Report on good practice for active ageing and provision of long-term health and care services at the municipal level

This workshop is supported by the European Union – employment and social solidarity programme Progress (2007-2013).
The programme is provided by the European Commitee. Its purpose is to financially support the plans of the European Union in the field of employment, social affairs and equal opportunities, and therefore to contribute to the plan strategy Europe 2020. The seven-year programme aims to involve all the participating parties and to help develop accurate and efficient regulations and policies within the field of employement and social affairs across the whole of the EU-27, EFTA/EEA and the EU candidates as well as the countries that aim to receive a candidate status. You can find more information on: http://ec.europa.eu/progress

Title:
Report on good practice for active ageing and provision of health and long-term care services at the municipal level

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V Praze, 2012

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Introduction

This year´s statement by the European Union about active ageing and intergenerational solidarity is very important. However, its message should be integrated into everyday life.

The report on best practice for active ageing and provision of health and long-term care services at municipal level *should in its core be a summary of our attained knowledge and experience that would direct us the right way to positivly transform the lives of ordinary people. It is a summary of the findings on good practice investigated as part of the project called* Novel Policy Framework for Active, Healthy and Dignified Ageing and Provision of Health and Long Term Care Services *(FRAM).*

The aim of the report is to share the knowledge, experience and examples from good practice to promote active ageing and provision of health and long-term care (LTC) services. Equally it is to stimulate discussion for further assessment of good practice at municipal levels to provide the right tools for the municipalities.

1. About the project

The project FRAM aims to develop modern policy framework improving quality, accessibility, and financial sustainability of health and LTC services. It intends to achieve this through a proposal of new regulations and measures for active, healthy and dignified ageing in the Czech Republic.

The first objective is to **collect statistical data of the ageing population including its vulnerable groups and of the current situation in the provision of health and LTC services in the Czech Republic.** Simultaneously, the purpose is to evaluate successful policies for active and healthy ageing within the European countries and therefore to increase quality, accessibility and sustainability of the designed system.

The second objective is to **design a national policy framework** – *Strategic plan for active, healthy and dignified ageing and provision of health and long-term care services*, and therefore to **improve the policy coordination between the relevant participants.**

The third goal is to **transform the principals of active and healthy ageing, prevention and provision of LTC services into practical recommendations.** This will enable the municipalities to plan and provide the right tools for provision of health and LTC services within the ethos of active, healthy and dignified ageing.

The fourth objective is to **raise awareness of active and healthy ageing potential at municipal and national levels.** We would like to instigate an expert and informed public debate to help in designing new policies. Other activities will also be implemented as part of the project (workshops, seminars, final conference).

Key activities

The project consists of four interlinked key activities: **data collection and analysis, exchange of experience, policy making and dissemination.**

Analytical studies will provide relevant data for the new policy design based on the law on long-term care. The Ministry of Health will be responsible for the data collection and analysis that will consequently provide statistical information and analysis for other project activities. Public and expert debate comprising of workshops, seminars, surveys and articles will form a significant part of the project.

Other activities will involve on-site visits to identify best practice, workshops focused on best practice, expert seminars specialised in innovative policies on active and healthy ageing, public debate on the topic of active ageing, visits of key officials and experts in the chosen EU countries and specialised in active ageing and LTC services.

2. Active and Healthy Ageing Workshop

The purpose of the international workshop is to provide space for presentations of, discussions about, and decisions on indicators for the best practice models of healthy and active ageing tools and policies and on the provision of LTC services at regional level.
The workshop is a key event for exchange of ideas, mutual learning, and know-how. Evaluation of the methods will be based on their **transference** to the Czech Republic.
Good practice models will be presented and discussed by participating stakeholders (in the directed discussion) to identify the best practices regarding active ageing and provision of LTC services at municipal level in the Czech Republic.
The workshop will be divided into several thematic parts that will individually deal with various aspects of active ageing. Summary of the 1st day presentations and discussions will be used in the second part of the workshop where the best practices will be determined. Identified best practices and indicators will be used as examples of successful models of organisation of services on local level and distributed as the Toolkit for municipalities.

The workshop is organised by the **Centre of Expertise in Longevity and Long-term Care** (CELLO) of Faculty of Humanities – Charles University Prague. CELLO is responsible for the content and expert activities within the workshop.

