

UNECE Ministerial Conference, 6th to 8th November 2007

Leon, Spain

Panel 3. „ Towards a balanced care strategy „

Integrated and flexible social and health care services

Demographic development in the Czech Republic also displays a tendency towards an increase in life expectancy (probable survival period) and stagnation in fertility at a low level. The increasing probable survival period is a positive consequence of the improving health status of the population and falling mortality. As a result of the development of mortality and fertility, the proportion of people over age 65 is increasing significantly and will continue to do so. In relative terms, the number of people over age 80 will increase the fastest.

The main challenge of demographic development is not the quantitative increase in care costs, **but a qualitative change in health policy, the life-course approach to health, and the creation of conditions for healthy ageing and development of corresponding social services.** The main priority is reducing the incidence of chronic illnesses and disabilities and adapting primary healthcare to the needs of the older population in compliance with the model of the World Health Organization's Age-Friendly Primary Health Care Centres.

Strategic themes dealt with in the Czech Republic in the field of healthcare and long-term care are based on the shortcomings of the systems of healthcare and social services and on the objectives and measures formulated in strategic documents covering the area of health and social services. The Czech Republic consider the main themes in the area of healthcare and long-term care to be improving the health of the population and a sustainable, high-quality accessible system of healthcare, the **integration of social and health services** and a community approach to health and social services. The issue of the integration of health and social services concerns the linkage of the healthcare and social services systems, the linkage of healthcare provided in healthcare facilities and the general issue of provision of social care in health facilities and healthcare in social services facilities. Attention is focused on integration at a central level by harmonizing legislative work and departmental documents and the specific issue of multi-source financing of institutional health and social facilities.

NGOs flexible social and health care provision

Some NGOs provide or develop services for older people that are more flexible than the state ones. This mainly refers to the relationship between social and health care services. The problem is that health care and social care are treated separately in terms of financing, but also in the way it is administered. Part of the problem is also the over-emphasis on medical expertise – medical professions and health care structures dominate the service provision. As a consequence, the system does not usually respond to social care needs. When people need both health and social care, they often have to move from one facility to another. This can be harmful for older people, and for geriatric patients in particular. Older people are the group who tend to have the greatest difficulties with adapting to this situation.

General measures have been introduced also at a central level to ensure alignment and effectiveness in exploiting means of financing for healthcare and social services in residential facilities, where healthcare and social care are provided together. The “Health 21” document from the Czech Ministry of Health promotes a link between primary healthcare and social services. The Social Services Quality Standards and new Act on Social Services guidelines from the Czech Ministry of Labour and Social Affairs also put emphasis on the use of existing community resources and on the integration of services. The degree of co-ordination and co-operation is left to the local authorities and the individual which can choose between municipal or NGO’s facilities.

EXAMPLE OF GOOD PRACTICE

Support for persons remaining in their home environment, linking healthcare and social care – AREÍON Emergency Care by the Life 90 Civic Association

Senior citizens and the disabled are often greatly concerned about isolation and by the thought of being unable to call for help from home if they need to. This leads to premature feelings of dependence and inability to live at home, and encourages them to seek a residential facility even though they would rather remain at home. The barriers between lonely senior citizens or disabled individuals and society are getting even larger. This stems from their isolation and their reduced ability to communicate due to a medical condition or reduction in physical strength or psychological willpower. Family members are also often concerned for relatives who live alone.

The Life 90 civic association has been running the AREÍON emergency care service for 10 years. The service was awarded the MAKROPLUS award from the Czech Ministry of Health in October 2005 for an exceptional and practical project dealing with the healthcare and social needs of senior citizens in the Czech Republic.

AREÍON emergency care is a service for senior citizens, the disabled and people who live alone. It monitors clients in their homes, there is a two-way connection and it is able to send immediate specialised assistance in an emergency when the client presses an emergency button. Assistance is provided 24 hours a day, 7 days a week.

The client's home is equipped with an emergency call terminal. The system is connected to the emergency care central dispatch centre via the telephone line. The client carries the emergency button with them at all times. If assistance is required at any time and in any part of the house, the client presses the button and is automatically connected to the control centre. A control centre operator then calls the client on the telephone. This is important because it reassures the client that help is on the way and further information can be ascertained and it also eliminates false alarms (thereby reducing service costs). The control centre computer contains the client's data and medical records so an effective intervention can be called.

The AREÍON emergency care service provides or mediates assistance according to the situation (injury, fall, sudden deterioration of medical condition, assault or threat from another) as well as providing counselling and therapy (psychotherapy and social therapy) and arranges contacts with the community to promote the rights and interests of senior citizens.

So the emergency care aims to reduce the social, health and security risks that these citizens face and:

- Maintaining self-sufficiency and independence of senior citizens and the disabled
- Ensuring the maximum longevity to senior citizens and the disabled in their own homes
- Reducing risks (health, social, and criminal)
- Helping senior citizens and the disabled to assert their rights and interests and arranging contact with the community for socially isolated senior citizens and individuals who live in their own flat or home
- Providing health and general advice, including educational training services,
- Reducing the number of individuals admitted to hospital for social reasons,
- Reducing the waiting lists for placement in social care facilities,

- Helping families to care for senior citizens or disabled relatives (respite care)

Emergency care is provided to over 1,000 clients via its main control centre in Prague and regional dispatching centres in 32 towns throughout the Czech Republic.

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