EUROPEAN COMMISSION

AIDA
Advancing Integration for a Dignified Ageing

AIDA PROJECT
Advanced integration for a Dignified Ageing

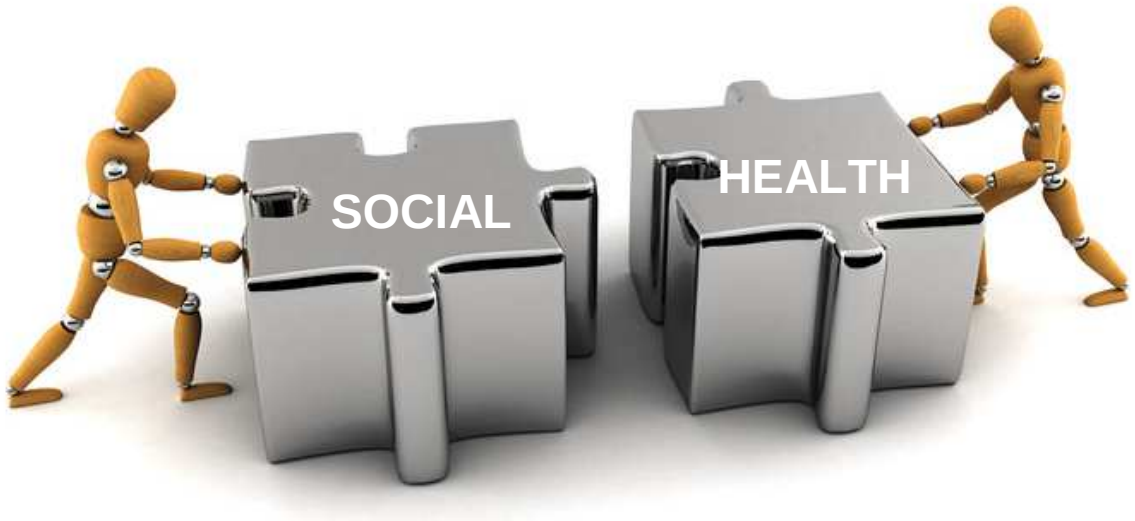
Presentation by

Anziani e non solo
Società cooperativa

Project carried out with the supporto of European Commission, DG Employment, Social Affairs and Inclusion

AIDA project

- AIDA is a project funded under the EU / Progress Programme and coordinated by Liguria Regional Administration (Italy)
- The project aims at strengthening the integration of health and social care services in order to improve the quality of assistance for frail elderlv.



Results

- The main outcome will be Guidelines for Social and Health Integration
- The draft Guidelines have been discussed at local level in a sample of Italian Districts in two Regions in order to assess their applicability and to analyze their potential effect on the improvement of the social and health integration among local services.

Results

- The project provides an overall assessment of the policy action already implemented, identify gaps and give suggestions for further improvement.

- Results are then expected to be discussed at European level, aiming at evaluating the transferability of the Guidelines for social and health Integration in other countries

Expected impacts

- Raising the effectiveness and efficiency of existing informal support networks and of formal protection systems: health and social care integration is a way of helping the system to cope with rising demand, demographic change and funding restraints.
- Reducing caregivers' burden, which has been recognised as one of the major barrier for an active engagement in the community and in the labour market.
- Supporting dignified ageing and self-determination of people suffering from disability, including a reduction of avoidable institutionalization through the strengthening of home care services network.

