

DESCRIPTION OF THE PRACTICE

1. Title of the practice

- 'HEALTH PROMOTING VISITS FOR OLDER PEOPLE' -

2. Organisation responsible for the practice

Social Services in Akureyri, Iceland

3. Contact person(s)

E-mail

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4. Summary of the practice

This initiative in Akureyri, a town in the north of Iceland, is based on cooperation between local social services and health services. The purpose is to encourage and enable individuals to sustain good health and independence for as long as possible, to contribute to older people's well-being and feeling of security at home, to provide information about services that are available to them and to provide general advice to older people.

The preventative services in Akureyri have been set up collaboratively between the department for housing within social services and the health services. This service has been available since the year 2000.

5. National/regional/local context of the practice

National context: The Ministry for Health and Social Security's policy for older people up to the year 2015 emphasises preventive action, health promotion and the potential for older people to stay active in their lives, for example, by giving them more opportunities to work longer (both paid work and voluntary).

In the municipality of Akureyri, the policy emphasises the importance of increasing older people's participation in the community and states that health promotion visits are part of the service provided. These visits should be available on an ongoing basis.

These health-promoting visits require cooperation between the state and the municipality to facilitate these preventive measures that support active ageing for people living in their homes who have not yet applied for any support services. In some areas of Iceland, there is also cheaper or free public transport, admission to museums and swimming pools for older people and children.

6. Staff involved

Everyone who turns 75 and does not receive support services from social or health services in Akureyri receives an invitation for a visit from social services. The individual can decline the offer. Otherwise, a home service worker comes for a visit with a brochure that explains all the services provided in the town. During the visits, the service worker discusses health, well-being and safety issues with the individual, who is then encouraged to be in contact when he/she needs support.

7. Target group

Everyone who is 75 years or older who still needs to receive support services.

8. Aims of the practice

The aim is to encourage and enable individuals to sustain good health and independence as long as possible, to contribute to their well-being and a feeling of security at home, provide information about services and to advise and support the individuals. In addition, the aim is to obtain an overview of

the situation of people over the age of 75 years who have not applied for any support services, and to put forward preventive actions if necessary.

9. Issues for social services

Service Integration/ Cooperation across Services		Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	
Prevention and rehabilitation	x	Participation of users			

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

Micro level aimed at the individual.

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

Organisational: The social services department has been leading the initiative in Akureyri.

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
- *Volunteers*
- *Access to services*

Access to services: People aged 75 years or over receive an invitation for a personal home visit and are regularly sent brochures and leaflets informing them about other health and social services available in their area. In the brochures, there is a review about different themes every year, such as the importance of regular physical exercise or advice on nutrition. Older people can accept or refuse the invitation.

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

Involvement in care: The health-promoting visits provide the opportunity for an individualised conversation about individual needs and for them to learn about services that could support their independence and well-being. Health or social care professionals support older people in their decisions about whether or what kind of support they might need.

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

The cost of the programme has been about 8 million Icelandic Krónas per year (about GBP 39,000 or EUR 54,500).

Other resources needed:

- Three home services workers.
- The training for the visit is part of the ongoing work of the social services department.

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/informal: Information about how many people accepted the offer of a home visit has been gathered, but a formal evaluation of the initiative has not taken place. Social Services have been looking for a partner to do this evaluation but, so far, without success.

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

Service users	<p>More people accept the offer of a health promotion visit. In 2014, 773 people received an invitation, of whom 556 accepted, 14 had a phone call, 157 declined, and 46 did not receive a visit for unknown reasons.</p> <p>Using informal feedback, service users have reported that they get better information about the services available to them and that they feel encouraged to get involved in the services offered.</p>
Formal caregivers	n. a.
Informal carers	n. a.
Organisations	Feedback from members of staff of the health and social services indicate that they now have a better overview of the people who have not yet applied for any services, the opportunity to connect with them and to give them advice which can improve the individual's well-being.
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	n. a.
Formal caregivers	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)	
<p>Lessons learnt:</p> <ul style="list-style-type: none"> • It seems to be more important for older people (especially those over the age of 80) to have access to this service. • The service particularly benefits people who have recently lost their spouse. • It is important to pay special attention to people whose hearing and/or sight has deteriorated as they often tend to be more isolated. 	
20. Sustainability of the practice	
<p><i>Description of whether the practice is sustainable, considering the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Potential for sustainability:</i> practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)? • <i>Organic sustainability:</i> service users have been empowered to take the practice forward • <i>Established:</i> the project has been operational for several years 	
<p>Established: The initiative has proved to be sustainable and has operated for several years.</p>	
21. Transferability of the practice	
<p><i>Description of whether the practice has been transferred, considering the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Transferred:</i> transfer to other regions, countries, service user groups, etc. • <i>Potential for transferability:</i> 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 	
<p>Transferred: The social services department in Akureyri is considering offering health-promoting visits in a slightly different form to disabled people.</p> <p>Potential for transferability: Having a better overview of the people who have not yet applied for any services, there are opportunities through this initiative to connect, give advice and provide information which can lead to a better life for the individual.</p>	