3. Active ageing and long-term care

Active ageing and solidarity among the generations

What does the term active ageing mean? There are several concepts emerging as the society grows old. The first one is the concept of **healthy ageing** based on the so called **compressed morbidity**. Healthy ageing means ageing free of ill-health and achieving higher age than usual. The concept proved to be good but not applicable to many cases such as neurodegenerative diseases including Alzheimer´s disease that is regarded as "less malleable". The debate on **successful ageing** or the art of **ageing well** also appeared.

A distinguished gerontologist, and founder of the international network Longevity Center, Professor Robert Butler proposed a term **"productive" ageing**. Mainly to challenge the idea of productive and non-productive age and to show that elderly people continue to be a valuable part of our society. Gradually, however the term **active ageing** became more prominent in use at the beginning of this century. The World Health Organisation (WHO) defines it as a **process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age**. The definition may not be very clear, nonetheless it is essential. WHO suggests that people need adequate health support, care, and security in form of physical (safe environment) as well as material support (social and health insurance, poverty avoidance). They need an opportunity to contribute to the society, for example, to participate in the labour force and other affairs. WHO also argues that ageing is a varied and individual process and that hardly anybody reaches an old age in good health. The **European Year of active ageing** emphasises intergenerational solidarity and interdependence. We believe this is an important tenet of active ageing. Not everybody is lucky enough to age in good health. Ill and vulnerable people need solidarity expressed by the society itself as well as younger generations. Solidarity shown from other elderly, families, or local authorities is also relevant.

Health and independence in old age

Health is a key goal and an asset to active ageing. Good health is crucial for maintaining independence and autonomy in the old age. Health problems, chronic diseases and geriatric syndroms are far too common as people age. **Frailty** is one of the syndroms typical for people reaching 80 and above. Their general health, mobility, and ability to adapt decrease dramatically. Those people are vulnerable and prone to disability by physical limitations and the lack of independence.

Independence refers to ability to live everyday life without the help of others. In other words, the person is able to manage his activities of daily living, such as instrumental activities (use of equipment, dealing with money, shopping, cooking, use of transport), or basic actitivities (personal care, mobility). It is apparent that the level of autonomy depends on ones general health, the presence or lack of illness, and their (momentary) physical and mental well-being. However there are other influencing factors related to the environment the person lives in. Physical environment includes accommodation, adaptation of a flat or public space. And social environment refers to the quality of services available, or the level and quality of contacts. The environment can ultimately support ones independence (wheelchair accessibility, social relationships, services) or conversely allow the obstacles to reduce it.

Long-term care refers to the system of health, social, and other support services (IT support, supportive environment) that aims to promote quality of life (dignity, independence).

LTC should mainly involve services in a familiar home environment but includes institutionalised services as well.

Prevention and provision of long-term care

It is important here to pinpoint the controversion between prevention and provision.

As already discussed health is a crucial indicator of independence in older age. **Health promotion and disease prevention** are significant influencing factors

of long-term care at an individual as well as a social level. If local authorities encourage health promoting activities, the dependence and morbidity will be consequently compressed.

Some measures such as **QALY** (*Quality Adjusted Life Years*), can even show effectiveness of individual methods so that they can then be compared.

The leading health promoting strategy is an adequate physical activity, followed by healthy diet, and individual health care (GP visits, etc.). Social interaction is also important (in terms of mental well-being) and its effectiveness increases with the level of loneliness at older age. However, some studies argue that physical activities such as walking and exercise have more positive effects on health.

Independence promoting environment is believed to be another significant indicator of autonomy. For instance, people with very limited mobility living in a wheelchair accessible house and a barrier-free town, using a wheelchair or an electric scooter, are able to access places independently without the need to rely on help of others. Accessible pathways can enable them to travel even longer distances. A sufficient municipal support can provide more opportunities to independently manage activities of daily living, such as shopping, dining at a local restaurant, access laundry services or repair services etc. This increased sense of security puts less pressure on social services. The safety of accessible places where the elderly live has a similar impact.

4. Evaluation of the current situation of active ageing and provision of long-term care services

A part of the project under CELLO involvement investigates best practice for active ageing and provision of long-term care.
At first we need to determine the criteria of good practice. We need to specify these parameters and give sufficient examples of good practice. These will be assessed and evaluated further later on in the project. We distinguish inclusion criteria, inclusion due to conditional variability, and exclusion criteria.

