boldly.
- We are brave enough to let go of old practices and solutions when necessary. We are proud of our work and actively develop our services. We encourage our staff to come up with solutions to practical challenges and to support daily work.
- Where possible, we support both local development at the practical level and unit-specific solutions to everyday challenges at work.
- We monitor the achievement of targets specified in decisions and service objectives and carry out impact assessments.
- We take advantage of the opportunities offered by technological developments, e.g. in the use of artificial intelligence.
- We engage in active research, development and innovation activities, and work closely with educational institutions. We develop services and effectiveness monitoring based on research.



3. Service Strategy themes

Four themes have been identified for the 2026–2029 strategy period to describe the key strategic priorities for the coming years. The objectives guide the development of the organisation of services, our operations and our finances, and respond to changes and demands in the operational environment.



Photo: Maija Astikainen

3.1 Availability and effectiveness of services

Service promise

Client-oriented services

You will have smoother access to care and services. You will be approached individually and without discrimination. Your care and services will be coordinated by a care coordinator and a designated worker. You will have access to improved digital services. If you cannot use our digital channels, you can always contact us in other ways.

Objectives and measures

1. Improved access to basic health care.

We will set a time limit of 14 days to see a doctor or a nurse. We will shorten queues to treatment, especially in areas where they are long, and ensure that people can always access treatment when they need it. We will ensure adequate human resources. We will build the Malmi Health and Wellbeing Centre. We will base the development of the basic health care service network on the existing network. We will utilise the multi-provider model to ensure adequate service provision. We will improve our service processes and streamline the way we work.

We will also take other languages into account in our services and strengthen the possibility to use them where necessary. We promote anti-racism and anti-discrimination practices in the City's social services, health care and rescue services, training and recruitment. We will develop and deploy new technologies to facilitate multilingual communication and services.

2. Continuity of care and services will be improved and our services will work well together.

We will introduce a personal doctor model that promotes multidisciplinary cooperation to meet the service needs of our clients, in which everyone who needs substantial healthcare, such as people with long-term illnesses, as well as others who wish to use this option, will be assigned a designated personal doctor.

Where required by the client's needs, we will appoint a care coordinator or a designated worker. We will continue to develop the model of care coordinators and designated workers. We will run a pilot of a self-employed practitioner model, where a self-employed physician can also serve as a personal doctor.

We will invest in the integrity of care and service pathways and ensure that our services are coordinated. We will strengthen the family centre and health and wellbeing centre models and the coherent management of services and cross-sectoral cooperation.

In the maternity and child health clinic and family services, we will focus on identifying early support needs and

working in a culturally sensitive way, as well as strengthening families' trust in children's health care. We will continue the close cooperation between the maternity clinic and the maternity hospital and the care pathway for pregnant people and people who have given birth. We will improve aftercare for people who have experienced pregnancy loss.

We will strengthen cooperation and shared customer understanding. We will ensure that Child Welfare clients, people with substance abuse problems and unemployed people have access to basic health care and the necessary specialised health care services.

We will reduce the need for foster care by ensuring adequate and timely services. We will strengthen the neuropsychiatric skills of social welfare and healthcare professionals.

We will support clients' autonomy and commitment to their own care or to the service provided to them. We will support continuity of care through digital services that complement individual guidance and professional support, and monitor this implementation.

3. Equal services and client communications in both national languages.

We will strengthen the functioning of Swedish-language service chains and client communications. We will implement the measures set out in the division's bilingualism plan, e.g. by monitoring the equal implementation of Swedish-language services as part of self-supervision and by cooperating with bilingual wellbeing services counties to ensure Swedish-language services.

4. We will clarify and develop digital services in a client-oriented way, taking into account different client groups and supporting professionals in their work.

Digital services are part of our service network. We will encourage our clients

to use digital services. We will clarify and develop digital services in a client-oriented way, taking into account different client groups and ensuring that digital services make our professionals' daily work easier.

In developing digital services, we will take the interoperability of services and the use of operational data into account. Digital services are preferred if they are appropriate and can be used by the client.

We will also ensure that people who are unable to use digital services or whose situation requires other services are able to access care. We will continue to develop and communicate more actively about suitable digital services for older people.

