DESCRIPTION OF THE PRACTICE
1. Title of the practice
- 'SOCIAL SERVICES CENTRE TO PROVIDE INTEGRATED HEALTH AND SOCIAL CARE' -
2. Organisation responsible for the practice
Centre for Social Services, Prague
3. Contact person(s)

E-mail	policy@esn-eu.org

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 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 for which they found 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 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 in 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 service users have to deal with two or three organisations.

6. Staff involved

The 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 coordination 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

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	

ANALYSIS OF THE PRACTICE	

10. Status

Pilot project (ongoing)	
Pilot project (terminated)	
Project (ongoing)	
Project (terminated)	

Implemented practice (restricted areas)	X
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 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 coordinates 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 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 ongoing 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

Funded project: external investment

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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: 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*

No evaluation

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

Service users	None
Formal caregivers	None
Informal carers	None
Organisations	None

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.

Service users	Anticipated effects: improved quality of care thanks to improved access to services for those with complex needs.
Formal caregivers	Improvement of the quality of life.
Informal carers	
Organisations	Better use of resources/cost reduction because service users stay longer with them.

19. How has the practice 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 ongoing/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 a 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 centres (e.g. Plzeň).