General inclusion criteria

Local initiative: activity for and cooperation with a particular municipality that refers to the **current recognition** and practice in health and social care (for example person centred care)

- **Supporting dignity, integration, autonomy and independence**
- Based on **subsidiary principle** – to favour local resources and provision of simple methods and services

Inclusion due to conditional variability:

- **regional:** in allignement with the project´s objectives to target towns, suburb areas, municipalities, smaller or larger towns, surrounding areas of the capital, as well as border areas
- **range of services:** preventative programmes, rehabilitation, social integration, long-term care and relevant fields (employment situation)
- **specific conditions at local level:** including population 50+, Gypsy minority, unemployed, carers, and disabled people
- **service providers or service users:** organisations providing long-term care services, people in need of care, carers, municipality representatives

Exclusion criteria

- activities **outside the scope of the project** (that do not reflect the issue of long-term care, its provision and prevention)
- practices **not reflecting current knowledge and trends** in long-term care
- activities and services that **do not meet their objectives**

It is clear from the above information that the range of individual variables is wide, but it is possible to control it due to the relatively small scale of the project. It needs to be emphasised however that the selection is not representative therefore not applicable to the current situation in the Czech Republic.

Legislation, regulations, recommendations

Legislation on social services (208/2006 Sb.) does not specify any duties (apart from community planning) regarding provision of social services. According to the legislation on municipalities (128/2000 Sb.) it is the responsibility of the municipal authority to deal with the issue of disabled and elderly population. As a matter of fact we can confirm the above information from our expert and long-term experience in area of LTC and health care.

Research method:

The aim was to investigate bigger municipalities, towns and suburban areas. We searched their web sites and presentations to unveil the way they meet the needs of their elderly (desk research method). We sent emails to the chairmen of the towns to introduce the project and its objectives and to request more information about the current services and activities they provide.

On-site visits and clarification of information provided:

Alongside the information gained from the municipal authorities and service providers we focused on "typical" scenarios of meeting the LTC needs. They were the typical examples and based on our own experience we felt they were the most problematic, reflecting a borderline competency of health and social systems. Sadly, the legislation does not provide the means to solve them. Particular examples are listed in an Appendix Reports: Vignette.
We investigated the support of active ageing and provision of long-term care in 10 municipalities altogether. The research method was qualitative and involved group/ individual interviewing. Respondents of the interviews were local participants and an on-site observation (visits to the centres) was also implemented as part of the research method. The results of this process were recorded as minutes from the visits of the municipalities.

- **Bystré u Poličky:** residential facility in the town division **Poličsko** (16 towns), that was found to provide health and social care services to its citizens.
- **Hlučín:** functional model of community planning that is truly successful in its provision of services in the Hlučínsko micro-region. (All the suburban areas and smaller towns share the organisational and financial duties relevant to the provision of the services.) An important provider is Charita that is supported by the town. One example of the community planning is the construction of the barrier-free pathway through the town.
- **Chrudim:** provision of social and health care service in the form of residential institutions as well as domiciliary care facilities, systematic support of the carers (education), liaison with other institutions (hospitals, hospices).
- **Kutná Hora:** focus on systematic cooperation with the elderly especially in terms of intergenerational solidarity, support to the carers, identifying the needs of the elderly.
- **Nové Město nad Metují:** functional social union, cooperation with the residential facility for the elderly, organisation and merging of the social and health care services, wheelchair accessible town hall.
- **Nový Bor:** issue of the gypsy minority, interest expressed, provision of domiciliary social services for smaller towns with lower budgets.
- **Polička:** Local hospital visited, former provider of an acute inpatient care that was gradually transformed into an outpatient health care provider and an intermediate care service. Some buildings are used for provision of health and social care and complemented by the outpatient service to ensure a qualified provision of health care. Those in need of residential care can apply to the residential home in Bystré that is under the management of the Polička hospital. The hospital is controlled by town division Poličsko that includes 16 towns joined in order to share the provision of health and social care services.
- **Praha 9:** urban district **Horní Počernice** – a small district of the capital Prague. Social union functionally communicating with the citizens, organising domiciliary care, screening of the needs, organising package tours for the disabled elderly.
- **Praha 8:** one of the largest urban districts of Prague, home to the Bulovka hospital and other residential facilities (residential homes) under the management of Prague municipal authority. There are two non-profitable organisations controlled by Praha 8 and these are the District Institute of Health and Social Services (providing domiciliary care and other complementing services including Activities Centre for the Elderly, managing several care homes), and the Gerontological Centre. This facility was opened in 1992 due to evolving demographical changes in the capital. It is involved in the provision of social services and additional services. Its services include two inpatient units of intermediate geriatric care and rehabilitation for the elderly. One of them specializes in the care for the dementia patients and also provides day hospitalisation for the dementia patients (the first of its kind in the country), day centre services and support for the elderly, domiciliary care and assistance.