5. Improved anticipation of risks to clients' health and wellbeing and early support services tailored to clients' needs.

We will be implementing a city-wide wellbeing plan. We will participate in the city-wide and Uusimaa-level health and wellbeing promotion work, i.e. HYTE development work. We will promote the wellbeing, health, ability to work, functional capacity and safety of our residents in terms of healthy lifestyles, mental wellbeing and everyday safety, for example. We will invest in preventive services in cooperation with other City of Helsinki divisions. We will strengthen effective cooperation between organisations to promote the health and wellbeing of our residents. We will streamline service paths in a client-oriented way in cooperation with social welfare and healthcare organisations.

We will identify at-risk clients and provide them with effective support and treatment at an early stage. We will continue with the Toivo operating model and introduce hybrid units for demanding-level child welfare.

We will strengthen parenting support work across divisional and service

departments. We will also closely involve the third sector.

We will develop child-centred parenting and family support at different stages of the lives of children and young people, to meet the needs of vulnerable families with children, in particular.

We will promote ways to reach at-risk families with children and strengthen home services, while evaluating their effectiveness.

We will shift the focus of health care from specialised to basic care services, taking into account service needs and resources.

6. Functional mental health service chains and gradation of care.

We will strengthen cooperation and care chains between basic and specialised health care. We will ensure access to psychiatric specialist medical care in outpatient and inpatient ward care.

During the strategy period, we will pay particular attention to the adequacy of the number of beds in ward care. We will ensure that increase in the number of beds matches the growth in population and the need for services. We will also ensure access to mental health services for people who use substances.

We will continue to implement the therapy guarantee by ensuring the availability and continuity of low-threshold mental health services. We will pay attention to the functioning of the entire mental health service chain for children and young people. It must be made possible to continue treatment directly without interruption when moving from mental health services for children to mental health services for young people.

We will create structures and collaborative practices to ensure that student welfare providers have a clear and strong role in the identification and treatment of neuropsychiatric

challenges and in the mental health and substance abuse service chain. We will ensure that school health care services are adequately resourced. We will also provide expert and timely psychiatric care for more severe mental disorders in all age groups.

7. Reduced harm caused by drug use.

We will target intensified support for drug use prevention and harm reduction. We will create a substance abuse strategy in cooperation with other City divisions and implement a programme of measures to prevent drug-related deaths.

We will ensure balanced access to services and smooth, safe transitions between the different stages of substance abuse treatment. We will also utilise new tools and therapies. We will facilitate access to detoxification and withdrawal treatment. We will implement a hepatitis C elimination programme. We are preparing the establishment of a fourth Symppis centre and prioritising finding meaningful facilities solutions for Symppis activities.

8. Commitment to working to end homelessness by 2030.

We will implement a city-wide programme to end homelessness along with the measures included in the project to eliminate homelessness.

We recognise the diversity of homeless people and people at risk of homelessness and the need to adapt services for these groups.

We will ensure the availability of the number of emergency accommodation places needed to meet service needs. We will develop services for the unhoused, ensure access to housing counselling and invest in the adequacy, quality, safety and support services of supported housing for the long-term unhoused.

9. Easy access to statutory services for older people.

We will assess the client's needs without delay and provide the services they need in a timely manner, in accordance with the criteria for granting services.

Our home care services are effective and we make extensive use of remote care.

We will develop family care and communal housing as part of our range of services.

We will replace institutional care for older people with homelike, 24-hour service housing solutions that support functional capacity, inclusion and safe daily living.

We will ensure smooth access to 24-hour care when necessary.

We will ensure a sufficient number of places in service housing to meet the growing number of older people and their needs.

We will look for new ways to use health technology in services for older people.

10. Reduced hospitalisation among the elderly and appropriate use of hospitalisation.

We will develop consultation methods and models, train staff and increase the use of mobile nurses (LiiHo) to safely assess and manage the client's emergency situation in the care unit or at home.