AIDA project: partnership and coordination 1/2

The partnership involves public entities and national and international NGOs actively dealing with the integration of social and health care services for older persons:

Coordination:

- Liguria Region

Partners:

- Veneto Region
- INRCA – National Research Institute on Ageing
- Anziani e non solo – NGO
- ENEA APS – NGO
- Eurocarers – EU network

AIDA project: partnership and coordination 2/2

The project implementation is also supported by the following associated partners:

- Italian Ministry of Labour and Welfare Policies
- EDE - European Association for Directors and Providers of Long-Term Care Services for the Elderly
- ELISAN – European Local Inclusion and Social Action Network
- UNCCAS – Union Nationale Centres communaux ou intercommunaux d’action sociale
- ENSA – European Network of Social Authorities

Background information

The District

A district is a territorial articulation of the National Health Service (since 1987)

The District

- In average, a district include a population of 85.000 inhabitants (min. 24.000 / max 120.000)
- The idea behind the institution of Districts was to support proximity services and to respond to the increasing need of combining health care services with the provision of social support
- This is way, even if the drive comes from health care services, it is their responsibility to integrate their services with those provided by the social sector and that's also way – in most cases - the geographical area of the District overlaps to the so called «Social Area» on which social services are organized

The District

- District = structure in charge of coordinating the integration of social and health care services on three main dimension:
  - Integration among community based health care services
  - Integration among these services and those offered by hospitals
  - Integration of health services with social services at local level
- According to different organizational models, Districts can play different roles:
  - direct provision of services
  - procurement of services / externalisation through bids
  - governance

Guidelines for health and social integration

The guidelines – how we worked

- Huge variety of District models across the country
- Example of promising / good practices (at National and EU level) that allowed to reach a higher level of integration between social and health care services
- AIDA collected and analysed the practices
- Identified key elements at system level and towards end-users that could support integration
- Brought them to the attention of professionals working in different samples of Districts (urban / rural…) in Liguria and Veneto Regions to analyse potential for transferability

The guidelines

- In the following slides we will present those aspects that have been considered by professionals involved in the testing as more

  - **Important**
  - **Effective**
  - **Useful**

- When aiming at a stronger integration of health an social care domains
- They will be integrated in the final version of the guidelines (in progress)

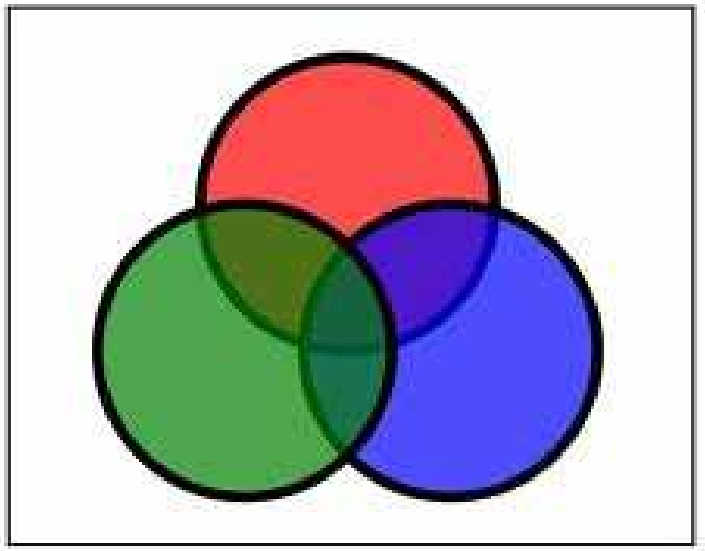
An effective integration requires…

SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

INTEGRATED AREA OF INTERVENTION: GEOGRAPHICAL AND POLITICAL

- Overlapping of the Social and Health District / Social Area

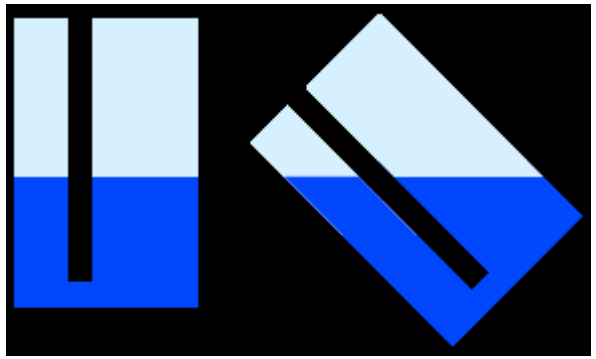
- Integrated annual / triennal planning of activities between the Health District and the Social Area



SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

INTEGRATED FINANCIAL RESOURCES

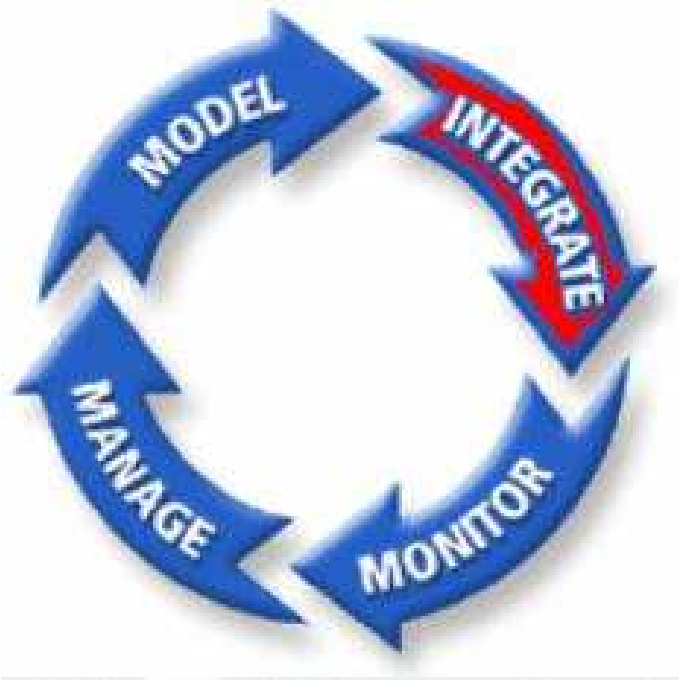
- Integrated management of financial resources (health fund, social fund, own resources of the district)
- Flexibility of re-use of resources respect to district peculiarities



SOCIAL AND HEALTH INTEGRATION: SYSTEM KEY POINTS

INTEGRATED INFORMATION AND MONITORING SYSTEMS

- Integrated information system of social care, health and social sphere, at national, regional and district level
- Integrated monitoring and evaluation system at national, regional and district level



SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

SHARED OPERATIONAL TOOLS

- Shared tools for multidimensional (medical and social) assessment of needs
- Personalized and constantly updated care plan
- PDTA (Diagnostic Therapeutic Care Protocols)
- Handover procedures whitin involved professionals (including family carers)

SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

INTEGRATED SERVICES AND STRUCTURES

GPs and continuity of care doctors

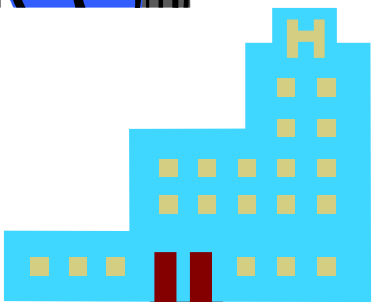
Hospitals
Protected discharges

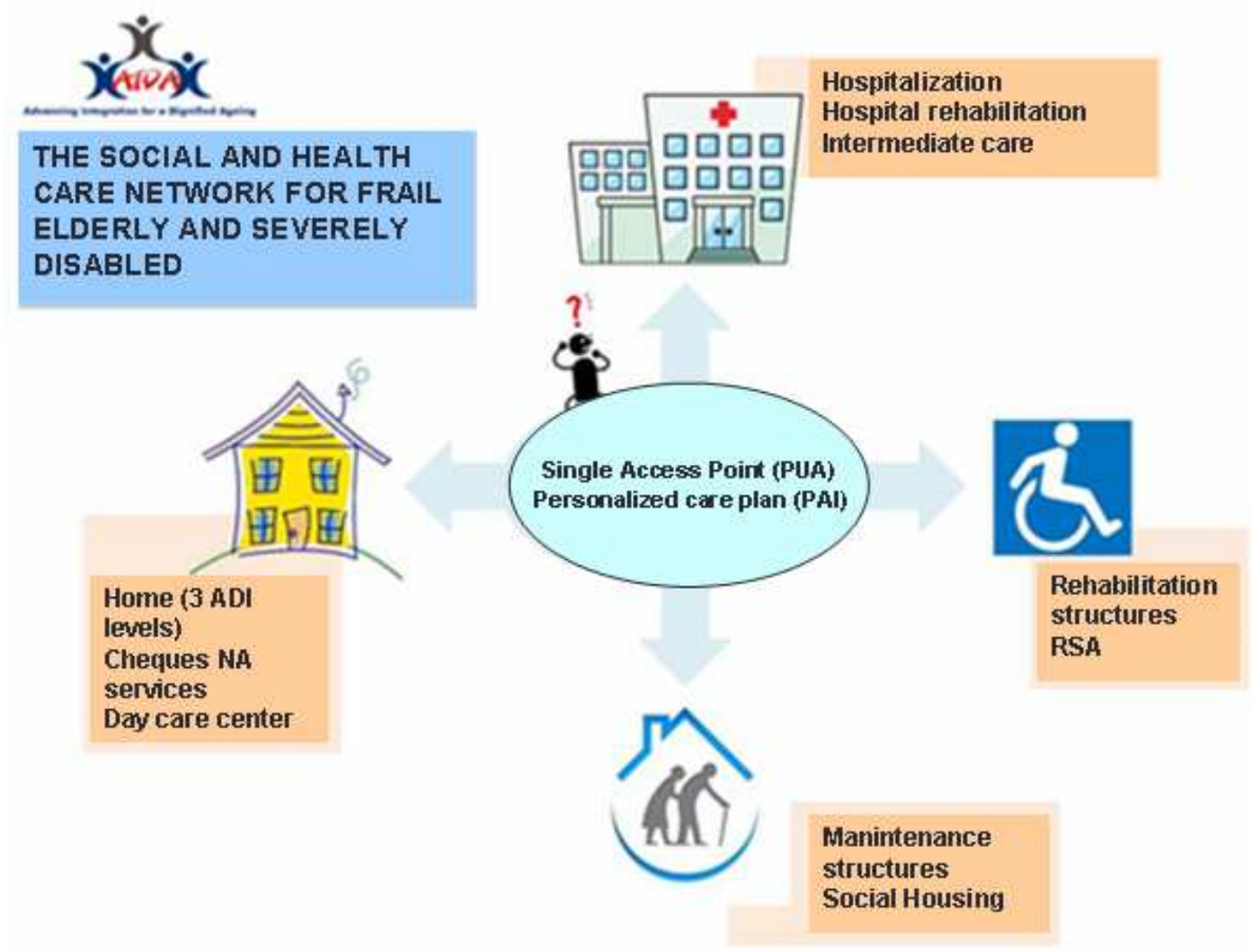
Intermediate structures
Residential and semi-residential care

Home care service (SAD)
Integrated home care service (ADI)