The building is a seat to the Czech Alzheimer´s Society that provides advice, self-help activities for carers and families caring for the dementia patient, and a respite care in their homes.

- **Prachatice:** coordinating via the key worker of the health and social services provided by different providers (Charita, Hospice, and Regional residential home). Thanks to the key worker´s personality there is an effective liaison between her and other organisations. The issue has also been given attention by the local politicians.
- **Tišnov:** investigated intentionally **"Elderly point"**. This initiative is to provide information to the elderly, however the point lacks a clear description and is therefore difficult to find. Furthermore, during the visit the person responsible was not on duty. Despite the useful idea of this initiative we did not find it a sufficiently good practice example. Its character appeared to be more of a commercial type (service offer via a catalogue, discount offers etc.) It is possible that more of these Elderly points will start emerging and so they will continue to attract our attention. Nonetheless the original idea to inform and educate people is practical.

Austrian good practice:

As part of an educational tour to Austria we visited an institution of long-term care and inspected other examples of good practice. The variety of long-term care services was inevitable. It ranged from person centred facilities (Diakonie – *HausfurSeniorenWels*) to the task oriented (*Bezirksalten und PflegeheimGaspoltshofen – SocialhilfeverbandGrieskirchen*).

The following results are based on the above findings:

Each town dealt with the issue of their elderly population with a different amount of interest. The level of effort depended highly on their particular **political disposition.**
Their answers ranged from a complete ignorance or a lack of interest ("We´re not interested in further collaboration", "So far we have no need to participate. Thanks.","We won´t use your offer") to the most complex resolution of the issue (Polička, Prachatice, Praha 8 a další).

5. Active ageing and good practice examples

5.1 Barrier-free and accessible public areas and buildings – closely related to the issue of mobility and transport

The **importance of mobility and transport** is a significant component of our research. The first step to alleviate the obstacles and barriers is to construct safe pathways for other means of transport (wheelchairs, scooters), wider pavements or cycle pathways so the wheelchair user can access it without any difficulties. Pavements without the entrance ramp pose a barrier. This accessibility is a crucial tool in supporting independence of the elderly and disabled.

Barriers / common problems

- Unramp pavements
- Inaccessible accomodation
- Shortage of benches
- Shortage of adequate transport – eg. scooters
- Shortage of mobility equipment
- Inaccessible public transport

Trends / possible / common solutions

+ Barrier-free areas
+ Equipment hire
+ Accessible transport
+ Minibuses for the elderly
+ Taxi for the elderly

Suitable public transport represents an important aspect of active ageing.

Good practice

- **Capital City Praha:** public transport going to places often visited by the elderly, transport company liaising with various city districts
- **Rychnov nad Kněžnou:** 100 Kč transport allowance for 1 year - Senior Shopping Bus.
- **Plzeň:** Door to door taxi service: partly subsidised to immobile citizens
- **Česká Lípa:** partly subsidised taxi for the elderly
- **Nový Bor, Hlučín, Uničov, Děčín: Towns free of barriers (Města bez bariér)** – barrier-free strategy
- **Prachatice, Plzeň:** barrier-free guide through town
- **Otrokovice:** accessibility of important pathways and places in collaboration with the citizens
- **Havlíčkův Brod: Garden** - intention to build barrier-free garden - a fit park - with elevated garden beds

5.2 Accomodation

Prevalence of the elderly who are in need of long-term care, are the most frail and vulnerable. They often end up in an institution that provides long-term care services, but is situated far away from their home town.

„People are free and equal in terms of their dignity and their rights. The fundamental right and freedom are binding; they cannot be given, taken, or abolished", (Charter of Fundamental Rights and Basic Freedoms, Article 1). Sadly, no jurisdiction was validated in the CR to help solving the problematic of institutionalised care, but other countries made an effort to face the issue. For example in 1999 US Supreme Court ruled to enable provision of care services to people in their home environment where possible. Community care was given a preference to institutionalised care.