11. Smooth transition from specialised hospital care to Helsinki City Hospital and home along with timely discharges.

We will continue to strengthen our cooperation with the HUS Group. We will implement the assessment activities and the measures defined in the Helsinki City Hospital Action Plan to ensure smooth discharges. We will reform the assessment of service needs in hospitals. We will review the criteria and guidelines for discharge and strengthen orientation.

12. Rescue services and the rescue service network compliant with nationally defined criteria and meeting the needs of a growing city.

We will draft the decision on the level and standard of rescue services for 2027–2030 to meet the requirements of the operating environment and service needs. We will continue to develop our preparedness.

We will continue to develop the network of rescue stations in keeping with the long-term plan. We will utilise the rescue services' fast response units that allow for rapid response as part of our network of stations.

We will work closely with the Urban Environment Division to ensure and develop the operational conditions. Cooperation is necessary to ensure the operational readiness of the rescue services, e.g. the development of traffic light priority.

We will provide services in accordance with the special national and regional tasks assigned to Helsinki.

We will introduce a national information system for accident prevention and a shared e-service for the rescue services.

We will continue to work closely with volunteer fire departments.

13. Support for informal caregivers' ability to cope.

We will ensure that informal caregivers have flexible opportunities to take time off by diversifying the range of services on offer.

3.2 Operational and financial balance

Service promise

Stable finances

We will use the division's resources effectively and responsibly. We will work with and build on the strengths of different operators, such as the City, organisations and businesses, to ensure timely quality services. You will be provided with the best possible services with the resources available to Helsinki.

Objectives and measures

1. Balanced finances to safeguard services.

We will plan our finances for the long term, taking into account changes in central government funding.

We will continue with the transformation programme or a similar economic and operational programme. We will monitor the implementation of the transformation programme implemented by the Social Services, Health Care and Rescue Services Division in the context of the operations and economic forecasts, taking into account changes in the need for cost cuts and the implementation of cost-cutting measures, as well as impact assessments. If necessary, the implementation and plans will be revised in accordance with the decision of the committee.

We will continue to lobby for a fair and equitable level of central government funding.

We will separate the investments of the Social Services, Health Care and Rescue Services Division from other City investments. Together with the

municipality of Helsinki, we will prepare the necessary decisions on the premises to be used by the division so that the organisation of the City concerned with premises meets the needs of risk management.

2. High-quality, timely and cost-effective organisation of services.

We will reduce overlapping work and optimise processes and workflow. We will respond to service needs with more effective services, thus shortening the length of time a client stays with us.

We will strengthen outpatient services to reduce the need for 24-hour care. By developing early and preventive services, we will make it possible to streamline the service structure.

We will systematically map best practices in different wellbeing services counties and other Nordic countries to introduce solutions that boost productivity and improve quality.

3. Up-to-date and state-of-the-art knowledge base for our services.

We will base our decisions on research, data and continuous monitoring. We will systematically assess, monitor and measure the results and benefits of our services for our clients. With a wealth of impact-based knowledge, we will ensure better prioritisation, transparency and continuous improvement of services.

4. Strengthened role of the City as an organiser and effective use of the multi-provider model.

As an organiser, we will utilise and manage services provided by the public, private and third sectors, while safeguarding the statutory level of self-provision.

We will strengthen cooperation between the division and different producers, contributing to ensuring the vitality of Helsinki.

We will define division-level objectives for the multi-provider model and principles for the use of different production methods. We will recognise the opportunities and risks of the multi-provider model in different services.

We will develop partnerships with different service providers. We will analyse market data systematically to support our production and purchasing decisions.

We will continue to systematically carry out analyses of production methods and use them to make decisions on production methods, for example to outsource heavier services.

5. Balanced development of funding for specialised and basic health care

We will be heavily involved in the preparation of the HUS Hospital District of Helsinki and Uusimaa framework and budget together with the wellbeing services counties in Uusimaa and HUS, ensuring fair funding for HUS while moderately shifting the focus to basic services.

6. Even stronger partnership with the HUS Group.

We will intensify cooperation with the wellbeing services counties in Uusimaa and the HUS Group, e.g. by developing ownership steering and the bilateral partnership between Helsinki and the HUS Group. We will ensure that Helsinki plays a central role in the cooperation and development of the collaborative area.

