### DESCRIPTION OF THE PRACTICE

#### 1. Title of the practice
Social Services Centre to provide integrated health and social care (*Centrum sociálních služeb*)

#### 2. Organisation responsible for the practice
Centre for Social Services, Prague

#### 3. Contact person(s)

<table>
<thead>
<tr>
<th>Name / E-mail</th>
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</thead>
<tbody>
<tr>
<td>Jiri Horecky, President, Association of Social Care Providers, Czech Republic</td>
</tr>
<tr>
<td><a href="mailto:prezident@apsscr.cz">prezident@apsscr.cz</a></td>
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</tbody>
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#### 4. National/regional/local context of the practice

Long-term care in the Czech Republic is divided into health and social care. However, there is no legal act that defines long-term care across the different fields of health and social, so the financing and quality measurement are different for both systems. The 2006 Act on Social Services introduced a care allowance for service users. Recently, there have been political attempts to approve an act on long-term care and the Ministry for Labour and Social Affairs and the Ministry for Health are jointly working on a new concept.

Short-term residential care is provided in hospitals in specific departments called ‘medical institutions for long-term ill people’. The stay of the patients is mostly time limited although people with long-term care needs may also use this care setting. Health care at home is provided by ‘home care’.

The regions and the municipalities are responsible for the care planning process. Social and personal care is provided by informal carers and/or by service providers. The regions and municipalities are also able to establish in-house services which they fund themselves or provide funding to non-profit organisations. Most of the social care providers are from the public sector.

In the Czech Republic, some of the long-term care institutions are allocated under the health care and some under the social care system which makes institutional arrangements unclear and not very transparent.

#### 5. Summary of the practice

The Social Services Centre run by the City of Prague provides a large scale of services combining the registration for social services (home, daily, short-term inpatient and residential) and for health care services (called ‘home care’ in the Czech Republic). The
centre is able to cover the needs of older people, from rare and irregular home assistance and services to daily and short term care or residential care. With this system, the service user does not have to change the provider because of the change of his/her conditions and needs.

This concept is rare in the Czech Republic. Usually the services are provided by regions, NGOs and church organisations. The cities usually guarantee only social care, so that service users have to deal with two or three organisations.

6. Staff involved
Staff of health and social care providers

7. Target group
Older and disabled people

8. Aims of the practice
The practice intends to tackle the lack of cohesion between health and social care for service users with complex problems. It aims to:

- Improve co-ordination and continuity between health and social care.
- Make better use of resources (cost reduction) by enabling older people to stay longer at home.

9. Issues for social services

<table>
<thead>
<tr>
<th>Service Integration/Cooperation across services</th>
<th>Service Planning</th>
<th>Contracting</th>
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</thead>
<tbody>
<tr>
<td>Technology</td>
<td>Skills development (of the workforce)</td>
<td>Quality of services</td>
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ANALYSIS OF THE PRACTICE

10. Status

<table>
<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
<td>Pilot project (ongoing)</td>
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<tr>
<td>Pilot project (terminated)</td>
</tr>
<tr>
<td>Project (ongoing)</td>
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<tr>
<td>Project (terminated)</td>
</tr>
<tr>
<td>Implemented practice (restricted areas)</td>
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<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Widely spread practice/rolled out</td>
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**11. Scope of the practice**

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

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

**Meso level practice**

**12. Leadership and management of the practice**

Describe 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

Organisational management: the Social Services Centre in Prague to coordinate health and social care.

**13. Engaging stakeholders in the practice**

Describe 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 Social Services Centre in Prague works with several health and social care providers in order to provide services.

**14. Involvement of service users and their families**

Describe 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 on-going dialogue and feedback
- **Involvement in care**: person-centred approaches to care/support

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**15. Costs and resources needed for implementation**

Describe 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
16. Evaluation approaches
Describe the evaluation method of the practice, considering the following criteria:

- **Multi-method**: use of both a qualitative and a quantitative approach
- **Single method**: 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**

<table>
<thead>
<tr>
<th>Service users</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal care givers</td>
<td>None</td>
</tr>
<tr>
<td>Informal carers</td>
<td>None</td>
</tr>
<tr>
<td>Organisations</td>
<td>None</td>
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18. Anticipated or ‘aspirational’ effects of the practice and what it has achieved
This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

<table>
<thead>
<tr>
<th>Service users</th>
<th>Anticipated effects: improvement of the quality of care thanks to an improved access to services for those with complex needs.</th>
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</thead>
<tbody>
<tr>
<td>Formal care givers</td>
<td>Improvement of the quality of life.</td>
</tr>
<tr>
<td>Informal carers</td>
<td>Better use of resources/cost reduction because service users stay longer with them.</td>
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<tr>
<td>Organisations</td>
<td></td>
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</table>

19. How the practice has changed the way the service is provided
Care pathway for frail older people or those with complex needs is more integrated (involving health and social services) and uniform: “It leads to a uniform care and promotes an attitude that considers complexity.”

### 20. Sustainability of the practice

Describe if 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: running for few years now

### 21. Transferability of the practice

Describe if 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

Transferred: a couple of Czech cities have developed similar centre (e.g. Plzeň).