A new form of living and residential care for the elderly

Some countries, e. g. Netherlands and Scandinavian countries, introduced a new form of living for the elderly called service housing. People can therefore use the existing services in community more efficiently. **Community care homes** are an equivalent to service housing in the CR. The system is well designed however often difficult to put into practice. Inability to access the service forces people to search for another form of residential care such as residential homes.

Community care homes („Domy s pečovatelskou službou") should be at the frontline in the provision of long-term care for the elderly. And so should be a variety of health and social care services. The biggest advantage to this form of service is the opportunity to remain in familiar environment nearby own home. This is an enormous difference compared to the residential homes. However, community care homes do not belong to social services sector as they are an independent unit with assigned housing. These facilities are registered as residential homes, but their provision of services (health and social care) is often insufficient. Independent living for the elderly with limited independence but intact mental health is an acceptable solution. And it should not be disadvantaged from larger and more distant institutions. It needs to be emphasised that **institutional care services remain to be a part of the long-term care provision** in the CR as well as other European countries. However, residential care homes or nursing homes lost its practicality in the modern days. Healthy and independent elderly people (without any cognitive impairment) should maintain their living in home environment within their community, or to have their home environment adapted to their needs.

People with limited independence should remain in their towns and homes with services installed where possible. Residential and nursing homes built in the 60s all around Europe have changed since. It is necessary to alter them in our country too to ensure long-term care for those groups of patients whose needs have not been met sufficiently. It is expected that those facilities continue to provide care services similar to residential homes or nursing homes. Perhaps in the future there will be specialised care homes and health institutions providing long-term care services.

Barriers / common problems

- Institutionalisation – emphasis on institutions
- Distance
- Variety of providers, outside of community
- Fragmentation of health and social care
- Low quality of living conditions
- Hospital environment in NH
- Inadequate health care in RH
- Lack of privacy and personal space – shared rooms
- Shortage of beds for people with mental or cognitive impairment

Trends / possible / common solutions

+ Small, well equipped accessible flats in town centres (shared or individual acc. for people without mental or cognitive impairment)
+ Equipped with IT
+ Access to services 24/7
+ Shared living for people with mental or cognitive impairment
+ Nursing home for complex cases in need of LTC
+ Provision of domiciliary care and rehabilitation
+ Visiting/Telephone contact for the elderly living alone

Good practice

- **Jeseník:** improved living conditions for the elderly in town (secured houses, emergency equipment).
- **Nové město nad Metují:** on-site and outpatient services campaign – "Home Sweet Home" (Doma je nejlíp) – dramatically reduces pressure on residential homes. "Counselling at home" (Poradenství doma) is another similar campaign.
- **WelsDragonen:** living for elderly with dementia – a small unit supporting independence and integration of people with dementia.
- **Wels–Care home HausVogelweide-Laahen:** a modern residential home for the elderly, shared accommodation for 15 people on each floor with own kitchen unit. The ground floor is open to the public and offers a coffee shop, rehabilitation classes, hairdresser´s and other services. The coffee shop is run by volunteers.
- **HausfurSenioren der Diakonie Wels:** renovated facility of Altersheim Franz Josef I from end of 19th century and situated in the town centre.

5.3 Respect, social integrity and participation in social life

Activities for the elderly:

We can often see various educational activities organised for the elderly in their towns such as language courses, IT and modern technology (internet, photography), self-defence and financial literacy courses. There are also long-term courses offered by universities or colleges. We believe these initiatives are both effective and useful. Some courses aim to offer entertainment and socialising aspect while others consider more disabled participants (e.g. In Horní Počernice the tours are adapted to this group of participants in mind). The more practical courses offer to teach a new skill, gain new knowledge and competency such as financial literacy, IT etc. Activities that involve movement and exercise can even have a positive impact on health.

Barriers / common problems

- — Lack of intergenerational solidarity
- — Insufficient involvement of elderly - volunteering
- — Entertainment activities only

Trends / possible / common solutions

- \+ Adequate amount of activities
- \+ Wide range - movement, educational
- \+ Activities that involve young and old are rare but desired

Movement activities are a relatively common occurrence. They range from dance groups and other group activities (chess, pentaque, hiking, cycling), to rehabilitation exercise, martial arts and yoga. Regional games or Olympic games are a highlight and provide an opportunity to intergenerational meetings. Within the **intergenerational projects** seniors tend to play a passive role.