FAMILY CARERS

SINGLE ACCESS POINT





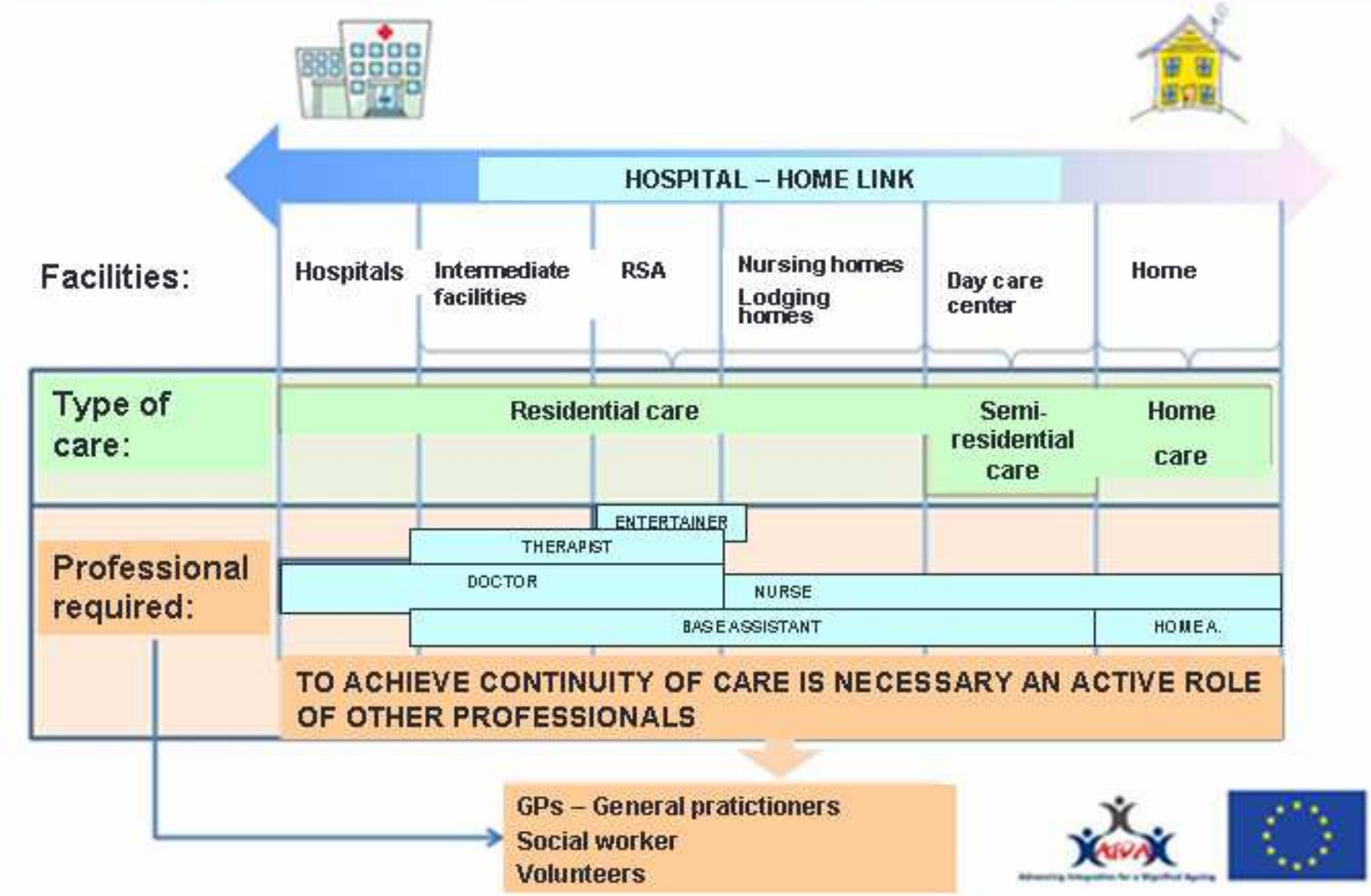
Definition of the role of family carer in the system

SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

HUMAN RESOURCES WITH HEALTH AND SOCIAL SKILLS

- Training and skills development for the integration of managers, executives and professionals
- Redefinition of professional training courses in respect to social and health integration
- Caregivers training

Structures, type of service and professional required for social and health integration on support path for frail elderly or severely disabled



SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

INTEGRATED APPROACH TO FINAL USERS

- Single Access Point to social and health services
- Multidimensional assessment of person's needs (activation of M.A. units in relation of case complexity)
- Sharing of PAI (Individualized Care Plan) with individual and family members
- Identification of primary family caregiver and Case Manager
- Care continuity

Volunteering: transport, emotional support….

