Poster Abstract

Good practice in European integration: Lessons from the AIDA Project

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Abstract

Introduction: Interest in the integration of health and social care services has grown in recent years amongst all Governments in Europe in light of the increasing numbers of older people and those affected by chronic illnesses. This poster offers a review of the "Album of 10 Good Practices of integration at European level" carried out within the Advancing Integration for a Dignified Ageing (AIDA)- Project (www.projectaida.eu/). This was funded by EU Progress Program with the purpose of highlighting common aspects of effectiveness.

Methods: The AIDA Project Consortium developed a criteria for selection of good practices on the basis of most relevant conceptual frameworks on integrated health and social care for older people. 28 initiatives were selected by an Advisory Board (AB) composed by five international experts in the field. The provider/ coordinator of each selected initiative (or a lead academic with an interest in the project) has provided an overview of the project, the legal and social context in which it was set, enablers and barriers, and evaluation of impact. The case-studies were then analysed to highlight success factors and impact on users, service providers and overall health and social care systems.

Results: description of the case-studies

SET CARE: Self-study E-learning Tool for the Social Home-care Sector
In the UK there have been two types of Care Trusts- " Provider" and "Commissioning –Provider", public bodies which provide a structural integration of health care services (in 'provider' trusts principally mental health, substance misuse and / or, learning disability services and in 'commissioner' trusts community nursing and therapy services), and adult social care services. Whilst the limited evidence available suggests that their success was mixed, those care trusts which were more effective a key strength was their ability to shape the purchasing and providing of the health and social care system for a target populations living in a defined geographic area.

The Home Palliative Care Support Teams (HPCST) help people with chronic and terminal illnesses living at home in Austria. The service supports patients from health assessment through home care to death. A complex team of different subjects is involved in the care chain: family carers, General Practitioners, social workers and volunteers. Key features are the involvement of patients' relatives, the coordination of professionals and the pivot role played by volunteers.

Living Comfortable in Menterwolde is a service working in The Netherland for old and frail people living independently but in need of health and social support. It is a multifunctional (meeting) centre offering different kinds of social and health services and facilities. The collaboration among different kinds of partners (social workers, housing corporations, welfare and care organizations for older people) supports the intersection of housing, welfare and care.

Emergency Alarm is an Hungarian service supporting old, frail and disabled people through the use of a wristwatch sending signals to the 24-hour control centre of a care centre, in case of falls or other emergency situations. The most innovative aspect is the use of the ICTs and its strength point is enabling the linkage of different service, as it involves technicians, Emergency Award health professionals, social workers and family members.

Skype in Eldercare's targets are old and frail people. This initiative, working in Hungary, is an internet based solution that, through the use of Skype technology, helps elderly to keep in contact with relatives and to receive care at home. The most innovative aspect is the engagement of teenage volunteers to teach use of the technology.

In Sweden, the Skora Aldre-Continuum of care for frail older people is a service based on a multi-professional team creating a care chain from the Emergency Award through the hospital to home. The care planning is based on both the screening information and a comprehensive geriatric assessment. The staff is multi-professional: nurses with geriatric competencies, hospital wards, case manager. This multidisciplinary approach and direct communication between professionals are its main strength.

The RAI (Resident Assessment Instrument) System, working in Spain, is a service based on the use of a protocol that enables the continuity of care along the chain of Hospitals for the chronically ill, nursing homes and home hospitalization units. Its target is principally older people, but also informal carers and professionals in need of support. The service's main strengths are the use of ICT for the classification of dependent people and their referral between health and social resources using international standards.

The Spanish service VALCRONIC-CARS (Community Assessment Risk Screen) targets chronic patients and allows their classifications in three disease levels. It involves National Authorities and Private Companies. Its strength is the ICTs use for enhancing the patient's information transfer, monitoring and support.

The Athens Association of Alzheimer Disease and Related Disorders (AAADRD) is a Greek service for old people suffering from Alzheimer disease. It organizes public information campaigns, neurological assessment, programs of educations and training for professionals and family carers. Its strength is a multi-sectional approach and the close collaboration between formal and informal sectors.

SET-CARE is a Greek service targeting elderly's paid and unpaid carers: it is an e-learning educational program provided through the use of the ICTs. Its main strength is the flexibility of the offer in terms of contents, times and methodology.

Lessons learnt: From these case studies, the most innovative integration practices appear to be those that have emerged from the community through a bottom-up approach, and those in which professionals have the will to work together to overcoming rivalries based on different care visions. Key factors for successful and effective initiatives identified were - the coordination between formal and informal sectors; the flexibility of services provided in terms of type, professionals involved and times of supply; the vision of patients and their family members as decision makers and not only as recipients; a multidisciplinary staff team; and the use of agreed protocols for managing each case without interruptions in the care chain.

The use of ICTs can deliver an added value to the delivered services, as new technologies ensure flexibility, constant monitoring and home care costs saving. From this work they seem to work best as an additional support and not as a substitution of human relationships between health and

social workers and patients and between professional with different skills, that remain the main elements for a good integration . Bottom initiatives which can evidence their success need then to be supported by Governments and Local Authorities who can build upon the motivation and experience of Charities and Voluntary Associations.

Keywords

Europe, integration, older people, chronic illness