Good practice

- **Uherské Hradiště:** University for seniors
- **Jeseník:** Academy for seniors
- **Boskovice:** photography course
- **Praha Suchdol, Uničov, Petrovice:** Fittness park
- **Svitavy:** campaign in collaboration with family centre Prarodiče (Grandparents) that focuses on activities between elderly and their grandchildren
- **Svitavy, Plzeň, Havířov:** dolls manufacture for pediatric hospital and centres for vulnerable children
- **Praha 5:** Hestia – volunteering project for seniors (to become a grandma or a grandad once a week)
- **Ostrava – Poruba:** accessible library within the home care service
- **Plzeň:** intergenerational centre "Dům napříč generacemi" ("House across generations")
- **Otrokovice:** intergenerational reminiscence theatre
- **Hlučín:** workshops "Vyrábíme společně" ("Lets create together"), "Povídej mi" ("Talk to me")
- **Chrudim, Litomyšl, Hlučín:** baking of traditional Christmas sweets
- **Most:** group painting and drawing

- **Prachatice:** suburban intergenerational camp
- **Most, Otrokovice:** seniors read to children in the nursery, manufacture doll's clothes
- **Praha 4 a 11:** Kokoza o.p.s.: community garden with the use of horticultural know-how by the elderly
- **Praha Horní Počernice:** tour for the elderly including the wheelchair bound
- **Praha 8:** produce exchange for the elderly supported by Gerontological centre

Activities for the elderly – social and volunteering

Activities initiated by the elderly are not as common and prevalent as entertainment enterprises. Some offer intergenerational activities or volunteering for various age groups, but those are extremely rare.
It is worth mentioning that many activities remain hidden or unrecognised as volunteering. This may be due to the devaluation of volunteering work caused by "forceful volunteering" activities in the last few decades. Participation of the seniors within the community usually involves roles such as municipal committee, member of the board of landlords, or responsibility for building maintenance with minimal pay.
Important activities are the local ones aiming to keep alive the old traditions such as informal music groups, and theatre groups. Possibly due to the shortage of volunteering coordinators the volunteering itself remains unrecognised, unlike in our neighbourhood countries Austria and Germany. Effective support and organisation of volunteering activiities is widely available to their seniors. (Aalen, Korutany)

Engaging the elderly to life in towns

During our investigation we detected marginal cases of collaboration between municipalities and the organisations for the elderly, e.g. provision of space for senior activities, or commitment of one representative who coordinates volunteering activities in their area.

Good practice

- **Česká Třebová:** Jabkanec fair
- **Plzeň:** „Příběhy plzeňských mist" ("A story of Pilsner places 2011")
- **Prachatice:** Prachatická buchta (Prachatický cake)
- **Plzeň:** volunteering centre TOTEM o.s. – senior volunteers help within the facilities for the elderly, pediatric clinic, hospice, during organisation of Jeden Svět (One world) festival, or Třetí (Third) Festival
- **Otrokovice:** reminiscence theatre
- **Praha 5:** Hestia: grandma/grandpa for adoption
- **Prachatice, Ústí nad Orlicí:** Board of seniors: engaging seniors in political decisions
- **Prachatice:** Coordination of volunteering activities, effective liaison between the municipality and senior organisations or care providers.
- **Prachatice:** the elderly read books to children from asylum home

5.4 Communication and information

Barriers / common problems

- Fragmentation of information sources
- Unfamiliarity with the new media
- Marginal information about services and opportunities for the elderly (eg. with dementia)
- Information not adapted to the needs of the elderly with cognitive impairments

Trends / possible / common solutions

+ Engagement of new technologies (senior info points)
+ Leaflets
+ Information guides/manuals

Information points for seniors in towns are regarded as crucial for their communication needs. The centres can include health clinics, pharmacies, social and health unions, day clinics etc.

Good practice

- **www.seniorpointy.cz** – if functional
- **Plzeň:** Seniorweb Plzeň – iinformation for seniors from Plzeň region
- **Orlová:** Counselling at home – home visits
- **Kostelec nad Orlicí, Prachatice Plzeň:** Manuals, guide on social care services, information, contacts, audio available
- **Personal contact and on-site screening - Praha Horní Počernice**

5.5 Health and social care services

What are the strategic plans in the field of long-term care?