SOCIAL AND HEALTH INTEGRATION: SYSTEMIC KEY POINTS

INTEGRATED APPROACH TO PRIMARY CARERS

- Comprehensive information on the person's status, sharing of PAI and definition of their roles and responsibilities
- Training to caring (educational care and on the «job» training) and training to understand available supporting networks
- Operating Plan and procedures for handover
- Planned and emergenecy respite services
- Integration of domestic care services within the network
- Training and private care job offer/demand matching services

Volunteering to support reconciliation

To recap…

- INTEGRATED AREA OF INTERVENTION: GEOGRAPHICAL AND POLITICAL
- INTEGRATED FINANCIAL RESOURCES
- INTEGRATED INFORMATION AND MONITORING SYSTEMS
- SHARED OPERATIONAL TOOLS
- INTEGRATED SERVICES AND STRUCTURES
- HUMAN RESOURCES WITH HEALTH AND SOCIAL SKILLS
- INTEGRATED APPROACH TO FINAL USERS
- INTEGRATED APPROACH TO PRIMARY CARERS

An example of good practice

Innovative model for taking charge of the frail elderly patient in transition from the hospital to the territory and from the territory to the hospital

Silver code: goal

Codice Argento

An appropriate and correct access to ER and hospitalization for “frail” and / or dependent population

Organizational joints

1. Reception unit to the ER

Composed by health care professionals (nurses and / or health care providers) and social (social workers) with the task of:

Identify the subjects with social and health weakness among patients who access the emergency room and admitted to Emergency Medicine, entrusting the patient, if still in need of hospital care, to the case manager (health care assistant / nurse) that operates in the ward for acute and / or Intermediate care.

Understand the need and define the problems using the evaluation tool of Liguria Region (Aged Plus) as a common language in hospital and territory.

Report hospitalization to General Practitioner (MMG) and receive from him/her information about the patient.

Early warning of the Territorial Service of the patient's problems at the end of the acute phase for taking charge

Welcome, inform and guide the patient and the family about the support options available in the area

Organizational joints

2. Integrated Unit of Temporary Protected Assistance

Protected assistance services at home for of one month (6h or 12h/die depending on the Profile Relief) period through the availability of domestic care workers integrated with health services at home provided by the district.

Protected assistance services in residence for the maximum duration of a month, carried out in family-type community, and integrated, according to the needs of each guest, with health medical, nursing, rehabilitative and specialized services provided by the district ASL 3 Genovese.

The access to this facility is expected only if the residence of the patient is not adequately functional to intervention.

Organizational joints

3. Midweek Medical Homecare Guard service for patients who <u>do not have characteristics of severe urgency (codes white and green)</u>

Experimental reorganization of the Emergency Service, integrating the Service of night, vigil and festive Medical Emergency with three Doctors in daytime hours

The reorganization has the goal of intercept patient's calls to the emergency number 118 and the requests for help directed to their GP, temporarily unavailable, avoiding the inappropriate access the ER.

In fact, in the case of direct request, the 118 service, after the coding of the patient, will inform primarily the GP and only then, if he will be busy, will require the intervention of Medical Homecare Guard.

The GP may request the intervention of the 118 Medical Homecare Guard, if he receives a help request from a patient (frail and / or dependent) and he’s temporarily unavailable.

If during the visit the Medical Homecare Guard detects also caring problems, he must report to the patient, in consultation with the GP, the possible services that can be activated in the social and health district (eg intervention of the Social Keepers) and may provide to the patient the phone number of selected staff for the activation of additional service (i.e. domestic care services)

Outcomes

October 2012 - July 2013

Number of patients discharged from Hospital “S. Martino”:
At home with family assistant
- District 11: 42 patients
- District 12: 195 patients
- District 13: 147 patients
- **TOTAL - 384**

In residential family community
- 70 patients

And now the floor is yours…

- Can you identify – especially from the carers perspective – a strong point and weak point in the way the problem of integration of social and health care services is dealt in your country?

- You have heard about the key factors identified in Italy to support integration from the perspective of carers:

  - do you think they fit to your country as well?
  - thinking about your country what would you add / change?

To recap…

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- INTEGRATED INFORMATION AND MONITORING SYSTEMS
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- HUMAN RESOURCES WITH HEALTH AND SOCIAL SKILLS
- INTEGRATED APPROACH TO FINAL USERS
- INTEGRATED APPROACH TO PRIMARY CARERS