7. Stronger and expanded Health Capital Helsinki programme.

We will increase cooperation with HUS, universities, businesses and other key stakeholders.

3.3 Sufficiency of skilled staff

Service promise

Skilled staff

You will be served by skilled, trained, sufficient and content staff. You will receive service in your native tongue, Finnish or Swedish, and in other languages where possible.

Objectives and measures

1. We will ensure availability of skilled and qualified staff and an attractive employer image.

We will ensure the availability and retention of skilled health care, social welfare and rescue services personnel through sustainable and proactive solutions, such as investing in wellbeing, utilising systematic international recruitment and cooperation with educational institutions, and supporting diverse work communities. We will develop recruitment skills within the division. We will ensure competitive salaries in all positions. We will primarily hire employees on a permanent basis.

2. Content staff and improved employee experience.

We will support supervisors and managers in implementing good HR policy and management. We will invest in good management by developing and evaluating the quality of management and training our supervisors. We will strengthen work capacity management. We will actively seek to reduce absences due to illness, including through work supervision. We will

strengthen equality and equity skills in work communities.

We will guarantee the availability of adequate and high-quality occupational health services for our employees. We will strengthen language awareness, understanding of diversity and awareness of linguistic rights in the workplace. We will promote the development of a supportive working culture and strengthen work community skills.

We will improve the opportunities for staff to influence their own work and the development of our operations.

3. Staff skills harmonised with client needs and the challenges of the future.

We will provide personal development and skill improvement opportunities for our staff. We will provide resources for learning on the job and ensure that staff have the time, support and tools to develop their skills. We will offer a wide range of effective orientation and learning solutions and develop the conditions for continuous learning on the job. We will raise awareness of the importance of continuous learning and



Photo: Kaisa Sunimento

the available tools. We will support our employees in advancing on their career paths.

We will organise language training for our staff to strengthen the necessary language skills in Finnish, Swedish and English. We will implement the measures set out in the bilingualism plan and strengthen the skills of supervisors to take bilingualism into account in the development of services.

4. Secure operating conditions and development of the Helsinki Rescue School.

We will lobby to secure stable funding. We will engage in active communications in line with our brand. We will ensure quality teaching in both national languages and the continuous improvement of our operations. We will work in cooperation with other Rescue Departments.

3.4 Security and preparedness

Service promise

Services in all circumstances

We will make sure that you get the services you need in all circumstances and security situations. You will be provided with information on how to independently prepare for different types of incidents and crises.

Objectives and measures

1. Delivery of critical services in all conditions and security situations.

We will ensure security of supply. We will make sure that the right skills and equipment are available in all situations.

2. We will ensure the resilience of the Social Services, Health Care and Rescue Services Division by taking service-specific needs into account.

We will ensure reliability in all circumstances through our own reserve supplies and cooperation agreements.

3. We will take into account continuity management and preparedness for disruptions and crises in the planning of the provision of services, staff skills and their development.

We will ensure that contingency and continuity management plans and policies are up-to-date and operational. Our resourcing is planned and adequate. We will train our staff to respond to incidents and crises, including through practical exercises and training days.

4. Stronger resident readiness and independent preparedness in the event of disruptions and crises.

We will strengthen residents' ability to cope with crises and their resilience by communicating about and instructing in independent preparedness. We will participate in the planning and measures related to City-wide preparedness communication.



4. Follow-up and evaluation

The implementation of the Service Strategy is monitored in line with the objectives of the City Strategy and the processes for monitoring finances and operations. The Service Strategy will be implemented as part of the day-to-day work and management of the division.

The Service Strategy will be implemented through annual action plans decided on by the committee. The action plan sets out more specific priorities and objectives for each year, with indicators to measure them. The committee monitors and evaluates them in the context of its operational and financial forecasts.

The implementation of the strategic objectives is also monitored in annual consultations with the Ministry of Finance, the Ministry of Social Affairs and Health and the Ministry of the Interior as part of the monitoring and evaluation of the implementation of the responsibility for organising services.

A final evaluation of the Service Strategy will be carried out towards the end of the strategy period in connection with the final evaluation of the City Strategy.

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Photo: Virpi Velin

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