According to the consultancy material by Swedish presidency in the EU there are the following problems:

- How to bridge the segmentation and obstacles between the health and social care services
- How to provide a better protection of dignity and individualised care
- To what extent is the choice of clients important in making political decisions
- Is there enough attention given to Alzheimer´s disease and other related diseases, are there adequate services in place
- Is it possible to keep sufficient number of carers employed for the providers of LTC
- How to improve quality of the services
- Do we have enough experience to study the effectiveness of various strategies especially with the future development in mind

This material specifies individual key parameters that are important to achieve sufficient range of services and their integration into long-term care. This is based on experiences from different countries, regions and providers. The aspects will be discussed in the following text with our reflection on local conditions.

- It is necessary to **increase our understanding about the goals and the methods of long-term care provision.** There needs to be a variety of services that are functionally integrated to meet the needs of their users. They should be complete and include all the objectives, processes, focus groups and regulations of activities. This needs to be proposed systematically to the important stakeholders in the process.
- It is necessary **to understand the meaning of "client orientation" and "person centred care"**. These are not just empty terms or phrases. Their approach is different and positive and strives to provide services that absolutely respect the needs of the service users. There is a big change in orientation of the services that were traditionally focused on performance and processes. A good example is from the department caring for clients with dementia. Tom Kitwood, a worker with dementia patients was one of the first to propose "person centred care" instead of "task oriented care". Traditional department focuses on performance, goals, and processes and requires its carers to be time effective according to particular regulations and standards. The well performing institution however does not necessarily meet the needs of the people who live there and who receive the services.
- **Integration process requires financial resources and time.** The process needs reciprocal communication between the individual professions and providers involved. Education, accessibility, and agreements of all involved need to be clarified. Following this the resources would reap better and more effective services.
- **New professions** need to be created to cover the new tasks and goals. Case managers, domiciliary assistants, service managers and other multipurpose professions that would be able to combine the health and social care aspects of long-term care pathway come to mind.
- It is necessary to make sure the family members and stakeholders are interested and believe that the adequate provision of LTC lies in an **adequate multidisciplinary assessment of the needs and individual care plans.**
- To support autonomy and functional ability of the elderly and other service users of the LTC so as to support and strengthen their self-reliance and dignity.
- Sufficient amount of **information about the**

services and sufficient communication between the providers and the service users. Services must be understandable to both sides to reach reciprocal consensus.

- To provoke a discussion about the design of LTC so it is **financially sustainable.**

Multidisciplinary assessment and creation of the so called "care packages" are new trends in the provision of the coordination and accessibility of health and social care services. The role of general practitioners (GP) and service coordinators is however problematic.

Barriers / common problems

- Small range of services to the vulnerable groups
- Problematic role of GPs
- Role of service coordinators (case management)

Trends / possible / common solutions

+ Multidisciplinary assessment of function and needs
+ Design of "Care packages"
+ Support to the informal carers

Good practice

- **Horní Počernice:** active assessment of the needs of the seniors in their homes
- **Praha 8, Svazek obcí Poličska:** provision of services, collaboration with other organisations.
- **Prachatice:** easy access to the providers, planning of the services, constructive and responsive communication

Care of the most vulnerable seniors (frail, dementia patients, clients with chronic illnesses etc.) and their carers

Despite the generally efficient health and social care services the closer look reveals shortage of the services for the most vulnerable group (people with dementia, brain injury, chronic illness). Those people are often institutionalised to have their needs met. The carers/workers are often not aware of their clients´abilities and the range of the services available for this group is absolutely inadequate. The pioneers in this field are day centres, day hospitals, and Alzheimer´s centres.

Barriers / common problems

- Lack of information
- Institutionalised approach
- Carers and families lacking support
- Lack of understanding about the problematic issues of the more vulnerable clients (cognitive impairments, insufficient communication)
- Shortage of services

Trends / possible / common solutions

+ Access to the services 24/7
+ Focus on carer support
+ Respite care: day hospitals, shared accomodation
+ Education of the carers and workers regarding communication with vulnerable clients
+ Guiding professionals to systematic communication with families
+ Provision of respite services and additional support

Good practice

- **Praha 8:** Day hospital for dementia patients
- **Praha 8:** complex services (counselling, self-help groups, respite care, information) Czech Alzheimer´s Society
- **Kutná Hora:** Day centre for the elderly – Duhové Atrium
- **Prachatice:** Home for seniors Matky Vojtěchy
- **Vsetín**: Day hospital Letokruhy Vsetín
- **Ostrava Nová Ves:** Day hospital Diakonie Ostrava Nová Ves

5.6 The role of municipalities in the provision and coordination of services and activities in need

Questions for the workshop attendees:

- What role should a town have to ensure prevention and provision of LTC?
- Is it possible to ensure LTC without the help of town authorities?
- Which towns should contribute to the prevention and provision of LTC and to what extent?
- What sort of a budget?

