

DESCRIPTION OF THE PRACTICE

1. Title of the practice

- *'KOTITORI – A PLATFORM FOR THE INTEGRATION OF OLDER PEOPLE'S HEALTH AND SOCIAL CARE –*

2. Organisation responsible for the practice

City of Tampere, Finland

3. Contact person(s)

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4. Summary of the practice

Kotitori (in Finnish: Kotitori – palveluintegraattori) is a platform for the integration of older people's health and social care. Kotitori works as a "one-stop shop", which consists of an office in the city hall, a call centre, and an internet portal. This platform has been created as an initiative between the public and the private sector and constitutes a new way of organising the planning, commissioning, and provision of older people's services, notably for home care.

Users and/or family members may use the platform to choose from a wide range of providers. To help the decision-making process, Kotitori makes information available regarding the quality of care available. Services may be provided by either the public or the private sector. Kotitori coordinates a variety of measures for older people's personal and household support:

- Undertaking needs assessments of users and providing advice;
- Planning and monitoring of care services (e.g. safety standards, IT systems);
- Providing feedback and carrying out service audits;
- Organising peer-learning activities between service providers.

5. National/regional/local context of the practice

Local context: Local authorities have the competence to decide local service structures and models. The practice is currently operational only in the city of Tampere.

National context: national legislation (Local Government Act) grants local authorities the right to purchase services from private providers.

Further relevant legislation can be found in the Public Procurement Act. According to this act, the service integrator can be understood as a public entity, even though it is technically a private company.

The Act on Care Services for Older People demands high-quality standards for care services nationwide, and the National Framework for High-Quality Services for Older People sets targets regarding the maximum number of older people who may live in institutional care. This legislation supports the overall goal of enabling older people to live at home for as long as possible.

European context: The Directive 2014/24/EU on public procurement and repealing is relevant to the procuring of services.

6. Staff involved

The professionals involved have a background in health and social services, and they may work for local authority, private companies, or third-sector providers.

7. Target group

The target group is older people living at home who are exposed to risks through impaired mobility and their close family.

8. Aims of the practice

- Enabling older people to live at home for as long as possible and to cope with their daily-life activities;
- Establishing a one-stop shop for older people and their relatives to provide information and guidance;
- Easing access to services;
- Improving the provision of information;
- Increasing the hours of work in direct contact with users in-home care.

9. Issues for social services

Service Integration/ Cooperation across services	x	Service Planning		Contracting	x
Technology	x	Skills development (of the workforce)		Quality of services	
Others: _____					

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)		Implemented practice (restricted areas)	x
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro-level practice:* a practice that involves individuals at the local level
- *Meso-level practice:* a practice that involves organisations or communities
- *Macro level practice:* a practice that involves large population groups

Meso level: Kotitori has been rolled out in Tampere and involves multiple organisations.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional, and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Organisation management: In terms of its legal basis, Kotitori is a private company run by the local administration.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network

- *Collaborative approach:* large collaboration with relevant stakeholders

Network approach: The City of Tampere acts as the purchaser of health and social services. It defines the objectives for the purchasing of services, particularly regarding quality, extent, and functioning. Kotitori itself does not provide services itself but outsources the provision of services.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the practice team
- *Consultative:* a consultative body of users was set up for an ongoing dialogue and feedback • *Involvement in care:* person-centred approaches to care/support

Consultative: Kotitori is crucial for the provision of guidance and information to users and their families. Each user has a 'Client Instructor' from the Kotitori platform who can assist them.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services • *Funded project:* external investment

To begin with, the initiative was funded by the Finnish Funding Agency for Technology and Innovation (Tekes). More recently, the City of Tampere has been covering the costs for the services provided by the Kotitori case managers (needs assessment and advice & service planning). The service users pay for personal and household services apart from services funded by the municipality under specific criteria.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and a quantitative approach
- *Single method:* a qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records, and/or other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

Audit: Among the tools for evaluating the quality of support are: an annual customer satisfaction survey, individual customer feedback, and service complaints. Monthly follow-ups for the services are carried out, which take into account the number of received phone calls, the rate of answered calls, and the personal guidance given at the Kotitori Centre.

17. Measurable effects of the practice and what it has achieved for...

Service users	<ul style="list-style-type: none"> • Access to service is perceived as faster and more customer-friendly; • High customer satisfaction with the services (annual measured customer satisfaction results are good: 4.8 (1=worst; 5=best)); • Fixed and predictable costs for home care; • Number of older people able to live at home with high support need for services; • Comparing the quality and costs of services has become easier for users and their family members.
Formal caregivers	<ul style="list-style-type: none"> • Reduced costs and increased productivity; • Increased quality of care measured by time spent with the client;
Informal carers	<ul style="list-style-type: none"> • Improved access to services and information through the one-stop shop (both face-to-face and online) where information is provided;
Organisations	<ul style="list-style-type: none"> • Cost savings & less work for the local authority; • Improved coordination between procurer and provider;

	<ul style="list-style-type: none"> • Reduced transaction costs in purchasing services and adapting to changes; • Cost savings in home care services purchased through the Kotitori integrator as compared to other local homecare services; • Reduced costs for special health care costs (by 48 % lower); • Increased costs for short term hospital care (by 4 % more); • Improved synergies in the network of service providers; • Exchange of good practices between the city and service providers;
Other	n. a. _____

18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...

This category can include outcomes which are not documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	<ul style="list-style-type: none"> • Improved quality of life by having greater ability to live at home and greater access to relevant information.
Formal care givers	n. a. _____
Informal carers	n. a. _____
Organisations	n. a. _____
Other	n. a. _____

19. How the practice has changed the way the service is provided (lessons learned)

The model of a one-stop shop offers information and guidance through personal meetings and online channels, whilst assisting in the procuring of services. This is a newly developed model, which has been a successful example of an integrated approach to providing health and social services to older persons.

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- *Potential for sustainability:* practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward •
Established: the project has been operational for several years

Established: Cost savings indicate the sustainability and success of the model.

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Potential for transferability: Other municipalities in Finland operate in the same legal context and have the technological means to adopt a similar model.