Vignettes

CVA

Female 78, lives with her husband (90). She has some limited independence and is in need of some help. After multiple episodes of cereberal vascular accidents she received rehabilitation and continued to manage independently. After the last episode, she´s been paralysed on her right side and suffers with aphasia (inability to talk). After few weeks of rehab she was discharched home. She mobilises at home independently but needs further rehab for herself and her husband to maintain her activity.

1. *Where can they ask for help in your town?*
2. *What is the usual procedure or what do you think the usual procedure should be?*
3. *What services are available and who to contact?*
4. *What services do you think these people need?*
5. *Can you provide any form of support in their home environment? (rehab, social care)?*

Frailty

Married couple 90, 92 who live together, fairly independent, but due to their fluctuating health they get help of the care agency and receive lunches. Both have been hospitalised on and off and on few occasions declined care as not indicated for their health condition. They are not willing to go to residential care home yet as they are very much attached to their home and garden. Their daughter lives in Switzerland.

1. *Where can they ask for help in your town?*
2. *What is the usual procedure or what do you think the usual procedure should be?*
3. *What services are available and who to contact?*
4. *What services do you think these people need?*
5. *Can you provide any form of support in their home environment? (rehab, social care)?*

Traumatic Brain Injury

Male 35, single, fit and healthy, living alone in a flat. Family lives in Ostrava and doesn´t visit very often. He was involved in RTA and suffered from TBI. After a long hospitalization on ITU, followed by rehab his condition stabilised within 6 months. He will be discharched in 2 weeks. He is physically fit with some mild coordination and balance impairment. His cognitive function is impaired (short-term memory loss, lack of insight into complex situations, problems with planning and solving, high level of lethargy). He occasionally presents with improper behaviour. He is unable to manage activities of daily living yet without help and support. He appears disorientated and receives sick pay benefits.

1. *Where can his girlfriend or relatives ask for help in your town?*
2. *What is the usual procedure in such case or what do you think the procedure should be?*
3. *What services are available and who to contact?*
4. *What services do you think this person needs?*
5. *Are there any respite services in your town to provide to the carers?*
6. *Can you provide any form of support in his home environment (rehab, social services)?*

Dementia

Female 72, widow, no children or relatives, lives alone, her health status is generally good. She noticed worsening of her memory over the last 3 years and received a diagnosis of Alzheimer´s dementia. She´s under a medical treatment, but got lost on few occasions, left a tap on, or once she even left the cooker on and almost set a house on fire. She lacks insight into her condition, but welcomes help and tries to adapt. Neighbours are increasingly more distressed by the situation.

1. *Who will reflect on this case and try to solve the situation in your town?*
2. *What is the procedure in such case or what do you think the procedure would be?*
3. *What services are available and who to contact?*

4. *What services do you think this person needs?*
5. *Can you provide any form of support in her home environment (rehab, social services)?*

Carers

Female 58, carer for her ill and dependent parents. They live together in a house, receive benefits to cover care costs. However, after 10 months she complains of back pain and mental health issues..

1. *What help is available in your town?*
2. *What is the procedure in such case or what do you think the procedure should be?*
3. *What services are available and who to contact?*
4. *What services do you think this person needs?*
5. *Is there any respite care service in you town?*
6. *Can you provide any form of support in his home environment (rehab, social services)?*

50+

Female 55, university educated, a doctor, divorced, lives alone, children live away. She feels lonely, complains of depression. She doesn´t have many social interactions. She likes reading, puzzles, shopping. She occasionally babysits her grandson. She doesn´t engage in community activities very much.

1. *Is it worth to provide help with any activities for her?*
2. *In what way would it be possible to engage this person into community, volunteering or other activity? Would it be worth it?*
3. *What would the procedure be or what do you think the procedure should be?*

COMMENTS:

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